

Rural & Remote Mental Health: Unique in Practice, Unique in Ethical Challenges

Background

Who Are We?

- > 9 Clinicians providing services to 8 rural and remote BC communities.
- > Dr. Lyn MacBeath, M.D., FRCPC, ABAM
- > Rural Community of Practice (CoP)

What is a CoP?



Rural CoP

Benefits of a Rural CoP:

- > Clinical supervision of complex psychiatric cases
- > Improved community integration
- > Mentoring between clinicians
- > Education and knowledge exchange
- > Sharing of resources

**A Forum for Evaluation and Guidance
Around Ethical Challenges**

**Ethical Challenges Unique to Rural
Practice**

I – Dual Relationships

II – Competence and Formal Resources

III – Geographic & Professional Isolation

Dual Relationships

It seems reasonable, feasible, even prudent, for the rural clinician to assume that social or other nonprofessional contacts outside a primary professional relationship are not only inevitable but imminent (Falkner & Falkner, 1997).

Dual Relationships

- Visibility
- Clinicians Reputation
- Establishing and Maintaining Boundaries
- Client Perception of Confidentiality & Anonymity

Competency & Formal Community Resources

Having the knowledge, skills, and abilities to perform adequately professional roles and the ability to recognize when one's knowledge, skills, and abilities are inadequate or impaired (Kitchner & Anderson, 2000, p. 66).

Competency & Formal Community Resources

- Pressure to provide specialized services with limited expertise
 - Eating Disorders
 - Perinatal Support
 - Elderly Services
 - Early Psychosis Intervention (EPI)
 - Urgent Response
 - Case Management
 - Addictions Support
- Generalist approach to client care

Competency & Formal Community Resources

- Limited opportunities for continuing education to improve competency and knowledge
 - Distance
 - Cost
 - Leaves community without services

Competency & Formal Community Resources

- Informal Resources
- Bounce Back
- ASK Wellness
- Tele-Health Services

Geographical & Professional Isolation

- Vital importance of a consistent support network
 - Clinical supervision
- “I need a clinical supervisor when a case becomes very complex, I experience an increasing lack of clarity, and when my emotions are becoming too involved?”*

Geographical & Professional Isolation

- Limited opportunity to include other agencies in client care
- Financial hardship limiting client access to psychiatry

Summary

- Ethical standards developed in urban practice is not so easily applied to rural practice.
- Ethical challenges arise often
- Open communication about ethical practice

Our Rural CoP



Authors

- Freimuth, Tabatha, MA, BSc, Mental Health & Addictions Clinician
- Broughton, Jennifer, MSW, HBSW, Mental Health & Addictions Clinician
- MacBeath, Lyn, MD, FRCPC, ABAM, Psychiatrist
- Bruno, Doris, MSW, RSW, Mental Health & Substance Use Clinician
- MacKay, Natalie, BA, BSW, Mental Health & Addiction Clinician
- Perraton, Ava, MA, RCC, UKRCP, Mental Health & Addictions Clinician,
- Baier, Martina, BA, Mental Health & Addictions Clinician
- Monkman, Cynthia, RSW, BSW, Mental Health & Addictions Clinician
- Wilson, Terry, RSW, BSW, Mental Health & Addictions Clinician
