

Stories of Rural Resilience in a Post-Covid Era

The Rural Policy Centre, SRUC and speakers and members of the Cross Party Group in the Scottish Parliament on Rural Policy meeting held 31st January 2023.

This Policy Spotlight summarises the presentations and discussions held during the Cross Party Group on Rural Policy meeting held in January 2023. It brings together experiences in Scotland, Ireland, Canada and Sweden to look at positive solutions to rural health challenges.

Key Takeaways

- Rural communities globally have experienced wellbeing challenges because of the COVID-19 pandemic and ongoing cost of living crisis. However, as always, rural communities demonstrated their resilience by developing novel support mechanisms.
- Rural communities highly value socialisation, yet these tight-knit social networks – as well as stigmas around mental health – make it difficult for individuals to seek anonymous support.
- Policies to support mental and physical health in rural areas must implement a joined-up approach, be community-led and include education on mental health and illness. They also require targeted support based on age and gender, social funding for service provision and support e.g., recruitment of rural GPs.
- Rural areas can benefit from global collaboration in research and policy development.



Wile'n'mild swimmers on a sunrise morning in Campbeltown Loch © Ailsa Clark

Covid-19 in Rural Areas

The Covid-19 pandemic had serious implications for many rural residents and communities across the globe. These include impacts on both physical and mental health and wellbeing.

In Scotland, restrictions on meeting in public or private spaces for socialisation, business, or other purposes led to challenges with isolation and financial implications on those relying on certain economic activities (i.e., tourism or markets).

In Canada, survey results from almost 23,000 rural residents revealed that there was a net decrease of 50% in people who felt their mental health was excellent compared to before the pandemic and more alarmingly there was a nearly 85% increase in people who rated their mental health as poor since the Covid-19 pandemic.

However, in a paper co-authored by Dr Liam Glynn, looking across different countries (Scotland, Norway, Ireland, etc.), it was found that the death from Covid-19 in rural areas was half compared to urban areas. They found that social cohesiveness, flexibility, diversity and adaptability contributed to the resilience of rural communities during the pandemic and reinforced the already existing bonds among rural residents.

Mental Health and Wellbeing

In Canada, rural areas are oftentimes subject to systematic neglect by all levels of government and some segments of society are disproportionately impacted. Dr Leith Deacon's [survey](#) results from almost 23,000 rural residents corroborate the findings that females were impacted more compared to their male counterparts on all indicators during the pandemic. Individuals under the age of 50, and critically under 30, have also been disproportionately affected by the pandemic in terms of their mental health.

Findings from the [National Rural Mental Health Survey \(2017\)](#) in Scotland indicate there is limited access to mental health support in rural areas due to poor public transport availability, a strong stigma around receiving help due to a lack of anonymity, and a lack of local access to services generally in many rural areas. The [Scottish Government's Mental Health Strategy \(2017-2027\)](#) also recognises the need for policy to reflect the unique challenges presented by rural isolation through further delivery and development of initiatives such as the [National Rural Mental Health Forum](#).

Since Covid-19, multiple resources have been created to help improve mental wellbeing and financial security in rural communities. [Change Mental Health](#) offers a [Mental Health and Money Advice Service](#) to provide support and advocacy for people who have severe mental health issues and money issues. They also run the [Rural Community Engagement Fund](#) which can be used to support any activity or local group/organisation promoting good mental health during the Covid-19 pandemic recovery.

[InspirAlba](#) found that more than 50% of the young people that they worked with during and post the pandemic faced mental health issues. Strong connections with these communities enabled InspirAlba to effectively deliver tailored and flexible support to meet the needs of individuals. People's mental health and wellbeing as well as their ability to progress to other opportunities have increased after access to these services.

"Oftentimes sparsely populated areas have more in common with other sparsely populated areas globally rather than urban areas within their own countries." – Andreas Lundqvist

Lilia Sinclair from [Heal Scotland](#) touched on the importance of using 'fun' to promote health and wellbeing. Her aim is to create a groundswell of support for mental and physical health through education and support for people, by people. Events like the [Health and Wellbeing \(Wild Medicine\) Festival](#) can teach people how to incorporate activities such as Wim Hof breathing method and connect with nature for physical and mental wellbeing.

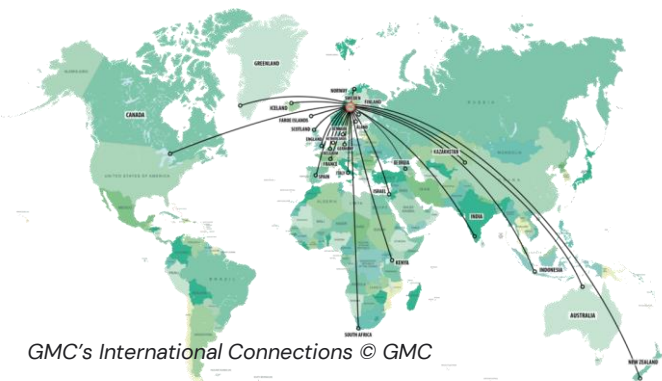
Innovative Research

Like many European countries, Northern Sweden is struggling with an ageing population and outmigration of local population. This is particularly challenging for the South Lapland province in the Västerbotten Region.

[The Centre for Rural Medicine \(GMC\)](#) is a unit within Region Västerbotten that conducts research, development and education for and in sparsely populated areas. GMC is a part of the healthcare system and can be described as a health and innovation research hub that collaborates with the cottage hospitals in South Lapland. GMC is located in Storuman, a town with approximately 2,000 residents.

GMC is specialised in health, virtual health, Sami health¹, and advancement and technology in healthcare, education, recruitment and retention of health professionals and quality local healthcare in rural and remote areas. It also has a wide global network of collaboration partners.

It proves that it is possible for the rural and sparsely populated areas to be at the forefront of cutting-edge research and innovation. It does this through initiatives like a longitudinal study tracking medical graduates and their attitudes to work in rural and sparsely populated areas, the establishment of a virtual health room, and close collaboration with academic institutions and local government.



Community Governance

Dr Liam Glynn noted that “the answers to issues around rural access to medical support are within the communities, as they are the ones who know best what is needed”.

In Ireland, bottom-up initiatives such as the [No Doctor, No Village](#) campaign have increased support for local-level rural health. A rural GP candidate was appointed to sit on a regional health board. This enhanced representation of rural GPs and shifted the balance of power and meant that the health policy was able to be reoriented to primary and community-based care.

Dr Glynn suggested an assets-based approach which makes visible the skills, knowledge, connections and potential within communities and focuses on providing resources which can bolster self-esteem and utilise existing skills. He concluded that it is about changing the narrative around rural which moves away from a negative towards a more positive and empowering picture.

“In hospitals people come and go but diseases stay; in community people stay and diseases come and go.”
– Dr Liam Glynn



Dr Liam Glynn's Practice in Ireland ©Dr Liam Glynn

Recommendations:

- Rural communities could benefit from an **education campaign** to help people understand the difference between **mental health and mental illness**. Raising awareness of mental health can **address the stigma** in rural communities ².
- People experiencing poor mental health in rural Scotland need **low level, non-clinical support** in their communities, **pre-crises** ². **Mental health training** and other initiatives can **build resilience** in rural communities and workplaces.
- **Targeted support** for rural residents based on their **age and gender** is crucial as these factors impact on how **individuals are affected** by disruptive crises such as the **Covid-19 pandemic and cost of living crisis**.
- **Social funding for service provision** and support is needed in rural communities particularly to **attract and retain rural GPs**. Anecdotal findings from Ireland and research from Sweden can help support policies in this area.
- We must **rebrand rural as resilient, attractive places** to live and thrive. It is important to **not create self-fulfilling prophecies** when it comes to the negative aspects of rural life.
- A **community-led, assets-based, and joined-up approach** can be used to ensure communities are **co-creating policies** and **identifying resources needed** to support **physical and mental well-being**.
- Rural communities are uniquely placed to tap into the **rich natural and social resources available** to them. It is important to **recognise the value of our natural environment and sense of community** as an **asset for mental health and wellbeing**.
- ‘**Rural Proofing**’ is needed to ensure that rural places are given **adequate consideration** in all policy-making processes.

Acknowledgements:

Many thanks to the speakers (names listed below alphabetically by first name) and participants who joined us virtually and in-person from near and far to speak at the CPG on Rural Policy: Shifting the Narrative – Stories of Rural Resilience in a Post-Covid Era and the follow-on discussion which took place the following day.

A recording and minutes of the CPG meeting as well as speakers' slides can be found at [Rural policy events / SRUC](#).

[Ailsa Clark](#), Founder and Development Manager, InspirAlba, Scotland

[Andreas Lundqvist](#), Head of Unit, The Centre for Rural Medicine (GMC), Sweden

[Associate Professor Anette Edin-Liljegren](#), Umeå University and The Centre for Rural Medicine (GMC), Sweden

[Jim Hume](#), Convener of the National Rural Mental Health Forum, Scotland and Director of Public Affairs and Communications, Change Mental Health

[Kira McDiarmid](#), Senior Policy and Public Affairs Officer, Change Mental Health, Scotland

[Associate Professor Leith Deacon](#), University of Guelph, Canada, email: leith.deacon@uoguelph.ca, twitter: @scd_planning

[Dr Liam Glynn](#), Professor at University of Limerick and practicing GP, Ireland

[Lilia Sinclair](#), Founder, Positive Action / Heal Scotland, Scotland

Emma Harper MSP with some of the in-person speakers and participants at the CPG on Rural Policy: Shifting the Narrative – Stories of Rural Resilience in a Post-Covid Era held at Holyrood in Edinburgh, Scotland.
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Contributing Authors:

Alexa Green, The Rural Policy Centre, SRUC

Dr Ana Vuin, The Rural Policy Centre, SRUC

Dr Jane Atterton, The Rural Policy Centre, SRUC

Michelle Flynn, The Rural Policy Centre, SRUC

Additional Links

1. More information is available on GMC's website regarding their work with the Sami people. Right now, it is only available in Swedish: <https://www.samiskhalsa.se/>
2. These recommendations echo SRUC's work on mental health in rural Scotland published in 2017: [RuralMentalHealthSurveyReportScotland_April2017_RPC.pdf \(ruralwellbeing.org\)](#)