



# Guest Post – Working in Rural and Remote Queensland

This month, in honour of the [SARRAH Conference 2018](#) which is focused this year on ‘Changing Landscapes, Changing Lives’, we have a Question and Answer Interview with Myles Chadwick, Psychologist, working in rural and remote Queensland.



**Hi Myles, can you tell us a bit about yourself? (E.g. where you work, how long you have lived there etc).**

Hi, my name is Myles. I am a General Psychologist working in the rural town of Emerald, QLD. I have been living and working here for nearly 3 years. Previous to this, I lived and worked in Mount Isa, QLD for almost 2 years before moving here. I mainly work with under-privileged groups under funding to provide free treatment to the community and have done so since I started out as a provisional psychologist in 2013.

## **Why is working in a rural area rewarding?**

For me, working in rural areas affords you opportunities that may not be granted within city limits. I find that there are a significant lack of services in rural locations, which means two things if you choose to work in these areas:

1. Often, you will be exposed to a wide variety of cases which, in cities, would often be shifted to another clinician when they are slightly outside the clinician's comfort zone. This means that you are forced to constantly expand your learning through CPD and be aware of your limitations, as the specialist is a minimum 3 hour drive away.
2. Unfortunately, the stigma associated with mental health is strong in rural areas. This may sound like a negative, but it gives you the opportunity to truly break the cycle, to have that realisation of how normal it is to struggle in a client's eyes. I find those are the moments that truly make me feel that I am doing the right job for me.

## **Why is working in a rural area challenging?**

As I have said in the previous question, a lot of the time you are one of a handful of clinicians in your geographical area, which means that if you cannot see a client due to scope of practice or ethical reasons, people expect justification. In small communities, there is the importance of your name (everyone from GPs to the local mothers groups may speak about you) and as such, you are always vigilant of your practice (which is a good thing). There is a strong emphasis on networking as you need to know what services are where (and they need to know you) to provide the best client care you

can.



## **What would you tell your younger self about moving to a rural area?**

Find a process that works for you!!! The big thing about being in a rural area is that, most of the time, processes and procedures are still being developed. I made it my goal to be a little bit more technically savvy, which has allowed me to refine my note taking (sometimes the most arduous of tasks) to become more efficient. I also have a small drawer set on my desk with readily available resources (based on what my practice favours, everyone is different) rather than having to trawl through folders or the internet to find them.

## **What supports do you use as a clinician working in a small community?**

All my supervisors have been in different towns, which has always made direct supervisory support difficult. However, there are always passionate and knowledgeable professionals in your community. The day I began to expand my support and supervisory team from only Psychologists to include Occupational Therapists, Solicitors/Legal staff, Speech and Language Therapists, Social Workers and Administration Officers was the day I truly noticed how much there was for me to learn!

## **Why would you encourage clinicians to work in a rural and remote environment?**

I would always recommend people try some time out in a rural

setting, however the biggest hint I can give is KNOW YOURSELF! There will be times where you feel isolated, especially if you come from a close knit group of family and friends in a city (like me). However, the experience that you can get “out bush” is priceless and the time is what you make of it. Some people have called it a “sink or swim” environment, but I consider it a strong grounding experience where you see the limits of the system and decide whether you will be the change you want to see in the community.

### **What type of team do you work in? What about this works/ doesn't work?**

I currently work in a team with Psychologists only, however I have worked in teams that have involved Occupational Therapists, Speech and Language Therapists, Social Workers, Podiatrists, Dieticians, Exercise Physiologists, Physiotherapists, Doctors and Diabetes Educators. Working in multi-disciplinary teams can be great as you start to get a more defined view of what holistic care can do for a client. However, my advice would be – always know where your role fits within a team. I find that the main breakdown of these teams can be when each profession starts assuming the role of the other without consulting the professional in the field. Be humbled by the work of others, not assured that you could do it without the appropriate training.

Thank you Myles for giving us some insight into working in rural and remote Queensland!!