Adolescence in Rural Australia in the 1990’s: Lifestyle Risks and Counselling Needs

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Adolescence is examined within the context of rural Australia today. The theme of repeated rural crises constrains the normal demands of teenagers’ social, cultural, educational and employment opportunities. Increasing poverty of opportunity has implications for adolescents’ lifestyles and puts at risk their psychological well-being. Preventative health and counselling strategies and some innovations are discussed.

I have been asked to speak about adolescence and rural Australia. As a counsellor and psychologist I intend to comment on adolescents needs in terms of psychosocial development as they traverse the grey area of their life span between childhood and adulthood and in the context of a rural lifestyle. This is a concept in Australia which is difficult to define because as Humphreys (1990) notes there is no cut off point on the continuum of urban to rural where ruralness starts and urbanness ends. Notwithstanding, the paper will attempt to describe the needs of rural adolescents in Australia in the 1990s, and consider how the continuing climate of natural and economic rural crisis will affect their potential to fulfil these needs. The opportunities for adolescents and their families to gain access to services taken for granted by urban Australians will also be noted and implications of the compromises rural teenagers will have to make as they enter the 21st century will be discussed. Finally, several suggestions will be made about ways of increasing the impact of preventive health programmes.

Adolescence

Adolescence is a somewhat abstract word which in itself does nothing but classify a life-span period. Adolescents are young people, the great majority live in families with one or two parents and one or more siblings. It is artificial to talk about adolescents as if they could be abstracted away from their context to be studied in detail. Family interactions structure family relations and individuals in turn are structured by those relations (Grotevant and Cooper, 1983). The family is a dynamic system – changing and transforming throughout the period of adolescence and this flexibility is essential to an adolescent who can find his/her identity through family membership. The primary bond of the child-parent relationship established from birth is not abandoned but rather is transformed (Youniss, 1983).

During adolescence young people change their emotional relationships with parents, peer influences increase, young people strive for self reliance and may even experiment with alternative behaviours. These necessary changes destabilize families, heighten parental stress and increase conflict in adolescent-parent relationships.
Adolescents live restricted lives. They have only limited access to certain institutions and are compelled to become attached to others. Adolescents are limited by economic factors – very few being economically independent. Adolescents are subject to ever changing social values, dress, language, relationships and educational requirements. Adolescents are influenced by multi-billion dollar mass media – music, television, radio, films, videos, videogames – because young people are consumers. However by their restriction to school, exclusion from employment and lack of economic independence, adolescents are also restricted in their social intercourse. They are therefore in an ambivalent position, on the one hand at the target end of fashion media pressure to consume and on the other hand having very restricted access to money – the means to consume and for rural youth additionally, opportunities to consume.

Adolescent Needs

Adolescents have needs like all human beings. These needs are the need for security, comfort, meaning, belonging, competence, usefulness, hope, excitement and creativity (Pearl, 1981). They are universal needs and occur in most cultures. In detail, the needs are:

- **Security**
  Adolescents lack political power as they are not old enough to vote. Because they are not politically powerful they are compromised in terms of security. They need a secure place to live within a family context, they need secure access to education so that they can learn enough to be financially independent and they need security of relationships within a family group which in turn must be sufficiently competent to provide these needs.

- **Comfort**
  Adolescence can be a painful time to live through because of the poorly defined social status of transition – adolescence leads to where? Nowadays many adolescents cannot depend on their family script to fall back on as an entry point to the adult community and economy. Many of today’s adolescents know the terror of the unknown – fear of the future, fear of loneliness, fear of rejection, fear of contempt. Fear is painful for adolescents.

- **Meaning**
  The search for meaning is the primary force of human existence that helps one survive difficult conditions and is found in the world not in the person (Frankl, 1962). Young people make decisions according to what makes sense for them (not what makes sense for me or you – the adults). Meaning is dependent on information and if meaning is selectively offered or if a young person is subject to disinformation, then the young person’s decision must be interpreted within these contexts. Information available to adolescents is different from that available to adults. Information in school, at home and in the work-place, where adolescents are dependent on adults for information, may not be consistent or may even be contradictory. Adolescents will then suspect the reliability of information and look elsewhere for new authorities. This can be seen to happen in cases of preventative health education, where the messages given out may be rejected by youth and precautions not followed; for example, drug information, AIDS information, safe sex information, safe hard hat/cycling information, drink driving information, smoking and alcohol abuse information.

- **Belonging**
  Adolescents, because they are humans, are gregarious and need other humans for psychological stability, friendship and support. It is difficult to classify adolescents into groups, most would be multiple group members; for example, members of family, members of a school pupil group, members of an after school clique, members of a youth group, a religious group or a gang. Adolescents, because their needs at times are so acute (for example, need to...
belong, the need for security, the need for meaning and comfort), are prone to be excessively needy and therefore vulnerable to self-conscious perceptions of indifference or rejection by peers. One way to look at adolescence is that there are very few places or social situations where adolescents feel that they belong and where they believe they are appreciated or valued (Pearl, Grant & Wenk, 1978).

- Competence
  According to the competence maturation theory (White, 1959), adolescents develop patterns of behaviour based on perceived mastery. In other words adolescents do things that they succeed in and avoid behaviours in which they feel inept. Many young people are in awe of what they perceive is required to do well at school. Most begin to be successful when they realise that although they may not be brilliant everyone else at school is equally stupid.

- Usefulness
  To be an adolescent means that one is not yet economically productive. As young people need more and more schooling for even the most basic jobs, and as job creation fails to keep up with job demand, there is less socially recognised work for young people to do and adolescence risks becoming a time of prolonged uselessness.

- Hope
  Hope is equated to optimism which is one of the mythical qualities of youth. It must be difficult for adolescents to maintain a sense of hope since hopelessness is endemic to our society. Here we are in the ‘recession we had to have’, in rural towns jobs are being retrenched, war is being fought in distant countries for doubtful reasons, animal and bird species are endangered, economists are pessimistic, and everyone is wailing about the government. Our society is indeed fortunate if young people maintain their hopefulness and do not become overwhelmed by protracted states of morbid thoughtfulness and depression.

- Excitement
  Excitement distinguishes youth from all other age groups. The endocrine explosions associated with adolescence may promote excitement more than at other stages of life (Pearl, 1981). It is difficult for an over-regulated ‘kill joy’ society such as ours, where control and social propriety are so important, to create enough legal opportunities for excitement of youth. When I was a child we rode our bikes without hats, had Guy Fawkes’ Day and lit our own crackers, we camped out, trapped our own rabbits and only came home for meals. We didn’t perceive our parents were worried about us.

- Creativity
  Young people create things – music, art, clothing, language and inventions. They create ways to make money and thereby contribute to society. If you don’t believe me go to any peoples market and see for yourself!

Adolescents in Australia have all these nine needs, be they urban or rural, white, aborigines or migrants. In rural Australia today a recession dominates the opportunities of youth to fulfill their needs.

Ruralness in Australia is generally defined by population density, isolation and land use. But some Australian studies have defined everything beyond the major metropolitan areas as rural (Health for all Australians, 1988), while others have defined urban areas as centres of more than 1000 people (Australian Institute of Health, 1988). No matter how rural is defined, many studies have shown that compared to urban communities, many rural communities are disadvantaged on some quality of life indicators such as lower income, poor housing, less public transport, less access to a variety of jobs and less access to health and other social
services (Bull, 1990). How such a situation of disadvantage has come about has been described as the dynamics of decline (Lawrence & Williams, 1990). The agricultural lobby has lost the political influence it had forty years ago. Nowadays, agriculture employs less than 5% of the labour force and contributes only about 4% of GDP compared to 25% of GDP in the 1950s. Debt burdens, bankruptcies and foreclosures may leave banks and other financial institutions major rural landowners in future, as increasingly the previous rural owners simply walk off or are forced off their land. Many value added jobs such as transport, processing and distribution are frequently located in urban rather than rural areas. New farm technologies adopted to streamline agricultural production have removed farm workers from agriculture and forced farms to become larger economical units thus removing farmers from the land. This has resulted in job losses, rural instability and population decline due to migration of young people and families out of the districts to find employment elsewhere. Declining communities, vulnerable to government rationalisations, see their populations fall below certain critical levels and as a consequence the minimal government services are cut back further. This means country people have to travel further for services as basic as health, education and welfare.

Problems in Rural Australia

It is in such a context of shrinking opportunity that today’s rural teenagers are growing up. If their parents are not growing wheat or wool then the stress on their families may be just tolerable as they face interest rate instability, lowered commodity prices and increasing costs, contracting local services and opportunities and the natural capriciousness of drought, floods and bush fires. If, however, their parents are sheep farmers whose income has just been effectively halved, or wheat growers whose costs of production are not even met by returns, or work in associated servicing industries in small rural communities, then their family will almost certainly be under stress. The Rural Counselling Service whose focus is primarily financial advice, is becoming overwhelmed and is now becoming a catalyst in the formation of local counselling alternatives for psychological problems relating to the rural crisis.

Rural populations have been recognised in the National Mental Health Services Policy (Eisen & Wolfenden, 1988) as a ‘specific target group’ deserving priority attention in their own right. This report recognises the special disadvantages of rural people in their lack of access to specialised services. While 31% of Australia’s population live in rural areas they represent about half the persons with annual incomes of less than $12,000 (Report of Working Party on Post-Secondary Rural Education, 1988). Earlier, Humphreys (1985) highlighted rural dwellers as a minority group and argued that a political economy approach examining vested interests, political pressures and distribution of wealth would advance the analyses of rural health problems.

Why are rural people a population with specific mental health risks? Craig (1983) suggested that stress is a major problem for many farm families. Stress may arise as the result of any or all of the following:

- the nature of the farming system (for example, natural problems and periodic poverty)
- the nature of the farm as a small business (for example, competition, cash flow crises)
- the nature of the family in our society.

Craig’s work examined the type of situations most likely to generate stress for farm families; for example, where wives had to work to supplement the income and also to do a share of the farm work. Despite the mythology of idyllic rural living then, many families live an impoverished existence without access to benefits available to their urban counterparts.
(Balmer, 1978). But economic poverty, while a reality, is not the only problem, access to essential services, cultural enrichment and educational opportunities are far less available to rural families than their urban counterparts.

The picture of adolescence in rural Australia today is not encouraging. Given that adolescence is a time of social restriction and economic poverty or impotence for the young person, how are teenagers to fulfill their natural and necessary needs of security, comfort, meaning, belonging, competence, usefulness, hope, excitement and creativity in an environment of poor opportunity but burgeoning expectations fed by a powerful multi-billion dollar mass media? Adolescents fulfill their needs in several arenas particularly at home, school and the workplace (if they can find one).

Home – the First Arena

At home in rural families where the burgeoning recession has restricted cash flow, adolescents material demands will take a slide. If the peer group is stable and experiencing similar problems, it is possible young people will support one another in their restricted opportunities. If, however, there remain unrealistic demands to compete materially and socially for scarce resources some youth will adopt deviant means to fulfill their needs. Conduct disorders (for example, lying, stealing, defiant behaviour and antisocial aggression) are common presenting behaviours at family counselling centres. Children and youth steal for a reason, become quickly skilled in not being detected and rapidly become associated with other teenagers who espouse antisocial and anti-authoritarian attitudes. Family and community service personnel are daily faced with the tragedy of adolescents out of control and parents who have run out of emotional power and material resources. But what about the rural family who do not have easy access to a FACS office or child and adolescent counselling centre for therapy? How do they cope if they have a three- or four-hour drive with a defiant teenager who refuses their control? It is not unknown for defiant angry young people to abscond during toilet stops on lengthy trips to therapy or FACS offices. Not all teenagers respond angrily in an outward way. Some internalize their frustration and anger and become depressed. The depression initially may be rational – a natural reaction to feelings of loss of power or competency. However, if depression continues unabated for too long without treatment a clinical depression may develop which is difficult to treat without competent medical and psychological attention. Depression is a debilitating and distressing illness for the sufferer and also for those caring for the ill person. Adolescents who are clinically depressed may be at risk of suicide. Recent reports in the press suggest an increase in suicide in rural youth, especially young males, who frequently have access to guns. In a climate of recession where family scripts no longer pertain (for example, the eldest male may not inherit the farm because the bank may foreclose due to debts), young males may be at risk of harming themselves, if they become sufficiently desperate and are not helped promptly.

In a climate of recession young women also suffer from worries and anxieties. Australian rural women are traditionally resilient and tough-minded as are rural men, however women are vulnerable to worries about the welfare and future security of their families. Young women are no exception, they are frequently 'parentified' by the mother of the family and serve an important role as confidante and reassurer for the mother when her worries overwhelm her and she 'needs to talk to someone'. Farming people are often isolated and sometimes a mother and daughter on an isolated farm will have a special bond of companionship. Young women of high school age sometimes present to family counselling services with anxiety problems. The connection between stress on the farm and the anxiety problems is not necessarily causal but may be seen as a family systems metaphor of severe family anxiety and dysfunction being played out by one member, who through obtaining
psychological or medical help, will also frequently, albeit indirectly, bring help to her family.

This pattern was observed by the writer in Northland, New Zealand, in the mid-1980s at a time of severe recession and rural downturn in the dairy industry when a number of teenage girls from sharemilker families presented with a range of severe anxiety-related problems. A similar pattern was observed in Tasmania where impoverished rural people would drive long distances to therapy centres with teenage girls who had serious anxiety problems.

Child abuse is also a problem because families under major financial stress and socially isolated have fewer inhibitions on their anger and behaviour, very few resources to call upon, poor access to counsellors or social workers, and little understanding of the positive role these people can play in helping parents.

School – the Second Arena

The second arena for youths is the school. Reports over the last few years have concluded that rural people will not overcome their disadvantage unless they improve their post secondary education (Report of the Working Party on Post-Secondary Rural Education, 1988). But tertiary education is a tall order when you are having difficulties as a parent to maintain your children in secondary education which is far from free; also if they have been in private schools and parents cannot afford to maintain this cost, the teenager’s world and expectations are severely disrupted. Small rural high schools have some advantages including teacher-pupil familiarity, contact between different age groups, small class sizes, parental involvement, flexibility of curriculum, and less distance to travel. However, they have major disadvantages as well, such as restricted subject choice, lack of academic stimulation, limited peer pressure for academic excellence, poor resources, reduced choice of teaching staff – and frequently insufficient teaching staff (Meyenn, 1985). In Tasmania, country high schools finish at Grade 10 and unless parents have resources to send teenagers to the city, so does education. The limitations associated with country high schools frequently cause students to lose interest. Unless the student’s family is particularly encouraging and able to give their teenagers support and enriched experiences, students have a high probability of either dropping out of school early or completing at a lower level than their urban counterparts.

Five aspects to poverty affect educational issues (Connel and White, 1988). These are highly relevant when looking at rural adolescents in Australia today, both whites and, particularly, aborigines. The five aspects are low or inadequate income; economic dependence; exclusion; damaging environments; and cultural marginalisation.

These five aspects affect rural adolescents from low income families who have diminished access to cultural enrichment (except perhaps via television), are economically dependent (many farmers have a negative income or a cash income less than the dole and are entitled to family supplements, and many rural adolescents now receive Austudy), face exclusion if racially different and stigmatisation if poor, and may enter damaging environments daily in terms of self esteem problems created by overworked, underpaid, highly stressed school teachers who are carrying too high a load because of education cutbacks and/or teacher supply problems in rural remote areas. Fitzgerald (1976) summed it up well when he said “irrespective of their academic ability or desire to learn, students from [financially] poor families have little chance of securing success”.

An adolescent’s searching for his/her own meaning is also a reason why many rural adolescents lose motivation at high school. School says they need to stay to get a job; the
Prime Minister says unemployment is high and a recession is on; their friends are unemployed – three incompatible messages. If suddenly they have an offer of a job for even a short time, their decision is likely to be to drop out of school, even if the short term work is low skilled and may lead on to the dole queue.

This paper has so far not even mentioned disabled adolescents in rural areas. The Report of the Correspondence School, Sydney (1988) estimates there are up to 28,000 isolated children in New South Wales with special needs with more than 12,000 of these having intellectual disabilities. The writer is well aware of the plight of mildly mentally retarded young people in rural districts whose only future lies with an invalid pension and social isolation and stigmatisation in conservative rural communities.

Familial retardation is not unusual. These family histories point to multi-generational illiteracy, material poverty and social disadvantage. There are no prospects for families to change this pattern in isolated rural communities.

Work-place – the Third Arena

The third arena in which youth can fulfill their needs is that of the work-place. In rural towns for the last ten years there has been a higher incidence of unemployment than in urban areas. Employment opportunities are lower and the rural labour force is less educated, trained and skilled (Musgrave, 1979). Formerly viable small towns have few support systems and voluntary agencies have declined (McKenzie, 1984). A continuum of disadvantage exists whereby remote regions are more disadvantaged than rural and rural more than urban (Cheers, 1986). Special problems exist for rural unemployed youth who, because of diminished work opportunities, sometimes spend days travelling to job interviews (Carter, 1985). Many country teenagers have grown up in relatively sheltered situations and may be naive about life compared to urban counterparts, including opportunities and initiatives available through CES and Skillshare. They have adjustment difficulties in leaving home and coping with city life. Sometimes when they return home for visits they may be stigmatised for being different or successful by the local and widespread conservativeness of rural communities (Carter, 1985).

Aboriginal youth fare far worse than white Australians. Castle and Hagan (1984) showed that the rate of aboriginal unemployment (seven times higher than the general population) is of relatively recent origin and exacerbated by a series of rural crises. Unemployment, high rents and discrimination force Aborigines to the edge of rural towns and also to the edge of Australian society in third world conditions in some cases. The implications for aboriginal youth are serious in the current climate of recession. In many cases they are alienated as they are cut off from their traditional lands and culture and survive mainly by means of Federal and State welfare grants. Local community initiatives such as aboriginal work cooperatives are attempting to empower them by giving them some choice and control in their lives.

The trend in urban areas where unemployment is also a major problem for youth is for about 27% of school leavers to participate in higher education for a few years in order to delay their entry into the workforce. However, in rural areas in Australia only 7% of males and 10% of females from country schools participate in higher education (Report on the Working Party on Post-Secondary Rural Education, 1988). In rural Australia unemployment rates among adolescents are over 20% (O'Brien, 1990). How does unemployment affect a young person? According to Jahoda’s theory work has both manifest and latent functions. The manifest function is income, the latent function is time structure, enlarged social experience, engagement in collective purposes, identity and activity (Jahoda, 1979). These functions facilitate positive mental health to be attained. Adolescents who are unemployed are likely
to have poor mental health and it is no surprise to find that unemployed youth are more
depressed and have lower self esteem than employed youth (Feather, 1982). In rural areas,
the traditional work ethic is still very strong, and it is suggested that many rural youth may
be unemployed but have a strong desire to work. This is especially the case with young
women, who fare badly during times of high rural unemployment. Feather (1982) found that
the most depressed of the unemployed were those who wanted to work badly but couldn’t
find work for a long time and therefore attributed the cause of unemployment to personal
inadequacies and in a sense blamed themselves for a situation over which they had little
control. Long term unemployment is a tragic waste of human potential. Few unemployed
youths enjoy meaningful activities because of apathy, lack of income and little societal
support for the provision of challenging activities (Borgen & Amunds, 1987). Unemployed
youth are restricted in their activities not only by poor self esteem and depression but also
by an enforced isolation from their communities—their friends tend also to be unemployed
and activities are passive; for example, watching television and talking (Donovan & Oddy,
1982). The predictors of unemployment are poor academic qualifications, low socio-
-economic family origin and fatalistic or pessimistic expectations about finding a job

If rural young people are fortunate enough to find employment the chances are they may have
to leave their home and move to a larger centre or a city. Moving has important implications
for a young person from the country and will inevitably disrupt and dislocate their social life
and support network for a time. Rural adolescents may find it particularly difficult to make
new friends if they have lived within the secure structure of a well known community and
neighbourhood based friendships.

While individuals will respond in different ways, moving will be traumatic for some
teenagers as they grieve over the loss of close friends. Feelings of loneliness, depression and
anger are also natural consequences to loss (Rubin, 1982). Loss is mutual for those left at
home in rural communities, as well as those who leave. But if young people who leave, learn
new skills and adjust to employment, then they are the fortunate ones as they gain a sense
of empowerment over their lives. The rural community, however, is diminished in its loss
of talented and enterprising young people, who will generally only return if cyclic good times
provide employment opportunities.

Preventative Health Issues

At a Rural Health Conference it is appropriate to address the issues of health. White
Australian adolescents are on the whole physically healthy unless lifestyle problems
compromise this. These problems include smoking, alcohol and drug abuse, sexually
transmitted diseases, AIDS, accidents (for example, road and farm), inadequate nutrition,
and teenage pregnancy, to name a few.

In the course of fulfilling the nine needs specified previously, young people in rural areas
are at risk of all of the above health problems but the question is how to educate rural
adolescents about these risks. Schools currently have a strong role in preventative education,
although State syllabuses vary.

Most country people, both adult and adolescent, interviewed in the process of writing this
paper, expressed enthusiasm for living in the country, however, when sickness was
mentioned they would wish to have as many resources as urban counterparts. Illness
represents a crisis to rural dwellers as it is the ultimate symbol of a loss of control. It was
frequently said to the writer during informal interviews, “It doesn’t matter so much about not
having money to spare as long as we have our health”
When talking to adolescents, soon to be rural adults, the importance of health issues is generally taken for granted. How to impress on young people the information of preventative health programmes is a problem for health educators and school teachers, and the reason why there is not necessarily a high correspondence between saying and doing (that is, “I know all the problems about smoking and but I still smoke”) has something to do with an adolescent’s need to make meaning for herself from information presented. If she has always lived in a context of ‘healthy’ smokers, it is likely she will consider smoking not such a health risk. Another example, is that AIDS counsellors complain teenagers won’t use condoms. Teenagers exposed to the AIDS advertisements on television say they are not homosexuals or drug abusers; it’s against the law, therefore “I’m all right”!

How can preventative health programmes have more impact and enhance levels of post programme compliance? State and federal funding intervention have been called for for years (McKenzie, 1984; Lawrence, 1985; Cheers, 1986; Brentnall & Dunlop, 1985; Report on Status of Women, 1988; Report on Post-Secondary Education, 1988). However, Gibson (1981) looked closely at the venue for preventative health programmes and examined whether community health centres reflected local needs. This was an important question as these centres explicitly aimed to be responsive to community needs. The short answer was “no”. It appeared that the community in which the centre was situated had little impact on the type of service and style of intervention. Gibson emphasised that the types of professional training and models used by those employed at these centres were important determinants of the way centres operated.

Possible developments to overcome problems outlined in this paper will need to involve radical and lateral thinking, which will need to be investigated and resources provided for implementing such ideas. Training preventative health workers requires more than the traditional nursing or medical degree if they are to impact upon adolescents. Adolescents search for meaning, they question everything and accept nothing at face value. Secondary teachers are often skilled at communicating with teenagers and some talented teachers have a very influential role to play as role models and instructors. It is suggested that the skills of interpersonal teaching and influencing could be taught to health educators in order to improve their delivery of important messages.

During discussions with colleagues at UNE about RHSET proposals, the idea of a travelling road show such as the Life Education Bus was suggested. As a resident of a provincial city during the bicentennial year I visited the travelling expo. I was thoroughly impressed and believe that several preventative health expos of smaller dimensions would be useful. They would need to stay in communities for several days and in rural towns for several weeks to be fully utilised. They could combine static displays with professional entertainment and teaching to get their messages across to youth and their parents.

Access to specialist facilities in cities requires more funding to be made available for rural people to seek consultations and treatments. While financial assistance for health and related consultations in capital cities is probably generally available through FACS or CRS, many times only the most assertive will get it because of Federal and State budget constraints.

Ideally many of these disadvantages and problems of rural youth could be overcome with injections of money and resources, health and social workers whose training is more relevant to rural communities and better facilities, but, when compared to the cost effectiveness and political power of the urban competition for these, the resources are overwhelmed by the need. Compare the distances involved, the need for special training and multiple facilities plus the fact that one rural member of parliament has to service probably 50 small rural communities, with a city area, where you might have one shire central facility servicing the
lot, plus a vocal population with direct access to ministers and departments. The only way of overcoming this is a conscious political effort to attack the problem; for example, the $5 million annual RHSET funding.

New methods of training and retraining health and allied professional services are required. Possibilities in future of video conference programmes by State health authorities directly into schools and the training of health and social workers as well as teachers in techniques of interpersonal influence (counselling techniques) via video conference techniques may help overcome inadequate in-service training at the moment because of distance and cost. At present video conferencing costs only $40 per hour and facilities are available in any community of approximately 1,000. Next year a new generation of satellite will be launched that will make this available to most private satellite dishes which small communities are installing for communication; for example, Telecom installations, hotels, or private facilities. School of the Air and the Flying Doctor service provided links for remote communities in past decades and videoconferencing technology will be the technology of choice in the future. Effective supervision of health workers can be regularly provided through video conferencing. This would help prevent burnout and sustain staff retention. State health authorities could also have several video receiving facilities touring around this State, available to small and isolated communities.

Community based initiatives must be nurtured and supported by Federal and State agencies and not stifled by bureaucracy. For example, the Rural Counselling Service in NSW is currently approaching rural health professionals, the churches and the CWA to set up local personal counselling services.

Conclusions

If the problems of rural youth outlined in this paper continue to be ignored, rural communities will die ever more quickly and give way to either ghost towns or big business/multinational land owners. Either way, an Australian ethos and way of life will continue to disappear and Australia as a whole will be that much poorer—culturally, socially and economically by the 21st century. The Stockman’s Hall of Fame at Longreach, not far distant from here, is a unique museum and powerful testimony to a now bygone era. If the problems of rural youth are not tackled realistically and head-on, then the aging rural communities as we still know them today may well soon become the next addition to Australia’s romanticised and recent past history.

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