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AN INVESTIGATION INTO THE  
MENTAL HEALTH NEEDS  
OF ADOLESCENTS IN RURAL AREAS  
OF SOUTH AUSTRALIA

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# ABSTRACT

## *Background & Aims*

Recent statistics indicate that up to 20% of Australian adolescents experience the burden of having a mental health problem. International research has suggested that inhabitants of rural areas are at particular risk of mental health morbidity due to their location. Prior Australian research on the subject of rural mental health has tended to have an adult focus, neglecting adolescents. This PhD project sought to gain a deeper understanding of the mental health needs of adolescents in several rural areas of South Australia, and investigate how the experience of „rurality“ influenced mental health and wellbeing. Specifically, this project investigated: the mental health and wellbeing of adolescents; the perceptions held about adolescent mental health needs as described by both human service providers practicing in rural South Australian communities and the adolescents residing in them; and finally, comparing the mental health and wellbeing of adolescents observed over the past four to eight years.

## *Methodology*

A mixed-methodological study design was employed, with four separate studies undertaken. Two qualitative studies were initially conducted and they utilised individual interviews and focus group discussions to collect information from 38 rural human service providers and 44 adolescents about the mental health needs they could identify in their communities. In conjunction with this, two quantitative studies were conducted which investigated the mental health and wellbeing of 332 rural adolescents via a questionnaire. Results from this questionnaire study were then compared to existing South Australian data collected in 2001, 2003 and 2005, the aim being to investigate differences in mental health and wellbeing between groups across the three different time periods.

## *Results*

A qualitative study of human service providers in four rural townships identified five major influences on adolescent mental health care in local communities: Community and Society Factors; Youth Issues, Indigeneity; Service Delivery and Utilisation; and Occupational Factors. Significant gaps in mental health service delivery were identified and better implementation of existing resources was identified as being more important than the absence of resources *per se*.

Framework Analysis of qualitative data collected from focus groups with rural adolescents identified three overarching concepts perceived as having an impact on mental health: Recognition and Knowledge; Social Problems; and Accessing Care. Adolescents proved to be highly knowledgeable about the mental health problems in their communities and made six recommendations for improving future service delivery. Their main concerns centred on – reducing the stigma of mental health issues in their rural communities, and importing „younger“, less „formal“, mental health staff.

The final two studies employed a questionnaire to investigate self-reported mental health and wellbeing. Amongst the adolescents sampled (N=332), gender differences were evident according to measures of psychological health and psychological distress. Male participants reported significantly lower levels of self-esteem ( $p<.001$ ), trait anxiety ( $p<.001$ ) and perceived stress ( $p<.001$ ), than their female peers; but also indicated higher levels of psychological distress (as determined by GHQ score), than females ( $p=.023$ ). Both gender groups tended to demonstrate low to very low levels of suicidal ideation, but females reported twice the level of suicidal ideation ( $p=.006$ ) than their male peers.

In terms of wellbeing and health risk behaviours, female participants were found to drink more frequently than males ( $p=.010$ ), were more likely to use prescription and non-prescription drugs ( $p<.001$ ;  $p=.020$ ), smoke „socially“ ( $p=.004$ ) and participate in „risky“ sexual behaviour ( $p=.004$ ).

In comparison to existing South Australian data collected in 2001, 2003 and 2005, participants in this study tended to demonstrate significantly poorer levels of psychological health, as determined by social alienation (Yr 10,  $p<.001$  & Yr 12,  $p=.036$ ), negative mood (Yr 11,  $p=.035$  & Yr 12,  $p<.001$ ) and GHQ (Yr 11,  $p=.002$  & Yr 12,  $p<.001$ ) scores. However, they reported significantly lower levels of suicidal ideation than those observed in existing 2001 data (Yr 10,  $p=.005$ ). Participants in the current study also reported significantly less participation in health risk behaviours, with drinking frequency (Yr 10,  $p=.002$ ), tobacco (Yr 10,  $p=.002$ ) and marijuana use (Yr 10,  $p=.035$ ) being more frequently self-reported amongst participants sampled in 2001.

### *Conclusions*

Using mixed-methods made it possible to undertake a comprehensive investigation of the mental health needs of adolescents in rural South Australia. Qualitative findings indicated that both human service providers and adolescent consumers of mental health care were concerned about the occurrence of mental health issues and gaps in existing service delivery in their communities. Participants provided several recommendations to improve local mental health services and encourage adolescents to access help in the future.

Quantitative findings of this PhD project suggested that the psychological health of adolescents sampled in 2008/9 was poorer than that observed in existing 2001, 2003 and 2005 data; whilst participation in health risk behaviours was less frequent in the 2008/9 sample.

Collectively, the results of this study are relevant to future rural mental health policy, and particularly in geographically similar communities in other states of Australia. In order for improvements to be made which will benefit the mental health of adolescents in rural currents, it is necessary for policymakers and stakeholders to consider not the *amount* of resources available, but rather, how existing health resources are being *managed* within rural communities.

## STATEMENT OF AUTHORSHIP

This work contains no material which has been accepted for the award or any other degree or diploma in any university or other tertiary institution to Marijeta Kurtin and, to the best of my knowledge, and belief, contains no material previously published or written by another person, except where due reference has been made in the text.

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Marijeta Kurtin

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