



## Maryland Rural Families Speak: About Mental Health

Mental health is an issue that has received increased public attention over the past decade. With research demonstrating the link between mental health and a number of other factors, including physical health, earnings, and employment, mental health is a critical target for program planners and policymakers seeking to improve outcomes for at-risk populations.

Low-income rural populations, in particular, can face unique mental health challenges. Rural residents are often isolated from social support and health care services. Lack of mental health services, coupled with the cost of these services often deters the poor from seeking mental health care. Many rural counties have few or no inpatient mental health facilities, forcing families to travel long distances to address their needs. Lack of anonymity, associated with mental health stigma, further limits individuals' use of mental health services in rural areas.

Research documenting the occurrence of mental health problems among rural populations can have important implications for mental health policy and programs. Recent findings from a study of families in two Maryland counties provides insight into the experiences of rural, low-income families. Both counties rank at or near the lowest of Maryland's counties on economic indicators. Extensive interviews were conducted with 35 mothers as part of a longitudinal multi-state study. Part of the study investigated mothers' mental health in relation to employment, physical health, food security, and perceived parenting support.

### Maryland Mothers Interviewed

**Average age:** 28      **Average # of children:** 2

**Married or living with partner:** 60%

#### **Education**

Some high school or less: 31%

High school or GED: 20%

Beyond high school: 49%

#### **Race/Ethnicity**

White, Non-Hispanic: 54%

African American: 34%

Native American: 9%

Multiracial: 3%

### Depressive Symptoms

A standard measure of depressive symptoms was administered to all mothers who participated in the study. Results revealed that 43% of the mothers interviewed were at risk for clinical depression. Only 29% of the mothers reported experiencing depression or anxiety when asked, *indicating a possible lack of awareness or recognition of potential mental health problems*. Further, of the women who reported *not* experiencing depression or anxiety in the past year, over half – 53% – received scores placing them at risk for depression.

### Employment

When comparing the women who were at risk for depression with those who were not, 47% of the at-risk mothers were employed versus 65% of the not-at-risk mothers. The at-risk mothers cited a number of ways that depressive symptoms had affected or could affect their employment status, including:

- Irregular sleeping patterns
- Medical disability status
- Difficulty working with people
- Difficulty “accomplishing anything”

### Physical Health

Based on self-reports of health problems experienced in the past years, mothers who were at risk for depression experienced approximately 1.5 more health problems in the past year than the mothers who were not at risk. There was a positive correlation between depressive symptom scores and number of reported health problems; *as risk for depression increased, so did the number of health problems*.

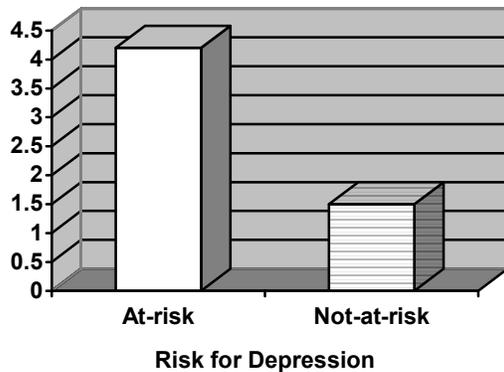
### Food Security

The link between nutrition and mental health is one that became apparent in examining scores of food security (using the USDA's Core Food Security Module<sup>1</sup>) among the mothers. For those who were at

<sup>1</sup> Bickel, Nord, Price, Hamilton, & Cook (2000)

risk for depression, 60% were also food-insecure, whereas only 30% of the not-at-risk mothers were food-insecure.

### Food Insecurity Scores



### Parenting Support

When asked about their perceived levels of parenting support, mothers who were at risk for depression reported significantly less parenting support than mothers who were not at risk for depression. This finding points to the importance of one's social network and particularly the degree to which women feel supported in their parenting as an important contributor to mental wellbeing.

### In Their Own Words

The mothers' own words spoke powerfully to the role that mental health played in their lives and their abilities to juggle the competing demands of work, family, and health. Mothers said the following:

*"Six months ago I found out I was bipolar. It breaks my heart because I'm 25 years old, and I should be out tearing up the town and stuff instead of feeling like this."*

*"But financially it is a struggle. I mean, my husband busts his butt. And then there's my mental disorder on top of that. Plus, my three oldest children are all on medicines."*

*"When I'm depressed, I just go off to myself."*

The mothers also spoke of the social stigma attached to mental health disorders, stating the following:

*"Personally, I don't like myself very much sometimes because of the mental disorder that I have. It's hard when you know that there's people out there who know you have a mental disorder and they are looking at you like you belong in a psychiatric ward for the criminally insane."*

*"My counselor said, 'Mental disorder is just like diabetes. With diabetes you have to take medicine. With mental disorders, you also have to take medicine.' Well, that's all great and wonderful, now tell the public that."*

These brief glimpses of the mothers' experiences with mental health issues further emphasize the need to address the role that mental health plays among rural, low-income families.

### Conclusion

The findings summarized here establish a link between depressive symptoms and:

- Higher unemployment;
- Poorer health;
- Higher food insecurity; and
- Lower perceived parental support.

Clearly, all of these factors can affect a mother's ability to be self-sufficient and support a family. The mothers also spoke directly about ways that mental health affected their daily lives and ability to maintain employment, as well as their experiences with social stigma. These findings suggest a number of areas in which mental health in rural, low-income communities can be addressed:

1. *Recognition* of mental health problems in rural populations.
2. *Identification* of and *education* about mental health disorders in low-income, rural communities.
3. *Funding* for mental health services.
4. *Integration* of services for women with multiple barriers to wellbeing.

One's mental health condition, along with limited access to and lack of affordability of mental health care services are major factors that affect an individual's ability to get care and obtain full or part-time employment. Positive mental health is also related to the ability to parent and be a productive, contributing citizen. Thus, policy makers must recognize the necessity to focus on the mental health needs of our rural populations, with special attention given to the poor in these communities.

## Research Study Description:

This Maryland study is part of the USDA multi-state, longitudinal research study NC223: "Tracking the Well-being of Rural Low-Income Families in the Context of Welfare Reform." Funding from the USDA National Research Initiative; the University of Maryland Agricultural Experiment Station and Cooperative Extension, the Department of Family Studies, the Graduate Research Board; the USDA-MD Department of Human Resources Food Stamp Nutrition Education Program and the American Association of Family Consumer Sciences.

Cooperating study states include: California, Colorado, Indiana, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Nebraska, New Hampshire, New York, Ohio, Oregon and Wyoming. Data were also collected in Virginia.

This study began in 1998 and continues through 2003. *Its intent is to contribute to the debate about welfare reform and public assistance and to fill a void in information about rural families.*

In year one, 448 families in 28 counties in 15 states provided demographic, economic, mental and physical health, housing, childcare, transportation, food security, and family support information. The same families will be interviewed for three years to track their well-being over time.



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## Thanks to Maryland Mothers

*The authors want to thank the mothers who gave their time and allowed us to learn about their lives.*

*Without their participation, this study would not be possible.*

*We pledge to share the information and their words with policymakers and program directors, with the intent of improving the well-being of low-income, rural families.*

**This fact sheet is sixth  
in a series released as findings  
become available. It is also available at:**

<http://www.hhp.umd.edu/FMST/fis/MDresources.htm>

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