



Centre for
Rural & Remote
Mental Health

Collaborative Approach to Co-Morbid Drug and Alcohol and Mental Health in Drought Affected Communities in NSW.

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Drought Mental Health Assistance Package

Centre for Rural and Remote Mental Health,

The University of Newcastle, Orange

Date: Friday 8 May 2009



THE UNIVERSITY OF
NEWCASTLE
AUSTRALIA

NSW  HEALTH



Centre for Rural and Remote Mental Health

- established in 2000 in collaboration with:-



- The University of Newcastle, Faculty of Health
- NSW Health, Mental Health & Drug & Alcohol Office
- Greater Western Area Health Service

Goals of the Centre

Improving the mental health of people living in rural and remote NSW:

- 1. Through achievements in research, education and service evaluation**
- 2. By collaboration with health services and rural communities, and research and education institutions**

MAP OF THE AREA HEALTH SERVICES in New South Wales



Centre for
Rural & Remote
Mental Health



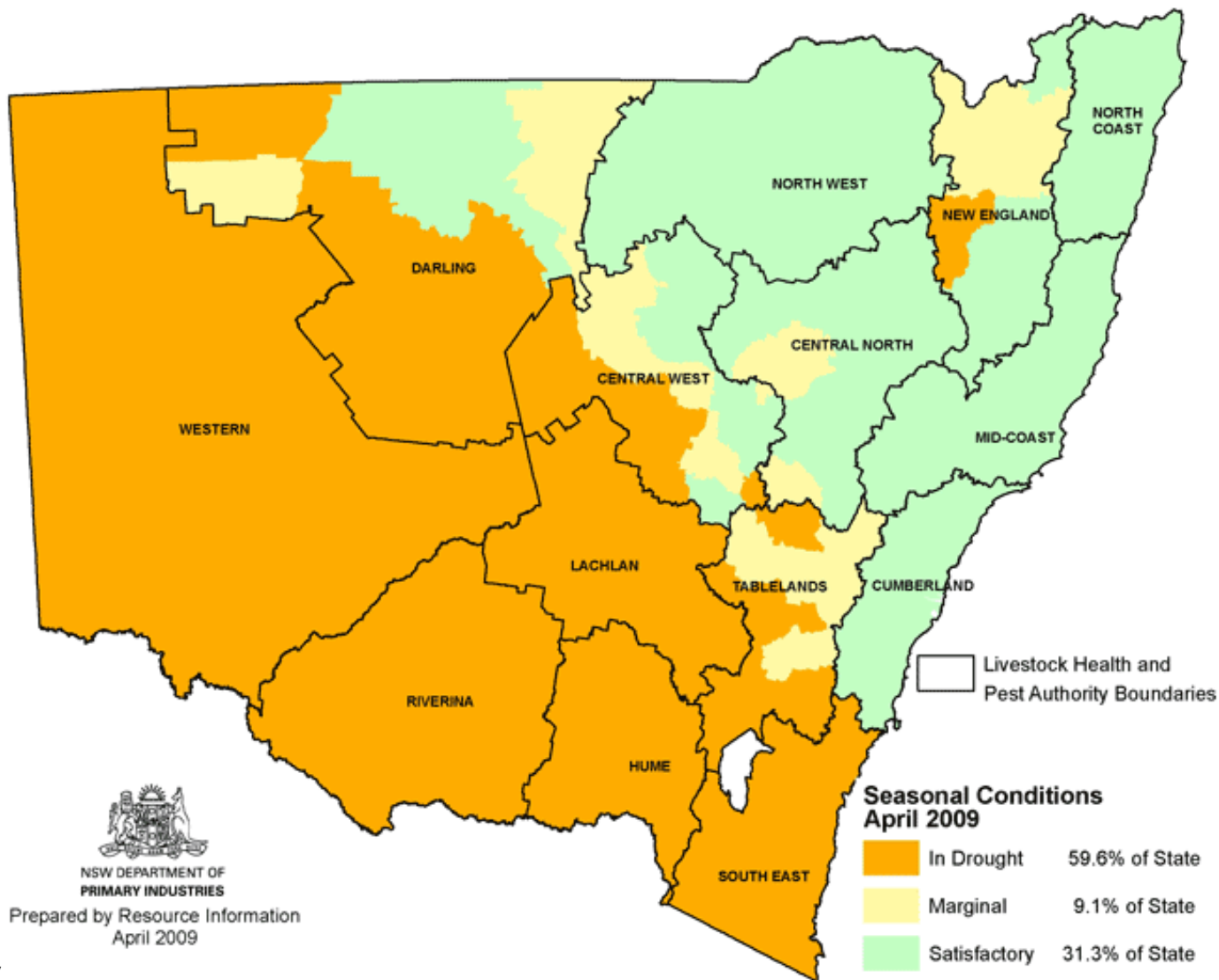
May 28, 2009

www.crrmh.com.au

Drought map and status of Livestock Health and Pest Authority districts: April 2009



Centre for
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Mental Health



NSW DEPARTMENT OF
PRIMARY INDUSTRIES
Prepared by Resource Information
April 2009

May

www.crrmh.com.au

The Rural Context – Geography and Major Issues



- Vast areas with long distances
- Increased fuel, fertilizers, pesticides, herbicides, water costs
- Population decreasing in rural areas
- Attitudinal or cultural barriers
- Stigma



- Epidemiology of morbidity and mortality
- Socio-Economic issues
- Workforce issues
- Communication problems
- Funding and service development
- Cultural diversity and special needs groups
- Implications for GPs/other health professionals
- Rural Crises – fire, flood, drought

Rural and Regional Themes (ABS,2003)



- **The fastest population growth is in major cities (13%)**
 - Inner regional areas (14%)
 - Remote areas less than 5%.

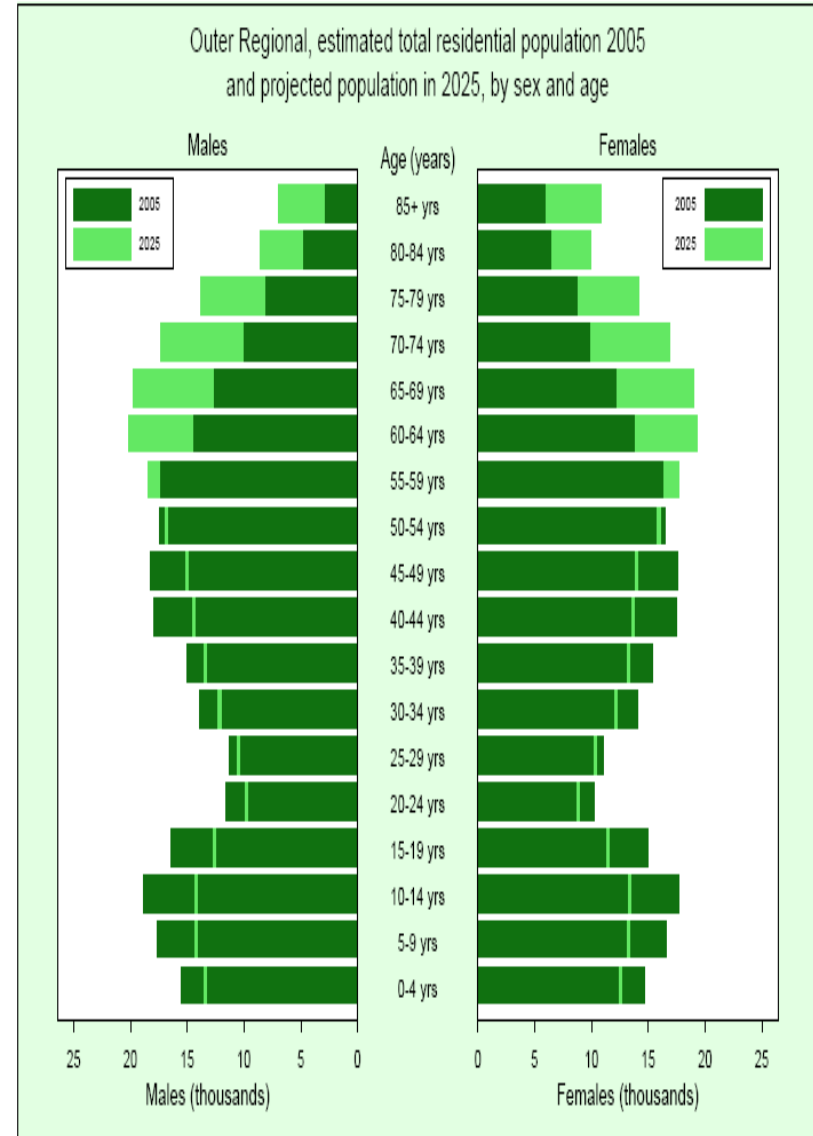
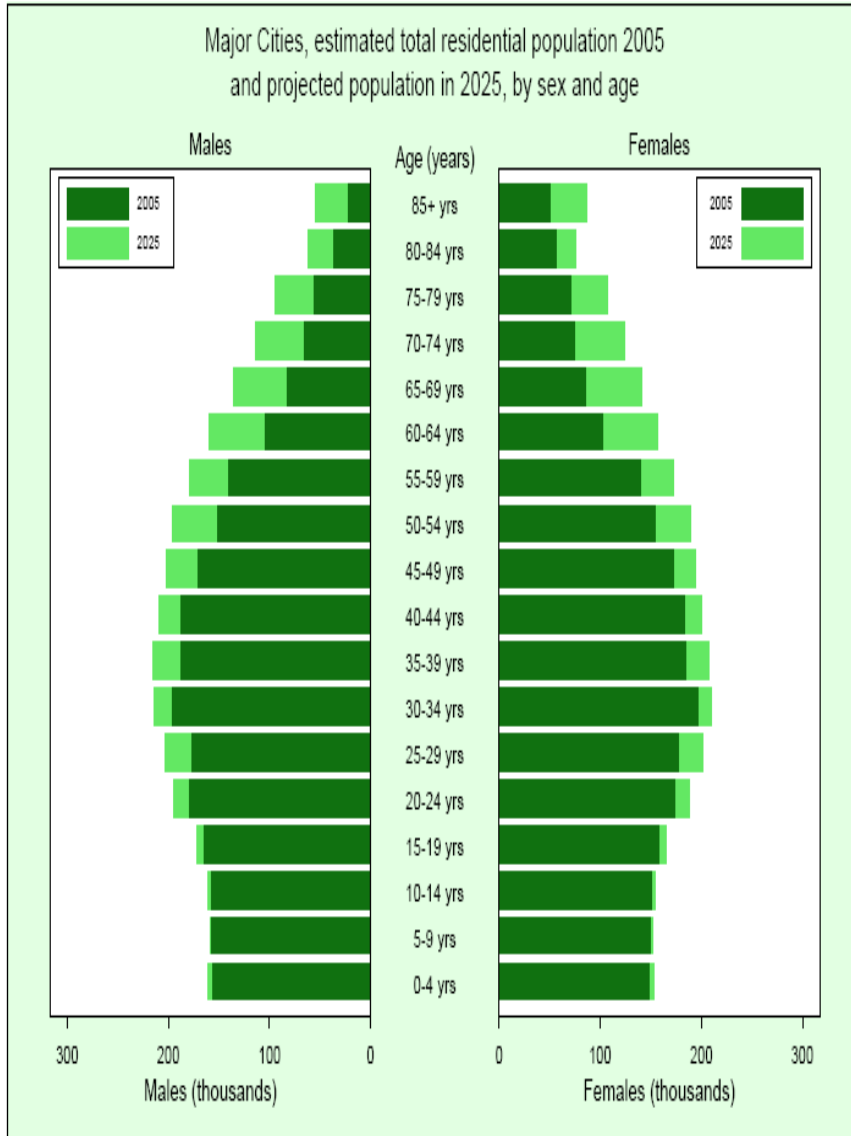
- **Between 1986 and 2001, farming families decreased by 22%, from 145,000 to 112,800.**

- **Young people are one of the most mobile groups in the population.**
 - 1996-2001 Almost three times as many young people left country areas than arrived in these areas
 - Nearly two thirds of the net outflow of these young people was to capital cities.

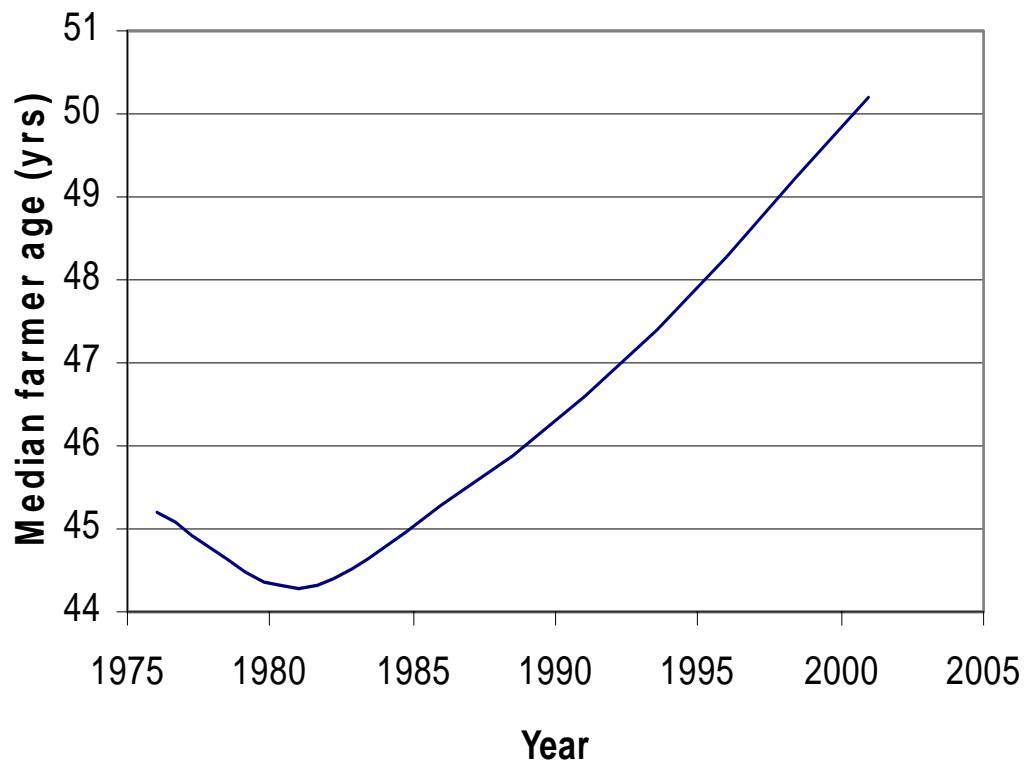
- **School completion rates and attendance at secondary school declined with increasing remoteness**

DEMOGRAPHY

Rural Populations ageing and decreasing



Age of Australian Farmers



**Median age of Australian farmers,
1976-2001**

RURAL CONTEXT – EPIDEMIOLOGY OF MORBIDITY AND MORTALITY

- **Increase incidence of depression, anxiety, suicide and substance abuse**
 - Long term stress
 - Sparse populations - difficult to get together/support
- **Work Cover NSW – Anecdotal evidence increase in on farm accidents - ? Related to psychological morbidity**

Suicide



- **Higher risk groups across rural Australia**
 - Males > females across all age groups
 - Urban rates 20/100,000 males
6/100,000 females
 - Rural rates
 - Males (rural centres) 24-25/100,000
 - Males (remote) up to 52/100,000 (20-29yrs)
 - Aboriginal youth – up to 76/100,000 (15-24yrs)
 - Men in farming - 24-51/100,000

(Caldwell et al,2005; AIHW, 2005; Page & Fragar, 2002)

Mental Health of Rural Communities

Australian National Survey of Mental Health and Well-Being

- No urban/rural differences
- Socio-economic disadvantage and mental health
- Poor access to mental health care

Andrews et al, Brit J Psychiatry, 2001, 178, 145-153

Meadows et al, ANZJP, 2002, 36, 210-216

Meadows et al, ANZJP, 2002, 36, 217-223

Judd et al, ANZJP, 2002, 36, 104-113

The Collateral Damage from Alcohol

(Chief Medical Officer UK 2008)



- **Drinking alcohol - part of our culture**
- **The consequence of drinking go far beyond the individual drinker's health and well-being.**
- **Consequences of one person's drinking impacting on another's well-being**
 - Risk of suicide
 - Drunken violence
 - Child abuse
 - Harm to unborn fetus
 - Sexual assault
 - Health burden carried by health services, family and friends who care for those damaged by alcohol

Mental Health and Alcohol Issues in Rural Communities



- **How do we tailor health care to meet needs?**
- **What are the needs?**
- **What are the determinants/exposures that affect mental health drug and alcohol needs?**
- **What services are required?**
- **How are services tailored to the community and geographic setting?**
- **How are services supported, maintained and evaluated?**

Access to Rural and Remote Health Services



- **Shortage of health care providers**
- **More restricted access to care**
- **Discontinuity of care (esp specialist services)**
- **Dislocation from service centres**
- **Lack of services tailored to rural setting**

Rural Service Utilization



- Less frequent attendance at GPs
- GPs provide fewer per capita mental health services
- Less attendance at MHDA Services
- Less confidence by GPs in non-pharmacologic treatments for depression
- Greater rates of presentation of depression in large regional centres
- Less contact with health professionals

Workforce Issues – exacerbated in rural and remote areas



- Attracting and retaining staff
- Professional isolation
- Isolated rural community health centres and staff to burn out
- “Jack of all trade clinicians”
- Clinical supervision issues

Drought and Dryness:-



- **56.9% of NSW remains drought declared – some areas are in their 9th year of drought**
 - **Affects the very fabric of this important part of our society**
 - **Profound effect on farmers, their families, rural communities and Indigenous People**
- 
- **A number of initiatives have recently been introduced at various levels of Government and Non-Government organisations to alleviate the sufferings of these affected people**

Drought and Rural Communities

- **Community's capacity to provide support is at its weakest when need is greatest**
- **Estimated 100,000 jobs lost in agricultural sector alone**
- **Recovery of 5-7 yrs of consistently reasonable seasons**

Impact of Drought on Rural Communities

- **46% fall in real farm incomes**
- **1% drop in GDP for 2002-2003**
- **Modifying factors**
 - Financial – interest rates/land values/commodity prices
 - Social – employment roles (e.g. off-farm employment)
 - Changes in agricultural practices
 - Impacts: producers/ families/communities/non-farm small business





Drought Mental Health Assistance Package

2008 -2009

(commenced in 2007)

Aim:

To raise awareness of, and help address, the short and long term mental health needs of people in rural and remote NSW resulting from drought, recovery from drought, rural crises and climate change.

This will be achieved through:

- the continued development of health promotion, prevention and early intervention strategies designed to enhance sustainability and build community and clinical capacity (So far 30 Mental Health First Aid Programs including 8 Indigenous courses have been conducted)
- partnership with key agencies including mental health services, Divisions of General Practice and non-government organisations.
- working with health and community services to improve pathways to care and build mental health capacity in rural communities

Farm-Link

Funded by the Commonwealth Department of Health and Ageing (DoHA) under the National Suicide Prevention Strategy (COAG)



Aim:

To improve access to, and the responsiveness of, mental health services for farmers and farming families.

This will be achieved through:

- a focus on identifying and improving pathways to mental health care
- development and evaluation of local service networks
- mental health promotional activities aimed at linking health services more closely with frontline rural support workers
- strategies that build confidence and mental health knowledge in those people who have the most frequent contact with farmers in distress

Transcultural Rural and Remote Outreach Project



Aim:

To improve cultural accessibility to mental health services for people from Culturally and Linguistically Diverse (CALD) backgrounds.

- This project is led by the Transcultural Mental Health Centre in partnership with the Centre for Rural & Remote Mental Health.
- It recognises increased migration to major regional centres in NSW and that people from a CALD background have special mental health concerns and experience difficulty in accessing services

Murdi Paaki

Council of Australian Governments (COAG) Project
Partnership between Commonwealth and NSW
Governments

Aim:

To provide alcohol & other drug services to Indigenous communities in western NSW through the development and implementation of an innovative and sustainable partnership service model.

- this project targets 16 communities comprising the Murdi Paaki Region of Western NSW, including Broken Hill and Bourke.
- It focuses specifically on the needs of Indigenous people living in these centres
- the initial implementation involves partnerships with primary health care services including G.P's

General Practice



- General Practitioners play a pivotal role in the primary health care of drug and alcohol issues
- They are the ‘first port of call’ for the vast majority of patients
- It is well recognised that the GPs, nurses and allied health workers need appropriate and adequate information and training in relation to mental health drug and alcohol issues
- Prolonged drought has exacerbated emotional, social, financial and interpersonal issues

By raising the awareness of the psychological impact of drought, general practitioners are in an excellent position to play an early detection and intervention role and where necessary link patients into specialised services.



Positives

- Establishment of Centre for Rural & Remote Mental Health in 2000 with a number of rural projects
- G.P's are getting better training and educational programs
- Rural areas able to attract VMO psychiatrists
- ↑ range of newer psychotropics in recent years
- Telepsychiatry
- Very committed staff/G.P's in the rural areas
- Accredited nurse practitioners
- Availability of psychologist services
- Number of universities use rural mental health facilities for student placements

Research



Understanding more about:

- the “geography” of mental health
- the needs of high priority target groups, including (among many others):
 - Indigenous peoples and their social and emotional wellbeing
 - Farmers’ mental health

Service Development

- Innovative service delivery models and service collaborations that can be shown to be effective

Education

- Developing the skills of everyone who contributes to mental health

“Rural people have the right to mental health services every bit as good as those for city people”

Graham Martin, AeJAMH, 2007



May 26, 2009

Benefits of working in rural areas:



- Cleaner air - less pollution
- Country hospitality
- No parking problems
- No traffic jams

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"It's so lovely out here you wonder why they have it so far from the city."

THANK YOU

DISCUSSION

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