

Committee Secretary  
Senate Community Affairs References Committee  
PO Box 6100  
Parliament House  
Canberra ACT 2600  
[community.affairs.sen@aph.gov.au](mailto:community.affairs.sen@aph.gov.au)

Dear Committee Secretary

**re: Inquiry into Suicide in Australia**

The NSW Centre for Rural and Remote Mental Health (CRRMH) is pleased to provide this submission to the Community Affairs References Committee Inquiry into Suicide in Australia.

The CRRMH has an established track record in mental health research, education and service development, planning and evaluation in rural NSW. The Centre is currently leading a project funded by the National Suicide Prevention Strategy: "Farm-Link: improving the mental health and wellbeing of people who live on NSW farms". Our work in rural NSW provides us with significant opportunities to link closely with rural communities and with mental health services and other agencies responding to the mental health needs in rural and remote areas.

We respectfully provide the following information for the Committee's consideration.

Kind regards



Anne Tonna  
Executive Officer (Development)



## Introduction

The Centre for Rural and Remote Mental Health (CRRMH) in New South Wales is a partnership between NSW Health, the University of Newcastle and the rural Area Health Services. Located in Orange, the CRRMH aims to improve the health of people living in rural and remote NSW through academic leadership, collaborations and achievements in research, education and service development, planning and evaluation.

The CRRMH has been contracted by the Australian Government's Department of Health and Ageing through its National Suicide Prevention Strategy to develop and lead a project – Farm-Link - for people who live and work on NSW farms. The current phase of this project builds on the findings from the first stage of the Farm-Link project conducted in 2007-2009. Key outcomes of the first stage included:

- The development and implementation of a framework of service collaboration in mental health relevant to rural areas to promote improved pathways to care;
- Service networks that engaged agricultural, financial and community agencies with mental health services and other components of the health sector, including Divisions of General Practice and their networks, volunteers and other non-government organisations;
- Stronger relationships and service partnerships between these agencies and mental health services to address the broad spectrum of mental health needs, by creating more known mental health care pathways amongst those services participating in networks;
- Reduction of stigma and an increase in mental health literacy in farming communities through these networks and a program of Mental Health First Aid training; and
- The emergence of Farm-Link project officers as important service brokers for farming people with mental health needs.

### **c) The appropriate role and effectiveness of agencies, such as police, emergency departments, law enforcement and general health services in assisting people at risk of suicide.**

In rural and remote areas, the effectiveness of these agencies is directly linked to the experience, knowledge and confidence of their staff, the clarity of agreed local pathways to care and sound inter agency relationships. Where agency personnel are known to each other in a professional context and are clear about their respective roles and limitations,

effective, timely communication about people's needs and circumstances enables each role to be fulfilled appropriately.

The pivotal role of the general practitioner in assessing and treating people with mental health problems is critical in the care of depressed and suicidal people in rural and remote NSW. The role, extent and limitations of psychology services provided under the Better Access Program are being explored through Farm-Link. Finding the "right fit" between these programs, state-government Mental Health Services, and other relevant services is important to suicide prevention and requires adequate governance arrangements to develop and monitor referral protocols..

Farmers' Mental Health Networks developed by Farm-Link comprise workers from the health and welfare sector and agricultural support and service sectors. These networks focus on pathways to care for farmers at a local level. Network participants include rural support agencies – for example, rural financial counsellors, drought support workers, rural agribusinesses, personnel in agricultural and environmental management roles, other rural service providers such as bankers and veterinarians, local government staff, non-government welfare organisations, health professionals including NSW Health Mental Health service clinicians, community health and other clinicians in Divisions of General Practice, and psychologists working in the Better Access program.

The purposes of these networks are to:

- improve understanding of roles of different organisations/services in responding to mental health needs of farming communities
- identify existing programs and gaps, in order to avoid duplication of mental health-related programs
- build collective understanding of potential opportunities to build evidence-based suicide prevention programs based on improved response to emerging mental health needs
- map local pathways to care and identify potential service gaps
- build local service collaboration
- provide local communities with the opportunity to undertake planning of local programs informed by the NSW Farmers Association's "Blueprint for maintaining the mental health and wellbeing of the people on NSW Farms"

[http://www.nswfarmers.org.au/mental\\_health\\_network](http://www.nswfarmers.org.au/mental_health_network).

**d) The effectiveness to date of public awareness programs and their relative success in providing information, encouraging help seeking and enhancing public discussion of suicide.**

Programs such those co-ordinated by *beyondblue*: the national depression initiative, Black Dog, and the Mental Health Prevention, Promotion and Early Intervention projects of NSW Health do contribute to community knowledge and understanding of depression and other mental illnesses. In rural and remote areas, their placement in the community needs to be well-considered and managed, to prevent duplication, confusion and information overload among community members, and to enable rural people to use the material well. Farmers, in particular, through their exposure to a lifetime of high quality Agricultural Extension are sound judges of good communication. Similar difficulties and confusion can occur for local communities when multiple groups conduct "suicide prevention" activities and programs without linkages to local services and coordination.

Good mental health information requires co-ordination. Both the NSW Farmers' Mental Health Network at a State level, and site-based Farmers Mental Health Networks developed through Farm-Link and other projects and agencies provide mechanisms for effective consultation. Such local Networks need to be resourced by paid, dedicated staff and have a strong focus on mental health. Consistency of personnel in such positions contributes to more effective outcomes through the development of an in-depth understanding of the characteristics of local communities and their respective mental health services. Service Networks that are legitimated as the hub of effective information dissemination at a community level enhance and enable the effectiveness of public education campaigns.

In addition, help seeking needs to be met with help. This only occurs where all of the avenues through which community members may seek help are well versed in both mental health and in the nature, scope, availability and connectedness of services available to local people.

Public discussion of suicide is assisted by a media which can employ helpful reporting practices, and the work of the Mind Frame Media and Mental Health Project has contributed significantly to this.

There is more to be done to reduce the stigma associated with mental illness for front-line health clinicians and increase their knowledge and skills to identify mental health problems and provide appropriate assistance and referral.

**f) The role of targeted programs and services that address the particular circumstances of high risk groups.**

The most effective strategies for suicide prevention in general include those that improve access to appropriate services and the quality of response received from those services. (Mann et al, 2005). A strategy that links health services more closely with front-line rural support workers provides a unique opportunity for health services to access an otherwise difficult to reach population, and to ensure that the people who have most frequent contact with farmers are more confident and knowledgeable in responding to farmers' distress.

Farm-Link is a targeted program designed to address the particular circumstances of people who live and work on NSW farms, an identified high risk group. The project identified that a range of front-line workers working in agriculture, finance, environmental and livestock management are an essential part of the structure of farm businesses and services to rural people and that such workers provide a uniquely trusted source of support and direct contact with otherwise isolated farmers and their families. They are often the first point of contact outside the family for farmers in distress. In addition, the casual labour force in agriculture, often comprising young men, may only see the staff of employment agencies in the course of their working lives.

By improving mental health literacy and confidence among front-line rural agencies, Farm-Link taps the trust they have with farmers and their network capital. Mental Health First Aid (MHFA) is demonstrated to reduce stigma about mental health. It is well accepted among farmers and rural service providers, who represent small business and the scientific sector, and who value sound science and good marketing. It is well designed, evidence-based and practical. As a brand it is well-respected and can be identified across big networks and broad geography, which is useful to already established agricultural networks. To date Farm-Link has delivered such training to some 260 such workers across nine sites in NSW. It continues to do so in the Northern New England region and in 2010-11 will do this in selected sites on the North Coast of NSW. In the course of this delivery, Farm-Link adds a "local" section that lists and describes the key local agencies to which referrals might be made, with information about their scope and personnel. This is delivered by a local clinician from the public or private sector.

As a result of delivering MHFA, and their co-ordinating role in Service Networks, Farm-Link personnel have emerged as service brokers. It is common for them to be approached by someone from their networks to provide information or referral to a person in need, or advice to another agency. In the course of this work, questions can arise about the appropriateness

of a particular service, and where this is of a psychiatric nature, staff need to be able to consult with a psychiatrist who has the knowledge to analyse circumstances and some power or influence to intervene.

The Farm-Link approach may be a model for other populations at high risk of suicide, for example, for Aboriginal people, the rural unemployed, people with chronic physical illness and disability in rural areas who may be more socially isolated, and so on. While there are intersections between Farm-Link service networks and some high-risk groups in rural areas such as older men and Aboriginal people, the networks are not necessarily comprehensive for all at risk groups, nor able to readily shift across sub-populations.

**g) The adequacy of the current program of research into suicide and suicide prevention, and the manner in which findings are disseminated to practitioners and incorporated into government policy;**

Farmers are only one of a number of high risk groups among rural populations. More work is needed to identify and respond to other high risk sub-groups in rural areas, including the needs of people experiencing poverty and/or unemployment, young people with drug and alcohol problems and those overseas born men recently migrated into rural areas. Further attention is also needed on the links between people in rural communities who experience chronic physical illness and suicide.

Improvements to data collection systems are required to enable identification of high risk groups within service data – for example, health service data are not available by agricultural occupation or residence.

Centres such as CRRMH have an important role in research, education and service development activities to link the available research and service data to target people at higher risk and tailor interventions to address service access for those populations. The Australian Rural Mental Health Study is working to identify determinants of mental illness and risk factors for suicide and suicidal ideation. A linked study in the Hunter region conducted through the Hunter Medical Research Institute is examining social networks and depression in men.

There is a need for thoughtful cross-sectoral programs that respond to bereavement following suicide in small rural communities. The follow-up of individual, family and communities following suicide related death remains an important area for ongoing work, and requires careful evaluation of such programs.

Additionally, many patients in rural areas access mental health care from General Practitioners and receive care in district hospitals, often without contact with mental health services. Where suicides occur in such settings it would prove useful if the relevant services participated in a clinical audit and review of the circumstances of person's death to identify what can be learnt in the interests of quality improvement.

**h) The effectiveness of the National Suicide Prevention Strategy in achieving its aims and objectives, including any barriers to its progress.**

As a project that is able to take a state-wide brief, engage the range of Commonwealth and state funded agencies in mental health service provision, as well as NGOs and voluntary community efforts, and be innovative, Farm-Link has only been possible through a mechanism such as the National Suicide Prevention strategy.

Farm-Link is an innovative demonstration model of service delivery, charged with developing best practice in a limited number of sites on NSW. The work of Farm-Link needs to be extended across other rural areas, with secure and adequate funding for sufficient periods of time to retain staff not only for the duration of a project but also (wherever possible) between the end of one funding round and the beginning of the next. This would represent an important investment in skills and expertise in an environment where staff retention is a significant barrier to service delivery, where continuity of personnel is critical to the confidence of the community, and where knowledge of communities is developed over time, through experience.