



**Australian
General Practice
Network**

*Delivering local health solutions
through general practice*

Submission from The Australian General Practice Network

Manuka, ACT

Submission Number: 142

Public Submission received by Email to Drought Policy Review 08/08/08:

Submission to Drought Policy Review Expert Social Panel

August 2008

Australian General Practice Network

MANUKA ACT 2603

www.agpn.com.au



AGPN is one of the largest representative voices for general practice in Australia. It is the peak national body of the divisions of general practice, comprising 111 divisions across Australia, as well as eight state-based organisations. Approximately 95 percent of GPs are members of local divisions of general practice.

The Australian General Practice Network (AGPN) is pleased to respond to the issues raised in the *assessment of the social impacts of drought and related government and non-government social support services Issues Paper* under the federal government's Drought Policy Review.

Prolonged dry conditions combined with inevitable government policy responses around climate change signal large scale adjustment issues for people living in rural and remote communities.

These adjustments for agricultural dependent communities around drought, water access and land use change will continue to impact significantly on the health and wellbeing of rural and remote Australians.

Recent income and productivity forecasts for agriculture make stark predictions.

Professor Ross Garnaut releasing his draft report to government on climate change on 4th July 2008, predicted: 'by 2050 unmitigated climate change on middle of the road outcomes would mean major declines in agricultural production across much of the country, including a 50 per cent reduction in irrigated agriculture in the Murray-Darling Basin. By 2100, irrigated agriculture in the Murray Darling Basin would decline by 92 per cent.

Early economic modeling results of readily measurable unmitigated climate change for middle of the road outcomes on temperatures and decline in rainfall – indicate that climate change would wipe off around 4.8 per cent of Australia's projected GDP, around 5.4 per cent of projected household consumption, and 7.8 per cent from real wages by 2100.

The Australian Bureau of Agriculture and Resource Economics (ABARE) warned on 12th May 2008 that: 'the nation's farmers will be forced to deal with some troubling issues. ABARE notes that while dairying receipts will be high, dairy farmers in northern Victoria will be under increasing pressure from low water allocations and surging input costs through the drought.'

ABARE also predicts that, on average, broadacre producers in NSW are projected to record a farm business loss of around \$86,000 per farm in 2007-08, as a result of lower incomes, reduced trading and a failure to get the autumn break they needed.

The cash income of beef producers will drop to \$36,000 per farm, less than half what it was two years ago, as cattle farmers rebuilt herds decimated by drought, and grain prices soar for those in feedlots.'

Most significantly, a recent survey by the Australian Institute of Family Studies found that Australia's farmers and farm workers are both poorer and more depressed as a result of the drought. Measuring financial hardship, the survey found that of those farmers currently in drought, 17% had mental health issues, compared to 8% of those who hadn't been in drought in the past three years.

Mental and physical health

- **What is your experience of drought and its effects on mental and physical health in individuals or services in rural Australia?**

Drought and the flow on effects of reduced incomes for farmers and small businesses are increasing levels of rural poverty, dramatically affecting the health and wellbeing of people in rural communities.

We know from studies pre-dating drought that depression and suicide rates are significantly higher in rural and remote communities.

There is evidence to suggest that young men in rural areas in particular are much less likely than their metropolitan counterparts to seek professional help for a mental health disorder due partly to lack of understanding of mental health.

It is widely acknowledged that independence and personal resilience are core values that underpin farming communities, yet these values are also seen as barriers to people accessing mental health care.

Other factors contributing to poor mental health in rural areas are lack of resources and mental health services, reluctance by individuals to admit there is a problem and reluctance to be seen to be seeking help within a close knit community because of stigma around mental health.

Financial stress combined with high fuel prices are disincentives for families to travel into town to visit a doctor.

Farmers working around the clock seven days a week responding to the pressures of drought are inclined to ignore their own health issues and visit a doctor only when they reach mental or physical health crisis.

Rural GPs are reporting an increased demand for mental health services and frequently facing difficulties in accessing adequate care and pathways for people presenting with anxiety and depression.

Divisions of General Practice funded to deliver mental health programs (detailed later) are facing significant workforce shortages in health service provision.

While the mining boom is providing a major boost for some regions and to the overall economy, the movement of people and their skills to work in the industry is significantly contributing to skills and workforce shortages in many communities.

The industry is providing much needed income for some farming families, yet the loss of the major breadwinner from these families is emerging as a relationships and mental health issue.

Financial stress and Income Support payments under EC

While Exceptional Circumstances (EC) payments are making a positive difference to the livelihood of many farm families, Community Support Workers (CSWs) engaged under the *Mental Health Support for Drought Affected Communities Initiative* (detailed later) are reporting an increased level of anxiety in families who face the prospect of losing Income Support when their region is no longer classified under EC. CSWs also express concerns that this is a potential trigger issue for incidents of suicide.

When a region is declared as no longer in drought, the financial impact of several years of drought and resultant debt margins from years of negative incomes takes years from which to recover.

To maintain viability during negative seasonal conditions and negative income, many farmers and/or spouses have sought employment off farm. Banks acknowledge that the continued viability of many farmers is due to their ability to earn off farm income.

Currently, under Exceptional Circumstances, a couple can earn up to \$20,000 off farm income to be eligible for the full EC Income Support Payment of \$788.80 per fortnight.

Once off farm income exceeds \$20,000, a couple is eligible to receive fortnightly Income Support Payments, tapering to zero benefit once income reaches \$59,000 per annum.

To ensure a greater level of fairness and to remove any penalty for farmers and/or spouses securing off farm income, **AGPN proposes the level of off farm income (for a couple) be raised to \$30,000 for eligibility for the full Income Support payment of \$788.80.**

A \$30,000 off farm income limit would amount to around \$1016.00 per fortnight (*ABS: seasonally adjusted for a full time adult ordinary time earnings is \$1124.00 per week, or \$58,448 per annum*). This combined with Income

Support of \$788.80 pf (\$1804 pf in total) would still be less than Average Weekly Earnings.

- **In what ways could mental or physical health programs and policies be better adjusted to address the specific impact of drought?**

Mental health services are critically inadequate in many rural areas. When help for depression and anxiety is sought, the situation is compounded by the fact that rural communities are typically poorly serviced with mental health services that would ensure sustainable treatment pathways for patients.

A recent report by the Australian Institute of Health and Welfare found that:

'.....governments are still struggling to meet the mental health needs of people living in rural and remote areas. It found relatively low numbers of psychiatric services were provided outside major cities.

The report found that 94 more services are provided per 1,000 people who live in capital cities.

In addition, there are 113 services per 1,000 population in major cities and 19 services per 1,000 population in very remote areas.

One in 10 general practice encounters involved management of a mental health problem and amongst those, depression was the most common, the second most common was anxiety.'

While the Access to Allied Psychological Services (ATAPS) component of Better Outcomes in Mental Health Care is improving access to services by enabling GPs to refer people to allied health professionals, **ATAPS is often the only mental health service available in rural areas.**

The Medical Specialist Outreach Assistance Program (MSOAP) is supporting rural and remote communities through the delivery of medical specialist services. The program provides specialists with financial assistance to cover some of the costs associated with delivering outreach services, such as travel, accommodation and consulting room hire costs, as well as for upskilling and/or professional support to local general practitioners, specialists and other health professionals, such as allied health professionals.

While MSOAP is impacting positively on service delivery by reducing waiting lists for people in rural and remote areas, **AGPN proposes that the program be extended to include allied health services.**

The Better Access program is providing GPs with new referral pathways for patients who are being managed under a mental health care plan. GPs can refer to clinical psychologists, psychologists, social workers and occupational therapists who are registered with Medicare Australia. All patients who are assessed as having a mental health disorder as defined in the MBS, are eligible for services under the Initiative.

With the removal of the mandatory training requirements for GPs in November 2006, a gap now exists in the provision of clinical education and training addressing assessment and management of mental health disorders.

AGPN proposes that Better Access education and training be extended to facilitate clinical education and training for GPs.

It is also proposed that Divisions be supported to continue the Better Access orientation and network training for the mental health team including practice nurses, mental health nurses, receptionists and mental health providers.

- **What types of successful initiatives have you or your organization accessed or developed to overcome the barriers of drought on mental and physical health?**

The Mental Health Support for Drought Affected Communities Initiative is supporting drought affected communities in Queensland, New South Wales, Victoria and South Australia to respond to the psychological impact of drought. The Australian General Practice Network and 43 Divisions in the Network are funded over two (2) years by the Department of Health and Ageing to June 2009 to deliver the Initiative.

Community Support Workers (CSWs) engaged under the Initiative are:

- providing community outreach and crisis intervention and counselling for people suffering anxiety and depression in drought affected areas.
- Raising community awareness of mental health issues
- Providing education and training to enable health workers and community leaders to recognise and respond to the early warning signs of emotional stress.

Key partners, *beyondblue*, are assisting in the delivery of the Drought Initiative through:

- Communications and Awareness – to promote key messages on depression, anxiety and related disorders.
- Community Development – to provide a drought kit to communities with information about how to recognize and manage depression and other mental health issues.
- Rural and Remote access – develop the existing Drought Assistance map, which is a directory of relevant services in rural areas.
- Rural Frontline Training – offering sessions of training to participating Divisions, focusing on health workers and community and business leaders.

Community Support Workers are successfully collaborating with health care providers, businesses, community leaders and organizations such as Catchment

Management Authorities, Landcare and farming organizations, CWA, local councils, Red Cross, Rotary and sporting clubs to raise awareness of mental health issues. This collaboration is facilitating information sessions on anxiety and depression and providing an opportunity for people to come together for much needed peer support and social interaction.

The Initiative is providing a mental health response to communities facing wider adjustment issues around climate change, resulting in loss of people and services and a shrinking quality of community life.

While the Initiative is well received and gaining momentum in drought affected communities, concerns have been raised around the sustainability of the Initiative, **which is due to end in June 2009.**

The effective networks and linkages established by CSWs under the Initiative face the prospect of disintegration when the Initiative ends, further adding to community cynicism that *'governments put services into communities then take them away just when they are beginning to make a difference'*.

AGPN argues that the Drought Initiative is making an impact on several levels in communities. Through the network of CSWs the Initiative is providing mental health awareness and crisis intervention. The collaboration between CSWs and other agencies, organisations and community groups is facilitating stronger community integration and connectedness around mental health service delivery.

The Better Access program is providing GPs with new referral pathways for patients who are being managed under a mental health care plan. GPs can refer to clinical psychologists, psychologists, social workers and occupational therapists who are registered with Medicare Australia. All patients who are assessed as having a mental health disorder as defined in the MBS are eligible for services under the Initiative.

The Access to Allied Psychological Services (ATAPS) component of Better Outcomes in Mental Health Care (referred to above) is improving access to services by enabling eligible GPs to refer people to allied health professionals.

The Medical Specialist Outreach Assistance Program (MSOAP) (referred to above) is impacting positively on service delivery by reducing waiting lists in rural and remote areas.

The More Allied Health Services (MAHS) Program is designed to improve the health of people living in rural areas through allied health care, with linkages between allied health care and general practice.

Eligible Divisions of General Practice are funded under MAHS to employ, contract or fund allied health professionals in rural communities. MAHS aims to increase the number and range of allied health services in rural communities creating linkages with GPs, enhancing an integrated approach to health care provision.

A local needs assessment for each region determines the types of allied health services delivered under the MAHS program. Allied health services funded through MAHS include dietitians, physiotherapists, podiatrists, social workers, psychologists, Aboriginal mental health workers, Aboriginal health workers, diabetes educators, dietitians and other primary health care providers. Services provided under MAHS are generally free of charge.

A review of the program in 2007 found that MAHS was an effective, appropriate and efficient way to deliver integrated care to address chronic disease and mental illness in a primary health care context where there is limited access to allied health professionals.

In 2007-08 sixty seven rural Divisions (56% of all Divisions) were eligible for and received MAHS funding. Eligibility is based on at least 5% of the Division's population living in rural and remote areas classified as RRMA 4-7

AGPN recommends that:

- the Medical Specialist Outreach Assistance Program (MSOAP) be extended to include allied services.
- the Mental Health Support for Drought Affected Communities Initiative be extended for three (3) years.
- the Better Access education and training be extended to facilitate clinical education and training for GPs.
- Divisions be supported to continue the Better Access orientation and network training for the mental health team including practice nurses, mental health nurses, receptionists and mental health providers be continued
- government addresses the critical workforce shortage in rural and remote communities by continuing to develop policy around
 - attracting health workers and other skilled labour to rural and remote areas
 - decentralizing major business and industry to rural and regional areas
- the level of off farm income (for a couple) be raised to \$30,000 for eligibility purposes for the full Exceptional Circumstances Income Support payment of \$788.

