



TRANSFORMING RURAL AND REMOTE MENTAL HEALTH IN CANADA

When it comes to mental health in rural and remote Canada, the struggles are real. And yet the services are limited. If you're looking to understand the challenges, see our fact sheet, [Where you live matters](#). As for the solutions, CMHA hosted community forums across the country and learned what would make the difference, along with innovations that are underway already. Here is what we found.

A ROOF OVER EVERY HEAD

Real solutions include more permanent supportive housing, more transitional and emergency shelters tied to mental health and social supports, and more affordable housing options, including subsidies. At the same time, we need public education to raise awareness of how trauma, poverty, racism and colonialism lead to homelessness. That way we can ensure that everyone is housed and promote better ways of working together.

- The [Rural Development Network in Alberta](#) works to end to rural homelessness through education, action plans, advocacy and other initiatives. It also distributes Government of Canada "Reaching Home" funding to communities including First Nations and Métis Settlement communities.
- Tiny homes: The Indigenous-led Changing Horses NFP Supportive Housing Complex is under construction and will address homelessness in Moses Lake, Blood Tribe, Alberta.
- ["Landlords Working to End Homelessness" \(LWEH\)](#) finds permanent, safe housing for vulnerable people in Whitehorse, Yukon, visits tenants every week, and helps resolve conflicts with landlords.
- The HomeShare program in Grey Bruce County



matches seniors who have extra space in their homes with students who need housing to reduce costs and loneliness.

BRINGING CARE WITHIN REACH

Virtual services – like telemedicine and virtual mental health and addictions services — can transform access to care, bringing care into rural and remote homes. Many CMHA branches offer virtual mental health and addictions services, as

well as online Recovery College courses and peer support. However, expanding virtual services cannot replace in-person services. Mobile clinics, for instance in retrofitted RVs, do outreach and bring care

providers directly to rural places. The Fly-In Fly-Out (FIFO) model brings healthcare providers from more populated areas to remote locations. While this can help bring care within reach, it does not ensure consistent and culturally sensitive services. One solution is to train people in the community to provide mental health services locally.

- The [Government of Nunavut is training Inuit paraprofessionals](#) to offer culturally appropriate mental health services in its communities.
- [Prairie Mountain Health in Manitoba](#) has a Mobile Addictions Clinic that offers rapid access to addictions medicine in Wuskwiki Siphik, Russell and Virden.

- [AgWO](#) is a suite of free programs from CMHA Ontario Division and its partners to enhance mental health and well-being in Ontario's agricultural communities. AgWO programs include the Farmer Wellness Initiative, a free individual counselling service; the Guardian Network, a volunteer suicide-prevention network; and In the Know, a mental health literacy training tailored to the agriculture community.
- [Safe Works Access Program in Newfoundland and Labrador](#) provides education to people who use drugs and distributes naloxone kits and sterile supplies across the province via delivery, mail, and pharmacies.
- [The Spiritual and Mental Wellness unit](#) of Kwanlin Dün First Nation's Natsékhi Kù Health Centre offers land-based programming to Yukon First Nation Families at the Jackson Lake Healing Camp.

GOING WHERE THE CARE IS

On-demand transit and shuttle buses could help get people to care in other communities. But getting there is just the first step: people need somewhere to stay to get treatment and services. Accommodation and childcare subsidies would help remove those barriers.

- The [Rural Transit Solutions Fund](#) supports local transit solutions that help residents in rural, remote, Indigenous and Northern communities conduct their day-to-day activities, like getting services, visiting loved ones, and going to work, school, and medical appointments.

GETTING THE WORD OUT

People in rural communities can't get supports when they don't know about them. So, when services do exist, they need to be promoted. Creative solutions include posting QR codes with mental health and addictions resources in stores and gas stations.

- The [Rural Mental Wellness toolkit](#) was created to offer mental health education, help people in rural communities feel less alone in struggles with their mental health, and provide information on avenues for help and support.

People in rural communities can also benefit from national resources that are designed to meet everybody's needs, no matter where they live. These resources must be publicized locally.

- [The National Overdose Response Service \(NORS\)](#) app is a virtual, safe consumption site, available at all times for anyone in Canada who needs it.
- 9-8-8 Suicide Crisis Helpline is always available for support to anyone in Canada.

WORKING TOGETHER FOR BETTER CARE

Mental health care in rural and remote communities improves when healthcare providers work together. Wellness hubs do this exceptionally well. These hubs are centralized service centres that bring together health care and social services in one location to provide all-around care. Another solution is to connect urban psychiatrists with primary care doctors in rural communities to improve access to psychiatric care.



- [Innusivik Community Wellness Hub](#) in Iqaluit, Nunavut, combines land-based programming with Inuit counselling and suicide prevention.
- [Rural Urgent Doctors in-aid \(RUDi\)](#) in British Columbia are physicians with emergency medicine and rural experience. They are available 24/7 by Zoom and phone to assist rural healthcare providers looking for support with a patient.

A STRONG WORKFORCE

Bringing the right care providers to rural locations — and keeping them on board — is key to rural mental health. Good salaries, benefits and working conditions can help make that happen. Offering the right care also means that care providers are trained and have what they need to provide culturally appropriate care in the languages spoken by local communities. In addition, when mental health care resources are scarce, rural and remote communities can train and employ local people to offer mental health support.

- [The Rural Mental Health Project](#), out of CMHA Alberta Division, trains people to lead meaningful conversations about mental health and well-being. The training is free and the project funds rural mental health and well-being projects.
- [Peer Support Fundamentals Training for Rural and Farming Communities](#) trains people with mental health challenges to create peer support groups in their rural and farming communities.

<https://mentalhealthcommission.ca/resource/rural-and-remote-mental-health-in-canada-evidence-brief-on-best-and-promising-practices/>

<https://bcruralhealth.org/>



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