

Sustaining community wellbeing in drought

Wimmera Primary Care Partnership: Building community resilience



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.

The Wimmera Primary Care Partnership (PCP) used *Sustaining community wellbeing in drought* funding to implement an effective, integrated health promotion response to build the capacity of small communities to cope with the physical, emotional and social impacts of drought and climate change in its region.

It designed and delivered a mix of interventions in local community settings in line with the social model of health, with delivery including empowering small local agencies and individuals.

Collaboration with the local newspaper, drought counsellors, financial councillors, local health services, social and sporting clubs, retailers and neighbourhood houses provided coordinated, integrated, well-communicated assistance for the communities.

Cross-sector coordination included supporting applications for Centrelink 'exceptional circumstances'¹ payments and scheduling health information sessions to coincide with Centrelink mobile office bus trips to rural towns. By doing this people from outlying areas could achieve more objectives when they visited town.

Mental Health First Aid (MHFA) training and a series of locally-tailored health information sessions held at picnics, breakfasts and health nights increased the confidence and coping skills of community members, including local businesspeople.

This integrated approach, supported by local media promotion, led to an increase in the number of people accessing health and counselling services and a

strengthening of the capacity of small communities to cope with the negative impacts of drought and climate change.

The region

The Wimmera, in Victoria's Western District, is characterised by small towns spread over large distances. The area is mainly agricultural, with poultry, lamb and wool production, broad-acre crops and other produce (such as olives and flowers.)

For the past decade the Wimmera has experienced dry, drought-like conditions. Water storage was 4.2% in July 2008. Economic modelling reports a total loss of \$1.047 billion of regional agricultural output, and a further loss of \$130 million from other sectors.¹

¹ Centrelink applications

Background

The region's prevailing farming culture had been typical—one of independence and resilience in which farmers do not ask for emotional support.

The Wimmera Primary Care Partnership (PCP) chose to use its *Sustaining community wellbeing in drought* initiative funding to develop and implement an integrated and effective campaign to enhance mental health and wellbeing in small rural communities impacted by the extended drought.

The aim was to develop a range of activities and training to support and build the ability of agencies and communities to cope with the stresses and grief brought about by drought, and to build resilience to help people deal with ongoing rural change.

Following a literature review, the strategy selected was to provide Mental Health First Aid (MHFA) training². Training in the Wimmera PCP catchment was usually conducted in the regional centre, Horsham, limiting participation from more remote areas. Therefore it was decided to provide the training in small local communities such as Harrow and Murtoa.

This promoted inclusion and contributed to the local economy through local venue hire and use of local catering.

Initiatives: building community capacity

Ten Mental Health First Aid (MHFA) training sessions were held. Three were specifically designed for young people, and one was specifically designed for the Aboriginal community. One session was held in Horsham, with five others held in small rural townships including Harrow and Murtoa.

When an evaluation revealed the need for more local capacity, the Wimmera PCP funded:

- sponsorship for a staff member from a local agency to complete the train-the-trainer course for MHFA training
- men's health nights and breakfasts
- 'Looking Out for Your Neighbours' sessions.

Service coordination practices ensured referral pathways were developed and implemented.

The evaluation process also highlighted a general lack of community ability to navigate the services system. People did not know what support services were available or how to find them. Actions taken to redress this included:

- engaging a journalist to write weekly articles about farming and mental health and wellbeing from information supplied by member agencies, published in *The Wimmera Mail Times*
- creating a resource list of services and contact details, to be updated annually and distributed as an insert in the local paper as well as delivered to every household in the local towns
- PCP member agencies promoting a range of initiatives and health information.

Mental health training: building community capacity

Harrow

Harrow, Victoria's oldest inland town, is an isolated community that relies on the Harrow Bush Nursing Centre to respond to community health needs. Community members pay a membership fee to access services. General Practitioners (GPs) visit monthly.

Over time, the financial strain and psychological impact of the drought was becoming more evident.

Nursing centre practitioners were increasingly concerned about the community's emotional wellbeing.

The local policeman was spending more time dealing with psycho-social issues. There was lower attendance at community events such as the local football matches.

With support of the Wimmera Primary Care Partnership (PCP), the Harrow Bush Nursing Centre held the first Mental Health First Aid (MHFA) training session in March 2007. The trainer was a staff member from Ballarat Health Service's mental health program. The 24 training places filled quickly, with 20 people wait-listed.

Feedback from the two day event was positive, and subsequent word-of-mouth promotion resulted in further sessions in nearby areas being fully booked.

The sessions brought community members together to discuss the emotional and health impacts of drought and explore ways to cope better as a community.

People such as clergy, teachers, nurses and local farmers reported that the sessions better equipped them to listen and support people within their community.

Feedback on the training sessions included the following quotes:

- 'Now we have 24 more people as a resource.' (MHFA participant)
- 'I have a better understanding of mental health and where my role should begin and end. Strategies were understandable and simple.' (MHFA participant)
- 'The local men are still talking about it and keep asking for another one.' (Harrow Bush Nursing Centre manager, referring to the Men's Health Night)

One of the actions resulting from the sessions was a Men's Health Night at the local football club, with funding support from the Wimmera PCP.

Although Harrow has a documented population of only 83 people, more than 180 men from the town and outlying areas attended.

2 The MHFA is a 12 hour course aimed at building the mental health literacy and service knowledge of non-mental health professionals across communities.



Murtoa

Murtoa, a wheat belt town in the Shire of Yarriambiack, has a population of just under 1,000 people. Dunmunkle Health Service, the main health provider, and Murtoa Neighbourhood House, a focus for community activities, are both members of the Wimmera PCP.

The health service and neighbourhood house shared the organisation and promotion of Mental Health First Aid (MHFA) training at the local Mechanics Institute. The Neighbourhood House managed registrations. The health promotion worker visited local businesses to promote the session and invite traders to attend.

The MHFA training was free. Twenty-five people attended, representing a diverse cross section of the community, including traders with everyday interaction with the broader community such as the butcher, hairdresser, masseur and milk bar operator.

Feedback from the session showed that participants emerged with better knowledge about mental health and more confidence about discussing issues and referral pathways:

- *'In a town like this everybody knows everyone else. We started to notice people withdrawing, staying home more ...'* (Community health nurse)
- *'I am very clear now about when to refer people to experts. I know how to do referrals and who to refer to.'* (Coordinator, Murtoa Neighbourhood House)
- *'The course made sense and I think the community as a whole understands and knows a lot more now ... I have all the handouts so if I need ... [so] I can look back.'* (Local retailer)
- *'It would be good to run the training sessions every few years ... because it worked so well for those who participated.'* (Community health nurse)

- *'People walked away with a solid foundation of knowledge about mental health, an understanding of what it's like for people and feeling like they could do something to help. [It] prepared them to take the risk of asking people questions without feeling burdened and knowing where they could link people into.'* (Social worker)

Integrated Health Promotion: building community capacity

Harrow

Before the 2007 health activities mentioned above, men in the region rarely visited General Practitioners (GPs). When they did, on average, 10 times a year, it tended to be a 10-minute consultation made specifically for a medical prescription.

After the Mental Health First Aid (MHFA) training session and Men's Health Night, nearly 120 men attended the Bush Nursing Centre for medical screening.

A year later, 80 returned for their repeat screening and, to meet demand, Harrow Bush Nursing arranged for a second GP to visit. A men's health GP now visits monthly, consulting to approximately 15 men each month.

Also following the MHFA training and Men's Health Night, some local men recognised the social, emotional and physical health benefits of coming together in a supportive environment.

Ten attended a 'Men's Shed' program held in a disused grain building, funded through Harrow Bush Nursing.

Also recognising the need for ongoing support for people in a carers role, a 'Caring for the Carer' support group began in March 2008.

Murtoa

Verbal feedback to the Community Health Nurse indicated that the Mental Health First Aid training gave participants, including local service providers in daily contact with the community, the ability to develop their listening and observation skills and identify concerning signals.

They also felt more confident conversing with distressed or grieving people. These were sustainable outcomes of the training as community members have continued to benefit from the skills and knowledge gained.

Other activities introduced following the MHFA training included:

- community picnics conducted in partnership with the Country Women's Association, PCP and Dunmunkle Health Service which provided an opportunity for social connectedness
- 'health days' with drought counsellors and health checks when the Centrelink bus visited towns
- a series of evening meal sessions held in partnership with Wimmera Uniting Care, with information about the warning signs of depression and how to support neighbours through listening and helping them connect to counselling support. Subsequently, local men requested an anxiety and depression group—this was subsequently formed.

Positive impacts

Positive impacts resulting from the Wimmera Primary Care Partnership (PCP) integrated health promotion response to drought included:

- higher community awareness of mental health issues
- strengthened community ties
- more men acknowledging their physical and emotional health needs.

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Providing practical and relevant Mental Health First Aid (MHFA) training resulted in community members and health service staff increasing both their listening skills and their confidence to support each other.

Funding local agencies to coordinate the training and subsequent health sessions in local venues resulted in stronger relationships between Centrelink, drought and financial counsellors, local health nurses, football clubs and land care groups.

The high level of attendance at the MHFA training, men's health sessions and picnics resulted in increased access to health information, health screening opportunities and referral pathways in small drought affected communities.

There was a sustained outcome over 12 months with more men attending GP appointments to address their health needs. The training sessions and health sessions provided opportunities for small health services to identify specific local needs which resulted in the establishment of new groups such as the Men's Shed Program, Carers Support Group and Men's Anxiety and Depression Group.

The PCP has continued to focus on the impacts of climate change and rural adjustment in its integrated health promotion work. This has included a mapping exercise to determine available mental health and well being support; conducting Health Minds Changing Times forums on mental health and rural adjustment; continued convening

of the Wimmera Drought Network, now in its fifth year, and awareness of climate change and rural adjustment in developing the 2009–2012 Community Health Plan.

Lessons learned

In terms of transferability, critical success factors in the Wimmera PCP's approach included:

- flexible funding guidelines enabling strategies to be tailored to local needs and priorities which had been identified by the PCP in advance
- using evidence-based strategies combined with an understanding of local community needs
- links to various government departments and partnerships with local agencies and communities
- having individuals in key coordination roles with high level relationship and cross-sector partnership-building skills
- applying a community development and capacity building model which, by providing training in local venues, empowered local agencies, reduced the burden of participant travel, supported the local economy and produced sustained outcomes for community members
- using the local newspaper and word of mouth to effectively communicate with rural community members
- providing free, relevant, practical and easily-understood Mental Health First Aid training in community settings, presented by a highly skilled trainer.

Conclusion

The Wimmera PCP experience provides an informative case study that demonstrates how a *Sustaining community wellbeing in drought* initiative was used to develop an integrated approach applicable to small rural communities.

The integrated approach used by local agencies achieved broad community involvement in training and other strategies, increasing local formal and informal support mechanisms to minimise the physical, emotional and social impacts of drought and climate change. The outcomes included increased coping strategies and resilience within rural communities.

The information contained in this case study, in particular **the focus on community capacity building**, adds to the body of evidence available to service providers and practitioners across Victoria.

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i Wimmera Southern Mallee Drought Report 2007, RMCG, Bendigo.