

Submission to the

Senate Standing Committee on Rural Affairs and Transport

Inquiry into

**Management of the Murray-Darling Basin, and
Development and Implementation of the Basin Plan**

Submitted by

The Centre for Rural and Remote Mental Health,

University of Newcastle

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The Centre for Rural and Remote Mental Health

The Centre for Rural and Remote Mental Health (CRRMH) was established in 2001 and is a major partnership between the University of Newcastle, the Mental Health and Drug and Alcohol Office of NSW Health and the Greater Western Area Health Service.

The CRRMH has made substantial contributions to the achievement of state wide policy goals in rural mental health through its research, education and service development initiatives.

The Centre provides academic leadership, collaboration and achievements in research, education, service development and information services, and aims to improve the provision of mental health services through the identification of and response to the needs of rural and remote communities, development of appropriate service models for rural mental health care and provision of professional development opportunities, education and training for clinical mental health staff.

This submission particularly addresses point (b) in the Terms of Reference:

(b) the social (and economic) impacts of changes proposed in the Basin;

The CRRMH's experience of co-ordinating services delivered through the Drought Mental Health Assistance Program (DMHAP) funded by NSW Health, and the Farm-Link program funded by Department of Health and Aging particularly, inform the views expressed in this submission. These programs apply community development approaches to deliver mental health promotion and early intervention strategies which build capacity, reduce stigma and improve access to care in relation to mental health and substance abuse in rural communities affected by adversity (Tonna 2009).

We believe the experiences from these program provide us with insight into the likely effects of water reductions proposed in the Guide to the Murray-Darling Basin Plan (the Guide). This is supported by Stubbs (2010) who writes:

“the unprecedented population and employment loss experienced by Moree Plains, Bourke and Balonne Shires during the 2001-06 drought years provides a ‘real time simulation’ for what may happen in irrigation communities across the Basin if there were to be significant permanent reductions in irrigation water.”

Background to Social Impacts

The release of the Guide occurred within the context of significant and prolonged hardship within rural communities – economic decline (ie, low commodity prices, declining profitability), loss of rural infrastructure, the level of uncertainty in primary production, dependence on favourable weather conditions, climatic drying and warming, and blaming of farmers for environmental degradation. These background factors have been shown to produce a vulnerability to mental health problems for people living in rural and remote areas.

These existing hardships in rural communities have been accentuated by increasing variability of climate in Australia and ongoing drought from 2001 – 2010 across much of the Basin. The Kenny Report (2008) found that a) existing impacts of underlying structural change in rural communities are more acutely felt during times of stress brought on by dryness, and b) there is a significant level of distress in drought-affected communities. Similarly, the Garnaut Report (2008) stated:

“hardships of rural lifestyles are likely to increase; livelihoods are at stake, and those who are most vulnerable, geographically or socioeconomically, are likely to be worst affected. The stresses of lost income, debt and damage to property inevitably spill over into mental health problems for some, and to the tragedy of despair and suicide for a few. The severity and distribution of these mental health problems are also influenced by aspects of community - resources, cohesion, resilience and external supports.”

Reflecting this, community and stakeholder feedback through the DMHAP and Farm-Link programs has indicated that as the drought deepened:

- concerns increased about more widespread mental health effects of economic adversity, climate variability and adverse environmental events (floods, fires, storms), and
- increasing frustration was expressed with Government regulations and their impacts on rural enterprise and communities

The most significant mental health impact is an apparent to be a particular link between the extended drought, with its associated social, financial and emotional impacts on agricultural workers, and suicide - rural men are 3 times more likely than urban men to commit suicide and this is highest in smaller communities of less than 4000 (Alston 2010). Also, as the length of the drought increased children were found to be more likely to be affected by emotional problems, similarly to the effects of other natural disasters (Dean & Stain 2010).

The concern of the CRRMH is that unless the implementation of the Murray–Darling Basin Plan is handled well we could see an exacerbation of some of these effects resulting in increased mental health problems amongst the 3.4m people affected by water reductions in the Basin.

Mental Health Impact on Rural Communities of MDBP

The CRRMH believes in fact that the psychological impact of the Plan could be greater on people in the Basin than that of the drought so far. This is partly due to the cumulative effect of poor years, and the limited time between the drought and the emergence and eventual implementation of the Plan, for any post-drought economic recovery of Basin communities to eventuate.

People's perception also plays an important role. Drought is perceived as an “act of God” and beyond anyone's control, whereas the proposed reductions in the Guide are man-made, Government initiated actions, leading to anger and attempts to influence the outcome. The Guide proposals for water reductions are as if the Government has decided to voluntarily extend the drought at a time when rural communities were beginning to hope for a change of fortune. Further the rural communities of the Basin are the ones who will have to bear nearly all the costs of this decision while the benefits accrue to the nation as a whole (Stubbs 2010). This is despite the fact that irrigation and consequent over allocation of water has been encouraged and supported by successive governments, leading to costly investment and change in farming practices to more productive but irrigation dependent agriculture (Marsden et al 2010). These costs, which will no doubt bring increased hardship to Basin most communities with few likely to benefit, have been detailed in socio-economic studies as being loss of productivity and population, with few effective mitigating factors, and the most remote, disadvantaged and agriculture reliant communities likely to be the ones worst affected (Stubbs 2010, Marsden et al 2010)

The importance of community consultation is recognised by the MDBA in its Stakeholder Engagement Strategy and the likelihood of farmers and communities reacting in irrational ways has been reported (Marsden et al 2010) Despite this, the reaction to the Guide in rural centres clearly indicates that rural communities believe the Plan is being imposed on them as it is represented in the Guide without them, the most affected parties, being able to be sufficiently involved in the planning.

While there have been socio-economic studies completed very little information has been produced on the human effects of the Plan. Rutz (2007) has identified factors that determine the mental health of people in communities. These are (i) feelings of control and being in charge of one's life, (ii) identity, (iii) social connectedness and (iv) feelings of being involved in the community in a way that gives meaning. For people in the MDB all these determining factors are likely to be impacted by the proposed changes. It will be important to address these determining factors in the changes facing

the MDB to maintain the mental health of peoples living in the MDB. An absence of attention to these factors will very likely increase mental problems and physical health mortality.

Another destabilising factor is the length of time proposed before the final plan is released and implemented. This will prolong the uncertainty and lack of clarity for the future. In the MDB context will lead to increased stress, anxiety and difficulty making informed financial, business and family decisions for people impacted by the proposed water cuts.

Strategies to improve Mental Health in Basin communities:

The MDB proposed plan represents a major change in the governance of the key resource required to sustain communities across the basin. This degree of change necessitates application of change management strategies for the affected communities. For example, the degree of uncertainty should be minimised wherever possible, by:

- 1 Providing a regular, timely and accurate flow of clear and user friendly information about the options and processes to be followed, transitional and support arrangements to be put in place, ways for stakeholders to be involved and decisions reached.
- 2 Ensuring that consistent information is provided in a timely manner across the Basin
- 3 Consulting as widely as possible, and at the level of affected farmers, community business people and town dwellers, as well as with local councils, regional development groups and other wider level bodies.
4. Ensuring transparency in consulting processes and decision making and
5. Building trust.

Figueroa et al (2002) propose a model of Communication for Social Change that could be usefully examined to improve the implementation of the final Plan. He describes an “iterative process where “community dialogue and collective actions work together to produce social change in a community that improves the health and welfare of all its members”. This process starts with a “catalyst/ stimulus” which “leads to dialogue and when effective leads to the resolution of a common problem”. The model incorporates conflict and some of the factors it identifies as determining the capacity for cooperative action and continual improvement include leadership, information equity, degree and equity of participation, collective self-efficacy, sense of ownership and social cohesion.

DMHAP and Farm-Link experience over the last 3 years has demonstrated that the development and support of successful partnerships with a range of community, government and non-government organisations is a key factor in mobilising local resources to respond to rural adversity. In many cases these partnerships were embodied within local Service Networks working together to help communities through the hardships of drought. They have also been able to be mobilised to assist communities in other circumstances (eg floods, fires, storms and locusts).

The DMHAP and Farm-Link models draw on inherent strengths within communities by fostering local problem solving, building community ownership and developing social connectedness to tackle the significant public mental health issues they face. This is only possible through successful collaboration across many agencies and groups, each contributing expertise, diverse resources and people in an effort to reduce the impacts of rural adversity and climate change.

Close collaboration between service providers proved effective in the delivery of targeted activities designed to build individual and community capacity and resilience, as well as in raising the level of understanding of the available pathways to mental health care within the local community and broader health services. Community events and activities were conducted which integrated the provision of mental health information with other relevant rural activities and information, to increase

people's access to it and its acceptability. In parallel with the activities of local networks DMHAP and Farm-Link implemented a strategy of delivering Mental Health First Aid programs to a wide range of groups and communities across NSW. This has been a well accepted and effective approach to reducing stigma and building Mental Health literacy in rural communities.

These strategies reflect the approach taken in the seminal work of Leighton (discussed by Berry 2009) to transform a small rural slum in Canada, into a prosperous, happy and productive community with improved mental health, through working cooperatively on an agreed public good.

Conclusions

It is important to understand the social impacts of the introduction and implementation of the MDB Plan, and these go beyond what has so far been investigated in all the papers produced by the MDB Authority. A Human Recovery Plan needs to be developed to ensure the best possible adaptation of individuals and communities in the MDB. Vulnerable and resilient communities need to be identified, factors that mitigate mental health problems, build social capital and resilience need to be implemented, and communities themselves must be part of the solutions generated and to be implemented.

Berry (2009) talks about climate change as an opportunity for mental health promotion. In a similar way the release of the MDB Guide and subsequently the Plan needs to be seen as an opportunity to work on strengthening mental health in the communities of the Basin. In Figueroa's terms the release of the Guide could be taken as the catalyst that could stimulate dialogue, and cooperative movement towards a resolution. Without such an approach it is highly likely that Mental Health problems and Health problems in general will significantly increase across the Basin.

CRRMH believe from our experience, these activities would be best integrated with existing networks in Basin communities rather than imposing a new structure from outside.

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