



LETTER TO THE EDITOR

Mental health care in rural and remote areas necessitate greater attention during the COVID-19 pandemic

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FULL ARTICLE:

Dear Editor

In the media, there are many reports of the somatic symptoms of COVID-19 and the types of medical treatment available. However, there is a relative lack of emphasis on the psychological and psychiatric effects of COVID-19 on individuals and communities. COVID-19 has resulted in social isolation, financial insecurity and weakening of social support systems¹. The effects of such changes on mental health have been studied in a survey of the UK population, which has shown that adult mental health deteriorated during the COVID-19 lockdown, as compared to before lockdown². The data reflected the persistence of existing socioeconomic health inequalities, showing the need to differentiate priorities and

solutions depending on each individual's circumstances.

Pre-COVID-19 literature had already shown that suicide rates are higher in rural communities³. Many factors have been attributed to this maldistribution, including limited access to care, reluctance to seek care, older age and higher rates of disability. At a time such as this, when the pandemic itself acts as a significant stressor to people's lives, there is a much greater need for people in rural communities to seek mental health care.

In South Korea, mental health assistance programs, such as suicide prevention programs, are available in many rural community health centres⁴. However, there is not enough public awareness of

these programs, and the resources are left untapped in many cases. Even when people are educated about these resources, sometimes patients go against their physician's advice to seek assistance. In Sungju Moogang Hospital, located in a rural farming district in South Korea, a patient was admitted to the emergency room with complaints of dyspnoea and chest discomfort. No abnormalities were present on lab findings or after electrocardiogram. He showed symptoms consistent with anxiety disorder, which he attributed to the fears of contracting the coronavirus. He was educated on mental health support centres, but was too reluctant to seek help due to fears of being stigmatised as mentally ill. A few weeks later, he was admitted again to the emergency room due to a suicide attempt; this time, he agreed to seek psychiatric assistance, and has remained stable

on medication since.

Many ideas and improvements are filling the gaps in mental health care during this difficult time⁵, but it is evident that more emphasis on rural and remote communities is needed. The unique characteristics and needs of rural communities will necessitate different solutions to this intangible issue, and the media can and should certainly help by bringing it to greater public attention.

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