

Targeting Underserved Rural, Racial and Ethnic Communities

A Mental Health Matters National Online Dialogue



Hosted by: The State Exchange on Employment & Disability (SEED), an initiative funded by the U.S. Department of Labor's Office of Disability Employment Policy.

Dates: March 10 - April 14, 2023



This national online dialogue was one of four in a series designed to inform the *Mental Health Matters: National Task Force on Workforce Mental Health Policy*. Through these dialogues, ePolicyWorks engaged targeted audiences and key stakeholders on four main priority areas, including:

- Parity, benefits and equal treatment in the workplace,
- Workplace care and supports,
- Underserved rural, racial and ethnic communities, and
- Behavioral health care workforce shortages and state resource systems.

Participants submitted ideas regarding how to ensure policies meet the needs of workers and jobseekers with mental health conditions. The following is a summary of recommendations on targeting underserved rural, racial and ethnic communities, as well as participant demographics, that can now be used to inform the task force's development of resources and policy frameworks.

Participant Recommendations

Integrate mental health care into other services and supports for underserved communities.

Participants noted that many services and supports do not incorporate mental health care, and that individuals, including those from underserved communities, would benefit from a holistic approach that addresses both physical and mental health needs.



Encourage government agencies to provide behavioral and mental health care resources and information when delivering employment, housing and transportation services.

Promote collaboration between state agencies and community-based organizations to offer mental health services in locations where community members tend to frequent (e.g., places of worship, community centers, housing developments).

Provide access to dental health services for rural populations.

According to the Pew Charitable Trusts, rural communities face serious challenges to oral health, resulting in a high incidence of cavities and other dental problems. Rural communities are less likely to have fluoridated water, and residents often have to travel long distances to find a dentist. Further, a 2022 National Institutes of Health (NIH) survey indicated that respondents with unmet oral health needs tended to experience disparities, including poorer mental health. Several NIH studies have further supported the correlation between mental health and oral health. Given this link between oral and mental health, dialogue participants suggested the following:



Provide funding for dental health care workforce training in rural areas.

Ensure dental providers are trained to identify and refer patients with mental health conditions to appropriate agencies and service providers.

Address the physical and mental health needs of justice-involved individuals.

Dialogue participants shared that justice-involved individuals may face unique barriers to adequate physical and mental health care, which can impact their success in other necessary community reintegration services and supports that reduce further offenses.



Provide funding for case managers to help individuals enroll in job placement services and access physical and mental health care.

Participant Recommendations

Improve research and data collection in underserved communities.

Participants expressed that additional research and data on barriers to access treatment, as well as on specific factors impacting mental health, are needed to better understand and address challenges and disparities in rural, racial and ethnic communities. They also noted that future research should identify ways to reduce inequalities in underserved communities.



Provide opportunities for mental health professionals and advocates to collaborate with migrant, rural, racial and ethnic community members to ensure that government-funded solutions and resources are developed with the needs of different communities in mind.

Convene stakeholders in familiar, comfortable environments and conduct meetings in culturally and linguistically appropriate manners specific to the target audience.

Encourage research on mental health provider demographics and on access to services that include data on a variety of intersecting identities, such as gender and English language proficiency, to ensure future policy, programs and funding opportunities equitably represent the needs of targeted communities.

Fund training for employees and employers working in community-based care and support professions.

Participants noted that many health care professionals and others who interact with certain communities do not have appropriate cultural and/or mental health training.



Ensure all health care professionals, including mental health care professionals, receive culturally competent training on the intersection of disability and other marginalized identities, such as race and gender.

Establish a baseline understanding of mental health definitions, terminology and resources via behavioral health training and materials for government employees (e.g., police, firefighters/EMTs, elected officials, school administrators).

Participant Recommendations

Consider the unique needs of migrant workers.

Participants underscored that migrant workers (such as farmers and those in supply chain professions) face unique challenges around the need for and access to mental health care, including shared housing arrangements, language barriers, low wages, lack of transportation, limited insurance coverage options and isolation.



Standardize requirements for employer-provided mental health resources and supports (i.e., workplace hazard training and policies should include mental health topics).

Encourage employers to be creative when considering access to mental health services and supports for migrant workers beyond providing employer-sponsored insurance coverage.

Analyze and address the root causes of limited access to mental health care for migrant workers, such as logistical challenges to receiving consistent care, including interstate movement, high service costs and provider shortages.

Fund creative collaborations with mental health experts, the private sector and government and advocacy organizations to increase access to mental health treatment and services for the most underserved communities.

Promote the training of bi-lingual and bi-cultural therapists.

Provide incentives for bi-lingual and bi-cultural mental health providers to relocate to high-need, rural areas. Migrant workers may share housing and have unreliable internet access, so in-person therapy sessions may be more appropriate than telehealth.

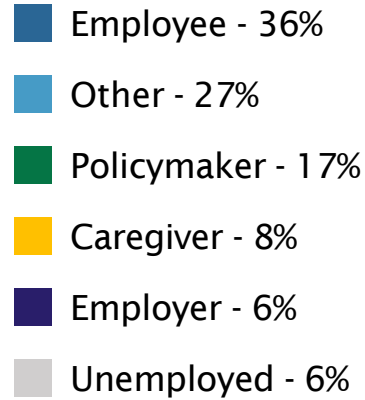
Ensure members of rural, migrant, racial and ethnic communities are included in the development and implementation of solutions to increase access to mental health care.

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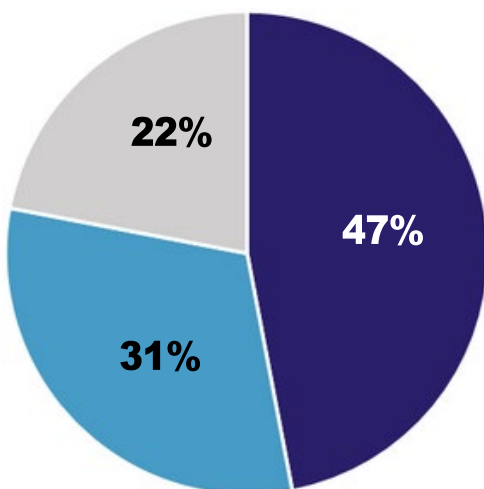
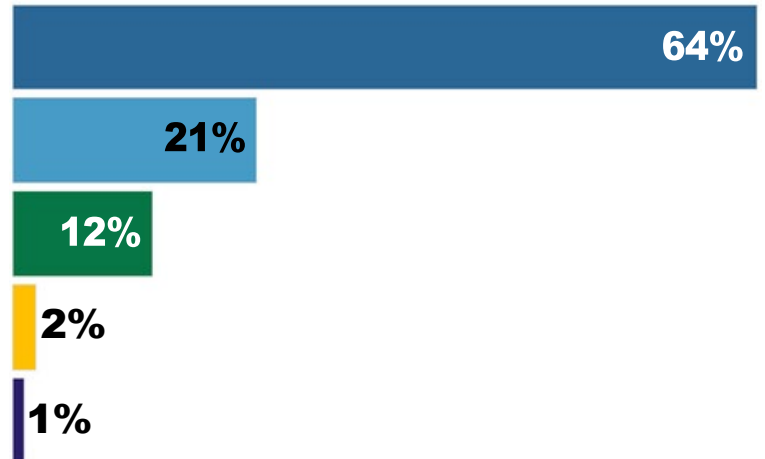
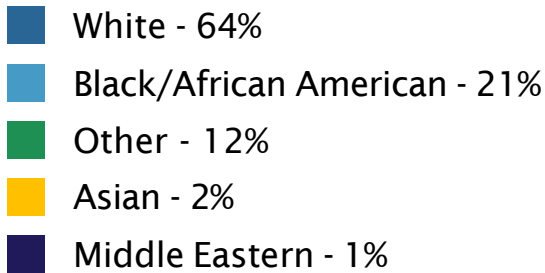
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Participant Demographics

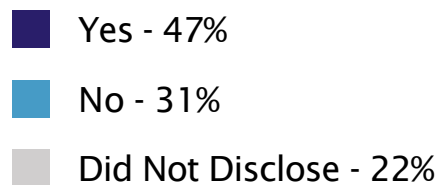
Stakeholder Group*



Race/Ethnicity*



Mental Health Condition



*Respondents could select all that apply.

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Many leading organizations, agencies and advocacy groups helped promote the dialogue and shared ideas and resources. These included, but are not limited to:



Justice for Migrant Women



Connect with ePolicyWorks to learn more about policies, programs and upcoming dialogues.