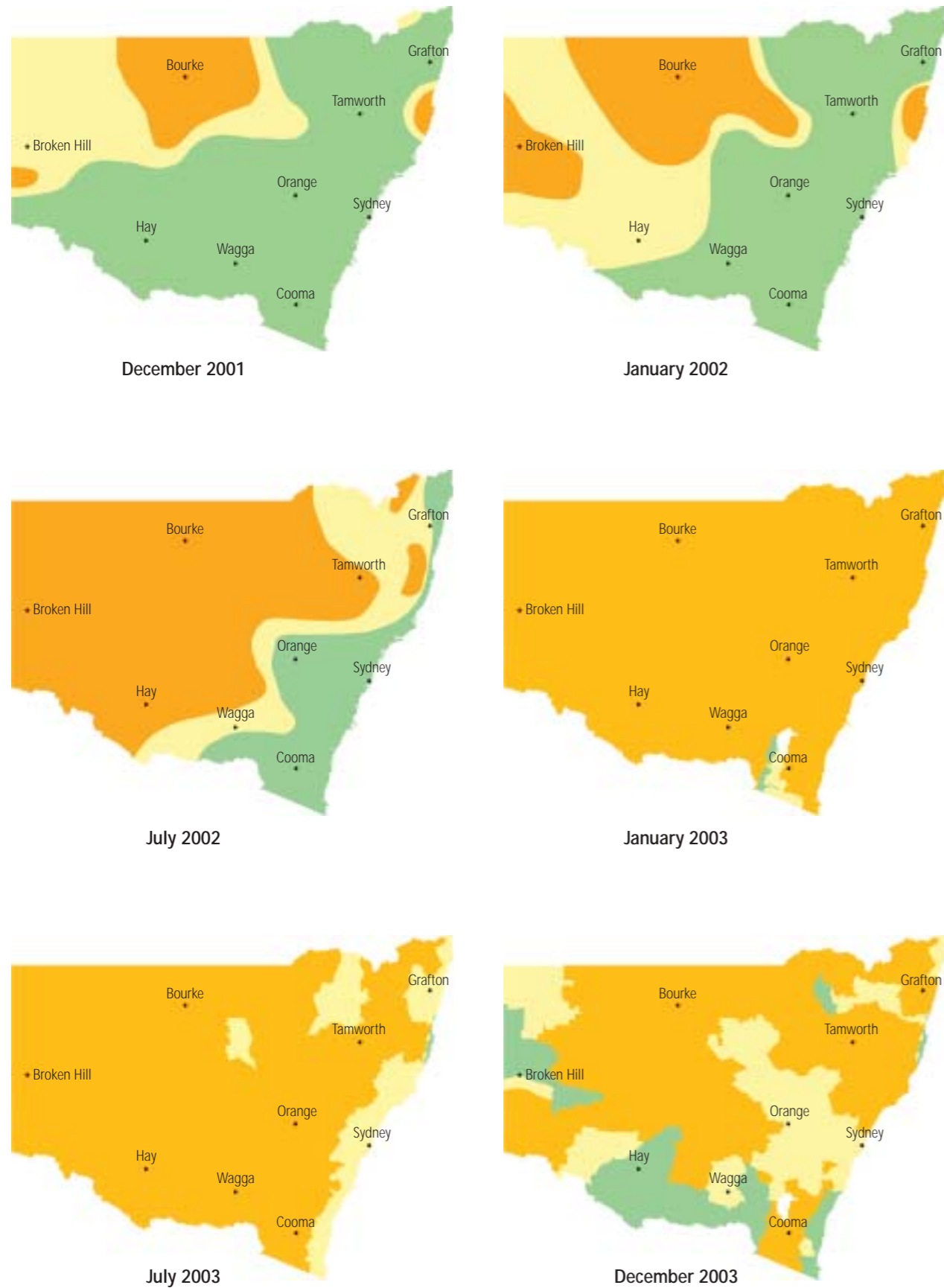


Wisdom from the drought



A consultative conference December 2003
Faculty of Health





Drought
 Marginal
 Satisfactory

Figure 2.1 The progress of drought declarations across NSW.
 Reproduced with the permission of the NSW Department of Primary Industries

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1. Executive summary



Severe drought conditions are considered to have begun in early 2002 for most parts of Australia, and they followed a long period of drier-than-average conditions in many regions. The Centre for Rural and Remote Mental Health hosted a number of seminars throughout 2002/2003 which addressed the emotional and mental health effects of prolonged severe drought, culminating in December 2003 in a consultative conference. This conference gathered together key drought support and mental health liaison workers from around NSW. Participants presented their own experiences of and recommendations for dealing with the effects of drought and collaborated on the production of recommendations for action in future droughts.

The most common themes generated within individual presentations and from the collaborative sessions were:

What works well?

The development of local interagency partnerships, and capacity building within professional networks and in the wider community were felt to contribute to an effective response to the mental health impact of drought. Farm Family Gatherings were found to be particularly effective for presenting information in a coordinated way and for fostering a sense of community. Using locally credible staff, presenting a united front amongst agencies, and using multiple information pathways were useful in de-stigmatising mental health issues and encouraging help-seeking.

How can we do better?

Before the next drought a regional drought response plan should be developed, with clarification of mental health referral trigger points and processes. Mental health workers with a focus on rural issues should be permanently employed, and education of other concerned departments and organisations about drought-related mental health issues should be undertaken. Community-wide education in mental health literacy would mitigate the effects of this and future droughts and encourage people to seek early assistance.

What should we be doing between droughts?

Any measure which encourages sustainable local response and community cohesion and trust should be encouraged, such as: establishing links between state and local government and non-government bodies; continuously employing support workers in rural areas; and conducting further research into the long-term psychosocial effects of drought on rural communities.

Drought is a natural disaster requiring a whole-of-community response. The various health, mental health, and agriculture workers whose voices are heard in this document could not diminish the severity of the drought; however they could and did mitigate the effects of the drought in many ways, both practical and intangible. The purpose of this report is to ensure that the knowledge these workers and organisations have gained is preserved for future droughts and that the lessons learnt are not lost.

2. Background

About the Centre: The Centre for Rural and Remote Mental Health was established in January 2001 as a partnership between the Faculty of Health at the University of Newcastle, the NSW Department of Health and Mid Western Area Health Service. Based in Orange NSW, the Centre aims to provide education and training programs, undertake research and evaluate innovative service delivery models in mental health throughout all of rural and remote NSW.

Severe drought conditions in NSW began in early 2002 for most parts of Australia, and they followed a long period of drier-than-average conditions in many regions (Drought Review Panel, 2004). At the height of the drought currently affecting NSW, over 90% of the state was drought-declared. The last available information (June 2004) shows that even after recent rainfall, much of NSW remains drought-affected. Figure 2.1 shows the extent of drought-declared and marginal areas of NSW.

The effects of drought on rural communities are serious and pervasive. Even when the drought is officially declared over, the effects will be felt for many months and even years to come. There has been a great deal of financial and emotional stress on rural communities during this period and many groups have worked hard to bridge the gap between farming communities and mental health support services (NSW Department of Agriculture, 2004). Reports from representatives of many of those groups are presented in section 5.2.

2.1 The personal cost of drought

A combination of the current drought and financial burden has seen 15 families walk off their farms every week and 20% of farm families survive on less than \$10,000 a year (Central Western Daily, 2002).

By December 2003 the NSW Department of Community Services Drought Household Assistance Program had distributed over \$6.1m and processed over 4,700 applications for assistance (Statistics courtesy of **Steve Frost**, Department of Community Services Disaster Welfare Services and Drought). The financial impact is not isolated to farms and farm families

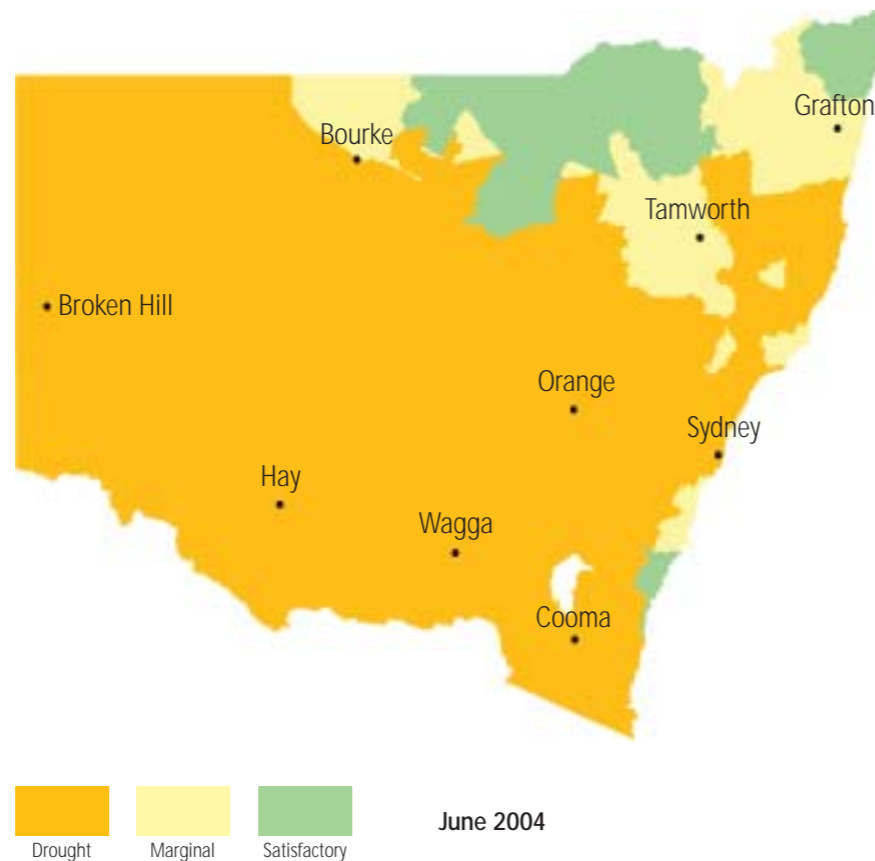
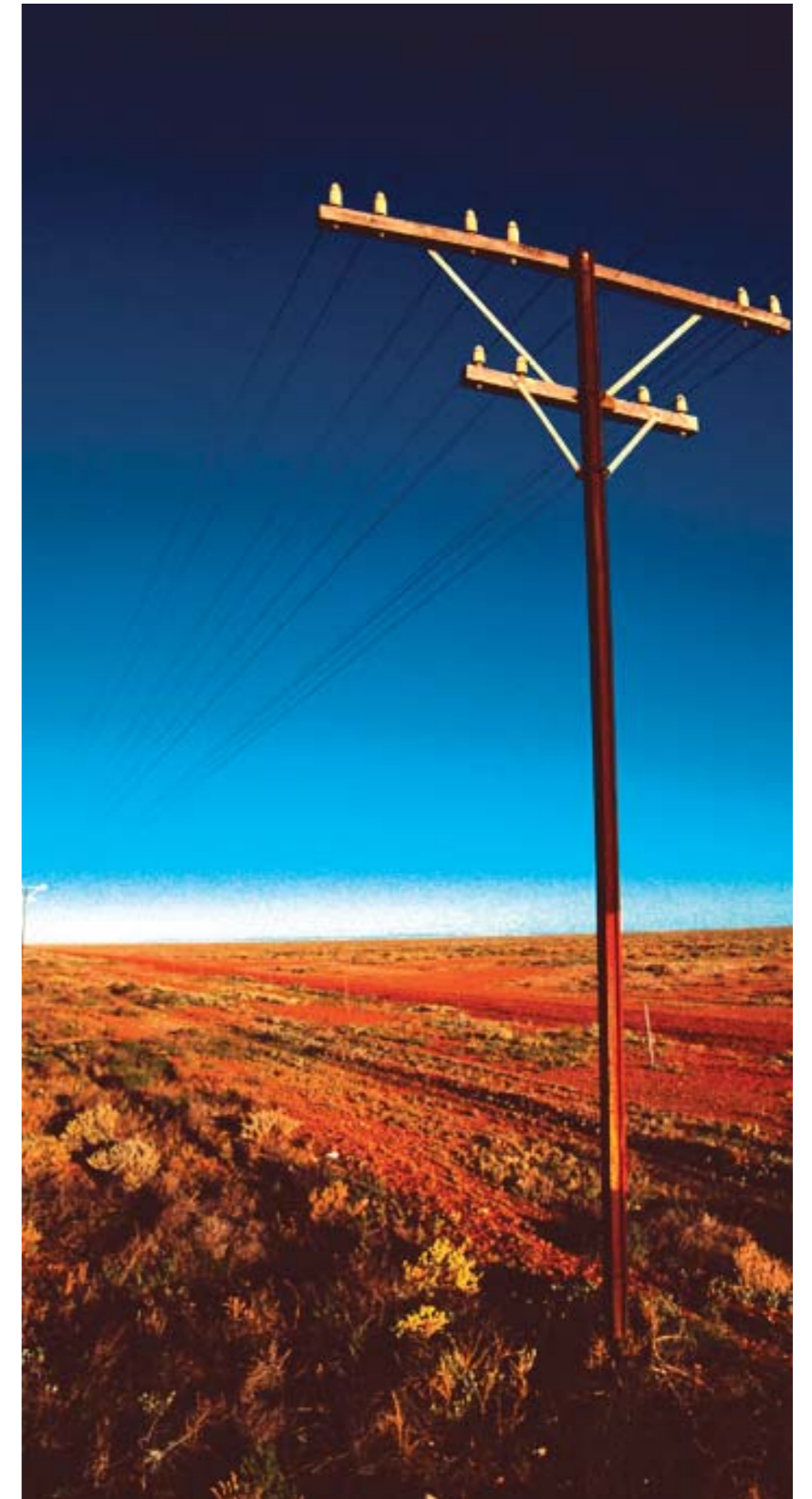


Figure 2.2 Drought – marginal – and satisfactory-declared areas of NSW, June 2004. NSW Department of Primary Industries

but also agricultural ancillary services such as grain sellers, transport, machinery companies, mechanics, kangaroo shooters and the entire rural economy due to reduced spending as a whole. The 2002-03 drought and the dry periods leading up to it reduced the rate of economic growth in Australia by an estimated 1%—around \$6.6 billion—from what it would otherwise have been. Apart from these direct effects on farmers (reducing farm production by an estimated 75% compared with 2001-02), the drought has had a significant effect on rural communities as a whole, with extra demands made on local health services, rural businesses, volunteer organisations, and Rural Financial Counsellors (Drought Review Panel, 2004). The stress associated with a long-term drought can have serious physical and mental health consequences. Prolonged drought has been associated with anxiety, depression, family breakdown, grief and anger (Commonwealth Department of Health and Aged Care, 2000).

Stress may increase unhealthy behaviours such as smoking, over-consumption of alcohol, disturbed sleep and altered diet and decrease healthy behaviours such as exercise (Davidson & Neale, 1998). Baum and Posluszny (1999) note that stress decreases health-enhancing behaviours (appropriate diet and exercise) and increases health-impairing behaviours (tobacco and other drug use, high-risk sexual activity) and may also affect those behaviours associated with existing illness such as early detection of disease, monitoring of symptoms, and the decision to seek care. This latter cluster of effects may be a particular problem in rural areas where access to health services is already restricted.

In addition to these indirect effects, stress is implicated in cardiovascular disease (Tennant, 1996; Everson et al., 2001); compromised immune function (Cohen & Herbert, 1996), and increased susceptibility to disease, particularly the less serious infectious diseases such as colds and influenza. (Cohen and Herbert also find limited (though less convincing) evidence for the effect of stress and depression on the onset and progression of AIDS and cancer.)



Stress is also implicated in the development of new mental illness or the triggering or worsening of pre-existing symptoms. Stress may trigger an episode of an existing chronic mental disorder such as anxiety, depression or schizophrenia, or may make current symptoms worse (Treatment Protocol Project (WHO), 1997). It may also lead to the development of new mental illnesses such as post traumatic stress disorder (Charney, 2004). McFarlane, Clayer, and Bookless (1997) found a significantly higher incidence of anxiety, affective, and post-traumatic stress disorders in Australian communities 12 months after a natural disaster, compared with communities which had not experienced the disaster.

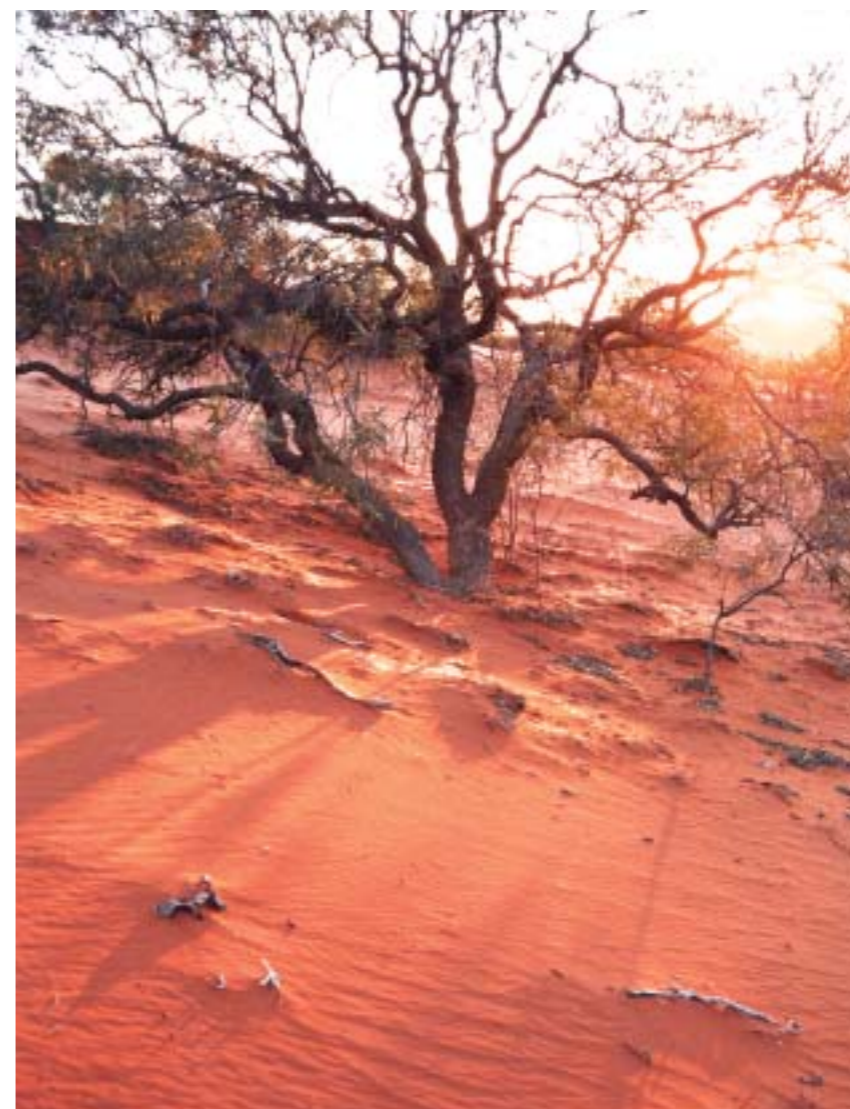
The physical and mental effects of stress may be more severe in rural and remote areas, and people living in these areas may also have difficulty gaining access to health services. A Canadian study (Wang, 2004), for example, found that people living in rural areas have less access to mental health services; and in Australia, people living in rural and remote areas have lower access to health care services of any kind than their metropolitan counterparts (AIHW 1998). Suicide rates for males were found to be significantly higher in large rural centres and remote locations (AIHW 1998), and the authors of that report suggest that this indicates higher rates of depression in those areas, although no comparative data yet exists. Page and Fragar (2002) found that suicide rates among male farm managers and agricultural labourers for the period 1988-1997 were higher even than the male national rates and those for the rural population generally, and are roughly equivalent to deaths from farm work-related injuries. The authors suggest that these increased rates of suicide may be attributable to an interplay of factors such as the rural economy, family and social issues, isolation and lack of access to services, and the stresses and strains of farm life. Many of the factors identified as contributing to poorer physical health in rural areas may also have a negative effect on mental health: geographic isolation, socioeconomic disadvantage, and poor health-related behaviours (Judd, Jackson,

Komiti, Murray, Hodgins, & Fraser, 2002). In this study, place of residence was less of a risk factor for mental ill-health than were factors such as (among others) poverty, unemployment, poor social networks, significant life event in previous 12 months, and low perceived social support. All of these risk factors could potentially operate in depressed rural communities in times of extended drought; the extent to which they did operate in the current drought was discussed by the participants in this conference.

2.2 The role of community

Drought places stress on the entire rural community, not only on the primary producers directly affected. It is associated with family strain and dislocation: interrupted schooling, family members moving into town or to larger towns to find work, increased anger, substance abuse and possibly violence. Rural and remote postcodes dominate measures of general community disadvantage (Vinson, 2004). Frequent and extended drought may perhaps be one cause of community disadvantage; if, on the other hand, the disadvantage pre-dates drought it can only be worsened by it.

Low socioeconomic status of individuals or general community disadvantage (even if the individual is of higher socioeconomic status) is a cause of stress; however the nature of the community can also affect how well individuals deal with stress: the effects of other sources of stress may be exaggerated in communities with lower socioeconomic status compared with those that are more well-off (Everson et al., 2001). Vedhara, Shanks, Anderson, and Lightman (2000) found that when stress levels are constant over a long time psychosocial factors (such as self-esteem and the perceived amount of practical and emotional support) become particularly important in determining the person's reaction to the stress. Merely living in a drought-affected community is likely to be a cause of stress in itself and to exacerbate the effects of other stressors, even for individuals not directly involved in farming or farm-related industries.



On the other hand, high levels of social connectedness are associated with fewer mental health problems, and individuals reporting a greater degree of trust exhibit less psychological distress (Berry & Rodgers, 2003). Vinson (2004) found that, in the subset of postcodes for which data was available, social cohesion can buffer or contain the negative effects of social disadvantage, and many of the rural disadvantaged areas surveyed exhibited a high degree of compensatory social cohesion. Although residence in a rural area, particularly during a drought or other natural disaster, might expose an individual to a high degree of stress with all its associated health and mental health effects, the strengths of the rural community if encouraged and carefully employed might provide a way to promote mental health and wellbeing.

Drought is a natural disaster requiring a whole-of-community response. The various health, mental health, and agriculture workers whose voices are heard in this document could not diminish the severity of the drought; however they could and did mitigate the effects of the drought in many ways, both practical and intangible. One purpose of this report is to ensure that the knowledge these workers and organisations have gained is preserved for future droughts and that the lessons learnt are not lost.

2.3 What had been achieved at the start of 2002

By early 2002 regions of NSW had been declared drought-affected, but it was not known how severe or long the drought would be, and consequently the extent of its impact on mental health and wellbeing could not be known.

In NSW in the year 2000 there were 43,654 establishments undertaking agricultural activity, more than in any other state. The majority were found to be working in beef cattle or mixed grain/beef cattle farming (Australian Bureau of Statistics, 2002a.) NSW farms are also the most indebted of Australian states with a gross indebtedness of approximately \$7.5 billion dollars (Australian Bureau of

Statistics, 2002b). These figures highlighted the potential affect a long protracted drought could have on businesses and families. As the year 2002 progressed it became clear that this drought was both persistent and pervasive, spreading to two thirds of the state by the end of the year. Some response to the mental health impact of this prolonged drought was needed but the questions were: when to implement it, in what form, and where?

2.4 Impetus for CRRMH to examine the mental health impact of the drought: A chronology

JULY 2002

The CRRMH hosted a rural counselling forum to identify the chief providers of emotional support to rural NSW. At this forum many of the rural clinicians and rural financial counsellors were concerned by the number of farming people they were seeing with high levels of stress and financial concerns.

JULY 2003

The severity of the drought was now apparent and the CRRMH held a 'Heath and wellbeing in rural farming communities' seminar to examine the emotional impact that was now obviously affecting rural people. The seminar covered various aspects of mental health in rural populations and was attended by over 50 people from various backgrounds such as health, economics, farming, and community groups. The seminar was opened by Mr Nevin Hughes, farmer and Board member of the Australian Rotary Health Fund, and Associate Professor Paul Fanning, Area Director of Mental Health Services for the Mid Western Area Health Service. Both speakers emphasised the importance of recognising mental health issues, particularly in the current economic and social situations faced by rural communities.

OCTOBER 2003

In October 2003 the CRRMH was invited to provide a keynote address focusing on 'Stress, Anxiety and Depression in Rural NSW' at the Australian National Field Days, again acknowledging the importance of these issues to the agricultural sector.



- The CRRMH Management Committee, comprising a number of rural mental health directors, University of Newcastle academics and the Director of the Centre for Mental Health Professor Beverly Raphael, expressed a keen interest in the CRRMH taking a substantial role in examining the response to mental health issues arising from the drought.
- The CRRMH was invited to attend a meeting of the Drought Welfare Coordinating Committee in Dubbo. Anne Tonna, Executive Officer (Development) for the Centre, attended. During the meeting many workers spoke about particular strategies that were successful at the local level in bridging the gap between farming families and counselling/support services, and the nature of their inter-sectoral collaboration appeared to contribute substantially to the success of those strategies. It also seemed particularly clear that the effects of the drought (and the need for services)

will continue to be experienced long after the drought has officially ended. At this forum it was suggested that the CRRMH could make a valuable contribution by examining ways these successes and collaborative networks might be maintained. The CRRMH proposed hosting a "consultative conference" that would document the valuable experiences of the workers. The results of this conference would be published as a point of reference for agencies and workers responding both to the aftermath of this drought and to future droughts. The consultative conference needed to happen before the NSW Agricultural drought support worker positions' funding finished at the end of 2003 (some positions were recently extended to July 2004) and workers disappeared back into their previous positions taking the valuable lesson learnt with them.

2.5 A conference is born – Wisdom from the Drought

DECEMBER 2003

Given the stressful nature of the current extended drought, the mental and physical ill-effects of that stress, and the involvement of a variety of community and governmental organisations in the response to the drought, the CRRMH saw a pressing need to capture the collective wisdom of those people who have been working in the front line of mental health liaison and support during the drought and identify:

- What specific actions were most effective in responding to the mental health needs of people and communities experiencing drought;
- What suggested changes should we make to our responses next time drought is declared;
- What should continue to be done beyond the drought, so that agencies sustain their capacity to effectively promote and maintain mental health within rural communities.

The knowledge and experience gained by NSW drought support and liaison groups about how to effectively respond to, and promote the health and wellbeing of farming families and farming communities is invaluable. It is important that the lessons learned from this drought are captured and become readily available to organisations and communities to facilitate a fast and effective response when future droughts emerge.

Therefore on 17 December 2003 the CRRMH held a day long consultative conference entitled 'Wisdom from the Drought' involving 17 key drought support and mental health liaison workers from around the state including Dubbo, Cooma, Grafton, Lismore, Casino, Bourke, Walget, Wagga Wagga, Spring Ridge, Tamworth, Scone and Kempsey. The participants included NSW Agriculture Drought support, NSW Health Mental Health Drought liaison workers, rural financial counsellors, Department of Community Services, NSW Department of Health Centre for Mental Health, and the clergy.



3. Aim

The aim of the consultative conference and of this report was to gather expertise from the professionals dealing with the drought and its mental health consequences, and to ensure that this expertise is preserved and made available to be used in the next drought crisis.



4. Methods

4.1 Conference structure

The conference consisted of two parts. In the first part, invited speakers with direct experience of working with drought-affected communities outlined their various spheres of expertise (Rural Counsellor, Drought Support Worker, etc) with particular emphasis on strategies which proved most effective and should be retained for future droughts. In the second session, all participants discussed what was and was not successful in dealing with the drought, and also what should be done between droughts to prepare for and minimise the impact of the next drought.

4.2 Recruitment of guest speakers and participants

Participants were recruited by the Centre in consultation with rural mental health organisers. Representatives of Mental Health Drought Liaison Officers (NSW Health) and Drought Support Workers (NSW Agriculture) were identified through the Centre's involvement with the Drought Welfare Coordinating Committee of the NSW Premier's Department. Other relevant groups were approached via the Centre's mailing groups.

4.3 Conference implementation

The conference consisted of presentations from nine invited speakers (see Section 5.2), followed by the consultative process outlined in the next section.

4.4 Consultations: facilitated group work

Attendees and guest presenters formed one group and were asked to consider:

- 1) In times of drought, what specific actions contribute to an effective mental health response to people and communities impacted by the drought? *(What works well?)*
- 2) What suggested changes should we make to our responses next time drought is declared? *(How can we do better?)*
- 3) From this particular experience of providing a mental health response to drought, what should now continue

to be done beyond the drought, so that agencies sustain their capacity to effectively promote and maintain mental health within rural communities? *(What should we be doing between droughts?)*

In order to maximise meaningful participation in the group discussion, two group participation processes were used: i) The Nominal Group Technique (NGT) (Jones, 1995; Thornber & Associates, 2003) for focus questions 1 and 3; and ii) a modified version of the more interactive method Floor Tiling or Wallpapering (Thornber & Associates, 2003) for focus question 2. Both methods gather ideas from group members and then establish through voting which of those ideas are most valued by the whole group. Such consensus methods are a useful means of harnessing the insights of appropriate experts, especially where published data are inadequate or non-existent (Jones, 1995).

4.5 Conference evaluation

Participants were invited to complete an open-ended questionnaire (Appendix 1) at completion of the conference to elicit their feelings on what they liked and disliked about the conference. They were also asked to suggest any changes they thought could be made to improve future conferences. Themes were identified and supporting quotes provided.

5. Results

5.1 Profile of attendees

Twenty-five drought workers attended the conference, including the nine invited speakers. Over one third of participants (n=10) were primarily counsellors or health support/drought liaison workers, with a smaller number (n=4) providing agricultural or financial counselling. Just over a third of participants (n=9) were managers or coordinators of services. Almost half (n=12) were employed by rural area health services or community health centres. The profile of participants is detailed in Table 5.1 below.

Characteristic	Frequency
Professional Title:	
Drought liaison officer/support worker: NSW Health	7
Drought liaison officer/support worker: NSW Agriculture	2
Health promotion officer/counsellor	3
Rural financial counsellor	2
DOCS disaster recovery service workers/coordinators	2
NSW Dept. of Health/Area Health Service management	4
NSW Dept. of Agriculture management	4
NSW Premier's Department acting manager	1
Total	n=25

Organisation:	
Area Health Service:	
Far West	2
Greater Murray	1
Macquarie	3
Mid-Western	2
New England	1
Northern Rivers	1
<i>Community Health Centres</i>	
Casino	1
Kempsey	1
<i>Other areas of State Government</i>	9
<i>Non-government organisations</i>	4
Total	n=25

Table 5.1 Profile of Attendees

5.2 Key messages from speakers

The following sections provide an overview of the professional knowledge gained from the drought which was presented at the conference. Speakers were drawn from the major agencies responsible for dealing with the physical, financial, and emotional effects of drought. They advised on what measures were most and least effective in dealing with the current drought and, more importantly, on what should be done to prepare for the next one.

What follows are summaries of the main messages delivered by the invited speakers and subsequently discussed by all conference participants. These summaries are derived from a transcript of conference proceedings and were submitted to the speakers for approval.





5.2.1 Jamie Newman

**Aboriginal Health Coordinator,
Mid Western Area Health Service**

Welcome to Country

Good morning and welcome. My name is Jamie Newman, Aboriginal Health Coordinator, Mid Western Area Health Service; however for the purposes of this introduction I am a member of the Kalar Tribe (Condobolin) of the Wiradjuri Nation.

My mother and father are both Wiradjuri people and I am honoured and privileged to welcome you to Orange today on behalf of the traditional owners and custodians of the land we are meeting on, Wiradjuri.

I would like to take this opportunity to acknowledge the members of other traditional nations who also reside in Wiradjuri country. The Wiradjuri lands stretch from Nyngan to Albury and from Hay to Bathurst—the largest territory in NSW.

Although I don't come from a farming family, we are connected or if you like affected by one common theme: land.

Land is at the core of Aboriginal and Torres Strait Islander culture, heritage, and identity. The relationship between Indigenous peoples and our lands is complex. The landscape determines lifestyle and culture and supplies the needs of our families and communities. Our people respond by caring for country, which I believe that all or most of you here today can relate to.

In closing I would like to affirm a couple of points listed in the brochure for this conference, which I believe are important with all things faced in life:

- Lessons learned from devastation are captured and
- Are readily available to facilitate fast and effective responses in the future.

I hope that this consultative conference, "Wisdom from the Drought" will be productive and beneficial for you all.



5.2.2 Dr John Hoskin

**former Chair, Central West Rural Financial
Counselling Service**

Introduction to conference

My name is John Hoskin. Until 1999 I was Medical Superintendent of Bloomfield Hospital and more recently I have been Chair of the Committee administering the Central West Rural Financial Counselling Service. I was once introduced as a semiretired psychiatrist and cured farmer – and like that.

It is good to be able to welcome so many of you drought support workers to the Centre for Rural and Remote Mental Health here in Orange—particularly my old friends John Vernon from Ivanhoe and even further outback; and John Llewellyn who came from the north-east corner of the state. I am glad that the Department of Agriculture (the lead agency in the NSW Government response to this drought), Department of Health and Department of Community Services saw the wisdom of supporting this seminar.

When we were at the "NSW Drought Welfare" meeting chaired by Mr Col Gellatly (Director-General of the Premier's Department) in 2003, you drought support workers pointed out that funding for your positions was due to end on the 31st of December 2003, with the effects of the drought still full force, with the job not finished. Thank you Anne Tonna for seeing both the danger and the opportunity in that critical moment, and for gathering us here to contribute to "the wisdom from the drought".

An important part of my story has to do with the 30 years during which I went farming. In the early years this was in a family partnership. Later I ran 1080 acres on my own behalf. The drought of 1979—1982 was a tough time and almost my Waterloo. When I read Henry Lawson's tale of Tom Hopkins' attempt "at settling on the land" I knew he was talking about a mate—maybe, talking about me.

'There is a man in Sydney, a man named Tom Hopkins, who settled on the land once, and sometimes you can get him to talk about it. He did very well at his trade in the city, until he began to think he could do better up-country.

He selected on a run at Dry Hole Creek. He started without experience but plenty of advice from men who knew less about farming than he did.

He tried grubbing out trees without much success—but Tom persevered. He put the trace harness on

his horse and drew in all the logs within half a mile and piled them up on the westward side of one big gum tree. The tree burnt off 6ft above the surface, falling on the squatter's boundary fence. He thought he would be able to get some posts and rails out of that tree, but found reason to think that a cast-iron column would split sooner—and straighter. He cleared a patch in the course of time and for several seasons he broke more ploughshares than he could pay for.

Tom ploughed and sowed wheat, but nothing came up—the ground was too poor. So he carted stable manure six miles from town, sowed another crop and prayed for rain. It came and washed the crop clean off the selection with the manure and surface soil. It also took half a mile of fencing.

Tom didn't give up—he was energetic. But many other disasters befell him and Tom was admitted to a lunatic asylum in Parramatta the next year, and the squatter the following summer—having been ruined by the drought, the rabbits and the bank. The two became very friendly and had sociable arguments about the feasibility, or otherwise, of blowing open the floodgates of heaven in a dry season with dynamite. Tom was discharged a few years since. He says that his one regret was that he was not found to be of unsound mind before he went up country.'

Henry Lawson tells a good story—I shortened it considerably. I'm mindful that the opening speakers this morning are providing background. The most important discussion should rest with the drought workers. It is their story that should be told. It is their experience that should be recorded. Australian rural communities and our political leaders should be able to draw on your collective wisdom now and in the future. The effects of this drought have not ended.



5.5.3 John Bowler

Senior Agricultural Protection Officer, NSW Agriculture

Declaring a drought

Droughts can't be evaluated in isolation. Surrounding conditions must be taken into account. For example, the 1994/7 droughts were less severe than this one, but very high interest rates and low commodity prices may have made their effects worse.

Drought equals lack of rainfall, but the effects of that lack manifest in different ways:

- No grass grown so stock are affected;
- Rain falls at the wrong time: crop fails but stock are unaffected;
- Urban or irrigation water supplies affected;
- Or various combinations of the above.

Drought declarations in each area depend on average rainfall, average distribution of rainfall, and land use within the area.

- Other information contributing to assessment (from individual Rural Lands Protection Boards) include:
 - Pasture growth rates
 - Crop growth
 - Feed availability
 - Water supplies
 - Impact of feral animals
 - Total grazing pressure
 - Weed invasion
 - Stock numbers

And NSW Agriculture is currently trying to develop ways to measure the impact of farm management on drought.

- Timing may be more important than amount: a dry spell of six months in the western division isn't much to worry about, but one of two or three months along the coast is.

Now: this drought may well turn out to be a 'one in one hundred year event', but grain and livestock prices are high, and interest rates are low. People may still be able to make money.

- This drought began to develop 2.5-3 years ago (but followed a long period of below-average rainfall) when the state as a whole received 25% or less of its usual rainfall; some areas in the southwest and north coast got only 5% of usual

rainfall. By January 2003, 99% of NSW was drought declared. Rainfall has begun to return to average in many parts of NSW in the last three months; however – as the points above suggest – that doesn't mean the drought is over.

- The Rural Lands Protection Boards system for declaring "exceptional circumstances" may lead to inefficiencies – drought declarations and assistance sometimes stop at a boundary unless special arrangements are made. Individual Boards may not "think outside" their area.
- Drought assistance was not provided until July 2002; many farmers were turning to NSW Agriculture rather than DOCS or Centrelink because no stigma is attached to Agriculture while it might be to mental health or financial support agencies.
 - Phone calls about technical matters often turned into discussions of emotional issues which NSW Agriculture staff couldn't cope with, so:
 - Drought support team sent in.

It doesn't matter whether the Department of Agriculture says it's a drought or not – it's the individual's perception that has to be handled. We have to:

- Educate farmers, community leaders, and support leaders;
- Prepare farmers physically for the next drought, increasing management skills;
- Prepare farmers emotionally for the next drought, increasing coping skills.

www.agric.nsw.gov.au/reader/883



5.2.4 Dr Titia Sprague

Centre for Mental Health, NSW Health
Disaster response from NSW Health

Drought response within the Centre for Mental Health (NSW Health) started in the same way as for general mental health disaster responses – this provided a framework for interagency response. Some of the actions taken by NSW Health included:

- 1800 NSW Drought Stress and Counselling line announced December 2002. Considered linking with Agriculture hotline (i.e. just one 1800 number), decided on cross-referring with Agriculture and DOCS, for reasons given below. The first link below is to the press release announcing the start of the hotline, together with information on how to recognise stress caused by the drought. The second gives details of the collaboration between rural counselling services in the Far West Area Health Service. <http://www.ppc.health.nsw.gov.au/news/2002/December/03-12-02.htm> <http://www.fwahs.health.nsw.gov.au/areas/fwahs/media/releases/drought.html>
 - The call rate to the 1800 number was greatest December 2002-January 2003, decreasing in mid-February. This was attributed to the increased operation of drought support liaison workers and mental health workers in the field, and an increase in the number of Farm Family Gatherings being held (These are described in section 5.2.8).
 - Callers were occasionally referred to their local mental health services; more often to the Agriculture hotline for assistance with practical issues.
 - Callers were evenly divided by gender; there was a predominance of calls from New England and Macquarie areas, perhaps due to local media campaigns. Often a particular story or interview might produce a spike in the number of calls.
- A 'Coping personally with the drought' information sheet was produced late 2002 in conjunction with DOCS; publicised through media, posted as health alert on NSW Health website, and distributed via local Area Health Services. This can be downloaded by following the link: <http://www.health.nsw.gov.au/public-health/alerts/drought/drought.pdf>

- Drought support and liaison mental health workers were appointed to support existing local networks, including Agriculture support workers, DOCS (sections 5.2.5 and 5.2.6), rural financial counsellors (see section 5.2.7), various NGOs and religious support organisations, the Rural Lands Protection Boards, and other key people.
 - The goal of having two support workers in each Area could not always be achieved, especially if senior people were being shifted from their other roles; each Area solved this in their own way, often collaborating with other rural workers such as farm safety educators.

The Drought Welfare Coordination Committee meetings addressed the issue of reluctance to ask for help: NSW Agriculture and Centrelink joined in promoting the message that people should not assume they are not eligible for help and that it's not their fault if they need help – they should at least make enquiries and get information. Coordinating a response but keeping enquiry numbers separate meant that the same messages were being promoted through several channels, increasing the chances that people who needed the information would receive it. Interagency cooperation ensured that people could be referred to the right place to get help no matter where they made their original enquiry.

The major focus was on positive coping and mental health literacy. That is, increasing community understanding of what mental health issues are, what they can do for themselves, and where to get help if they need it. In practical terms this meant addressing:

- Depression and related disorders.
- Hazardous use of alcohol and/or other drugs as a response to stress and depression.
- Loss and grief.
- Ongoing financial hardship, especially affecting
 - Schooling, especially in remote areas where boarding school is necessary;
 - Family structure/dislocation: one parent may move to town to find work or the whole family may have to relocate.
- Violence within the family.

Drought might not be the only disaster a rural community is dealing with: e.g. flood, bushfire, the Bali bombing have all affected rural communities during this last drought. These all compound the problems listed above.

Some strategies employed:

- “Depression is more than just being blue” campaign
- Information campaigns through Rural Lands Protection Boards
- ‘Black Dog’ campaign; worked very well in Mid North Coast Area, and is also used by the National Association of Loss and Grieving, but feedback from other Areas was that it was inappropriate for Aboriginal and Torres Strait Islander populations.
- Where partnerships have been established, in-service training and education sessions with other services.
- Farm Family Gatherings; conveying information and breaking down stigma associated with mental health services.
- Developing child and adolescent community health networks; especially collaborating with Department of Education on “resourceful adolescent” school-based programs.
- Dealing with the effects of additional stress on carer relationships (especially carers of older people suffering dementia); providing support for carers and older people.
- Drought Welfare Coordination Committee meetings, chaired by the NSW Premier’s Department and including NSW Agriculture; the information exchange and networks established continued between meetings.
- CRRMH Health and Wellbeing in Rural Farming Communities seminar.
- Attendance at National Field Days

Things we need to consider for next time:

- How do we plan ahead for partnerships and liaison work?
- How do we evaluate our projects?
- How do we share information across Area Health Services, without constraining all Areas to deal with problems in the same way?
- How do we “brand” ourselves and become perceived as being more friendly and accessible?

Today is a starting point for gathering more information about how we proceed in the future.

5.2.5 Steve Frost

Acting Disaster Welfare Coordinator, DOCS. Drought response as disaster response

DOCS provides services and funds to assist individuals and families when there’s a disaster, but this is often just the start. An application for assistance gives us an entry to the home, but once you start interacting with people you hear about a whole range of emotional problems and may need to refer them to other agencies.

Under the State Disaster Plan, DOCS coordinates welfare and recovery services for victims. This may require setting up Evacuation Centres, as well as longer-term Recovery Centres. Recovery Centres provide:

- Welfare information
- Emergency financial assistance
- Referral and advisory services to victims
- Personal support
- Refreshments
- Temporary accommodation
- Childcare services
- Meals for evacuees and people who are homeless because of the disaster
- Financial assistance to victims to help them re-establish their homes

Drought response:

Since October 2002 we’ve distributed over \$6.1 million to around 3000 applicants, in almost every NSW postcode apart from Sydney. A useful way to get around people’s reluctance to seek help was to stress that disaster relief funding is just their taxes coming back to help them. The non-taxable, non-returnable funding was designed to cover essentials like household bills, power, telephone, getting the car fixed. \$2000 cash grants were available for primary producers, but also to non-farm households relying directly or indirectly on primary production, for example farm hands, shearers, and rural suppliers. Smaller grants were available for non-farm households on low incomes if they needed to buy household water.

The DOCS State Disaster Recovery Centre has also provided:

- Administrative support
- A 1800 number for easy and free contact

- An effective referral system (mainly from NSW Agriculture and NSW Health)
- Effective communication channels, often through community organisations
- A short and simple application form.

The biggest hurdle to distributing assistance was a tendency for people to self-assess and decide they weren’t eligible for funding. Farm Family Gatherings were a good way for us to see people and encourage them to apply.



5.2.6 Rosalie Neville

Department of Community Services

The personal factor in drought support

The most important thing that happens once we receive an application for drought relief is the follow-up phone call. This may be just to confirm information, but talking to the applicants gives us a better feel for what families are going through; and many times (especially for repeat applicants) we find that we need to refer them to or encourage them to contact Mental Health. Or the repeat applications may show that the enterprise is not financially viable – we can help overcome the resistance to seeing a rural financial counsellor and the feedback we often get is that people didn't know the financial counsellors exist or what they do. The personal approach has been very positive for us and for our applicants.

A nice example of the importance of personal contact has been our involvement in building up a connection between rural families and a quilter's group in Sydney. These women recently gave us about forty quilts and asked us to distribute them to farm households having difficulties. The response was superb: part of the problem is that country people feel that the city has forgotten about them. The emotional value of that connection is a great message of support to women and families in the rural community.

Hampers of food and toiletries which we give to drought support workers for distribution are another way of providing personal contact and support.

5.2.7 Bruce Bashford

Rural Financial Counsellor

Financial management in drought

There has been resistance to financial counselling in the past, but not so much now as twelve months ago, when often my first contact would be a woman ringing me, and the husband or father would sit to one side until he'd decided I was alright. Attitudes change when people find out what the 'counsellor' part of Rural Financial Counsellor really means. Our task is to help farm families understand their financial situation, and identify the options that arise from that understanding. In my experience a great proportion of our client base doesn't know what their financial situation is – farmers are great at managing their properties but rely on someone else to do the money thing. We can:

- Assess the financial situation;
- Plan appropriate adjustments;
- Help people access other services like Centrelink, the Rural Assistance Authority, DOCS, the Salvation Army, and the Red Cross.

Often people don't know what organisations are out there, what those organisations can do for them, or how to get in touch with them. Networking is a very important aspect of Rural Financial Counselling.



5.2.8 Rob Cooper

Drought Support Worker, NSW Agriculture

Reporting the Drought Support Workers' experience

My background is in farming and my presentation today is very much on that practical level. I'm representing the eleven drought support workers with NSW Agriculture and I'll report to you some of the things that have worked for us so we can use them down the track.

- Our role and responsibilities:
 - Helping farmers access state and federal financial assistance;
 - Provide information and referrals on farm management issues;
 - Provide information and referrals on family and personal issues. Some of the issues in this category for which we have had to identify referral procedures are:
- Grief and loss
- Stress management
- Intra-family aspects such as working out how to manage the farm
- Suicide prevention strategies
- Marital and family breakdown
- Domestic violence
- Supporting children
- Depression and anger management

We don't try to be experts; we just make contact with people and refer them to the relevant agencies.

What worked?

- Farm Family gatherings

Government funded gatherings, usually (but not always) initiated and organised by us. The meetings attracted a wide range of farmers and their families for a meal and refreshments in a relaxed social atmosphere, with representatives of various agencies attending to mix, meet people, and present information. So as well as just getting off the farm and relaxing with their community, farm families could easily find out what help was available. The meetings themselves reduced stress as farmers discovered that they weren't alone in suffering from the drought.

Effective ways of presenting mental health issues:

- Powerpoint presentation by mental health workers based on 'The Black Dog' campaign (Beth Aisbett). Good for initiating discussion on mental health issues and strategies.
- Talks from local people who had experienced mental health problems. Especially successful in small rural towns, but needs someone who the community can relate to who is willing to speak and doesn't work everywhere.
- Talks from rural health workers encouraging discussion. Works best in 20-minute timeslots in a relaxed atmosphere.

Practical issues:

- Use locals to organise food and venues – encourages community involvement and support;
- Use NSW Agriculture rather than NSW Mental Health when announcing meetings and on information packs – decreases sense of threat;
- Use local NSW Agriculture extension officers where possible;
- Arrange childcare – this allows parents to concentrate on information and encourages the social/relaxation aspects of the meeting.
 - Bundle mental health information with farm and financial information. Included as part of a package, mental health information will be taken and read at home, maybe even left out on the kitchen table where others will read it.
 - Place regular articles in newspapers, community publications, farming newsletters, and calendars. If there is a publication directed at local industries this is even more effective, but in any case 'hard' information is more effective than web-based material – it is more likely to be around and accessible in a crisis.
 - Visit farms and have time to talk. Mental health issue often emerge when discussing technical or financial issues. This does take time and may not always be possible; visiting farms with a specific package or piece of information can provide an introduction. Mental health workers were most beneficial where they had time to become known and accepted in the community.
 - Education on mental health 'first aid': half-day or day-long workshops targeting suicide prevention or similar topics worked well in smaller rural communities.

What networks formed and which were successful?

- Farm Family gatherings introduced representatives from Centrelink, DOCS, Health, Rural Assistance Authority, Rural Financial Counsellors, Pastures' Protection Board, and NSW Agriculture (extension officers) to each other and the community. This coordinated approach needs to continue.
- Interagency meetings: essential for acting on needs of farmers during drought; most sustainable approach for dealing with future crises.
- Local groups of service providers: increases coordination, reduces doubling-up, provides a way around funding constraints.

Actions that weren't so successful:

- Black Dog presentations run without local involvement. So much organisation is needed that health workers must delegate so they have time to communicate with farmers.
- Copyright for Black Dog must be allowed for in the budget.
- Any gathering organised without local input had fewer attendees and less support.
- Finding out responsible agencies and arranging interagency meetings took too long. The structures should be kept going, even at a skeleton level, so they can be ramped up quickly next time.

What needs to continue beyond the drought?

- On the previous point: maintain interagency structures and meetings.
- Have a person in each region responsible for rural health and support, to maintain knowledge bank of services, and monitor local area.
- Maintain Occupational Health and Safety education.
- Continue Farm Family Gatherings, and extend to other workshops and information; keep providing opportunities to mix, socialise, and reduce sense of isolation.
- Mental health education, especially first aid workshops.
- Information campaigns in the media and professional publications.
- Information packs at state and local levels
- Financial and physical assistance.

- Continue support workers well into recovery many producers have not yet encountered their particular point of no return, but it could still be coming. Also, people are wary of support services which are only around for short periods.

What can be done better for the next drought?

- Response could be quicker—many farmers were suffering for a long time before services were put in place, and it took a long time to establish the networks.
- Keep up connections between NSW Agriculture and Health.
- Rural mental health workers should be permanent; they could also act as adjustment and support workers.
- Change emphasis from response to prevention: keep up education campaigns and encourage cooperation with rural financial counsellors.
- Encourage NSW Agriculture staff to be more aware of mental health issues and referral contacts. Extension officers often encounter someone who breaks down while they're talking to them and they are unsure of how to cope with that.
- Engage local councils more and make use of their expertise and contacts.
- Have a central contact in the mental health area—maybe CRRMH?—to help all the agencies and levels keep in contact.

No one strategy will work for all areas. It's a matter of variety, availability, and timing of delivery of services and support.



5.2.9 Gai McPherson

Rural Support Worker, Mid North Coast Area Health Service

Reporting the Rural Mental Health Workers' experience

Severe drought situations parallel other natural disasters in many ways, but differ in that the onset is gradual and the course is prolonged.

The emotional, financial and management issues caused by prolonged drought is chronic and the impact continues long after it rains. The "Disaster Mental Health Response Handbook" of NSW Health emphasises:

'the prolonged experience of coping with ongoing disasters may create a specific disaster "sub-culture", and is likely to affect patterns of psychological reactions to the disaster situation.'

A study into health and social consequences in the aftermath of the 2001 Foot and Mouth disease outbreak in the UK revealed that many farmers remained bitter and afraid, feeling frustration, mistrust, and anxiety. There were isolated and embattled communities in which alcohol and anti-depressants were required to cope. (From a University of Lancaster report, cited by Nigel Burnham in the Farmer's Weekly, 2003).

Toward the end of 2002 the destructive influence the drought was having on the rural community was becoming clear, and NSW Health supported Area Health Services to place health workers in the field specifically to support the rural community. This presentation relates the collective experience of those workers and illustrates the need to develop and retain resources and knowledge gained during this drought. Of particular importance are the maintenance of links already forged and the continuation of collaboration with other departments and services.

Some background: In November 2002 the Mid North Coast Area Health Service seconded two mental health workers to the positions of Rural Support Workers at the request of the community. This was followed in December 2002 by the NSW Health initiative and funding was supplied to rural Area Health Services to support workers in each Area across the entire state. Many workers didn't commence until well into 2003, and then often only one worker was appointed.

What worked

- Having a co-worker to exchange ideas and develop projects with increased our ability to work cohesively and think laterally.
- Networks and partnerships with other agencies and governmental departments across all Areas, and in some Areas the interagency forums met on a regular basis to keep all participants up to date with current developments.

Various projects such as:-

- The Black Dog project.

The initial idea was inspired by a NALAG (National Association for Loss and Grief) workshop held in Dubbo by Bev Aisbett. Mid North Coast Area Health Service workers developed a power point presentation "Getting to Know and Tame the Black Dog". This presentation is based on the Black Dog book and numerous cartoons and skits, delivering information on stress and depression in a humorous and non-threatening way. Northern Rivers Area Health Service also delivered a similar program. Both were very well received with positive evaluations. The presentations were delivered at Farm Family Gatherings in collaboration with NSW Agriculture Drought workers.

- Farm Family Gatherings.

These gatherings were a great avenue to access the rural community with NSW Agriculture support and funding. Speakers from Centrelink, Health, DOCS, NSW Agriculture and Rural Financial Counsellors were available to give up-to-date information on drought issues.

- "Pathways to care" project – Leeton and Narrandera.

An interagency problem-based learning workshop, where workers from many agencies and organisations were able to identify how those with emotional issues due to the drought were most often identified, how and who would support them to care.

- R.A.P. Program – Hay.

Resourceful adolescents program, for adolescents and their parents, introduced into a high school in a remote rural location. This program promoted resilience in young people faced with difficult situations including not being able to return to the land, and supported parents in managing their children's problem behaviours.

- Drought seminars.

More than 400 women attended two seminars in Greater Murray Health Service. Meeting with women

was an effective way of disseminating information about drought issues to the rural community.

- Workshops targeting men over 55 yrs plus, and groups for older men (OMNI).

Provided a forum for these men to discuss their issues, and link them and their family with the support worker and assistance.

- Mental Health first aid seminars, facilitated by Rural Financial Counsellor.
- Distribution of magnets with depression message.
- Advertising in rural lands, rural financial counsellors and dairy cooperation newsletters.
- Information-giving tours with NSW Agriculture, Centrelink, Rural Lands Protection Board, Financial Counsellors and DOCS.

What didn't work

- Some of the initiatives may not have been cost-effective:
- Sale yard visits were part of the initial plan but numerous difficulties were encountered; particularly the reluctance of the farmers to be seen talking to us.
- Letter drop of eleven thousand eight hundred letters within the area, informing the rural community of our presence and our role also brought minimal response.
- Letters to schools, Parent and Citizens Associations and service groups, requesting guest speaker status and that information to be disseminated in school newsletters, brought very little response.
- Health vehicles with logos on them were a problem in some areas, as people felt the logos identified them as having a health problem to their neighbours.
- Individual farm visits; individual contact and the invitation for people to approach workers did not work well.

Difficulties we experienced: internal

- Lack of concrete knowledge about the timeframes and expectations for our jobs caused staff some concern.
- No clarity of our role and its desired outcomes.
- Lack of direction.
- Lack of resources.
- Initial time constraints (short-term appointments), then extension after the first six months with very little notice.

- Hard to develop networks in the early stages.
- Backfill for our substantive positions was an issue in the early stages, which meant we were trying to do two jobs.
- Difficulties in accessing various sections of the rural community: some industries have good networks and other areas have virtually no networks.
- Low referral rate from other departments and services.

The perception of stress in some agencies was similar to that of the farmers: "stress doesn't exist; you should be able to cope and you are a failure if you don't".

- Tyranny of distance.

In many areas the distance to be covered by one or two workers made it very difficult to access some areas of need.

- Lateness of the linkage with other health service workers, and lack of a central coordinator.

The health workers didn't have contact with each other until well into 2003, so everyone was inventing and developing projects and there was no coordinated approach.

- Lack of knowledge of available services, by all parties, not knowing who could and would do what.
- Lack of understanding of rural issues by mental health workers and negativism towards our role from other health workers, expressed in comments such as: "Now that it has rained you will be out of a job.", or "Are you still chasing the drought?"
- Difficulties getting access to some elements of other governmental departments.

Difficulties we experienced: external (rural community perceptions)

- The belief that working harder will fix things: "If you need mental health help, you need to pull your socks up."
- Non-acceptance of emotional distress and depression by the rural community.
- Rural communities' stoic acceptance of no or inappropriately delivered services.
- Distrust of governmental departments.

Positives

- Being given the opportunity to offer and deliver support to our rural community.

- Gaining an appreciation of the difficulties facing the farming community.
- Help and respect from other agencies and insight into their operations.
- Presentation of our program to our peers and recognition of our achievements, both at state and local levels.
- Positive evaluations from the community.
- Development of networks, friendships, and inter-agency forums, and being included in state drought welfare coordinating committee meetings.

Our concerns for the current and developing crisis:

- Increases in physical health issues, such as hypertension and sexual dysfunction.
- Increases in relationship conflicts and domestic violence.
- Increases in use of alcohol, cigarettes and other drugs.
- Increased demand for support due to suicidal ideation, with limited mental health resources.
- The perception by rural and remote communities that mental health issues have been neglected for a long time in NSW and now even existing services are being withdrawn when the crisis will exist for months and years to come.
- That all the hard work, innovation, resources and networking required to build effective and cohesive relationships within health and other agencies will be lost, and that all the hard-won knowledge about what works and doesn't work will disappear.

Recommendations for future directions

- We need to work on psychosocial resilience-building projects within communities, which will improve their ability to manage in times of rural crisis. This is particularly important as rural communities may have difficulty accessing services, whether it be due to a lack of skills in seeking help or the lack of Mental Health Services in their area.
- Permanent workers should be appointed, and ideally these workers would become part of the rural community as are the dairy officers etc., attending field days, sale yards, home visits to farms with the agronomists etc. Response at a state level should be coordinated earlier in the next crisis, so we can bring all workers online at approximately the same time. Develop a training

package for rural health workers, to improve response to specifically rural issues.

- Recognise the special place women have in agriculture and their role in supporting rural communities. Recognise the needs of the whole rural community, in town as well as on the farm. Continue local rural interagency forums, to maintain the links and partnerships developed during this drought. These networks could then easily be activated without the need to re-establish networks, should the need arise due to further rural crisis.

Where do we go from here?

It is important to recognise that the impact of the drought is not over and the repercussions will be with the rural community for months/years to come. Many believe the worst is yet to come as they struggle to re-establish their business with high financial overheads, reduced crops, reduced stock, inequity in pricing between the price at the farm gate and price to consumer also the ensuing OH&S regulations. The Disaster Mental Health Response Handbook, July 2000, by NSW Health states that "the prolonged experience of the coping with ongoing disasters may create a specific disaster 'sub-culture', and is likely to affect patterns of psychological reactions to the disaster situation". Close collaboration, both with other service providers and with consumers, is the most flexible and successful way of engaging with those in need – we must find a way of maintaining the networks, resources, and cohesion that have been developed during this drought.

5.3 Summary of the speakers' messages

The invited speakers provided extensive and detailed information about their own, quite divergent, areas of expertise; however some common themes emerged and these are detailed in table 5.2 below.

Main points raised by the speakers:
<ul style="list-style-type: none"> • Perceptions of drought or distress may be more important than official declarations. • Drought is determined by many factors additional to gross rainfall amounts, and its impact may be exacerbated or ameliorated by prevailing economic conditions. • Farmers may turn to NSW Agriculture rather than DOCS or Centrelink for assistance because of stigma associated with the latter two bodies, so there must be inter-agency cooperation. • Many partnerships and resources have been developed, but we are in danger of losing them because there is no continuity in the drought workforce. • We must plan ahead now so that partnerships, strategies, and resources are available quickly in the next drought.

Table 5.2 Summary of speakers' messages

Most speakers made recommendations for future action, and there was a high degree of agreement amongst the proposals. These are summarised in table 5.3 below.

Things that should happen next time:
<ul style="list-style-type: none"> • Prepare farmers physically/financially and emotionally for the next drought. • Educate and support affected and potentially affected communities, and encourage community-building exercises such as: Farm Family Gatherings, locally-run mental health workshops. • Early cross-referral and collaboration between all interested bodies: DOCS, Centrelink, NSW Agriculture, NSW Health (or other relevant state departments), community organisations. • Clear guidelines and provision of resources for drought support workers 'on the ground'. • Building of community and social support through public meetings and informal visits from drought workers. • Regular dissemination of information about the drought, its possible effects, and where to go for physical, financial, or emotional help.

Table 5.3 Main recommendations of speakers

The speakers referred in some cases to online resources. A selection of these are listed in table 5.4 below. Other resources for drought planning and intervention held by the Centre for Rural and Remote Mental Health are listed in section 8.

http://www.agric.nsw.gov.au/reader/883 – NSW Agriculture Drought Support website
http://www.fwahs.health.nsw.gov.au/areas/fwahs/media/releases/drought.html – Example of collaboration between rural counselling services
http://www.health.nsw.gov.au/public-health/alerts/drought/drought.pdf – "Coping personally with the drought" resource
http://www.community.nsw.gov.au/drought/drought.htm – DOCS drought assistance fact sheet

Table 5.4 Selected online resources from participating organisations

5.4 Consultations-Facilitated Group Work

Those attendees and guest presenters who could remain for the afternoon session (n=23) formed one group and were asked to consider:

- 1) In times of drought, what specific actions contribute to an effective mental health response to people and communities impacted by the drought? (*What works well?*)
- 2) What suggested changes should we make to our responses next time drought is declared? (*How can we do better?*)
- 3) From this particular experience of providing a mental health response to drought, what should now continue to be done beyond the drought, so that agencies sustain their capacity to effectively promote and maintain mental health within rural communities? (*What should we be doing between droughts?*)

5.4.1 What works well?

This question was answered using the Nominal Group Technique. Participants were asked to quietly reflect and then write their answers to this question. Each participant was asked to contribute one idea (without repetition) to a master list compiled by the facilitator. Participants were asked to vote for those ideas they rated as being in the top third of the list.

Table 5.5 provides a list of those ideas that received votes from at least half of the group. A complete list of ideas and responses is provided in Appendix 2. In summary, nurturing partnerships and capacity building at a local level were seen as most important for mounting effective mental health service strategies for people and communities impacted by drought.

In times of drought, what specific actions contribute to an effective mental health response to people and communities impacted by drought?	
Idea	Number of votes
Interagency meetings and cooperation at the local level, agencies working together to offer combined assistance to meet the variety of needs, building on strengths of existing workforce and networks	20
Farm Family Gatherings – Led by Department of Agriculture and incorporating Mental Health presentations and discussions	19
Using a variety of media sources to get the message across about services and how to find them – choose a simple message / slogan that links across the media eg 'you are not alone', provide continual updates about the drought	11
Information packs – Mental Health information included as part of overall drought / farming packages and repetition is needed to achieve a good mental health outcome	10
Employed quality staff in the field, with commitment from the staff and the department, Employing someone with credibility and local knowledge – farming and mental health knowledge	10

Table 5.5. What works well?

5.4.2 How can we do better?

Table 5.6 provides a list of ideas obtained from the group using a modified form of the Floor Tiling or Wallpapering group participation process. Participants worked in small groups to identify and agree on responses to this focus question. They then contributed one idea to a whole-group discussion. Ideas were collated and themes identified. A complete list of ideas identified under each theme is provided in Appendix 3. In summary, there was agreement about the need to develop a regional drought service plan and to incorporate evidence-based mental health interventions. Moreover, participants highlighted the need to integrate a health promotion and early intervention focus into the drought response and to have mental health workers permanently employed in rural and remote areas to focus on "rural issues". One group highlighted the need for the Centre for Rural and Remote Mental Health to be involved in the drought response.



What suggested changes should we make to our responses next time drought is declared?	
Theme (number of participants identifying the theme)	Supporting ideas
Plan for drought (n=6)	Regional Drought Service Plan (CEOs accountable) along the framework of emergency management at a regional level for planning, preparation, response and recovery; Strengthening DISPLANS-identify funding allocations and key trigger points for mental health involvement; Evidence based planning (literature review to select most appropriate mental health interventions)
Promote mental health and early intervention (n=4)	Family communication workshops be freely available to educate on mental health issues; Early detection of mental illness as well as building "good" mental health strategies
Permanently employ mental health support workers for rural issues/communities (n=2)	Mental Health Workers permanently employed and working in rural and remote areas focusing on rural issues; Ongoing people-focused support workers to resource/educate/inform rural communities to maintain existing links and better response to exceptional circumstances
Enhance coordination between services (n=2)	Building Drought Support Workers as "one-stop shop" co-ordinators; Formalise ongoing links
Promote the issues through the media (n=2)	Common media message with logo (government, NGO, community); Funding for production of quality, tailored mass produced resources and comprehensive communication strategy (corporate image)
Support front-line staff in other settings (n=1)	Educate frontline-line staff (emergency departments) to identify mental health issues and refer appropriately
Involve the Centre for Rural and Remote Mental Health (n=1)	New role for Centre for Rural and Remote Mental Health

Table 5.6 How can we do better?

5.4.3 What should we be doing between droughts?

This question was answered using the same approach as that outlined on page 31. Table 5.7 provides a list of those ideas that received votes from at least half of the group using the Nominal Group Technique. (Note: as this session was conducted at the end of the day, not all participants could remain due to travel constraints, and hence n=9 qualified as greater than half of the responses.) A complete list of ideas and responses is provided in Appendix 4. In summary, results suggest that to enhance sustainability of local interventions beyond the period of the drought, continued assistance from agencies representing the wider community, such as state government agencies and NGOs, would be required.

From this particular experience of providing a mental health response to drought, what should now continue to be done beyond the drought, so that agencies sustain their capacity to effectively promote and maintain mental health within rural communities?	
Idea	Number of votes
Dialogue and links / networking between interagency government and non-government be sustained at both state and local community levels	11
Identify agencies and NGOs that can progress mental health prevention and promotion programs and adequately fund (time, travel, etc.) these agencies to deliver these services	9
Funds allocated to CRRMH to undertake a literature review of previous documented evidence of Australian psychological and social experience of drought, and be part of library of resources of collated information and resource	9
Continuation of support workers in each rural area to sustain networks and community trust with a state coordinator (for each department). Role of these workers to encourage community development (capacity building)	9

Table 5.7. What should we be doing between droughts?

5.5 Conference Evaluation

A total of 14 of the participants completed an open-ended questionnaire designed to elicit their feelings on what they liked and disliked about the conference. They were also asked to suggest any changes they thought could be made to improve future conferences. The main themes along with supporting quotes are provided in table 5.8. In short, the respondents identified both positive and negative aspects of the conference process. Participants liked the format and the facilitation process, while others found the workshops were "rushed". The capacity of the conference to facilitate networking with other drought workers was also seen as important. While participants appreciated the representation from a range of stakeholders, one respondent suggested that it would have also been valuable to have "farming reps so their voice (could) also be heard". Importantly, one participant highlighted the important role of CRRMH in facilitating such a conference.

Theme (number of participants identifying the theme)	Supporting quotes
LIKES	
The process (n=8)	"good facilitation"; "food"; "the format of the day"; "thought put into planning the day"; "the facility"; "work-shopping"; "facilitators were particularly effective in the workshop"
Networking (n=4)	"Interaction with other drought support workers and other services"; "The second opportunity to meet with others and discuss issues with other drought support workers"; "positive liaison between service organisations"
Representation from a range of stakeholders (n=3)	"interesting to hear perspectives of various departments: common thread throughout each of the speakers"; "government and non-government representation"; "presentations from various stakeholders"
Opportunities for reflection (n=4)	"participants views on what has been happening in the last year"; "important opportunity to evaluate activities/responses to current drought"; "Opportunities to reflect/analyse what has been done and other possibilities"; "chance to hear what other people have been doing and other impressions of what has happened"
Other	"Congratulations on the initiative-great role for CRRMH to facilitate this kind of thing which is very important"
DISLIKES	
The process (n=5)	"Too many speakers which led to not enough time for workers' response-not respectful"; "Some procedures were rushed at the end"; "workshops rushed, but this was always going to be the case when you gather a group of people so passionate about our rural communities"
The content (n=2)	"very narrow focus; unrealistic aspirations-needs to be put into perspective"; "need to be much clearer that the focus was on mental health as I think we got a bit off the track and talked more generally about the drought"
SUGGESTED CHANGES	
The process (n=4)	"time limit on answering questions"; "better time management"; "six hours is not enough time for tasks outlined"
Wider representation from stakeholders (n=2)	"broader cross-section of agencies involved"; "perhaps would have been good to have some actual farming reps so their voice can also be heard"

Table 5.8. What worked and didn't work in this conference?

6. Discussion

On the whole, the same kinds of messages emerged from both the presentations and the group participation processes. This might be thought unsurprising as the group session followed the invited speakers and so the ideas raised by the speakers would be likely to be at the forefront of participants' minds; however, the Nominal Group/Wallpapering techniques used allow both for new ideas to be generated and for participants to change their own rankings of importance for each idea in the light of discussion with others and the ideas generated by the whole group. Thus, if there had been any substantial degree of dissent from the views presented by the invited speakers this would almost certainly have been apparent in the results from the group session.

The most dominant themes from both sessions are summarised in Section 7 of this report. What follows is a general articulation of responses to the problem of drought made by the experts attending this conference.

The specific actions which are most effective in addressing people's mental health needs during and following drought are those which foster local partnerships and capacity building amongst professionals and the wider community. Interagency meetings, Farm Family Gatherings, coordinated media strategies, repetition of messages, de-stigmatising of assistance (mental health and financial), use of locally credible staff, and support from co-workers and departments were all valued by conference participants.

Suggested changes to drought response for the next episode included: development of a regional drought service plan, clarification of trigger points and referrals for mental health involvement, development of mental health literacy in the community, permanent employment of mental health workers focused on rural issues, education of front-line staff in identification of drought-related mental health issues.

Between droughts, measures which encouraged sustainable local responses were supported. These included establishing links between state and

local government and non-government bodies, research by the CRRMH into the psychological and social effects of drought, and continuous employment of support workers in rural areas to maintain networks and increase trust in the community.

In the light of comments made by participants about the conference process, it seems clear that the consultative nature of the conference was highly valued. In particular, the work-shopping and networking aspects and the opportunity to hear other perspectives and engage in self-reflection were viewed positively. Future conferences should allow more time for the group discussion sessions, have an increased focus on mental health (while continuing to provide information on the broader context of drought), and include a broader cross-section of stakeholders. In this initial conference attendance was limited to workers employed by government departments and non-government organisations; in future conferences with more time available attendance should be expanded to include local mental health practitioners and representatives of farming and rural communities.

The participants of this consultative conference saw the Centre for Rural and Remote Mental Health as being well-placed to foster and conduct research into the mental health effects of drought, to act as a storehouse of practical information, and to play a coordinating role in the maintenance of interagency networks.

"would be very interested in meeting with CRRMH to review strategies used by mental health; develop state-wide training package for rural workers in responding to emotional impact of the drought."

7. Conclusions and Recommendations

The clearest message to emerge from this conference is that drought is inevitable and we must prepare NOW for the next drought by maintaining the knowledge and relationships gained during this one. A subsidiary message is that the current drought is not yet over and even once rainfall returns to acceptable levels the effects of this drought will continue. Given that many drought support positions have come to an end, this is a particularly important finding.

The major findings of this conference are:

1. Farmers must be supported to prepare financially, in their farming practice, and emotionally, NOW for the next drought.
2. Education about and support for drought events, particularly for the mental health effects of drought, should be provided for the entire affected or potentially affected community.
 - a. Community support need not be financial: fostering a sense of connection within the community is also important.
 - b. Community-building exercises such as Farm Family Gatherings or local workshops and mental health programs are effective both at imparting information and at fostering social support.
 - c. Support measures must be continued into the recovery period.

The development of a Regional Drought Service Plan for planning, preparation, response, and recovery received the greatest amount of support as an answer to the question

"what can we do better next time?"

3. There is a need to overcome reluctance to seek financial and especially mental health help. Ways of achieving this:
 - a. Encourage interagency cooperation so that
 - i. All relevant agencies promote the same message, increasing the chance that it will be heard by those who it will benefit most;

- ii. Appropriate cross-referral is maximised, whether through personal interaction or via phone hotlines and websites.
- b. Encourage a variety of ways of promoting information, such as websites, hotlines, use of local media and industry publications, Farm Family Gatherings, Agricultural Field Days, etc. "Hard copy" is more useful because it is more likely to be retained, to be available when needed, and to reach several members of a family.
4. Agencies need to continue promulgating information but must also continue to gather it. Continuous monitoring of the drought and the associated mental health situation must be instituted so drought response can be as efficient as possible.
 - a. The Centre for Rural and Remote Mental Health has a role to play in facilitating networking and collaboration between agencies, acting as a storehouse of corporate knowledge, and undertaking and disseminating long-term research into the mental health effects of drought.

Interagency cooperation and the development of collaborative networks, especially at the local level, received the highest level of support from participants as a "thing that worked well".

8. Resources and References

8.1 Other documents of interest for drought planning and intervention

National Rural Women's Coalition (2003) Managing Drought – Managing Solutions; Forum Report 9 September 2003

Commonwealth Department of Agriculture, Forestry, and Fisheries (2004) Consultations on National Drought Policy – Preparing for the Future. Canberra: Drought Review Panel, Commonwealth Department of Agriculture, Forestry, and Fisheries.

These documents, amongst a wealth of other information, stress the need for a whole-of-community response to drought; and for thorough planning, community-building, and sustainable response to the inevitable next drought.

As well as the Commonwealth Government and Rural Women's Coalition Drought policy publications, the Centre holds an extensive collection of policy and strategy documents, community service directories, and health and agricultural information leaflets generated by the consultative conference. Additionally, the NSW State Government hosts an interactive website devoted to the support of community-level social, economic, and environmental renewal (<http://www.communitybuilders.nsw.gov.au>). The Centre is well placed to act as a clearinghouse for such information.

8.2 References

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Appendix 1. Conference evaluation questionnaire

Wisdom from the Drought - 17 December 2003-Evaluation

Your feedback is important to us. Please PRINT clearly.

Likes:

Dislikes:

Suggested Changes:

Thank you

Appendix 2. What works well?

In times of drought, what specific actions contribute to an effective mental health response to people and communities impacted by drought?

19	A	Farm Family Gatherings – Led by Department of Agriculture and incorporating Mental Health presentations and discussions
10	B	Information packs – Mental Health information included as part of overall drought / farming packages and repetition is needed to achieve a good mental health outcome
11	C	Using a variety of media sources to get the message across about services and how to find them – choose a simple message / slogan that links across the media eg ‘you are not alone’, provide continual updates about the drought
20	D	Interagency meetings and cooperation at the local level, agencies working together to offer combined assistance to meet the variety of needs, building on strengths of existing workforce and networks
2	E	Time, availability for direct contact with farming families
10	F	Employed quality staff in the field, with commitment from the staff and the department, Employing someone with credibility and local knowledge – farming and mental health knowledge
9	G	A dedicated budget from Treasury separated from and additional to the mental health budget
2	H	Provide funding to NGOs for longer term intervention (2 years +)
1	I	Early and timely intervention – having the structures in place – more smoothly this drought than last.
1	J	Having a shared plan between different agencies at the local level (Area level)
1	K	Working with all age groups
0	L	Engage with the community to identify their needs - build a community plan – analogous to bush-fire plans
2	M	Make small grants available to community groups to enhance the capacity of the community to survive the drought
7	N	Educate the front-line staff with skills to identify mental health issues and refer appropriately
1	O	Documenting people’s stories and having them tell their stories, rather than only factual data
6	P	Utilise community connections and time and energy of local groups, such a mental health advocacy groups, to assist setting up groups to speak with (empowerment)
7	Q	Building mental health literacy – running mental health first aid programs
7	R	Build on to existing mental health promotion and education programs that have been in place
0	S	Setting up a system with a clear support structure for the workers
9	T	The employment of dedicated, drought-focused staff

Appendix 3. How can we do better?

What suggested changes should we make to our responses next time drought is declared?

Permanently employ mental health support workers for rural issues/communities

- Mental Health Workers permanently employed and working in rural and remote areas focusing on rural issues
- Ongoing people-focused support workers to resource/educate/inform rural communities to maintain existing links and better response to exceptional circumstances.

Enhance coordination between services

- Building Drought Support workers as “one-stop shop” coordinators
- Formalise ongoing links

Plan for drought

- Regional Drought Service Plan (CEOs accountable) along the framework of emergency management at a regional level
 - planning (participants/arrangements/responsibilities)
 - preparation (resource identification/risk analysis)
 - response (roles/coordination/procedures)
 - recovery (programs/issues)
- Strengthening DISPLANs – identify funding allocations and key trigger points for mental health involvement
- All agencies initiate response together
- Evidence based planning (literature review to select most appropriate mental health interventions)
- Communities be asked to describe what they want
- Interagency contacts at state, regional and local levels – register and meetings

Promote the issues through the media

- Common media message with logo
 - government/NGO/community
- Funding for production of a quality, tailored mass produced resources and comprehensive communication strategy (corporate image)

Promote mental health

- Early mental health promotion focus
- Continued mental health education of community
- Early detection of mental illness as well as building “good” mental health strategies
- Family communication workshops be freely available to educate on mental health issues

Involve the Centre for Rural & Remote Mental Health

- New role for Centre for Rural and Remote Mental Health

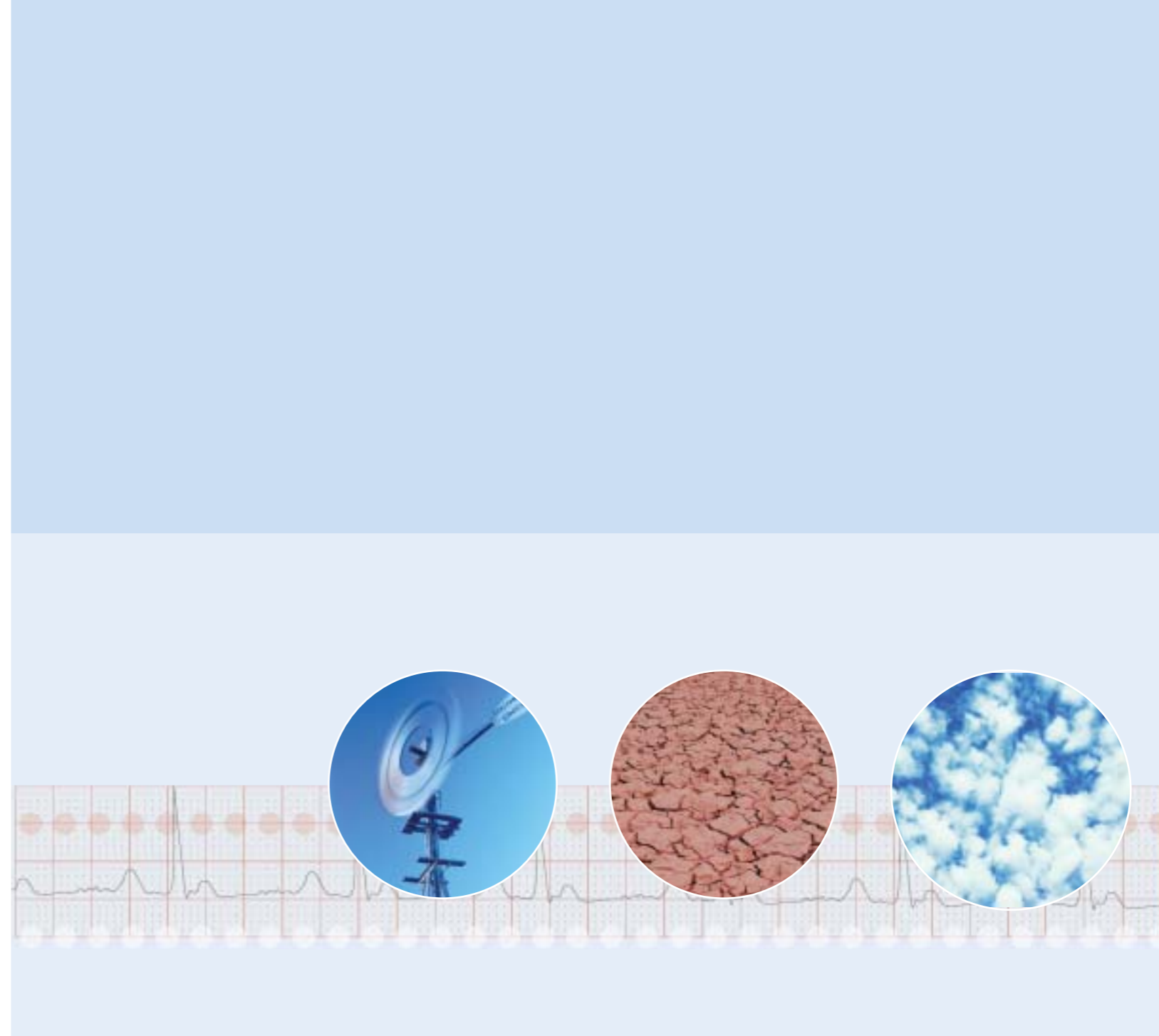
Support front-line staff in other settings

- Educate front-line staff (emergency departments) to identify mental health issues and refer appropriately

Appendix 4. What should we be doing between droughts?

From this particular experience of providing a mental health response to drought, what should now continue to be done beyond the drought, so that agencies sustain their capacity to effectively promote and maintain mental health within rural communities?

9	A	Identify agencies and NGOs that can progress mental health prevention and promotion programs and adequately fund (time, travel, etc.) these agencies to deliver these services
6	B	Mind shift in all human services regarding of importance of networking / interagency efforts, integral to workers' roles
9	C	Funds allocated to CRRMH to undertake a literature review of previous documented evidence of Australian psychological and social experience of drought, and be part of library of resources of collated information and resources
11	D	Dialogue and links / networking between interagency government and non-government be sustained at both state and local community levels
9	E	Continuation of support workers in each rural area to sustain networks and community trust with a state coordinator (for each department). Role of these workers to encourage community development (capacity building)
3	F	Consistent government approach to providing rural services (rather than gradually diminishing resources followed by crisis response)
4	G	Funds allocated by NSW Health for the production of quality, tailored mental health education materials for this target group with a timely distribution strategy while the interest is current
2	H	Risk management workshops available to look holistically at their future – covering financial, farming and personal/family issues
4	I	Continue the process started in the drought with the development of a whole of government strategy / action plan to improve the mental health of people living in rural and remote communities
2	J	Improve recruitment and retention of mental health professionals in rural and remote areas
0	K	Work in partnership with Aboriginal and Torres Strait Islander communities
5	L	Funds allocated by NSW Health to CRRMH for service evaluation/analysis of the mental health intervention
7	M	Undertake a review of the effectiveness of funding allocation for drought response



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