



Rural Health Voices

## Is there a shortage of rural social workers?

Daniel Pollack and Marisa Markowitz | November 15, 2021



Approximately 47 million adults 18 and older live in rural areas, along with 13.4 million children. A 2019 [poll](#) by the Robert Wood Johnson Foundation and the Harvard T.H. Chan School of Public Health found that one in every four people living in a rural area said they could not get the health care they needed – and this scarcity extends to lawyers, teachers, and social workers as well, with the social worker shortage likely concentrated in particular specialty fields.

Most clinical social workers, psychologists, and psychiatrists work in urban areas. According to the [National Institute of Mental Health](#), more than 60 percent of rural Americans live in areas where there is a shortage of mental health professionals. Metropolitan residents have access to 80 percent of working social

workers and 90 percent of psychologists and psychiatrists. Meanwhile, 65 percent of mental health services in rural areas are provided by primary health care providers, and the mental health crisis responder is frequently a law enforcement officer. These numbers suggest that quality mental health care is a gamble for rural Americans.



Those in rural areas are exposed to elevated socioeconomic and mental health risk factors. According to the CDC, death rates for unintentional injuries like drug overdoses, falls, and motor vehicle crashes are around 50 percent higher in [rural areas](#) than urban areas. The nexus of the opioid epidemic is rooted in rural areas. Social workers who

specialize in addiction, methadone treatment, medication assisted treatment, and co-occurring mental health disorders must be equipped to handle these issues.

Social workers often counsel women on reproductive services. In rural areas, women experience significant difficulty locating a clinic (many travel more than [180 miles](#)) and contend with increasing clinic closures. Women must take time off from work, arrange transportation, and coordinate childcare. There are sometimes waiting periods and restrictions regarding abortions, and as of February 2018, [six](#) states – Kentucky, West Virginia, Mississippi, North Dakota, South Dakota, and Wyoming – had only one abortion clinic. This makes counseling deeply therapeutic and personal, and in rural areas, there may not be enough social workers with the experience to navigate these hurdles.

The [Center for Court Innovation](#) found that in rural areas, issues like poverty, lack of public transportation, and decreased access to childcare make it more difficult for rural women to escape abusive relationships. Women in rural areas may struggle with transportation restrictions, lack of anonymity and support, and environments with increased firearms ownership. Social workers in rural areas

must confront these issues and provide a safe space for women to navigate dangerous relationships.

Regarding teens or adults who identify as LGBTQIA+, rural locales may stymie support, social networking [opportunities](#), and federally funded medical services. Alternatively, urban counterparts may be more apt to provide federal and state-funded resources to protect the emotional, physical, and psychological needs of this population.

According to the [National Center for State Courts](#), formerly incarcerated people in rural areas find it more difficult to successfully reenter their communities because there aren't enough jobs, places to live, public transportation, and reentry programs. In addition, public housing authorities can legally [shun](#) potential tenants with criminal convictions, despite efforts from the Department of Urban Housing to curtail such measures. Federal, state, and city-funded programs house social workers who interface with courts, hospitals, nonprofits, vocational programs, and other agencies to support self-sufficiency, but there is scant research on quality programs that help formerly incarcerated persons in rural areas. Naturally, this leads to speculation about a potential social service gap for formerly incarcerated individuals returning to rural communities.

“While most social workers in rural areas enjoy their ‘small town’ environments and the connections that can be built, they are confronted with a lack of comprehensive services for their clients, constant boundary crossings, and the challenges of limited economic opportunities and transportation,” says Lynn Stanley, New Hampshire and Vermont NASW Chapter executive director and Maine NASW Chapter interim executive director. “Rural social workers often find themselves needing to continually expand their scopes of practice simply out of necessity.”

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