

# Mental health care in rural British Columbia

Training GPs to provide psychotherapy and paying them for this work would help meet the province's mental health care needs.

**ABSTRACT: Mental health issues in rural BC are essentially the same as in urban BC, though patients often present for different reasons. Access to resources is minimal, which results in an increased burden to most systems of our society. Providing training in counseling for GPs and improving allowable billing would be helpful but not adequate. The addition of either salaried positions for qualified mental health workers and/or some coverage for registered psychologists would be a big step in the right direction and prove to be a cost-benefit to services as a whole.**

Most of rural British Columbia has a severe shortage of mental health services. The prevailing attitude is that people choose to live in rural areas and should therefore accept lack of funding for the provision of mental health services by qualified professionals. Furthermore, there is an erroneous belief that if one lives in the country there is less stress and therefore less mental and emotional distress. This is far from the reality of the situation. Consider some of the possible sources of stress in rural areas: the mill or mine that provides an economic base suddenly shuts down; the local school closes and children have to be bused long distances or billeted away from home; a forest fire devastates the region. Add to this the difficulties of living in an isolated area with limited medical care and hospitals long distances away.

One of the first attempts to deal with rural mental health issues on a large scale was made in the 1970s when the BC government funded a research project to look into this problem and provide recommendations (report by A. DeVries and R.J. Maddess, Evaluation of rural British Columbia mental health needs and provision of service, submitted to the Government of British Columbia, 1977. RJM visited most of BC's mental health centres outside of Vancouver Island and the

Lower Mainland as well as communities who were requesting, but did not have, a mental health centre or satellite centre. Extensive structured interviews were held with mental health staff, local medical practitioners, and social organizations impacted by mental health issues). A detailed survey was conducted to determine how well extant mental health services were meeting the specific needs of the particular community and area. A number of small communities without mental health services were also surveyed to determine the level and type of mental health needs.

Most of the existing mental health centres were found to be providing adequate service for their local communities but were lacking in outreach services, travel being a significant problem. It was found that the need for mental health services throughout rural BC was high and access for ser-

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