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**Webinar**

## **Working Together to Overcome Challenges of Rural Practice in Mental Health**

**Thursday, 31<sup>st</sup> July 2014**

**"Working together. Working better."**

Supported by The Royal Australian College of General Practitioners, the Australian Psychological Society,  
the Australian College of Mental Health Nurses and The Royal Australian and New Zealand College of Psychiatrists

**This webinar is presented by**  **mhpnp**  
Mental Health Professionals' Network

### **Tonight's panel**

- Dr Graham Fleming OAM (General Practitioner)
- Capt David West (Mental Health Nurse)
- Prof Tim Carey (Psychologist)
- Prof Alan Rosen AO (Psychiatrist)

### **Facilitator**

- Dr Mary Emeleus (General Practitioner and Psychotherapist)

## Ground Rules



To help ensure everyone has the opportunity to gain the most from the live webinar, we ask that all participants consider the following ground rules:

- Be respectful of other participants and panellists. Behave as if this were a face-to-face activity.
- Post your comments and questions for panellists in the 'general chat' box. For help with technical issues, post in the 'technical help' chat box. Be mindful that comments posted in the chat boxes can be seen by all participants and panellists. Please keep all comments on topic.
- If you would like to hide the chat, click the small down-arrow at the top of the chatbox.
- Your feedback is important. Please complete the short exit survey which will appear as a pop up when you exit the webinar.

## Learning Outcomes



**Through an interdisciplinary discussion about Jason, the webinar will better equip participants to**

- Understand the challenges to the provision of mental health care in rural and remote settings in Australia
- Identify the key principles of the featured disciplines' approach in screening, diagnosing and treating people in rural and remote settings
- Explore tips and strategies for interdisciplinary collaboration with relation to supporting people in rural and remote settings

***NB: The case study is designed to be open ended in order to raise questions, provoke thought and generate discussion.***

## General Practitioner Perspective



### Initial Reaction

- How do I handle this in 15-20 mins?
- He has no insight into what is happening
- First priority is to gain rapport and keep it
- Take a quick history from him
  - Work at the mine
  - ?friends
  - The farm
  - His relationship with his wife
    - Children



**Dr Graham  
Fleming**

## General Practitioner Perspective



### Stress Assessment

- Ask about stress of current situation
- Ask whether he feels he is coping and the role of
  - Friends
  - Alcohol
- He probably has little insight to its affect on his mental state
- Rural men have had to learn to be emotional Philistines to survive weather, banks, agencies, governments and sell on world market



**Dr Graham  
Fleming**

## General Practitioner Perspective

### Time for 10 direct questions to assess “functionality”

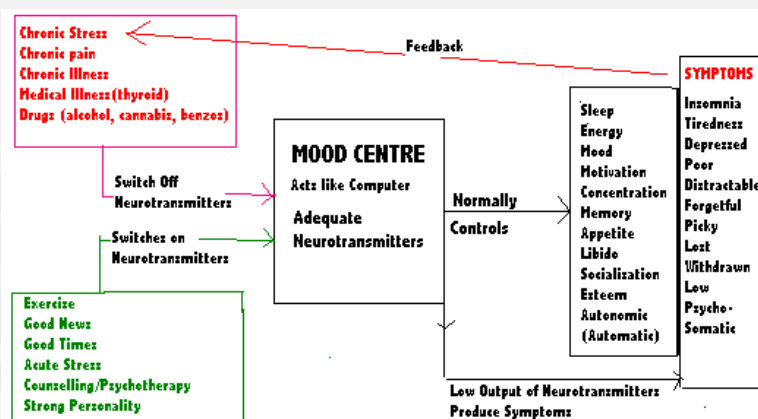
- **Sleep** - initial or interval insomnia
- **Energy** - lethargic
- **Mood** - flat, irritable frustrated, cranky
- **Motivation** - difficult, loss of interest
- **Concentration** - distractible, cannot read, watch T.V.
- **Memory** - forgetful
- **Self esteem** - poor, self denigrating
- **Socialisation** - withdrawn
- **Appetite** - picky
- **Libido** - diminishing



Dr Graham Fleming

## General Practitioner Perspective

### BRAIN SHUT DOWN



Dr Graham Fleming

## General Practitioner Perspective



### Initial Management

- Maintain rapport
  - assess risk; consider options
- Provide hope
  - fix the brain shut down
  - talk to a financial counsellor
  - look into missing machinery
- Another appointment for medical and bloods
- In meantime perhaps
  - medication for sleep and brain shut down
- Time off and perhaps hospital for a few days
- Discussion with wife



**Dr Graham  
Fleming**

## Mental Health Nurse Perspective



### Good assessment

- Exclude an organic cause
- Bio psycho-social
- Plan care - collaborative
- Needs of client and carer
- Ability of clinician
- Assess risk



**Capt David  
West**

## Mental Health Nurse Perspective



### Broader Supports

- Workplace EAP etc.
- 'Wifeline'
- Generic community supports
- Generic community health



**Capt David  
West**

## Mental Health Nurse Perspective



### Clinical Considerations

- **Ask about suicide**
- Worksite health service
- Place for medication first line
- Confidentiality (families can tell us!!)
- Give clinical choices and consequences
- **Telepsychiatry**
- Needs local clinician



**Capt David  
West**

## Mental Health Nurse Perspective



### Consider Involuntary Treatment

- Risk specific
- Not an alternative to planned care
- Least restrictive v. living with psychosis or dying by misadventure
- Facilitate in respectful manner
- Transport and safety
- Ulysses and advance directives
- Children's protection
- Firearms



**Capt David West**

## Psychologist Perspective



### The Referral

- I'm assuming Jason will be the person referred to me as a psychologist
- In the first session I'd want to explain to him about the psychology service including the way appointments are made and the limits to confidentiality
- I'd also want to get some idea of his level of risk
- Most importantly I'd be interested in hearing about the problem from his perspective and I'd be keen to find out how he thinks he could benefit from seeing a psychologist
- I'd also discuss with him including Wendy in the treatment



**Prof Tim Carey**

## Psychologist Perspective

### The Context

- Some contextual factors would inform my early conversations with Jason
- I'd be interested in knowing about any previous problems Jason has had on the farm and how he solved them. Also, how did Jason and Wendy come to be on the farm?
- It would also be interesting to learn about the way in which the decision to take on FI/FO work was made. Initially it was going to be a temporary measure. How temporary and what changed?
- The nature of Jason's and Wendy's communication while he is away might also be important. Does Wendy only call to tell him about crises or do they discuss other things as well?



Prof Tim  
Carey

## Psychologist Perspective

### The Problem

- My formulation of the problem would be informed by Jason's views on what is happening. He appears to be experiencing significant conflict between wanting to earn extra money to support his family but having to "abandon" them in order to do that
- He also feels like an "outsider" at work yet doesn't socialise with his friends when he is back and can't play in the cricket team he used to be part of
- Jason had a "grand plan" but now doesn't see an end in sight and has lost hope for the farm's future. What does he see in the future? Does it bother him to have lost hope for the farm's future or does he have different priorities now?



Prof Tim  
Carey



## Psychologist Perspective

### The Treatment

- The treatment I would provide would be to help Jason locate and resolve the main sources of his distress. An important focus may be his conflict about supporting and abandoning his family
- It could also be useful to explore Jason's sense of powerlessness when he is away, along with his feelings of being an "outsider" at work. How does he feel about being an outsider?
- Effective treatment for Jason would see him developing clear, un-conflicted and important goals about, for example, the sort of husband, father, and friend he'd like to be, as well as confident strategies for how he might move in the direction he'd like to head in



**Prof Tim  
Carey**

## Psychologist Perspective

### The Treatment (cont.)

- Treatment may also include Wendy from a couple's perspective or, it might transpire that Wendy could benefit from ongoing psychological support as well
- Treatment progress would be monitored using standardised questionnaires such as the DASS and the ORS and SRS, as well as keeping behavioural observations and notes of changes in reported attitudes and activity levels



**Prof Tim  
Carey**

## Psychiatrist Perspective



### Jason's Clinical Issues

- Stressed out
- Depressed
- Excessive alcohol intake
- Mate suicided recently
- Relationship strain—goes quiet if Wendy tries to discuss
- Mistrust of neighbours: embattled. Conspiracy theories encompassing locals. Paranoid?
- Suicidal ideas?



Prof Alan  
Rosen

## Psychiatrist Perspective



### Jason's Preoccupations

- **Lost “Grand Plan” dream**
- **Lonely**; separation; isolated
- Sense of family **abandonment**: feels “useless” and irrelevant to them
- **Anhedonia**: loss of interests and enjoyment
- **Alienation**: “outsider” in new culture [Anomie?]
- **Loss of habitual role** as competent farmer/provider/fixer/husband/father [deep shame]
- Mounting farm and household **debt**
- **Drought**: a slow burn disaster, usual resource people all affected too



Prof Alan  
Rosen

## Psychiatrist Perspective

### Wendy's Concerns

- Trying to keep Jason engaged and involved in family life
- Worried that husband is “unhinged” and may suicide
- GP will think that her husband is “losing it”
- Worried about gossip network and stigma in a small community with stoic values
- Who cares for the carer, especially in a small community



Prof Alan  
Rosen

## Psychiatrist Perspective

### Solastalgia

- We belong to the land, so if the land is sick, so are we.
- If the river dries up, so will we. (Where will we meet?)
- **Solastalgia** = the distress or loss of solace, caused by degradation of the environment, home and sense of belonging

- (Higginbotham et al, 2007)



Prof Alan  
Rosen

## Psychiatrist Perspective



### Dealing with Complexity

e.g. the “quintuple whammy” of being....

- Indigenous
- Remote [e.g. transport, e.g. drought ]
- Living with multiple deprivations, e.g. homelessness
- Mentally ill
- Comorbid with drug and alcohol & physical disorders



Prof Alan  
Rosen

## Psychiatrist Perspective



### Communal Adaptation Strategies

- Recognise and acknowledge **Communal Hardship**
- **Communal Awareness Raising** and mental health education
- Remind of and call on **Communal Strengths and Resilience**
- Instil **Hope and Optimism**
- Mobilise **Extended Kinship Networks**
- **Wholistic Solutions** including spiritual dimension
- **Meaningful Work and Communal Roles**



Prof Alan  
Rosen

Q&A session

## Thank you for your participation

- Please ensure you complete the *exit survey* before you log out (it will appear on your screen after the session closes). Certificates of attendance for this webinar will be issued within two weeks
- Each participant will be sent a link to online resources associated with this webinar within two to three business days
- Our next webinar *Working Together to Support the Mental Health of Injured Workers* will be held on Tuesday, 19<sup>th</sup> August 2014. Visit [www.mhpn.org.au/upcomingwebinars](http://www.mhpn.org.au/upcomingwebinars) to register

Are you interested in leading a face-to-face network of mental health professionals in your local area?

MHPN can support you to do so.

Please fill out the relevant section in the exit survey. MHPN will follow up with you directly.

For more information about MHPN networks and online activities, visit [www.mhpnp.org.au](http://www.mhpnp.org.au)

**Thank you for your contribution and participation**