The Australian Rural Mental Health Cohort Study: implications for policy and practice

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Aims: To summarise the findings to date regarding rural and remote mental health from the ARMHS cohort and to discuss the implications for rural health policy and practice.

Methods: A community-based cohort of rural and remote residents are part of a unique study that examines the experience and determinants of mental health problems and mental disorder at individual, household, community and regional levels and identifies the implications for policy and practice in places with workforce shortages and service gaps.

Relevance: Most mental health studies are cross-sectional and based in urban settings. Few address the individual in the context of their social and geographic setting. The major policy developments of recent years have been focused on regional and metropolitan communities. This study provides unique knowledge of an under-researched rural population that comprises 30% of the population but receives few services.

Results: The study identifies groups that have high distress but are largely invisible, such as the rural disabled and unemployed. It finds that rural environmental adversity (eg, drought impact) is associated with significant psychological distress but social and community level factors may mediate this effect. Findings about suicidal ideation and suicide attempts points to particular at-risk groups, the key role of social integration and support, and to the effect of disease pathways other than clinical depression. Most importantly this study suggests that up to half of those who may have a serious mental health disorder did not speak to a health professional about this problem in the last 12 months.

Conclusions: The national and state mental health commissions are about to report on mental health and wellbeing and most data is derived from metropolitan studies. Studies like this can inform policy and practice, particularly when the investigators are drawn from universities, state and local health services.