

## COUNTRYSIDE ALLIANCE BRIEFING NOTE: RURAL HEALTHCARE PROVISION

Westminster Hall, Anne Marie Morris MP

Wednesday 12 October 2022

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### Background

- The Countryside Alliance was keen to assist the EFRA Committee with its inquiry on rural mental health. To inform our submission we surveyed our members and supporters on their own experiences of mental health and healthcare in rural communities. Although mental health was the focus of the survey, our findings had broader relevance to all rural healthcare provision.
- Our survey ran from 8 December 2021 to 4 January 2022 and attracted a total of 717 responses, with over 1,700 individual comments. It posed a range of questions gathering both quantitative and qualitative information.<sup>1</sup>

### Survey findings

- Nearly 45% of respondents who lived in a rural community reported having experienced difficulties with their mental health within the past five years. Of those, however, only 38% had sought help or support from the NHS or other government-funded services, and of those, only 56% rated their satisfaction with the support they had received as *Adequate* (22%), *Good* (29%) or *Very good* (5%). 75% reported that they would feel more comfortable seeking help from a private provider.
- A further question asked respondents to comment on why they rated their satisfaction as they had. The commonest focus for broadly positive responses, and the positive elements within the mixed responses, was medication. Conversely, comments that focused on other forms of therapy, such as talking therapies, tended to be more negative with suggestions of poor local availability. The other key driver of a broadly negative experience revealed in the responses was difficulty with accessing services at all.
- Those who reported that they had experienced difficulties but had not sought support provided by the public sector were asked to comment on why they had not done so. The most common reason was a lack of awareness of or confidence in the services available.
- Meanwhile of those who had not experienced difficulties, 38% reported that they were *Not at all confident* that adequate support would be available from the NHS or government, and a further 38% were only *Slightly confident*.
- Comments overwhelmingly focused on confidence in the local NHS as a whole. Positive answers frequently expressed confidence in the respondent's GP, whereas negative responses focused on perceptions that NHS care in general, and mental health support in particular, is difficult to access.

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<sup>1</sup> Countryside Alliance, [MH0031 - Rural mental health](#), Pub. EFRA Select Committee, 16.06.22

- We also asked respondents about their preferred means of service delivery. 67% expressed a preference for *In person* service, only 8% preferred service to be delivered *Online* and the remaining 25% had *No preference*.
- Of those who preferred services delivered in person, respondents most commonly indicated it was a matter of personal preference. The second most prominent reason was the belief that services are delivered more effectively in that format. The third was that some respondents either disliked or expected technical difficulties in using a computer, including as a result of inadequate digital connectivity.
- The relatively small number of respondents who expressed a preference for services delivered online also most cited their personal preference, for reasons such as ease, comfort and privacy. There was also a sense on the part of some respondents that in-person services would be difficult to access, owing to a lack of local availability.

### **Countryside Alliance position**

- Healthcare provision should be tailored to the needs of the community, to ensure that people living in rural areas can access services. Remote provision, whether by computer or telephone, has a role to play but our survey revealed a strong majority favouring delivery in person.
- Several of those favouring remote services went on to suggest they did so primarily because they believed services in person would not be accessible given difficulties with long travelling distances and inadequate public transport. This further indicates the importance of reliable and affordable rural transport.
- Recognising the increased costs of delivering healthcare within rural communities owing to their lower population density, funding should be apportioned fairly across the country. Services are usually put in place where a need has been identified, which may suffice for urban areas whose higher population densities make this readily achievable, but it would be more difficult for rural areas to meet a similar threshold.
- Mental health services would benefit from improved visibility to encourage people to seek help at an earlier stage. A lack of awareness of the services that are available, or a lack of confidence in their sufficiency, was a key reason we identified for people choosing not to seek support. The social enterprise Rural Mental Health Matters has said similarly that if people do not see services in their area, they assume they do not exist.
- While there are legitimate grounds for disagreement on divisive issues connected with animal welfare and the environment, these cannot excuse hostility to practitioners in the fields of agriculture, wildlife management and country sports by those with an alternative ideological viewpoint. Such attitudes and behaviours do impose burdens on the state of mental health within rural communities, and ultimately on demand for healthcare services.

### **For more information please contact:**

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