

## Editorial

### **Rural Practice Forum: Mental Health Services for Adolescents**

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JoAnne Thompson, M.S., RN, a school nurse in Roseau, MN, discusses the urgent problem of mental health services for adolescents in rural areas and gives suggestions for ways the rural nurse can deal with them. The acceptability and availability of mental health services for the adolescent population is at crisis levels in northern Minnesota and North Dakota. Adolescents in rural areas face isolation and loneliness, poor access to transportation, and increased economic conflicts (unemployment, divorce, poor housing, and poor nutrition), and lack of specialized mental health services. Adolescents in rural areas might respond by increased ‘escape’ risk taking behaviors of alcohol and/or drug abuse and sexual activity.

Resiliency research has provided some cues to improve future orientation, active skill acquisitions, and positive risk taking behaviors. Professionals can assist by always seeking the positive behaviors and reinforcing whenever possible. Mentors are critical for all adolescents. Most adolescents make excellent mentors themselves if structured to enhance their positive attributes.

Communities (especially faith communities) can foster resiliency by providing activities with responsible adult supervision. Transportation is an issue with the isolated adolescent. Activities should be geared to immediately after school or church so transportation is only one occurrence. Youth directors or parish workers would increase attendance if transportation is provided. Schools need to provide opportunities for transitions to work or post-secondary endeavors. Schools also need to offer a variety of activities for non-competitive activities.

Medical clinics need to provide assessment for mental health with adolescent contacts. Opportunities for counseling need to be available. Child mental health resources are “few and far between”. An appointment for mental health assessment may involve a 120-mile drive, which means a day without employment for parents. Professionals need to be sensitive to distance and attempt to have follow-up via phone or electronic communication.

Education professionals need to consider a mental health screening when formal assessments are performed for attention deficit disorder and when behavioral indicators point in that direction. School social workers need to be aware of the local resources. All too often, parents dismiss the symptoms of depression as a ‘phase’ or ‘hormones’. School personnel need to advocate for students when appropriate.

Nurses in the public sector are excellent resources for adolescents. Nurses ‘see the whole picture’ of adolescent, family, and community. Nurses also need to explore the concept of resiliency for practical applications.

Adolescents need to be saturated with caring adults. Opportunities of “required volunteerism”, mentoring relationships, realistic short and long term goal setting, empowerment of parents, proactive skill building activities (especially refusal skills), consciousness raising community programming, are just a few of options that nurses can initiate or facilitate.

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