



AUSTRALIAN
MEDICAL STUDENTS'
ASSOCIATION

University Student Mental Health

Rural and Remote Settings

Acknowledgements

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Welcome

In 2013, the Australian Medical Students' Association (AMSA) adopted a new Student Mental Health and Wellbeing Policy, which drew attention to the morbidity caused by mental health issues to young people Australia-wide:

"Students are less likely to perform well at university when suffering from mental ill health. Psychiatric illness has been shown to be associated with lower educational achievement, decreased employment, lower incomes and lower standard of living, and studies specifically of university students have found a correlation between mental health problems and poorer educational outcomes, as well as increased impairment and more days out of role... [The] Australian Institute of Health and Welfare (AIHW) data shows more than one quarter (26 per cent) of the 16-24 age group experience a mental health disorder in a 12-month period – the highest incidence of any age group. Anxiety disorders are the most common, followed by substance use disorders and then affective disorders."

AMSA Student Mental Health and Wellbeing Policy 2013

Following the introduction of this policy, AMSA established the Student Mental Health and Wellbeing Committee in order to translate this policy into tangible and multifaceted action.

One of this committee's initial goals was to establish an 'Evidence Database' which consists of a range of reports focusing on various aspects relating to tertiary student mental health. The following report is one of a set of five that together provide a rationale upon which our committee and others may formulate future endeavours. These reports also play an incredibly valuable role in generating awareness of the current tertiary student mental health context. Consequently, we hope that through a greater knowledge of the facts, our readers will feel empowered to take actions to promote student mental health and wellbeing.

This report focuses on University student mental health in the rural and regional context. For some time this demographic has been known to be a particularly vulnerable group when it comes to poor psychological wellbeing. Thus it is very important to understand the specific risk factors that such cohorts are exposed to. Consequently, a set of targeted strategies may be developed that focus on ameliorating such predisposing elements.

Warm Regards,



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Introduction

Only relatively recently has the extent of the mental health burden in Australia been truly appreciated. The beginning of this change was seen in the 1993 report of the Human Rights and Equal Opportunity Commission. At this time the report highlighted that an estimated three to six billion dollars was spent per annum on mental health problems. In 1996 these findings were further supported. Using disability adjusted life years to measure global burden, the Global Burden of Disease Report (1) showed that five of the ten leading causes of disability are caused by mental disorders. In Australia this accounted for 43% of disability and 22% of the total burden of disease (1).

The key findings from these global reports lead to the 1999, Australian National Survey of Mental Health and Wellbeing (2), which showed the true extent of the burden. Close to one in five Australian adults experienced an anxiety, affective or substance-use disorder and only one third of adults with a mental disorder sought professional help (2).

As of 2009, mental health is one of Australia's nine National Health Priority Areas, however there are still areas of research and action that are lacking, especially in non-metropolitan cohorts. This paper aims at reviewing current literature of mental health and wellbeing in University students from or located in non-metropolitan areas of Australia.

A Regional and Rural Lens

(1) Rural Mental Health

There is well-defined disparity between mental health care access and geographical location in Australia. A lot has changed in the last few decades with economic restructuring of rural Australia seen particularly in the declining role of agricultural sector and expanding presence and importance of the mining sector. The ideas surrounding “what is rurality?” is commonly stereotyped and lies somewhere between the romanticized views of vast landscapes, fresh air and health-improving vistas and the views of despair associated with hardship, drought and deprivation (3, 4). These ideas are important as they attempt to explain the vastness and difficulties in categorizing rural and regional Australia (4). Further they affect the important compositional and contextual effects of mental health in non-metropolitan areas (3).

Recent research outlines that rural communities have only 40% of the range of services available to metropolitan areas, where 91% of psychiatrists are situated. In 2008, regional Australians were 66% more likely to die of suicide and 25% more likely to suffer from substance use disorders than their respective metropolitan counterparts (5). These figures are attributed to unemployment, availability of lethal self-harm means, service barriers and loneliness (5).

The Australian Institute of Health and Wellbeing defines ‘non-metropolitan’ as any community with a population <100,000. According to this definition 30% of the population lives in a non-metropolitan area (6). However, it can be this broad definition that commonly negates a thorough investigation into the true relationship between rurality and mental health prevalence and outcomes. This can be observed in the Australian National Survey (1999) that concluded no difference in the prevalence of mental disorders between metropolitan and non-metropolitan areas. These broad definitions encompass a large and varying range of communities that each demonstrates extensive differences in health-promoting and health-damaging factors such as poverty, access, social structure, location, deprivation, employment and services. Hugo et al (7) suggests that the data does not support this homogenous view of rural and remote communities. Table 1 (7) outlines this sociodemographic diversity in non-metropolitan Australia.

Table 1. Sociodemographic diversity in non-metropolitan Australia. Source: (7)

Factor	Description
Population Change	<ul style="list-style-type: none"> - There is overall population growth in rural Australia; - Centres clustered around major cities along the eastern and south-western coast are experiencing relatively rapid population growth - Wheat-sheep belt areas are generally in decline.
Employment Patterns	<ul style="list-style-type: none"> - There was a 17.3% growth in jobs in non-metropolitan areas between 1986 and 1996. - Thirty point nine per cent of growth was in trade, finance, administration and 13% in construction. - Employment declined by 11% in agriculture, 1.1% in manufacturing and 10.9% in utilities.
Ethnic Diversity	<ul style="list-style-type: none"> - The relatively low level of overall ethnic diversity in non-metropolitan populations as a whole disguises the relatively high proportion of migrant communities in particular non-metropolitan areas such as Mildura, Wollongong and Griffith (ABS Basic Community Profile 2001).
Income distribution	<ul style="list-style-type: none"> - Incomes in rural areas are, on average, lower than urban areas. - The mean taxable income in non-metropolitan areas in 1996–1997 was between \$4 200–\$28 599. - However, widening income differentials appear to be occurring, with higher incomes concentrated around major centres and mining communities and lower incomes commonly found in dry land broad-acre farming areas, coastal areas with in-migration of retirees and remote areas with high indigenous populations.

(2) Non-Metropolitan Universities

Australia has a renowned system of regional universities that allow students to access a high quality level of tertiary education within regional and rural settings. From as early 1970 the University of New England forged the path for distance education to more modern examples of Deakin University and the University of New South Wales pioneering rurally based medical teaching to address the shortfalls in rural and remote healthcare. These regional based Universities aim at teaching students from non-metropolitan backgrounds in environments that are conducive to promoting their graduate opportunities in these communities that have significant workforce shortage (8).

At present figures show that 140,000 students enrolled at Australian universities are from a non-metropolitan area (8). This accounts for 18% of all domestic students, which is substantially low when compared to the parity level of 25% (8). Further students from remote areas account for only 1.1% of higher-level education enrollments, relative to the 2.5% population parity level (8).

(3) Mental Health in Non-Metropolitan University Students

There is a distinct lack of research in to the mental health of non-metropolitan university students. This is despite the prevalence of mental health in rural and remote areas and the importance of non-metropolitan Universities coupled with the significant portion of students enrolled in tertiary education from these areas as outlined above.

As discussed by Wang et al (9) attending university is associated with increased rates of mental health issues, such as increased distress rates (83.9%). A large study by Said et al (10) concluded that nearly one third of university students reported suffering from either depression, anxiety, an eating disorder or a substance abuse disorder. Furthermore a number of studies have shown that university students are linked with health-damaging behaviours including heavier episodic drinking and financial stressors (9).

Only one paper was identified from recent literature specifically examining mental health and wellbeing in Australian university students from non-metropolitan areas. King et al's (11) paper, "The loneliness of relocating: Does the transition to university pose a significant health risk for rural and isolated students?" studied a cohort of first year Health Science students at a large metropolitan university. From the total cohort, 132 students completed the survey, equating to a response rate of 21%. Of this total, 33% had relocated of which 74% had relocated from a rural area.

The most significant difference that was seen when comparing the relocating and non-relocating cohorts was in the decline of mental health. The relocating students reported much higher rates of loneliness (55%) as well as stress and anxiety (11). Unfortunately, the findings from this report are difficult to extrapolate as there is some degree of selection bias in the cohort examined, as well the study is not be properly powered to strongly conclude the differences in non-metropolitan and metropolitan students. However, this paper gives an interesting insight into the increased risk factors experienced the relocation for university study.

Future Research

The current evidence of mental health prevalence, health outcomes and access to services suggests discrepancies between non-metropolitan and metropolitan areas. However, as discussed, research examining rural and remote Australia as a homogenous group is inherently flawed. Further research examining the role of population size, geographical location, service access, as well as the myriad of economic factors needs to be concluded to truly understand mental health in non-metropolitan Australia.

Secondly, there is a clear link between mental illness and university students. As the importance of regional universities continues to grow research into mental health in this group needs to be conducted. In particular factors that differ from metropolitan universities so that targeted management strategies can be implemented effectively.

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