Mental health and rural Scotland: Discussion at the Cross Party Group on Rural Policy

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Introduction

Common understandings of mental ill health in rural Scotland are based largely on anecdotal evidence rather than systematic data. This theme has therefore been prioritised as one which needs to be explored from multiple sources to try and grasp not only the ‘state’ of mental health services, but of what is currently being done to aid those experiencing mental ill health in rural Scotland.

The third meeting of the Cross Party Group in the Scottish Parliament on Rural Policy in 2016-2017 was held on 7 March 2017, and therefore focused on ‘Tackling mental health issues in rural Scotland’. The four invited speakers² discussed various problems and challenges to addressing mental ill-health in rural areas, and outlined existing and new approaches to providing support to those experiencing mental ill health. These presentations were followed by extensive discussion. This briefing highlights the main issues raised during the presentations and subsequent discourse, and also contains some key messages for policy and research.

Mental health in rural Scotland: Key issues

- There was a widespread recognition that addressing mental ill health in rural areas requires a fundamentally different approach than in urban areas. Geographical isolation, insufficient transport infrastructure, broadband inaccessibility, and other factors have sizable implications for delivering mental health services in rural Scotland, which requires interventions that are tailored accordingly.

- People from various organisations emphasised the importance of destigmatising mental health issues, especially around accessing treatment. This is important in rural areas where people not only do not fully understand the issues, but they are often unaware of the services are available to them.

- Further, the fact that many rural communities are tight-knit is problematic because while familiarity may foster some support, it also may put people off taking the first step.

- The National Rural Mental Health Forum has proven to be an effective conduit between rural and mental health organisations/charities, those suffering from mental ill-health, and policymakers. However, the focus must remain on rural areas and issues so that rural voices do not get lost.

- Isolation was repeatedly cited as being more real than ever before. Thus, further engagement with ‘hidden populations’ in rural Scotland is vital.

- Despite this, there is extensive work going on around how to reach young people. For example, the Scottish Youth Parliament launched their ‘Speak Your Mind’ campaign, which garnered over 1,000 responses from across Scotland. Other organisations such as Youth Borders, Youth Scotland, and YouthLink Scotland are also supporting related programmes. The Scottish Association of Young Farmers Clubs (SAYFC) also highlighted their work through their “Are Ewe OK?” campaign.

¹ This briefing has been compiled by Joshua Bird, Policy Engagement Officer, Rural Policy Centre, SRUC, based on the views expressed at the meeting. The Rural Policy Centre provides the Secretariat for this Group.
² Prof Sarah Skerratt (SRUC), Jim Hume (National Rural Mental Health Forum), Sarah Allison (Scottish Association of Young Farmers Clubs) and Dr Tom McEvoy (Scottish Rural Churches Group). All of the presentations, the agenda and the minutes from the meeting (including attendees) are available on the CPG 2016-2017 section of the Rural Policy Centre website.
Mental health resources are already stretched thin in rural areas, which means treatment tends to focus on acute mental health care. However, the unsustainability of this approach means that more innovative and creative methods will be required in future. Findings from the recent SRUC/SIMS survey further highlighted how those experiencing mental ill health require non-clinical, low-level, pre-crisis interventions within their locality, as part of their overall wellbeing.

It is often the case that research in rural areas produces smaller-scale datasets than research in urban areas, but that does not diminish the authenticity of responses gathered. Thus, there is a pressing need to recognise rural more generally in terms of mental health issues.

Key messages for policy
- Physically accessing support is not always possible for people in rural areas due to geographical distance, but online support services such as video conferencing have been used as a way for people to get help. This is especially important because inadequate broadband provision amplifies the negative effects of isolation.
- To ensure that key rural voices remain central to these efforts, specialists, advocates, and policymakers must make effective use of extant networks, linking mental ill-health with related issues (i.e. premature death), and bringing efforts closer together through low-level and informal ways of working.
- There is lots of scope for more organisational partnership, especially targeted at young people. Given the extensive work that is already being done in these areas, discussions going forward must emphasise how new efforts can feed into, and add value to, the information that is already available.
- Resource shortages in rural areas mean that the emphasis must be shifted from a focus only on crisis to one which includes preventative care. De-stigmatisation is an important component of this because by acknowledging that mental well-being lies on a ‘spectrum’ rather than being a simple binary opposition, service providers will recognise that some people’s needs may require less care than others and respond accordingly. This different approach may also indirectly ameliorate other issues as well (for example, not having to take a whole day off work to seek treatment).
- Another effort that would enhance mental health care is reallocating responsibilities. Better integrating third and voluntary organisations and other non-governmental bodies in overall provision would go a long way in taking pressure off the NHS. This would also open up new opportunities for collaboration and joint-working because such organisations often have their own networks and personnel that can be used to address these issues.

Key messages for research
- The emphasis on building upon already-existing networks and communications is a positive and necessary step, but there needs to be a constituted effort to reach people in rural Scotland that have not yet engaged with this work (e.g. young and transgender people). More research on where these ‘hidden populations’ are is necessary to ensuring they understand why it’s important to seek treatment, and the options available. This will empower people to start proactively seeking the resources they need.
- Representative and membership bodies (e.g. NFUS, SAYFC) could be an effective way of tapping into marginalised groups in rural Scotland. However the importance and value of non-clinical ways of connecting cannot be overlooked. Sometimes it can be a matter of rhetoric (i.e. ‘mental health’ v. ‘are you ok?’), and this will not only help facilitate de-stigmatisation but also reveal key insights into how to appropriately approach potentially at-risk people.
- Smaller sample sizes for research conducted on rural Scotland does not lessen the legitimacy of the perspectives gained, but it does mean that evidence needs to be presented in compelling ways to ensure that it is not dismissed or disregarded.

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