

Cross-Party Group on Rural Policy

31st January 2023, 18:00-19:30 (Hybrid)

'Shifting the Narrative: Stories of Rural Resilience in a Post-Covid Era'

Minutes

Present

MSPs

Edward Mountain MSP

Finlay Carson MSP

Emma Harper MSP

Mercedes Villalba MSP

Speakers

Kira McDiarmid	Change Mental Health Scotland
Leith Deacon	University of Guelph, Canada
Ailsa Clark	Inspiralba
Lilia Sinclair	Heal Scotland/Positive Action
Liam Glynn	Limerick University, Ireland
Andreas Lundqvist	Glesbygdsmedicinskt centrum (GMC) - <i>The Centre for Rural Medicine</i> , Västerbotten, Sweden
Anette Liljegren	Glesbygdsmedicinskt centrum (GMC) - <i>The Centre for Rural Medicine</i> , Västerbotten, Sweden

Non-MSP Attendees

Aimee Spence	Inspiralba
Alexa Green	SRUC
Ana Vuin	SRUC
Beatrice Morrice	NFUS
Blake Glassford	University of Guelph
Brady Stevens	SAC Consulting
Carol McLaren	RSABI
Carol Langston	SRUC
Catherine Idle	Fife LEADER
Catriona Mallows	Scottish Rural Action
David Marshall	University of Edinburgh
David Nicholson	
Diane Burns	
Erin Simpson	Ipsos Scotland
Fiona Thompson	SAC
Freya Young	Outside the Box

Gemma Noble	SRUC
Geoff Simm	University of Edinburgh
Hilary Stubbs	MACS
Ian McCall	Paths for All
Iram Khan	Student
Jane Atterton	SRUC
Jane Benson	Outside the Box
Kate Lamont	SRUC
Linda Bamford	
Lorna Pate	SRUC
Lucy Rothenberg	Student
Luisa Riascos	SRUC
Marcus Craigie	University of Aberdeen
Mark Shucksmith	Newcastle University
Michael Danson	Herriot Watt University
Michelle Flynn	SRUC
Mike Danson	Heriot-Watt University
Sally Abernethy	Ipsos Scotland
Sandra MacRury	UHI
Sara Bradley	UHI
Sarah-Anne Munoz	UHI
Stephen Kelly	
Theona Morrison	Scottish Rural Action
Wendy Barrie	

Apologies

MSP Apologies

Jenni Minto MSP

Non-MSP Apologies

David Gass	Rural Matters
John Farrington	Dot Rural Aberdeen University
Karen Dobbie	Scottish Environment Protection Agency
Ian Muirhead	AIC
David Henderson-Howat	Care Farming Scotland
Ann MacSween	Historic Environment Scotland

Agenda item 1

Welcome, introduction, and apologies

Edward Mountain MSP stepped in to let everyone know that the start of the meeting would be delayed due to Emma Harper MSP being involved in a late running debate

in Chamber. Due to continued delay, Edward Mountain MSP stepped in as chair and welcomed everyone to the meeting.

He noted the MSPs in attendance and MSP apologies received.

It was noted that all participants had been emailed the agenda and the list of attendees and that the Rural Policy Centre (RPC) as Secretariat has a note of all apologies received and would list them in the meeting minutes as usual. It was mentioned that the meeting would be recorded. No objections were raised.

It was reiterated that speakers' presentations would be uploaded to the CPG webpage within the RPC website as soon as possible after the meeting along with the unapproved minutes.

Group members were encouraged to send the RPC an email if amendments were required in the minutes. The minutes will be formally approved at the next meeting in March. It was noted that the Secretariat will include any action points, links etc. in the meeting minutes.

Agenda item 2

Approval of minutes and recap of action items

Edward Mountain MSP noted that the Secretariat uploaded the recordings of the presentations from the December meeting to the Group's web pages along with the meeting minutes so those are available to access if anyone would like to watch again or to circulate to others who you think would be interested in seeing them.

Edward Mountain MSP motioned to approve minutes of the previous meeting. Theona Morrison made two suggestions to change the minutes. These included correcting Theona's name in relation to a project she mentioned at the previous meeting and adding a qualifying sentence under David Marshall's presentation about crofting skills being lost. Theona explained that crofting skills are not being lost and pointed to the access to skills training available. She noted that it is the ageing population and lack of access to crofts which can hamper crofting from becoming a more thriving practice. David Marshall noted that these comments in his presentation were made on the basis of information received from individuals during fieldwork in the Western Isles. There was agreement that the statement in the minutes could be qualified with the suggested statement. The Secretariat agreed to make these amendments and then upload the approved minutes to the website and submit them to the Parliamentary clerks. Minutes were approved by David Marshall and Theona Morrison.

Agenda item 3

Presentations and discussion

Edward Mountain MSP explained that the theme for tonight's meeting is 'Shifting the Narrative: Stories of Rural Resilience in a Post-Covid Era'. He mentioned that the

first two speakers will focus on providing contextual information about mental health in rural Scotland and rural Canada. Then the three subsequent presentations each focus on a different kind of health and wellbeing initiative in rural communities in Scotland, Ireland and Sweden. He reminded everyone that the focus of today would be on the positive solutions to some of the challenges faced by rural communities as a result of the Covid-19 pandemic.

- **Kira McDiarmid**, Senior Policy and Public Affairs Officer at [Change Mental Health](#): *Mental health in rural Scotland*.
 - Kira gave a recap of the findings from the National Rural Mental Health Survey led by Change Mental Health and SRUC in 2017. The main findings included the 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.
 - Since Covid-19 Change Mental Health has found evidence of three additional ways access to mental health services is being hindered. These included an inability to access online mental health and support, a sense of isolation which was exacerbated during Covid-19 (on the positive side the research found that socialisation is usually high in rural communities) and finally the financial implications that came from Covid-19 where people could not engage in economic activities they once had in the past (i.e. selling items at farmer's markets).
 - She mentioned the impacts of the cost of living crisis on mental health including the choice facing many individuals/households to either 'feed or heat' homes which is particularly difficult in rural areas. Change Mental Health offers a Money Advice Service to provide support and advocacy for people who have severe mental health issues and money issues. She mentioned that 40% of clients seeking this support live in rural Scotland highlighting the importance of this programme.
 - She noted that Change Mental Health is engaging closely with the Scottish Government to look at this research through multiple forums. She also highlighted 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.
 - She mentioned the Rural Connections Project which provides mental health awareness training to businesses and organisations to help raise awareness of employees own mental health.
 - Finally she highlighted some areas of support including Change Mental Health's Information and Support Line, Breathing Space, and Samaritans.
- **Associate Professor Leith Deacon**, [University of Guelph](#), discussed the outcomes of his '*Rural Responses to Covid-19*' survey highlighting the findings on reported differences in individual well-being in rural Ontario before and after the pandemic.

- Leith began with an introduction to the size of Canada and its population. He highlighted that 8 million people reside in rural areas in Canada (29% of the population) which equates to about the population size of Hong Kong. During the pandemic Canada achieved one of the highest levels of vaccination rates.
- He explained that rural areas are victims of systematic neglect by all levels of government. Rural residents are found to experience higher rates of substance abuse, domestic abuse, child abuse, and depression. Suicide is more common in rural areas and is the leading cause of death amongst males under 50 within Canada. Stigmatisation for seeking mental support is higher in rural areas. Co-morbidities and higher preventable causes of death are also found in these areas.
- Leith developed and distributed a fully quantitative survey with five sections where participants were asked to reflect on life before the pandemic and after. He noted that they received almost 23,000 completed surveys which now makes it the largest database of rural focused information in Canada.
- He explained that they found there was a net decrease of 50% of 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.
- Leith focused on the gender differences found and explained that the survey results corroborate the findings that females were disproportionately impacted compared to their male counterparts on all indicators. He explained that the data indicated that individuals under the age of 50, and critically under 30, have been disproportionately affected in terms of their mental health by the pandemic. He mentioned that these findings should indicate to policy makers that interventions must be targeted based on gender and age – a one size approach will not fit all.
- Leith wrapped up with recommendations which stem from the Canadian findings but can be useful for any country. First, he noted that an education campaign is needed to help people understand the difference between mental health and mental illness. Secondly, he urged the importance of targeted support for rural residents based on their age and gender. Thirdly, he urged the need for social funding for service provision and support. Fourthly, he pointed to the lack of GPs and medical professionals available in rural areas. Finally, he advocated for 'Rural Proofing' to ensure that rural places are given adequate consideration in all policy-making processes.
- **Ailsa Clark** from [Inspiralba](#) and **Lilia Sinclair** from Positive Action/[Heal Scotland](#): *Health and wellbeing challenges and responses from a rural community led perspective.*
 - Ailsa noted that rural communities are used to being isolated, but the social isolation brought on by the Covid-19 pandemic was another

level. She noted that rural communities and community organisations, including social enterprises, responded effectively to the increasing needs during the pandemic, however that meant that there was additional pressure on people who were working with constantly changing parameters. She explained that the prolonged period of stress has an impact on people, especially now that we have entered a new cost of living crisis which particularly impacts rural areas in terms of fuel costs.

- She mentioned that one of the positive outcomes of the pandemic was that there is much more collaboration to address issues. She noted that 33% of Scotland's social enterprises are in rural communities and this percentage increases in the more rural and remote areas. She also mentioned that Scotland's rural areas have an abundance of natural capital which is helpful for wellbeing.
- She highlighted their work in helping folks with employability. They found that more than 50% of the young people that they worked with faced mental health issues. Using the connections they established with communities, they were able to provide a series of tailored and flexible support. She noted that people's mental health and wellbeing as well as their ability to progress to other opportunities have increased after access to these services.
- Lilia mentioned that she's been particularly concerned with people's health and the health of her children and grandchildren. She highlighted the issue of our disconnection with nature as one of the main detriments to good physical and mental health. She highlighted that to create a groundswell of support for mental and physical health it must be through education and support for people. She highlights the importance of fun in the promotion of health and wellbeing.
- She spoke about the Health and Wellbeing (Wild Medicine) Festival to teach people how to get out of fight, flight, and freeze mode. She talked about the importance of the Wim Hof breathing method and the aim to deploy instructors to rural areas to teach this method. She noted the success of an AA (Alcoholics Anonymous) type approach to mentorship and community helping, and highlighted the desire to implement this approach for mental and physical well-being to empower people to heal themselves, with wider community support.
- Ailsa recapped that a joined-up approach which includes a focus on well-being with a range of activities and support is needed. She commented that reconnecting with nature and with one another whether that is through an early morning dip or a ceilidh is helpful for mental health. Finally she noted that the community wellbeing exchange funding can be tapped into to help with this.
- **Professor Liam Glynn, [University of Limerick](#) and practicing GP: *Practicing healthcare and health and wellbeing in Ireland's rural communities***
 - Liam has been working for 25 years as a rural GP. He added to the conversation about nature and mental health made a further point

about creating a positive narrative around rural living. He urged that it is important to be careful about the narrative around rural – particularly in not creating a self-fulfilling prophecy when it comes to the negative aspects of rural life. He noted that he has found that the vast majority of rural GPs have been practicing in these areas for some time and there is a positive reason for this.

- He highlighted a paper that he and others released during the pandemic which looked at the reasons behind why rural areas escaped some of the worst of Covid-19. Thanks to EU funding, they designed a study which looked at what the data in rural areas is revealing about instances of and death from Covid-19. Looking across different countries (Scotland, Norway, Ireland, etc.) they found that the death from Covid-19 in rural areas was half compared to urban areas. He noted that social cohesiveness, flexibility, diversity and adaptability contributed to the resilience of rural communities during the pandemic. He mentioned a quote that read, *“In hospitals people come and go but diseases stay; in community people stay and diseases come and go.”*
 - He mentioned the power of ground up initiatives and that the answers are within communities. He highlighted the No Doctor, No Village campaign which he co-founded which involved large community-based meetings across the West of Ireland. He added that supporting solutions that come from communities is important because they are the ones who know best what is needed. They appointed a local candidate in their area which shifted the balance of power and meant that the health policy was able to be reoriented to primary and community-based care.
 - Liam referenced Aaron Antonovsky’s definition of resilience and cautioned against a deficit-based response where externals come into a community to identify gaps and fix problems, leaving communities feeling disempowered as passive recipients of services rather than active agents in their own lives. To counter this, Liam suggests an assets-based approach which makes visible the skills, knowledge, connections and potential within communities and focuses on providing resources which can promote self-esteem and bolster 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.
- **Andreas Lundqvist** (Head of The Centre for Rural Medicine) and **Associate Professor Anette Edin-Liljegren** from [Glesbygdsmedicinskt centrum \(GMC\)](#) in Västerbotten, Sweden: *Innovative research activities in rural technology and health*.
 - Andreas gave some contextual information for the area in Sweden that their practice serves explaining that their population is sparse, ageing, and that there are long distances to almost everything which are factors which put pressure on the healthcare systems.

- Their centre (GMC) focuses on research, development, education and communication in sparsely-populated rural areas. Historically they have worked to bring healthcare closer to people both virtually and physically. He highlighted the cottage hospital model which is a form of extended primary care and integrated care. He noted that they have a wide global network of collaboration partners and mentioned that oftentimes sparsely populated areas have more in common with other sparsely populated areas globally rather than urban areas within their own countries. Finally, he noted that as of October the GMC has been selected as a demonstration platform for WHO Europe where digital tools have been successful in helping sparsely-populated areas due to their use of the cottage hospital model and online platforms.
- Annette discussed their research in more detail. She highlighted that their research and development focuses on good quality local healthcare in rural and remote areas particularly looking at Sami health, education, and recruitment. The Sami are an indigenous population in rural northern Sweden (and other neighbouring Nordic countries).
- The first example of research is a dietician online platform started by a PhD student which focuses on the effect of internet-based dietetic treatment in Sweden. The second research project looks at a digital Medicine Therapy Optimization (MTO) model where clinical pharmacists conduct digital medication interviews and medication reviews among elderly people living in sparsely populated regions. The third project looks at expectations and experiences of digital meetings with healthcare professions from the perspectives of people living in rural areas – understanding how these can be more effective.
- She noted that in the area of recruitment they have created a study of attitudes to working as a GP in rural areas among medical students. It is a long-term study which asks what is important when selecting a medical programme and workplace. So far, the results have indicated that there are three factors which influence their choices. Firstly the speciality should be interesting, secondly a balance of personal and working life, and finally access to social networks.
- She explained that there are two Sami researchers who are conducting research on these populations and their health needs.
- Finally education in research is handled through supervision of PhD projects.
- Andreas concluded that they are also looking forward to further collaborations.

Agenda item 4

Discussion

Key issues raised in the discussion included:

- ***Mental health of farmers and farm vets:*** Kate Lamont from SRUC highlighted the importance of tailored interventions for communities – particularly for farmers’ mental health. She highlighted that interventions do work especially the asset-based approach as it is helpful in keeping a solutions-focused mindset. She opened the question to all speakers as to whether there was a specific interest in farmers or farm vets. Kira mentioned that Change Mental Health is involved in specific research looking at the mental health of vets and offered to meet up with Kate afterwards. Lilia mentioned that there should be a re-branding of food and farming so that people feel more connected with farming and food and value farmers’ roles more. Later on, Leith contributed to the discussion referencing some data available from his dataset on farmer’s mental health.
- ***Government support for service provision in rural areas:*** Finlay Carson MSP asked a question specifically for the speakers in Ireland and Sweden in relation to the level of funding for rural areas and rural GPs. He asked what government interventions supported the rural areas and GPs in Ireland and Sweden. Jane noted that Liam, Andreas, and Anette were no longer on the call but could be contacted via email with the question. Theona Morrison highlighted that although she cannot speak on behalf of Dr Liam Glynn, she referenced comments from Liam in previous presentations about there being a rural GP on every health board or district in Ireland which means that they have been able to advocate for increased provisions for rural support and this has led to more rural action. Essentially, enhanced representation of rural GPs on boards has led to increased support for local-level rural health provision. Leith mentioned that Ontario, Canada has implemented family health teams across the province which promote access to specialised care but the success of the service provision varies depending on the person leading the family health teams. However, it is still a major problem especially for immigrants who are not well connected.
- ***Additional research on access to health services in the Highlands and Islands region of Scotland available:*** Erin Simpson from Ipsos Scotland highlighted research they had conducted with Highlands and Islands Enterprise titled ‘My Life in the Highlands and Islands’. They asked 5,000 people whether they could access to health services in their local area or within 20 minutes of their local area. The data revealed that access was generally more difficult for people in remote rural areas. She mentioned she would be happy to share the data. A link to this information was shared with the secretariat after the meeting and is available here: <https://www.hie.co.uk/research-and-reports/our-reports/2022/october/13/myliferesearch/>
- ***Making it possible for pharmacists to prescribe certain medications:*** Leith Deacon mentioned that the provincial government in Canada has just made it possible for pharmacists to prescribe. There are 10 or 15 specific medical conditions that pharmacists can now prescribe for. Leith highlighted

this as a relatively simple way to address some of the issues around GP access in rural areas.

- **Effectiveness of social prescribing in rural areas:** Emma Harper MSP mentioned that the Health Committee in the Scottish Parliament has a report called 'Rural prescribing is an investment, not a cost'. Kira mentioned that Change Mental Health have done previous research on social prescribing and also noted their Community Link Worker project in the Highlands which enables people to self-refer themselves and see a community link worker to provide some initial services. Some of them in the remote rural GP practices are working out of church halls and this is something which they're hoping to expand.
- **Place-based approaches:** Finlay Carson MSP highlighted the importance of ensuring the services delivered to rural areas are tailored to their specific needs. He gave the example of a community engagement programme which tried to identify the critical services required for every community and what their locations should be. He urged that place-based information is critical to decide what these services are and noted that too often decisions are taken at a national level which are not rural proofed. The examples of safe consumption rooms for certain drugs and travel time to receive palliative care was discussed. He concluded that we need to look at what the communities need rather than imposing top-down policies. Emma Harper MSP furthered the discussion with a comment about palliative care. She noted that palliative beds might need to be in a special place or a unit to be made available for those who need it. She also noted that in places like Glasgow, there's an outreach bus for diabetes and a variety of other medical needs including benzodiazepine reversal agents. She asked Leith whether these outreach busses were available in Canada. Leith noted that these are available in some areas of Canada. One of them is a rural mental health bus which is a mobile station that guarantees high-speed internet access for those who need telehealth. He also noted that his research team is working on an intake form to determine whether virtual care is feasible for certain patients or whether in-person care is more appropriate. He noted that one of the biggest solutions to all of these issues is asking the local community in question what services they want and what is needed. Leith also mentioned that the University of Guelph is funding a national biannual longitudinal census of small rural places to understand their changing needs.
- **Questions posed by Emma Harper MSP:** Emma Harper MSP conducted a quick straw poll of the audience at the end of the discussion asking whether anyone had heard of Pharmacy First, Scot Gem, and social prescribing. Most people around the room had not heard of the first two, but had heard of social prescribing. Emma explained that Pharmacy First is a programme where people can go to their pharmacist first to get drugs for certain medical issues and that Scot Gem is the graduate entry to medical school where anybody who has a primary degree in healthcare can be fast tracked to be a General Practitioner with a rural focus.

Emma Harper MSP closed the discussion and thanked the presenters and all contributors for an interesting discussion.

Agenda item 5

AOB

Emma Harper MSP noted that the RPC is organising a webinar from 3-4.30pm the next day (1st February 2023) to continue the discussion from tonight and to identify potential for future collaboration.

Agenda item 6

Next two meetings: Tuesday 7th March 2023 and Tuesday 6th June 2023 – topics to be confirmed and we hope that the meetings will be hybrid again