Critically Appraised Topics   Department of Occupational Therapy

2021

Utilizing a Community-Based CORE Approach to Foster Occupational Engagement in Individuals with Mental Health Conditions within Rural Communities

Anne Domanus

Melanie Martinez

Sheena Miller

How does access to this work benefit you? Let us know!

Recommended Citation

Utilizing a Community-Based CORE Approach to Foster Occupational Engagement in Individuals with Mental Health Conditions within Rural Communities

Anne Domanus, OTS, Melanie Martinez, OTS, & Sheena Miller, OTS

Department of Occupational Therapy, University of North Dakota, Grand Forks, North Dakota, United States

Please direct correspondence to Anne Domanus at anne.domanus@und.edu

Focus Question

Does the implementation of a community group intervention program for adults, ages 18 to 65 years-old, living in a rural community decrease the stigma of mental illness within the community and therefore increase occupational engagement for those with mental health conditions who live in that community?

Case Scenario

"Nearly 1 in 5 U.S. adults live with a mental illness," which was approximately 51.1 million people in 2019 (National Institute of Mental Health, 2021, para. 1). This is an important issue within the country; however, it is not widely talked about, especially in rural areas. Research has shown that the prevalence of mental health conditions is consistent across urban and rural areas, but the stigma that surrounds mental health conditions is worse within rural communities (Thorne & Ebener, 2020). This has been attributed to the lack of access to resources, lack of knowledge about resources and mental health conditions in general, and lack of specialization of health professionals in these rural communities (Hoeft et al., 2018; Robinson, 2012; Thorne & Ebener, 2020). The definition and classification system for rural settings is difficult, as there is not one common definition (Rural Health Information HUB, 2019). For the purpose of this article, the definition of rural will follow that of the U.S. Census Bureau, which states that any area that is not considered to be an urban area or urban cluster is rural (U.S. Census Bureau, 2020). This means that areas that have a population under 2,500 people will be considered rural, accounting for roughly 19% of the United States' population, but a majority of the land area (U.S. Census Bureau, 2020).

The Person Environment Occupation (PEO) model will be used as a guide for the intervention process. PEO acknowledges that change can happen across the lifespan, aligning with the goal of changing individual perceptions of mental health conditions in adults of a variety of ages (Law et al., 1996). This model was chosen for the focus that it places on changing one aspect, mainly the environment, and more specifically the social environment in this case, to influence the other components of the model (Law et al., 1996). The PEO model embodies a client-centered approach to helping people with mental health conditions participate in everyday activities, doing what is important and meaningful, and engaging in their environments and with others who support them (Stoffel, 2011). The goal of exploring the evidence available to write this critically appraised topic (CAT) paper is to discover if the use of a community intervention program and educating the general population of rural areas about the stigma surrounding mental illness, will increase the occupational performance and engagement of those with a mental health disorder within that rural community. There is evidence that occupational therapy interventions improve outcomes for those living in the community with serious mental health conditions (AOTA, 2012). In the future, occupational therapy interventions could shift to focus on helping the individual with a mental health condition and the self-stigma that they impose on themselves to further improve upon occupational engagement (LaVoi, Kostreba, & Zimmerman, 2017).

Purpose Statement

The purpose of this critically appraised topic (CAT) paper is to explore the effectiveness of implementing a community intervention program in rural communities in decreasing the stigma of mental illness within the community and increasing occupational engagement of those individuals in that community who are experiencing a mental health condition. By decreasing the stigma towards mental illness in these rural areas and providing greater support and acceptance to those experiencing a mental health condition, there will be an improvement in community

engagement, therefore increasing quality of life (American Occupational Therapy Association, 2020; Schroeder, et al., 2021; Stuart, 2016; Thorne & Ebener, 2020).

Summary of Search Methods

Peer reviewed and scholarly articles were searched and reviewed to answer the focus question of "Does the implementation of a community group intervention program for adults, ages 18 to 65 years-old, living in a rural community decrease the stigma of mental illness within the community and therefore increase occupational engagement for those with mental health conditions?" To start the search, a general overview of mental health within rural areas was reviewed to gain a better understanding of the current practices used and the most prevalent issues within those rural communities. The University of North Dakota Medical School Library website was used to access databases, journals, and articles. Certain databases, journals, and reputable websites were used to complete the search, such as CINAHL, PubMed, EBSCOhost, OTSeeker, Rural Mental Health Journal, American Journal of Occupational Therapy (AJOT), National Institute of Mental Health, and Rural Health Information Hub. Specific search terms were used including *mental health, rural, occupational therapy, intervention, education, community-based education/intervention, and suicide*. Later, the search terms were narrowed once the focus question was determined and revolved around *mental health, stigma, rural, community intervention, occupational engagement, and education*. Limitations were utilized within the search, including age of participants being 18 years and older, full access through the library website, peer reviewed, and published in English.

A majority of articles found were published within the past five years. However, there was some original research used specifically that relates to the PEO model, which is the theory used to guide this paper. Other older articles were found to be relevant due to a lack of recent research done on mental health conditions within rural communities, such as certain telehealth interventions, other services used, defining rural, and valid long-term interventions. The information gathered from these articles will provide answers to our focus question while providing opportunities to guide future research and educate clinicians in the field of rural mental health.

Note on the Need for Further Research

While conducting and locating research for this project, it was noted that there is a lack of research. The word rural is not easily defined making it difficult to find consistent research across articles due to demographic discrepancies among the definitions. There is also a stigma that surrounds mental health conditions, especially within rural communities making it difficult to get participants for research in some cases. Mental health is also a broad category within the health care community making it hard to define and pinpoint diagnoses to focus research on. Further research needs to be conducted on the interventions of mental health conditions in rural areas and common mental health diagnoses within those rural communities. This will help to better implement interventions focused upon mental health within rural communities.

Summary of Evidence

The search completed by the authors of this CAT paper, yielded eleven relevant research studies that were utilized within this CAT paper. Of those eleven studies, four were level 1 (Griffiths & Christensen, 2007; Hoeft et al., 2018; Riffel & Chen 2020; Stuart, 2016), three were level 4 (Reed et al., 2014; Schroeder et al., 2021; Thorne & Ebener, 2020), and four were qualitative studies (LaVoi, Kostreba & Zimmerman, 2017; Pereira, 2017; Pereira et al., 2020; Robinson et al., 2012). The research found from previous literature will be broken down in this section based on the key points of the focus question of this paper; "Does the implementation of

3

a community group intervention program for adults, ages 18 to 65 years-old, living in a rural community decrease the stigma of mental illness within the community and therefore increase occupational engagement for those with mental health conditions who live in that community?" Pulling from the focus question, there will be priority given to the topics of the stigma surrounding mental health conditions, a community group intervention program, and occupational engagement of those with a mental health condition. However, it would be insufficient to not discuss the lack of resources and accessibility to those resources that plagues rural communities when it comes to healthcare, especially mental healthcare. Therefore, the first subsection of the summary of evidence will cover that point to set the stage for the rest of the summary. An explanation has been provided as to why this lack of mental health care resources and stigma towards mental illnesses in rural communities exists, before offering potential solutions to the problem.

Lack of Resources and Accessibility and Potential Solutions

One of the main concerns with mental health care in rural areas is that of accessibility and lack of readily available resources (Hoeft, et al., 2018; Robinson, 2012; Thorne & Ebener, 2020). According to the World Health Organization (2012), this is not only a local problem to the United States, but is an issue across the world, with a lack of human and financial resources for mental health condition treatment in many countries. Specifically in the United States, rural counties make up nearly 20% of the population, but only 10% of mental health care specialists are located within these communities (Hoeft et al., 2018). Authors of a systematic review found that due to the lack of specialists, a task sharing approach may be beneficial to better address mental health needs in these rural communities, instead of referring to providers outside of the area (Hoeft et al., 2018). Since there is a lack of mental health care specialists, sharing those roles with a primary care physician can reduce the workload of specialists within rural communities.

Telehealth may be another potential approach to combat the lack of accessibility in rural communities. Some options for telehealth use can be as an educational source for the healthcare providers in the rural community from healthcare providers outside of the community or as direct patient care with a provider that is outside of the community (Hoeft et al., 2018). A systematic review studied specific internet treatment programs that have been designed to be used to treat mental illness in rural areas instead of having to travel for care and were found to be effective at reducing the stigma towards mental health (Griffiths & Christensen, 2007). However, it is important to note that while the attitudes in rural communities towards using telehealth have improved, it is not always the most effective intervention option due to a lack of internet access and understanding of its use in rural areas, according to a survey completed by Reed et al. (2014).

Stigma Surrounding Mental Health

Reducing the stigma of mental illness, specifically in rural communities, can support the success of individuals with mental health conditions who are receiving care by educating the community about mental health overall. The CDC defines mental health stigma as the negative attitude toward people with mental illness that may lead to exclusion and discrimination (CDC et al., 2012). Unfortunately, authors of a systematic review found that the stigma that surrounds mental health conditions is much greater than that of physical health conditions and disabilities (Stuart, 2016). Often those who are stigmatized feel that they are at a disadvantage when it comes to socialization and access to community resources, leading to poorer health outcomes (Stuart, 2016). This can correlate to lowered occupational engagement within a rural community

as personal identity is also inhibited. Improving the understanding of mental health conditions in a rural community is one way to decrease the stigma and increase the likelihood of an individual with mental health conditions to seek treatment. Thorne and Ebener (2020) found that seeking help can be seen as a sign of weakness and defiance from what is to be expected as self-reliance is held in high regard in rural communities. Researchers conducted two surveys and found that there is also concern regarding confidentiality when seeking mental health services in a rural community, due to the close relationships among community members that are typical in rural areas (Schroeder et al., 2021; Thorne and Ebener, 2020). Overall, working to decrease the stigma that surrounds mental health conditions and ensuring that confidentiality concerns are addressed are two ways to increase utilization of available mental health services by those who need them.

Stigma Held by Healthcare Providers

It is important to note that healthcare providers are just as likely to display attitudes of bias that contribute to the mental health stigma, especially within the rural community. Riffel and Chen (2020) found that some healthcare providers and healthcare students had negative perceptions towards individuals with mental health conditions and sought to identify the factors that caused these perceptions and beliefs. One contributing factor could be living in a rural community where the stigma can be related to the overall cultural beliefs that are held about mental health conditions (Riffel & Chen, 2020). Everyone has biases, but it is vital that healthcare providers are aware of their biases and work to educate themselves to minimize their contribution, specifically towards the mental health stigma.

Self-Stigma

There is also a concern with perceived self-stigma when it comes to mental health conditions (LaVoi, Kostreba, & Zimmerman, 2017; Schroeder et al., 2021). Self-stigma is how an individual, with a mental health condition in this case, internalizes the negative perceptions about their disorder. This can play a factor in self-esteem and how likely someone is to seek treatment and interventions, as they are hesitant to tell others about their struggles (Robinson et al., 2012). The self-stigma can be influenced by community beliefs and/or culture, specifically being thought of as weak, lazy, or not self-reliant, which in rural communities can be damaging to an individual's self-esteem (Robinson et al., 2012; Thorne & Ebener, 2020). This supports the need to educate communities on the experiences of those with mental health conditions to create an inclusive and understanding environment.

Community Intervention and Occupational Engagement

By providing community-based education and outreach in a rural setting, occupational therapists can work to decrease the negative perceptions about mental illness and increase the engagement of individuals with mental health conditions within that community. Occupational therapy is beneficial in implementing a community education intervention as the focus is on everyday activities that are meaningful to each individual. The intervention plan revolves around improving community involvement and occupational engagement for those with or without a disability (Castaneda, Olson, & Radley, 2013).

One effective approach that was found to implement within a community-based intervention program was the CORE approach. Researchers conducted a qualitative study and used case narratives to highlight the main elements of the CORE approach as a whole and how this approach can be effectively applied in different settings (Pereira et al., 2020). The CORE approach stands for capabilities, opportunities, resources, and environments, which aligns well with the Person Environment Occupation model used to guide the research of this paper (Law et al., 1996; Pereira, 2017). The elements of the CORE approach build off of each other to foster

inclusion. The therapist first finds out what the community strengths and values are. Once that is understood, they can start to formulate a plan for intervention based on the unique capabilities of the community. The therapist then must look at what resources are available within the community and advocate for their effective use. Based on what the therapist learns from previous elements, the environment can then be adjusted and modified to be more inclusive, allowing for greater individual participation within the community (Pereira, 2017; Pereira et al., 2020).

By utilizing an inclusive lens through the CORE approach, community members will gain and build knowledge about mental illnesses, creating an environment that fosters acceptance and support towards those with mental health conditions. As occupational therapists, one can advocate for clients in rural areas who are experiencing lack of resources and environmental supports, especially those with mental health conditions. One could argue that the most important elements of the CORE approach within a rural context are resources and environment. In the original introduction to the CORE approach, Pereira (2017) stated that the environment should be "designed, modified, and enriched to maximize social inclusion while supporting diverse identities, aspirations and ability levels." By implementing a community-based education program using a CORE approach in a rural community, the occupational therapist can work to modify specifically the social and cultural environments, reducing the stigma of mental illnesses and maximizing occupational engagement of those with mental health conditions.

The CORE approach was chosen above other intervention strategies as it is easily adaptable to different environments and was found to be effective in rural communities (Pereira et al., 2020). Based on the literature search conducted, we found that other intervention approaches centered around specific mental health conditions and populations, as opposed to a dynamic intervention approach. The specificity of these approaches would not be the most effective in a rural setting, based on the variability of the types of disorders present in a rural community. These specific interventions were also implemented in an urban setting, which may be difficult to translate to a rural community, based on the unique cultural differences between urban and rural (Thorne & Ebener, 2020).

Clinical Bottom Line

The clinical bottom line will include the focus question, a condensed overview of what was discussed in the paper, main takeaways, and limitations and biases. The overview of the topic should provide a general answer to the focus question and can be read on its own to provide the reader with a quick snapshot on community-based education interventions focused on mental health in rural communities.

Focus Question

Does the implementation of a community group intervention program for adults, ages 18 to 65 years-old, living in a rural community decrease the stigma of mental illness within the community and therefore increase occupational engagement for those with mental health conditions who live in that community?

Answer to Focus Question

Based on the published research that was found during the literature search, there is not a definitive answer to the focus question. There have been limited research studies done on implementing a community group intervention program in rural communities for the adults that live there. While there is no specific evidence that states that this intervention would work, there is also no evidence to say that it would not work. Based on the research, a CORE approach (Pereira, 2017; Pereira et al., 2020) could be an effective intervention strategy, as it allows the therapist to change the intervention based on the unique nature of each rural community. The

CORE approach strives to promote inclusivity and occupational participation and engagement of individuals within a community (Pereira, 2017; Pereira et al., 2020).

Overview

Culture within a rural community is unique. There is high importance placed on self-reliance, community involvement, healthcare confidentiality, and having adequate resources within the community (Thorne & Ebener, 2020). Mental health conditions are just as common within rural communities as they are within urban communities (Thorne & Ebener, 2020). However, the stigma that surrounds mental health conditions in these rural communities is much greater than that of any physical health issue (Stuart, 2016). Through the use of a community group intervention, the stigma towards mental illness will decrease, providing greater support and inclusion to those who have a mental health condition, increasing their community and occupational engagement (American Occupational Therapy Association, 2020; Schroeder, et al., 2021; Stuart, 2016; Thorne & Ebener, 2020). Due to the unique environmental and cultural characteristics of a rural community, and the variability of people who live there and the mental health conditions that may be experienced, the Person Environment Occupation (PEO) model is the best guide for intervention in this setting (Law et al., 1996). By modifying the environment of a rural community to be more understanding and inclusive of those with mental health conditions, the occupational participation and engagement will therefore increase (Law et al., 1996, Stoffel, 2011). Changing and adapting the environment of a rural community will allow for a better fit for the individual with a mental health condition.

Why Use the CORE Approach

The CDC defined mental health stigma as the negative attitude toward people with mental illness that may lead to exclusion and discrimination (CDC et al., 2012). The benefit of using the CORE approach in decreasing stigma is that the main focus is promoting inclusivity by incorporating the elements of capabilities, opportunities, resources, and environments (Pereira, 2017). Utilizing the CORE approach requires the therapist to understand the values and strengths of the community to implement a plan for intervention (Pereira, 2017). The therapist then advocates for availability and utilization of proper resources within the community (Pereira, 2017). By modifying the environment based on what is discovered about the capabilities, opportunities, and resources, the therapist can promote an inclusive environment for those with mental health conditions (Pereira, 2017). A more inclusive environment will allow for greater occupational engagement and participation of community members.

Relevance

By implementing a community group intervention for all adults in a rural community to reduce the stigma that surrounds mental health conditions and increase occupational engagement of those with a mental health condition, population retention may improve. When a community maintains a steady population, the economic stability of that community may improve as well. This is speculated as implementing more community-based resources may limit those with mental health conditions from seeking resources outside of the community or potentially moving away entirely. By implementing community resources to decrease the mental health stigmas, those with a mental health condition may feel more confident to seek out help when needed (Stuart, 2016). Occupational engagement and social participation of those in the community with a mental health condition may improve as well. This will benefit community members, healthcare providers within that community (occupational therapists, general practitioners, nurses, psychiatrist, counselors, etc.), those in the community with mental health conditions and

their family members and other support systems, and healthcare institutions and related entities (clinics, hospitals, insurance companies, etc.).

Biases and Limitations

Current available research was found to be conducted on populations with a specific mental health condition or was implemented in an urban setting. This provided limitations when it came to meeting the needs of a rural community to decrease the stigma that surrounds mental illness and promoting occupational engagement of members in the rural community who have a mental health condition. Many intervention plans did not address the overwhelming stigma that accompanies mental illnesses, but rather focused on treatment of the specific condition.

With the CORE approach that was chosen as an intervention guide, there are limitations in that it has not been implemented in a larger capacity. This approach is not a stand-alone model and must be used in conjunction with another theory (Pereira et al., 2020).

Biases Accompanying Research Design. Sampling bias is a concern within qualitative research. Since the main format for collecting research participants is done through purposive or convenience sampling, this can lead to concerns with accessibility validity. Many of the studies utilized in this paper did not have random sampling or random assignment. The Hawthorne effect is also of concern in the qualitative studies. Since participants are aware of being watched or interviewed, they may perform in a way that is not accurate, but provides answers based on what they think the researcher is looking for.

Summary Points

- By decreasing the stigma of mental health conditions in rural areas, there will be greater support and acceptance to those that have a mental health condition, improving involvement in the community and enhancing a greater quality of life (American Occupational Therapy Association, 2020; Schroeder, et al., 2021; Stuart, 2016; Thorne & Ebener, 2020).
- The lack of research on the word rural and overall mental health category have shown a need for further research. The word rural is not defined easily making it hard for consistent research to be found due to demographic discrepancies. Mental health is a category within the healthcare community that is broad making it hard to define a diagnosis focused research.
- Telehealth can help treat mental health conditions by avoiding less travel for services and has shown a reduction in the stigma of mental health conditions (Griffiths & Christensen, 2007). However, this is not always the best healthcare intervention due to the lack of internet access, although the attitudes on telehealth have increased within a rural community (Reed et al., 2014).
- It is important the healthcare providers recognize their own biases and strive to educate themselves to minimize their contribution to stigmas that surround mental health conditions (Riffel & Chen, 2020).
- The CORE approach utilizes an inclusive lens that promotes knowledge and acceptance about mental health conditions to the entire community in order to increase occupational engagement (Pereira, 2017; Pereira et al., 2020).
- Implementing a community intervention may help to reduce the stigma that surrounds mental health conditions and increase occupational engagement and could potentially show improvement of population retention.

<div align="center">**References**</div>

American Occupational Therapy Association. (2020). Occupational therapy practice framework: Domain and process (4th ed.). *American Journal of Occupational Therapy, 74*(Suppl. 2). 7412410010. https://doi. org/10.5014/ajot.2020.74S2001

American Occupational Therapy Association. (2012). Occupational therapy practice guidelines for adults with serious mental illness. Bethesda, MD: AOTA Press

Castaneda, R., Olson, L. M., & Radley, L. C. (2013). Occupational therapy's role in community mental health [Fact Sheet]. *American Occupational Therapy Association.* https://www.aota.org/-/media/Corporate/Files/AboutOT/Professionals/WhatIsOT/MH/Facts/Community-mental-health.pdf

Centers for Disease Control and Prevention, Substance Abuse and Mental Health Services Administration, National Association of County Behavioral Health & Developmental Disability Directors, National Institute of Mental Health, & The Carter Center Mental Health Program. (2012). Attitudes toward mental illness: Results from the behavioral risk factor surveillance system [Data report]. www.cdc.gov/hrqol/Mental_Health_Reports/pdf/BRFSS_Full%20Report.pdf

Griffiths, K. M. & Christensen, H. (2007). Internet-based mental health programs: A powerful tool in the rural medical kit. *The Australian Journal of Rural Health*, *15*(2), 81–87. https://doi-org.ezproxylr.med.und.edu/10.1111/j.1440-1584.2007.00859.x

Hoeft, T., Fortney, J., Patel, V., & Unützer, J. (2018). Task-sharing approaches to improve mental health care in rural and other low-resource settings: A systematic review: Task-sharing rural mental health. *The Journal of Rural Health*, *34*(1), 48–62. https://doi.org/10.1111/jrh.12229

LaVoi, T., Kostreba, A., & Zimmerman, S. (2017). The Effects of self-stigma on occupational engagement for adults with mental illness. *American Journal of Therapy*, *71*(4_Supplement_1). https://doi.org/10.5014/ajot.2017.71s1-po7081

Law, M., Cooper, B. A., Strong, S., Stewart, D., Rigby, P., & Letts, L. (1996). The person-environment-occupation model: A transactive approach to occupational performance. *Canadian Journal of Occupational Therapy, 63*(9-23).

National Institute of Mental Health (2021). Mental illness. https://www.nimh.nih.gov/health/statistics/mental-illness.shtml

Pereira, R. B. (2017). Towards inclusive occupational therapy: Introducing the CORE approach for inclusive and occupation-focused practice. *Australian Occupational Therapy Journal*, *64(6)*, 429– 435. https://doi-org.ezproxylr.med.und.edu/10.111/1440-1630/12394

Pereira, R. B., Whiteford, G., Hyett, N., Weekes, G., Di Tommaso, A., & Naismith, J. (2020). Capabilities, opportunities, resources and environments (CORE): Using the CORE approach for inclusive, occupation-centered practice. *Australian Occupational Therapy Journal, 67(2), 162–171.* https://doi-org.ezproxylr.med.und.edu/10.1111/1440-1630.12642

Reed, R., Messler, E., Coombs, T., & Quevillon, R. (2014). Social media use and the acceptability of telepsychological services in rural Populations. *Journal of Rural Mental Health*, *38*(1), 2–8. https://doi.org/10.1037/rmh0000007

Riffel, T. & Chen, S.-P. (2020). Stigma in healthcare? Exploring the knowledge, attitudes, and behavioral responses of healthcare professionals and students toward individuals with mental illnesses. *Psychiatric Quarterly*, *91*(4), 1103–1119. https://doi-org.ezproxylr.med.und.edu/10.1007/s11126-020-09809-3

Robinson, W. D., Springer, P. R., Bischoff, R., Geske, J., Backer, E., Olson, M., Jarzynka, K., & Swinton, J. (2012). Rural experiences with mental illness: Through the eyes of patients and their families. *Families, Systems, & Health*, *30*(4), 308–321. https://doi-org.ezproxylr.med.und.edu/10.1037/a0030171

Rural Health Information Hub. (2019). What is rural? https://www.ruralhealthinfo.org/topics/what-is-rural

Schroeder, S., Tan, C. M., Urlacher, B., & Heitkamp, T. (2021). The role of rural and urban geography and gender in community stigma around mental illness. *Health Education & Behavior*, *48*(1), 63–73. https://doi.org/10.1177/1090198120974963

Stoffel, V. C. (2011). In C. Brown & V. C. Stoffel (Eds.). Occupational therapy in mental health: A vision for participation. pp 3–16. *Philadelphia: F. A. Davis*.

Stuart, H. (2016). Reducing the stigma of mental illness. *Global Mental Health*, *3*, e17–e17. https://doi.org/10.1017/gmh.2016.11

Thorne, K., & Ebener, D. (2020). Psychosocial predictors of rural psychological help seeking. *Journal of Rural Mental Health*, *44*(4), 232–242. https://doi.org/10.1037/rmh0000159

United States Census Bureau. (2020). Urban and rural. https://www.census.gov/programs-surveys/geography/guidance/geo-area/urban-rural.html

World Health Organization. (2012). Global burden of mental disorders and the need for a
      comprehensive, coordinated response from health and social sectors at the country level.
      http://apps.who.int/iris/bitstream/10665/78898/1/A65_10-en.pdf