

# Submission from The Albury Wodonga Regional GP Network, Wodonga, VIC

Submission Number: 81

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

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4/8/08

Secretariat  
Expert Social Panel  
Drought Policy Review  
GPO Box 858  
CANBERRA, ACT, 2601

Albury Wodonga Regional GP Network

To Whom It May Concern:

Re: Organisational Submission to the Expert Social Panel (Drought Policy Review)

Thank you for the opportunity to represent the views of our organisation as they relate to the drought, in particular, the impacts of drought on the mental and physical health of individuals and communities in our region.

The Albury Wodonga Regional GP Network is based in Wodonga (Northeast Victoria) and is responsible for the support and promotion of General Practitioners in the cities of Albury and Wodonga, areas immediately along the Murray River and communities into the Southern Riverina of NSW. All areas within the division boundary are drought declared.

The Albury Wodonga Regional GP Network was one of several divisions of general practice to secure funding for a community support worker (Mental Health for Drought Affected Communities Initiative). The key activities of this initiative is to provide community outreach, crisis counselling and support, to raise community awareness of mental health issues and to educate and train local health workers and community leaders in addressing mental health issues at a local and/or personal level.

Since the appointment of the community support worker to the division in March, the division has been very active in forming collaborative partnerships, responding to needs of individuals and communities in distress as well as developing, promoting and holding health promotion events in the local area.

We have made the following observations over the past 6 months:

- Many communities remain 'fragile' and continue to struggle with the ongoing effects of drought, particularly those more isolated communities and those away from regional centres.
- Small businesses are as exposed and vulnerable as primary produces (flow on affect).
- Sporting, social and community clubs struggling.
- Palpable stress, 'burnout' and frustration throughout the community, leading to negative mental and physical health outcomes.
- Difficulties accessing appropriate health supports (GP's, specialists, mental health clinicians). This includes issues relating travel (costs and time), availability (several communities without GP's and other health services), timely access (waitlists) and costs (lack of bulk billing and fully funded services)
- Concern, worry and 'fear' about the future (succession planning, climate change, viability)

- Drought supports fragmented, reactive and duplicative. In our local area support services are extensive, with positions funded through local government, state governments (Victoria and NSW), federal government (multiple departments), non-government sector and private industry. Many have similar terms of reference.
- Most drought supports are funded on a program basis with workers on short term contracts. This leads the inability to plan service delivery in the longer term and form ongoing and effective relationships.
- Family and relationship stress ongoing including negative impacts on children.

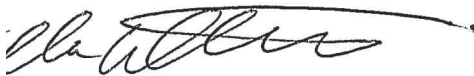
Recommendations for future policy:

- Longer term funding solutions to address the ongoing physical and mental health needs of drought affected communities. Funding models should include the extended recovery period when the drought breaks. This will provide certainty to professionals and assist in recruiting appropriately skilled and suitable candidates, and allow longer term health strategic planning.
- Improved communication, funding and strategic planning between and within all levels of government to minimise service duplication and ensure the consolidation and collaboration of service delivery.
- Expansion of and loosening of practical assistance initiatives (financial) to assist individuals and families to access medical and health services (e.g. travel cost subsidy, Medicare gap subsidy, childcare support and student support programs etc).
- Consideration of creating and embedding "Rural Health Worker" positions within rural divisions of general practice to facilitate and address both the physical and mental health needs (not is isolation) of the community. This role would improve pathways of care to general practitioners, respond to the local health needs of a community, form longer term relationships with community agencies and local governments, and foster the role of general practice in local communities.

As an example of the activities that this organisation has been involved, in responding to the health needs of drought affected communities, I submit a summary report of an event supported by Albury Wodonga Regional GP Network. 55 health screens were conducted by division clinical staff and the results are summarised in the attached document. Over half the participants were referred or encouraged to attend a GP for further assessment and follow up. If this was reflective of the health of rural Australia affected by drought, then there is yet much to address and achieve.

Please feel free to contact me with any queries relating to this submission. I trust that this is of some benefit to the panel in guiding the commonwealth governments' future policies.

Yours sincerely,



Marc Williams