

RURAL COMMUNITY MENTAL HEALTH & WELLBEING DURING COVID-19 RESEARCH BULLETIN 2020

In May 2020, researchers at The Centre for Critical Studies of Rural Mental Health at Brandon University began researching the impact of COVID-19 on the mental health and wellbeing of rural Manitobans. As part of this project, the researchers conducted an online survey of healthcare workers in rural Manitoba to develop a better understanding of the mental health experiences and resource needs of rural health care workers during COVID-19.

WHO RESPONDED?

A total of 137 people responded to the online survey during the one month data collection period. The majority of respondents (70%) worked as nurses (RPN, RN, LPN) and the remaining 30% of respondents included health care aides, physicians, paramedics, social workers, counsellors and other healthcare professionals. The majority of respondents identified as female (90%) and over 60% of respondents worked in communities with a population of 10,000 or less. All respondents worked in non-metropolitan areas (populations of 50,000 or less) outside the city of Winnipeg. The majority of respondents worked in inpatient care (40%) or community health (32%), with 23% of respondents working in two or more care environments. Sixty per cent of respondents have been working in health care less than ten years. It is important to note that, while 137 people participated in the survey, not all completed all sections. This bulletin reports on the percentages of those responding to each particular question.

HEALTHCARE WORKERS EXPERIENCES

During the first few months of the COVID-19 pandemic, 53% of all respondents talked with someone about their mental health concerns in comparison to 43% in the last year prior to COVID-19. During COVID-19, the majority of these respondents talked with a friend (66%) or family member (64%) and a smaller proportion of respondents talked with a counsellor (13%) or a spiritual leader (11%). At the same time, 26% of respondents reported being separated from family during COVID-19, influencing the type of support that family can offer during these times. Of the 43% of respondents who recalled speaking with someone about their mental health in the previous year before COVID-19, 36% spoke with a counsellor and 34% spoke with a family doctor. These responses indicate an increasing need to talk about mental health concerns and suggest that informal support systems such as family, friends, and spiritual leaders are shouldering the burden of this need.

• The findings raise questions about access to mental healthcare professionals during COVID-19.



Respondents (n= 104) reported not having time (49%), being too tired (46%), inconvenience (27%), fear of judgement (23%), not knowing how to access support (14%), and lack of confidentiality (13%) as the greatest barriers they face in accessing mental health support during COVID-19.

At the time of the survey, almost 60% of respondents reported some level of anxiety using a standardized anxiety scale (GAD-7), which assesses clinical levels of anxiety over their past week. A quarter of respondents reported moderate or severe anxiety.

IDENTIFIED STRATEGIES

When asked what strategies they used to cope during COVID-19, respondents reported eating regularly and nutritiously, having a good sleep routine, exercising, positive self-talk/reassurance, relaxation techniques and meditation/mindfulness practices as well as other strategies such as drawing on their faith and support networks, using medication, and reading and journaling. Almost half of respondents reported increased substance use including consumption of alcohol (70%), tobacco (17%), cannabis (16%), food (16%) and sleep aides (3%).

 The findings indicate increased substance use among some health professionals during COVID-19; ensuring adequate mental health services may alleviate the risk of increased substance use.

WHAT SUPPORT IS NEEDED?

When asked what mental health supports they need during COVID-19, respondents identified a need for:

- Professional mental health support,
- Support from management,
- Access to supplementary supports such as exercise groups, increased pay, and time off,
- Peer support,
- Timely, reliable information,
- Staffing resources,
- Appreciation, patience, and compassion.

Overall, respondents voiced feeling unsupported, isolated, and helpless. They sought staffing and resources, clarity in protocols and procedures, support from management, time for self and family care, and access to confidential professional mental health support. More work needs to be done to ensure healthcare workers in rural areas and outside of major metropolitan centres feel supported during and after COVID-19.



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