

# Workshop Wednesday:

## Redefining Strength: Men's Mental Health in Rural Settings

Andrew Jordan Thayer, PhD, LP

October 18, 2023



Mountain Plains (HHS Region 8)

**MHTTC**

Mental Health Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

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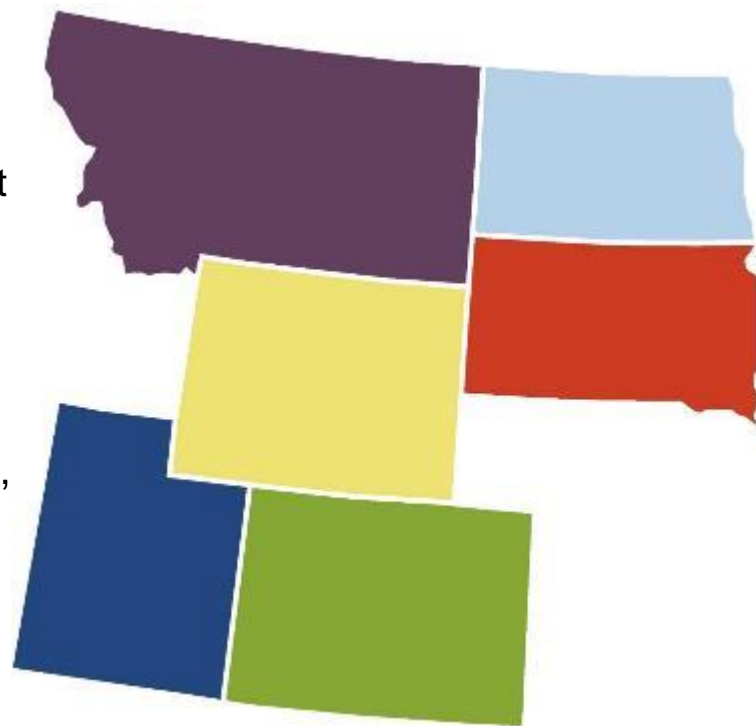
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# The Mountain Plains Mental Health Technology Transfer Center

The Mountain Plains Mental Health Technology Transfer Center (Mountain Plains MHTTC) provides training and technical assistance to individuals who serve persons with mental health concerns throughout Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming).

We belong to the Technology Transfer Center (TTC) Network, a national network of training and technical assistance centers serving the needs of mental health, substance use, and prevention providers. The work of the TTC Network is under a cooperative agreement by the Substance Abuse and Mental Health Service Administration (SAMHSA).



# Land Acknowledgement Statement

Today, the University of North Dakota rests on the ancestral lands of the Pembina and Red Lake Bands of Ojibwe and the Dakota Oyate - presently existing as composite parts of the Red Lake, Turtle Mountain, White Earth Bands, and the Dakota Tribes of Minnesota and North Dakota. We acknowledge the people who resided here for generations and recognize that the spirit of the Ojibwe and Oyate people permeates this land. As a university community, we will continue to build upon our relations with the First Nations of the State of North Dakota - the Mandan, Hidatsa, and Arikara Nation, Sisseton-Wahpeton Oyate Nation, Spirit Lake Nation, Standing Rock Sioux Tribe, and Turtle Mountain Band of Chippewa Indians.



The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED  
AND HOPEFUL

INCLUSIVE AND  
ACCEPTING OF  
DIVERSE CULTURES,  
GENDERS,  
PERSPECTIVES,  
AND EXPERIENCES

HEALING-CENTERED AND  
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS  
PARTICIPATING IN THEIR  
OWN JOURNEYS

PERSON-FIRST AND  
FREE OF LABELS

NON-JUDGMENTAL AND  
AVOIDING ASSUMPTIONS

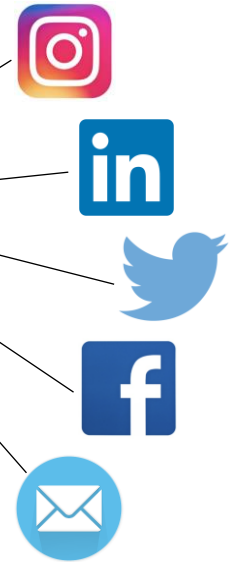
RESPECTFUL, CLEAR  
AND UNDERSTANDABLE

CONSISTENT WITH  
OUR ACTIONS,  
POLICIES, AND PRODUCTS

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# Men's Mental Health in Rural Settings







Dr. Jordan Thayer, LP

Grew up in, and have lived, in many rural communities in Colorado, Wyoming, South Dakota, Minnesota, Illinois, Nebraska, and now Washington

Have helped establish and served in several rural communities in outpatient, inpatient, and pediatric departments

One of my primary projects was working on outreach efforts to families during the onset of the COVID quarantine procedures

# Meet Craig



By the end of this session,  
you will be able to

01

Identify and describe at least three unique challenges faced by men in rural communities that deter them from seeking or receiving mental health support.

02

Engage in a productive discussion regarding men's mental health in rural areas

03

Formulate and communicate one actionable strategy for addressing the challenges of reaching men in rural communities regarding mental health



# Understanding the Challenge

# Understanding the Challenge: In General for Rural Communities

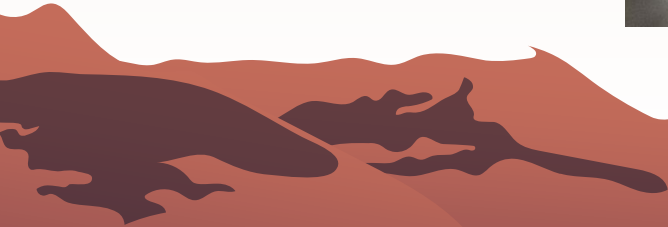
1. Limited Access to Services
2. Limited insurance coverage & other financial constraints
3. Lack of accessible information regarding available services

# Understanding the Challenge: For Rural Men

1. Cultural Norms
2. Emphasis on self-reliance vs misuse of “resilience”
3. Scarcity bias
4. Fear of judgment
5. Differences in mental health concepts & literacy components



These  
challenges all  
surface in  
Craig's  
experience



# Group Discussion: Differences between community outreach and 1-on-1

## Protocol

Time: 5 minutes

Process: In small groups, discuss how you would approach Craig about these challenges, and how they emerged in his experience, if you were just chatting 1-on-1 with a friend.

Then, contrast this with working in a mental health profession. Try to answer the question—what is different about these two contexts?



# Identifying Potential Solutions



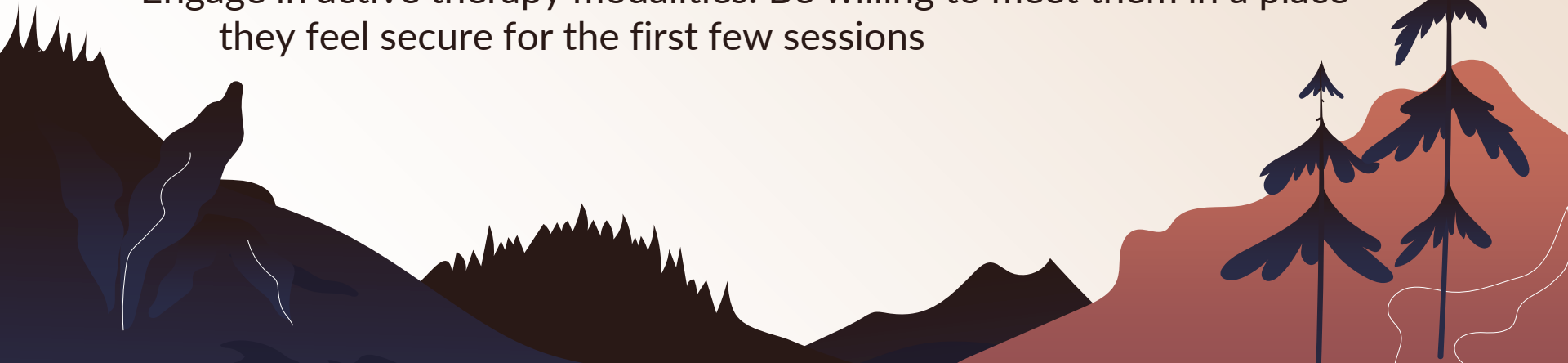
# Identifying Potential Solutions

- Secure financial support from public grants to remove the financial constrain and perception
- Focus primarily on establishing consistent peer support groups that individuals can then join
- Adopt an Integrated Behavioral Health and engage in mental health preventative and brief treatment care alongside a primary care provider



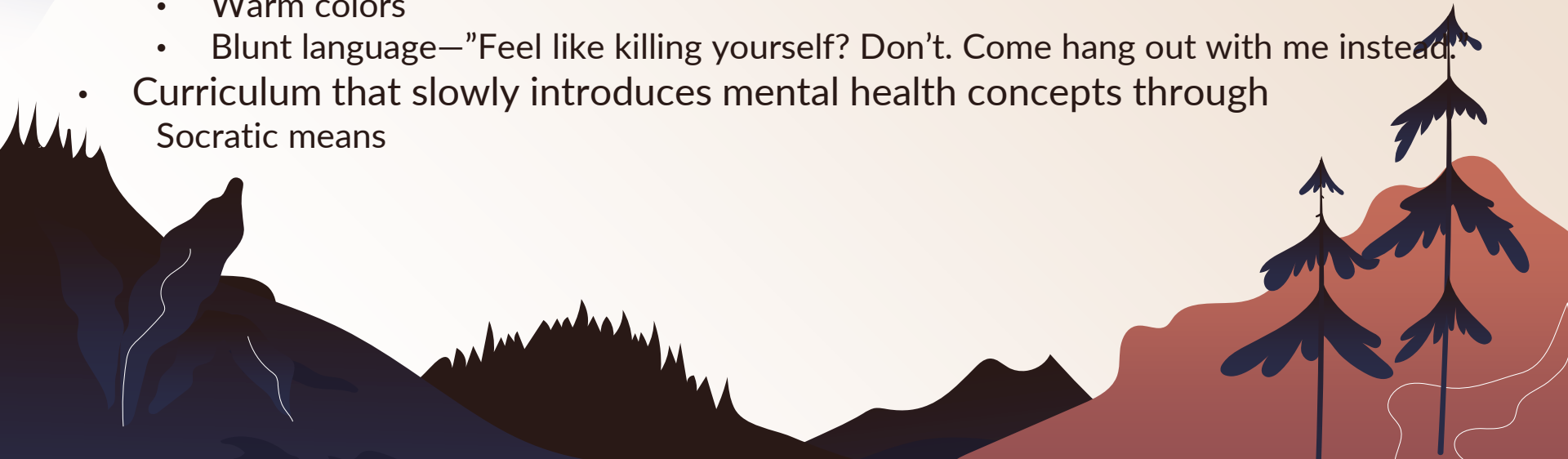
# Identifying Potential Solutions

- Do a language audit for the following:
  - Where do you discuss self-reliance?
  - Where do you appeal to the “provider” and “hard work” identity roles of rural men?
  - Where is your language focusing on family and family-based value actions?
  - Where are your readily accessible historical figures of healthy masculinity
- Partner with faith-based organizations first. This may require some limitations on *what* work you engage in and *how* but can be a support
- Engage in active therapy modalities. Be willing to meet them in a place they feel secure for the first few sessions



# Putting These Into Practice

- Slogan: “Therapy that respects your time as a man,” “Because you can’t rub dirt on your emotions.”
- Imagery & Other Quotes: “Is getting Z’s harder than catching a trout?”
  - Appeal to outdoors—lots of imagery with wilderness, sports, mustaches, and an appeal to “old school” lifestyle
  - Exaggerated imagery
  - Warm colors
  - Blunt language—“Feel like killing yourself? Don’t. Come hang out with me instead.”
- Curriculum that slowly introduces mental health concepts through Socratic means

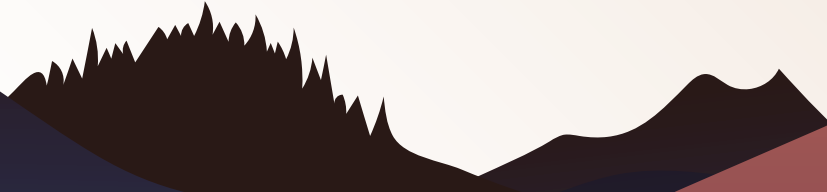


# Putting These Into Practice

- Intake cost is lower than sessions. Value is then placed on ongoing treatment and is used to signal importance
- Runs a semi-weekly group session led by volunteers (at night)
- Sometimes coincides with family work led by partner or kids



Polling: which solution or practice mentioned in the case study is most promising?



# Action Planning for Implementation Barriers

1. Clearly state the reason and best outcome of implementing a solution
2. Clearly state the internal/structural barrier to implementation
3. Identify a process to remove the barrier
4. Identify a process to look for further opportunities to improve the solution
5. Identify when the state solution will be completed



Questions?





# Takeaways

1. The biggest barriers are cultural and structural
2. Cultural barriers are largely addressed through language and presentation—emphasize self-reliance and personal mastery, family values, and connections to a meaningful life
3. Structural barriers need to be addressed transparently. Make it clear how therapy both cares for the man and his family (if there is a family) through financial and time supports

# Thank You for Joining Us!

Andrew Jordan Thayer, PhD, LP

