

## **Assessing mental health needs of rural schools in South Texas: Counselors' perspectives**

Steve F. Bain  
Texas A&M University-Kingsville

Breeze Rueda  
Texas A&M University-Kingsville

Jennifer Mata-Villarreal  
Texas A&M University-Kingsville

Marie-Anne Mundy  
Texas A&M University-Kingsville

### **ABSTRACT**

Texas continues to fall short of the necessary mental health resources for those communities and populations in rural counties. The purpose of this article was to review the mental health resource needs of rural schools in South Texas. The study focused primarily on the perspectives of the school counselors in the identified districts. Funded by a grant from the South Texas Expansion Program for Hispanic Graduate Students (STEP-HG) Project received by Texas A&M University-Kingsville, the authors conducted a survey of school counselors in the South Texas and Coastal Bend area designed to assess the availability of mental health resources in these rural districts. This article provides an analysis of those findings and a discussion of key issues surrounding the need for mental health resources. The findings will be used to determine a potential strategy for bolstering these resources in underserved rural communities.

Key words: rural mental health, rural school districts, school counselors, mental health resources, rural populations, South Texas, Coastal Bend.

---

This research project was supported by the South Texas Expansion Program for Hispanic Graduate Students (STEP-HG), funded by the U.S. Department of Education - The Office of Postsecondary Education Promoting Post-baccalaureate Opportunities for Hispanic Americans (PPOHA) Program. Grant no. PO31M105058.

### **INTRODUCTION**

Mental health issues and lack of resources are common worldwide. Depression, alcohol use, bipolar disorder, schizophrenia, and obsessive-compulsive disorder have been identified as being in the top ten leading causes of disability (The Global Burden of Disease, 2000). Kessler and Berglund (2005) stated that one out of two individuals may be affected by mental illness during their lives. Braichet, Dayrit, and Dolea (2010) stated “half of the world’s population resides in rural areas but they are only served by less than a quarter of all doctors and less than a third of all nurses” ( p. 322). According to the World Health Organization (2011), people with mental health disorders across the globe are often “subjected to social isolation, poor quality of life and increased mortality” (p. 1). Providing services to these global populations has been plagued by obstacles such as attracting mental health professionals, political hindrances, lack of funds, and lack of priority. The World Health Resource Book on Mental Health, Human Rights and Legislation (2005) serves as a guide for countries seeking to enact legislation geared toward equality for the mentally ill. However, currently, there is no universal mental health legislation that protects or enhances the lives of those afflicted with mental health conditions.

In the United States, the rural mental health crisis mirrors the global mental health calamity on a microscopic echelon. Healthcare in America has transformed from necessity to industry. Health insurance coverage for mental health services consumes 9% of health expenditures excluding the 26% in federal spending for the uninsured (Gustafson, Hudson & Preston, 2009).

According to the Affordable Healthcare Act, passed on March 23, 2010, 95% of the population would be insured; Americans with pre-existing disabilities and/or behavioral health conditions would no longer be denied health insurance (Substance Abuse and Mental Health Service Administration, 2010). Despite this advancement in health coverage, rural communities may continue to encounter barriers to receiving adequate mental health services. Moreover, 20% of families report having at least one member with mental health needs (National Alliance on Mental Illness [NAMI], 2009). The availability of mental health treatment (i.e. facilities, professionals) and supportive technological shortfalls remain unresolved, particularly in rural areas.

Approximately 32% of the American population is affected by mental disorders during a one-year period. About 50% of people may experience a mental illness in their lifetime. Of those, 22% can be classified as having a serious mental illness and another 37% having a moderate mental illness. For those people with mental disorders, almost half may present co-occurring disorders (Kessler, Chui, Demler, & Walters, 2005). It may be argued that America’s youngest generation is seriously threatened by the lack of adequate mental health services. Although there is a significant amount of American children struggling with psychological issues, only approximately one-quarter to one-third of these children are able to receive mental health services to meet their needs (U.S. Department of Health and Human Services, 2001).

In many parts of the United States there is a significant shortage of practitioners who are qualified to provide effective treatments (Starr, Campbell, & Herrick, 2002). Mental health services can be considered a shortage when a ratio of 1:30,000 is exceeded. In the United States, 37% of the population live in areas where there are less than 30, 000 residents (Hauenstein, Petterson, Merwin, Rovnyak, & Heise, 2006). In 1990, the census identified 3,075 counties in the United States and 55% did not have access to psychiatrists, psychologists, family therapy or clinically trained social workers (Hauenstein et al., 2006). According to these numbers, it is likely that many areas are not receiving mental health services and there may not be a single

mental health expert within a 100 mile radius for almost 20% of all U.S counties (Hauenstein et al., 2006).

In 2000, the U.S. Department of Agriculture, Economic Research Service stated that rural areas in the United States contain about 20% of the population and consist of 80% of land. These proportions make rural and urban areas different in many ways. Sawyer, Gale, and Lambert (2006) declared there are three relevant barriers associated with the delivery and utilization of mental health services which are availability, accessibility, and acceptability. In addition, three factors are considered to contribute to the accessibility of service: knowledge, transportation, and financing (The President's New Freedom Commission on Mental Health, 2004). Mulder and Lambert (2006) indicated that perceptions of mental health needs are a vital factor in accessing services. Therefore, knowledge about individual mental needs, options, and resources available is an essential element of accessibility (U.S. Department of Health and Human Services, 2005).

Rural communities are characterized by minimal use of preventative and screening services and fewer visits with physicians (DeLeon, Wakefield, & Hagglund, 2003). In addition, rural youth struggling with mental health problems present similar levels of functional impairment as non-rural youth who frequently receive early screening, diagnosing, and treatment. Youth in rural areas need equity in access to mental health services (Walrath, Miech, Holden, Manteuffel, Santiago, & Leaf, 2003). Although mental health services are limited in rural areas, the prevalence of mental health problems is not. Substance abuse and suicide rates among adults and children are also higher in rural areas (U.S. Department of Health and Human Services, 2005).

The rural communities' heavy reliance on general practitioners for all healthcare needs is a long-standing issue. Bailey (2009) found that mental health conditions may be misdiagnosed or unidentified. Gustafson et al. (2009) declared "Mental illness is common in both urban and rural areas, affecting approximately 25% of the United States population in a given year" (p. 1). In contrast to their urban counterparts, the mental health epidemic is worse in rural areas with rates of depression and suicide far exceeding population ratio (Gustafson et al., 2009).

Texas is the second most populous state in the United States and contains the highest uninsured population which is almost 25%. Texas has isolated rural and frontier areas and it is located in the hurricane-prone Gulf region. All of these factors have a great influence on the need for mental health services. According to the National Alliance on Mental Illness (2009), the mental health care system of Texas was assigned a "D" which ranked the state below the national average. High amounts of uninsured people and poor funding for local mental health services were some of the main concerns that reflected this low score. This same report found that the mental health care system in Texas is deteriorating (NAMI, 2009). According to the Center for Mental Health Services (CMHS, 2008), there are an estimated 846,589 adults with a serious mental illness in Texas and only 250,000 individuals have received services from the State Mental Health Authority (SMHA). To be able to obtain therapeutic services in Texas, many individuals must meet the federal definition of serious mental illness which includes schizophrenia, bipolar, or major depression for adults. However, only 64% of SMHA clients meet these criteria (CMHS, 2008).

Texas' annual SMHA expenditures were approximately \$800 million for 2010, providing mental health services to ten out of every 1,000 individuals. These rates fell below the national average of approximately 20 per 1,000 people served by the SMHA nationwide (CMHS, 2008). Texas state mental health per capita spending was approximately \$22 for community-based services, ranking Texas in the bottom 20% of states (CMHS, 2008).

The common factor in rural communities throughout the United States and particularly in Texas is the presence of an educational system. Schools and school counselors play a crucial role when it comes to providing mental health services to students (Ringelsen, Henderson, & Hoagwood, 2003). However, if the needs are greater than the resources available, there is a gap that exists and needs to be filled. Thus, the interest of this study was to carefully assess school counselors' perceptions of the mental health needs of students in rural communities.

## **METHOD**

### **Participants**

School counselors were selected according to their geographical location within the South Texas and Coastal Bend counties and school districts. These were defined as being rural and at least 30 minutes from significantly sized cities or towns with a wide variety of mental health resources (e.g., counselors, psychologists, psychiatrists, mental health facilities, chemical dependency counseling centers, etc.). A total of fifteen counties were selected by relational location to the Coastal Bend area of South Texas and identified as being (or containing) rural school districts. Of those identified school counselors, eight of these counties responded for a total of 53.3% representation. It should be noted that getting responses from the counselors included an on-site visitation by the graduate assistants to ensure these surveys were completed and received in a timely manner.

### **Measures**

The school counselors were asked to complete the survey electronically or by hard copy and have it mailed to a specific location. All chose the electronic method of delivery. The instrument asked a total of 26 questions which addressed counselors' perceptions of the types of issues most frequently addressed in the respondents' schools, percentage of their students receiving adequate counseling services, what their schools need in order to provide improved services, what prevents families from receiving mental health services, the effect of culture on those seeking mental health services for their children. In addition, it asked questions about counselor burn-out; percentage of time spent counseling, completing academic duties, and/or performing administrative duties; rating of mental health services at school and in the community; possible benefits of staff development on mental health, mental health resources, and Graduate Counseling Interns.

## **RESULTS**

Of the 27 respondents, all were school counselors except for one unidentified who did not answer the question. These counselors served at various grade levels: 10 (37%) worked at the elementary school, 4 (15%) worked at middle school, and 9 or 33% were at the high school. In addition to these, there were 3 (11 %) who served at several levels and 1 did not respond. Except for one African American, 48.1% were Hispanic and 48.1% were Caucasian. Of the schools, 48% had a student population 400 or larger and 52% were 399 or less. Of these 27 schools, 14 schools or 52% had student populations that were 76% or more Hispanic, 9 schools or 33% had student populations that were 51%-75% Hispanic, 2 schools or 7% had student populations that

were 26%-50% Hispanic, and 2 schools or 7% had student populations that were less than 25% Hispanic.

The counselors were asked how they would define mental health awareness at their school and 20 of them responded that it was average while only 1 thought it was excellent and 6 thought it was poor. On rating the mental health services, 48% felt it was average while 30% felt it was poor. Nineteen percent stated that there were no mental health services at their school. The counselors rated the average family's knowledge of mental health as generally poor with 14 or 52% reporting a poor rating. A total of 30% perceived that families had no understanding of mental health at all. Additionally, 1 or 4% reported an excellent rating and 4 or 15% reported an average rating.

There was a wide variance in reporting the type of issues most frequently addressed in their respective schools. The issues included: emotional adjustment (stress, anger management); vocational (career decision making); social (bullying, discrimination, peer pressure); clinical counseling and substance abuse. See Table 1.

There was also a wide variance in reporting the type of issues that needed the most improvement in providing services in their respective schools. It was interesting to note that despite the size of the school, or race and gender of the counselors, all felt there was much to be improved when it came to providing services. The issues included: emotional adjustment (stress, anger management); vocational (career decision making); social (bullying, discrimination, peer pressure); clinical counseling and substance abuse. See Table 2.

In the counselors' opinion, 48% felt that less than 25% of their students were receiving adequate counseling services, 15% felt that 26-50% of their students were receiving adequate counseling services, and 33% felt that 51-75% of their students were receiving adequate counseling services.

The survey also assessed counselors' perceptions of the most important factors that prevented families from receiving mental health services in their community/ school. The highest percentage was thought to be lack of knowledge pertaining to mental health resource with a 30% rating and the next highest was accessibility with 26%. Income and cultural bias each only accounted for 4% of the rating. However, in another question, 74% of the respondents felt that culture was a factor that could prevent a family's decision to seek mental health for their children.

As to the mental health of the counselors, 41% had experienced feelings of burn-out in trying to provide adequate mental health services to their students and 48% had sometimes felt this way for a total of 89% at least sometimes feeling burn-out. The counselors were asked what percentage of their average work week they spent on counseling their students, on academic advising (helping students with schedule changes, helping students prepare for college) and on administrative duties (preparing for TAKS, organizing facts for administrators). The greatest amount of time appears to be spent on administrative duties and the least amount of time appears to be spent on counseling. See Table 3.

In regards to the availability of mental health services in their community, 48% of the counselors rated mental health services as poor, 37% rated them as average and 11% stated that there were no mental health services available in their community. Both family counseling and psychiatric counseling were offered in 11 of the communities. Family counseling only was offered in six of the communities and psychiatric counseling only was offered in one community. Five of the counselors did not know what services the community offered and 4 did not respond to the question.

All the counselors who responded agreed that it would be beneficial to include staff development related to mental health and to have mental health resources such as a staff therapist, mental health day, and workshops available to staff at school. When asked whether they thought that having a Graduate Counseling Intern could be beneficial in helping the school provide mental health services to students, 24 of the 25 counselors who responded agreed.

A Kruskal-Wallis Test was completed to compare mental health awareness at the Elementary, Middle, and High Schools,  $\chi^2(2, N = 27) = 7.48, p = .024$ . The significant differences were found between the Elementary ( $M = 10.6$ ) and High Schools ( $M = 15.61$ ) and between the Middle ( $M = 7.38$ ) and High Schools ( $M = 15.61$ ) suggesting that the mental health awareness is highest at the high school level. The Kruskal-Wallis Test was also used to compare the amount of time spent on academic advising (helping students with schedule changes, helping students prepare for college) at the Elementary ( $M = 15.72$ ), Middle ( $M = 9.00$ ), and High Schools ( $M = 8.39$ ),  $\chi^2(2, N = 27) = 7.58, p = .023$ . More time was spent in academic advising at the elementary level than at the high school level.

When comparing counselors who were Hispanic with those who were White no significant differences were found in any of the areas utilizing the Mann-Whitney Test. Using the Kruskal-Wallis Test, schools with a student population of 300-399 were compared to schools of more than 400 on all the variables but no significant differences were found. Thus, neither the ethnicity of the counselor nor the size of the school made any difference on the various variables.

The counselors were also asked an open-ended qualitative question: What do you think would be helpful in order to better provide mental health services at your school? Several themes were found. The most frequently mentioned themes were to have access to additional staff (mentioned 13 times) and additional education + awareness (13 times). Education and awareness alluded to students, parents, or staff as in staff development. Less administrative duties (8 times) were also targeted. The following were only stated one time each but are nevertheless noteworthy: advocate for counselors and having responsibility for one campus.

## DISCUSSION

The purpose of this study assumed there would be needs in the local rural school districts of South Texas and the Coastal Bend in regards to mental health resources. The data confirmed that assumption and brought to light some significant issues. First, neither the size of the school nor the ethnicity of the counselor altered the need for mental health resources. In fact, all the counselors surveyed reported a need to have more resources available for their students. Second, the majority of the school population was Hispanic. This indicates a need to provide mental health resources which target Hispanic students, their families, and their particular needs. In light of the demographic information, the need for more Hispanic counselors (particularly male) seems to be significantly indicated. Third, most of the counselors reported few community resources and lack of knowledge about any mental health resources from the families of the students. Fourth, nearly half of the counselors perceived less than a quarter of their students were receiving adequate counseling services. This is a major indicator of mental health resource needs. Fifth, lack of knowledge concerning available mental health resources and accessibility were listed as the top factors that prevented families from receiving mental health services for their children. Sixth, feelings of burnout and frustration were reported by the majority of the counselors as they seek to provide as much counseling as possible to their students. Seventh, the overwhelming majority of the counselors felt they needed more staff development related to

mental health training and having a graduate counseling intern would be beneficial to both the counselors and students.

This study had some limitations that need to be considered. The survey focused on 15 counties in South Texas and the Coastal Bend area. This was not a state-wide survey. Also, this survey did not focus on heavily populated areas. Care needs to be taken when applying these findings to those populated areas or population clusters.

This survey also indicated a need to consider redefining what rural means. A contemporary approach may be to view rural as more than just population total and geography. A new definition may need to consider availability of services. Perhaps “neo-rustico” would better define rural districts in regards to their community resource needs, particularly mental health resource needs. This new rural definition would help comprehend the scope of the problem. In fact, while families, schools, and communities may be within 30 minutes of a major city or population area, specific mental health resources may still not be available or accessible. This creates a new paradigm for understanding “rural.”

## CONCLUSION

This study affirms that assumption that rural schools and school districts of South Texas and the Coastal Bend have struggled to provide mental health services to their students. In light of the continued federal and state budgetary cutbacks, it behooves these districts (and those like them) to seek alternative avenues to provide mental health services. This provides an excellent opportunity for universities, mental health organizations, and community groups to explore and implement new options to provide therapeutic resources to some of America’s most disadvantaged young people.

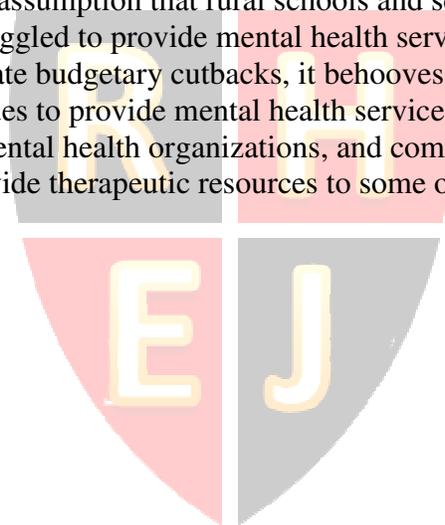


Table 1  
*Issues Addressed in School*

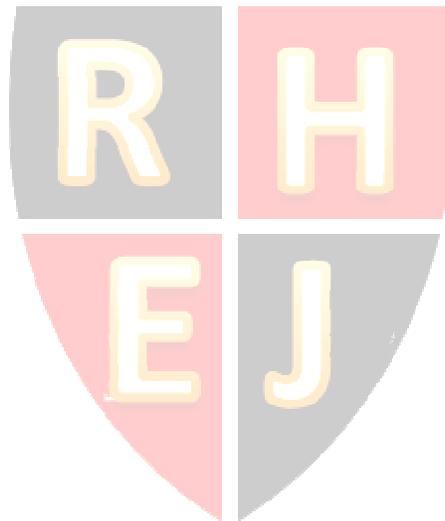
Issues Addressed in School	Frequency	Percent
Emotional Adjustment	5	18.5
Social	5	18.5
Emotional Adjustment + Social	5	18.5
Emotional Adjustment + Vocational +Clinical Counseling + Social + Substance Abuse	3	11.1
Emotional Adjustment + Substance Abuse	2	7.4
Emotional Adjustment + Clinical Counseling + Social	2	7.4
Emotional Adjustment + Vocational	1	3.7
Emotional Adjustment + Vocational + Substance Abuse	1	3.7
Emotional Adjustment + Vocational +Clinical Counseling + Social	1	3.7
Vocational	1	3.7
Vocational + Social	1	3.7

Table 2  
*Issues That Needed the Most Improvement in Providing Services*

Issue that needs the most improvement in providing services	Frequency	Percent
Clinical Counseling	6	22.2
Emotional Adjustment + Social	4	14.8
Emotional Adjustment	3	11.1
Clinical Counseling + Social	3	11.1
Social	2	7.4
Emotional Adjustment + Substance Abuse	2	7.4
Emotional Adjustment + Clinical Counseling + Social	2	7.4
Vocational	1	3.7
Emotional Adjustment + Clinical Counseling	1	3.7
Emotional Adjustment + Vocational +Clinical Counseling + Social + Substance Abuse	1	3.7

Table 3  
*Percentage of Work Week Spent on Counseling and Administrative Duties*

Percentage of average work week	Counseling		Academic Advising		Administrative Duties	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
76% or more	2	7.4	2	7.4	2	7.4
51%-75%	3	11.1	3	11.1	11	40.7
26%-50%	10	37.0	15	55.6	10	37
<25%	11	40.7	6	22.2	3	11.1



## REFERENCES

- Bailey, J. M. (2009). The top 10 rural issues for health care reform. *Center for Rural Affairs*, 2, 1-8. Retrieved from [www.cfra.org/newsletter/2009/03/top-10-rural-issues-health-care-reform](http://www.cfra.org/newsletter/2009/03/top-10-rural-issues-health-care-reform)
- Braichet, J. M., Dayrit, M. M., & Dolea, C. (2010). One piece of the puzzle to solve the human resources for health crisis. *Bulletin World Health Organization*, 88, 322. doi: 10.2471/BLT. 10. 078485.
- Center for Mental Health Services (2008). *Texas Mental Health National Outcome Measures (NOMS): CMHS Uniform Reporting System*. Retrieved from <http://mentalhealth.samhsa.gov/cmhs/MentalHealthStatistics/URS2007.asp>
- DeLeon, P. H., Wakefield, M., & Hagglund, K. J. (2003). The Behavioral Health Care Needs of Rural Communities. In B. H. Stamm (Ed.), *Rural Behavioral Health Care: An Interdisciplinary Guide*. (pp. 23-31). Washington, DC: American Psychological Association.
- Gustafson, D. T., Hudson, J., & Preston, K. (2009). Mental health: Overlooked and disregarded in rural Americas. *Center for Rural Affairs*, 4, 1-5. Retrieved from [www.cfra.org/ruralamericans-menatl-health-overlooked-and-disregarded-release-center-Rural](http://www.cfra.org/ruralamericans-menatl-health-overlooked-and-disregarded-release-center-Rural).
- Hauenstein, E.J., Petterson, S., Merwin, E., Rovnyak, V., & Heise, B. (2006). Rurality, gender, and mental health treatment. *Family and Community Health*, 29(3), 169-185.
- Kessler, R.C., Chiu, W. T., Demler, O., Walters, E. E. (2005). Prevalence, severity, and comorbidity of 12-month DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62(6), 617-627.
- Mulder, P.L., & Lambert, W. (2006). Behavioral health of women: Challenges and stressors. In R.T. Coward, L.A. Davis, C.H. Gold, H. Smiciklas-Wright, L.E. NAMI: National Alliance of Mental Illness. (2009) *Grading the states 2009*. Retrieved from [http://www.nami.org/gtsTemplate09.cfm?Section=Texas\\_Grades09&template=/contentmanagement/contentdisplay.cfm&contentID=74732](http://www.nami.org/gtsTemplate09.cfm?Section=Texas_Grades09&template=/contentmanagement/contentdisplay.cfm&contentID=74732)
- Ringeisen, H., Henderson, K. & Hoagwood, K. (2003). *Context matters: schools and the "research to practice gap" in children's mental health*. *School Psychology Review*, Volume 32, No. 2, pp. 153-168.
- Sawyer, D., Gale, J., & Lambert, D. (2006). *Rural and frontier mental and behavioral health care: Barriers, effective policy strategies, best practices*.
- Starr, S., Campbell, L. R., & Herrick, C. A. (2002). Factors Affecting Use of the Mental Health System by Rural Children. *Issues in Mental Health Nursing*, 23, 291-304.
- Substance Abuse and Mental Health Services Administration. (2011). *Understanding health reform*. Retrieved from [www.Samhsa.gov/healthreform/docs/consumer/Tipsheet\\_HealthReform.pdf-2011-02-14](http://www.Samhsa.gov/healthreform/docs/consumer/Tipsheet_HealthReform.pdf-2011-02-14)
- The President's New Freedom Commission on Mental Health. (2004). *Subcommittee of Rural Issues: Background paper*. DHHS Pub. No. SMA-04-3890. Rockville, MD.
- U. S. Department of Agriculture, Economic Research Service (USDA-ERS). 2000. *Rural America*. Retrieved from <http://www.ers.usda.gov/Topics/view.asp?T=104000>
- U.S. Department of Health and Human Services. (2001). *Health People 2010: Understanding and Improving Health* (2nd ed.). Washington, DC: U.S.

- U.S. Department of Health and Human Services. (2005). *Mental health and rural America: 1994-2005: An overview and annotated bibliography*. Retrieved from <ftp://ftp.hrsa.gov/ruralhealth/RuralMentalHealth.pdf>
- Walrath, C., Miech, R., Holden, E. W., Manteuffel, B., Santiago, R., & Leaf, P. (2003). Child Functioning in Rural and Nonrural Areas: How Does It Compare When Using the Service Program Site as the Level of Analysis? *The Journal of Behavioral Health Services and Research*, 30(4), 452-461.
- World Health Organization. (2000). *The Global Burden of Disease: Impact of Mental Illness on Society*. Retrieved from [www http://www.masterdocs.com/fact\\_sheet\\_files/pdf/mental\\_illness.pdf](http://www.masterdocs.com/fact_sheet_files/pdf/mental_illness.pdf)
- World Health Organization. (2005). *Who resource book on mental health, human rights and legislation*. (NLM Classification: WM. 34.). Retrieved from [http://www.who.int/mental\\_health/policy/legislation/Resource%20Book\\_Eng2\\_WEB\\_07%20\(2\).pdf](http://www.who.int/mental_health/policy/legislation/Resource%20Book_Eng2_WEB_07%20(2).pdf)
- World Health Organization. (2011). *Who urges more investments, services for mental health*. Retrieved from [http://www.who.int/mental\\_health/who\\_urges\\_investment/en/](http://www.who.int/mental_health/who_urges_investment/en/)

