

TAKE-HOME NOTES:

Rural mental health: Part 1 – understanding rural mental health

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Rural mental health is a term that covers all aspects of mental health and mental health service provision in the rural population. It is important at an individual, national and global level.

A significant proportion of the population lives in rural areas, and an even larger proportion of the world's landmass is rural.

There are many different ways of defining rurality. It is important to understand how rurality can be defined, as this helps us to think about the ways in which the rural environment differs from the urban environment.

Different aspects of rurality are likely to be important for different people living in different places. People living in rural areas differ from those living in urban areas. This may impact on how mental illness affects them.

Within rural areas, the population is made up of incomers and locals. Whether somebody is an incomer or a local may have an impact on their experience of mental illness.

The rural environment is thought of as healthy and wholesome. People living in rural areas are generally happier with where they live and have a higher self-rated quality of life. However, rural life does not suit everybody. Viewing the countryside as a pastoral idyll can stop us from exploring and understanding negative aspects of rural life.

There is probably a stronger community spirit in rural areas, and on balance this is a good thing. However, people with mental health problems may find it difficult to fit in and conform with rural communities. This may contribute to social exclusion.

Access to services is poorer in rural areas. This is particularly likely to impact on people with mental illness.

Social networks and social support are probably stronger in rural areas. As with community spirit, this is generally seen as a good thing, but it does have some disadvantages.

Social exclusion has been identified as a key problem in rural areas and may particularly affect people with mental health problems.

Rural areas in the UK are relatively affluent, but there are pockets of deprivation and disadvantage. Measures of deprivation tend to be more suitable for use in urban areas, so it can be hard to determine rural deprivation accurately.

People with mental health problems are likely to be affected by rural deprivation.

There are a number of difficulties inherent in conducting rural research. This contributes to the poor overall quality of the rural research evidence base.

There are now a reasonable number of large epidemiological studies that compare the prevalence of mental illness in urban and rural areas. On balance, the prevalence of mental illness is probably higher in urban areas. This is even more likely to be true for psychotic illness. Exceptions to this are suicide and intellectual disabilities (learning disabilities), which are both higher in rural areas.

The prevalence of mental illness may be lower in rural areas for a number of reasons. These include demographic factors, aspects of rural life, and other factors such as the urban drift of people with mental illness.

Any differences in the prevalence of mental illness are likely to be small. Issues such as the experience of mental illness and access to mental health services may be far more important.

Reflections

- (1.5) What proportion of the UK population do you think lives in rural areas? How does this compare with other parts of the world?
- (1.10) What kinds of things do you tend to believe about people living in rural areas? Make a few notes.
- (1.12) Take a few minutes to reflect upon whether you would consider yourself to be a 'local' or an 'incomer' in the community where you live.
- (1.13) Consider the following:
How does the social, cultural and physical environment interact with medical illness?
How does the social, cultural and physical environment affect help-seeking behaviours?
How might the physical environment affect the provision of mental health services?
- (2.6) What do you think some of the disadvantages might be of living in a rural community? How might these particularly affect people with mental health problems?
- (2.14) Using the definition of social exclusion given in the module, what factors do you think might contribute to social exclusion for David?
- (2.17) Can you think of any problems that might arise when trying to measure rural deprivation?
- (3.2) What difficulties do you think researchers face when designing and implementing rural research? Think about:
practical considerations
defining rurality
small numbers
confidentiality and anonymity
boundary issues.
- (3.9) Why do you think there might be a lower prevalence of mental illness in rural areas?

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Philo C, Parr H & Burns N (2002) *Social Geographies of Rural Mental Health: experiencing inclusions and exclusions*. ESRC Funded Research Project, Award No.R000 238453. [\[abstract\]](#)

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Further reading

MIND (2004) Rural proofing of the National Framework for Mental Health. Report to National Institute of Mental Health in England, London.	Comprehensive report by the UK charity MIND looking at the current state of play of rural mental health in the UK. View report
British Medical Association Board of Science (2005) Healthcare in a rural setting, London.	Report from the British Medical Association discussing the difficulties associated with providing rural health services. It concentrates on primary care, but is highly relevant to other rural health services. View report

Philo, C., Parr, H., and Burns, N. (2002) Social Geographies of Rural Mental Health: experiencing inclusion and exclusion. ESRC Funded Research Project, Award No.R000 238453.

Extensive body of qualitative research that explores the experiences of people with mental illness living in rural communities. It particularly focuses on the processes of social inclusion and exclusion, but gives a remarkably wide (and readable) description of what it is like to live with mental illness in the Highlands of Scotland.