OXFORD JOURNAL
OF STUDENT
SCHOLARSHIP

# Mental Health Awareness and Barriers to Mental Healthcare Access in a Rural Indiana Community

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## ABSTRACT

Mental health awareness has increased, and treatments have advanced with the growth of social media campaigns, the widespread adoption of telehealth, and public health initiatives; however, there remains a large number of adults who have not received sufficient treatment for mental health issues. This study aimed to estimate the prevalence of mental health issues in the rural community of La Porte, Indiana, and to evaluate key barriers to receiving treatment by surveying patients at a local primary care clinic. It was found that 8 of 21 respondents (38.1%) selected mental health as their largest or second largest mental health challenge. It was also found that 11 out of 23 respondents (47.8%) rated their difficulty accessing mental health services a three or higher on a scale of one (easy) to five (difficult). While the data implies high prevalence and high awareness of mental health issues within the community, the limitations of awareness were made clear given that 5 of the 11 (45.5%) who rated their difficulty a three or higher selected 'unsure of what to do' as a major barrier to treatment, suggesting private and public health campaigns which have raised awareness of mental health in general have insufficiently educated the population on how to treat it. Finally, 7 of 11 (63.6%) respondents selected wait times or availability as a major barrier, potentially signifying that greater awareness in the area has raised demand that local services have been unable to keep up with. While public awareness of mental health has grown significantly, the results of this study suggest that, for this community, it is time to shift the focus to providing specific education on treatment as well as supporting and expanding services, especially in areas such as La Porte and surrounding communities with availability issues.

**Keywords:** Mental Health; Healthcare Accessibility; Insurance; Rural Communities; Health Policy

## INTRODUCTION

Awareness of mental health has increased significantly over the past two decades (1), in large part due to the accessibility of personal narratives created by social media platforms (2) and public health education reforms, which have broadened understanding and recognition of mental illness. Furthermore, recent advancements in healthcare, such as the popularization of telehealth after the COVID-19 pandemic (3), have made it possible for individuals who otherwise could not receive treatment for reasons such as lack of transportation, lack of local services, or lack of time. In theory, these factors should, and generally

have, increased the number of individuals receiving treatment for mental health; however, the fact remains that just under 50% of adults who have struggled with mental illness have not received treatment, and one-third or more adults with serious mental illnesses have not received treatment (4). It is clear that despite social, educational, and technological advancements (or potentially due in part to them), there are still major barriers to accessing mental healthcare that have been underaddressed or unaddressed entirely. Some of these issues, such as shortages of mental health professionals, disproportionately affect rural areas (5). This study aims to find the awareness and prevalence of mental health issues in a particular rural area (La Porte, Indiana) as well as major barriers to accessing mental healthcare among those who struggle to obtain it. This study hypothesized that mental health awareness would be relatively low in the La Porte area. It was further hypothesized that, while knowledge of resources and privacy concerns would be relatively minor barriers due to recent social advances, cost and transportation would remain the most commonly cited barriers to accessing care.

## METHODS AND MATERIALS

This study utilized an anonymous survey to gather data. The survey was developed specifically for this study, shown to multiple unaffiliated individuals, and adjusted for clarity in accordance with their comments. The survey was distributed at the La Porte Family Wellness clinic in La Porte, Indiana. Thirty copies of the survey were printed and placed in a metal tray beside another empty tray, where the surveys would be placed face-down and collected. Behind the trays was an upright piece of paper that briefly explained that the tray contained health surveys that could be completed in exchange for a single piece of candy situated in a variety-pack bag also placed behind the survey. The candy reward was intentionally run on an honor system (participants would complete the survey in the lobby within eyesight of the receptionist, but were not directly monitored when taking candy). This was done to avoid participants quickly filling out the survey with inaccurate data to receive the reward, as it was reasoned that such individuals would likely skip the survey entirely and simply take the candy without adding faulty data to the already limited set. This was also done to avoid children taking the survey. The receptionist also visually ensured small children accompanying their parents did not interact with the survey. The upright paper also included a QR code for a digital version of the survey, though none of the respondents used this method. Informed consent was obtained through a brief consent section at the top of the survey, which explained that no sensitive information such as name, age, or email would be recorded and that participants consented to the responses being used in a research paper. For the responses to be considered, all participants were required to check a box labeled “agree” below the explanation. The survey itself consisted of three questions. The first question asked: “What is the biggest health concern for you or your family right now?” alongside five selections. Participants were instructed to select between one and two options. The options were as follows: Chronic illness (diabetes, heart disease, etc.); Mental health (anxiety, depression, etc.); Access to healthcare (cost, transportation, etc.); Food access; Work-related issues. This question was asked to evaluate the relative prevalence of mental health as a major health issue in the community. The second question asked: “How easy is it to access mental health services near you?” above a set of numbers going from one to five from left to right, labeled ‘easy’ on the left end and

'difficult' on the right end. The third question of the survey asked: "If you responded with a 4 or a 5, what are the biggest barriers[to mental health access]" alongside six selections. Like the first question, participants were instructed to select all of the options that applied: Cost; Privacy; Transportation; Wait times; Unsure of what to do; Other (alongside an empty line to fill out a response). After three weeks, the collected surveys were gathered, and responses were recorded based on frequency using a spreadsheet.

## RESULTS AND DISCUSSION

A total of 23 responses were recorded, all of which were on paper. The first question instructed respondents to select one or two of their greatest health concerns from five options. 2 responses selected more than two options and were not included in the analysis for question one; as such, the frequency of each selection in question one was considered out of 21 responses rather than the full 23. 8 respondents selected chronic illness as their greatest or second greatest health concern for themselves or family, appearing in approximately 38.1% of applicable responses. Mental health was also selected by 8 respondents, again appearing in 38.1% of applicable responses. Access to healthcare (cost, wait times, etc.) was selected 7 times, or roughly 33.3% of responses. Food access and work-related issues were reported much less, both appearing in 1 response each and as such 4.76% of the surveys. The second question had 2 respondents rate their ability to access mental healthcare as a 1 (easy); 3 respondents gave a rating of 2; 5 respondents gave a rating of 3; 3 respondents gave a rating of 4; and 6 respondents gave a rating of 5 (difficult). 3 respondents incorrectly answered the question, with one circling the word 'easy' to the left of one and two circling the word 'difficult' to the left of five. As the words 'easy' and 'difficult' were positioned at the extremes of the scale, responses which circled either were treated as a rating of one or five respectively. Including those who selected 'difficult', 11 out of 23 responses, or 47.8% of respondents, selected a difficulty rating above a three as opposed to the 7 responses or 30.4% of respondents who selected a difficulty rating below a three. The relatively high proportion reporting difficulty accessing mental healthcare in addition to the presence of mental health as the most frequent selection as a primary healthcare challenge in the first question suggests both that there may be a relatively high awareness of mental health in the community the survey was administered in, given the amount of participants who recognized mental health as a major concern or unmet need, as well as the fact that major barriers still exist in said community. Such barriers were elaborated in the third question. The third question allowed participants to select any number of options. Four participants responded despite selecting a rating of three or lower on the second question, despite instructions to answer only if they had selected a four or higher on the previous question. As such, the non-qualifying responses were not included in the dataset (All four responses selected 1 option, with 2 selecting 'Cost' and 2 selecting 'Wait Times'). The frequency of each given option out of the 11 applicable responses is as follows: 9 respondents selected 'Cost', appearing in 81.8% of applicable responses; 2 respondents selected 'Privacy', appearing in 18.2% of applicable responses; 2 respondents selected 'Transportation', again appearing in 18.2% of applicable responses; 6 participants selected 'Wait times', 54.5% of applicable responses; 5 participants selected 'Unsure of what to do', appearing in 45.5% of applicable responses, and 1 response selected 'Other', appearing in 9.09% of responses. The participant who selected 'Other' wrote

in “availability”. It was expected that transportation would be an infrequent response given that any individual at the clinic where the survey was administered had access to some form of transportation that took them there. The relative infrequency of ‘Privacy’ lends credit to the success of recent campaigns and movements to destigmatize mental health and mental healthcare, as the worry of exposure of private mental health challenges has been made uncommon by both a greater feeling of acceptance of mental health issues and a better understanding of privacy standards practiced by mental health professionals. The prevalence of ‘Unsure of what to do’ as a selection may, however, show limitations to this perceived success, as public education campaigns and government-run or independent social media movements have been unable to sufficiently compensate for a lack of knowledge or prior education around support for mental health. Cost was expected to be a common barrier and appeared in nine responses (81.8%). This suggests that, much like other forms of healthcare, high costs prevent many individuals from receiving treatment. This may disproportionately affect mental health as it, unlike non-psychological medical issues, lacks a tangible physical threat, making would-be patients far less likely to shoulder high costs in comparison to a more physical emergency. One specific issue affecting the community was revealed in a comment made by a participant on the third question. Despite not being prompted to do so, one participant wrote “Not all providers- accepting ALL insurances” next to their selection of ‘Wait times’. Although this comment was not written in relation to the ‘Cost’ option, it provides insight into how high prices and insufficient coverage can funnel patients into fewer providers, contributing to wait times and availability. "Wait times" was the second most frequently selected response on the third question, being selected six times or in 54.5% of applicable responses. The 1 respondent who selected ‘Other’ wrote “availability,” which was considered closely correlated to wait times. Beyond the aforementioned connection from high pricing and restrictive coverage to higher wait times and less availability among more affordable providers, the unexpected frequency of wait times as a major barrier to mental healthcare access in the area suggests another underlying issue. Given that the data from the prior two questions could suggest high awareness of mental health in the community, healthcare providers have likely been unable to keep up with the growing demand for mental health services that come with greater awareness in La Porte, Indiana.

## CONCLUSION

This study aimed to measure awareness of and access to mental health services in the rural La Porte area. By surveying patients at the La Porte Family Wellness clinic in La Porte, Indiana, it was found that mental health and chronic illness were similarly prevalent as major health concerns, both being selected as the greatest or second greatest health concern by 8 of 21 respondents or 38.1% of respondents. It was also found that 11 out of 23 respondents (47.8%) rated their difficulty accessing mental healthcare as four or higher on a five-point scale (one being easy and five being difficult). Data were gathered from those who rated their difficulty accessing mental healthcare as four or higher. It was concluded that efforts to increase awareness may have had some limited success in the La Porte community (more than initially hypothesized), as can be seen in the number of respondents who recognized mental health as a significant or lacking part of overall health as well as the relatively low number of individuals who felt privacy

concerns were a major barrier to mental health (2 of 11 or 18.2%). Transportation was also selected relatively few times, which could be a result of advancements in telehealth. However, the fact that the survey was conducted at a physical location may negate this, as respondents generally would have access to some sort of transportation to be able to take the survey at all. Among those aware of mental health needs, however, around 45.5% reported being unsure of what to do, suggesting a need for more education regarding where to seek proper treatment in La Pirte. It was also found that limited availability and long wait times create difficulty in accessing treatment, suggesting a need for a greater supply of mental health professionals to meet increasing demands as awareness grows in the community.

Furthermore, as hypothesized, cost was seen as a major barrier to accessing proper mental healthcare, much like other forms of healthcare. It is recognized that the sample size was relatively small, which limits the study's applicability to both the town and the world as a whole, especially because all respondents did go to a healthcare clinic, a behavior not all individuals in the community engage in. The limitations of this study as a cross-sectional survey mean causal relationships, such as the one between greater mental health awareness and limited availability, cannot be established. It is also recognized that the survey did not directly measure awareness, and any conclusion about awareness cannot be said definitively. Future surveys seeking similar information should aim for a larger number of respondents across multiple locations to better understand conditions in the area at large. Surveys should also be administered remotely to more accurately gauge the prevalence of transportation as a barrier to mental health access. Studies like these are essential for evaluating the success of past and current mental health initiatives while identifying gaps that should guide future public health efforts. The sampling strategy used introduced potential selection bias. It should again be recognized as a major limitation of the study, as attendees of one clinic may not reflect the general population.

## ACKNOWLEDGEMENTS

Special thanks to Mrs. Tina Pierce, who allowed this study to be conducted in her office.

## CONFLICT OF INTEREST

The author has shadowed Mrs. Tina Pierce of *La Porte Family Wellness,* where the survey was conducted. Mrs. Tina Pierce had no role in the design or analysis of the survey, and her only role in the survey's conduct was informing patients of its presence in the office.

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## TABLES

Table 1. *Biggest health concerns for families in the La Porte community by number of times each option was selected in relation to the 21 total responses collected, which were answered as instructed. Participants were allowed to select one or two options. Included below are the percentages of collected responses that selected each option.*

| | Chronic Illness | Mental Health | Accessibility | Food Access | Work Issues |
|---|---|---|---|---|---|
| Frequency | *8* | *8* | *7* | *1* | *1* |
| Percentage | *38.1%* | *38.1%* | *33.3%* | *4.76%* | *4.76%* |

*Note: Two surveys filled out more than two options. These responses were not included in the table.*

Table 2. *Frequency of each value when survey participants were asked about difficulty accessing mental health services near them on a scale of one (easy) and five (difficult) out of the 23 total responses collected. Included below are the percentages of responses that selected each option.*

| | One (Easiest) | Two | Three | Four | Five (Most Difficult) |
|---|---|---|---|---|---|
| Frequency | 4 | 3 | 5 | 3 | 8 |
| Percentage | 17.4% | 13.0% | 21.7% | 13.9% | 34.8% |

*Note: Three surveys were filled out incorrectly, with 1 participant circling the word 'easy' and 2 circling the word 'difficult'. These responses were treated as ones and fives respectively*

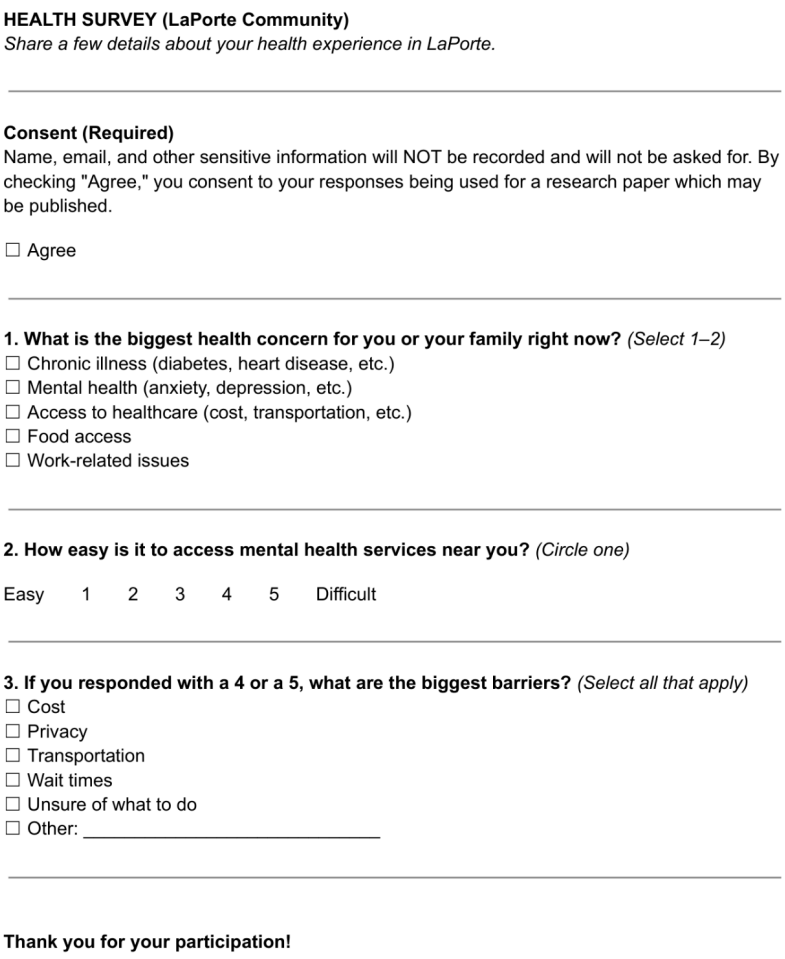
Table 3. *Biggest barriers to accessing local mental health services in the La Porte community by number of times each option was selected in relation to the 11 responses which applied to the question by rating difficulty accessing local mental healthcare a four or higher on a scale from one to five. Participants were allowed to select any number of applicable options. Included below are percentages of applicable responses that selected the given option.*

| | Cost | Privacy | Transportation | Wait times | Unsure of what to do | Other |
|---|---|---|---|---|---|---|
| Frequency | *9* | *2* | *2* | *6* | *5* | *1** |
| Percentage | *81.8%* | *18.2%* | *18.2%* | *54.5%* | *45.5%* | *9.09%* |

**Note 1: The participant who selected 'Other' wrote in 'availability'.*
*Note 2: Four individuals answered despite giving a rating of three or lower on the previous question. Their responses were not included in the table. All four responses only made one selection. Two selected only 'Cost' and two selected only 'Wait times'.*
*Note 3: Despite not being instructed to do so, one participant wrote "Not all providers- accepting ALL insurances" next to their selection of 'Wait times'.*

APPENDIX

Figure 1. *Full survey taken by participants.*



**HEALTH SURVEY (LaPorte Community)**
*Share a few details about your health experience in LaPorte.*

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**Consent (Required)**
Name, email, and other sensitive information will NOT be recorded and will not be asked for. By checking "Agree," you consent to your responses being used for a research paper which may be published.

☐ Agree

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**1. What is the biggest health concern for you or your family right now?** *(Select 1–2)*
☐ Chronic illness (diabetes, heart disease, etc.)
☐ Mental health (anxiety, depression, etc.)
☐ Access to healthcare (cost, transportation, etc.)
☐ Food access
☐ Work-related issues

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**2. How easy is it to access mental health services near you?** *(Circle one)*

Easy 1 2 3 4 5 Difficult

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**3. If you responded with a 4 or a 5, what are the biggest barriers?** *(Select all that apply)*
☐ Cost
☐ Privacy
☐ Transportation
☐ Wait times
☐ Unsure of what to do
☐ Other: _____

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**Thank you for your participation!**