Report

Interventions for rural and remote youth mental health

Chelsea Waid, Sebastian Steven, Laleah Sinclair, Liam Priest, Sam Petrie, Dean B Carson, Paul A Peters

What is known?

- Rural and remote communities in Australia and Canada have high burden of youth mental illness

- Interventions for youth mental health in these communities is varied and insufficient

What does this study add?

- Barriers and facilitators of rural and remote youth mental health interventions are examined within the context of the Social Ecology Model

- Future directions for rural and remote mental health interventions informed by the Social Ecology Model are explored

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BACKGROUND

Rural and remote communities in both Australia and Canada have a higher burden of mental illness relative to their urban counterparts (1). Suicide rates, particularly, are higher across all age groups among men in rural communities as compared to metropolitan areas (2–7). Mental health issues are especially present in younger populations within these communities (1,8–10). Additionally, rural and remote communities tend to have higher proportions of Indigenous origin individuals, who face additional challenges and service barriers (4,5,11–19).

Rural and remote communities often encounter significant barriers to accessing mental health care. Individuals from these communities may be serviced solely by general health care providers that are not trained in mental health treatment (20–22)Travelling away from the community to alleviate this issue only further hinders accessibility as these individuals must travel larger distances to access specialized health services (8,20). When services are accessed, those from rural and remote communities are met with longer wait times than their urban counterparts (14). With no specialized treatment within the rural or remote community and inaccessible treatment outside the community, mental health care must shift to informal caregivers and the community as a whole (8,12,19,23).

Rural and remote communities are often not trained in mental health care. Interventions to address rural and remote youth mental health are needed to equip communities with the tools and skills to overcome access barriers and support community members (24,25). A review of recent literature related to rural and remote youth mental health interventions was conducted. The aim of the review is to characterize these mental health interventions in Australia and Canada and examine how they relate to youth.

KEY FINDINGS

Empower youth to be active participants in all stages of intervention.
Youth express a desire to act as leaders in the planning, implementation and feedback stages of interventions

Tailored interventions help the community best
Due to differing circumstances between settings, interventions should aim to address the expressed and specific needs of the unique rural or remote community targeted.

Strengthening interpersonal relationships ensure program success
The ability of an intervention to build and strengthen youth-youth and youth-provider relationships may act as a marker of long term intervention success.

Community consultation is key
Engaging the community in the planning and implementation stages of interventions leads to more informed decisions, tailored strategies, and the development of outcome measures unique to the community.

An intervention and existing services can be integrated

Embedding interventions into existing services in the community, such as in schools, can lead to easier and more familiar engagement for community residents.

Cultural competence plays a major role

Providers involved in the intervention must be well versed in the culture of the community and its residents in order for a program to be well-received and beneficial.

INTERVENTIONS AND THE SOCIAL ENVIRONMENT

Previous literature surrounding mental health interventions highlights the importance of addressing mental health risk factors and lifestyle changes on the level of the individual (6,21,26–29). No significant attention is paid to the social environment of that individual and its relation to mental health. Given that rural and remote communities are often characterized by a high degree of social connectedness, research and health care providers should consider the dynamic nature of the social environment unique to these communities (30–32). Following this concept, the thematic analysis of findings in this review was conducted at various levels of the Social Ecology Model (SEM), which includes (1) individual, (2) interpersonal, (3) community, (4) organizational, and (5) policy and enabling environment.

Much of the literature regarding facilitators of mental health interventions in rural and remote communities highlights the need to harness the social capital and resiliency of these communities(33–35). Further, the inclusion of youth as active participants promises sustainable change that reflects local needs(35–39). Stigma towards those who access the intervention was one identified individual barrier to rural and remote youth mental health interventions (8,33,35,38,40,41). In a community with a high degree of social proximity, this stigma can be rapidly disseminated (33,42,43).

Failure to foster interpersonal relationships was identified across various interventions as a significant barrier to program success (20,22,44,45). Social support is closely linked to enhanced mental health, so interventions should focus largely on building and strengthening positive interconnection between individuals. In many interventions identified, strong youth peer-peer relationships resulted in participants being better able to support others and appreciate that they are not alone in their diagnosis (46–48). Similarly, strong youth-mental health care provider relationships help to ensure communication between youth and staff in schools, as well as increase the number social ties between staff and students (20–22,26,49).

Future mental health interventions for rural and remote youth should be focused on including the engagement of multiple stakeholders and the members of the community (13,48,50). Failing general health services in rural and remote communities have been identifed to be, in part, the result of lacking a coordinated strategy and and partnership with local industry and stakeholders (35). Future interventions should consider embedding interventions within familiar exisiting services and identified eHealth technologies that best fit the needs of the unique community so that interventions are accesible and inviting to residents (22,45,51,52).

A PROPOSED FRAMEWORK

Future mental health interventions for rural and remote youth should be evidenced-based and informed by the community's members and stakeholders (13,53). We have proposed a framework, based on the Social Ecology Model, that aids in addressing the specific needs of rural and remote communities (54–56).
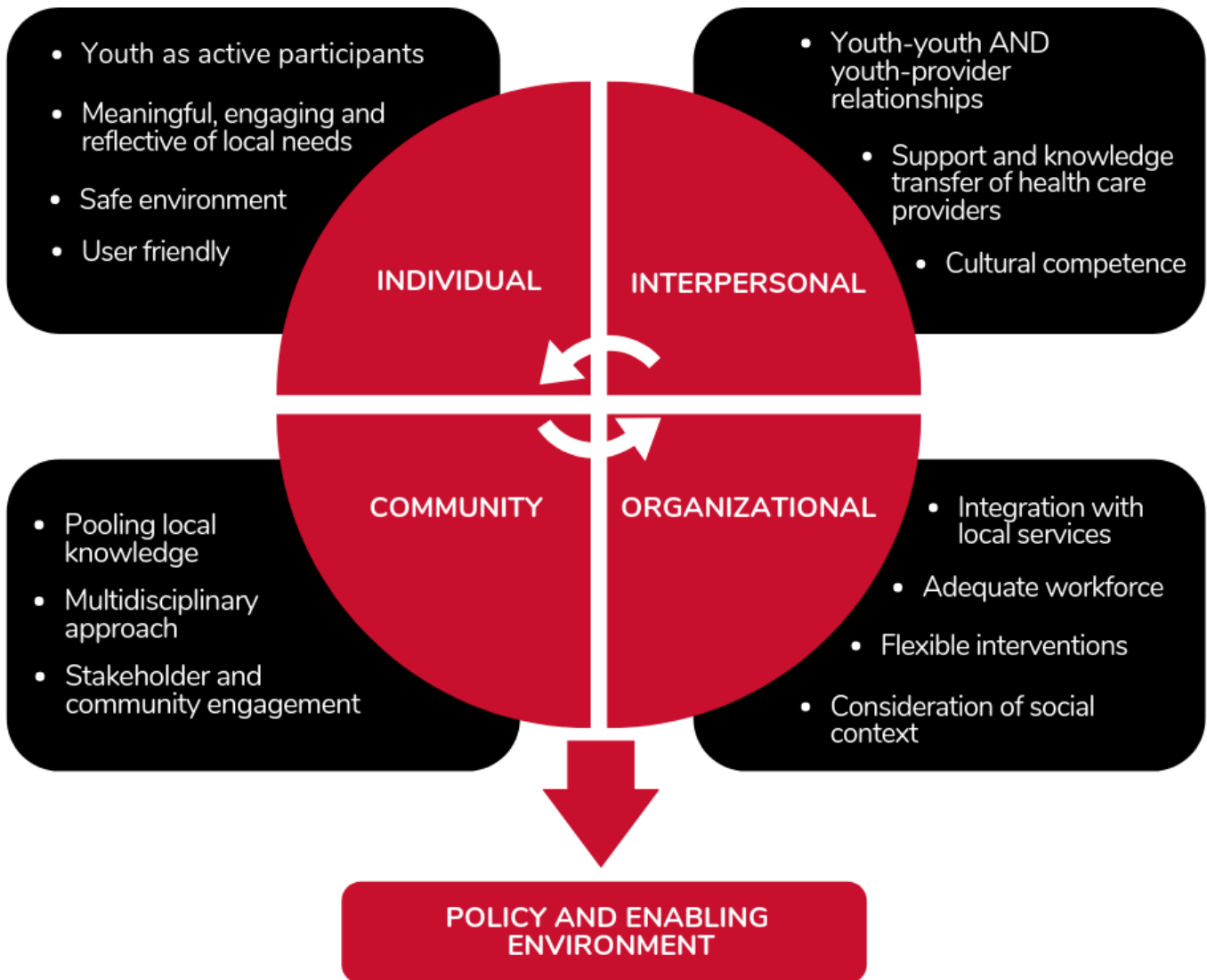
Previous mental health interventions in these communities have been constructed according to urban-based norms, without taking into account the reduced healthcare work force, cultural norms and service inaccessibility that characterize rural and remote communities (57). It is insufficient to address mental health without addressing its context (53,58). This proposed model incorporates many models of health and addresses the unique social environment of a rural or remote community. Bidirectional

relationships between individuals and their social environment are critical to this model and should be incorporated into future mental health intervention strategies.

METHODS

A structured scoping review was undertaken to identify and categorize literature regarding recruitment and retention of general practice physicians into rural and remote Australia and Canada. Searches were conducted in Scopus, Web of Science and PubMed. The PRISMA Checklist proposed by Tricco et al., was used to guide the identification of relevant literature in this scoping review. Relevant stages to this scoping review include (a) eligibility criteria, (b) information sources, (c) search, (d) selection of sources of evidence, (e) data charting process, (f) data items and (g) synthesis of results. The scoping review identified 28 primary sourced articles that met inclusion criteria. Characteristics of eligible mental health literature included types of interventions, populations of interest, mental health conditions targeted, countries and types of studies. Thematic analysis was conducted according to the Social Ecology Model, as outlined previously.

REFERENCES

1. Coughlan H, Cannon M, Shiers D, Power P, Barry C, Bates T, et al. Towards a new paradigm of care: the International Declaration on Youth Mental Health. Early Interv Psychiatry. 2013 May;7(2):103–8.

2. Doley A, Sibly C, Wigg C, Crawford P, Cowper L, Barker C, et al. Doctor on campus: A general practice initiative for detection and early intervention of mental health problems in a rural Australian secondary school. Health Sociology Review. 2008 Jun 1;17(1):53–63.

3. Barnes M, Walsh A, Courtney M, Dowd T. School based youth health nurses' role in assisting young people access health services in provincial, rural and remote areas of Queensland, Australia. Rural Remote Health. 2004 Dec;4(4):279.

4. Tighe J, Shand F, Ridani R, Mackinnon A, De La Mata N, Christensen H. Ibobbly mobile health intervention for suicide prevention in Australian Indigenous youth: a pilot randomised controlled trial. BMJ Open. 2017 Jan 27;7(1):e013518.

5. Hunter E, Milroy H. Aboriginal and Torres Strait Islander suicide in context. Arch Suicide Res. 2006;10(2):141–57.

6. Hirsch JK. A review of the literature on rural suicide: risk and protective factors, incidence, and prevention. Crisis. 2006;27(4):189–99.

7. Caldwell TM, Jorm AF, Dear KBG. Suicide and mental health in rural, remote and metropolitan areas in Australia. Med J Aust. 2004 Oct 4;181(7 Suppl):S10-14.

8. Aisbett DL, Boyd CP, Francis KJ, Newnham K, Newnham K. Understanding barriers to mental health service utilization for adolescents in rural Australia. Rural Remote Health. 2007 Mar;7(1):624.

9. Papandrea K, Winefield H, Livingstone A. Oiling a neglected wheel: an investigation of adolescent internalising problems in rural South Australia. Rural Remote Health. 2010 Dec;10(4):1524.

10. Wilson RL, Usher K. Rural nurses: a convenient co-location strategy for the rural mental health care of young people. J Clin Nurs. 2015 Sep;24(17–18):2638–48.

11. Isaacs AN, Pyett P, Oakley-Browne MA, Gruis H, Waples-Crowe P. Barriers and facilitators to the utilization of adult mental health services by Australia's Indigenous people: seeking a way forward. Int J Ment Health Nurs. 2010 Apr;19(2):75–82.

12. Kassam A. Encounters with the north: psychiatric consultation with Inuit youth. J Can Acad Child Adolesc Psychiatry. 2006 Nov;15(4):174–8.

13. Blignault I, Haswell M, Pulver LJ. The value of partnerships: lessons from a multi-site evaluation of a national social and emotional wellbeing program for Indigenous youth. Australian and New Zealand Journal of Public Health. 2016;40(S1):S53–8.

14 Salamone-Violi GML, Chur-Hansen A, Winefield HR. In this day and age why is it still so hard to find the right type of help? Carers' perspectives regarding child and adolescent mental health services: a qualitative study. Advances in Mental Health; Maleny. 2017 Apr;15(1):58–70.

15. Gracey M, King M. Indigenous health part 1: determinants and disease patterns. Lancet. 2009 Jul 4;374(9683):65–75.

16. Dudgeon P, Walker R. Decolonising Australian Psychology: Discourses, Strategies, and Practice. Journal of Social and Political Psychology. 2015 Aug 21;3(1):276-297–297.

17. Peters PA. Shifting Transitions: Health Inequalities of Inuit Nunangat in Perspective. Journal of Rural and Community Development [Internet]. 2012 Mar 6 [cited 2019 Sep 28];7(1). Available from: https://journals.brandonu.ca/jrcd/article/view/551

18. Peters PA. Causes and contributions to differences in life expectancy for Inuit Nunangat and Canada, 1994-2003. Int J Circumpolar Health. 2010 Feb;69(1):38–49.

19. Auclair G, Sappa M. Mental Health in Inuit Youth from Nunavik: Clinical Considerations on a Transcultural, Interdisciplinary, Community-oriented Approach. J Can Acad Child Adolesc Psychiatry. 2012 May;21(2):124–6.

20. Pignatiello A, Teshima J, Boydell KM, Minden D, Volpe T, Braunberger PG. Child and Youth Telepsychiatry in Rural and Remote Primary Care. Child and Adolescent Psychiatric Clinics. 2011 Jan 1;20(1):13–28.

21. Doley A, Wigg C, Sibly C, Gale P, Barker C, Crawford P, et al. Doctor on campus: a general practice initiative for detection and early intervention of mental health problems in a rural Australian secondary school. Health Sociology Review: The Journal of the Health Section of the Australian Sociological Association. 2008 Jun;17(1):53.

22. Orlowski S, Lawn S, Matthews B, Venning A, Wyld K, Jones G, et al. The promise and the reality: a mental health workforce perspective on technology-enhanced youth mental health service delivery. BMC Health Serv Res. 2016 10;16(1):562.

23. Kilpatrick S, Cheers B, Gilles M, Taylor J. Boundary crossers, communities, and health: exploring the role of rural health professionals. Health Place. 2009 Mar;15(1):284–90.

24. Allison S, Roeger L, Abbot D. Overcoming barriers in referral from schools to mental health services. Australas Psychiatry. 2008 Feb;16(1):44–7.

25. Rickwood D, Nicholas A, Mazzer K, Telford N, Parker A, Tanti C, et al. Satisfaction with youth mental health services: further scale development and findings from headspace - Australia's National Youth Mental Health Foundation. Early Interv Psychiatry. 2017;11(4):296–305.

26. Hawe P, Bond L, Ghali LM, Perry R, Davison CM, Casey DM, et al. Replication of a whole school ethos-changing intervention: different context, similar effects, additional insights. BMC Public Health. 2015 Mar 19;15:265.

27. Umberson D, Montez JK. Social Relationships and Health: A Flashpoint for Health Policy. J Health Soc Behav. 2010;51(Suppl):S54–66.

28. Crosnoe R, Muller C, Frank K. Peer Context and the Consequences of Adolescent Drinking. Social Problems. 2004;51(2):288–304.

29. Roberts C, Kane R, Thomson H, Bishop B, Hart B. The prevention of depressive symptoms in rural school children: a randomized controlled trial. J Consult Clin Psychol. 2003 Jun;71(3):622–8.

30. Stokols D. Establishing and maintaining healthy environments. Toward a social ecology of health promotion. Am Psychol. 1992 Jan;47(1):6–22.

31. Golden SD, Earp JAL. Social ecological approaches to individuals and their contexts: twenty years of health education & behavior health promotion interventions. Health Educ Behav. 2012 Jun;39(3):364–72.

32. Callaghan G. Evaluation and Negotiated Order: Developing the Application of Complexity Theory. Evaluation. 2008 Oct 1;14(4):399–411.

33. Parr H, Philo C, Burns N. Social Geographies of Rural Mental Health: Experiencing Inclusions and Exclusions. Transactions of the Institute of British Geographers. 2004;29(4):401–19.

34. Boyd CP, Hayes L, Wilson RL, Bearsley-Smith C. Harnessing the social capital of rural communities for youth mental health: an asset-based community development framework. Aust J Rural Health. 2008 Jul;16(4):189–93.

35. Wilson RL, Wilson GG, Usher K. Rural Mental Health Ecology: A Framework for Engaging with Mental Health Social Capital in Rural Communities. Ecohealth. 2015 Sep;12(3):412–20.

36. Wong N, Zimmerman M, Parker E. A Typology of Youth Participation and Empowerment for Child and Adolescent Health Promotion. American journal of community psychology. 2010 Sep 1;46:100–14.

37. Jenkins EK, Bungay V, Patterson A, Saewyc EM, Johnson JL. Assessing the impacts and outcomes of youth driven mental health promotion: A mixed-methods assessment of the Social Networking Action for Resilience study. J Adolesc. 2018;67:1–11.

38. Cheek C, Bridgman H, Fleming T, Cummings E, Ellis L, Lucassen MF, et al. Views of Young People in Rural Australia on SPARX, a Fantasy World Developed for New Zealand Youth with Depression. JMIR Serious Games. 2014;2(1).

39. Dworkin JB, Larson R, Hansen D. Adolescents' Accounts of Growth Experiences in Youth Activities. Journal of Youth and Adolescence. 2003 Feb 1;32(1):17–26.

40. Edwards P, Mortel T van de, Stevens J. Addressing engagement, anger and aggression through the Rock Water Program: Rural adolescent males' perceptions. Australian Journal of Rural Health. 2017;25(4):241–5.

41 Lammers J, Galinsky AD, Gordijn EH, Otten S. Power Increases Social Distance. Social Psychological and Personality Science. 2012 May 1;3(3):282–90.

42. Moxham L, Dwyer T, Happell B, Reid-Searl K, Kahl J, Morris J, et al. Recognising our role: improved confidence of general nurses providing care to young people with a mental illness in a rural paediatric unit. J Clin Nurs. 2010 May;19(9–10):1434–42.

43. Volpe T, Boydell KM, Pignatiello A. Mental health services for Nunavut children and youth: evaluating a telepsychiatry pilot project. Rural Remote Health. 2014;14(2):2673.

44. Gelber H. The experience in Victoria with telepsychiatry for the child and adolescent mental health service. J Telemed Telecare. 2001;7 Suppl 2:32–4.

45. Orlowski S, Lawn S, Antezana G, Venning A, Winsall M, Bidargaddi N, et al. A Rural Youth Consumer Perspective of Technology to Enhance Face-to-Face Mental Health Services. Journal of Child and Family Studies. 2016;25(10):3066–75.

46. Barrera M, Damore-Petingola S, Fleming C, Mayer J. Support and intervention groups for adolescents with cancer in two Ontario communities. Cancer. 2006 Oct 1;107(S7):1680–5.

47. Cross H, Lauzon AC. Fostering Rural Youth Wellbeing through Afterschool Programs: The Case of Fusion Youth and Technology Centre, Ingersoll, Ontario. Journal of Rural and Community Development [Internet]. 2015 Apr 29 [cited 2019 Sep 30];10(1). Available from: https://journals.brandonu.ca/jrcd/article/view/998

48. Cinelli RL, Peralta LR. "Achievement, pride and inspiration": outcomes for volunteer role models in a community outreach program in remote Aboriginal communities. Rural Remote Health. 2015 Dec;15(4):3482.

49. McAllister M, Knight BA, Hasking P, Withyman C, Dawkins J. Building resilience in regional youth: Impacts of a universal mental health promotion programme. Int J Ment Health Nurs. 2018 Jun;27(3):1044–54.

50. Johnson R, Morales R, Leavitt D, Carry C, Kinnon D, Rideout D, et al. Pan-Arctic TV Series on Inuit wellness: a northern model of communication for social change? Int J Circumpolar Health. 2011 Jun;70(3):236–44.

51. Park E, Kwon M. Health-Related Internet Use by Children and Adolescents: Systematic Review. J Med Internet Res. 2018 03;20(4):e120.

52. Roberts N, Hu T, Axas N, Repetti L. Child and Adolescent Emergency and Urgent Mental Health Delivery Through Telepsychiatry: 12-Month Prospective Study. Telemedicine and e-Health. 2017 Oct;23(10):842–6.

53. Fraser C, Judd F, Jackson H, Murray G, Humphreys J, Hodgins GA. Does One Size Really Fit All ? Why the Mental Health of Rural Australians Requires Further Research. Australian Journal of Rural Health. 2002;288–95.

54. Kickbusch I. Approaches to an Ecological Base for Public Health. Health Promot Int. 1989;4(4):265–8.

55. Stokols D. Establishing and Maintaining Healthy Environments: Toward a Social Ecology of Health Promotion. American Psychologist. 1992;47(1):6–22.

56. Golden SD, Earp JAL. Social Ecological Approaches to Individuals and Their Contexts: Twenty Years of Health Education & Behavior Health Promotion Interventions. Health Educ Behav. 2012;39(3):364-72.

57. Alegría M, Wong Y, Mulvaney-day N, Nillni A, Proctor E, Nickel M, et al. Community-Based Partnered Research: New Directions in Mental Health Services Research. Ethn Dis. 2013;21:1–18.

58. Boyd CP, Hayes L, Wilson RL, Bearsley-Smith C. Review Article Harnessing the Social Capital of Rural Communities for Youth Mental Health: An Asset-Based Community Development Framework. 2008;16(4):189–93.

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