
Strengthening RURAL HEALTH

THE
CONTRIBUTION
OF THE
SCIENCE
AND PRACTICE
OF PSYCHOLOGY

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Title: **Strengthening Rural Health: The Contribution of the Science and Practice of Psychology**

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Rural Health in Canada

Statistics Canada defines “rural and small town” communities as those that have 10,000 or fewer residents and are situated outside commuting zones of large metropolitan areas and cities (CPA, 1999). Rural and remote areas in Canada occupy over 90% of its land mass and house approximately 26% of Canada’s total population. Sixty-five percent of Canada’s Aboriginal people reside in rural regions.

Rural and remote communities in Canada vary considerably with respect to a number of factors including cultural, ethnic, and religious composition; age distribution; social capital (i.e., the overall quality of social relationships within a community); educational levels; employment opportunities; and rates of unemployment. The health of rural Canadians is uniquely impacted by the characteristics of the community in which they reside. Some of the unique factors impacting the general health care needs of rural Canadians include the following:

*Many rural residents are employed in natural resource-based industries such as mining, logging, fishing, or in agriculture. These are considered to be among the most dangerous industries in terms of occupational injury, exposure to toxic chemicals, and air quality (Jennissen, 1992).

*Rural areas have a disproportionately large number of persons with long-term disabilities, compared to urban areas in Canada (Jennissen, 1992). Particularly among seniors, a strong association has been found between physical disability and poor mental health (depression, anxiety, substance abuse) (Mental Health Problems Among Canada’s Seniors, 1991).

*Many sources of rural employment are economically risky (seasonal, dependent upon weather conditions, or subject to fluctuations in world commodity prices), contributing to high rates of stress in some rural areas (e.g., farming communities during drought, single-industry towns during strikes). High stress affects both adults and children and has been associated with increased risk for the development/exacerbation of both physical and psychological difficulties.

*Unemployment is high in many rural and remote areas, particularly First Nations communities. Lower household income is associated with poorer ratings of self-perceived health.

*Only 10% of the rural workforce has a university degree (compared to approximately 20% in urban areas) and 30% of rural Canadians have not completed high school. Lower education levels are associated with poorer ratings of self-perceived health.

*The migration of young adults from rural areas to cities remains a major

concern for most rural communities. In 1996 40% of rural youth with a university degree left their community compared with 25% in urban communities.

*In some farm communities the proportion of elderly persons is significantly above the national average and the proportion of young adults is significantly lower.

*Two thirds of First Nations communities in Canada are considered non-isolated (i.e., physician services within 90 km by road); approximately one third are considered semi-isolated (i.e., physician services are more than 90 km by road), isolated (no road access but regular service by air), or remote (no road access and no regular flights).

*The prevalence of diabetes among First Nations is now at least three times the national average, and rates are higher in on-reserve populations than off-reserve (Aboriginal Diabetes Initiative, 2000). Complications of diabetes include heart disease, lower limb amputations, eye disease and kidney disease.

*Deaths by injury among First Nations people are 3 to 6 times higher than the national average, including motor vehicle accidents, fires, drowning, poisoning, violence, and suicide. Suicide rates among First Nations young people (15 - 24) are estimated at 5 to 8 times the national average (Health Canada, 2001).

*On average, Canadians living in rural and remote areas have shorter life expectancies and lead less healthy lives than their urban counterparts.

The Current State of Rural Health Care

Like their urban counterparts, rural Canadians are becoming increasingly concerned about the state of health care. Recent surveys indicate that health care is one of the top concerns identified by rural Canadians, preceded only by job/unemployment concerns. Inaccessibility and cost (e.g., too few resources, costs involved in travelling to health care centres) are two factors commonly identified as interfering with the ability of rural Canadians to obtain quality health care. The literature in this area supports these perceptions.

*Disabled individuals in rural or remote communities have less access to rehabilitation services, less barrier-free access to community facilities, less access to specialized transportation and longer distances to travel for services.

*Rural people have relatively less access to the health promotion, health education, and illness prevention services that do exist (Jennissen, 1992).



*Between 1991 and 1996 the proportion of physicians working in rural Canada decreased, while the population increased.

*Mental health related services are less available in rural than in urban areas.

*Psychological services in every province are much less available in rural than in urban areas (CPA, 1999). National statistics show that in urban areas there is, on average, one registered psychologist for every 2,195 people, while in rural areas the ratio is one psychologist for every 9,619 people. The extremely limited number of publicly-funded psychologists and the exclusion of psychological services from medicare funding further hamper access in rural areas. In spite of this, psychological services outnumber psychiatric services in rural Canada.

A number of factors contribute to the difficulty in developing and implementing effective and comprehensive health care in rural and remote areas. For example, the small and dispersed population in rural Canada makes more traditional urban models of service delivery less practical. Current literature also suggests that rural attitudes towards accessing health care services may differ from those of their urban counterparts and that greater concerns may exist regarding confidentiality. This may be particularly true in the case of accessing services related to mental health. Certain populations may be more reluctant than others to access various services either because of a lack of information regarding these services, negative perceptions regarding those providing the services, or an unfamiliarity with them. The characteristics of many rural and remote communities also contribute to the challenge in recruiting and retaining qualified health care professionals.

Looking Towards a New Model of Rural Health Care

The concept of "health" is increasingly recognized as encompassing a more complete state of physical, mental, and social well-being rather than simply a state of freedom from disease. In order to be successful in developing an effective and financially viable model of rural health care delivery, the Canadian government must explore new models of care that focus not only on the treatment of illness but also on prevention and health promotion. Contrary to public opinion, increased availability of hospital beds, general practitioners, specialists and physicians is unlikely to produce an adequate solution to the ailing rural health care system. Support for this comes from a recent report released by Statistics Canada (Regional Socio-Economic Context and Health) indicating that these health system characteristics play little role in determining our health status. Because of the relative scarcity of health care professionals and facilities in rural areas the roles of health promotion, illness and injury prevention, and innovative means of service delivery are even more central to the health of rural Canadians.

To date, the Canadian health care system has largely ignored the significant role that psychological factors play in health determination and reduced health care costs. Psychological difficulties are significant contributors to human suffering, decreased productivity and increased health care costs. The extremely limited access to psychological services in our current health care system has created a situation where many Canadians are forced to either go without treatment or to make use of the less appropriate but more accessible services (i.e., physicians, emergency and inpatient services, police and criminal justice services and pharmaceuticals). The inappropriate use of physicians for the treatment of psychological issues is particularly concerning in rural areas, where physicians are already in limited supply and, consequently, often over-worked. Taken together, these circumstances create an environment where early detection and treatment is unlikely and pharmacological interventions are the primary means of treating mental health difficulties, family problems, and stress-related conditions.

Increased rates of psychological symptoms are also associated with a variety of medical conditions. Psychological interventions have the potential to substantially decrease the suffering and financial costs associated with a variety of medical conditions such as chronic pain, insomnia, cancer, and heart disease. Psychological factors play a significant role in personal health practices, a central determinant of health, and are critical in the development of effective programs aimed at health promotion and illness prevention. Clearly, the inclusion of psychological resources is imperative in the development of an effective and viable rural health care plan.

*Studies have shown that the availability of psychological services can reduce human suffering and total health care utilization associated with *both* physical problems *and* mental health problems.

*Untreated psychological conditions such as depression and anxiety disorders can lead to excessive and inappropriate utilization of health care, and develop into chronic conditions which rob society of productive members and increase health care costs.

*Effective and cost-efficient psychological interventions have been developed to treat a broad range of medical conditions and difficulties associated with these conditions (e.g., chronic pain, insomnia, adjustment to chronic illness, rehabilitation efforts associated with neurological difficulties).

*Research shows that every health care dollar spent on psychological services yields a savings of five dollars.

*The importance of community-based psychological services is supported by research indicating that clients are more accepting of mental health



referrals if they are available in the primary care location rather than having to travel.

Contributions Psychologists Can & Should Make to Rural Health

Psychologists have the training and expertise to work collaboratively with consumers, healthcare professionals, and policy makers and can make a significant contribution to strengthening rural health in the following areas:

1. Mental Health

*Substantially reduce the inappropriate use of physician-based services, emergency and inpatient services, police and criminal justice services and pharmaceuticals, increase the rate of early detection and treatment of mental health conditions, and decrease the healthcare costs associated with such difficulties.

*Make a significant contribution to the development, implementation, and evaluation of programs aimed at prevention and treatment of mental health problems.

2. Physical Health

*Design and implement interventions aimed at increasing treatment adherence.

*Design and implement empirically-based behaviour change programs aimed at enhancing personal health practices (e.g., stress management programs, smoking cessation, weight reduction).

*Enhance the management of chronic illness and life threatening conditions.

*Design and implement effective treatment programs that incorporate psychological interventions for health conditions such as insomnia and chronic pain.

3. Rehabilitation

*Make significant contribution in the areas of assessment and treatment planning for individuals with brain injuries, developmental delays, learning disabilities, dementia, as well as those experiencing difficulties coping with the emotional and social aspects of various physical disabilities.

4. Prevention and Health Promotion

*Substantially reduce health care costs through the development and implementation of prevention programmes that focus on modifying personal health practices (e.g., stress management, anger management, smoking cessation, weight reduction).

*Psychologists have the applied research expertise to design, evaluate and adapt programmes of education and health promotion which can, in the intermediate term, save the health care system significant amounts of money and prevent immeasurable human suffering.

5. Health Research

*Even though registered psychologists significantly outnumber psychiatrists in rural and small town Canada, their small numbers and the vast territories to serve will mean that, in many cases, it will not be economically feasible for psychologists to be the front-line service providers. Therefore, research should identify those interventions which can effectively be delivered by others in rural areas (e.g., self-help organizations, public health staff, family care providers) and on the design and evaluation of interventions that can be delivered across distance by mail (e.g., self-help manuals and videotapes) and electronic links (e.g., telehealth, telephone).

*Make a significant contribution to health care through their research in the areas of behaviour change, effectiveness of public education and social marketing, and programme evaluation in areas of injury prevention, health promotion, and resilience in mental health.

*Make a significant contribution in identifying community specific modifiable determinants of health and work with consumers, healthcare providers, policy makers, and other systems to address such issues.

*Research issues relevant to the recruitment and retention of healthcare professionals and assist in the identification and implementation of viable immediate and long-term solutions.

Recommendations

Restructure the current rural health care system to reflect the significant contribution of psychological factors to health and health promotion and the significant contribution that psychology has to make to rural health care.

Incorporate psychological services into interdisciplinary community-based primary care models.



Where appropriate, expand telehealth services to include psychological services.

Develop new funding mechanisms for psychological services in order to achieve the goal of universal access to the services of qualified psychologists by all Canadians.

Expand rural training opportunities for psychologists and increase efforts to recruit rural and Aboriginal persons into psychology.

Make a commitment to support psychologists and other health care professionals working in rural and remote areas through increased networking opportunities, access to continuing education, specialist consultation, peer support, and expedited referrals to tertiary centres when needed.