Eforum Newsletter: NRHA eforum 15 July 2005

National Rural Health Alliance E-forum – 1 July 2005

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RURAL MENTAL HEALTH CRYING OUT FOR MORE SUPPORT

The Alliance has endorsed the call for more resources to be spent on mental health. Currently 7% of the national health expenditure is spent on mental health interventions. This should be increased by 1% annually until it reaches 12%. There also needs to be special attention to recruitment and retention of mental health professionals in rural and remote areas. The full text of the Alliance statement is at http://www.ruralhealth.org.au/nrhapublic/Index.cfm?Category=MediaReleases&Year=2005 and is reprinted below.

The Alliance's Opening Statement to Senate Select Committee Inquiry into Mental Health Services is at http://www.ruralhealth.org.au/nrhapublic/Index.cfm?Category=Submissions

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From: Clair North
Subject: “Paediatric Gastroenteritis” Tuesday 26th July 2005 - Rural Health Education Foundation National Satellite TV Broadcast

This program provides a practical approach to the assessment, diagnosis and management of acute gastroenteritis in the paediatric patient. Clinical information includes assessment of percentage of dehydration, deciding on hospital admission, choice of fluid, clinical investigations and re-feeding.

Demonstrations of nasogastric tube insertion on a child and insertion of an intra-osseous needle are included. Management will be discussed in the context of several case studies.

Program information can be found by clicking http://www.rhef.com.au/programs/507/507.html (Note: case study materials will be available from this website page from 15th July 2005 prior to the broadcast.)

Contact: Rural Health Education Foundation via email rhef@rhef.com.au or telephone (02) 6232-5480.

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From: Ann.Bazeos@health.gov.au
Subject: Managing Pain Using Self-Management Approaches: Evidence and Implementation

The Managing Pain Using Self-Management Approaches: Evidence and Implementation half-day Workshop is being hosted by the Australian Government Department of Health and Ageing’s Sharing Health Care Initiative on 19 August 2005 in Sydney. The Workshop is to provide the latest research and evidence for Chronic Condition Self-Management in Australia and internationally. Cost $100. Information / registration contact: DC Conferences,
Phone: (02) 9954 4400. Website: http://www.dcconferences.com.au/pinp2005

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AIHW REPORT ON NURSERY WORKFORCE

Australia's nursing supply increased in 2003, according to a new report released by the Australian Institute of Health and Welfare (AIHW). Nursing and midwifery labour force 2003 shows that nursing supply in Australia rose from 1,031 full-time equivalent (FTE) nurses per 100,000 population in 2001 to 1,106 FTE nurses in 2003. The AIHW statement is at http://www.aihw.gov.au/mediacentre/2005/mr20050714.cfm

Supply of nurses increased in all geographic classification areas between 1997 and 2003. The full report, including details of the geographic distribution of nurses, is at http://www.aihw.gov.au/publications/hwl/nmlf03/nmlf03.pdf

Acording to an ABC report at http://www.abc.net.au/rural/content/2005/s1414171.htm the Australian Nursing Federation has questioned the estimate of an increase in nurse numbers in regional areas. Jill Iliffe from the ANF is quoted as saying the figures may be skewed because former nurses are going back to work to supplement off-farm income.

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From: Cecilia Weuffen
Subject: 2005 Rural Victorian Alcohol & Drug Conference

Workers from rural Victoria's AoD sector will have the opportunity to network, engage in education, and learn from remarkable people doing remarkable things in their field. The two day Conference will be held in August and include:
Conference Satellite: Wednesday 10 August
Two day Conference: Thursday 11 & Friday 12 August
Conference Expo: Thursday 11 & Friday 12 August
Conference Dinner: Thursday 11 August: 7.00pm onwards and incorporates the 2005 Rural Victorian Alcohol & Drug 'Awards for Excellence'

Visit the NEW conference website: http://www.wadac.wrad.org.au click on the 'Conference' tab and then '2005 Conference' tab to find out about the main components of this year's conference. You can even download Conference programs and registration forms in this area or in the 'Register' section.

Venue: Warrnambool Entertainment Centre, Cnr Liebig & Timor Streets, Warrnambool
Enquiries: Cecilia Weuffen, Conference Manager
Phone: 0418 520 976
Email: enquiries@wadac.wrad.org.au.

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MEDICARE INITIATIVE

Three leading primary health care organisations – the National Aboriginal Community Controlled Health Organisation (NACCHO), Australian Divisions of General Practice (ADGP) and Royal Australian College of General Practitioners (RACGP) – have all welcomed the new Medicare-funded annual health checks for Aboriginal and Torres Strait Islander children announced by Health Minister Tony Abbott.

The aim of the additional Medicare item is to encourage GPs to carry out regular, comprehensive health checks on Aboriginal and Torres Strait Islander children aged 0-14 years, promoting early detection of disease and better intervention.

The full text of the statement is at http://www.naccho.org.au/mediareleases.html

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EDITOR - AJRH

The Journal:
The Australian Journal of Rural Health, published by Blackwell Publishing Asia (BPA), is the official journal of the National Rural Health Alliance (NRHA), the Association for Australian Rural Nurses, the Australian College of Rural and Remote Medicine, Services for Australian Rural and Remote Allied Health, and the Council for Remote Area Nurses of Australia.

The Editor:
The Board of Management seeks to appoint an Honorary Editor who is committed to advancing the health of rural Australians through publication and distribution of research and scholarly articles dealing with rural health issues in Australia and internationally. The Editor will maintain the highest standards of scholarly publication with an emphasis on practical issues confronting rural health practitioners, educators, administrators, policy-makers, and health science students.

The role:
The Editor receives all submitted articles, allocates them to reviewers, makes publishing recommendations based on these reviews, and works closely with BPA, the publisher, and the Journal's owner, the NRHA. There is a considerable liaison role in promoting the Journal and its mission, and in attracting articles.

Essential qualifications:
The successful applicant will have experience and qualifications in one or more of the following: health care, rural health, health policy, education, journalism, and professional publishing. They will have a demonstrated commitment to rural health.

Honorarium:
The position is honorary. Administrative assistance, or an amount for administration, is available.

Term of appointment:
Three years with the right to apply for a further term of two years. Commencement in early 2006 or by negotiation.

Applications:
To ajrh@ruralhealth.org.au or 02 6285 4660 by the end of October 2005.

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PRODUCTIVITY COMMISSION REPORT ON OVERCOMING INDIGENOUS DISADVANTAGE: KEY INDICATORS 2005

The Productivity Commission report on indigenous disadvantage shows that many indicators show little or no movement. A large gap between Indigenous people and the rest of the population is apparent in all of the headline indicators and most of the strategic change indicators, including those where there has been some improvement.

That said, it is possible to identify some significant areas of improvement.
* between 1994 and 2002 there were improvements in labour force participation, unemployment, employment and home ownership
* btween 1994 and 2002 there were improvements in post-secondary education
participation and attainment, and between 2000 and 2004 in apparent retention rates to year 12
* there has been a trend upwards from 1999 to 2002 in achievement against the year
3 writing benchmark.

Areas where outcomes appear to haveweakened are:
* victim rates for crime between 1994 and 2002
* from 1999-2000 to 2003-04 for substantiated child protection notifications, and
* imprisonment rates for both men and women, over the period 2000 to 2004.

The Commission statement is at http://www.pc.gov.au/gsp/reports/indigenous/keyindicators2005/mediarelease.html and the report is available at http://www.pc.gov.au/gsp/reports/indigenous/keyindicators2005/index.html

Commenting on the report, the Australian Medical Association said that is confirmed the AMA's long-held view that not enough is being done by Governments to improve the poor living conditions and health standards of Indigenous Australians. The AMA statement is at http://www.ama.com.au/web.nsf/doc/WEEN-6E889X

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PARTYline May 2005 Edition OUT NOW. PARTYline is the official newsletter of the National Rural Health Alliance. Keep up to date with rural health policy information and good news stories on living and working in the rural health community. Available online at http://www.ruralhealth.org.au/nrhapublic/Index.cfm?Category=PartyLine or receive a hard copy by emailing partyline@ruralhealth.org.au

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From: Clair North
Subject: Rural Health Education Foundation (RHEF) NEW Timetable - July to November 2005

RHEF has released its confirmed schedule of accredited satellite television broadcasts for the period July to November 2005. Over this period there are 10 programs that can be viewed on release usually on Tuesday and Wednesday nights, with repeats during Friday daytime on the RHEF satellite system. All programs can be viewed any time afterwards via web-streaming on their website. Information about all programs, times and access can be found by following this link http://www.rhef.com.au/timetable/timetable.html.

Scheduled programs July to November:
Tues 26 July - Paediatric Gastroenteritis
Tues 9 August - Post-streptococcal Renal Disease
Tues 30 August - Maternal and Infant Care (Aboriginal* Health)
Tues 13 Sept - Type 1 Diabetes
Tues 27 Sept - “Growing Healthy Aboriginal* Kids” The Early Years: 1-5
Tues 18 Oct - Immunisation Update
Tues 15 Nov - Colorectal Cancer: Screening

For more information or updates on programs, go to the Foundation's website http://www.rhef.com.au or contact the Foundation at rhef@rhef.com.au or (02) 62325480

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The Australian Journal of Rural Health invites you to contribute to the ongoing development of rural health in Australia, and submit your manuscripts for publication. Send your papers to AJRH@newcastle.edu.au and be pleasantly surprised at how quickly you can be in print. Author guidelines and sample issues of the AJRH are available at http://www.blackwellpublishing.com/submit.asp?ref=1038-5282 or email ajrh@newcastle.edu.au for further information. The June 2005 issue of the journal is available online now at http://www.blackwell-synergy.com/links/toc/ajr

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RDAA STATEMENTS

More Satellite Sites Mean Less Isolation for Rural Doctors
Satellites hovering high above Earth are helping to combat the professional isolation felt by many rural doctors and other rural health professionals by beaming them regular television-based medical education. And more rural doctors are to benefit from these regular broadcasts, with the Rural Health Education Foundation (RHEF) announcing it has expanded its network of dedicated satellite receiving locations in rural Australia for medical education broadcasts by 42 sites in the past six months. There are now 590 such sites across the country, with a further expansion to follow in coming months.
http://www.rdaa.com.au/uploaded_documents/More%20Satellite%20Sites%20Mean%20Less%20Isolation%20for%20Rural%20Doctors%20--%20July%202005.htm

Overseas Trained Doctors Deserve Better Support
At a time when many overseas trained doctors (OTDs) are being subjected to criticism and verbal abuse in the community, following the actions of a very few, it is critical to publicly acknowledge the valuable role that the vast majority of OTDs are playing in delivering medical care to communities across Australia. Given the critical shortage of doctors in Australia and the long lead time in training more local doctors, our federal and state governments have recognised that Australia will require OTDs to help ease the shortage for some years to come. This is particularly so in rural and remote areas, which desperately need more doctors and other health professionals. Currently, OTDs make up about 30% of all doctors working in rural and remote Australia.
http://www.rdaa.com.au/uploaded_documents/ACF2A28.htm

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LIFELINE’S JUST ASK - 1 300 13 11 14

Your Rural Mental Health Information Service
Lifeline’s Just ask is a rural mental health information service. Information provided includes: referral to services and web sites, printed material and a range of self help resources. The self-help resources focus on practical steps to help promote mental health in a range of areas. For information and copies of resources call or visit http://www.justask.org.au

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HEALTHY INCREASE IN RURAL GP TRAINING
(Extract from the Stock Journal, 13 July 2005)

Record numbers of doctors are choosing to train in rural and remote practice, thanks to an increasing recognition of the professional and lifestyle benefits of working in Rural and Remote Medicine. President of the Australian College of Rural and Remote Medicine (ACRRM), Dr Bruce Chater, says the increased interest in Rural and Remote Medicine is another positive step towards providing the highest levels of medical care in rural and remote areas.

The full article is at http://qcl.farmonline.com.au/news_daily.asp?ag_id=27770&s=22119

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BUSH CRISIS LINE - 1800 805 391

Bush Crisis Line is a twenty-four hour confidential telephone support and debriefing service for multi-disciplinary remote and rural health practitioners and their families. It is staffed by qualified psychologists with remote and cross-cultural experience, is toll free and available from anywhere in Australia. For more information http://www.bushcrisisline.org.au

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Extract from AMWAC and AHWAC "Health Workforce Intelligence"

The role of psychological well-being inretaining rural general practitioners.
M Gardineret al in Australian Journal of Rural Health13:149-155, June 2005.
In South Australia, the Rural Doctors WorkforceAgency (RDWA) hopes to improve rural GP retentionrates through strategies aimed at improving ruralGPs' well-being (ie the Dr DOC program). The purpose of this study was to provide some baselinedata on the psychological well-being of rural GPs inSouth Australia for RDWA and to consider the typesof support that may improve the GPs' well-being. A questionnaire was mailed to 336 GPs in rural practicein South Australia (response rate: 56%). Overall, respondents reported moderately good levels of "quality of work life" and "work-related morale", and moderately low levels of "work-related distress". However: (1) 19% of respondents consideredthemselves in crisis over the last year, yet only one-third of these sought help; (2) one-third to one-half of respondents said they had either "some degree" or "quite a lot" of distress directly related to rural general practice; (3) respondents who seriously considered leaving rural practice in the previous two years (53%) were twice as likely to report poor levels of psychological health as other respondents, and to have fewer colleagues with whom to discuss professional issues. The skills respondents said they would most like to acquire to improve rural practicewere "personal skills" (eg stress management, communication skills) (21%) and "time management" (19%). The authors conclude that psychological interventions (eg cognitive behaviour therapy), assistance with stress reduction, and coping mechanisms (eg more interaction with colleagues) may improve the well-being of rural GPs, especially those contemplating leaving rural practice.

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RURAL AND REMOTE HEALTH PAPERS 1991-2005

This CD ROM is a valuable resource for students, academics, researchers and policy writers in the field of rural, regional and remote health. The 1,800 separate authored documents contain 17,000 pages of information searchable by key words and phrases. The CD ROM includes full proceedings of the 8th National Rural Health Conference and all other National Rural Health Conferences, Healthy Horizons Outlook 2003-2007, PARTYline newsletters, the Australian Journal of Rural health 1992-2004, full proceedings of the Infront Outback Rural Health Scientific Conferences, the Alliance's rural Health Information Papers and the Alliance's Annual Reports. The CD is provided free of charge to all friends of the alliance. Individual membership is $44 - phone 02 6285 4660, email nrha@ruralhealth.org.au

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From: Myra Read
Subject: ACHSE Forum in Lismore on Challenges and Opportunities Facing Health and Aged Care

To say there are many challenges facing Health and Aged Care is an understatement! Health and Aged Care are grappling with a range of issues on Federal, State and Regional levels.

Within the North Coast Region, Area Health Services, the private sector and Aged Care, all have their own challenges, many of which overlap but aren't always addressed in a coordinated way. Patients, clients and providers continue to struggle with the maze of service and integration issues.

To discuss what is happening and proposed at the local level in the North Coast Region, a panel representing the health and aged care sectors will discuss the issues and answer questions from the audience.

Venue - North Coast Area Health Service, Ground Floor Meeting Room, Crawford House,
Corner of Hunter & Uralba Streets Lismore
Date - Tuesday 2 August 2005
Time - Registration & Refreshments at 5.30pm. Forum from 6.30-8:30pm
Fee - ACHSE Members - $20, Non Members - $30

Speakers
Panel Chairman - Warren Westcott, State Director, ACHSE
Chris Crawford - Chief Executive, North Coast Area Health Service
Colleen Bromwich -Operations Manager NSW, Ramsay Health Care
Katrina Luckie - Director North Coast Regional Development Board
Pip Carter - Chief Executive Officer, St Andrews Aged Care, Ballina
Dr Sue Page - Chair, North Coast Area Health Service Advisory Council and Federal
President, Rural Doctors Association

Register online at http://www.achse.org.au/nsw click on Upcoming Events. Any queries regarding registration, phone Myra Read on 02 9805-

0431 or email events@achsensw.org.au
For more details on the event, call Moira Waters on 0407 882 580 MWaters@mncahs.health.nsw.gov.au

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CONTRIBUTION AND SUBSCRIPTION INFORMATION AND DISCLAIMER

The NRHA e-forum is edited by a third party moderator, Jim Groves. Contributions are sought on any topic relevant to rural health concerns. Please send contributions to the moderator at grovesc@winshop.com.au.

As such, the Alliance does not control postings and the contents do not necessarily reflect the opinions of the Alliance. Nor do postings necessarily reflect the view of Jim Groves or any organisation he is associated with. Jim Groves can be contacted at grovesc@winshop.com.au.

This issue is going to 2,104 email addresses. Please forward a copy to any colleague you think may be interested.

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Rural mental health crying out for more support

The Alliance has endorsed the call for more resources to be spent on mental health.

Currently 7% of the national health expenditure is spent on mental health interventions. This should be increased by 1% annually until it reaches 12%. There also needs to be special attention to recruitment and retention of mental health professionals in rural and remote areas.

Australia has an under-supply of psychiatrists overall and the worst shortages are in country areas. Rural and remote areas are also short of mental health nurses, social workers and Aboriginal mental health workers. Such shortages result in later diagnosis and intervention, so that the personal, family and community impacts of mental illness are greater in the country than in the major cities.

Three layers of the mental health caring system need to be considered. The greatest number are informal carers, such as family and friends. A range of human service professionals also act as informal carers in mental health, such as teachers, police officers and rural financial counsellors.

The second layer consists of those who provide formal primary care to people with a mental illness – those with whom they make the first formal contact as a patient. Most often this is their general practitioner.

Third, there are specialist mental health workers, with medical, nursing or allied health training.

A good mental health system in rural and remote areas, as elsewhere, requires well-trained and well-supported people at all three levels. In contrast, in some parts of the country all that is available is a phone number in the capital city from nine to five on weekdays.

“No wonder self-harm, depression and suicide rates are higher in rural areas,” says one of the Alliance’s correspondents.

Two recent initiatives through general practice have been beneficial in some rural and regional areas: Better Outcomes in Mental Health and More Allied Health Services. The former has improved the skills and capacity of general practitioners to treat mental illness and increased access to skilled practitioners such as psychologists. As they constitute 30% of the population, people in rural and remote areas deserve at least 30% of new initiatives in mental health.

These initiatives need not merely to be delivered, but delivered in such a way as to fit rural lifestyles, timelines and other attributes. Good mental health services are also dependent on good IT systems. The Alliance has also reiterated the importance of a special focus on improving emotional and social well-being among Aboriginal and Torres Strait Islander peoples.