



A rural perspective on mental health

Here's the bad news: Over one million people living in rural and remote Australia experience a mental illness. They also experience high levels of comorbidity related to mental health, particularly substance abuse and disability. This represents a higher proportion of the population than in urban areas, particularly for women.¹

The consequences of mental illness are often more severe in rural and remote areas. Rates of suicide are consistently higher in rural towns than in metropolitan areas. In the most remote regions of Australia the male suicide rate is 30% more than the city rate.

People living in rural and remote areas face a number of social factors which lessen their sense of control over their lives and exacerbate the problems of mental illness. In aggregate they are poorer, face higher rates of unemployment, and face additional challenges such as isolation, stigma (as a result of less anonymity), exposure to environmental hazards, lack of appropriate services and service providers, and the adverse effects of economic restructuring.

Early diagnosis and intervention are keys to effective management of mental illnesses,² and the relative lack of services and mental health education is a major issue in rural and remote Australia. The lack of mental health services is one of the most significant of the health workforce deficiencies in rural and remote Australia.³ There is a shortage of mental health nurses, psychiatrists, psychologists and other mental health professionals (including Aboriginal mental health workers). Access to after-hours mental health services is especially limited.

There are very few specialist programs for children and adolescents in rural Australia.

Only 7.5% of psychiatrists are located in rural or remote locations, and more than 90% of those in non-metropolitan areas are in major regional centres like Toowoomba. There are also shortages of clinical psychologists and social workers. The situation has been exacerbated by the rationalisation of public services in rural areas that employed these health professionals.⁴

Few local hospitals have the resources to deal with people in the acute phases

of mental illness, who often require hospitalisation and intensive therapy. There is a serious and growing shortage of nurses in rural and remote areas. Options for referral are all but non-existent in many areas.

Here's the good news: as some of the articles in Issues 25 and 26 of PARTYline tell us, living in rural areas can provide some of the peace, the spirituality and the 'groundedness' that enable people to recover from depression and other mental illness. Some of the articles also remind us of the critical importance of having someone to be particularly close to: a friend, a health professional, a partner. This closeness is often easier in a rural or remote setting. ❖



PHOTO: ARTHUR MOSTEAD

in this supplement:

- ▶ the value of local services
- ▶ General Practice mental health care
- ▶ depression in the alcohol and drug sector
- ▶ services for women and youth in rural areas
- ▶ Mental Health Script Program
- ▶ personal stories of recovery from depression

1 Andrews G, Hall W, Teesson M, Henderson S (1999), The Mental health of Australians, National Survey of Mental Health and Wellbeing, Report 2, NMHS.

2 Myhill K (1999), *Innovations in Mental Health Service Delivery for Rural Communities*. Paper presented at the 5th National Rural Health Conference, 14 – 17 March.

3 Hodgson L, Jackson J (1997), *An interactional model for rural mental health services: the effects on the roles of allied health professionals*. Paper presented at the 4th National Rural Health Conference, Perth 9 -12 February.

4 The rate of access to social workers drops significantly for residents in small rural centres and remote areas (51% below the national average). The rate of access to clinical psychologist drops significantly for residents in small rural centres (52% below the national average) and even further for those in remote areas (83% below the national average) (ABS, 1996).

The value of local services in a rural community

FOR MANY YEARS, I have struggled to survive in a complex world where my own thoughts added to the harsh realities of my day to day life. I guess life really started to get tough when my unborn child was diagnosed with a rare cardiac congenital disease. During this time, I needed all the support I could obtain. However, what I got was intense inter-family conflict resulting in the inability of my loved ones to share the same space, let alone provide the support I craved. Over the next few years survival was almost impossible for me to manage. Eventually my precious daughter and I moved 2500 kms away from my support network to begin a new life.

We arrived in our small coastal community three years ago. At first I thought I had left my anxiety behind; however family stresses, and my need to fix things, once again overwhelmed me. I felt desperate, anxious and depressed. It was then that I decided to seek assistance from Otway Health. Otway Health provided amazing support. In the beginning, the support was focused on childcare and counselling; however over time, assistance included anxiety

workshops, peer support groups, family counselling, peer mentoring and further education.

Approaching Otway Health was one of the best decisions I have made. As a result, I have strong community networks, close friendships, improved housing and healthier inter-family relationships which allow family members to provide support. But most important of all is my growing belief in self.

Today life is full of joy and I have real hope for the future. Each evening, after my daughter is in bed, I ensure I take the time to sit in my back garden and reflect on my journey and thank my lucky stars I had the courage to seek help and the ability to make the most of that help. ❖

Otway Health is a MultiPurpose Service based in Apollo Bay providing accountable, quality health and community services to the communities of Apollo Bay and the Southern Otways. More information about Otway Health and the range of services offered can be accessed at www.otwayhealth.com.au or by phoning (03) 5237 8500.

General Practice mental health care (GPmhc)

by Deborah Pryor

THE NORTH WEST SLOPES DIVISION OF GENERAL PRACTICE is located in the New England region of New South Wales and covers an area of 15,500 square kilometres. In September 2003 the Division began managing a mental health program to provide patients referred by a GP with fee-free access to psychological services under the Commonwealth's Better Outcomes in Mental Health Care initiative. The program provides support for the growing number of people in the community who are experiencing mental health problems, many of whom are reluctant to access public mental health services or are unable to do so due to the shortage of specialist mental health clinicians in their local area.

In the past two and a half years the GPmhc program has provided 1500 individual services to 275 patients. The majority of these patients were diagnosed by their GP with depression and/or anxiety. Almost 80% of referred patients are female with only one-third having ever received any prior mental health care.

The program has grown to include fourteen referring GPs and five psychologists in the regional centre of Tamworth. Complimentary counselling services are available in outlying centres under the Division's More Allied Health Services program. Most recently GPmhc has initiated services for children and adolescents, with a specific focus on early intervention.

Feedback from patients has been encouraging and we feel this program has enormous benefits for our community and will continue to advocate for its expansion and ongoing funding. ❖



PHOTO: ARTHUR MOSTEAD

Change of Thinking changed my life

by Faye Stewart

AFTER STRUGGLING FOR ABOUT FOURTEEN MONTHS to remain as a functional, useful member of society and the teaching profession, it hit me that I was no longer able to cope. Unable to sleep and continually thinking that 'I'm not making a difference' and 'I'm worthless' led me to tears. Continual tears. Uncontrollable tears.

Everything seemed too hard. Even just getting out of bed. All the bad things were happening to me. What had I done wrong to deserve this? Everyone else seemed better than me and they seemed to have a better life than me.

I am a 45year old Primary School teacher, married with two teenage children. With the help of my husband and children, my GP and Geographe Clinic I have recovered from depression.

My husband took me to my local GP who was very quick to recognise my symptoms and I was given medication. I needed it to work immediately, but was told this would not happen and it would take a few weeks to feel the effects. I felt desperate.

As I was not considered to be a severe enough case to be admitted to hospital in the already overcrowded Public Health System, and as the medication was not going to make a difference for a while, I felt that I needed some type of professional care to protect me from attempting suicide.

My GP referred me to a newly formed private practice in Bunbury, WA, called the Geographe Clinic which I was able to access through the Better Outcomes program. I was able to meet with the Occupational Therapist at Geographe Clinic within a week. One course on offer was a group course called *Change Your Thinking*. I joined the course and it Changed My Life.

I learnt that some thoughts can be unhelpful and that I had a tendency to think in a negative style, which had become a habit over a long time. No one had taught me that it was possible to think differently and in a more helpful way until *Change Your Thinking*.

I now feel empowered with the knowledge that I have gained through the course and I am able to recognise when I am thinking in an unhelpful way and I can now Change My Thinking to view situations and events in a more balanced way.

Through the course I learnt strategies and skills that helped me to recover. The medication alone was not what I needed. I needed to change the way I was thinking.

The Geographe Clinic also run a carer's course which was helpful for my husband. This course recognises the value of carers and gives them a chance to meet others in a similar position. It helps to reaffirm the important role that carers play in the mental health patient's recovery.

I will be forever grateful to the Geographe Clinic for my much brighter, happier life. ❖

For more information on the Geographe Clinic visit www.geographeclinic.com.au

You can obtain information on reducing depression, anxiety and related disorders by improving your lifestyle by reading beyondblue factsheets entitled "Keeping Active", "Reducing stress", "Sleeping well" and "Reducing alcohol and other drugs". These are available from www.beyondblue.org.au or *beyondblue* on (03) 9810 6100.

Working with depressed clients in the Alcohol and Drug sector

by Kate Harrington-O'Brien

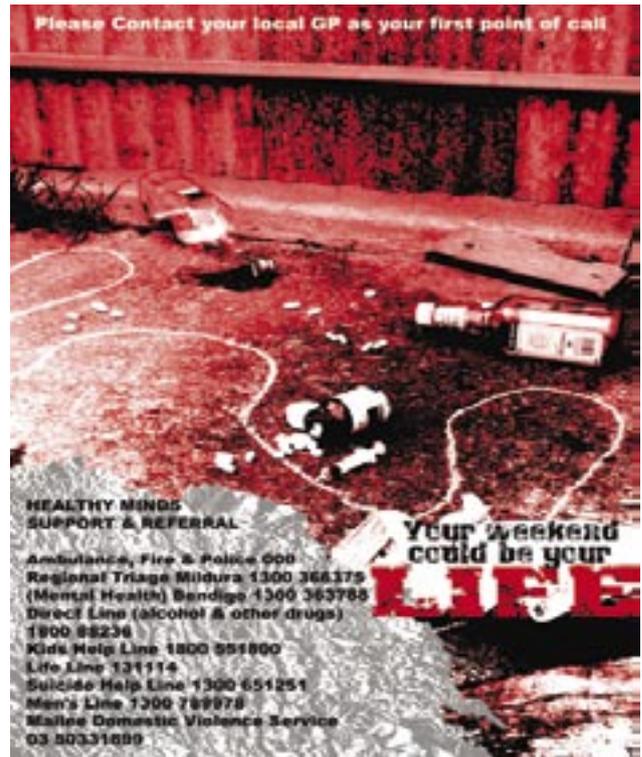
BENDIGO COMMUNITY HEALTH SERVICES (BCHS) is recognised throughout the Loddon Mallee health region, in Victoria, as a lead provider of alcohol and drug services. Our range of programs is broad and comprehensive and extends across clinical areas such as pharmacotherapy maintenance and withdrawal, support programs including counselling, rehabilitation and supported accommodation, and education including drug safety, blood borne virus prevention, needle syringe program and community education.

Across the range of alcohol and drug programs we constantly identify one repeating theme - the link between substance use and mental illness; particularly the high prevalence disorders of depression and anxiety. The links between depression and substance use are well documented with percentages ranging from 26% for people who suffer with depression in combination with dependence on illicit drugs, to 15% of alcohol dependent people also having a diagnosis of major depression. What comes first, depression which results in substance use, or substance use that leads to depression? Whatever the situation it doesn't lessen the complex nature of the issues faced by clients with these co-existing problems or the challenges faced by service providers in supporting these clients and their families.

Depression alone can be an incredibly debilitating illness; coupled with any degree of substance dependence problems are significantly multiplied. Clients who use alcohol and drug services often identify that they don't feel comfortable using mainstream treatment facilities and state that they feel discriminated against; and clients often experience poor health as a result of inadequate access to treatment.

Many clients with co-existing problems find themselves using substances to medicate the symptoms of depression which can further exacerbate the need to continue the substance use, be that alcohol or other drugs. Anecdotally we predict the percentage of our alcohol and drug service clients who also suffer with depression to be greater than the statistics quoted above. As a way of addressing this problem we have established links with mental health services and continue to work actively with them to improve the care and support options available to this client group.

In many cases our clients are socially isolated which further adds to the burden of the illness. In the housing support program within BCHS Alcohol & Drug Services Branch, we have addressed the issue of social isolation through the introduction of a physical activity group. This group aims to provide a safe environment where clients can meet with each other and socialise in a substance free environment while at the same time gaining the health benefits of social connectedness and moderate physical activity.



HealthyMinds poster: HealthyMinds posters are available from Tameaka Marchant, Health Promotion Officer, Swan Hill District Hospital on 03 5033 9337. For full story on HealthyMinds posters see PARTYline No 26, April 2006.

BCHS strives to address the issues faced by clients with co-existing substance use and depressive illness. ❖

For information on services provided at Bendigo Community Health Services contact Kate Harrington-O'Brien on (03) 5430 0500.

You can obtain information on ways to reduce alcohol and drugs by reading a *beyondblue* fact sheet entitled "Reducing alcohol and other drugs". This can be downloaded by visiting www.beyondblue.org.au or by contacting *beyondblue* on (03) 9810 6100.

Mental health is a major issue in Aboriginal communities, and is made much worse by the attitude that is often expressed towards Indigenous people.
- Colleen Prideaux, NRHA Councillor

Youth depression – a rural story

by Ruth Rae

NO LONGER A CHILD but still just seventeen years old, she was beyond the caring control of her family but unable to have sufficient insight into what is 'normal' for her. 'Normal' became risk-taking behaviour including binge-drinking, risky sexual behaviour, self-harm and eventually vague attempts to end her young but very frightened life. Surrounded by an immediate and extended family who loved her – the claims that she had 'nothing to complain about' just furthered her sadness because guilt compounded her depression; it certainly did nothing to lighten the load she already carried.

A more serious suicide attempt mobilises those who love her and a rural health system becomes involved. A health system found wanting because everyone knows everyone else — sometimes a good thing in times of stress — but she doesn't have cancer or a 'real' disease and moral judgements are attached to her risk-taking behaviour.

A diagnosis of depression helps her family view her behaviour in a different light. The chaos of sadness, guilt, worthlessness can be managed but she cannot 'manage' the hopelessness on her own. Eventually treatment gives her a chance to identify her 'normal' self — treatment in a city six hours drive from her home and family.

Many years have passed and to-day she is alive and she lives with her disease. She lives in the city — geographically and to some extent emotionally distant from the family who loves her, a family who found they could not give her what she needed when she needed it most — professional help. After all a family is a group of diverse individuals and the cost to her family was great. Judgements were made and mistakes occurred along the way but the main game was always to keep her alive until she could get the help she and every Australian, irrespective of their age, deserves.

A civilized country like Australia which was founded on egalitarian principles has incorporated some of the negative aspects of pride – smugness and self-assuredness – into its health system. When a young woman attempts to take her life due to depression, she believes she is at the end of her options. This should not be a starting point for intervention. In rural Australia this is reality. The quality of mental health services is determined by the dedication, knowledge and resourcefulness of a few individuals, be they GPs, nurses, social workers, or psychologists. Surely, mental health services should be part of an integrated health policy platform. One of the principles of any such policy platform must take into

account that depression can affect any Australian at any age anywhere.

The outcome of the health policy platform for depression should be measured in terms of improved morbidity statistics for our nation not increased mortality statistics for our rural youth. ❖

For more information on signs, symptoms, fact sheets on depression, *beyondblue* primary care research, our projects and activities, visit www.beyondblue.org.au or www.ybblue.com.au (Youth website); or phone Just Ask on 1300 13 11 14 (Lifeline's rural mental health information service).



PHOTO: LEXIA SMALLWOOD

Recovery from depression

by Atangabua Barry Achonduh

GENERALLY, DEPRESSION MAY BE A NORMAL REACTION (probably experienced by everyone at some stage in life) or it may be a pathological state. Psychiatrists have traditionally divided depression into three types. The first is reactive depression which is precipitated by physical or emotional factors such as a chronic illness. The second is endogenous depression which is linked to family history. The third is involuntional melancholia which sometimes occurs in middle age or in the elderly.

Depression encompasses a wide variety of emotional and mental states, ranging from sadness and low self-esteem, to obsessive thoughts, to disabling apathy and suicidal behaviour. It may develop in reaction to some outside event, such as the death of a loved one. Depression can be mild and short-lived or severe and long-lasting. Everyone should learn to recognise the signs of depression. People can often pull themselves out of mild depressions by changing their routines. Severe depression however, requires competent diagnoses and treatment for its reversal.

Depression is usually treated with some combination of psychotherapy and antidepressant medications. Short-term psychotherapy is particularly effective in treating reactive depressions.

Recovery from depression is predicted by appropriate use of counselling from psychiatrists, patient education, regular follow-up, proper diagnoses, and proper drug selection and dosage. Some

persons respond fairly quickly and fully to treatment. People expect instant recovery from depression but recovery can be very slow. Each day may still bring moments of anxiety and darkness. Rest is important. Depression is a serious illness. Active engagement in treatment can facilitate recovery and reduce the risk of recurrence.

For many depressed persons, a combination of somatic treatment (eg medication and electro convulsive therapy) and psychotherapy is best. Treatment helps give you more leverage. Medication can help not only with problems with mood, sleep, and appetite, but also with the full range of symptoms of depression; behaviours therapy helps improve your activity level and increase your involvement in pleasurable activities; cognitive therapy helps interrupt the automatic negative thoughts; and interpersonal therapy helps with relationship problems and stressors that trigger and maintain depression. Thus you begin once more a happy life. ❖

Personal thoughts on recovery

from Sharee (and Prada, my guide dog)

AFTER OBTAINING ACCURATE DIAGNOSIS, start to work on yourself. You can do it but you can't do it alone. Work with your doctor, taking prescribed medications.

1. **Avoid isolation:** Join in any groups on offer, visit local health centres or neighbourhood houses etc. I personally found a GROW group has proven invaluable.
2. **Move your muscles:** Take walks, smile and chat with all you meet.
3. **Divert your attention:** When things get really tough, eg thoughts of suicide etc, switch channels to anything else: play some loud music, phone a friend, do any housework, pat a pet, collect corny jokes, prepare a favourite dish.
4. **Endure until cured:** Feed on positive affirmations, eg "I am getting better daily." Live one day at a time.

Depression is a big black hole but there is a way out. Don't despair. You got ill and it is your responsibility to get well again!

5. **Remember to breathe:** I also suffer acute panic attacks which come on any time without warning for no apparent reason. Breathing deeply helps. Breathe from the bottom of your stomach, not your throat. ❖



PHOTO: ARTHUR MOSTEAD

My experience with postnatal depression

ABOUT THREE YEARS BEFORE THE BIRTH OF MY FIRST CHILD I was involved in a serious cycling accident, in which I received quite a few injuries including a broken back and head trauma. I never really saw the accident as that serious, and being a fit person my recovery was actually quite quick. I am not someone to take things slowly and I was back to cycling, work and general life within six months. As time went on the changes in me slowly became obvious, with mild panic attacks occurring and a very limited patience level especially when associated with change. The smallest things could be completely overwhelming. Looking back I can see how the confusing signals that my head and heart were trying to communicate were exactly the things that I fought desperately to ignore.

Then my husband and I decided we were ready to start a family and, as I am sure is the case with all first time parents, believed we were going to be the best parents and love every minute. But as the pregnancy progressed, I became even more impatient, overwhelmed and irritated by everything. The panic began to occur more frequently over things such as my weight gain, my growing stomach, this baby that I was going to have to care for and so on. A constant feeling of claustrophobia always seemed one step away from consuming me. Surprisingly, I never once mentioned these feelings to my doctor, because isn't all this normal? My husband, of course, put it down to those wonderful things we call hormones and I had to agree, but continually hoped it would all come to an end.

When our little boy was born I had a really difficult time. Not only was he an unsettled baby with reflux problems, but with each passing day the so called 'baby blues' became more intense and I was more and more of a mess. It became a specialty of mine

to disguise the turmoil in my head and heart, particularly when out in public, but my husband and family were not easily fooled, and neither was my local GP. Finally when he was six months old I spoke to my doctor for the first time about what was really going on inside. I felt as though I could not hate myself or my life anymore than I did that day, so what did I care if I finally let someone know how much of a failure I was?

I cannot fully explain just how much my doctor saved my life that day. She was able to put a name to what I was going through and helped me understand that it was not my fault but, most importantly, helped me to see that there were ways out of this black hole that I had thought was just my life. The doctor even phoned my husband, with my permission, to explain to him what I was experiencing and the help I would need. He really appreciated that call.

With support from my family, medication and regular checkups with my doctor, I have discovered a whole new meaning to motherhood. I actually enjoy my baby and love him more than I could ever believe, and to go a day, two days, even a week without crying is just wonderful. Even my relationship with my husband has strengthened tremendously.

Now, four years down the track, with a second child and a third on the way, I still talk to my GP regularly and openly discuss any worries or concerns I have about me, my children, and general life issues and I cannot thank her enough. ❖

A range of resources on Postnatal Depression can be obtained from www.beyondblue.org.au or bb@beyondblue.org.au



Rural women at risk of depression

Aleeza Zohar

Communications Officer

The Jean Hailes Foundation for Women's Health

IT IS WELL-KNOWN that one in five Australians suffer from mental illness. The figures are higher for those who live in remote and rural areas of the country.

Economic hardship, drought, isolation and a lack of employment are just a few of the triggers that contribute to the higher incidence of depression and mental illness in the bush.

In response, national women's health body, the Jean Hailes Foundation for Women's Health, has called on psychologist Dr Mandy Deeks for some essential tips to help rural women in particular to beat depression.

"Rural women need to recognise the signs of depression and anxiety so they can seek help for themselves and for family members who may be suffering," Dr Deeks says. "If you think you are depressed or anxious, you absolutely must do something about it," she says.

Dr Deeks' tips include:

- **Take stock.** Ask yourself: 'Do I need to make some changes?' 'Why am I feeling so down?'
- **Let it out!** Are you holding-in some anger or frustration? Talk to someone.
- **Call on a mate.** Do you have some close friends you can call on? Don't allow yourself to be isolated. Keep talking to friends and family.
- **Negative thinking?** If you have negative thoughts, take them on! What's another way to think about that issue?
- **Be active.** walking is a great way to let off steam.
- **Seek help.** The limits of rural life make it hard to seek confidential and professional help. However, if you are suffering from depression or anxiety there is wonderful treatment available and it is important to get the proper professional help you need.

There are some great websites which offer professional and proper information also. www.beyondblue.org.au is a great place to start. Visit your family doctor and/or psychologist.

Useful links for rural women:

- Lifeline 13 11 14
- Just Ask (a rural mental health information service run by Lifeline) 1300 12 11 14
- Rural Women's Network – (02) 6752 8210

Useful link for health care professionals:

- Bush Crisis Line (24-hours) 1800 805 391

Visit the Jean Hailes Foundation for Women's Health's website www.jeanhailes.org.au for more up-to-date women's health information on emotional and physical wellbeing.

Call our tollfree number 1800 151 441 for your free copy of our women's health magazine, covering the latest women's health issues, including easy-to-read, friendly articles and practical health tips. ❖



PHOTO: LEANNE COLEMAN

Depression has taken over from domestic violence as a major issue. There needs to be a specific focus on mental health, and we need to look at lack of services in rural areas which leads to high suicide rates.

- Sue McAlpin, NRHA Councillor

The Golden Girls – fighting depression with physical activity and friendships

IN A COMMUNITY HALL in the rural city of Wodonga, a small group of older women (aged from 61 – 77) meet weekly for gentle exercise and support in their journey towards recovery from depression. The group is facilitated by Robin Harvey, social worker and mental health promotion worker from Aged Psychiatry Service, North East Victoria.

Exercise was chosen as a focus because of the mounting research evidence showing exercise to be effective in treating depression in older people.¹

A strength training program for older people, Power Pals, was chosen as an appropriate exercise format.

The group offers support, anti-depressant strategies for day-to-day life, information, relaxation and social contact - as well as physical activity for women who have experienced significant and long-term clinical depression.

Major contributing factors to the women's experience of depression are grief (the loss of a child is particularly strongly represented among group members), childhood trauma, ill-health, social isolation and low self-esteem.

In addition to exercise, other activities include guest speakers, lunches and hand massage. Sometimes, the women just talk for the entire session, sharing their hard times, their care for each other and a laugh. They are currently planning a Commemoration Ceremony to celebrate the lives and legacies of loved ones who have died. The group is also taking steps toward becoming self-sustaining and phasing out the professional facilitator role. Members have volunteered to undertake exercise-leadership training, available locally, and are looking at sharing other roles to sustain the group.

The new name of Golden Girls was recently chosen and highlights their identity as a group.

Comments from the women participants about Golden Girls include: "The group has been a life-saver for me." "It has offered me so much comfort and support." "Knowing that you're not alone...", "I'm glad to tell people how important this is to me."

The group has enormous value in supporting older women experiencing depression. The group process can assist in resolving past issues, healing pain, developing acceptance. It can provide a supportive opportunity for life review in front of witnesses who share, recognise, validate and respect the struggles and joys of each



others' stories. It can offer safety in which to risk letting go of old ways and sadness and to try new ways of being themselves and going forward more positively. Group work is not always easy and it takes time to develop the trust which enables it to be such a therapeutic medium. Recovery from depression takes time.

Physical activity has provided a great vehicle for achievement and gives participants an immediate boost, in terms of their confidence and energy level, which assists with getting through each week. As a worker, it is a great privilege to share the journey of this group towards recovery. The courage, strength and caring of the Golden Girls should be acknowledged. For more information contact Robin Harvey at robin.harvey@nhw.hume.org.au ❖

You can obtain information on reducing depression, anxiety and related disorders in older people by reading the *beyondblue* fact sheet entitled "Depression in older people". You can find out about the link between lifestyle factors and depression, anxiety and related disorders by reading *beyondblue* factsheets entitled "Keeping Active", "Reducing stress", "Sleeping well" and "Reducing alcohol and other drugs". These can be obtained by visiting www.beyondblue.org.au or by contacting *beyondblue* on (03) 9810 6100.

1. (eg. Singh,NA; Clements,KM; Fiatarone, Singh,MA (2001). *The Efficacy of Exercise as a Long-Term Anti-Depressant in Elderly Subjects: A Randomised Controlled Trial* – Journal of Gerontology: Medical Sciences, 56 (8): M497- M504, 2001.)

Helping Nirosha

Terry Cooke has suffered from depression. When his sister's teenage daughter became depressed after an operation he wrote her a letter. Here are some extracts.

Dear Sis,

Sorry to hear that Nirosha has been diagnosed with depression. To go into an operation a bright and chirpy 15 year old and come out with severe clinical depression must have been really hard on her (and you!) – it was hard enough for me to cope even with 55 years' life experience under my belt. I really understand when you say that you feel at a complete loss as to what to do and say. Margaret felt that way when she had to cope with my first episode of depression.

You asked for some words of wisdom that might help you with Nirosha. Depression apparently is a very personal thing but for me it is extremely mentally debilitating. I simply stop functioning! I have no incentive to do things (including things I like), decision making is near impossible and I can't see or comprehend the joys of life. Life becomes pointless, a massive mental struggle and feels like a really big, big black hole. Both times I have had it, it has taken at least six weeks to recover to anywhere near normality and probably another month or two before I was my old self again.

What was very important to me was having a support network and, even better, someone who understood what I was going through. I make no bones about telling people that I have it. If I can educate others it can only help (many famous people have had it – Winston Churchill for one: he called it 'the Black Dog'). Unfortunately, it is hard to explain.

What I found very difficult to comprehend when I was depressed was that it would get better. I had people telling me this all the time but the condition is such that you just cannot comprehend life getting better. Being told, however, was helpful.

Keeping someone occupied when they are depressed is probably good for them - it was for me. I had a few very good friends who made obvious attempts to get me out doing things. The feeling of not wanting to do them was extremely strong but deep down I realized that it was for the best and took up their offers. Mixing with other people was very helpful for me as the pressure to be sociable forced my mind off the negativity I was feeling. Mind you, I don't think I was great company!

Keeping a diary of my feelings was and still is very helpful. It has allowed me to go back in time and see that things have improved. I occasionally re-read the diaries just to remind myself that I must work at not ever going back there again.

I have also found that talking about depression with other people who have had a similar experience is very cathartic. I have friends and work colleagues who have

either been through depression or have experienced it in a close friend and being able to share experiences with them has helped me realise that I am not alone.

I hope this is of some help. As you can see it has caused me considerable grief though, on the positive side, I have learned to really value my friendships. I hope things start improving for Nirosha but think in terms of months and maybe years as this is not something a magic pill can cure.

Love
Big Brother

For more information on signs, symptoms, fact sheets on depression, *beyondblue* primary care research, our projects and activities, visit www.beyondblue.org.au or www.ybblue.com.au (Youth website); or phone *Just Ask* on 1300 13 11 14 (Lifeline's rural mental health information service) ❖



PHOTO: TERRY COOKE

"I did this illustration when recovering from a bout of depression - the lines represent a journey into and then out of depression with images of those people important to me at the time."

CORES: Community Response to Eliminating Suicide

by Coralanne Walker

OUR JOURNEY BEGAN in the isolated Kentish Municipality on the North West Coast of Tasmania.

The CORES package was developed to enhance the skills and confidence of community members to intervene with people at risk of suicide and hence assist in the development of a community's capacity to work towards reducing suicides.

The original CORES project was funded by the Tasmanian Community Fund in 2003/04. The project was developed and implemented in a partnership between Tandara Lodge Community Care Inc and Parakaleo Ministries Inc.

The CORES package includes the following:

- guidance from experienced CORES project managers;
- resources enabling a rural and remote community to implement their own CORES program;
- a CORES 1 Day Suicide Intervention Course for community members and service providers; and
- opportunities for community members to train as CORES 1 Day Suicide Intervention Course Facilitators.

Tandara Lodge Community Care is a community-based non-government organisation providing aged care and community health services in the Kentish Municipality. Tandara Lodge Community Care receives funding from the Commonwealth Department of Health and Ageing Rural Health Services.

Parakaleo Ministries is a program of Churches of Christ Community Care (Vic/Tas) offering suicide intervention support and training throughout Tasmania to both community members and industry.

In Kentish, 168 people took advantage of the two-year funded project and from that a CORES team of 50 dedicated community people was formed and met on a monthly basis. This dedicated group of people continues to meet on a monthly basis 15 months after the funded project was completed.

It was always our dream to have the community work together in order to achieve our goal, and for the project to be successful it was important to involve the community, not only as part of the CORES team, but in the training and education provided. The project's success depended on having community ownership of the



Ron Chapman and Coralanne Walker who developed the CORES Project in 2002

program. The community is now empowered with skills so the project continues long after the funding has ceased.

In June 2005, the Circular Head Municipality hosted a dinner for 105 community people and we explained the concept of the CORES package. Since then we have seen the introduction of the Circular Head CORES team which also has over 50 members who are taking on board the process to train their community in the one-day course and work towards eliminating suicide in their municipality.

For more information on the package or the one-day courses available phone 03 6491 1277 or email tanhealth@bigpond.com ❖

Mental health is a major rural health issue that is not resourced very well. A lot of preventive work could be taking place in early childhood and childhood.

- Nigel Stewart, Paediatrician,
Port Augusta, SA

Ode to the Hound*

When the pain's so bad, you can't feel your soul,
 When the pieces of your heart aren't even whole,
 When no-one can understand, help, or console,
 When the Black Dog's dragging you into his dark hole.

He bites and he snarls and he tears strips off your flesh,
 From your inside out, till there's nothing left,
 Except a hard empty shell of a man who once cared,
 And two empty eyes, so you can see he's still there.

Through the mouth of the cave, the sun comes and goes,
 You see people there, but none of them knows,
 Of the pain and the fear and the torment inside,
 Of the nothingness that has become your everyday life.

The days come and go, at least outside the cave,
 And no matter how strong, how courageous, or brave,
 It's a war of attrition, no-one survives.
 The hound is too strong; he owns too many lives.

The life you once had, you can no longer find,
 Even your happiest memory becomes a doubt in your mind,
 You dwell, and you linger, and you die inside,
 The pain comes in waves; an excruciating tide.

One day you'll find a rock in the back of the cave,
 And bludgeon the dog, so you can escape.
 You'll run hard and you'll run fast, and you'll try to forget,
 But nothing's the same, or at least not yet.

Time moved differently in the depths of Hell,
 The sands flowed faster, and you sure can tell.
 You've matured, now you're old, but your friends are the same,
 You wait for them to catch up, but it doesn't work that way.

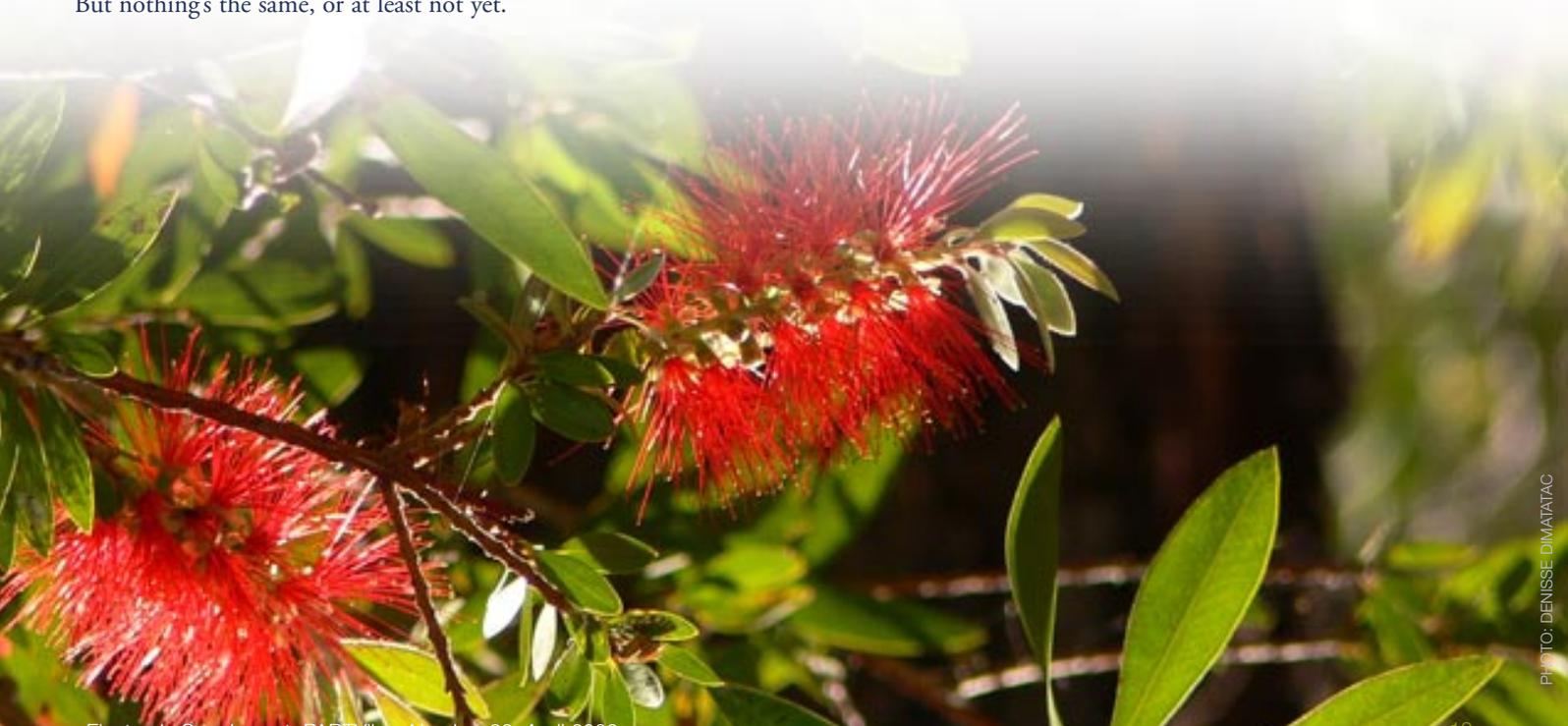
There's no going back; no way to rewind,
 There are no drugs that heal scars of the mind.
 You wake in cold sweats in the middle of the night,
 You know he's not there, but there's a chance he might.

No matter how long you were down in the cave,
 The scars you received make you their slave.
 You mourn the loss of your life to the cave,
 With no coffin, no flowers, no tombstone or grave.

The author, anonymous by request, says: I have bipolar, and write poetry and prose when I'm in the 'troughs'. ❖

* *Winston Church called depression, from which he suffered, the "black dog".*

You can obtain information on reducing depression, anxiety and related disorders by improving your lifestyle by reading *beyondblue* fact sheets entitled "Keeping Active", "Reducing stress", "Sleeping well" and "Reducing alcohol and other drugs". These are available from www.beyondblue.org.au or beyondblue on (03) 9810 6100.



The Mental Health Script Program

by Irina Bennewitz

THIS PROGRAM HAS BEEN DEVELOPED and operated by the WestVic Division of General Practice and has been operating in the Wimmera region since May 2001. It was established in response to a need identified through the More Allied Health Services Program to enhance preventative and early intervention primary health care.

The target population is at the less serious end of the mental illness spectrum. The program endeavours to provide timely support to GPs in the care and management of their patients, given that approximately 75% of people experiencing a mental illness access their GP initially or in an ongoing way.

Additionally, the aim was to target those who could not afford high quality psychological support.

The model adopted employs Clinical Support Workers (Psychiatric nurses, social workers and psychologists) working from medical clinics, conducting comprehensive assessments, summarising these and prioritising key issues in the form of a plan. Clinicians can also incorporate short term counselling and strategies as needed into the assessment time frame.

This rural division is geographically 'big' and health services are spread thinly outside its largest town, Horsham. WestVic Division services a region covering 62,500 square kilometres with a population of approximately 80,000. It has 31 practices, of which 16 are solo, with an overall patient to GP ratio of 1:1500, compared with a state average of approx 1:1000.

Being able to conduct an assessment in the client's locality can remove a barrier of distance and cost for them. Covering 300 kms in a day to visit clients in three rural clinics is not uncommon.

The second key aspect of the role is to initiate a referral to approved counsellors within the region on a brokerage

basis providing up to six sessions. Both GP and allied health professionals receive feedback in the form of a summary report and plan.

The team has grown in number and in sophistication of process and procedure. There are four clinicians, one based at Maryborough two hours away, a co-ordinator, administration officer and IT input as needed. The number of eligible GPs referring has been approximately 95% for those areas that the division has serviced, sending just over 1800 referrals to date. Anecdotal responses have remained consistently positive.

Approximately 40% of clients assessed and referred have taken up counselling and this percentage appears to be increasing as screening of potential client readiness by GPs has improved.

I highly value being part of a program that can make a very positive difference in someone's life and prevent further distress, pain or suffering to them and those close to them. The use of our particular skills and empathy to assist a person in their journey towards more specific specialist support with confidence and trust is probably what I value most highly.

To be sitting with an older person (especially a male!) who has never spoken of their feelings and past experiences and who finally can take the courageous and sometimes desperate step outside the cultural norms and expectations of gender and generation is both gratifying and humbling.

I also believe that if a client can have a very positive experience with "the talk stuff" and be able to improve their personal situation in some way, they will in turn be more likely to influence and encourage others to seek help – and sooner rather than later.

In the big picture, hopefully better health outcomes for our community will increase over time! ♦



Canola and sheep on a local property

D.U.C.K.S. GROUP

Depression – Understanding – Concern – Kindness

by Sr Pat Linnane rsm

FOR OVER TEN YEARS a self-help group of people suffering from depression, anxiety and the many faces of grief has met weekly at St Joseph's Mount Centre for Mercy and Justice in Bathurst NSW.

The model is an educative one based on the belief that education is the key to social change. To promote dialogue and self-help, two systems are used to create a complementary focus for participants - De Bono's *Six-Hat Thinking*¹ and World Café Inc *Talking Tables*.²

Because the group has been meeting for a lengthy period there is both stability and transience: people come for a while, are refreshed and then leave. Most participants are referred from community agencies whose staff offer a brochure and advise people to 'Try DUCKS'.

The Centre's principles, philosophy and goals are derived from 'A Course in Miracles'. These principles represent universal, non-sectarian spiritual truths. Whilst most are consistent, some change as we learn and grow. One of the primary goals of the Centre is to remain open to all people. We use group time to work on attitudinal healing in regards to any problem. We do not use this time to teach a particular discipline. The staff, volunteers and participants at the Centre represent a variety of beliefs and faiths, as well as a number of spiritual disciplines.

The Sisters of Mercy have offered this opportunity for over 10 years and during that time many people have come within our circle.

The average number of participants in a group is 14. Participants regard the group and its support activities as being most significant

in maintaining their mental stability. The group provides a lot of positive support to the more fragile, less capable members of the group. Some members of the group have high levels of chronicity in terms of their levels of depression and/or anxiety. For many of the participants this group was their major social contact for the week. ❖

- Mr Trevor Clark, Nursing Unit Manager, Community Mental Health Services, GWAHS

For more information, contact St Joseph's Mount, Busby St (PO Box 81), Bathurst NSW 2795 – Tel: (02) 6332 9950, Fax: (02) 6334 2120

<http://www.mercy.org.au/bathurst> - email: somjust@netwit.net.au

1 <http://members.optusnet.com.au/~charles57/Creative/Techniques/sixhats.htm>
2 <http://www.theworldcafe.com/knowhow.html>



Community Malaise: debut du siècle

by Karen Piper

Depression has been recognised as a major contributor to morbidity in our society. The 'Not for Service' report (October 2005) highlighted the gaps and deficiencies in our mental health services both in the acute and the community sector.

However there is another facet of depression that has not been so public. It is simmering away and obvious to those who interact with the public: a sort of community reactive depression. The community is feeling generally morose, just like the general feeling expressed at the *fin de siècle*. Feelings of hopelessness, of events occurring over which individuals, communities and even governments have no control. Communities have experienced this before. Most of us would remember the cold war, the nuclear

clock ticking; and recently terrorism has changed the way society operates.

"Report suspicious behaviour," says the government advert on our televisions. This new threat is different. It knows no borders, no political or social allegiance, a modern day plague; the zoonosis that has the potential to jump from bird to human, mutate then human to human, avian flu or H5N1. There are a number of websites discussing strategies the government has put in place and even more alarming are the strategies proposed by a number of unofficial sites! As primary health professionals we have a duty to ensure the community is getting the correct messages.

On a more positive note, it would appear at least that living in a rural setting confers a degree of protection!