LETTER TO THE EDITOR

Treating mental health in remote communities: what do remote health practitioners need?

KM Bulbrook[1], TA Carey[2,3], S Lenthall[2], L Byers[3], KP Behan[4]

[1]School of Psychology and Sociology, Central Queensland University, Brisbane, Queensland, Australia

[2]Centre for Remote Health, a joint Centre of Flinders University and Charles Darwin University; Alice Springs, Northern Territory, Australia

[3]Central Australian Mental Health Service, NT Department of Health and Families; Alice Springs, Northern Territory, Australia

[4]Queensland Department of Health, Rockhampton Base Hospital, Rockhampton, Queensland, Australia

Dear Editor

The mental health of residents living in rural and remote regions of Australia is poorer than their urban counterparts[1]. Because of shortages of mental health professionals in remote Australia, the majority of mental health care is provided by generalist healthcare professionals such as remote area nurses (RANs) and remote medical practitioners (RMPs). Few studies have investigated the impact of dealing with mental health clients on the retention of RMPs and RANs. One study, however, found that mental health nurses working in rural areas were more likely to have workplace distress and strain and a greater intention to leave their job, compared with their urban contemporaries[2].

This letter considers the educational and support needs of RANs and RMPs in the central Australia region of the Northern Territory (NT). Specifically, what do RANs and RMPs nominate as their educational and professional support priorities with regard to working effectively with people with mental health problems? Questionnaires asking about the educational and support needs of remote health practitioners with regard to mental health were mailed to all 32 remote health clinics in central Australia. Of the 66 remote health

practitioners in these clinics, 26 returned completed questionnaires (response rate 39%).

Results

The educational resources endorsed by over 80% of participants as being moderately to extremely helpful were:

- how to deal with aggressive and/or psychotic clients (92%)
- information about suicide assessments (92%)
- information about child and adolescent mental health issues and concerns (89%)
- information about suicide management plans (85%)
- information about psychotropic drugs, such as interactions and adverse effects (85%)
- information about how to address grief and bereavement (81%).

The support resources that over 80% of participants indicated they would find moderately to extremely helpful were:

- face-to-face education (92%)
- workshops (92%)
- more visits from the remote mental health team (81%).

The items most often indicated by participants as being unhelpful or slightly unhelpful were:

- information about the Mental Health Act in the NT (27% of participants) for educational resources
- teleconferencing (35%), web based packages (31%), and supervision via a colleague of your choosing (27%) for support resources.

Participants also had the opportunity to provide comments, and their comments supported their responses on the questionnaire items. Responses included the need for more visits from the mental health team, and educational sessions on how to deal with suicidal and aggressive clients.

Discussion and Conclusion

The study investigated the educational and professional support needs of RANs and RMPs. From their responses it seems that resources to assist with aggressive, psychotic, and suicidal clients as well as young people were regarded as particularly helpful, as were resources to inform and advise about the potential problems that can occur with medication. Participants also seemed to indicate strongly that they preferred face-to-face professional support rather than support provided from a distance, such as via teleconferencing or the web. With a current national emphasis on making internet resources available in rural and remote areas, it should be kept in mind that personal contact is still regarded highly by remote health practitioners. It was also of interest to discover that supervision by a colleague was not endorsed favourably by participants. Given the high stress levels of remote health practitioners, there may be a need to provide education and information about the benefits of professional, supportive supervision.

Acknowledgements

Kathleen Bulbrook BSc(Hons)[1], Timothy Carey PhD[2,3,4], Sue Lenthall MPH[2], Lyn Byers MN[3], Kieran Behan MSc[5]
[1]School of Psychology and Sociology, Central Queensland University, Brisbane, [5]Rockhampton Base Hospital, Rockhampton, Queensland
[2]Centre for Remote Health, a joint Centre of Flinders University and Charles Darwin University, [3]Central Australian Mental Health Service,
NT Department of Health and Families, [4]Centre of Research Excellence in Rural and Remote Primary Health Care
Alice Springs, Northern Territory, Australia

References

1. Australian Institute of Health and Welfare. *Rural, regional and remote health: Indicators of health status and determinants of health.* Canberra, ACT: AIHW, 2008.

2. Albion M, Fogarty G, Machin A. Benchmarking occupational stressors and strain levels for rural nurses and other health sector workers. *Journal of Nursing Management* 2005; **13:** 411-418.