



F.A.R.M. C.A.M.P: Growing A Rural Behavioral Health Workforce

Catherine Jones-Hazledine, PhD^{1,2} & Ryan Asherin, MA^{1,2}

¹Western Nebraska Behavioral Health; Rushville, NE

²University of Nebraska Medical Center; Omaha, NE



Background

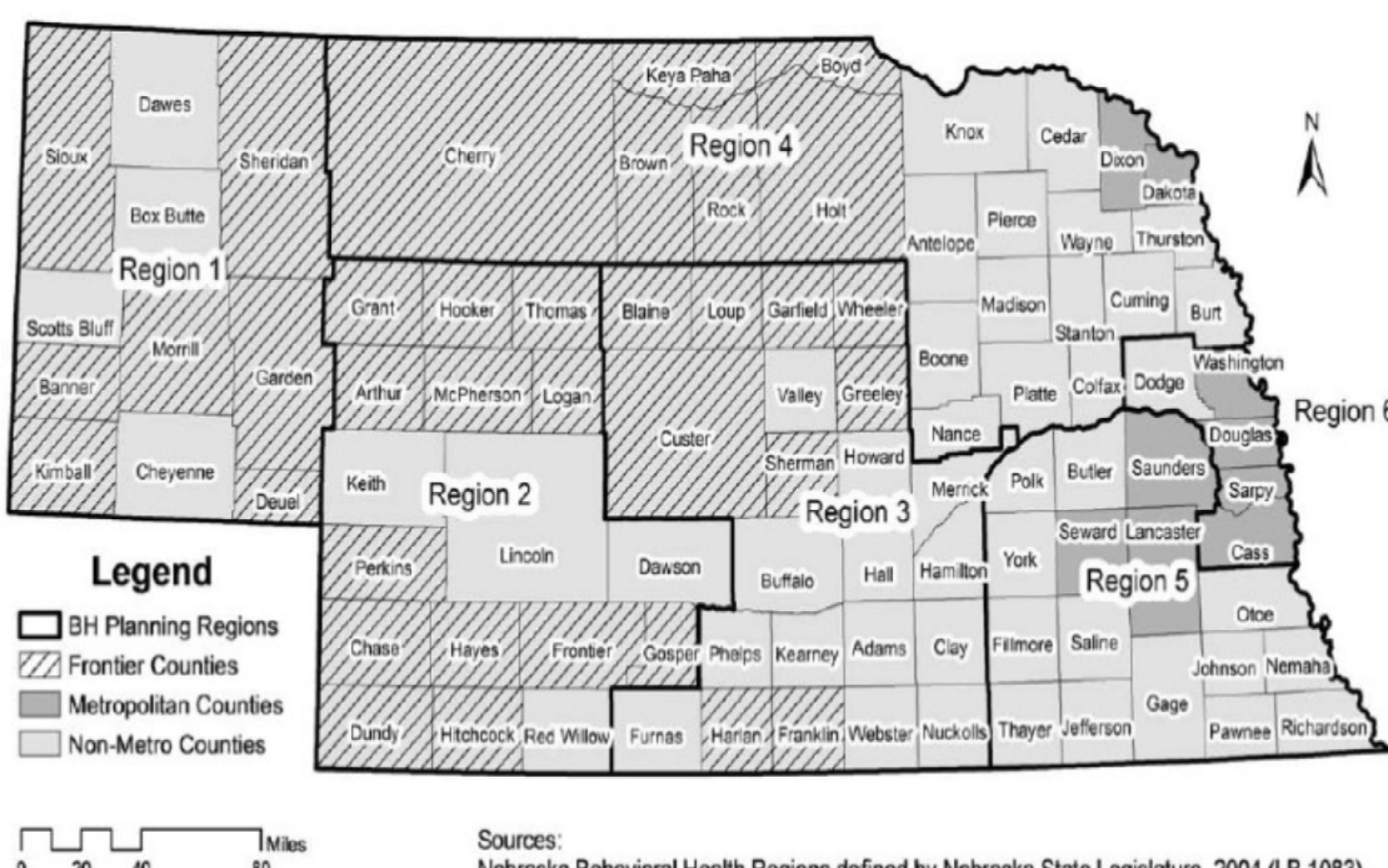
Nebraska is a highly rural state. Only 9 out of 93 counties in the state are considered metropolitan, 49 are classified as rural counties, and 35 are frontier counties (fewer than 7 persons per square mile)¹. Despite this breakdown, 71.2 percent of behavioral health providers in the state are clustered in metropolitan areas¹. As a result, 88 out of those 93 counties are identified as psychiatry and behavioral health shortage areas¹. It is difficult to recruit providers to these isolated rural areas, and when they are recruited (e.g. by loan repayment programs) they don't tend to remain past their initial short commitment². Research suggests that financial incentives are not sufficient, and that one good predictor of willingness to serve in rural areas is having a rural background, such as having grown up in a rural setting².

Methods

The F.A.R.M C.A.M.P project (Frontier Area Rural Mental health Camp and Mentorship Program) is now in its 5th year. High school students with a possible interest in behavioral health careers are identified each year, through presentations at schools as well as working with school guidance counselors. Students participate in a weeklong summer camp focused on introducing them to behavioral health careers. The camp includes an introductory course in behavioral health for which they receive college credit, presentations by a wide variety of rural behavioral health providers, and other educational activities. Following the camp, students are assigned a mentor who follows them for the remainder of their high school career and into college.

Aims

The current project aims to improve recruitment and retention in two particularly rural and underserved areas of Nebraska by identifying local students interested in behavioral health careers and providing education, support and mentoring starting in high school years.



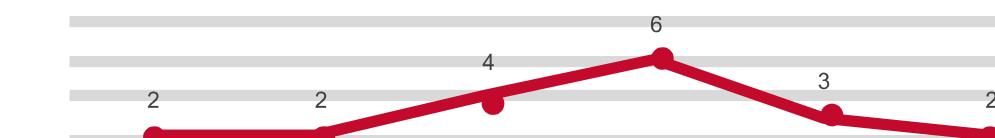
Results

To date, four cycles of the camp have been held in its original location, and it has been replicated in another highly rural and underserved area (the Winnebago Indian Reservation). A total of 39 students have participated in the camp – 9 males and 30 females. Nineteen of the participants were Native American, and 20 Caucasian. Results from follow up surveys after year 3 (n=19) indicated high rates of participant satisfaction with the program, that the program increased participant knowledge about behavioral health careers. Eighty-four percent of the respondents had ongoing interest in behavioral health careers. Ninety-five percent of the respondents indicated ongoing communication with their assigned mentor, and this contact was rated as helpful to them.

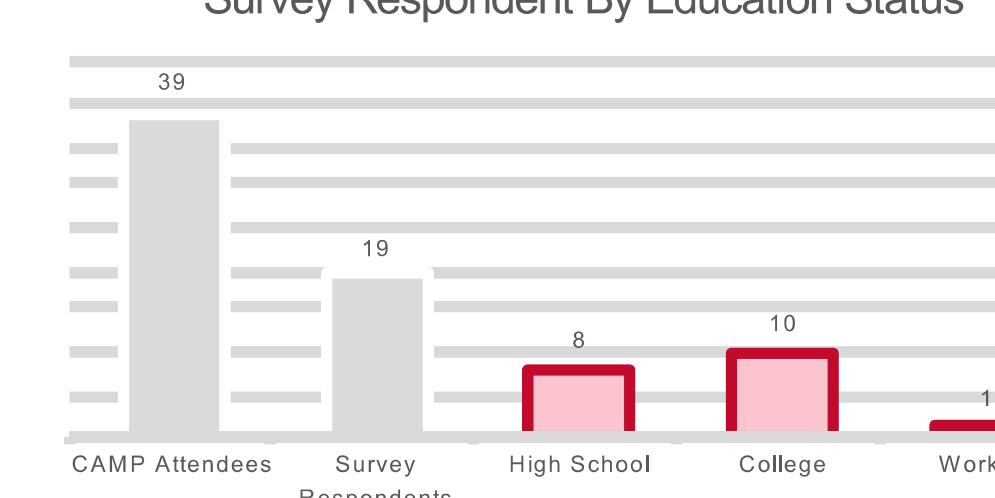
CAMP Demographics (N=39)

Sex	
Male	9 (23%)
Female	30 (77%)
Race	
Caucasian	20 (51%)
Native American	19 (49%)

Survey Respondents By Age

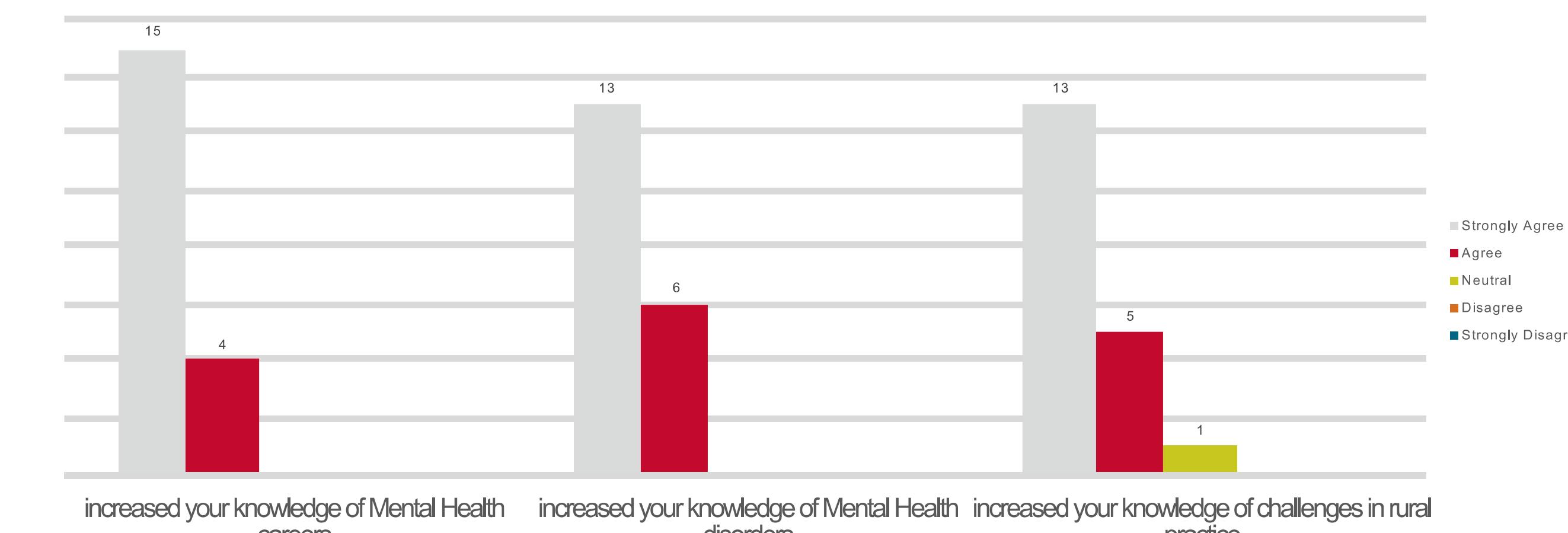


Survey Respondent By Education Status

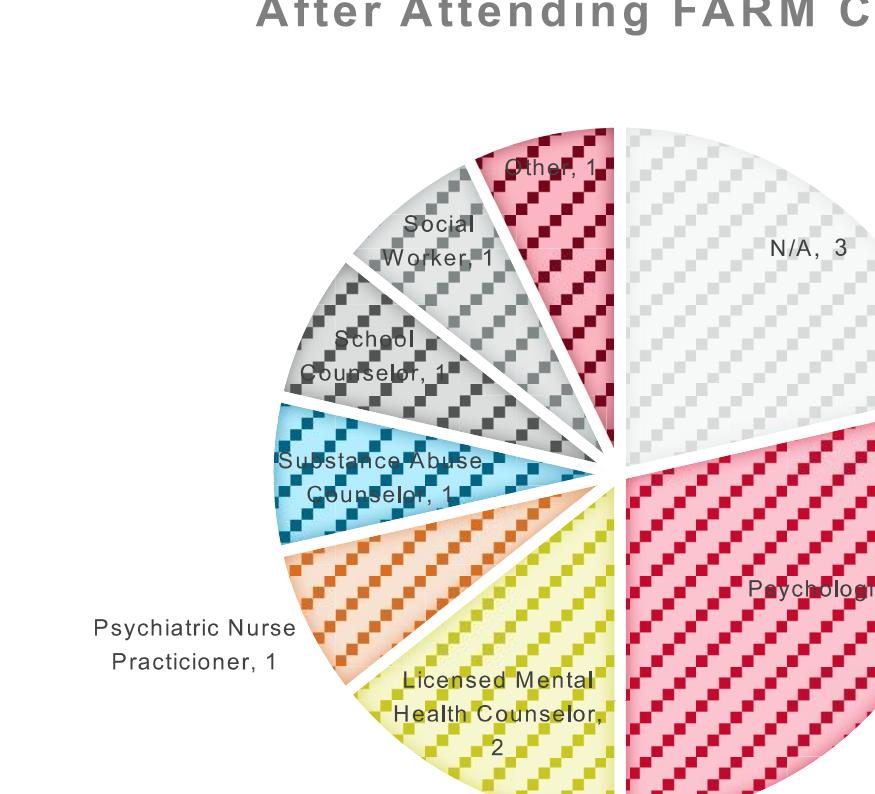


Survey Results

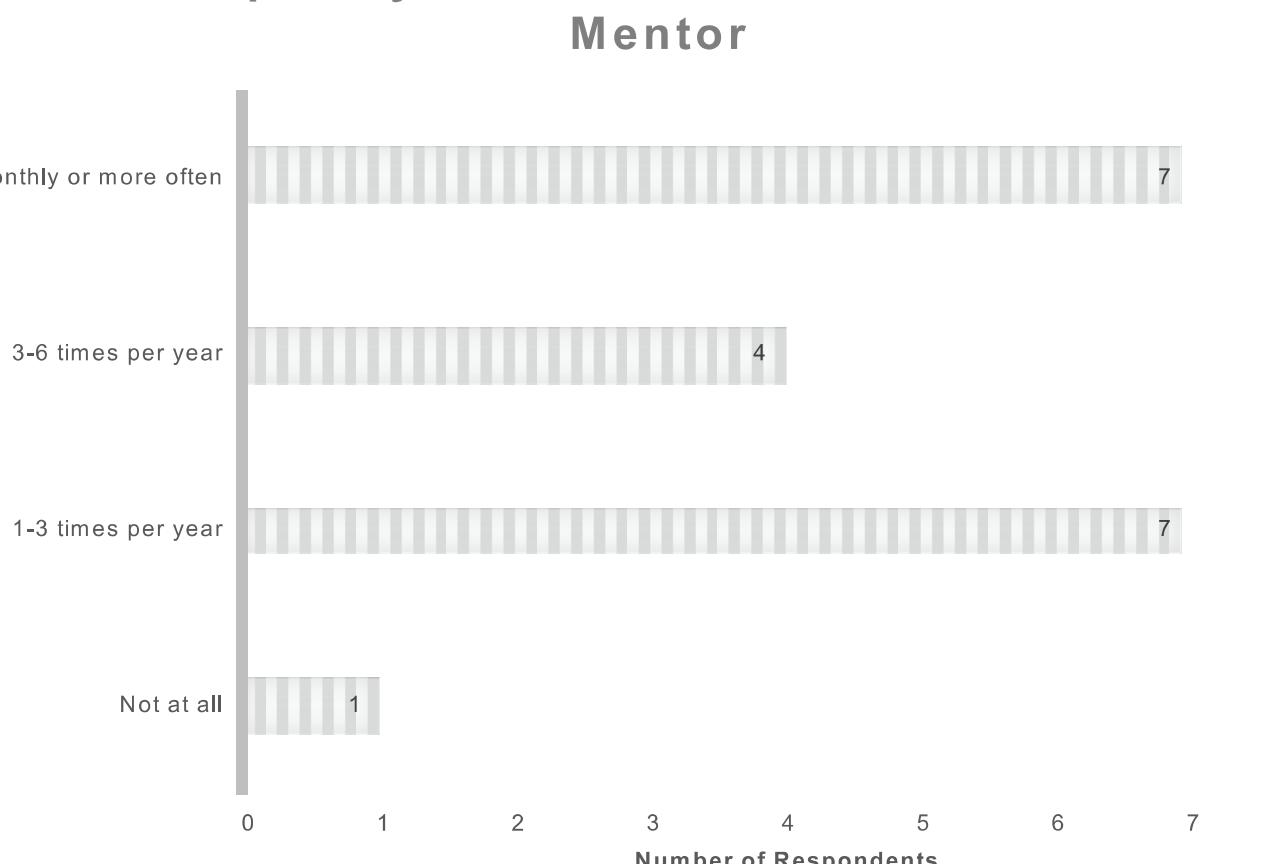
FARM CAMP Knowledge Assessment



Career Interests of Respondents After Attending FARM CAMP



Frequency of Contact with FARM CAMP Mentor



Conclusion and Future Directions

Though this program has not been in existence long enough to determine if there will be long-term improvements in recruitment and retention in these isolated communities, student response to the program has been positive and encouraging. Increased knowledge of rural mental health careers and continued contact, if desired, with a professional mentor can support rural student's pursuit of mental health careers. If even a fraction of these students end up in an eventual rural practice, it will be of significant benefit to these underserved settings.

References

1. Nguyen, A. T., Trout, K. E., Chen, L., Madison, L., Watkins, K. L., & Watanabe-Galloway, S. (2016). Nebraska's rural behavioral healthcare workforce distribution and relationship between supply and county characteristics. *Rural and remote health*, 16(3645).
2. Watanabe-Galloway, S., Madison, L., Watkins, K. L., Nguyen, A. T., & Chen, L. (2015). Recruitment and retention of mental health care providers in rural Nebraska: perceptions of providers and administrators. *Rural and remote health*, 15(3392).