



WHERE YOU LIVE MATTERS: MENTAL HEALTH IN RURAL AND REMOTE CANADA

Remote and rural communities are very special places. They often have homegrown safety nets that can make them more resilient. An unhurried pace of life can keep stress in check. People often feel a strong sense of connection to the place they live, and to their neighbours, taking care of the land and of each other, and creating lasting bonds. This means they often feel like they belong.



However, people who live in rural and remote communities often have poorer mental and physical health, shorter lives and higher rates of suicide, especially among youth. And yet mental

health and substance use health services are profoundly limited in rural and remote areas of Canada.¹ That's if they exist at all.

CMHA worked with the [Centre for Community Based Research](#) to learn what needs to change, and how to change it. We dove into the existing research, and did some research of our own, holding four online forums across Canada. The

forums were a platform for 200 people who have lived or worked in rural and remote communities to discuss their mental health needs and explore solutions. This is what they told us.

Rural and remote communities face enormous challenges to their mental health and substance use health, including:

- Poorer mental and physical health
- Shorter life expectancy
- Lower income, employment, and educational opportunities
- Limited mental health, substance use health and addiction services or no services at all
- Services that can vary drastically
- Difficulty getting services because of geography, long distances, and challenging weather
- More stigma about asking for and getting help
- Lack of anonymity, which can impact privacy
- Cultural expectations of “hardiness and self-reliance” that stop people from seeking help
- Greater problems with substances, especially alcohol use
- Triggers – like substance use, violence and suicide – are close to home and not easy to move past
- Isolation and loneliness
- The pressures of climate change, including climate emergencies
- A lack of recreational opportunities
- Jobs in trades, seasonal work, and resource extraction in remote areas that affect mental health and substance use health.

While the obstacles are many, it's only by identifying them that solutions can be found. (And they are being found. You can read more about solutions [here](#).)

Nearly six million people (16% of the total population) live in rural and remote areas of Canada. Rural areas have a population of less than 1,000 or fewer than 400 inhabitants per square kilometre.² A high proportion of Indigenous populations live in rural and remote areas and are impacted by socioeconomic and health inequities resulting from colonialism.³ CMHA operates in more than **330 communities** across every province and Yukon, including dozens of rural and remote areas, where access to care can be particularly difficult.

Five main challenges and what can be done

1. FOUR WALLS AND BEYOND

We often hear about the housing crisis in Canada's cities, but housing is not just an urban problem: rural and remote communities have been hit hard with growing homelessness, encampments and the high cost of housing. Shelters in rural communities are often full or just do not exist, and safe and affordable housing is lacking, especially for single mothers and women fleeing violence, Indigenous peoples and seniors. In our research, we heard about the shortage of housing stock, which leads to overcrowding, and about the poor quality of housing. We also learned that people with mental health and substance use health needs lack supportive housing options. To be well, people need to be well housed and have the right supports. Affordable, stable housing can make all the difference.



2. CLOSING THE GAPS IN CARE

Often people in rural and remote areas can't get the care they need. And the need is clear: forum participants spoke about despair and isolation in their communities, intergenerational trauma, and the rising rates of harm and grief caused by alcohol and the toxic drug crisis, which also disproportionately impact Indigenous communities. Yet, psychiatrists and counselors are in short supply, as are inpatient beds, treatment for addictions and supports for families. Wait times are long. In many communities, there are no substance use health supports like the

distribution of naloxone and sterile supplies, or supervised consumption services. Like many urban centres, rural areas also lack programs that promote good mental health and intervene early when youth are at risk.



Indigenous participants also described how a history of colonialism and harm inflicted through the healthcare system foster mistrust. The first step in overcoming some of the challenges in rural and remote mental health is to actively involve the community so that people have a chance to identify their specific needs. It also builds trust and ensures they know how to access services.

“If only mental health care were available virtually.”
—Kristen, Labrador

3. BRIDGING THE DISTANCE

When care is often far from home, getting it can sometimes mean travelling long distances. Leaving one's home and community to get care can be costly, time-consuming, and disruptive to both family and work. Sometimes transportation routes are also impassable due to weather conditions. Public transportation may simply not exist. Virtual mental health services can help

bridge the distance, but obstacles can get in the way, like unstable or non-existent internet connections. Participants also said that the barriers were not always physical, and that stigma is a significant barrier to services in rural and remote communities.

4. WORKING TOGETHER FOR BETTER CARE

For the mental health care system to function, all of its parts must work together. Right now, in rural and remote communities, that doesn't always happen.



Sometimes mental health and addictions services are disconnected from each other and referrals might be made without good follow-up or after-care. The research told us that people in rural areas do not know where to go for help. Mental health

providers need to work in together with schools, workplaces and housing providers to streamline access to information, care and resources.

“People in rural communities face challenges unique to rural areas, such as stigma and limited access to mental health services.”

—Jessica, CMHA Alberta

5. ATTRACTING AND RETAINING THE RIGHT CARE

When it comes to mental health care, the people who provide it are a precious resource. But rural and remote communities struggle with a chronic shortage and high turnover rate of qualified healthcare professionals. Mental health and addictions professionals too often leave for the private sector where the cost of care is high. The research showed the need for training and support staff to make care culturally safe, trauma-informed and relevant for Indigenous communities, including services in local languages, and in French. In order to keep their workforce strong, organizations also need guaranteed and stable funding.

“Tailored solutions in community and improved access to mental health services are priorities for rural and remote communities.”

—Jessica, CMHA Alberta

1 Canadian Mental Health Association. (2022). Running on empty: How community mental health organizations have fared on the frontlines of COVID-19. Masse, M., Nelson, H., Nicholas, D. (2023) Challenges accessing mental health services in rural and remote communities: A review of the literature. AIDE Canada; Friesen, 2019.

2 <https://www150.statcan.gc.ca/n1/pub/71-607-x/71-607-x2024012-eng.htm> (accessed January 30, 2025); <https://www12.statcan.gc.ca/census-recensement/2021/ref/dict/az/Definition-eng.cfm?ID=geo042> (accessed January 30, 2025)

3 Friesen, E. (2019). The landscape of mental health services in rural Canada. University of Toronto medical journal. 96. p.47.

What governments can do to support the mental health of people in rural and remote communities

1. Improve access to mental health services in rural and remote communities.

- Provide a full range of virtual services and supports.
- Establish Wellness Hubs so that communities can access mental health and substance use health supports, primary care, and connections to community organizations all under one roof.
- Invest in mobile clinics that provide outreach, primary care and mental health and substance use health supports.
- Invest in land-based healing programs.
- Provide financial assistance to cover travel and accommodations for those who must access mental health and addictions treatment outside their community.

2. Invest in housing

- All levels of government must work together to address housing gaps in rural and remote communities, including supportive housing.
- Ensure a supply of permanent supportive housing, transitional housing and emergency shelters tied to supports.
- Ensure an adequate stock of housing, including community and deeply affordable housing.

3. Provide community grants to build up and sustain the rural and remote mental health workforce.

- Establish and invest in “homegrown” mental health training programs to develop a workforce of peer supporters, counselors, healers, and paraprofessionals.
- Increase the number of Indigenous health providers in the workforce.
- Train health providers to deliver culturally appropriate and trauma-informed care



We would like to acknowledge and express our gratitude to West Fraser for funding this project. Their commitment to supporting the well-being of people living and working in rural and remote areas made this work possible.