Rural and Northern Psychology In Canada

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Abstract

Rural and northern psychology focuses on individuals who live in rural and northern communities and on psychological service delivery in those communities. This presentation provides an overview of research, practice, and training in rural and northern psychology in Canada. Specific topics include contextual features of rural and northern communities; characteristics of rural and northern Canadians focusing on their physical and mental health, substance use, and related behaviours; and their access to and utilization of psychological services. Strategies for improving access to psychological care include interdisciplinary primary health care, technological solutions, and knowledge translation. Comments about training psychologists for rural and northern practice close the presentation.
Outline

• Contextual features of rural and northern communities
• Characteristics of rural and northern Canadians
  – physical and mental health
  – substance use
  – related behaviours
  – access to and use of psychological services
• Strategies for improving access to psychological care
  – interdisciplinary primary health care
  – technological solutions
  – knowledge translation
• Training psychologists for rural and northern practice
What is rural and northern psychology?

- The psychology of people living in rural and northern communities.
- Psychological services in rural and northern communities.
Definitions: Rural

• Subjective: “rural kids take the bus to school” (Armstrong & Manion, 2008)

• Technical: population per km$^2$ and degree of metropolitan influence (du Plessis et al, 2001)

• Preferred: municipalities and small towns located outside commuting distance of urban centres with populations of more than 10,000 (du Plessis et al, 2001)
Definitions


- **Isolated**: regular air access and telephone service but no year round road access

Contextual Features

• Approximately 20% of Canadians live in rural and northern Canada.
• Proportion of population that is rural:
  – Highest in Atlantic provinces, NT, and Nunavut (42 to 47%)
  – Lowest in BC, AB, ON (below 20%)
    (Statistics Canada, 2006b)
Contextual Features

• Like the rest of Canada, the population of rural and northern Canada is diverse in terms of:
  – Geography and weather
  – Age of population
  – Birth rates
  – Type of work available
  – Rates of in- and out-migration
  – Cultures and languages
Personality and values

- Stereotypes of rural people as stoic independent types with conservative values do not hold up to scrutiny.

- However, some rural people describe themselves that way (Hornosty & Doherty, 2002; Leipert & George, 2008; Riddell, Ford-Gilboe, & Leipert, 2009).

- It is probably more useful to think of how culture and setting influence people’s personalities and values.
Characteristics of Rural and Northern Canadians

Social support and stress

• Rural dwellers more likely to know and trust neighbours and to get involved in community, but not more likely to help or be helped by neighbours (Turcotte, 2005).

• Rural dwellers (22.8%) less likely than urban dwellers (26.1%) to report “quite” or “extremely” stressful life (CIHI, 2006)
  – Changes in rural life have been linked to increased stress (e.g., increased use of farming technology means more farm women need to seek paid employment off the farm; Leipert & George, 2008)
Characteristics of Rural and Northern Canadians

Health characteristics

• Southern Canadians enjoy, on average, longer and healthier lives than do northern Canadians (Romanow, 2002; Veugelers, Yip, & Mo, 2001).

• Rural and northern Canadians experience higher death rates due to circulatory diseases, injuries, and suicide (CIHI, 2006).

• More arthritis and rheumatism; less cancer (CIHI, 2006).
Characteristics of Rural and Northern Canadians

Health characteristics

• Rural-urban differences in health behaviours (CIHI, 2006)
  • R > U for smoking, overweight, obesity
  • R < U for healthy eating, physical exercise

• More rural people die in motor vehicle accidents (CIHI, 2006); Rural youth are more likely to accept ride with drunk driver (Poulin, Boudreau, & Asbridge, 2006)

• Have to consider influence of context (e.g., availability of fresh food during winter; road distances travelled)
Characteristics of Rural and Northern Canadians

Health characteristics

• Little or no overall R/U differences in common mental illnesses or substance abuse (Gravel & Beland, 2005; Health Canada, 2010; Statistics Canada, 2002; Zhao, Martin, MacDonald, & Stockwell, n.d)

• Subgroups of rural/northern Canadian have higher or lower rates
  • E.g., rural seniors in Quebec more likely to be depressed than urban seniors; (Mechakra-Tahiri, Zunzunegui, Préville, & Dubé, 2009)
Characteristics of Rural and Northern Canadians

Health characteristics

- Rates of death and injury due to suicide and interpersonal violence are higher in northern Canada
  - In 1998, suicide rate was 56 per 100,000 in NT compared to 14 per 100,000 in Canada as a whole (Langlois & Morrison, 2002)
  - In 2006, the 5-year prevalence of interpersonal violence in northern territories was 12% compared to 7% in rest of Canada (Statistics Canada, 2006a)
Characteristics of Rural and Northern Canadians

Why do we see these differences in suicide and violence?

• Greater access to firearms in rural/northern communities (Royal Canadian Mounted Police, 1999).

• Cultural loss and dislocation due to colonization of the indigenous peoples (Chansonneauve, 2005; MacNeil, 2008).

• Less access to appropriate mental health services?
Characteristics of Rural and Northern Canadians

Access to mental health services

- Fewer mental health professionals practice in rural and northern areas (Bezanza, 1999).
- In 1994-95, 3% of urban but only 1% of rural residents consulted a psychologist (Hunsley, Lee, & Aubry, 1999).
- In Atlantic Canada, rural residents were less likely than urban residents to receive primary or specialty care for depression (Starkes, Poulin, & Kisely, 2005).
Characteristics of Rural and Northern Canadians

Access to mental health services

• When need for services (i.e., a mood or anxiety disorder) and other factors known to influence use of services are considered, rural residence (in non-remote regions) does not significantly limit access to mental health services (Hardy, Kelly, & Voaklander, 2011).

• Access to services is more limited in northern, isolated and remote communities (Romanow, 2002).
Interdisciplinary Primary Health Care (IPHC)

• Definition: primary health care provided by a team of health professionals

“working together in a partnership that is characterized by common goals or purpose, a recognition of and respect for respective strengths and differences, equitable and effective decision-making, clear and regular communication in order to improve access to a comprehensive range of services…”

(Canadian Collaborative Mental Health Initiative; 2006)
Benefits of IPHC

Relative to primary care provided by a physician alone, IPHC shows:

• Increased access close to home;
• Decreased patient anxiety about meeting the psychologist;
• Greater ease of consultation;
• Improved care and outcomes for mental health and chronic conditions;
• Cost savings (Chomienne, Grenier, Gaboury, Hogg, Ritchie, et al. 2011; Hunsley, 2002)
Technological Solutions

- Telehealth is the use of internet or telephone equipment to support delivery of services over a distance.
- Two types: specialized individual care and self-directed programs.
- These overcome many barriers facing people who need care, such as the need to travel, arrange child care for days away, and being away from work. (Brannen, Dyck, Hardy, & Mushquash, 2011).
Examples of Canadian telehealth research

- Hicks, von Baeyer and McGrath (2010) found clinically significant effects when pediatric clients with recurrent pain were provided online treatment, compared to waitlist control group.
- McEachern, Kirk, Morgan, Crossley and Henry (2008) found MMSE mental status exams yielded equivalent results when conducted by telehealth compared to inpatient administration.
- Lingley-Pottie and McGrath (2008) assessed therapeutic alliance when manualized CBT was delivered by paraprofessionals to children and youth via telephone. Therapeutic alliance was rated as strong by children and youth and their parents even though they never met their therapist face-to-face.
Knowledge Translation

- Knowledge translation (KT) is the exchange of knowledge between researchers and practitioners.
- KT can be used to support rural practitioners who might find it difficult to access the newest research.
- Benefits: uptake of new knowledge and practices; evidence-based practice.
- Barriers: organizations and practitioners change processes can be slow, need intensive training to change practice.
Knowledge Translation

Examples of Canadian KT in Psychology

• Dr. Olga Heath at Memorial University in NL provides training and practice support to rural primary health care providers regarding eating disorders.

• The Northern Attachment Network in Prince George provides peer support and training to frontline providers working with young children and families.
Training in Rural and Northern Psychology

• There is little similar research within psychology, but from medicine we know that specific training in rural practice increases the likelihood of rural practice after graduation (Chan et al, 2005; Curran & Rourke, 2004; Strasser & Neusy, 2010)

• In Canada, most psychology programs with an emphasis on rural and northern psychology focus on applied or clinical psychology (not research).
Training in Rural and Northern Psychology

Graduate degree programs

- Lakehead University, Thunder Bay
- Memorial University, St. Johns

Courses of interest:

- Community and Rural Psychology
- Research Methods and Program Evaluation
- Evaluation in Health & Social Service Context
- Community Intervention
- Consultation Processes
- Practica in Community Intervention and Interprofessional Practice
Training in Rural and Northern Psychology

Practica and internship programs
• University of Saskatchewan, Rural and Remote Memory Clinic
• University of Manitoba, Rural and Northern Psychology Programme

Examples of training opportunities
• Telehealth-facilitated interprofessional assessments of seniors with cognitive impairment living in rural and remote areas
• Pre- and post-doctoral residency placements in rural and northern Manitoba with emphasis on generalist practice
Psychology at UNBC

• MSc and PhD in Psychology
  – “Health and human psychology”
  – Emphasis on research skills training
• Applied and experiential learning aspects of our curriculum are under review and development.
  – What skill sets are needed in the community?
  – At what level - BSc, MSc, PhD?
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• Please contact me if you have questions or wish to engage in further discussion about training in psychology in northern BC. hardy@unbc.ca