Capturing benefits of new technologies for rural and remote wellbeing

Christopher J Groot[1]
[1]Crisis Support Services

Christopher Groot is the General Manager of Clinical Support at Crisis Support Services. In this role, Christopher oversees the clinical aspect of the many vital services operated by Crisis Support Services that reach rural and remote communities nationally, such as the Suicide Call Back Service and Mensline Australia.

Christopher's work in mental health has spanned telephony, e-therapy, in-patient, and community-based modalities. Christopher has worked in mental health in both rural and urban communities.

Prior to commencing with Crisis Support Services, Christopher gained an honours degree in psychology from The University of Melbourne, where he is currently completing his PhD in the School of Psychological Sciences. Christopher also currently holds the position of Head Tutor within the School of Psychological Sciences.

Christopher's research has been in the area of auditory processing and cognitive neuropsychiatry. Christopher is currently researching the neurocognitive substrates of prosodic processing and the experience of auditory hallucination in schizophrenia.

Rural and remote communities are defined by isolation. Because of their geographical detachment from Australian metropolitan centres, people within rural and remote communities often encounter significant barriers to accessing fundamental health care services[1]. Such difficulties in accessing care are pervasive across the spectrum of health care services, including mental health services. Specialist mental health services are especially sparse in rural and remote Australia, resulting in difficulties in accessing help for those in dire need of psychological and psychiatric assistance, and practitioners in such communities necessarily managing excessive case loads[2]. Additionally, general practitioners often may be confronted with the necessity to manage extremely challenging cases that demand a specialist skill set[3]. One such challenging presentation is that of the suicidal client. Access to specialist mental health care is of critical importance for those at risk of suicide in order to ensure the safety and wellbeing. This raises the question of how this may be achieved in rural and remote communities where access to specialised mental health care is impoverished. This article will discuss how, through the use of emergent technology such as telephony and the internet, the Suicide Call Back Service facilitates the delivery of evidence-based, specialised mental health service to rural and remote Australian communities for those who are at risk of suicide, those concerned for or caring for someone at risk of suicide, those bereaved by suicide, and for health practitioners. This article begins by examining some of the cardinal issues regarding suicide in rural and remote communities such as at risk demographic groups, common stressors and risk factors, and barriers to accessing support. The way in which the Suicide Call Back Service addresses these considerations will then be systematically explored. Finally, recommendations for enhancing the delivery of suicide-specific mental health services in rural and remote communities are put forward.

Suicide in rural and remote Australia

The topic of suicide is of critical importance for rural and remote communities in Australia. People living in rural and remote communities have been found to display higher rates of psychological distress[4], suicidal risk[5], and completed suicide than that of people living in metropolitan areas[5,6]. Moreover, particular demographic groups living in rural and remote communities in Australia display elevated risk of suicide. For example, evidence suggests that those employed in agriculture are at significantly elevated risk for suicide[7,8], with those residing on farms displaying especially high rates of completed suicide[9]. In addition to specific employment groups, data suggests that other demographic groups such as Indigenous Australians are at elevated risk for suicide. Indigenous Australian males, especially those aged 15-24 are especially at risk, displaying rates of completed suicide approximately six times that of males in the same age bracket living in metropolitan areas[10]. Evidence also suggests that certain minority demographic groups living in rural areas and isolated from supportive social networks display increased risk for suicide, such as that of gay youth[11]. Taken together, it is apparent that rural and remote communities are in critical need of access to high quality, professional, specialist services to attend to the issue of suicide.

Risk factors for suicide in rural and remote communities

In addition to common stressors associated with suicide risk, a range of distinctive stressors are encountered by people living in rural and remote communities, especially those who rely on the farming industry[12]. For example, dynamic and devastating environmental circumstances, such as flood, bushfire and drought, have serious implications for the mental health of those employed in the farming communities in rural and remote Australia[12]. Such environmental events are associated with widespread economic hardship, psychological distress, and hopelessness in rural and remote communities[12,13,14], and have both acute[15] and long term detrimental effects on mental health[14,15]. Other such risk factors that are greatly unique to rural and remote communities include increased access to lethal means of suicide such as firearms, pesticides and poisons[16,17], social isolation[18] and impoverished access to mental health treatment[1].

Barriers to accessing support in rural and remote communities

Many people at risk of suicide in rural and remote Australian communities experience profound difficulty in accessing mental health services. Specialised mental health services are sparse. Indeed, recent evidence suggests that only 12 percent of psychologists and 4 percent of psychiatrists in Australia practice in rural and remote communities[19]. This lack of dedicated professional mental health service on the ground contributes to poor care for those at risk of suicide in rural and remote communities[20]. Additionally, high patient case loads contribute to long waiting lists for access to those mental health professionals that are available. Waiting lists themselves are perceived as a barrier to accessing services for those in rural and remote communities[21]. This insufficient mental health service coverage in rural and remote Australian communities has crucial implications for both consumers and practitioners.

In addition to the heavy load placed upon mental health professionals in rural and remote communities, general health practitioners and nursing staff are commonly presented with a necessity to manage cases involving elevated risk for suicide and self harm; cases which may be beyond their skill set and require specialist attention[2]. Hence, this necessity has important consequences for practitioners, and ultimately, consumers. For example, evidence suggests that nursing staff may often feel unsupported and unguided in dealing with clients at elevated risk for suicide and self-harm[3]. Moreover, recent evidence shows that general practitioners experience a noteworthy range of barriers to ensuring best practice for clients at risk of suicide. These barriers include impoverished professional support, a lack of after hours services which are accessible by both practitioners and their clients of concern, premature discharge of clients, and problems regarding ensuring client confidentiality in small rural and remote towns[3]. Similarly, mental health professionals themselves report concern regarding premature discharge from in-patient facilities, ensuing lack of continuity of specialised care, and lack of empathy from general health staff for those at risk of suicide and self harm in rural and remote communities[3]. In sum, it is clear that health professionals in rural and remote areas of Australia are in dire need of effective support in the management of cases at elevated risk for suicide.

The Suicide Call Back Service: bridging the divide

The issue of suicide in rural and remote communities within Australia is complex. As such, it is imperative that those affected by the issue of suicide in rural and remote communities be afforded access to professional, suicide-specific mental health care. It is clear, however, that significant barriers prevent many who are in need of assistance from accessing specialist mental health services on the ground. The Suicide Call Back Service, Australia's only national, professional suicide-specific service operated by an internationally accredited organisation, Crisis Support Services, is funded by the Department of Health and Ageing, and employs the use of telephony and web-based technologies to overcome barriers to accessing specialist support for those affected by the issue of suicide in rural and remote communities.

The Suicide Call Back Service is a professional, suicide-specific mental health care service that is available 24 hours a day, seven days a week, 356 days a year, across Australia. The service provides support, information and referrals for those at risk of suicide, those concerned about someone's suicidal risk, those bereaved by suicide, and for professionals working with clients at risk of suicide. The Suicide Call Back Service comprises three primary components: a 24 hour crisis counselling telephone service, a multi-session "Call Back" counselling service, and a web-based component which incorporates e-therapy modules, counsellor-moderated peer support forums, and a comprehensive information and referral database.

The crisis counselling telephone service provided by the Suicide Call Back Service supports people at risk of suicide, those concerned about someone's suicidal risk, those bereaved by suicide, and professionals working with clients at risk of suicide. By operating in the modality of telephony, this crisis counselling service is able to overcome barriers to accessing mental health treatment for those living in rural and remote communities, such as geographical isolation, sparsity of suicide-specific services, and concerns regarding confidentiality of sensitive information within tightly-knit rural communities. In doing so, the Suicide Call Back Service is able to provide professional and specialised crisis counselling whenever, and wherever, a person living in rural and remote Australia is in need. This is evidenced by recent data which shows that in the period July 2010 - December 2010, this component of the Suicide Call Back Service provided crisis counselling support to 184 people living in rural and remote Australian communities that were assessed as being at risk of suicide upon calling the service. Whilst all of these 184 rural and remote consumers were offered information and referrals as appropriate in addition to crisis counselling, those of these 184 people who were eligible were offered ongoing support with a dedicated counsellor.

The Suicide Call Back Service also offers a multi-session Call Back counselling service. As with the crisis counselling service, this Call Back service supports people at risk of suicide, those concerned about someone's suicidal risk, those bereaved by suicide, and professionals working with clients at risk of suicide. This aspect of the Suicide Call Back Service is especially helpful for those living in rural and remote communities who are dealing with the issue of suicide but are unable to access ongoing help. Specifically, the service offers up to six 50 minute sessions at appointed times that best suit the client. Additionally, the service employs the use of short message system (SMS) technology to reach rural and remote clients with reminder messages regarding upcoming Call Back counselling session appointments. To ensure maximal efficacy, one dedicated counsellor will work with each client throughout their program of Call Back counselling sessions.

Evidence demonstrates that clients experience decreased suicidal risk after completing a program of Call Back counselling sessions. As such, this component of the service is of utmost utility for practitioners to aid in overcoming core aforementioned problems associated with the provision of ongoing suicide related mental health care in rural and remote communities. For example, the Suicide Call Back Service provides a practical and efficacious referral option for clients on extended waiting lists, those requiring high quality continuity of care outside of business hours or in between sessions, or for recently discharged patients. In addition, this component of the Suicide Call Back Service offers ongoing professional support to rural and remote health professionals working with clients at risk of suicide. For example, health professionals are able to access training regarding assessing and managing clients' suicidal risk. This is in itself an invaluable resource; recent research has shown that rural and remote health professionals feel less hesitant in inquiring about suicidal risk with clients of concern and better able to conduct risk assessment after having received training on the issue[2]. In addition, the Suicide Call Back Service supports rural and remote health professionals in terms of debriefing, self-care strategies, and provides a referral option for families and friends of clients at risk of suicide.

In addition to its telephony-based service component, the Suicide Call Back Service aims to overcome barriers to accessing support and information concerning the issue of suicide for those living in rural and remote communities through the provision of a suite of evidence-based online services. This online component of the Suicide Call Back Service provides an alternative, broadly accessible option for those people who may be hesitant to talk to a counsellor in the first instance. The online suite includes a moderated peer-support forum for those caring for someone at risk of suicide and those bereaved by suicide. Additionally, users of the online suite are able to access seven e-therapy modules, a wealth of helpful information in the form of tip sheets and literature covering a range of topics related to the issue of suicide, and nine documentaries in which real people tell their stories of survival. Online users are also able to access "Jigsaw", a comprehensive Australian community services database developed and maintained by Crisis Support Services. Evidence suggests that barriers to accessing information regarding health support services is a critical problem for those requiring assistance in rural and remote Australia[21]. As such, Jigsaw is indeed a valuable resource for those dealing with the issue of suicide in rural and remote areas of Australia who may otherwise experience significant difficulty in accessing information regarding available support services.

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