

# Sustaining community wellbeing in drought

## Northern Mallee Primary Care Partnership: Sustainable approach



### Fresh approaches to assist drought-affected communities

By publishing these case studies Victoria's Department of Human Services aims to share what has been learnt from the State Government's *Sustaining community wellbeing in drought* program funded in the 2007–2008 financial year.

The program, involving 19 Primary Care Partnerships (PCPs) in 47 rural and regional local government areas, was part of the department's broader drought response.

The department is keen for others to be inspired by positive experiences gained from it.

*Sustaining community wellbeing in drought* funding in the Northern Mallee area has strengthened partnerships and commitment to rural renewal and sustainability of communities.

The local government and health services' investment in social capital—people—has focused on capacity building, resilience and empowerment.

There has been a shift from a health model of crisis intervention and recovery towards one of longer term 'chronic disease' management and sustained capacity within the community.

This approach has enhanced the ongoing longer term value of funded interventions and is congruent with community development principles which underpin the *Mildura Drought Social Recovery* model adopted by the Mildura Rural City Council, the Northern Mallee Primary Care Partnership (PCP) and

other key stakeholders in local drought recovery planning.

### The Region

The Mildura municipality, located in north-west Victoria in the Sunraysia region, covers 10% of the State's land mass. One of Australia's ten fastest-growing rural cities, it recorded consistent 1–2% annual population growth between 2001 and 2006.

The Sunraysia region, known as Victoria's 'food bowl', produces approximately 95% of Australia's dried vine fruit, 69% of table grapes and 20% of citrus production.<sup>1</sup> Agriculture, forestry and fishing accounts for 39% of all business in the Mildura sub-regions.<sup>2</sup>

1 Mildura Drought Social Recovery Reference Group (2007) *Drought Social Recovery Plan*, Mildura Rural City Council.

2 Mildura Drought Social Recovery Reference Group (2007) *Drought Social Recovery Plan*, Mildura Rural City Council.

The region's people and primary and secondary industries have suffered from the results of record low inflows into the Murray River and water allocation decreases from 95% water allocation to zero in July 2007. Restricted horticultural and agricultural activity (due to loss of access to irrigation) is expected to have ongoing detrimental local impacts both economically (a reduction in agriculture-related employment) and socially.<sup>3</sup>

### Background

Local drought planning and coordination has been overseen by the Drought Social Recovery Reference Group (DSRRG), also known as the 'Drought Committee', with support from the Northern Mallee Primary Care Partnership (PCP) and the Mildura Rural City Council.

3 Mildura Drought Social Recovery Reference Group (2007) *Drought Social Recovery Plan*, Mildura Rural City Council.

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The committee is chaired by the General Manager of the Council and there has been strong partnerships between, and leadership by, a number of the participating organisations. While the committee initially comprised senior management level representation, more recently it has included a greater proportion of practitioners. Organisations represented on the committee include:

- Mildura Rural City Council
- Rural Financial Services
- Sunraysia Community Health Services
- Ramsay Health—Mildura Base Hospital
- Department of Primary Industries
- Mallee Division of General Practice
- Mallee Family Care
- Mallee Accommodation and Support Program
- Mallee Catchment Authority
- Centrelink

- Victoria Police
- Northern Mallee Primary Care Partnership (PCP)

The committee continues to have a good participation rate with a strong sense of cooperation and agreement in relation to how drought funds should best be spent. Various working parties have operated over the years according to need.

The Mildura Rural City Council and the Northern Mallee Primary Care Partnership developed the comprehensive *Drought Social Recovery Plan* in 2007 to ensure the community was supported to adjust to the effects of drought and water reductions in a collaborative, consultative and coordinated manner.

The plan identified impacts and needs, assessed the community's resilience and analysed supply and demand for social services. It's communication and consultative process included obtaining information from major commodities

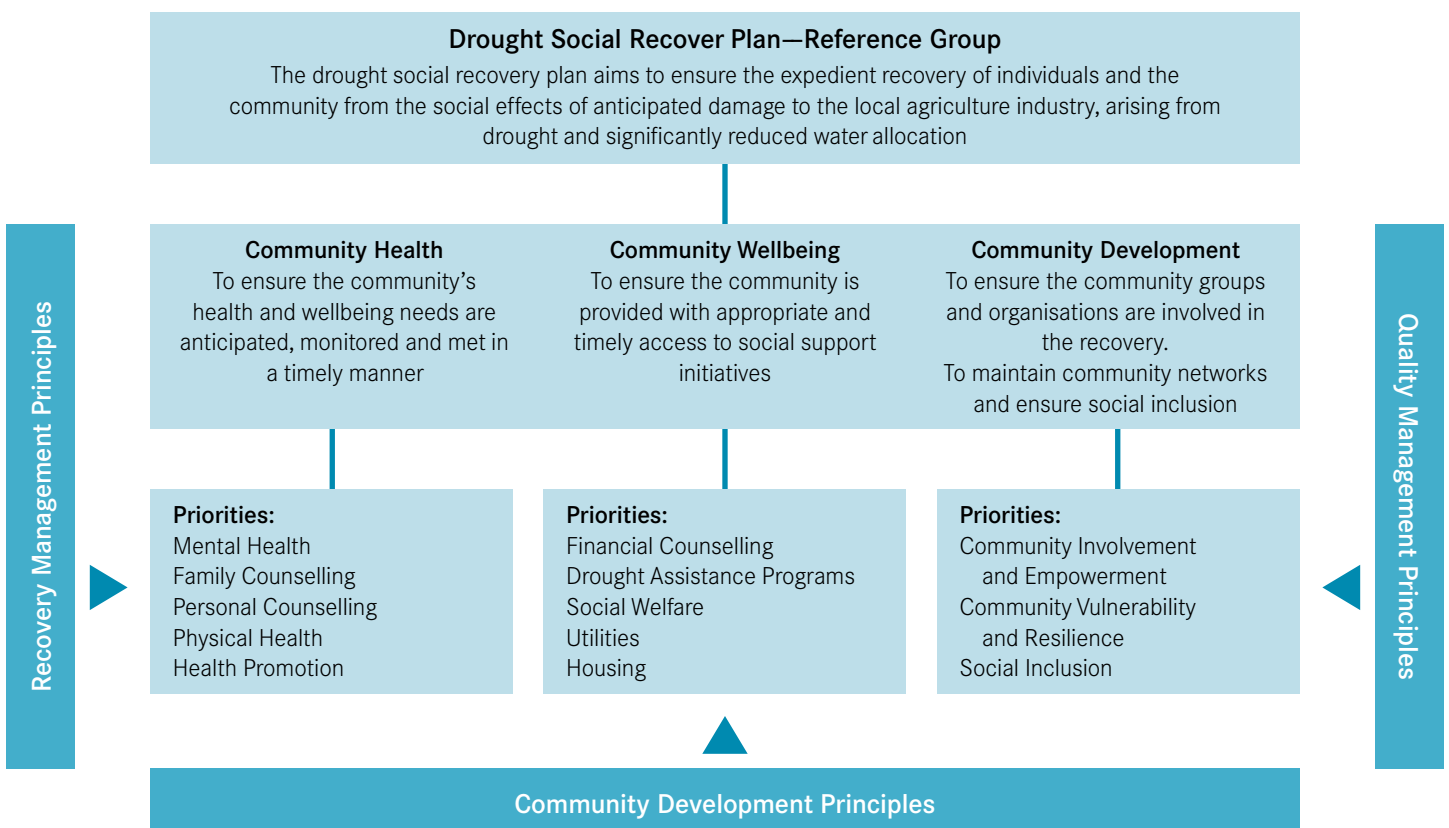
groups about the impact of drought on local crops and therefore, growers and agriculture-dependant businesses.


A Priority Action Plan identifying social recovery priorities was developed with service provision goals and expected outcomes, along with a Communication and Marketing Plan to ensure appropriate and relevant information exchange.

### Planning and coordination: Drought Social Recovery model

As well as other structures to support implementation of the *Drought Social Recovery Plan*, the drought committee was mandated to ensure its Priority Action Plan was promoted, implemented and monitored in a collaborative, systematic manner to achieve the desired aim of expedient recovery for individuals and the community from the effects of drought based on a model of social recovery (see Figure 1).

Figure 1: Drought Social Recovery Model





The model emphasises the importance of community development alongside the health and financial recovery of local people. The Council is committed to rural renewal and sustainability of communities through investment in social capital as evidenced by the ongoing support of the Drought Committee, the Community Engagement Framework and work with local people in community planning.

### **Flexible response: Building capacity**

The Northern Mallee PCP's approach, one of long-term 'chronic disease' management and sustained capacity within the community, has enhanced the ongoing longer term value of funded interventions. This is in line with community development principles which underpin the Drought Social Recovery model adopted by the Drought Committee.

### **Adapting to increase reach**

The Northern Mallee PCP was initially funded \$15,000 *Sustaining community wellbeing in drought* funds to support mental health interventions for local communities affected by drought.

Although this funding was initially envisaged for a one-off Mental Health First Aid (MHFA)<sup>4</sup> course in the area, the PCP instead sent four local practitioners to Melbourne to attend the MHFA train-the-trainer program to build the local workforce capacity. These four trainers are still employed locally and continue to provide MHFA sessions which are well attended, by agency staff and some community members.

The course cost is \$100 for practitioners and is free for community members. Its local provision over a two-year period has raised the awareness of

mental health issues with hundreds of people. The MHFA course is now being adapted for delivery to the community through e-learning, with the first two-day workshop to commence in mid 2009.

### **Health promotion**

Empowering people to look after themselves and each other has been a key message in the Northern Mallee area. The Northern Mallee PCP Health Promotion Working Party led the production of two locally-produced television commercials, the first with the theme of 'looking out for each other.'

The follow-up commercial had a stronger focus on looking out for signs of depression and encouraging intervention. Mildura Rural City Council has produced and distributed 10,000 copies of a *Living with Changing Times* booklet. Designed to avoid 'health-speak,' it is a positive, colourful communication tool with key messages and useful resources, and is featured on the Council's web homepage. *Living with Changing Times* has a focus on hope—that is, acceptance without despair.

### **Increasing access to services**

While the social recovery planning processes have enabled a coordinated response across organisations, the drought funding provided in 2006–07 that focused on service response and provision did not achieve the anticipated increased uptake of counselling services. Those who most needed the service were still not being reached.

The cold-calling method used in the Farm Gate model<sup>5</sup> and similar assertive outreach that worked in other areas was not as effective here because this region comprises many more, and smaller, farms. It contains thousands of farms rather than the hundreds in other areas that adopted this type of approach.

To service this area, rural financial counsellors are being skilled and resourced to increase access to community support and health agencies. This new approach entails the counsellors using a specially developed simple risk identification tool, with follow-up by the Health Service Access Officer (HSAO). The self-administered voluntary tool, which is currently being developed and trialled, encompasses broad health risk areas rather than focusing only on mental health issues.

The HSAO role, originally funded through the PCP, is to identify and link people with chronic disease into health services and other supports (HARP and Healthy Living Program). This role was very successful, with the health services fully funding the position after the first six months. The role has now been extended and broadened to increase links between community support and health services and farmers impacted by continuing dry conditions.

The Northern Mallee PCP also contributed funds to assist the Drought Coordinator, Murray Division of General Practice, deliver training. The training was designed for financial counsellors, health services staff and community members so that they could deliver local education sessions in the use of the SQUARE model (Suicide Questions Answers and Resources). The SQUARE training provided a platform to strengthen community capacity through an understanding and commitment by participants that they would in turn facilitate a community forum in the following year. The aim was to create ownership by communities and increase skills of community resources such as financial counsellors.

4 The Mental Health First Aid training is a 12 hour course aimed at building the mental health literacy and service knowledge of non-mental health professionals across communities.

5 See case study Campaspe Farm Gate project: Assertive outreach

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### Lessons learned

The social model of health sits comfortably in planning practice where there is commitment by stakeholders to the principles of community development. Promoting positive messages, relevant information and skills for people to look after themselves and each other has been considered integral to the development of social capital and sustainable communities in the Northern Mallee area.

Longer term value of funded interventions is enhanced by flexible funding and initiatives that build the capacity of communities and service system access points such as rural financial counsellors. This flexibility also enables health and support services to trial new integrative approaches to suit the local service system, such as e-learning delivery of Mental Health First Aid Training, the expansion of the HSAO role and the new risk identification tool, and the implementation of SQUARE training.

### Conclusion

*Sustaining community wellbeing in drought* funding in the Northern Mallee area has strengthened partnerships and commitment to rural renewal and sustainability of communities through investment in people by both local government and health services.

**Figure 2: Key messages**



The sustainable approach adopted by the Northern Mallee provides an innovative and informative case study that demonstrates how a *Sustaining community wellbeing in drought* initiative has developed a multifaceted approach to build social capital and capacity and thus minimise the social impact of drought.

The information contained in this case study, in particular the **use of community capacity building strategies** as part of an integrated Drought Social Recovery Plan, adds to the body of evidence available to services and practitioners across Victoria.

### Acknowledgements

The provision of information from the following sources is gratefully acknowledged: Executive Officer and Health Service Access Officer, Northern Mallee Primary Care Partnership; Drought Social Response Project Officer, Mildura City Council; Drought Coordinator, Mallee Division of General Practice; Drought Social Recovery Plan, Mildura Drought Social Recovery Reference Group, 2007.