

POSITION STATEMENT:

Targeted Solutions for Rural Mental and Behavioral Health: Data-Driven Workforce Development

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SUMMARY STATEMENT

The Society of Behavioral Medicine supports increased federal investment in rural behavioral and mental health workforce development by strengthening data systems and expanding workforce programs to address provider shortages, improve access to care, and reduce rural-urban disparities.



THE PROBLEM

Rural communities in the United States face disproportionate shortages in the behavioral health workforce—approximately 40% of the population lives in Mental Health Professional Shortage Areas, and rural counties are more likely than urban counties to lack behavioral and mental health professionals.¹ Nationally representative data show that rural suicide rates exceed urban rates, underscoring the geographic disparities in suicide risk.² Consistent with definitions established by the Substance Abuse and Mental Health Services Administration, mental health refers to individual psychological well-being and functioning, whereas behavioral health encompasses mental health and substance use conditions, related services, and recovery supports.³ Behavioral health providers include the interprofessional workforce, including but not limited to psychologists, psychiatrists, social workers, nurses, marriage and family therapists, who deliver behavioral and mental health services.³ These gaps are compounded by limited data on the specific needs of rural populations, particularly vulnerable groups, making it difficult to implement targeted workforce solutions.

CURRENT POLICY

Several bills have recently proposed to address rural mental and behavioral health needs through research,⁴ infrastructure,^{5,7} workforce training limited to physicians,⁸ and improvements in behavioral health workforce measurement and tracking.⁹ However, these efforts remain fragmented and insufficient to address persistent

workforce shortages in rural communities. Existing proposals emphasize research and data collection,^{4,9} expansion of physical and digital care infrastructure,^{5,7} or use of population-specific approaches targeting subsets of rural residents such as youth, agricultural workers or students,^{4,6,9} but largely fail to invest in the recruitment, training, placement, and retention of behavioral and mental health professionals across rural regions. In addition, few proposals include explicit mechanisms to guide resource allocation based on demonstrated community need or to evaluate whether federal investments meaningfully reduce disparities in access to care, including suicide risk, over time in rural populations.⁴⁻⁹

For instance, the Youth Mental Health Research Act⁴ and the Agricultural Access to SUD and Mental Health Care Act⁹ prioritize research and assessment but do not require findings to be tied to funding to support implementation efforts aimed at closing gaps identified as a result of research and assessment efforts. The Rural Wellness Act⁵ expands rural infrastructure but does not directly invest in workforce recruitment, training, or retention. The Rural Physician Workforce Production Act⁸ supports rural physician training but excludes non-physician behavioral health providers critical to rural service delivery.

Taken together, these proposals lack an integrated and comprehensive workforce strategy, limiting both their potential policy impact and their capacity to generate sustained improvements in rural behavioral and mental health access. Although many of these policies are

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bipartisan and have companion bills in both the House and Senate, none have advanced beyond the introduction phase—highlighting the limitations of fragmented, piecemeal approaches to addressing complex rural behavioral and mental health workforce challenges. As a result, current policy is unlikely to produce sustained improvements of rural behavioral and mental health access. New federal policy that integrates workforce development with data-driven decision-making and ongoing evaluation is needed to ensure that rural communities benefit equitably from mental and behavioral health investments by reducing preventable morbidity and mortality.

RECOMMENDATIONS

- 1. Revise and expand the Agricultural Access to SUD and Mental Health Care Act and the Youth Mental Health Research Act** to require (a) comprehensive rural behavioral health workforce needs assessments that include condition-specific prevalence data (e.g., suicide) to inform targeted workforce training priorities, geospatial analyses identifying geographic areas of highest unmet need, evaluation of telehealth and mobile care models; and (b) dedicated federal funding mechanisms to support implementation of strategies to addressing unmet behavioral health needs in rural communities.
- 2. Amend the Rural Physician Workforce Production Act** to expand eligibility beyond physicians to include licensed psychologists, social workers, counselors, and other non-physician clinicians essential to interdisciplinary behavioral health care, and to authorize sustained funding for recruitment, placement, and retention of rural health care workforce across disciplines.

REFERENCES

1. Health Resources & Services Administration. State of the Behavioral Health Workforce, 2025. 2025. Accessed January 2026. <https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/Behavioral-Health-Workforce-Brief-2025.pdf>
2. Centers for Disease Control and Prevention. Vital Signs: Suicide rates and selected county-level factors - United States, 2022. Morbidity and Mortality Weekly Report. 2024;73(37):810-818.
3. Substance Abuse and Mental Health Services Administration. Strategic Plan 2023-2026. 2023. Accessed January 20, 2026. <https://archive.org/details/strat-plan>
4. Youth Mental Health Research Act, United States Congress (2025). <https://www.congress.gov/bill/119th-congress/house-bill/2587/text>
5. Rural Wellness Act, United States Congress (2025). <https://www.congress.gov/bill/119th-congress/house-bill/1906/text>
6. Mental Health In Schools Excellence Program Act, H.R. 3543, S. 1895 United States Congress (2025). <https://www.congress.gov/bill/119th-congress/house-bill/3534/text>

7. Mental Health Infrastructure Improvement Act, United States Congress (2025). <https://www.congress.gov/bill/119th-congress/house-bill/3266/text>
8. Rural Physician Workforce Production Act, United States Congress (2025). <https://www.congress.gov/bill/119th-congress/house-bill/1153/text>
9. Agricultural Access to SUD and Mental Health Care Act, United States Congress (2025). <https://www.congress.gov/bill/119th-congress/senate-bill/1074/text>

ENDORSEMENTS

