

Psychologists Professional Development: Implications for Effective Transformation of Emotional Wellbeing of Rural Population

Dr. A Basseer Jeeawody*

* International Consultant Psychologist Human Potentials Australia

Abstract

The health and well-being of the population in regional Australia is crucial to the overall prosperity of the nation. In rural settings, rural psychologists must understand not only what health outcomes are manifested in rural populations but also how the overall settings influence individuals' health outcomes.

The appropriate model for rural psychologists is Salutogenesis approach which suggest decentralised psychological practices through a pluralistic and integrated approach. The Salutogenesis approach also guides health promotion and moves beyond a disease focus to providing psychological intervention.

Introduction

The population of Australia is growing and the health and well-being challenge of its rural population is augmenting. People living in rural locations are subject to a number of pressures causing stress, anxiety and depression. Psychologists have an important role towards contributing to a resilient rural community experiencing diminished emotional wellbeing.

Emotional wellbeing problems in rural settings are more significant than in urban sector. Stress associated with poverty, farm crises, high-risk populations, the effects of natural disasters, suicide rates and alcohol abuse are higher in rural settings. Potentially exacerbating the severity of distress is inadequate and inconsistent psychological support. Psychological intervention is widely recognised as an

essential building block for human and economic development due to its wide-ranging impacts on emotional wellbeing, health, employment, poverty and social capital. Psychologists practising in rural setting scope with challenging situations and therefore need to be professionally prepared to meet the needs of the rural community.

This paper outlines opportunities for professional development of rural psychologists in addressing emotional wellbeing towards rural transformation as part of an overall development strategy. The paper is a first person account of a practising rural psychologist specific to his work in local rural communities. Broad perspectives of the author on rural practice are presented and scope for rural-centric innovative best practice is explored and recommendations for professional development of rural psychologists and scope for further research towards rural transformation and emotional wellbeing of the community are made. The author's perspectives form a platform to conduct a qualitative study. This is to determine knowledge, skills and attitudes required by rural psychologists, scope for academic programs and professional development towards transformation of emotional wellbeing of the rural community. Hearing the voices of rural Psychologists towards transformation of emotional wellbeing of rural population is a way to addressing the gap.

Rurality and Emotional Wellbeing Challenges

In Australia, nearly one third of its national population, equivalent to 7 million Australians, live in rural and remote areas and they are heavily and increasingly concentrated in regional centres and country towns (Rickards, 2011). Reality generally refers to a particular environment and social setting, including the strong presence of the agricultural sector and mining sector, which shapes characteristics of both the landscape and the community (Rickards, 2011). Some rural people in Australia are extremely geographically isolated and create a variety of challenges and issues concerning the health and opportunity for accessing health services. The health of this population, in contrast with those living in the urban areas, is distinct. There are social and equity issue particularly in their health status of the health and provision for healthcare (Rickards, 2011). The rural setting and its social contextual factors, however, have both positive and negative effects on physical as well as psychological state. Data to demonstrate the benefit of reality on health is scarce. There is a requirement for a broad conceptualisation of health and emotional well-being.

Perception of reality is varied. Hastings & Cohn, depict rural life as “the pastoral scenes lush with livestock and steep mountain slopes strewn with dilapidated trailers” (2013, p.37). However, scholars, including the author of this paper, based on rural professional experiences, observe that rural life is widely diverse in economic, health, welfare, and support for emotional wellbeing resources. There is also vast cultural diversity. Cooke-Jackson & Hansen (2008) have observed that, resources, opportunities, facilities and professional challenges tend to be stereotyped, leading to depictions of rural life generally relying on stereotypes. In comparison to metropolitan settings,

there are fewer mental health and medical services and limited educational opportunities in rural areas (Cooke-Jackson & Hansen, 2008). Commonalities, according to the author, do seem to exist in rural areas within the domain of mental health access care and psychological interventions. Research in this domain will confirm such an observation.

There is a distinct demographic shift observed by the author where he is practising. There is out-migration whereby the young generation is leaving the rural sector for studies and not returning. They are leaving their rural homes for employment opportunities in urban areas. The remaining population is becoming more aged and creating a higher health burden in the area of emotional wellbeing. Loneliness, powerlessness, hopelessness, helplessness, anxiety and depression in this ageing group are regularly observed in the author's practice.

Re-population is also part of the demographic shift. There are individuals who move to the rural area for cheaper accommodation and relaxed lifestyle and commute to work to the nearby cities. There are others who are moving away from the urban areas for employment opportunity, such as farming, policing, engineering, and business. This group appears to be predominantly male who take their families along with them. An added pressure is created when the partners and children do not settle readily. Their emotional well-being is affected and mental health problems, such as anxiety and depression, set in. There are migrants from overseas, particularly the Asian migrants, who are settling in the rural sector for employment opportunities and cheaper cost of living.

There are multiple challenges associated with the emotional well-being of this group of population. Settling in difficulties, lack of acceptance by the local

community, poor network of friends and relatives, create an added pressure on their emotional well-being. There may also be cultural clashes between newcomers and the existing residence and such a conflict appears to be another source of stress. The unsettling period prompt them to leave the rural sector and migrate elsewhere there are opportunities for improved quality of life and employment security.

There is a distinct pattern of rural health emerging amongst the males. The author supports observation made by Rickards (2011) that rural identities of males are shaped around ideals of individualism and stoicism. There is a disinclination by this group to seek psychological help when needed. They seek help from a psychologist when their distress is well advanced and occasionally to the stage of depression with suicidal ideation.

Emotional wellbeing problems in rural areas

Emotional wellbeing is the basis of happiness, fulfilment, motivation, productivity, effectiveness, efficiency and a higher degree of resiliency and self-direction. Emotional wellbeing remains a health concern and burden in the rural settings. There is an increasing prevalence of emotional problems as reflected by the author. People living in regional, rural or remote locations are subject to a number of pressures and causes of emotional problems not generally experienced in metropolitan sector. Incidences such as depression, suicide, abuse, domestic violence, aggressive behaviour, occupational stress and psychological injuries, juvenile delinquencies, family and marital conflicts, substance abuse, imprisonment, multiple re-admission to hospitals, are common. These challenges are presented to the author during his psychology practice in the rural sector.

Emotional wellbeing is the overall psychological wellbeing of a person and having the presence of positive characteristics and values. The better individuals are able to master emotions the greater is their capacity to enjoy life and cope with stress and focus on important personal, professional, educational, family, occupational and community priorities. When their emotional wellbeing is affected they begin to suffer from psychological problems and mental illnesses thus incapacitating them and impacting on their resilience and making them less productive, less effective and more vulnerable. Psychological problems and mental illnesses are further affected by the culture of reality and constraints in health care facilities and provision, particularly in psychological support and services.

Mental health problems rank the third most costly conditions in terms of overall health care expenditure. Estimates show that mental health problems would become the leading cause of disability in two decades. Major depressive disorder is projected to be the worldwide leading cause of disease burden by 2030. In 2012, the Organisation for Economic Co-operation and Development (OECD) confirmed the magnitude of this public health challenge, for example, 20% of the working-age population is suffering from a mental health disorder. A number of factors are responsible for increasing the disease burden: insufficient focus on addressing emotional wellbeing, lack of funding of prevention programs, and the stigma associated with these disorders.

Emotional wellbeing problems in rural areas are more significant than in urban areas. Stress associated with poverty, farm crises, high-risk populations, the effects of natural disasters, suicide rates and alcohol abuse are higher in rural settings.

Unemployment rates are higher in rural areas. Potentially exacerbating the severity of anxiety, distress and depression amongst those who have employment difficulties is the challenge in finding employment.

People living in far distance away and in scattered areas, away from the main town/village have difficulties in transportation to travel to consult with a psychologist. Transportation difficulties coupled with greater travelling distance and also lack of family support, lead to psychologists providing uninterrupted services.

It appears that residents in rural settings are known to each other, therefore clients seeking for mental health treatment and psychological intervention are further affected. This is connected with stigma and lack of discreetness. The stigma associated with seeking mental health treatment is exacerbated by the difficulty in remaining discreet in small communities" (Hastings & Cohn, 2013). Furthermore, for some of the residents being seen in a doctor's surgery can be a cause of embarrassment (Rickards, 2007). The issue of privacy creates an added stress on the residents.

Leveraging the emotional wellbeing of the rural community

The risks and vulnerabilities exposed by societal pressures, stress and other factors, is observed to be on the rise, and that impacts are severe and widespread in the rural sector. Examples are, extensive anxiety and stress in individuals and their significant others' lives, workplace issues, for example psychological injuries, economic losses, hindering development goals, disruptions to livelihoods, disempowering local community.

What is becoming equally apparent in the author's rural practice is the importance of resilience and the way rural society perceives, copes with and reshapes lives after the worst has happened: to use change to better cope with the unknown, such as disasters, flood, fire, industrial accidents, and cyclones. Emotional distress and psychological trauma cause significant loss of productivity, particularly in the farming sector.

A holistic solution to dealing with emotional wellbeing issues and a fundamental understanding of the problem as well as developing creative best practice models are necessary. Push and pull mechanisms could trigger incentive research and accelerate the development of new strategies. This will present opportunities towards minimisation of burden from emotional wellbeing difficulties and make the rural community more resilient, more productive, more attractive to people who wish to settle there. It will encourage young people who have left their rural homes for studies in the urban area to return home and practise their professional. The sector may also become more attractive to professional practitioners such as psychologists and medical and allied health professionals.

Implementation of best practice models in prevention, intervention and professional practice in this field is essential. Exacerbating the severity of distress is inadequate and inconsistent psychological support. The rural sector must begin by identifying its needs in the arena of emotional wellbeing and by identifying its capacity-building priorities. It must foster its ability to cope with difficulties and challenging issues in a changing environment leading to positive emotions. Positive emotions broaden people's thought-action repertoires, undo lingering

negative emotions, fuel psychological resilience, build psychological resilience, and trigger upward spirals towards enhanced emotional well-being (Frederickson & Joiner, 2002).

Strategies to address the burden of mental health problems, personal and societal, across the health, social, welfare, education, and employment sectors must be developed. Any strategy targeting progress in the field of mental health in the rural sector would be incomplete without an updated action plan to lower its burden. It is, therefore, proposed that a research is conducted and the conceptualisation and development of emotional wellbeing of citizens in the rural sector and the role of practising psychologists determined. Embedded within this research will be the professional development of existing psychologists practising in the rural sector and preparation of future psychologists at undergraduate and postgraduate levels to encourage and enable and motivate them to practise in the rural sector. Conceptualisation and development of emotional wellbeing need to be strengthened from a rural perspective.

Conceptualisation and development of emotional wellbeing

Emotional development encompasses a number of skills that we need to develop in order to succeed in life generally. These include the ability to identify and understand one's feelings, accurately read and comprehend emotional states in others, manage strong emotions and the expression, regulate one's behaviour, develop empathy for others, and establish and sustain relationships. These skills form the basis for self-regulation, enabling us to withstand impulses, maintain focus and undertake tasks

regardless of competing interests (Australian Institute of Health and Welfare, 2009).

Measurement of emotional well-being presents challenges for government, policymakers, practitioners and researchers. Measures of other phenomenon such as educational development and economic well-being are reasonably well defined, and policymakers, researchers, professional practitioners and the general public are comfortable with general indicators to measure progress in these areas. A number of measures of health and physical well-being have also gained widespread acceptance. But there is no single indicator or set of indicators relating to social and emotional aspects of human being in general that is widely approved, and this is strongly evident from a rural perspective.

The author's approach to the challenge of addressing the development of emotional wellbeing in the rural sector is multifaceted. Any indicators of emotional wellbeing have to aim first, towards positivity, towards '*the good life*'. They should also aim, as far as possible, towards universality, and should be interpreted in the context of the whole person. They should be seen as having relevance in the wider context of the person's physical, social, and material environment and in the context of the person as a reflexive and critical agent. In general, for the rural sector, this means developing a truly consensual vision of the good life and the good rural society. White's (2008), Fredrickson's and Joiner's (2002), Nussbaum's (2000), Doyal and Gough's (1992), work will present an opportunity to further conceptualise the notion of emotional wellbeing from a rural context.

Nussbaum (2000) observes that well-being in essence refers to a certain level of human functioning. According to White (2008) people's ideas of their own

well-being change throughout the life-cycle. Doyal and Gough (1992) identify two basic human needs – health and survival, and personal autonomy. Fredrickson and Joiner (2002) observe that ongoing effect of positive emotions improve our psychological well-being and physical health by cultivating experiences, and that positive emotions transform people for the better, giving them better lives in the future.

Nussbaum (2000) proposes an approach to well-being that is of “global relevance for every citizen in every nation”, and this is relevant to the rural sector. Nussbaum identifies a set of basic human capabilities to which she believes all societies should aspire and tell us which policies should be geared, including: life; bodily health; bodily integrity; senses; thought and imagination; emotions; practical reason; affiliation; other species; play; and control over one’s environment (Nussbaum, 1992).

Doyal and Gough (1992) identify two basic human needs – health and survival, and personal autonomy – since these are the universal preconditions for successful participation in social life. These two basic needs must be satisfied to some degree before individuals are free to pursue and achieve their goals. They identify three variables that shaped the extent of autonomy and individual may exercise. The first is the level of *understanding* that individuals have about themselves, their culture and what is expected of them as a member of the culture. The second variable is *mental health/psychological capacity* (cognitive and emotional capacity). The third is an individual’s autonomy; creating opportunities for new and socially significant action and significant social roles.

White (2008) emphasises the *relational* character of well-being, which concerns ‘*personal and social relations*’. In this dimension, she includes relations of love and care; networks of support and obligation; relations with the state: Law, politics, welfare; social, political and cultural identities and inequalities; violence, conflict and insecurity; and scope for personal and collective action and influence. White observes that, “Expectations of the future and reflections on the past also have a bearing on how people conceive of the present – and how people feel about their present affects how they read their pasts and future. Such personal evaluations are in turn affected by how people conceive of time itself; whether linear or circular” (White, 2008).

Layard (2005, p.12) describes ‘*happiness*’ as feeling good, such as enjoying life and wanting the feeling to be maintained. The state of ‘*unhappiness*’ according to Lanyard (2005, p.12) is feeling bad and wishing things were different. When we are in good emotional health, “we should be able to respond appropriately to whatever situations we encounter” (Weil, 2010, p.19). According to Weil, “contentment, serenity, comfort, balance, and resilience together constitute a *logom* version of positive emotionality” (p.19).

Frederickson and Joiner (2002) observe that ongoing effect of positive emotions improve our psychological well-being and physical health by cultivating experiences of positive emotions in order to cope with negative emotions. They observe that, experiences of positive emotions signal well-being and are vehicles for individual growth and social connection by building people’s personal and social resources. Positive emotions transform people for the better, giving them better lives in the future.

Psychology Practices in the Rural Sector: Challenges and Opportunities

Psychologists practising in rural settings are faced with many challenges. There is a shortage of psychologists and the challenge of professional isolation. Fewer peers translate to lesser opportunities for peer briefing, de-briefing on difficult clients. There are also lesser opportunity for mentoring and emotional support from colleagues thus leading to burnout. In an earlier study, Kee, Johnson & Hunt (2002) examined burnout among clinicians in a rural setting, and found that 65% of participants reported at least moderate levels of burnout, and there was a lack of professional nurturing relationship. They concluded that clinicians who experienced a deficiency of mutually nurturing relationships were at higher risk for emotional exhaustion Kee, Johnson & Hunt (2002). The experience of burnout and diminished job satisfaction may lead on to psychologists leaving the rural settings. This will further affect the shortage of psychologists in rural settings. Professional isolation and lack of peer support are of concern for psychologists in rural settings.

Psychologists in rural settings also experience social isolation. Ethics of professional practice minimise their social connection with the local communities, and furthermore psychologists' professional values may not be readily accepted by the community. Rural communities are generally set in their own rural culture and are conservative in their lifestyle and Psychologists coming as new members of the community may be regarded with suspicion and those who do not understand the local communities' culture. Such an attitude, cultural barrier and a lack of understanding of the psychologists personal, social

and professional needs may further impact on the their professional practice.

The scope of professional practice for psychologists in rural settings is broad. Psychologists have to move beyond their practice as a specialist to more of a generalist based on a pluralist approach to their interventions thus meeting the needs of a heterogeneous client population. The author is practising with clientele in rural settings across the lifespan and dealing with multiple psychological problems and challenges. Clientele experiencing anxiety, depression, stress and suicidal tendencies are numerous. These may be associated with farming, vocational difficulties, psychological injuries associated with bullying, harassment, discrimination, equal opportunity and equity. Clients with mental health problems coupled with suicide rates, alcohol abuse and drug abuse seen by the author are high, and the stigma associated with these further affect clients' recovery. There are also high risk population associated with disasters such as flood, fire, storm and major industrial accidents. There are also multiple cases of industry-based trauma. Stigmatisation against those suffering from mental health problems is high. High degree of stigma, if professionalism and confidentiality are not fully maintained, may be connected with professional practice such as Lawyers, Accountants, Teachers, and Managers. The '*old-boys network*' equally plays an adverse part in minimising psychological injuries. The high risk clientele are also those experiencing a disability. Employment and re-employment opportunities can be minimised. The challenge of working with multigenerational clients is also common.

Personal difficulties experienced by psychologists are evident. The continuous visibility can be stressful

to the psychologists, particularly as they are labelled to be '*good or bad psychologists*'. Furthermore, they may be judged by how their family members – partners, children, parents, and friends – are judged in the community. Rural citizens can also be familiar with the beliefs and values exercised by the psychologist. These values and beliefs can be in connection with religious denomination, membership of clubs, and social affiliation. The familiarity of the psychologist can also be a challenge. Such a challenge is magnified when the psychologist is dealing with an ex or current client within the client's work contexts, such as shops, café, hair salon, banks, newspaper shop, and professional practices such as legal and accountancy. All these factors require that the psychologist becomes thoroughly vigilant and manage the situations accordingly, professionally and effectively. Additional social issues which are challenging to psychologists practising in the rural sector are boundary crossings, community pressure, expectation, visibility and anonymity.

Boundary crossings are benign overlapping relationships (Malone, 2012). Boundary crossings are generally more common where psychologists live in close proximity to their clients and if they have commonality in their social circles. Boundary violations impair judgement and objectivity and have clear potential to be exploitative and harmful to the client, the professional relationship, and the profession of psychology (Australian Psychological Society, 2004).

Community pressure is the impact of a community's unique values and culture on professional services (Malone, 2012). It also impacts expectations, visibility, and confidentiality. Rural psychologist, therefore, must take into account the needs of their clients and that of the community, and

requires a balance between professional and community standards (Schank & Skovholt, 2006).

The maintenance of visibility and anonymity is essential. Establishment of positive networking with the rural social network is advantageous. Lack of anonymity, however, may develop trust but may also increase pressure and may pose safety concerns and create anxiety for the rural psychologists (Australian Psychological Society, 2004).

For competent and successful practice, rural psychologist must be familiar with the unique values and culture of rural settings (Australian Psychological Society, 2004). Psychological intervention is widely recognised as an essential building block for human and economic development due to its wide-ranging impacts on emotional wellbeing, health, employment, poverty and social capital. Psychologists practising in rural areas, therefore, must be effectively prepared to cope with challenging situations, distress and inadequate facilities. Potentially exacerbating the severity of distress is inadequate and inconsistent psychological support. There is, therefore, a need to be effectively prepared at undergraduate and postgraduate levels. Continuing professional development for rural psychologists will strengthen an opportunity to implement best practice models and meet the emotional needs of the rural community.

Professional Development of Psychologists in Transformation of Emotional Wellbeing

Many psychologists practising in the rural settings are generally trained with a generic and an urban model and philosophy. Boundaries between psychologists and clients, referral system and opportunities and within such a model and philosophy are clear (Helbok, Marinelli, & Walls, 2006).

Diminished opportunities, lack of boundaries clarity between practitioners, clients and organisations can cause stress in psychologists. Pressure in the arena of professional practice can also be contributed by lack of anonymity and reality of interfacing with clients in social and community settings. There are additional stressors associated with rural psychology practice. Professional isolation, fewer resources for effective practice and lack of professional support and opportunities for immediate de-briefing may minimise job satisfaction. This may lead to high risk in and experience of burnout.

Dyck, Cornock, Gibson & Carlson (2008), have observed that graduate training provides inadequate preparation for rural psychological practice. They further assert that academic programs for psychologist are urban model focused. Boundaries between psychologists and clients within the urban settings are clearer are clearer in comparison to those in the rural settings. The author's professional experience indicates that a more integrative, pluralistic and collaborative approach to psychological practice is more appropriate in the rural settings, and these must be integrated in the graduate training program. A collaborative approach across disciplines can promote creativity in the delivery of service (Haxton & Boelk, 2010).

The author experiences great depth of professional satisfaction and fulfilment from the benefits of rural practice. This is connected with the opportunity to be autonomous and to deal with a diverse presenting issues and the application of an integrated and pluralist approach to intervention. Emphasis must be placed on working within a development framework encompassing a preventative and psycho education framework. Skills in a pluralistic

and integrated approach must be developed. The author observes that potential for psychologists in developing strategies for effective transformation of emotional wellbeing of rural population is increasing.

Voice of Rural Psychologists

This paper presents the voice of a practising Psychologist in rural Australia, the perspectives of the author. The experience of the practising Psychologist is explored and recommendations for professional development of Psychologists practising in rural sectors and for further research towards rural transformation and emotional wellbeing of the community are made.

Rural psychologists must enhance their understanding of the unique context of their practices in rural settings. This is also congruent with the needs of rural counsellors for effective preparation for their practice (Hovestadt, Fenell, & Canfield, 2002; Morrissette, 2000). Are rural psychologist sufficiently prepared for rural practice? Hearing the voices of rural psychologists through a qualitative research methodology would determine factors and processes which require strengthening. Perspectives of rural psychologists must be explored to determine their perceptions, difficulties and challenges of their practices and what mechanisms and strategies should be put in place to address these, and what professional development programs must be implemented towards best practice. Schank (1998) has observed the importance of hearing from the voices of rural counsellors, and importantly also voices of rural psychologists.

The experience of the practising psychologist is explored and recommendations for professional development of psychologists practising in rural

sectors and for further research towards rural transformation and emotional wellbeing of the community are made. It is suggested that these perspectives form a platform to conduct a qualitative study to determine knowledge, skills and attitudes required by rural psychologists and scope for academic programs of psychological practice, and psychologists' professional development towards transformation of emotional wellbeing of the rural community. Hearing the voices of rural Psychologists towards transformation of emotional wellbeing of rural population is a way to addressing the gap.

The author's and a number of his colleagues' experiences as a rural psychologists have encouraging effect on conducting such a research. Although these may be considered to be opinions and subjective observations, their specific suggestions towards strengthening their practices through strategies such as professional development programs, networking and conferences are noteworthy. Furthermore, this indicates that there is a necessity to collate objective data to confirm these perspectives. The findings from such a research would have implications for rural psychologists practice and their foundation education, professional development and continuing professional education.

Further Researches

The interest for this strategic research arose out of concern of the author based on his professional experiences in the rural sector and by the paucity of cases and incidences concerning emotional well-being. Strengthening the emotional wellbeing and the resilience of the rural society towards enhancing productivity and sustainability is a way forward. It is against this backdrop that a framework for a research in strengthening the capacity of the rural community is proposed.

A number of challenges associated with rural professional practice are highlighted in this paper. Difficulties, stressors and lack of opportunities are also highlighted. To what extent psychologists experience their professional practices in rural settings to be appealing is lacking. There is a gap in the determination of factors, practices, strategies and processes which are appealing to rural psychologists. There are, therefore, opportunities, for further research in this arena. Research findings will generate an enhanced understanding of opportunities that exist for rural psychologists towards job satisfaction, innovative best practice models and professional development activities within the constraints of rural settings. The research will also attempt to generate an understanding of what alternative processes, strategies and opportunities are available to address current challenges.

Ethical, professional and social difficulties, obstacles and challenges faced by professional practitioners in rural settings are documented (Hastings & Cohn, 2013). This needs to be balanced with opportunities and professional satisfaction that exist for rural psychologists. The advantage of a generalist psychologist implementing an integrated and pluralist approach to practice in comparison to a specialist psychologist needs to be documented.

In order to identify professional development initiatives and activities for rural psychologists, effective ways of preparing and supporting psychologists in rural settings is needed. This would identify life style in rural settings, impact on the life of practising rural psychologists and self-efficacy.

Opportunities that exist for rural psychologists are not fully identified lesser in comparison with difficulties and challenges identified. Opportunities for

and the reward of an integrative, pluralist and collaborative approach to psychological intervention and degree of professional satisfaction in connection with these need to determined and strategies put in place to address these as part of graduate education and professional development activities.

Questions which may be asked are:

- (i) What individual psychologists in rural settings find attractive about their practice?
- (ii) What factors motivate individual psychologists stay and practice in rural settings?
- (iii) What stress factors are experienced by rural psychologists? And what are the impacts of these stressors on their practice and towards effective transformation of emotional wellbeing of the rural population?

Thematic content analysis would prospectively reveal ethical challenges encountered, job satisfaction, and the pinnacles and pitfalls of mental health care practice in rural sector.

The meanings of rural psychologists' experiences can be determined through an interpretive qualitative research methodology to discover, describe, and interpret what rural psychologists express about their practices and situations.

Through an open-ended questionnaire, selected internal rural psychologists could be asked to identify knowledge, attitudes and skills required to practice in rural mental health dealing with emotional wellbeing of the community. Determining issues unique to their practice areas should also form part of this question.

A snowball method for recruiting participants will be adopted. Professional organisations, advertisement in professional journals, recruitment at

international and regional psychological conferences, are few strategies which could be considered. Prospective participants can be recruited through Education for Rural Transformation (ERT) conference. ERT members can recommend rural psychologists who can be approached for this research. Rural psychologists from various countries, particularly developing countries, would be selected.

The author (as chief researcher) would use himself as researcher-as-instrument, incorporating his own professional experiences as a practising rural psychologist.

The participants, who are practising in rural settings may be asked to voice and express their perspectives on their practices and the impact of the rural settings on their lives, their practices and professional development towards transformation of emotional wellbeing of the community, and to recommend strategies and processes for training and professional development.

A number of areas that need additional research attention towards addressing rural psychological practices in the rural sector need to be considered. It would be essential to consider the following research questions:

- What are the benefits of psychologists practising in rural settings?
- How can graduate education better prepare psychologists to practise in rural settings?
- How professional development strategies enhance the professional fulfilment of practising rural psychologists?
- How can rural psychologists' professional development effectively transform the emotional wellbeing of rural population?

Conclusions

There are progressively ‘two Australias’, a ‘heartland Australia’ which is a globally connected nation of nineteen million people, and the ‘frontier Australia’, which is a vast resource rich with only three million people (Salt, 2011). Primary industries, constituting the rural and remote region are key to the frontier Australia, which is the key to the financial security of the nation. The health and well-being of the population in regional Australia, therefore, is crucial to the overall prosperity of the nation. The health and emotional wellbeing of people of regional Australia, however, are compromised. There are large inequities in health service provisions across Australia coupled with difficulties in attracting and maintaining psychologists particularly in rural and remote areas. Incidences and trends in emotional wellbeing problems continue to exist.

There is a significant rural–urban health status differential and that a number of emotional wellbeing issues require dedicated attention and intervention by psychologists coupled with effective professional development and continuing education programs. Rural psychologists require diverse areas of expertise beyond that of tradition psychological practice, and this presents opportunities for broad experience and innovative service delivery methodology. Psychologists continue to remain ‘*metro-centric*’. This approach to practice needs to be reviewed and, through psychologists’ professional development, effective transformation of emotional wellbeing of rural and remote population pursued. Rural psychologists have a key role to play in the implementation of innovative and applied practices and the revitalisation of frontier Australia

When addressing emotional well-being issues in rural settings, rural psychologists must understand not just what health outcomes are manifested in rural populations but how the overall settings influence individuals’ health outcomes. The diversity of issues and challenges faced by rural psychologists indicate that they are working in and dealing with complex situations and complex clinical and emotional manifestations. There are myriad of emotional well-being factors that are both individually and collectively manifested. There are human as well as environmental factors that are problematic. These challenges need to be fully assessed questions answered and outcomes determined.

The variance and challenges of emotional well-being for residents in the rural sector attract some psychologists to practise therein, and that has been the case of the author. Other challenges associated with characteristics of the rural population, such as individualism, stoicism, low mental health literacy, reduced privacy, difficulties in settling for newcomers, the increasing ageing population, are added pressure created for psychologists. Low levels of help-seeking behaviour especially in relation to sensitive topics such as mental health lead to visit to psychologists at a late stage of their difficulties. Such a culture needs to be reviewed and best practice models developed.

These challenges create a highly stressful work environment and health issues for rural psychologists. Despite a range of incentivisation schemes, it is found that those who are attracted to and remain in rural health work are often those who have rural background (Rickards, 2011). The author’s personal and professional experiences in the rural sector attract him to practise therein. Training and

professional development of existing psychologists need to be further pursued to address capacity shortfalls and to increase their appeal of rural practice.

The issues of availability and appropriateness of intervention of rural psychologists prompt the author to suggest that a model of decentralised psychological practices through a pluralistic and integrated approach, which is working effectively for the author, is considered. Becker, Glascoff & Felts (2010) propagate for a Salutogenesis approach, which is a future-orientated and open-ended model for health based on creating an enhanced mental health and emotional wellbeing. Salutogenic model as a theory to guide health promotion, developed by Aaron Antonovsky (1996), moves beyond a disease focus and conservative approach to providing psychological intervention. This may, however, run into the challenge of consistency in providing psychological intervention. Further research in this area followed with the development of best practice models for implementation is proposed. This will create opportunity for the professional development of rural psychologists towards effective transformation of emotional wellbeing of rural population.

References

Antonovsky, A. 1996. The salutogenic model as a theory to guide health promotion, *Health Promotion International*, 11 (1): 11–18.

Australian Institute of Health and Welfare 2009. A Picture of Australian's Children. *AIHW Cat Number 112*, Australian Institute of Health and Welfare, Canberra.

Australian Psychological Society, 2004. **Guidelines for psychological practice in rural and remote settings**. Australian Psychological Society, Melbourne, Victoria.

Becker, C., Glascoff, M. & Felts, M. 2010. *Salutogenesis 30 years later: Where do we go from here?* In L. Rickards, *Rural health: Problems, prevention and positive outcomes*. Health, Future Leaders, www.futureleaders.com.au.

Cooke-Jackson, A. & Hansen, E.K. 2008. Appalachian culture and reality TV: The ethical dilemma of stereotyping others. *Journal of Mass Media Ethics*, 23, 183–200.

Doyal, L. & Gough, I. 1992. Need Satisfaction as a Measure of Human Welfare, In W. Blass & J. Foster (Eds.), *Mixed Economies in Europe*, Edward Elgar Publishing's, Aldershot.

Dyck, K. G. Cornock, B. L., Gibson, G. & Carlson, A. A. 2008. Training clinical psychologists for rural and northern practice: Transforming challenge into opportunity, *Australian Psychologist*, 43, 239–248.

Frederickson, B. L. & Joiner, T. 2002. Positive emotions trigger upward spirals toward emotional wellbeing, *Psychological Science* 13 (2).

Hastings. L. & Cohn, T.J. 2013. Challenges and opportunities associated with rural mental health practice, *Journal of Rural Mental Health Practice*, 37 (1): 37–49.

Haxton, J. E. & Boelk, A. Z. 2010. Serving families on the frontline: Challenges and creative solutions in rural hospice social work. **Social work in Health Care**, 49: 526–550.

Hovestadt, A. J., Fenell, D. L. & Canfield, B. S. 2002. Characteristics of effective providers of marital and family therapy in rural mental health settings, **Journal of Marital and Family Therapy**, 28(2): 225–231.

Helbok, C.M., Marinelli, R.P., & Walls & Walls 2006. National survey of ethical practices across rural and urban communities, **Professional Psychology: Research and Practice**, 37: 36–44.

Kee, J. A., Johnson, D., & Hunt, P. 2002. Burnout and social support in rural mental health counsellors. **Journal of Rural Community Psychology**, E5. Retrieved from <http://marshall.edu/jrcp/sp2002/Kee.htm>.

Layard, R. 2005. **Happiness**. The Penguin Press, New York.

Malone, J.L. 2012. Ethical professional practice: Exploring the issues for health services to rural Aboriginal communities, **Rural and Remote Health (Internet)**, 12, 1891 (Accessed 29 January 2016).

Morrisette, P. J. 2000. The experiences of the rural school counsellor, **Professional School Counselling**, 3(3): 197–207.

Nussbaum, M. 2000. **Women and human development: The capabilities approach**. Cambridge University Press, Cambridge.

Rickards, L. 2011. **Rural health: Problems, prevention and positive outcomes**. Health, Future Leaders, www.futureleaders.com.au.

Salt, B. 2011. Beyond the great divide. In R. Vines, *Equity in health and wellbeing: Why does regional, rural and remote Australia matter?* Australian Psychological Society, Melbourne Australia. Retrieved from www.psychology.org.au/Content.aspx?ID=3960.

Schank, J. A. 1998. Ethical issues in rural counselling practice. **Canadian Journal of Counselling**, 32(4): 270–283.

Schank, J.A. & Skovholt, T.M. 2006. **Ethical practice in small communities: Challenges and rewards for psychologists**. American Psychological Association, Washington, DC.

Weil, A. 2010. **Spontaneous happiness**. Hodder and Stoughton, London.

White, S.C. 2008. **But what is wellbeing? A Framework for analysis in social and development policy and practice**. Paper presented at the conference on Regeneration and Wellbeing: Research into Practice, University of Bradford, 24–25 April 2008.