

TAKE-HOME NOTES:

Rural mental health: Part 2 – improving rural mental health services

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Problems with anonymity and confidentiality are widespread in rural areas. Social visibility may particularly affect people with mental illness. On the other hand, there are some advantages to living in rural areas.

Stigma towards mental illness is definitely a problem in rural areas, but it is hard to know whether it is any worse than in urban areas. Some rural communities may tolerate eccentric individuals to a degree that might be unusual in urban settings.

There is a definite culture of rural stoicism. This probably makes it more difficult for people with mental health problems to seek and accept help.

The urban and rural populations have different concepts of health and illness, and this may affect their help-seeking behaviour. There is some evidence that people in rural areas are less likely to seek help for mental illness.

People living in rural areas are generally more satisfied with health services. They are less likely to complain, and they have a less consumerist approach to medical care.

Rural stoicism may relate to a sense of fatalism. This is likely to affect attitudes to mental illness, and may for example make a psychotherapeutic approach to treatment very difficult.

Providing rural health services is more difficult at both a system level and at a personal level.

It is more expensive to provide services in rural areas. Unless the higher costs of service provision are accounted for, rural services will remain underfunded.

Even though people generally want to live in rural areas, recruitment and retention remains a problem. Training opportunities tend to be based in urban areas. This means that training is more expensive and time-consuming for people working in rural places.

It can be hard to implement mental health legislation when covering large rural patches.

Because psychiatrists are likely to live in the same community in which they work, boundary issues and personal isolation may result. Professional isolation can result from working in a small unit.

Psychiatrists working in rural areas may have to take on extended professional roles compared with their urban counterparts.

There are a number of possible ways of overcoming the difficulties associated with providing mental health services in rural areas. These include:

- considering alternatives to traditional training opportunities, such as online teaching or multidisciplinary training events
- ensuring that adequate time and money has been allocated to further training
- improving access to services both by looking at transport links and also by developing mobile outreach services
- using telemedicine to set up real-time video links to enable meetings with other mental health providers and consultations with patients
- improving recruitment and retention of psychiatrists by supporting rural training placements, providing financial incentives including relocation grants, and developing attractive employment packages
- building up a robust peer support mechanism to minimise professional isolation
- being aware of personal isolation and taking active steps to minimise this

- working with management. Making sure that local and central management are aware of the specific difficulties associated with providing rural mental health services.

Learning outcomes

By the end of this module, we hope that you will be able to:

- understand the ways in which various aspects of rural life impact on the experience of mental illness
- explain the difficulties that arise when providing mental health services in rural areas
- identify solutions and ways of working successfully in rural areas.

Reflections

(1.2) Consider how there might be advantages and disadvantages for Mhairi of living in a rural area. How might she find it difficult to maintain anonymity, with respect to:

- her mental health?
- her marital relationship?

(1.4) Consider how there might be advantages and disadvantages for John of living in a rural area. Think about the issue of access in this case. How might attitudes to mental illness in rural areas affect illness behaviour?

(1.7) Whilst there are clearly some disadvantages, there are also some advantages of social visibility. What do you think these might be?

(1.14) How do you think illness behaviour might be affected by rurality?

(1.20) What effect do you think the rural environment might have on Mhairi's experience of mental illness?

(1.22) What effect do you think the rural environment will have on John's experience of mental illness?

(2.14) Have you experienced boundary issues with patients? How do you normally deal with this?

(2.15) Rural psychiatrists risk both personal and professional isolation. It is harder to develop a supportive peer group in rural areas, and there may be very few colleagues with whom a psychiatrist can discuss complicated cases. The need to maintain professional boundaries may contribute to personal isolation.

Do you identify with the above? Can you think of any solutions to counteract the problem of personal and professional isolation?

(2.19) Is your practice based in a rural area? If so, are you more in favour of a local or a centralised service? What are the reasons for your preference?

(3.3) Think about possible solutions to the following problems:

- training
- recruitment and retention
- cost
- boundary issues
- covering staff absences
- professional and personal isolation
- access.

(3.5) What do you think might be some considerations when establishing a community-run psychiatric service?

(3.11) What measures do you think psychiatrists could take at an individual level to improve rural services?

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Further reading

MIND (2006) Rural issues in mental health. London.	Comprehensive factsheet by the UK charity MIND describing issues related to 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.