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## The role of rural health teams in addressing drought

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### Introduction

Drought has been a recurring natural disaster in Australia<sup>1</sup>, but unlike other natural disasters, it is a long term event and the effects can be chronic.

Australia's eastern states are wrestling with drought, with major rainfall deficiencies across New South Wales, south-west Queensland and northern Victoria. The Bureau of Meteorology (BoM) officially declared 2018 as Australia's third hottest year on record in their climate statement issued on 10 January 2019<sup>2</sup>.

While short-term drought-related health shocks can be more obvious, it is the longer term, more indirect health implications that are harder to measure and monitor. And General Practitioners (GPs) are on the frontline of helping farmers and townspeople deal with the impacts.

Limited availability of mental health services to rural communities increases the reliance on GPs for mental health care. Residents of farming communities report experiencing substantial distress in relation to drought and other natural disasters<sup>3</sup>. The overarching concern is the uncertainty, the immense financial stress and the sense of failure. This puts GPs in a key role in responding to disasters—especially as an affected community goes through the long recovery.

While the national media focus keeps some philanthropic and government dollars flowing, we need a better preventative strategy to protect our farmers and our food resources from these extremes instead of a reactive policy which only demonstrates the ineffectiveness of our national drought management policies.

In helping our communities prepare for drought, GPs should have a leading public health role in developing drought-related public health vulnerability assessments by working with the community and key partners to ensure coordinated preparedness and response efforts. Staying engaged through non-drought periods is essential.

## Key recommendations for drought planning

The key recommendations to consider when undertaking drought planning and vulnerability assessments in our communities include:

### Step 1: Identify vulnerable populations

While the health effects of drought can be severe, the health disparities in diverse rural communities can make public health planning a challenge.

This is why GPs need to have an active role in identifying those priority groups within our community.

Most rural practices sustain themselves by being attentive to key changes within their communities and knowing how to work with constrained resources.

### Step 2: Make disease projections

We need more data around this but generally; populations face an increased risk of illness in the year they are exposed to drought.

A formal role for GPs in addressing the data gaps to build more evidence around the causal links between health and the environment is needed to inform future policy nationally.

### Step 3: Planning for specific health effects

Droughts have many consequences for health. Social impacts are quite obvious as drought contributes to debt burden and the psychological impacts run deep.

Generally, we will see more air and water-borne diseases and infections, with effects on air quality including related respiratory illness.

The worsening of chronic illnesses and mental health conditions through social impacts and compromised food and nutrition.

The more immediate impacts of heat include increased risk of dehydration and heat stress.

A community capacity-building program for drought response should be prioritised to both assess drought impacts and explore actions in response from a health perspective.

### Step 4: Establish intervention strategies

Inadequate social impact indicators make this task harder but we need to think about building resilience to drought. In building resilience, implementing critical programs to protect the most vulnerable health populations in specific locations is important.

Building the evidence base for population-level interventions will also help close the gap between research and practice. A national program to support communities to undertake drought-related public health vulnerability assessments is a good way to make this happen.

## Case studies: healing in times of 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 by<sup>4</sup>:

- working closely with other community agencies to promote early 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.

A recent *Australian Journal of Rural Health* report<sup>5</sup> revealed that a third of rural and remote Australians suffering moderate to high psychological distress don't think they have a problem, or try to hide it. The challenge is finding the people who are really struggling before it's too late. The spectre of suicide is ever present.

People can seek isolation when they're stressed and they disconnect from the community.

That isolation means that GPs and other healthcare professionals have to be alert to possibilities, such as calling patients about getting a routine check-up, and then asking the real question: How are you coping?

Another strategy is to get out into the community and run educational field days to find people experiencing depression who might have gone to ground, or those that aren't going to their doctor.

These ground-up initiatives help manage health and have been proven to work in rural communities.

The following strategies have been executed in our Wagga Wagga and The Rock communities:

### **The Pub Patient information nights**

The pub is a good place to start. We often do talks in the pub which will have a formal health topic for the evening inviting the community to join us in the discussion.

We see two groups form here. The ones actively involved in the discussion and those sitting at the bar (but listening). It is the latter that is often the most critical to reach.

But it can start the conversation and importantly their involvement in their own health and wellbeing as well as new strategies to cope.

### **Field day pitstop**

The field day pitstop check-up clinic places us right in the thick of the action. This is where farmers gather to exchange ideas, trade their goods and importantly just get together.

We usually set up a tent clinic with a couple of doctors and practice nurses providing health and lifestyle assessments.

We cover emotional wellbeing and general health checks looking at BMI, blood pressure, respiratory testing, blood glucose and covering other risk factors including cholesterol screening.

These tests are vital and will often get them into your clinic and under your care longer term.

Sparking that vital conversation around mental health is a key objective here and we aim to provide links to rural helplines and connect through to outreach initiatives.

## Telehealth for drought affected regions

Many drought affected Australians live significant distances away from the next town making access to a GP difficult and expensive.

Eligible patients can talk to their GP about their mental health via videoconference thanks to a Medicare boost by the Federal Minister for Health in 2018.

Eligible GPs in rural and remote regions who are accredited to deliver Focused Psychological Strategy consultations are now able to do this via telehealth (videoconference) under the Medicare Better Access initiative.

Six new MBS items are available to enable medical practitioners working in drought declared councils under the Drought Communities Program (DCP) or Modified Monash 3 to 7 areas to provide general mental health and well-being support access to existing patients via telehealth (videoconference). Eligible patients are those living in areas belonging to the drought declared councils identified under the Drought Communities Programme.

## Online training and tools for GPs

It is critical that GPs, particularly in medically underserved communities, have access to the training they need to deliver effective care for vulnerable patients with mental health problems in these areas.

Rural GPs can access a range of online training and tools. The Royal Australian College of General Practitioners Rural Faculty (RACGP Rural) has designed the **FPS ST** model to provide a clear, viable mental health skill acquisition pathway for GPs to develop skills in the provision of evidence based Focused Psychological Strategies (FPS) derived from cognitive behavioural therapy (CBT) as part of a treatment plan for common mental health problems to use in their practices.

RACGP also has an **Emergency Response Planning Tool (ERPT)** designed to help general practices prepare for, respond to and recover from emergencies and pandemics.

## Conclusion

Rural GPs occupy an essential place in the community and have a key role in the coordination and continuity of care as a local, trusted health provider.

The sanctuary of the rural GP's office does not bear the stigma of a mental health-specific service, and this allows them to incorporate screening and early intervention into a standard consultation.

In addition, rural doctors live, breathe and experience the environment in which mental illness arises, so they understand the context of the land and the community. GPs are in a key position to develop public health vulnerability assessments to help identify who needs more help in their communities.

While tele-health and e-mental health services have enriched the care available to patients, they can only supplement this core patient GP relationship that sustains rural communities.

GPs should have a leading role in supporting proactive mitigation and health planning measures in managing drought risk and health impacts. It is time to shift from a reactive stance on drought to a

preventive strategy and to do this we need to allocate a greater proportion of total health resources to drought impact mitigation and prevention.

## References

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## Presenter

**A/Prof Ayman Shenouda** has been the Chair of RACGP Rural since October 2014; prior to that he was the deputy chair for five years. Ayman is the Vice-President of the RACPGP Board as of October 2018. Ayman is also a member of the RACGP NSW&ACT Council Executive and was on the RACGP National Standard Committee of Education for several years. Ayman was awarded RACGP GP of the Year in 2009. His practice was awarded NSW&ACT General Practice of the Year in 2007. Ayman migrated to Australia 22 years ago from Egypt. He commenced his medical career in Australia as a surgical registrar in Tasmania in 1995, and has been a rural GP in Wagga Wagga for the last 17 years, where he established Glenrock Country Practice. Ayman’s main interest is education and training and his passion is to develop quality frameworks and systematic management tools to enable and enhance the work of GPs.