In the mental health care field, especially when compared with their urban counterparts, rural areas are often found to be severely lacking in available services and treatment options (Robinson, et al., 2012).

There are a disproportionate number of poor and minority citizens in the rural areas who do not have adequate access to mental health services, even though a large percentage of these individuals experience increased instances of mental health-related issues than do those in non-rural areas (Hauenstein, 2008).

**THEORETICAL FRAMEWORK**

The basic assumptions and ideas of the Conflict Theory are that all major institutions, laws, and traditions in the society are designed to support those who have traditionally been in power, or the groups that are perceived to hold a higher status in the society. This perspective is essentially based on Karl Marx's thoughts on class struggle. As applied to this study, the Conflict Theory would suggest that an imbalance of mental health resources exists when comparing the availability of the resources in urban areas to those areas that are more rural.


**RESEARCH QUESTION**

What access to mental health care resources is needed from the perspective of someone needing help in rural Wisconsin?

- To identify accessibility problems that individuals living in underserved rural areas encounter while seeking the delivery of effective services.
- To develop an email qualitative interview protocol, in order to investigate the perspective of someone navigating the mental health care environment and struggling to gain access to the existing resources.
- To make public the needs of these families and individuals in rural areas seeking help so that treatment may become more available and carry fewer stigmas.

**THEORETICAL FRAMEWORK**

In this study, the participant was the mother of an elementary school-aged son. Her son is afflicted with Autistic Spectrum Disorder and the participant responded to the interview protocol questions in his best interest.

<table>
<thead>
<tr>
<th>DEMOGRAPHIC CHARACTERISTICS OF THE PARTICIPANT</th>
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<tr>
<td>Gender</td>
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<td>Age</td>
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<td>Current Marital Status</td>
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<td>Number of Children</td>
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<td>Location of residence</td>
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**REVIEW OF THE LITERATURE**

Pederson, K. J., Newal Luftflye, M. M., Palmoli, L. C., Simmons, D. R., Steenerson, D. J., Hohnman, K. G., & Huot, K. L. (2013). Examined a representation of adults in the rural United States in an effort to observe the characteristics of those who experienced stigma associated with mental health issues. They found that rural adults were more likely to identify stigma and that the stigma presented an obstacle to their improved mental health care.

Robinson, W., Geske, J., Backer, E., Jarzynka, K., Springer, P. R., Bischoff, R., & Swinton, J. (2012). Studied the experiences of patients and their families from a rural perspective. Rural primary care providers discovered certain themes in their patient group discussions. Mental health issues being accompanied by stigma was a primary concern. Other issues were transportation and financial considerations that impede access to mental health care.

Smalley, K. B., Yancey, C. T., Warran, J. C., Naufel, K., Ryan, R., & Pugh, J. L. (2010). Considered the connection between rural mental health practitioners and treatment options. They found that rural residents typically have a higher incidence of mental disorders, among other issues, in comparison to residents in urban areas.

Pullmann, M. D., VanHooser, S., Hoffman, C., & Heffinger, C. (2010). Studied the obstacles and supports for rural families who have children with mental health issues. The research points to the lack of resources, lack of awareness of existing resources, long waiting lists, funding issues, and the perceived indeterminacy of mental health issues as a whole that prevent children and families in rural areas from seeking and receiving adequate treatment.


**METHODS**

Participant sampling types: Pervasive and snowball sampling types were used. The pervasive sampling method was used because the researcher could go to those individuals who were likely to have the information needed and would be willing to share their personal and detailed lived experience. The snowball sampling method can also be applied, as the researcher was an insider for the participant.

Research Design: A cross-sectional research design was used with data collected from the participant at one point in time. An email interview was used for data collection. The reason for this method is that email, rather than a face-to-face interview, was deemed most appropriate when under time restrictions and for convenience (Meho, 2006).

Data analysis plan: Thematic analysis was used for the qualitative email responses and inter-rater reliability to 100% was established between the researcher and adviser. The researcher then identified representative quotes from the interview of each of the themes.

**SELECTED FINDINGS**

The participant identified key barriers and needs in accessing mental health care resources, which included:

- **Specialized providers**
  Providers, other than family practitioners, are needed due to the specific training and experience required to treat those with mental health disorders.
  “Not enough providers close by in my area and specifically Neuropsychiatrist/Psychiatrist...”

- **Location of Providers**
  The availability of services in more remote areas would ameliorate obstacles related to transportation.
  “Providers that are closer.”

- **Family Support Groups**
  A need for long-term family support groups, which can offer personal advice, peer support, and information for accessing services.
  “I have not found any support groups that last longer than a few months, especially for “normal siblings”.

**IMPLICATIONS**

Implications for Practitioners

The participant’s recommendations for practitioners in the best interest of her son included:

- Mental health care providers who are trained and experienced in Autism Spectrum Disorder.
- Provide treatment, for her son, which takes into consideration age-related changes and incorporating those changes into his plan of care.
- Improved accessibility to providers, which do not require extended travel times and more time away from work.
- An increase in the number of mental health care providers in rural areas, to enable her son to see a provider sooner.
- Support groups for siblings that are both peer-led and provider-led.
- Mental health care providers who do not promote medication as a resolution to providing best patient care.
- Embark on a meaningful effort to gather information, determine the causes, identify the treatments, and make sure all state and federal dollars on mental health are spent effectively.

Implications for Future Research

The researcher collected data from one individual who lives in a rural area of Wisconsin; this may have significantly limited the generalizability of the findings.

A recommendation for future research would be that a larger number of participants are identified and their experiences be evaluated in order to gain a multiple perspectives on how the mental health care profession can remove barriers and provide adequate access to appropriate services.

**CONCLUSION**

The information from this study will be beneficial to those who are instrumental in mental health care policy and practice, so that they too may be aware of the needs that exist in rural settings.

Allowing for limitations that have been stated, the researcher believes that the findings of this study have established a threefold objective:

- That multiple and critical needs have been identified in the rural mental health care field.
- The mental health care system disparities in the rural areas have gone largely unnoticed by the general public.
- That raising an awareness of the necessity for more collaborative efforts exists, to strengthen the rural social capital of the underserved rural families of Wisconsin.