Mental Health
Commission
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Commission de
la santé mentale
du Canada

Rural and Remote Mental Health in Canada

Evidence Brief on Best and Promising Practices

Mental Health Commission of Canada
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Acknowledgments

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Background

Rural and remote communities in Canada face unique challenges in providing access to quality mental health services. People in these communities must often travel great distances to get the help they need. Where services *do* exist, they are frequently stretched thin, with long wait lists, high turnover rates, and poor communications infrastructures (despite the increased dependence on telepsychiatry, tele-counselling, and other internet-based services). Smaller communities also experience higher levels of mental health stigma, which can make it harder to maintain people's privacy.

While definitions vary, *rurality* is often defined by

- a community's distance to a larger urban centre
- population (e.g., less than 1,000)
- population density (e.g., less than 400 per square km).[1]

The many rural communities deemed *remote* are marked by the need for third parties to reach larger centres and limited year-round road access.[2]

Social Determinants of Health

When considering the mental health of people living in Canada's rural and remote areas, it is crucial that social determinants of health are taken into account. Food security, housing, transportation, and access to clean water remain important issues in numerous remote communities.[3-5] Many have air access only or unreliable infrastructure such as ice roads, seasonal ferries, and roads that are impassable in winter and spring. Residents must often travel great distances for employment, education, and health services. Rural communities generally provide fewer economic opportunities than urban centres, which increases the likelihood of lower incomes and higher levels of unemployment or underemployment and, in turn, higher levels of distress.

Of central importance is that many First Nations, Métis, and Inuit live in Canada's rural and remote areas.[6,7] In Indigenous communities, the resources that *are* available are often limited in scope and stretched thin. Canada's colonialist history has also created unique needs for mental health services and service delivery for these populations. The complex intergenerational trauma arising from residential schools, oppressive policies, and discrimination are seen in higher rates of suicide and substance use.[8,9]

What's Working in Canada?

To implement programs and strategies that will meet the geographic, demographic, and cultural needs of specific communities (as *they* defined them), it is important to recognize that no two communities are the same.[10,11] What works in one will not necessarily work (or be welcomed) in another – even in the same province or territory. To be effective, there's simply no "one-size-fits-all" approach to delivering mental health services in rural and remote communities.

For that reason, best and promising practices start with a "place-based approach." Such an approach considers a community's capacity, socio-economic and cultural landscape, and underlying inequities[12] through the participation of local stakeholders who identify location-specific issues and community-based solutions. It not only acknowledges and respects the idea that community assets, governance structures, and identities are formed and reinforced in specific places, it is particularly well-suited to health services and has shown great success in improving health in Canada's rural communities.[13,14]

Other best and promising practices include the following:

- **Using technology:** Phones and the internet play a significant role in delivering services to clients and facilitating professional development for service providers.[15-17] Demonstrated benefits include less travel time, lower costs, fewer missed appointments, improved service availability, increased convenience, and higher perceived confidentiality or privacy.[18,19]

- **Supporting primary care providers:** Many communities without specialized mental health services rely heavily on such providers, both for case-specific consultations and ongoing education, and benefit from timely access to guidance from mental health specialists.[20-22]

- **Improving care coordination:** Effective programs rely on strong collaboration between health-care providers and community-based resources to improve access and simplify a client's experience, particularly through the transitions of care. The coordination of care may also include co-location, where a number of services are available under one roof.[23]

- **Offering travelling services:** Several regions offer travelling care services (e.g., school-based or mobile clinics) to specific communities, so clients can access help closer to home.[24]

- **Providing rural practice and training incentives:** These may include incentives for medical practice and the development of medical, health-care, and social work professional schools.

- **Delivering culturally safe services:** An important determinant of health for rural and remote Indigenous communities is having access to services that are respectful of cultural worldviews and practices.[25] For developing programs, collaboration that promotes connections with culture, having ties to the land as an integral component, has been the most successful. Existing programs that include traditional knowledge and are owned and administered by Indigenous communities have been shown to reduce negative impacts from trauma.

The unique needs and characteristics of each rural and remote community must be taken into account in policy and service delivery to ensure access to quality mental health services for all. While more research is required to better understand these needs, it is essential to understand the experiences of quality care as *clients and their families* define it. The continued evaluation of current and future innovations will help to ensure their effectiveness across a range of contexts.

For More Information

E-mental health: The Mental Health Commission of Canada (MHCC) supports the use of technology to increase access to quality mental health services for rural and remote communities. E-mental health resources, such as telehealth and online peer support, are an effective option to traditional face-to-face services and can easily complement them. Learn more about the ways technology can transform the delivery of mental health services in our E-Mental Health in Canada report.

Stepped Care 2.0 E-Mental Health Demonstration Project: The MHCC, together with the Newfoundland and Labrador government and Memorial University, implemented Stepped Care 2.0 across 17 rural and urban sites in the province. Incorporating e-mental health services that can step care up or down based on preferences, the project contributed to a 68 per cent reduction in wait times for mental health and addiction counselling. Read more about the project in our Stepped Care 2.0 final report.

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