

Appendix: Interview guide for Mental Health Topics, with selected probes

1. Thinking about the patients in your practice with depression or anxiety, can you tell me about how those patients are typically identified?
2. What do you do? Are referral services often necessary? Should primary care play a role in identifying and treating depression or anxiety?
3. Does your practice screen patients for depression? If no, how are they identified?
4. Are there barriers that exist for women for getting access to care for depression or anxiety in your community and in your practice? What are they?
5. Have you ever had a female patient disclose to you that she had PTSD?
6. Thinking back to your female patients, have you ever suspected that someone had PTSD?
7. Should primary care have a role in identifying and responding to PTSD?
8. In one study,¹⁶ PTSD was seen in 23% of all patients in an urban primary care setting. Do you think other doctors in your community would be surprised by this finding, or do you think it accurately reflects what you see among your patients?
9. If you can, please tell me about how women in your community get care for PTSD.
10. Do you perceive barriers for women getting care for PTSD in your community?
11. Can you think of any other ways in which living in a rural area impacts the ability of women to seek or obtain care for PTSD or depression?
12. Thinking back to what we've talked about, can you think of additional ways we can help rural women obtain mental health services?

Table: Primary Care Providers' Perceptions – Mental Healthcare for Rural Women

Themes	Subthemes
<p>PCPs identify mental illnesses through several mechanisms including routine screening, indicator-based assessment, and self-identification by the patient.</p>	<ol style="list-style-type: none"> 1. Screening for mood or anxiety disorders is one of several strategies used by PCPs to identify these disorders among rural women. 2. Routine screening for all women may not be feasible due to time constraints and competing priorities 3. Most PCPs somatic complaints are a common presentation of mental illnesses among rural women 4. Assessment for adverse mental health conditions did not generally use a validated instrument. 5. Post-traumatic stress disorder (PTSD) was not recognized as a woman's health problem or a rural health problem.
<p>Rural culture and social ecology are significant barriers to women in need of mental healthcare.</p>	<ol style="list-style-type: none"> 1. Low socioeconomic status exacerbates and complicates treatment of mental health problems in rural women. 2. Stigma around mental health issues in rural communities prevents women from seeking care. 3. Patients often prefer to be seen locally, or by a known provider for mental health conditions. 4. Rural culture of self-reliance and independence prevents help-seeking for mental illnesses.
<p>Mental healthcare resource limitations in rural communities lead PCPs to seek creative solutions to care for rural women with mental illnesses.</p>	<ol style="list-style-type: none"> 1. PCPs reported a shortage of mental health professionals in their area 2. Many rural PCPs created informal networks of specialists to improve the quality of mental health care delivered to their patients. 3. Rural PCPs practice mental healthcare outside their scope of comfort and training.
<p>To improve mental healthcare in rural communities, both social norms and resource limitations must be addressed</p>	<ol style="list-style-type: none"> 1. PCPs perceived community and provider education to be a key to improve mental healthcare for rural women 2. Increasing access to subspecialty mental health care will improve mental healthcare for rural women.