

**Special Issue Call for Abstracts:**

Children and young people's (ages 0-24) health and wellbeing in rural and remote communities

**The Australian Journal of Rural Health announces a forthcoming special issue:** Children and young people's health and wellbeing in rural and remote communities

**Guest Editors**

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**Theme**

This special issue of the Australian Journal of Rural Health calls for papers to explore the topic of children and young people (ages 0-24) in rural and remote communities.

Children and young people are the voices of our future but how are they faring in rural and remote communities and what are their experiences of health and wellbeing? Do children and young people experience agency and are they seen as experts of their own lives? This special issue of the Australian Journal of Rural Health calls for papers to explore the topic of children and young people in rural and remote communities. We invite submissions relating to different population groups, and particular health and wellbeing challenges such as the impacts of climate change, COVID-19, mental health, substance misuse, chronic illness, child protection, out-of-home care, access to services, education and sports etc.

**Overview**

Across the diversity of rural communities, it is common for children and young people to experience persistent disadvantage in many areas including education, training, employment and health outcomes (AIHW, 2016, King and Cruickshank, 2010, Steiner and Markantoni, 2013, Vinson, et al., 2017). Developmental outcomes, physical development and learning outcomes are lower for children and young people in rural and regional areas. Children and young people from geographically remote areas are also more likely to be the subject of a substantiation of child abuse or to be living in out-of-home care than those in metropolitan areas (AIHW, 2021). The ongoing impacts of settler colonialism compound this scenario for First Nations young people in rural and remote communities who experience disproportionately higher rates of suicide, violence, incarceration and child removal than non-Indigenous Australians (Commonwealth of Australia, 2018).

Some have argued that factors including geographical isolation, limited access to public transport and narrow leisure activity choices (McLachlan, et al., 2013) may contribute to high rates of illicit substance misuse (NRHA, 2015) and mental health issues in rural Australia, particularly amongst young people (Williams, et al., 2016). Yet others suggest children and young people's time spent outdoors increases with remoteness and that rural youth are engaged with more extracurricular activities than in metropolitan areas (AIFS, 2011). Critically, access to universal health care and mental health services is limited in rural areas. Staffing levels in health care for children and young people are also very different between metropolitan and rural settings. As a result, people in rural areas are more likely not to seek health care services due to the need to travel long distances (WHO, 2018). Children and young people that live in these areas have limited access and choice in allied health care, paediatric care and mental health support (Campbell et al., 2020; Van Spijker et al., 2019). Scarce resources and a demand for health care exceeds supply in rural Australia, this includes allied health, medical and nursing professionals (Kumar et al., 2020). Health care inequalities remain a significant issue in rural and regional communities. All of this is occurring in a geographic context that continues to be devastated by the catastrophic experience of bushfires and floods, and the more insidious impacts of drought and these experiences result in considerable trauma and health issues for all rural residents (CSIRO, 2020).

Submit your papers in the broad areas of research, policy, commentary, reviews, quality improvement and programs. Answer some key questions: what is the current state of play, what have you done, what are the tangible benefits at different levels for children and young people, and what needs to be done better? The ultimate outcomes should be on the benefits for the lived experiences of rural and remote communities

### **Call for Abstracts**

The Guest Editors recommend that interested authors discuss planned contributions with them directly at email addresses provided above. Abstracts should be submitted via email to the AJRH Editorial Office [ajr.eo@wiley.com](mailto:ajr.eo@wiley.com) before 5pm AEST Tuesday 1<sup>st</sup> November 2022 Abstracts will be reviewed for suitability by the Guest Editors, with the support of the Deputy Editor-in-Chief, Evelien Spelten. All abstract submissions will be replied to by 15<sup>th</sup> November Authors of successful abstracts will be provided with details for submission of a full manuscript by 5pm AEST 18<sup>th</sup> November. All manuscript submissions will be subject to peer review; approval of an abstract for subsequent full manuscript submission is not a guarantee of publication; editorial decisions are final.

### **Timeline**

Your submissions will contribute to the Australian National Rural Health Alliance's vision of healthy and sustainable rural, regional, and remote communities. All submissions must meet the aims and scope of the Australian Journal of Rural Health (2021). Papers are to follow the guidelines for submission as per the AJRH site.

- Abstract submission deadline: 5pm AEST 1/11/22
- Post-abstract approval full-manuscript invitations will be sent by: 5pm AEST 18/11/22
- Submission of invited full manuscripts due: 5pm 17/2/2023
  - Authors will be asked to nominate three reviewers

## References

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[Families in regional, rural and remote Australia | Australian Institute of Family Studies \(aifs.gov.au\)](#)

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