

Mental health within the nursing and allied health workforce in rural and remote areas

Position paper
August 2018

the future of rural health

About us

National Rural Health Student Network

The National Rural Health Student Network (NRHSN) represents the future of rural health in Australia. It has more than 9,000 members who belong to 28 university Rural Health Clubs from all states and territories.

The NRHSN is Australia's only multi-disciplinary student health network, bringing together people studying medicine, nursing and allied health, encouraging them to pursue rural health careers.

The NRHSN aims to:

- ▶ provide a voice for students who are interested in improving health outcomes for rural and remote Australians; and
- ▶ promote rural health careers to students and encourage students who are interested in practising in rural health care.

The NRHSN and its Rural Health Clubs offer rural experience weekends, career information sessions and professional development activities as well as providing a social base for students at university and when on rural placement.

The student network leaders also advocate on behalf of health students of all disciplines - including opportunities for more rural placements and training support.

Rural Workforce Agencies

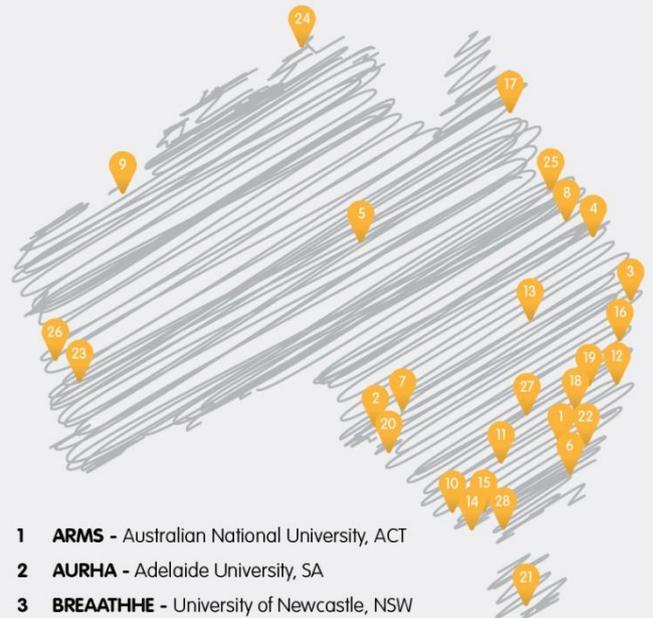
The NRHSN is an initiative of the Australian Government Department of Health, administered by the Consortium of Rural Workforce Agencies (RWAs). The NSW Rural Doctors Network is the RWA managing the NRHSN on behalf of the Consortium.

Each Australian State and the Northern Territory is served by a government-designated RWA that works to improve access to high-quality healthcare for people in remote, regional and rural Australia. RWAs do this through a range of programs, services and initiatives that attract, recruit, retain and support GPs, nurses and allied health professionals in rural and remote communities.

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Rural Health Clubs



- 1 **ARMS** - Australian National University, ACT
- 2 **AURHA** - Adelaide University, SA
- 3 **BREAATHE** - University of Newcastle, NSW
- 4 **BUSHFIRE** - Bond University, QLD
- 5 **CARAH** - Charles Darwin University, NT in assoc with Flinders University, SA
- 6 **CRANC** - University of Canberra, ACT
- 7 **FURHS** - Flinders University, SA
- 8 **HOPE4HEALTH** - Griffith University, QLD
- 9 **KRASH** - Notre Dame University, Broome, WA
- 10 **LARHC** - La Trobe University, Bendigo, VIC
- 11 **MARHS** - Charles Sturt University, Albury, NSW including La Trobe University Wodonga campus
- 12 **MIRAGE** - University of Sydney, NSW
- 13 **NERCHA** - University of New England, NSW
- 14 **NOMAD** - Deakin University, VIC
- 15 **OUTLOOK** - University of Melbourne, VIC
- 16 **RAHMS** - University of New South Wales, NSW
- 17 **RHINO** - James Cook University, QLD
- 18 **RHUUWS** - University of Western Sydney, NSW
- 19 **ROUNDS** - Notre Dame University, Sydney campus, NSW
- 20 **ROUSTAH** - University of South Australia, SA
- 21 **RUSTICA** - University of Tasmania, TAS
- 22 **SHARP** - University of Wollongong, NSW
- 23 **SPINRPHX** - Combined Universities of Western Australia, WA
- 24 **STARRH** - Charles Darwin University, NT including Flinders University, SA
- 25 **TROHIQ** - University of Queensland, QLD
- 26 **WAALHIIBE** - Combined Universities of Western Australia, WA
- 27 **WARRIAHS** - Charles Sturt University, Wagga Wagga, NSW
- 28 **WILDFIRE** - Monash University, VIC

Introduction

The mental health and wellbeing of health professionals working within rural and remote areas of Australia is a topic of focus for the National Rural Health Student Network. This paper investigates the characteristics of mental ill health within rural and remote areas, the impact of stigma and subsequently the retention rates of nursing and allied health staff within these areas. The NRHSN has put forth recommendations that represent areas for improvement to support those in rural and remote health. Ensuring that health professionals in these areas are able to support themselves and their colleagues in maintaining their mental health will enable them to manage symptoms of mental ill health that may affect their patient care.

For the purpose of this paper, mental health, mental illness and mental ill health are defined as follows:

Mental health - The World Health Organisation defines mental health as a “state of wellbeing in which every individual realises his or her own potential, can cope with the normal stressors of life, can work productively and fruitfully, and is able to make a contribution to her or his community”¹

Mental illness - The Australian National Mental Health Plan 2003-2008 defines a mental illness as a clinically diagnosable disorder that does significantly interfere with an individual’s cognitive, emotional or social abilities²

Mental ill health - an umbrella term that includes both mental health and mental illness³

Background

Mental Ill health within rural and remote areas

Individuals living in rural and remote areas face a range of stressors unique and different to those living in metropolitan areas. These stressors include: a higher prevalence of chronic disease, lower employment opportunities, exposure and vulnerability to natural disasters and social isolation⁴. The prevalence of mental illness is similar across Australia, however, rates of self-harm and suicide are much higher in rural areas. This suggests the potential for under reporting in rural and remote Australia or inadequate support services for those suffering from a mental illness⁴.

Multiple studies across the world have shown that healthcare professionals are a high-risk demographic for mental ill health and suicide^{5, 6}. An Australian study found that the suicide rates among women employed as nurses or medical practitioners was statistically higher than women in any other occupation⁷. This same study found that male nurses and midwives were at higher risk of suicide than any other health profession⁷.

¹ WHO | Mental health: a state of well-being [Internet]. Who.int. 2014 [cited 27 July 2018]. Available from: www.who.int/features/factfiles/mental_health/en

² Fourth National Mental Health Plan. Barton: Commonwealth of Australia 2009; 2009 p. ii

³ Understanding mental ill-health | Everymind [Internet]. Everymind. 2018 [cited 1 August 2018]. Available from: <https://everymind.org.au/mental-health/understanding-mental-health/what-is-mental-illness>

⁴ National Rural Health Alliance Inc. Mental Health in Rural and Remote Australia [Internet]. 2017. Available from: <http://ruralhealth.org.au/sites/default/files/publications/nrha-mental-health-factsheet-dec-2017.pdf>

⁵ McIntosh W, Spies E, Stone D, Lokey C, Trudeau A, Bartholow B. Suicide Rates by Occupational Group — 17 States, 2012. MMWR Morbidity and Mortality Weekly Report. 2016;65(25):641-645

⁶ Skegg K, Firth H, Gray A, Cox B. Suicide by Occupation: Does Access to Means Increase the Risk? Australian & New Zealand Journal of Psychiatry. 2010;44(5):429-434

⁷ Milner A, Maheen H, Bismark M, Spittal M. Suicide by health professionals: a retrospective mortality study in Australia, 2001–2012. The Medical Journal of Australia. 2016;205(6):260-265

Working as a health professional in rural and remote areas has added workplace pressure that metropolitan counterparts may not experience. These can include access to fewer or limited resources, significant staff shortages, heavy workloads, professional isolation and limited support from peers and supervisors⁸. Studies continue to find that rural health professionals are less likely to take annual or sick leave, breaks while on shift and are less likely to access mental health services^{9, 10}. Consequently, the nursing and allied health workforce is more susceptible to a greater physical and emotional demand which increases the risk of burnout and increase an individual's risk of mental ill health^{10, 11}

The environment, distance, professional isolation and interconnectivity between work and private life in rural and remote areas can also impact on the mental health of the workforce. Staff members may need to travel long distances from their place of employment or to and from patients' homes in areas with limited mobile reception. Travelling large distances increases potential for fatigue, as well as potential safety issues.¹⁰ Furthermore, exposure to floods and droughts, has not only economic impact, but a dramatic impact on health and wellbeing for both patients and staff alike¹².

Professional isolation for health professionals in rural and remote communities can be geographical, social or ideological^{13, 14}. Chronic staff shortages and limited resources often leave health professionals with limited contact to other professionals and support networks. Limited support and contact with other professionals has the potential to lead to low self-confidence, especially for those new to the workforce or who are struggling with their own mental health^{10, 14}.

Stigma of mental health

Stigmatisation related to mental illness continues to create significant barriers to access and quality of care in not only the healthcare system, but also among healthcare professionals^{15, 16}. Attitudes towards individuals with mental illness are often those of fear, blame and attribution of illness to behavioural causes¹⁶. Each of these things impact the help seeking behaviours of health providers and often result in combination of bullying and refusal to recognise the individuals stories¹⁶.

⁸ Opie T, Dollard M, Lenthall S, Wakerman J, Dunn S, Knight S et al. Levels of occupational stress in the remote area nursing workforce. *Australian Journal of Rural Health*. 2010;18(6):235-241

⁹ Perkins D, Larsen K, Lyle D, Burns P. Securing and retaining a mental health workforce in Far Western New South Wales. *Australian Journal of Rural Health*. 2007;15(2):94-98

¹⁰ Terry D, Lê Q, Nguyen U, Hoang H. Workplace health and safety issues among community nurses: a study regarding the impact on providing care to rural consumers. *BMJ Open*. 2015;5(8): e008306

¹¹ Franche R, Murray E, Ostry A, Ratner P, Wagner S, Harder H. Work disability prevention in rural areas: a focus on healthcare workers. *Rural and Remote Health* [Internet]. 2010 [cited 1 August 2018];10(4). Available from: <https://pdfs.semanticscholar.org/022b/84df37314004ecb086190128015c5f6bde5e.pdf>

¹² T Ragusa A, Crowther A. 'I think it is the best job ... I love it!' Engendering workplace satisfaction in rural and remote Australian mental health nursing. *Rural Society*. 2012;22(1):45-58

¹³ Williams M. Rural Professional Isolation: An Integrative Review. *Online Journal of Rural Nursing and Health Care* [Internet]. 2018 [cited 1 August 2018];12(2):102. Available from: <http://rnojournl.binghamton.edu/index.php/RNO/article/view/51>

¹⁴ Devine S. Perceptions of occupational therapists practising in rural Australia: A graduate perspective. *Australian Occupational Therapy Journal*. 2006;53(3):205-210

¹⁵ Knaak S, Mantler E, Szeto A. Mental illness-related stigma in healthcare. *Healthcare Management Forum*. 2017;30(2):111-116.

¹⁶ ROSS C, GOLDNER E. Stigma, negative attitudes and discrimination towards mental illness within the nursing profession: a review of the literature. *Journal of Psychiatric and Mental Health Nursing*. 2009;16(6):558-567.

Stigmatisation occurs on multiple levels - intrapersonal, interpersonal and structural levels - which adds to the complexity¹⁵. Healthcare providers suffering from mental illness are often perceived to be unpredictable, less competent and dangerous as health professionals, which has a detrimental effect upon the mental health of the individual^{15, 17}. The way healthcare professionals interact with one another can influence a colleague's decision to seek treatment for their mental ill health. Negative attitudes and behaviours surrounding mental ill health has the potential to manifest in a multitude of ways including dehumanisation, feeling excluded from decisions, being spoken with or about when using stigmatising language and subjection to discrimination^{15, 18}. A lack of awareness around stigmatising behaviours within a workplace can perpetuate the problem, making early identification and awareness necessary to resolve stigma^{15, 18}.

Improving the identification and management of stigmatising attitudes surrounding mental health could lead to a higher rate of health professionals accessing treatment and pursuing early identification of their condition, therefore improving healthcare professional wellbeing and the outcomes of their patients by extension¹⁵.

Retention rates and burnout

Accessing healthcare in rural Australia is impacted by large distances to the nearest health facility, cost of travel and the limited number of health professionals that work in rural areas. As such it can be a challenge to recruit and retain health professionals in rural and remote locations with incentives being put in place to acquire the needed workforce. In both recruitment and retention, organisations have limited capacity to provide material incentives to outweigh the disincentives¹⁹. Not every organisation can provide scholarships, funding and other monetary incentives to increase both recruitment and retention of health staff in rural areas.

Common issues in respect to recruiting, retaining and developing a trained workforce in rural areas, continue to be linked to the same reasons stated for workplace stressors¹⁹. These issues in conjunction to the financial barriers to recruit and retain nursing and allied health staff, have demonstrated to also have implications to staff burn out rates, with males experiencing higher rates²⁰. When evaluating the Australian rural community mental health workforce, similarities were found with previous studies that show that workplace stressors contribute to mental ill health and burnout rates within health professions²¹.

As such, challenges faced by new graduates include limited clinical support and increased responsibility of clients, which may be a deterrent to postgraduate recruitment. The responsibility of independent work, without support, creates a difficult environment for health professionals to manage their own mental health and burnout and therefore may affect the retention rates of rural health practitioners.

Positions

1. The NRHSN recognises and acknowledges the importance of mental health and wellbeing for all health professionals and patients, especially those working in rural and remote areas.

¹⁷ Peterson A. Experiencing stigma as a nurse with mental illness. *Journal of Psychiatric and Mental Health Nursing*. 2017;24(5):314-321.

¹⁸ Dianne Kidd J, Finlayson M. Mental illness in the nursing workplace: A collective autoethnography. *Contemporary Nurse*. 2010;36(1-2):21-33.

¹⁹ Moore T, Sutton K, Maybery D. Rural mental health workforce difficulties: a management perspective. *The International Electronic Journal of Rural and Remote Health Research, Education, Practice and Policy [Internet]*. 2010 [cited 1 August 2018];10(1519). Available from: <http://www.rrh.org.au>

²⁰ Singh C, Cross W, Jackson D. Staff Burnout –a Comparative Study of Metropolitan and Rural Mental Health Nurses within Australia. *Issues in Mental Health Nursing*. 2015;36(7):528-537.

²¹ Cosgrave C, Hussain R, Maple M. Retention challenge facing Australia's rural community mental health services: Service managers' perspectives. *Australian Journal of Rural Health*. 2015;23(5):272-276.

2. The NRHSN believes that in order to be effective and deliver appropriate care to patients in these areas, health practitioners need to acknowledge the importance of their own mental health.
3. The NRHSN acknowledges that the high demand that is put on rural health practitioners, especially nursing and allied health, has an effect on retention rates of professionals in these areas.

Recommendations

Recommendation 1

More mental health support services and better promotion of current services for rural and remote health professionals

Recommendation 2

More support services that are culturally appropriate for our Aboriginal and Torres Strait Islander health professionals

Recommendation 3

Targeted prevention of suicide and mental ill health for all health professionals

Recommendation 4

Increased discussion around self-care at university and teaching of coping/resilience strategies

Recommendation 5

Continued work to improving the systems in place for assessing, supporting and upskilling health professionals in mental health that are practicing in rural and remote areas

Recommendation 6

An increase in the awareness of stigma surrounding mental health within the allied health and nursing fields

Recommendation 7

More opportunities for clinical and emotional support for health workers in rural and remote areas in relation to staff mental health

Recommendation 8

More research into mental ill health within the nursing and allied health workforces, with a focus on rurally based clinical research