

Mental Health in Rural and Remote Communities

Rural and Remote Communities in Australia

Of Australia's 20 million people, 66% live in capital cities, towns or other major metropolitan centres - the remaining 6 million people are spread out across 8 million square kilometres, living in what are referred to as *rural* or *remote* areas (AIHW 2004).

There are general socioeconomic and demographic trends in rural and remote areas of Australia. For example:

- People who live in rural and remote communities in Australia are more likely to be
- Indigenous, particularly in the more remote areas.
- Rural populations tend to have more children but fewer young adults.
- More remote communities, many with significant Indigenous populations and a focus on the mining industry, tend to have more children, more people of working age (especially males) and fewer older people.
- People in rural and remote communities tend to have lower levels of education, partly because there is a limited range of professions in the local area or limited access to resources and higher education.
- Household incomes in rural and remote areas are generally lower than in metropolitan areas though the cost of living is proportional.

However, there is diversity and complexity among rural and remote communities. Each community has unique characteristics according to its history, population, geography, size, demographic composition, economic and social infrastructure as well as distance from larger population centres. Care should be taken not to assume that all rural and remote communities are the same or share the same characteristics - Australia's nonmetropolitan population is becoming more diverse, and issues that are specific to one community may not be relevant to another.

Issues Affecting Rural and Remote Communities

As well as being geographically isolated and distant from services, many rural communities have been affected by ecological threat and economic downturn. The impact of recent severe drought in Australia, as well as other ecological threats such as flooding, salinity and fire, has put enormous financial stress on farming communities.

This stress can precipitate anxiety, depression, family breakdown, grief, anger and other mental health problems (Department of Health and Aged Care, 2000).

Public infrastructure and service closures, and the restructuring of the farming business, have resulted in further economic uncertainty. This has contributed to population decline, which in turn makes it difficult for rural communities to sustain services and business. This can create a cycle of decline, unemployment and out-migration, particularly among young people.

Limited entertainment, employment or further education opportunities may also result in young people leaving the area. Such social and economic difficulties can lead to an erosion of the sense of community that has traditionally existed in many rural and remote areas and provides some level of protection against mental health difficulties.

However, not all rural areas are experiencing decline - some, such as coastal and mountain environments and urban fringe areas, are experiencing periods of growth. Areas more commonly affected by economic and population decline are inland agricultural regions and to a lesser extent mining towns.

Many rural communities afford positive environments for the promotion of physical and mental health. However, some evidence suggests that people living in rural and remote areas are overburdened by higher rates of injury, homicide, diabetes, coronary heart disease, alcohol and tobacco consumption and suicide (Commonwealth Department of Health and Aged Care 2000). Social issues and behaviours that are sometimes indicative of mental health problems, such as violence and self-harm, also appear to occur at higher rates in rural and remote areas.

Mental Health in Rural and Remote Australia

Despite the range of social and economic issues affecting rural and remote communities, living in a rural or remote area does not necessarily indicate a higher risk of mental health problems or illness, nor does it predict the type of mental health difficulties that an individual may develop.

Research shows that remoteness itself does not affect the incidence of mental health problems. In a South Australian study, Ekert et al (2004) found that prevalence rates for psychological distress, depression and mental illness in various regions across the state were not predicted by the ARIA index, a measure of accessibility and remoteness.

These findings were consistent with national studies conducted in 2004 (Murray et al) and 1997 (ABS), along with a study conducted by NSW health in 1998.

However, when mental health problems or illness occur, there are factors specific to living in a rural or remote area that may affect the outcome. Lack of access to mental health services can be a major difficulty for Australians in rural and particularly in remote parts of the country.

Subtle cultural differences in rural areas can also act as barriers to mental health care. A culture of self-reliance that exists in many rural and remote communities does not promote help-seeking behaviours for social and emotional problems. Some people may be reluctant to seek support because of stigma about mental health issues and concerns about confidentiality in small communities.

For those who do seek treatment and support, a general practitioner may be their first or only local medical contact in a rural or remote community. However, accessing even a GP can be difficult in some localities and GPs may vary in their level of experience with the treatment of psychological distress or mental illness. A national study (Caldwell et al 2004) found lower rates of GP encounters for psychological problems in rural areas and found that GPs in remote areas prescribed mental health medications at half the rate of their counterparts in capital cities.

Waiting lists, lack of treatment options or the need to travel to access health care services may result in many people with mental health problems or illness who do not access support services, or who are not seen until their condition has deteriorated significantly. Some communities have only periodic access to specialist mental health workers, who may visit the area from a nearby regional centre. This can create difficulties in regard to early intervention, the building of positive patient-clinician relationships, and the continuity and effectiveness of treatment.

An increasing number of communities in Australia now have access to telepsychiatry services, which allow a psychiatrist to talk to a person at a remote site (such as a GP surgery or hospital) via teleconferencing technology. The government has created new Medicare arrangements to facilitate telepsychiatry and has liaised with the professional body of psychiatrists to create a training program. Telepsychiatry allows psychiatrists in metropolitan areas to treat rural and remote patients and to provide advice for health professionals in these areas.

The Social and Emotional Wellbeing of Young People

Young people living in regional communities may face a different array of social and emotional issues from their urban counterparts. Some studies suggest they are also less likely to display help-seeking behaviour compared with those living in capital cities.

Issues identified by rural youth as being of particular concern to them include isolation, lack of employment opportunities, lack of confidence in the future, lack of leisure activities, boredom and limited transport options – young people also felt that such factors increased the likelihood of adolescents engaging in risky behaviour (such as substance use and unsafe sexual practices) or suicidal behaviour (Quine et al, 2003).

Young people living in areas of economic and employment decline are also caught between wanting to remain close to family, friends and support networks, and the need to move to larger towns or cities to pursue education and employment opportunities.

Young rural residents are twice as likely to use alcohol as young people in metropolitan areas. Amphetamine use by young people is reported to be relatively common in rural areas (Rajkumar & Hoolahan, 2004) and there is a particular issue with inhalants, such as petrol sniffing, in some remote Indigenous communities.

In some rural communities, cannabis smoking appears to be a part of the culture for young people and many are unaware of its illegal status and health effects. Heroin use in rural Australia is difficult to estimate, but it does occur and there is a lack of specialist health services in remote areas to address heroin use. The co-occurrence of mental health problems such as depression and anxiety with drug use is of particular concern, as these are both risk factors for suicide.

Same-sex attracted youth in rural and remote communities may face additional challenges through a lack of acceptance, support and information about safe-sex and gay relationships, as well as through social and geographic isolation. For some individuals, such factors may contribute to depression, substance use and suicidal behaviour. Some young people may feel the need to 'escape' to a more supportive and less isolated community, or seek support and information via the Internet.

Suicide in Rural and Remote Australia

Several studies suggest that suicide rates in rural and remote communities may be higher than in metropolitan settings. However, there is no broad consensus in Australian research as to whether overall suicide rates are consistently higher in rural and remote areas. This is due in part to divergent definitions of what constitutes a rural or remote community, varying study methods, and the diversity of rural and remote communities themselves.

Although differences in overall rates may not be clear, studies do show elevated rates among certain populations or in particular areas. There is considerable evidence for higher rates of suicide among young males in rural and remote areas, when compared with their urban counterparts (Caldwell, Jorm, & Dear, 2004; Victorian Suicide Task Force Report, 1997; Wilkinson & Gunnell, 2000).

Suicide rates for males in rural and remote areas have increased in recent decades (Dudley, 1992, 1998a, 1998b, Department of Health and Aged Care, 2000). Since the incidence of mental illness is similar in rural and metropolitan areas, the elevated rates of young male suicide in rural areas must be due in part to other factors. The rates for males seem to be high in remote inland areas, where communities depend largely on industries affected by world commodity prices, such as mining and farming. Those communities with a high proportion of Indigenous people may also have higher suicide rates, reflecting elevated rates of suicide among young Indigenous men in Australia.

Other factors contributing to suicide in some rural communities may include: greater access to firearms, difficulty in accessing health and mental health services, a culture of reluctance to seek help for personal or health problems, perceived intolerance of difference such as same-sex attraction, substance use, and limited access to educational, recreational and employment opportunities (Patterson & Pegg, 1999; Quine et al 2003).

For Schools and Teachers

Schools can be particularly important in promoting social and emotional wellbeing in rural and remote areas, as there may be relatively few support systems or organisations for young people in these settings. Indeed teachers and school counsellors may be the first port of call for students with personal or mental health difficulties.

Schools can encourage an awareness of social and emotional wellbeing among staff and students through staff professional development and classroom discussion. They can also encourage teaching and support staff to create a supportive and welcoming environment for students. For more information, refer to the factsheet about Promoting Resilience under Education on the Response Ability web site (www.responseability.org).

Teachers can choose to actively support a school culture that values the wellbeing of students, by becoming involved in the development of relevant policies and programs in the school. Links with the community are also important, particularly in rural and remote settings where there may be limited support systems available for students and their families.

Schools, health services, non-government organisations and community leaders can work collaboratively to identify and assist young people who may be at risk of mental health difficulties. When entering a new community, find out about available support staff and organisations that could be important for young people – such as a school counsellor, Indigenous liaison officers, disability support staff, local youth services and health services. Encourage students to access these services or to approach you for discussion and referral if they have any personal problems.

A useful strategy in rural and remote areas may be to raise awareness of mental health and wellbeing among students and the community, encouraging people to be more willing to discuss

such issues and seek help for themselves or loved ones. Schools and teachers could choose to lead or participate in local initiatives to promote an awareness of relevant issues – for example:

- youth theatre productions or drama competitions with a theme relating to mental health and wellbeing
- workshops with students and/or parents addressing a range of relevant issues such as substance use, resilience, bullying, health issues
- providing a guide to local government and non-government services for young people, developed by or with young people themselves – this could be a printed resource for placement in public spaces such as libraries, and/or an electronic resource on the school web site or intranet
- invite students to develop a poster about relevant issues and services and create a partnership with local businesses to have these printed and displayed in the local community
- invite young people to prepare articles for the local paper or school newsletter on youth issues
- run workshops that build community connections – for example sessions celebrating local Indigenous history and culture, or other cultures represented in the local community.

For other information about the roles of schools and teachers in promoting mental health and wellbeing, as well as for suggestions on implementing these in your school or classroom, refer to the MindMatters resources at www.mindmatters.edu

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