TELEMENTAL HEALTH SERVICES:
RURAL COMMUNITIES

California Community Colleges HEALTH & WELLNESS

The "Telemental Health Services" series explores the telemental health model, student privacy and consent concerns, technology and set-up, telemental health training options, telemental health in rural communities, and crisis response. Each guide includes practical tips, best practices, and information that is specific to the California Community Colleges setting.

This brief was developed as a series to help California community colleges implement telemental health (TMH) services within the context of COVID-19.

TELEMENTAL HEALTH IN RURAL COMMUNITIES

Telemental health has long been seen as a way to increase access to mental healthcare services in rural communities, where a lack of providers, long travel times, and concerns about anonymity have all been identified as barriers to care.[1] Although telemental health does address these concerns, you might experience a few unique challenges using remote services to support students in rural communities.

WHAT ARE THE CHALLENGES AND WHAT ARE THE SOLUTIONS FOR RURAL COMMUNITIES?

This section focuses on five challenges, and each section outlines both a potential barrier and one or more solutions for addressing it. This list of solutions is not intended to be exhaustive, and some of the solutions might be useful for multiple problems. The intent of these solutions is to provide a set of tools and resources that can help address particular problems before and as they arise.

Note: The recommendations that follow are based on research, and they are intended to supplement pre-existing practices and services. The following should not be considered legal advice, and you should always consult your college's legal department.

Challenges:

1. Broadband infrastructure
2. Smartphone access
3. Community stigmatization and privacy (continuing services)
4. Stigmatization and outreach (beginning services)
5. Providing longer-term mental health care

Challenge 1: Broadband Infastructure

Students living in a rural area are less likely to have a broadband connection capable of meeting the requirements for maintaining the required upload/download rate for many telehealth services. According to the 2018 Broadband Deployment Report, only 46.2% of individuals living in rural areas in California had access to high-speed internet.[2]

[1]For an overview of barriers to service in rural counties, see SAMSHA's Rural Behavioral Health: Telehealth Challenges and Opportunities. For a discussion of these concerns and community colleges, see "Mental Health Services through Skype: Meeting the Mental Health Needs of Community College Students through Telemedicine."

[2]High-speed internet is often defined as 25 Mbps (download)/3 Mbps (upload).

Solution:

Students can use smartphones to access LTE internet for telemental health services.

Despite having limited access to high-speed internet, these areas do have relatively more access to cellular data (Mobile LTE). In fact, many students living in rural areas of California may still have access to upload/download speeds capable of meeting benchmark requirements, but not through the standard router-based approach. In addition to a smartphone, students may also be able to use a Wi-Fi adapter (also known as a Wi-Fi dongle, or just a dongle) to access the internet on their computer through LTE.

Solution:

Consider using video conferencing platform with lower requirements.

As you're designing and continuing to refine your campus's telemental health services, remember that different platforms have different internet requirements. For example, while Zoom is one of the more commonly used platforms, its default, high-quality video requires higher upload and download speeds than a platform like VSee—which markets itself as optimized for low-speed internet connections.

	Lower Quality	High-Quality Video Upload/Download Speeds	HD
Zoom		600kbps	1.2mbps
Skype	128kbps minimum, 300kbps recommended	400kbps minimum, 500kbps recommended	1.2mbps minimum, 1.5mbps recommended
Vsee	50-150kbps	70-250kbps	300-1000kbps

It is important to keep in mind that platforms differ significantly, and that the platform selected by a campus that serves predominantly urban students might be different than the platform selected by a campus that has a largely rural clientele. Although a full review of platforms is beyond the scope of this technical assistance, it is recommended that you work with your college's IT department when researching platforms. Upload and download requirements are one—important—metric for consideration, but a full consideration would also take into account framerate and other qualities, too.

When choosing a platform or considering audio versus audio-video services (discussed below), it is important to consider HIPAA compliance. For a more detailed discussion of that topic, see the section on IT. In addition to working with your college's IT department, it is also recommended that you consult your college's legal department in order to review the platform for HIPAA compliance.

Solution:

An audio-only format might be a valuable alternative for students without internet access.

During COVID-19, CMS announced that a number of telehealth services—including a range of behavioral health services—can be delivered in an audio format. As of April 7, 2021, the CMS List of Medicare Telehealth Services includes several audio-only services payable through 2021 when furnished via telehealth.

NOTE:

Without video, you'll lose some potentially important information (eye movement, physical reactions, etc.). You'll need to use your expertise when determining whether or not a student is a good fit for audio-only services.

Challenge 2: Smartphone Access

Many telehealth clients access appointments through their smartphone, and as discussed above, they are a good option for the rural population. Despite this, however, a smaller percentage of rural citizens own a smartphone: **while 83% of Americans living in a suburban or urban environment reported owning a smartphone in 2019, this rate dipped to 71% for Americans living in a rural environment.**

Solution:

Low-income students can apply for California's Assurance Wireless, a federal Lifeline Assistance program that provides qualifying residents with a free phone, as well as free monthly data, texting, and minutes.

Although not all students are eligible, students who are enrolled in other assistance programs (such as the Supplemental Nutrition Assistance Program, or SNAP) are likely to qualify. Collaborating with the campus food pantry and other resource centers to promote Assurance Wireless can help create new opportunities for integrating services and promoting telemental health and the Assurance Wireless program. Many campuses have a SNAP coordinator that facilitates enrollment for the campus, and this person can be a great contact for cross-promoting services. For more information on SNAP, as well as a link you can share with students, click here.

ADDITIONAL RESOURCE SPOTLIGHT:

One valuable resource that discusses these first two challenges in details is the Rural Health Information Toolkit.

Challenge 3: Community Stigmatization and Privacy (continuing services)

Some studies have found that rural communities are more likely to normalize depression and other mental health issues, and correspondingly, to hold stigmatized views of mental health services.[3] Although a student might feel comfortable with the idea of receiving mental health services, it is possible that friends and family members hold stigmatized views of these services . When these views are held by other members of the household, they can become a barrier to care during shelter-in-place when held by other members of the household. **Although students might have felt comfortable using mental health services when they were on campus and anonymous, some might feel uncomfortable using them in the less-private context of their homes.**

Solution:

If you know that your student is in an uncomfortable living situation,

- **you might ask if there is a different safe space** from which they might be able to take a call, such as from the privacy of their car. (Note: this should only be considered if you think this student is a good fit to receive telemental health services in a semi-isolated setting. If you think that the student might be at risk of experiencing a mental health emergency, this approach is not appropriate.)
- **you might ask if there is a time that might work better** with their living situation.

Challenge 4: Stigmatization and Outreach (beginning services)

Due to the stigmatized views of mental health services that tend to be more common in rural areas (discussed above), students might be less likely to begin receiving mental health services.

Solution:

Consider developing online, culturally-appropriate marketing material that helps to normalize telemental health services.

[3]For an additional discussion of the stigmatization of mental health services in rural communities, see the Rural Health Information Hub.

Marketing materials should be culturally inclusive and represent the diversity of the rural student population:

- **Although rural populations in California are predominately White and Hispanic/Latino, all colleges have students from a variety of racial, ethnic, and cultural backgrounds and identities. It is important for** *your students to see people that look like them; otherwise, they are more likely to think that these services are not for them.*
- If you provide services in multiple languages, this should be represented in your material.
- Similarly, rural populations tend to have higher poverty levels—consider avoiding images that contain an excess of expensive technology.
- Materials should include a range of ages.

Solution:

If your campus does not currently offer them, consider providing virtual support groups.

A virtual support group can be a tool for providing mental health support without the stigma that might be associated with one-on-one sessions. These wellness groups can provide students with an environment to discuss stressors and share support strategies, and can feel like less of a commitment for students than traditional mental health services.

Additionally, these groups can be designed to support different student populations based on your college's demographics. For example, if you know that your campus has a large number of students with an undocumented legal status but you feel that traditional outreach efforts are not sufficient, you might consider hosting an Undocutalk to provide a safe space for students with an undocumented legal status to share their feelings and self-care strategies.

Note: Although these sorts of events are sometimes peer run (such as by a Mental Health chapter), it is still important to have a clinician on hand. For some, these events can cause a strong emotional reaction that can move into crisis.

Challenge 5: Providing Longer-Term Mental Health Care

Mental health services on your campus are likely only able to provide care on a short-term basis to students. **While you might already have a referral system in place—including MOUs with community providers—you might consider expanding your system to include telehealth providers outside of the area to include more diversity among providers.** You can either have your mental health department establish MOUs with providers and establish a diverse remote directory, or you can encourage your student to find a provider through a pre-existing online directory.

The following directories can help students from traditionally marginalized populations find a (remote) mental health provider with whom they might be more comfortable.

Consider sharing these resources through your department's website, or in a reusable email of resources that you share with students that require ongoing services. However you choose to share them, emphasize that these directories are helpful resources where students can find a mental health professional with shared experiences and expertise with supporting students of their racial, ethnic, and/or culture and identity.

- Therapy for Queer People of Color
- Black Emotional and Mental Health Collective
- Latinx Therapy
- Inclusive Therapists
- Psychology Today's Native American Therapy Directory
- APISSA Therapist Directory

APPENDIX: COUNTY DEMOGRAPHIC DATA (2018 CENSUS DATA)

	Ethnicity: Asian	Ethnicity: Black/African American	Ethnicity: Hispanic/Latino	Ethnicity: American Indian/Alaska Native	Ethnicity: Native Hawaiian/Pacific Islander	Ethnicity: Multi-ethnic	Ethnicity: White	Ethnicity: Unknown
Alameda County, California	483,067	172,329	369,061	5,288	13,192	72,395	523,391	4,977
Alpine County, California	8	9	105	294	0	52	678	0
Amador County, California	466	749	5,132	270	69	1,370	29,763	10
Butte County, California	9,900	3,303	36,358	1,738	341	10,639	164,390	406
Calaveras County, California	568	299	5,297	374	126	1,614	36,905	52
Colusa County, California	324	277	12,655	159	53	294	7,672	30
Contra Costa County, California	182,135	93,683	288,101	2,376	5,251	54,921	502,951	3,829
Del Norte County, California	937	758	5,340	1,841	17	1,231	17,172	128
El Dorado County, California	8,237	1,432	23,631	939	396	5,852	145,990	384
Fresno County, California	97,991	44,474	515,907	4,458	1,104	20,877	291,455	1,864
Glenn County, California	820	223	11,504	414	17	402	14,507	0
Humboldt County, California	4,049	1,342	15,360	5,919	369	7,166	101,305	258
Imperial County, California	2,376	3,906	151,019	1,076	307	1,639	19,773	120
Inyo County, California	269	160	3,927	1,944	35	313	11,369	28
Kern County, California	40,273	45,053	465,842	4,202	1,153	18,461	307,030	1,039
Kings County, California	5,737	8,794	81,154	1,227	285	3,626	49,098	204
Lake County, California	642	1,426	12,830	2,090	30	1,365	45,623	142
Lassen County, California	436	2,695	5,834	847	205	618	20,528	22
Los Angeles County, California	1,451,560	795,505	4,893,603	20,307	24,821	223,280	2,659,052	29,924
Madera County, California	3,047	4,835	88,806	1,504	136	2,711	53,531	443
Marin County, California	14,815	5,597	41,335	435	292	9,559	185,809	2,453
Mariposa County, California	243	166	1,909	390	54	633	14,125	20
Mendocino County, California	1,667	511	21,679	2,839	170	3,062	57,314	380
Merced County, California	19,487	8,038	158,494	840	556	5,151	76,008	501
Modoc County, California	130	149	1,292	291	6	104	6,962	4
Mono County, California	336	40	3,866	342	0	276	9,224	80
Monterey County, California	23,647	10,606	252,588	1,046	1,963	11,594	131,238	530
Napa County, California	11,210	2,764	47,687	326	264	3,604	74,159	516
Nevada County, California	989	601	9,381	570	154	2,897	84,470	130
Orange County, California	629,637	50,412	1,080,195	6,348	8,541	87,132	1,296,036	5,881
Placer County, California	27,196	5,868	52,498	1,244	576	13,912	278,380	403
Plumas County, California	200	194	1,629	387	41	551	15,571	126
Riverside County, California	147,706	144,503	1,154,517	10,064	5,846	58,837	856,468	5,345
Sacramento County, California	231,740	144,003	347,025	5,469	16,335	76,865	682,500	6,086
San Benito County, California	1,705	434	35,248	193	79	893	20,760	84
San Bernardino County, California	145,652	168,864	1,127,813	7,409	6,037	52,291	623,262	4,085
San Diego County, California	382,336	155,536	1,106,925	12,282	12,811	111,197	1,515,380	6,366
San Francisco County, California	294,846	43,619	132,651	1,363	2,694	37,038	353,670	4,163
San Joaquin County, California	110,164	49,926	301,256	1,536	3,959	26,415	237,887	1,069
San Luis Obispo County, California	9,924	4,912	63,002	1,363	258	7,178	194,574	244
San Mateo County, California	212,474	16,838	189,002	1,151	10,272	30,675	303,047	2,476
Santa Barbara County, California	22,996	7,881	200,060	1,407	482	10,952	199,356	604
Santa Clara County, California	685,265	45,379	496,455	3,003	6,231	66,212	615,912	4,743
Santa Cruz County, California	12,116	2,359	91,676	360	168	8,992	157,540	554
Shasta County, California	5,326	2,140	17,605	4,014	182	6,092	143,575	151
Sierra County, California	0	6	324	25	0	8	2,567	0
Siskiyou County, California	671	619	5,336	1,283	120	2,088	33,390	33
Solano County, California	65,994	59,500	114,406	1,258	3,928	23,286	168,870	1,288
Sonoma County, California	19,720	7,192	132,985	2,068	1,406	17,208	318,237	2,501
Stanislaus County, California	28,599	14,338	245,973	2,600	3,711	13,376	229,796	908
Sutter County, California	14,532	1,793	29,354	676	367	4,170	44,769	211
Tehama County, California	964	420	15,623	1,013	17	1,773	43,539	24
Trinity County, California	179	87	930	574	158	300	10,607	27
Tulare County, California	14,800	5,870	295,149	2,769	584	6,811	133,617	877
Tuolumne County, California	732	880	6,527	747	125	1,517	43,364	40
Ventura County, California	60,242	13,677	360,017	2,299	1,406	21,154	388,301	1,016
Yolo County, California	29,360	5,215	67,809	533	919	9,609	101,274	258
Yuba County, California	4,977	2,340	20,990	643	292	4,040	42,085	126

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