Interview with Jennifer Blossom

by Linda Silka

Throughout this MPR issue we have focused on rural issues in Maine and their implications. One important issue rural Mainers face has to do with mental health and how to receive help when they live far from the mental healthcare providers equipped to work appropriately with rural communities. In Maine we are fortunate to have Jennifer Blossom, Ph.D., a faculty member at the University of Maine who is a leader in rural mental health.

The American Psychological Association has named Blossom the recipient of the 2025 Excellence in Rural Psychology Award. This award is presented annually to an individual who demonstrates outstanding service to rural and remote populations and who exemplifies the importance of psychological advocacy, research, education, and practice in these regions.

In addition to her role as a faculty member, Blossom is also the codirector of the Psychological Services Center. Her research works to improve access to mental health care for youth and families in rural areas and includes projects on suicide prevention programs, interventions for childhood anxiety and depression, and statewide training for primary care and mental health providers. Blossom kindly agreed to answer several questions about her work and about the mental health needs in Maine.

Tell us a little bit about how you came to the rural focus of your work?

I started my Ph.D. training at University of Kansas. Kansas is a rural state. We had a training clinic in the program, and youth and families came from all over the state for services. I saw firsthand many of the challenges for children and youth in rural areas to get mental health services that were needed.

You have worked in rural and urban areas. What thoughts do you have about differences?

There are lots of differences. There are so many challenges linked to rurality. For example, people have to travel significant distances to receive care. Families have to have the ability to take their children to appointments. Services are often closed to new patients. There is a dearth of services in rural areas compared to urban areas. Access to services for people from marginalized backgrounds can be even more challenging in rural areas where inclusive and affirming services may be less readily available.

You are relatively new to Maine. What are you seeing that is similar to or different from other rural states?

I see so many similarities. I live in a rural area where there are few providers, especially for youth and families. The common saying "you can't get there from here" highlights the unique experience of rurality in Maine. It's not just that services aren't immediately available in town, it's that getting to services two towns over often takes significantly more time than one would expect by looking at a map. While telehealth services have addressed barriers to access, Maine's rural and remote regions often experience unreliable internet access or outages.

What do you teach your clinical psychology graduate students about rural issues?

I try to teach them cultural humility. I encourage them to engage in self-reflection. I teach them to recognize the challenges rural people face in getting to services. I try to hold pragmatic discussions with my students about what they are likely to experience. I teach psychology seminars on youth mental health and how important it is to understand the needs, challenges, and opportunities for rural youth. I saw this in other states such as North Carolina and Washington.

From your perspective, should the training for students in clinical psychology for working in a rural state differ from training for working in an urban state?

Yes, the training should differ in certain ways. The clinical psychologist in a rural state needs to be knowledgeable with how to use resources such as telehealth. Diversity also takes different forms in rural states than in urban states. There may be significant divide in income and family makeup.

If you were in charge of setting up policies, what are some policies that have the potential for change?

We should be considering some changes that are greatly needed. For example, enacting collaborative care in Maine would expand the behavioral health workforce and allow for greater integration of mental health services in primary care and schools—reaching more youth in need of services. There are so many things that will make a difference.