Resilient rural women: evidence from the Australian Longitudinal Study on Women’s Health

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The recent NRHA conference in Adelaide provided an opportunity for researchers from the Australian Longitudinal Study on Women’s Health (ALSWH) to host a colloquium which discussed aspects of rural women’s mental health. The ALSWH conducts surveys with three cohorts of Australian women who were aged 18-23 (1973-78 birth cohort), 45-50 (1946-51 birth cohort), and 70-75 (1921-26 birth cohort), when the study began in 1996. More than 40,000 women chose to participate and as the ALSWH deliberately oversampled from rural areas, it is the largest study of rural women’s health in Australia. The overarching aims of the study are to determine the social, psychological, physical and environmental factors which determine good health, and those which cause ill-health, in women throughout adult life. Evidence drawn from the ALSWH contributes to the development of policy and practice in key areas of women’s health. Researchers from the ALSWH spoke about a number of topics: neighbourhood cohesion, the utilisation of mental health services, urban-rural differences in the trajectories of mental health and mental health in older rural women.

Existing evidence suggests that neighbourhood cohesion is positively associated with mental health and, compared to city dwellers, rural residents experience higher levels of both. However the contribution of psychosocial factors such as social support, life satisfaction and stress to these relationships has not previously been explored. Using cross-sectional data from 11,220 ALSWH participants from the 1946-51 birth cohort and after adjusting for demographic and psychosocial variables, we found that women living in remote/very remote, outer regional and inner regional locations reported better neighbourhood safety and connection compared to women living in major cities. Women living in outer regional and inner regional locations, but not remote/very remote areas, reported better neighbourhood attachment and trust compared to women living in major cities. These findings suggest that the differences in neighbourhood cohesion across geographic locations are not explained solely by demographic and psychosocial factors. Among middle-aged women, it appears that other factors, perhaps related to community resources or the physical environment make regional residents feel safer, more connected and experience greater neighbourhood attachment and trust than those residing in major cities.

In 2006, new Medicare items were rolled out under the ‘Better Access Scheme’ (BAS) to improve access to mental health care. Researchers utilised the ALSWH data to examine factors associated with uptake of the BAS by rural and urban women across the three ALSWH cohorts. Approximately 18% of the 1973-78 birth cohort, 9% of the 1946-51 birth cohort and 2.4% of the 1921-26 birth cohort had used services provided under the BAS initiative. Across all three cohorts, approximately 20% of women who self-reported a diagnosis of depression/anxiety had not been treated under the BAS. Participants using the BAS initiative were more likely to be taking psychotropic medications, have regular GP consultations and to see a specialist compared with women who self-reported a diagnosis of depression/anxiety and had not used the BAS. Area and educational differences were apparent in the 1973-78 cohort, where women living in urban areas and those with higher educational qualifications were more likely to use the BAS services. These findings may indicate the relative lack of mental health services (e.g. psychologists, psychiatrists) available to women living in rural areas.

Evidence from a number of epidemiologic studies indicates that rates of depression in women increase until about the age of 45, then decrease until they are in their mid-80s, at which time there is a small increase. A body of evidence also suggests that women in rural areas are more likely than urban women to experience depression across the lifespan. Using data drawn from all three cohorts of the ALSWH, researchers examined trajectories of doctor-diagnosed depression and self-reported psychological distress by area of residence. Over nine years, rates of doctor-diagnosed depression increased in the 1973-78
cohort (from 13% to 17%) and 1946-51 cohort (from 10% to 13%), in contrast to the 1921-26 cohort in which rates remained constant. During the same period, rates of self-reported psychological distress declined, from 22% to 14% in the 1973-78 cohort, 15% to 12% in the 1946-51 cohort and 10% to 9% in the 1921-26 cohort. These trends were evident for urban, regional and remote women with no rural-urban differences apparent. The lack of difference between urban and rural women suggests that rural women are not disadvantaged in access to appropriate treatment, however, when considered in light of our findings about access to specialised mental health practitioners through the BAS, it is apparent that mental health treatment is being delivered by rural general practitioners.

Finally, although older adults generally report lower rates of depression than younger adults, there are conflicting findings regarding urban-rural differences in psychological distress among older adults. Previous research has shown that older women are more likely to be widowed and to have limitations in physical functioning; older rural women may also experience difficulties accessing appropriate health and social support, leaving them vulnerable to psychological distress. Data were drawn from all surveys of the 1921-26 cohort (1996 to 2011) and included psychological distress, area of residence, physical functioning, social support and demographic variables. After adjustment for other factors, older women residing in inner regional, outer regional and remote/very remote areas were found to have significantly better mental health compared to women in major cities. This advantage was greater for women living in remote/very remote areas suggesting that they may be a more psychologically resilient group.

Overall, the findings of this colloquium paint a picture of rural mental health that suggests that while access to specialised mental health services is poor, GPs may be filling the gap and providing effective treatments. Rural women are also resilient, drawing upon their strong attachments to their community and retaining their psychological resilience into old age.