

# RURAL MENTAL HEALTH SERVICES

(rural, remote and isolated areas of service)

## ITEM/ISSUE

Rural mental health is in a fragile state and needs the concerted attention of provincial governments throughout the country.

## BASIS FOR DISCUSSION:

Using Ontario as an example, there are not enough services for individuals in the mental health system. The police are usually the first call for assistance and the jail is often the place of interim residence;

- Local police forces are required to transport individuals to the nearest larger city with crisis services;
- There is a 9-5 working atmosphere in many rural towns and limited crisis resources;
- There are privacy issues that rarely arise in the larger cities or metropolitan areas;
- There is typically more turnover of staff in rural areas;
- It is more difficult to recruit staff and retain them;
- The major service is counselling;
- There is more and more concern about the future, being voiced by parents who are aging and taking care of their children who themselves are aging;
- If there is a hospital, it may offer at best a bed for a brief period. There are few, if any, specialized services or appropriately trained staff available;
- Access to a psychiatrist is limited either because of the lack of local psychiatrists or the 'locum' system;
- Psychiatrists, when available have little opportunity/time to get to 'know' their clients;
- Moreover, there is a high turnover that also impacts knowing a person well;
- Peer Support services are either lacking and where available, are not adequately utilized and/or funded;
- Housing and its costs are major issues for individuals in the community or returning to it;
- Job opportunities are also scarce in rural towns;
- Transportation is a major issue for consumers in small towns, rural and remote areas.

---

### Rural Mental Health Services

## **TARGET/AUDIENCE**

All provincial Ministries of Health; local Members of Provincial Parliaments/Members of Legislative Assemblies

## **RECOMMENDATIONS/CONCLUSIONS**

That provincial Ministries of Health responsible for mental health, develop task forces to explore the issues surrounding rural mental health.

That these task forces be required to provide working solutions to enhance and extend rural services and to engage in cross-ministerial dialogue where needed to develop solutions;

That the task forces explore:

- innovative services options, including evidence-based best practices in rural mental health services, recruitment and retention;
- appropriate funding options for rural services;
- increased telecommunications for rural services-particularly Aboriginal;
- additional [complementary] roles for peer-run organizations;
- innovative hospital services paradigms\*;
- increased service options aside from counselling;
- training programs for rural mental health services as a discipline; and
- planning for an aging rural population of individuals with a mental illness.

\* May require legislative changes

## **DOCUMENTATION**

1] *Strengthening Rural Mental Health: The Contribution of the Science and Practice of Psychology*, Dr. Robert D. McIlwraith and Dr. Karen G. Dyck, Department of Clinical Psychology, Faculty of Medicine, University of Manitoba and prepared for the Professional Affairs Committee of the Canadian Psychological Association, 2002.

2] Laurie Albertini, seven years Executive Director of a rural mental health program and also a member of the Ontario Mental Health Implementation Task Force.