



THEME

GPs and the environment



Gina-Maree Sartore

BSc(Hons), PhD, MAPS, is Postdoctoral Research Fellow in Rural Mental Health, Centre for Rural and Remote Mental Health, University of Newcastle, Orange, New South Wales. gina.sartore@newcastle.edu.au

Brian Kelly

BMed, PhD, FRANZCP, FChAPM, is Director, Centre for Rural and Remote Mental Health, University of Newcastle, Orange, New South Wales.

Helen J Stain

BA(Hons), MPsych, PhD, MAPS, is Senior Lecturer (Research), Centre for Rural and Remote Mental Health, University of Newcastle, Orange, New South Wales.

Drought and its effect on mental health

How GPs can help

BACKGROUND

Drought has been a major stressor affecting rural New South Wales communities since late 2001. While much is known about the effects on mental health of acute natural disasters, there is less research available on the effect to communities of chronic natural disasters. Of great concern for Australian rural communities is that independent of drought, the rate of suicide for some groups is higher in rural than urban communities, while access to mental health services is less.

OBJECTIVE

This article explores how general practitioners can identify and respond to the drought related mental health needs of farming residents.

DISCUSSION

Limited availability of mental health services to rural communities increases reliance on GPs for mental health care. Residents of farming communities report experiencing substantial distress in relation to the drought. The local GP is a key source of consultation, advice and treatment. Early intervention is a critical task in improving the mental health of rural communities. Early intervention provided by GPs will be enhanced through: working closely with other community agencies to promote early effective intervention for mental health problems, improve access to advice and initial consultation, and facilitate urgent consultation when needed; increasing access to services for farmers and responding promptly to needs; and utilising the support of rural organisational workers.

Drought has been a recurring natural disaster in Australia for much of our recorded history.¹ Unlike other natural disasters, it is a long term event and the effects can be chronic.

The distress and trauma associated with natural disasters affect entire communities.² Rural and remote communities suffer additional disadvantage due to isolation and limited access to health and mental health resources.^{3,4} Farming exposes its practitioners, their families, and those involved in allied industries to high levels of stress.⁵ This is particularly the case in times of drought. However, people in rural farming communities may not seek help in times of stress due to attitudes toward health and wellbeing.⁶

Studies have found no significant rural/urban differences in the rates of high prevalence disorders such as anxiety and depression.⁴ However, elevated suicide rates in rural areas in some age groups and professions may indicate problems accessing appropriate treatment.^{7,8}

Drought causes financial hardship from increased

debt on farms and flow on effects to other businesses. It is difficult for farmers to plan for crops, stocking, improvements, breeding and succession. This affects other businesses, limiting their ability to expand and employ staff.

Drought affects family relationships. Stress and worry increase irritability, and partners and children are required to become more involved in farming tasks. Fear of suicide can be of particular concern, especially following media coverage.⁹ Drought can lead to isolation and increased workload as fewer workers take on more work, partners move off the farm for additional income or for school needs, and families can no longer afford social outings.¹⁰

Difficulty accessing health services due to the limited number of practitioners in rural areas means that rural residents may miss out on key early interventions for mental health problems.

Presentation

Given the stresses placed on rural residents in times of drought, it is highly likely that help will be sought through

general practice.¹¹ However, it is common for people to seek help for physical symptoms or following concerns about a family member's troubling behaviour, rather than directly for stress, depression, or anxiety.¹² It is important to recognise these covert presentations of depression, anxiety and alcohol related problems.

The *Case study* illustrates how drought affects a typical extended family. Only one member of the family is presenting to the practice. However, this first contact is an opportunity to connect with other family members affected by drought related stress. The family can be referred to community workers and educated about available resources (see *Resources*).

Managing drought related stress in general practice

Systemic issues

Many of the challenges in responding to the health needs of farming communities relate to their isolation from services. Personal and geographic barriers to getting help may be even greater. General practitioners are in an ideal position to initiate mental health interventions at an early stage of concern. For example, if a farmer presents with sleep disturbance, this is a key opportunity to engage with the person, explore the effects of stress and maintain contact. Encouraging people to get help early needs to be met by an effective response from all services.

Through greater cooperation and collaboration between rural health services and support agencies, a broader range of help might be made available. Agricultural services and organisations that work closely with farmers are often in a trusted position and have contact with isolated farmers. People in these roles can be an important source of advice and their involvement can be critical in supporting people in distress to seek appropriate help. An initial assessment by one of these agencies can be critical in helping define the problem and setting a practical path to recovery. Given that farmers, and particularly men, may be reluctant to use health services, systems need to be in place to respond effectively when they make a call for assistance. Agencies should be encouraged to seek advice about health problems and vague physical symptoms. *Table 1* lists practical suggestions about how to engage with farmers.

Understanding the background

Awareness of the stresses peculiar to farming and of the other key professionals who can help patients deal with those stresses, can foster trust and engagement within the clinical relationship, and can also lead the patient to practical assistance and stress reduction. Knowledge of the

Case study

Jason, 34 years of age, is a lease farmer. He lives with his wife Jenny and two children aged under 10 years. He has returned to his home district in western New South Wales after completing an electrical apprenticeship in Newcastle, and is keen to build a future as a farmer. His farming community has been experiencing drought for the past 5 years. He hopes to buy his own property in the future. Jason has become increasingly irritable and frustrated with what he believes is his failure to 'get on top of things' on the farm and is struggling to manage financially. Jason is drinking heavily, driving into the local pub 2–3 times per week. Jenny is angry and worried about this. She feels isolated, having few friends in the area. She relies on Jason's parents who live nearby, and who were keen for Jason to remain in the area and take over the family farm. However, due to a fall in farm productivity, it is now doubtful they can afford to retire and hand the farm on. Jason has recently taken on some local electrical work to help with the income and is away from home more often. Their 8 year old son, Jack, has been having trouble sleeping, has begun wetting the bed regularly, and has been refusing to go to school. Jenny has taken Jack to the GP a number of times for these problems, but is concerned he is getting worse. Jenny is finding it increasingly difficult to cope, and has asked the GP for 'something to help me sleep'.

Table 1. Suggestions for dealing with farmers as patients

- Recognise that farmers tend not to talk with others about stress or other concerns; they may not find it easy to talk with their family or GP
- Getting help early is important – think about how your practice can overcome delays in appointments, or how to explore urgency of need (this may not be expressed directly by the caller)
- Take the opportunity to assess emotional or social concerns and mental health, even if the patient is presenting for a physical 'check up' or treatment of a physical condition (eg. injury)
- Ask about farming pressures, and how the farmer is coping with these
- Ask about family pressures
- Talk about ways of managing through difficult times, for example:
 - maintain social support and social connections
 - get good advice about finances and farm plans
 - monitor effect of stress on self
- Follow up – encourage and explain importance of returning to check how things are going
- Talk openly about the potential effects of strain and distress and ask about any suicidal ideation
- Ask about worries, especially about physical health – they can be a key to stress levels
- Ask about alcohol use and talk about the risk of increasing alcohol use to cope with stress
- Encourage family problem solving – talking with family about problems and seeking solutions together helps to feel more supported and understood¹²

farming background and family circumstances can assist in determining the best mode of treatment.

Depression, anxiety and substance use

Symptoms of depression and anxiety (disturbed sleep and appetite, depressed mood, irritability, worry, muscle

Table 2. Rural agencies and their role

Worker and organisation	Role
Rural financial counsellors (Department of Agriculture, Fisheries and Forestry)	Financial counselling, advice on business plans, and help with financial assistance packages. Excellent access and trust with farm families
Rural Lands Protection Board Rangers (RLPB)	Visit properties and have a regulatory role, assist with the control of noxious weeds, pests, and stock disease. RLPB administrative staff may help farmers access assistance such as transport subsidies
Drought support workers (Department of Primary Industries)	Welfare role to facilitate individual and community development and assist with access to financial support. Organise community events such as 'farm family gatherings', which provide social support and information, often including local mental health representatives. Excellent understanding of rural issues, access to farms, and professional networks
Rural support workers (Centrelink)	Assist with access to Centrelink payments and services and may visit on farm
Country Women's Association	Branches in most rural towns with members having a good knowledge of the community and possible support networks
Rural service managers (NSW Farmers Association)	Travel widely throughout their own districts to provide advocacy and support for farming communities and are a good source of local knowledge
Rural mental health liaison worker (Area Health Service)	Work to reduce the stigma of mental health problems, improve mental health literacy and pathways to care by providing a bridge between mental health services and the community (six workers across four rural Area Health Services)

tension, poor concentration, difficulty making decisions, somatic concerns) can be targeted for pharmacological and psychotherapeutic treatment. It is important to screen for heavy drinking. Where necessary, specific treatments may be required for alcohol and drug related problems.

Specialist services may be absent in drought affected rural areas, so more innovative strategies are required if help is going to be provided early. This is important as early intervention can prevent the development of more severe mental health problems.¹³ The internet is a useful source of information, and in some cases, specific interventions for depression (see *Resources*). Family members may need advice and psychoeducation.

Rural support workers

Rural support workers can help target issues such as financial strain and social isolation and provide practical solutions. Broadening the team helps build community networks and capacity as recommended by rural mental health and drought workers.¹⁴ Numerous rural agencies have contact with farmers, including on farm contact, and frequent contact can build a trusting relationship. These workers are privy to the pressures felt by farming families in response to the drought and can provide advice on: particular cases (where confidentiality requirements allow), available resources, and general rural issues. Rural agencies accessible to most rural communities are outlined in *Table 2*. Many serve an

important welfare role and these 'front line workers' need assistance with knowledge, confidence, and support in providing accurate and helpful mental health information.

Summary of important points

- Prolonged drought is a serious stressor for rural communities, involving financial hardship, practical uncertainty, and anxiety about future prospects.
- Drought can affect all members – adults and children – of farming families.
- The stressful effects of drought extend to farm and nonfarm related businesses in rural communities and may increase social isolation.
- Chronic stress and uncertainty combined with relative isolation increase the risk of developing a mental disorder such as depression or anxiety.
- People are unlikely to present directly with complaints of depression or anxiety, but may appear with symptoms relating to physical complaints, injury, sleeping problems, or problems relating to 'self medication' with alcohol. They may also present with concerns about family members.
- Rural agency workers can be a good source of information about current issues and stressors in the farming community. They often receive a high degree of trust from farmers and their families. Collaboration with rural agency workers can decrease

the stigma associated with mental illness and improve community networks and capacity to respond effectively to stress.

Resources

- www.moodgym.anu.edu.au
- www.bluepages.anu.edu.au
- www.beyondblue.org.au
- www.blackdoginstitute.org.au

Conflict of interest: none declared.

References

1. Drought Review Panel. Consultations on National Drought Policy – preparing for the future. Canberra: Department of Agriculture, Fisheries, and Forestry, Commonwealth of Australia, 2004.
2. Farberow NL. Mental health aspects of disaster in smaller communities. *Am J Soc Psychiatry* 1985;4:43–55.
3. Judd FK. 'Only martyrs need apply: why people should avoid isolated psychiatry. *Comment. Australas Psychiatry* 2003;11:459–60.
4. Judd FK, Jackson HJ, Komiti A, Murray G, Hodgins G, Fraser C. High prevalence disorders in urban and rural communities. *Aust N Z J Psychiatry* 2002;36:104–13.
5. Deary IJ, Willock J, McGregor M. Stress in farming. *Stress Med* 1997;13:131–6.
6. Welch N. Toward an understanding of the determinants of mental health. National Rural Health Alliance; 2000 February, 2000.
7. Page AN, Fragar LJ. Suicide in Australian farming, 1988, 1997. *Aust N Z J Psychiatry* 2002;36:81–5.
8. Judd FK, Cooper AM, Fraser C, Davis J. Rural suicide: people or place effects? *Aust N Z J Psychiatry* 2006;40:208–16.
10. Alston M, Kent J. Social impacts of drought: a report to NSW Agriculture. Wagga Wagga: Centre for Rural Social Research, Charles Sturt University; 2004.
11. Stain HJ, Kisely S, Miller K, Tait A, Bostwick R. Pathways to care for psychological problems in primary care. *Aust Fam Physician* 2003;32:955–60.
12. Sartore G, Hoolahan B, Tonna A, Kelly B, Stain H. Wisdom from the drought: Recommendations from a consultative conference. *Aust J Rural Health* 2005;13:315–20.
13. Commonwealth Department of Health and Aged Care. Promotion, prevention, and early intervention for mental health: a monograph. Canberra: Mental Health and Special Programs Branch, Commonwealth Department of Health and Aged Care, 2000.
14. Sartore G, Hoolahan B, Tonna A, Kelly B, Stain H. Wisdom from the drought: recommendations from a consultative conference. *Aust J Rural Health* 2005;13:315–320.

 **CORRESPONDENCE** email: afp@racgp.org.au