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Original Article

Ethics Issues and Training Needs of Mental Health Workers in a Rural Areas.

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Abstract

Background: Mental health workers in rural areas face unique challenges and ethical issues that require specialized training. Limited resources, isolation, and lack of diversity are among the factors that contribute to these challenges. In this study, we aimed to explore the ethical issues and training needs of mental health workers in rural areas.

Methodology: We conducted a qualitative study using semi-structured interviews with mental health workers (n=15) from rural areas in Karachi, Pakistan in Malir district. Participants were asked about their experiences with ethical dilemmas and challenges in their practice and the types of training they felt were necessary to address these issues.

Results: The analysis revealed several common ethical issues faced by mental health workers in rural areas, including confidentiality breaches, dual relationships, and limited access to resources. Participants emphasized the need for training in ethics, diversity, and cultural competence, as well as for resources and support to help manage ethical dilemmas.

Conclusion: Mental health workers in rural areas face unique ethical challenges that require specialized training and support. Our study highlights the need for targeted training programs that address the specific ethical issues and cultural contexts of rural mental health practice. These findings can inform the development of training programs and resources to improve the quality of mental health care in rural areas.

Keywords

Rural, Mental Health, Mental Health Workers, Ethical Issue, Rural Population

Introduction

Mental health is a critical component of overall health, and mental health practitioners play a key role in promoting wellbeing among individuals, groups, and communities¹. Unfortunately, while mental health services are plentiful in urban areas, rural settings often lack the necessary resources to provide adequate care. Studies in past has addressed several ethical obstacles faced by mental health workers specially in a rural setting². These include boundaries, supervision, services provide, confidentiality, awareness and health care provider or practitioner wellbeing³. The interaction between treatment and the environment in which it takes place forges ethical behavior in the mental health field⁴. Both the specific clinical difficulties of a given patient and the surrounding sociocultural background frequently point to courses of action in ethically and clinically challenging situations^{4,5}.

Rural residents confront a variety of difficulties in accessing and using appropriate mental health care, despite having similar incidence rates for mental health disorders as city dwellers. Working in remote settings presents ethical problems for those who provide mental health services⁶. This can lead to ethical issues for mental health practitioners working in rural settings⁷. We have explored topics such as cultural competency, boundaries, boundary crossings, power dynamics, confidentiality and more that are essential to providing effective care in a rural setting⁸. All these issues or related topics suggest that mental health care providers and worker can also make poor ethical decisions^{8,9}. However, in recent years rural context of professional mental health practice has evolve enough to gain the attention of concern ethical bodies toward it¹⁰.

Mental health workers in rural settings face a unique set of ethical challenges. They may be the only mental health professional in their community, and as such, they may be called upon to provide services to family members or friends¹¹. They may also be asked to provide services to clients who have been involved in the criminal justice system. In addition, mental health workers in rural settings may have limited access to resources and support.

They may also have difficulty maintaining confidentiality due to small town gossip. Therefore, it is suggested that mental health workers in rural settings must be aware of these unique challenges and be prepared to address them in an ethical manner¹².

This article discusses the ethics issues and training needs of mental health practitioners working in these communities. Since the distinctive qualities of the rural environment are crucial for a clear understanding of the ethical restrictions on practise within its boundaries because the environmental setting in which mental health workers engage in their job shapes ethical considerations. This article's aims to outline potentially problematic ethical issues that may arise when working in rural regions.

Methodology

The current exploratory study was conducted to identify the self-reported ethical challenges and ethical training needs of the clinical mental health practitioners and workers who are licensed or certified by a verified board in a rural setting. The study was conducted in the rural setting of Karachi, Pakistan in Malir district and was approved by the Institutional Review Board (IRB) of Malir University of Science & Technology, Karachi-Pakistan.

Participants who were licensed and had a minimum of master's degree level of education, with at least 5 years of setting in the rural area and 10 years of experience and give informed consent to participate were included in this study.

Participants were asked to fill a self structured questionnaire which include their demographic details and two major questions. These two questions were: What are the most difficult professional ethical dilemma or situation, you have encountered in last 2 years? Which primary ethical training do you find to be most helpful in your practice?

Even though this was an exploratory study, the statistical analysis was conducted with IBM SPSS version 22.0. Descriptive data was presented in frequency and percentage.

Result

A total of 15 mental health practitioners/providers/workers, working in the rural setting of Malir district, Karachi-Pakistan was recruited and were asked to take part in this study,

out of which 15 give their consent and complete the study self-structured questionnaire. Demographic details show that out of 15 practitioners, 9 were female and 6 were male, with the mean age of 38 ± 2.31 years (Table 1).

Table 1: Baseline Characteristics of the Study participants.

Variables		Mean \pm Std. Deviation
Age		38 \pm 2.31
		n (%)
Gender	Male	6(40)
	Female	6(40)

*Values are given as n(%)

We conducted a qualitative study using a self-structured questionnaire consisting of two open-ended questions to explore the most difficult professional ethical dilemma or situation encountered by mental health workers in the last two years, and the primary ethical training they found to be most helpful in their practice.

Our results demonstrate several issues faced by mental health workers, that are mentioned below:

Difficult Professional Ethical Dilemma or Situation

The responses to the first question revealed a wide range of ethical dilemmas and situations faced by mental health workers in the last two years. The most common themes that emerged from the responses included:

- **Confidentiality breaches:** Several workers mentioned situations where they had to balance the ethical requirement to maintain client confidentiality with the need to protect clients from harm. For example, a participant mentioned a case where they had to report child abuse despite the client's request for confidentiality.
- **Dual relationships:** Some study participants mentioned situations where they had to navigate dual relationships with clients, such as when a client is also a colleague or a family member. One participant mentioned a case where they had to terminate therapy with a client who wanted to date them.

- **Boundary violations:** Health care workers mentioned situations where they had to address boundary violations, such as when a client became too dependent on them or when they received inappropriate gifts.

Primary Ethical Training

The responses to the second question revealed that mental health workers found a variety of ethical trainings to be helpful in their practice. The most common types of trainings mentioned by participants included:

- **Ethics and boundaries:** Participants mentioned that trainings on ethics and boundaries were helpful in addressing ethical dilemmas related to confidentiality, dual relationships, and boundary violations.
- **Cultural competence:** Some participants mentioned that trainings on cultural competence were helpful in addressing ethical dilemmas related to diversity and social justice.
- **Supervision and consultation:** Training on supervision and consultation were helpful for the participants in addressing ethical quarries related to complex cases and navigating challenging client relationships.

Discussion

Mental health practitioners who work in rural settings face a unique set of ethical challenges related to limited resources, isolation, and lack of diversity^{12,13}. Dealing with these challenges can result in ethical issues that require specialized

training and support. These challenges can further include dealing with the stigma surrounding mental illness, providing services to underserved populations, and managing limited resources¹⁴. The purpose of this study was to explore the ethical issues and training needs of mental health workers in rural areas. Results of our study suggest that the Rural mental health practitioners must be aware of the unique ethical issues they may encounter and be properly trained to deal with them. Some specific training needs include learning how to effectively communicate with patients and families about mental illness, understanding the role of culture in mental health, and being familiar with resources available to rural patients¹⁵.

Our study revealed several common ethical issues faced by mental health workers in rural areas, including confidentiality breaches, dual relationships, and limited access to resources. Studies suggest that Confidentiality breaches can occur when mental health workers are required to balance the ethical requirement to maintain client confidentiality with the need to protect clients from harm^{16,17}. While dual relationships can result when mental health workers have personal or professional relationships with clients that may compromise their objectivity and judgment. Furthermore, limited access to resources can also result in ethical issues related to inadequate treatment and care for clients¹⁷.

When it comes to training needs for practicing mental health education, there are a few key things that rural practitioners should keep in mind. First, due to the smaller population sizes in rural areas, it is often necessary to provide services to a more diverse group of clients¹⁸. This means that practitioners need to be aware of and sensitive to the unique needs of each client. Additionally, practitioners need to be familiar with the resources available in their community and how to best utilize them¹⁹. Finally, because mental health issues can often be stigmatized in rural communities, it is important for practitioners to be able to educate others about mental health and dispel any myths or misconceptions about these issues²⁰.

Our findings have several implications for mental health practice, training, and policy. Mental health workers in rural areas may benefit from targeted training programs that address the specific ethical issues and cultural contexts of rural mental health practice. These training programs should include a focus on ethics, diversity, and cultural competence, as well as resources and support to help manage ethical dilemmas. Additionally, policy makers should prioritize funding for mental health services in rural areas to improve access to resources and support for mental health workers and their clients.

With proper training and support, rural mental health practitioners can provide high-quality care to their patients. However, more research is needed to identify the best ways to meet the training needs of this underserved population. There are several limitations to our study that should be noted. First, our sample size was relatively small, and we did not collect data on the demographics of our participants. Second, our study relied on self-reported data, which may be subject to response bias. Finally, our study focused specifically on mental health workers in rural areas, and our findings may not be generalizable to other settings.

Conclusion

Mental health workers in rural areas face unique ethical challenges that require specialized training and support. Our study highlights the need for targeted training programs that address the specific ethical issues and cultural contexts of rural mental health practice. These findings can inform the development of training programs and resources to improve the quality of mental health care in rural areas. Future research should continue to explore the ethical issues and training needs of mental health workers in rural areas, as well as other settings.

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Conflict of Interest

None to declare.

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