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CRANA *plus* magazine

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the voice of remote health

Aboriginal and Torres Strait Islander readers are advised that this publication may contain images of people who have died.



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from the editor

This will be my last edition as editor of this magazine and I have been reflecting on my decade with CRANaplus.

During this time I have seen the organisation evolve as a leader in the remote health sector and watched its national reputation grow. The dedication and commitment of the CRANaplus Board, staff, facilitators and volunteers, we believe, contributes significantly every day to improving the health of those living and working in remote and isolated parts of Australia.

It has been a privilege to be part of the CRANaplus team that works so hard, from the city offices and on the ground, to support the rural and remote health workforce, and to have been involved in the organisation's development of a wide range of services designed to arm those at the coalface with the skills and professional guidance they need to work in what are recognised as challenging roles.

Through the CRANaplus magazine my aim has always been to offer an insight into the extraordinary work of our members and their colleagues who work - often with limited resources - in the most remote and isolated areas of Australia and her Territories. I have relished the opportunity to tell these stories of the workforce and the organisations working in this space: the highs and lows, the challenges and successes. And I am always thrilled to hear about the impact of these powerful narratives on readers living in urban Australia, and the pleasure provided by the photos you have contributed over the years to demonstrate the beauty and diversity of this spectacular country in which we are fortunate to live.

I am proud of this publication. I believe our magazine is the last of the industry publications still offering hard copy and you tell us that it is a good ongoing resource. I hope it remains so.

My decade at CRANaplus has been the highlight of my career, both professionally and personally.

I hope our paths will cross in the future.

Anne-Marie Borchers
Manager Member Services
CRANaplus



Australian Government
Department of Health

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CRANaplus' Patron is The Hon. Michael Kirby AC CMG.

Every effort has been made to ensure the reliability of content. The views expressed by contributors are those of the authors and do not necessarily reflect the official policy or position of any agency of CRANaplus.

About the Cover: Dialysis Nurse Megan Croft talks about her decision to work for the legendary Purple House in Alice Springs. Read article on page 8.

Magazine circulation 60,000.

my experience as acting ceo



It was a privilege to have the opportunity to be Acting CEO of CRANaplus for a couple of months whilst Christopher was on leave, and an absolute pleasure to work for the organisation I admire so much.

I remember hearing about CRANaplus when I first visited Australia on a working holiday. I was working in Alice Springs and saw the CRANaplus magazine in the tea room. Remote area nurses inspired me then and continue to inspire me today.

My working holiday took me to many beautiful and remote parts of Australia. I was such a naïve nurse coming out from England and had so much to learn about Aboriginal and Torres Strait Islander health but thankfully I had some great mentors and I have met many First Nations People who have helped me along the way.

I still remember the shock of realising that women had to travel hundreds of kilometres away from their families and communities to give birth.

It was my new-found love of Australia which planted the seed that one day I wanted to return and work for the Royal Flying Doctor Service. After a few more years and a couple of babies later, I moved to Australia and started to follow my dream.

During all that time, working in different roles across Far North Queensland, CRANaplus has been an integral part of my experience in rural and remote nursing. Whether it is attending the conference, upskilling on a course, or enjoying the magazine over a cuppa, it was part and parcel of everyday work.

It's been a memorable opportunity, after so many years, to work with all the team at CRANaplus as Acting CEO, sharing the same passion for improving remote health and working together towards the same goal.

A highlight for me was to catch up with CRANaplus members to hear about their work and share some stories. I enjoyed hearing people tell me how much more confident they were in their workplace after completing CRANaplus courses.

And I appreciated the opportunity to work with the team on the submission to the Royal Commission into Aged Care, a subject close to my heart, and be involved in the independent review – Educating The Nurse of the Future.

Thank you.

Katherine Isbister
Acting CEO, CRANaplus



CRANaplus acknowledges the Aboriginal and Torres Strait Islander Peoples as the traditional custodians of Australia, many of whom live in remote areas, and we pay our respects to their Elders both past and present.

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AUSTRALIAN MEDICINES HANDBOOK

AMH Aged Care Companion

The current release of the AMH Aged Care Companion contains updated information on allergic conjunctivitis, dry eyes, gout, heart failure, hypertension, insomnia, osteoporosis, major depressive disorder, pain management, restless legs syndrome, rhinitis, rhinosinusitis (formerly sinusitis), along with changes to several other topics. New drug names have been incorporated in accordance with the TGA's adoption of changes to approved drug names in the Australian Register of Therapeutic Goods (ARTG). AMH Aged Care Companion available now in print or online.

For more information on the above products please visit www.amh.net.au.



AUSTRALIAN MEDICINES HANDBOOK

Embracing DIVERSITY to build STRONGER CONNECTIONS

CRANaplus 37th CONFERENCE
18-20 September 2019

Crowne Plaza Hunter Valley | Lovedale | NSW

There is no other occasion which brings together our family of Remote Healthcare workers quite like the CRANaplus Conference.

Each event offers a unique opportunity to present and share ideas and experiences with colleagues and key industry leaders from across Australia and around the world.

It's about empowerment and knowledge, sharing and support.

Most of all it's about knowing that wherever in the world you practice Remote Healthcare – **you are not alone.**

CRANaplus acknowledges the Aboriginal and Torres Strait Islander Peoples as the traditional custodians of Australia, many of whom live in remote areas, and pays its respect to their Elders both past and present.

Inspiration in Diversity

Nowhere is our 2019 Conference theme more clearly represented than in the inspirational addresses from this year's **Keynote Speakers.**



Kurt Fearnley AO

Paralympian, Disability Rights Advocate

Kurt Fearnley AO is a three-time Paralympic gold medallist with a can-do attitude that makes the impossible possible.

At the Gold Coast Commonwealth Games 2018, he won gold and silver medals and was chosen as Australian Flag Bearer for the Closing Ceremony.

Kurt is also active in advocacy work. He has been an ambassador for the Don't DIS my ABILITY campaign, was a 2010 International Day of People with Disability Ambassador and has contributed to the debate surrounding funding of the National Disability Insurance Scheme (NDIS).

In June 2018, Kurt was named an Officer of the Order of Australia (AO)



Stan Grant

Award winning media host

Stan Grant is the Indigenous Affairs Editor for the Australian Broadcasting Corporation, a multi-award winning current affairs host, an author and an adventurer.

Well known for having brought the former Prime Minister Malcolm Turnbull to tears when interviewed about Indigenous affairs on The Point, Stan's keynotes are insightful, engaging, always professional and at times, controversial.

Stan Grant's Aboriginal heritage has shaped his dynamic, resilient personality. Born in Griffith in south-west New South Wales, in 1963, Stan Grant's mother is from the Kamilaroi people and his father is of the Wiradjuri.



Sarah Brown

Chief Executive Officer
WDNWPT

Sarah Brown is the Chief Executive Officer of WDNWPT and has been helping the Indigenous Directors to run the organisation since its inception more than 15 years ago.

Sarah holds a Master of Nursing, a Graduate Diploma in Aboriginal Education and a Grad Dip in Health Service Management.

Prior to joining WDNWPT, she was a remote area nurse and university lecturer. She was Australia's 2017 'Nurse of the Year'.

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engage

from the chair

In the pre and post-election period, I've been reflecting on the importance of democracy. This period serves to heighten awareness of the fact that, living as we do in one of the world's democracies, we have the ability and the responsibility to use that opportunity at election time to make our collective pitch to political parties and independents. It has also been a time for every voter to be aware of where our vote ultimately goes.

Many of us experience that tired old adage of 'politics as usual' from the major parties only to learn our preferences end up being distributed to less than desirable end results. At the time of writing it is evident that the preferential system has improved to capture our individual nominations of preference. At the same time, we have watched how the parties debated and determined how they align with their nominated

minor parties, leaving many voters uncertain on how best to influence the end result effectively.

The election dust is settling. As they say, this is just the start.

Your membership organisation is not afraid to ask the hard questions, before, during and after election time, and how they impact the remote health care workforce and the communities in which we work.

Looking forward, CRANApplus will work with the current government, the Opposition and the minor parties, continuing our role as the leading organisation representing the rural and remote healthcare workforce in Australia, and ensuring isolated communities are a priority.

This has been a time for me to reflect on the 26 priorities listing in the CRANApplus document of Key Issues. I'd like to focus on a couple of key points. You can see all 26 here: <https://crana.org.au/about-us/what-matters-to-us/key-issues/>

The act of caring for our elderly, the physical work, is different to the art of caring which requires a high level of emotional intelligence. Our organisation will continue to promote this need in the education and professional development of people employed in this sector.

The pre-election debates highlighted healthcare access, employment, education, climate and economic stability. At CRANApplus we recognise in Key Issue Number 1 that these social determinants of health remain a significant causative factor

of poor health outcomes for remote and Indigenous Australians. Therefore, as a priority of your organisation, we continue to stress that all health debates should occur in this context. A whole of government and whole of society approach is required to remedy the poor social determinants impacting on health outcomes. Investment in more hospital beds will continue to be a demand for as long as investment in primary prevention and early intervention remains low, lower than it ought to be.



As the Royal Commission into aged care gets underway it is also timely to continue to place emphasis on another priority that received little attention in the election period; that remotely-located elderly people receive adequate and appropriate access to aged and end of life services. (Key Issue Number 4) In too many communities, these services are left up to a couple of nurses and a driver. Significant resourcing to develop innovative and appropriate models of care remains a priority. And that provision needs to take into account and address the growing burden of dementia in society.

I have said this before, but it's worth repeating as this Royal Commission rolls out:

The act of caring for our elderly, the physical work, is different to the art of caring which requires a high level of emotional intelligence. Our organisation will continue to promote this need in the education and professional development of people employed in this sector.

Best regards

Paul Stephenson
Chair, CRANApplus Board of Directors ●

an irrepressible can-do attitude



Purple House is a major provider of dialysis in remote Australia. The beating heart of this innovative health service is its dynamic team of nurses who now offer dialysis in 16 remote clinics across three states. And get so much in return. Dialysis Manager Megan Croft sends in this letter.

I write to you from Kaltukatjara, otherwise known as Docker River, some 700 kilometres south-west of Mparntwe/Alice Springs. I've just collapsed on the lounge after a long day on the road. Today was no ordinary day. It was the magnificent day we got someone home to her country after being stuck in town on dialysis for almost a decade.

Getting people home on country is no small feat. The effect on wellbeing is something you can actually see – the transition of a woman's face as I turn a corner and she sees a mountain she has not seen in years. A calm washes over her and her spirit seems to grow, right there in front of me. The shy, quiet lady I've known in town was

suddenly full of energy, pointing here and there and telling me all about the place she grew up.

It's life-adding moments like this that drew me into the Purple House 18 months ago, moments that make it hard to ever consider leaving.

Getting people home on country is no small feat. The effect on wellbeing is something you can actually see – the transition of a woman's face as I turn a corner and she sees a mountain she has not seen in years.

My road to Central Australia began in Newcastle, New South Wales when I was sitting down for my first appraisal, six months into my dialysis training. ►►



► I was telling my mentor about the connection I wanted to make between renal nursing and my interest in Indigenous health. Her eyes lit up. 'I've got the perfect place for you'. She ran out the door and came back with a flyer with a very colourful truck on it. Little did I know, it was to be a one-way ticket to my dream job.

I did a few years of dialysis nursing before I contacted Purple House on Facebook. Before I knew it, Sarah Brown, the legendary CEO of Purple House, was chatting to me on Messenger. I was full of butterflies. A phone call later, a few more questions from Sarah – essentially 'when can you start?' – and I was suddenly well on my way to moving interstate to the Northern Territory. All I had to do was convince my partner to come with me. We packed our little sedan with as much stuff as we could fit and drove the 2,839 km to Mparntwe/Alice Springs.

Starting at the Purple House was like a breath of fresh air. The purple suburban house oozes laughter and an irrepressible can-do attitude, where instead of saying 'no' to things, you are left asking, 'hey, why can't we do that?' For the first time, I was looking at the potential of a health service that is culturally safe for people to use, a health service that is governed by the patients themselves.

Apart from excellent care, these nurses become an integral part of the community, helping patients stay healthy, eat well, visit sacred sites, go hunting and pass on cultural knowledge. You very quickly become the student, not educator. There is so much to give but also to learn, it becomes a two-way street. A door opens to the oldest living culture in the world, and you get to walk right through it and experience something so special and so rich – there's nothing else like it.

To explore career opportunities at Purple House check out www.purplehouse.org.au/careers or contact Kerri Mitchell at hr@purplehouse.org.au or on +61 8 8953 6444. OR just follow the fun by liking 'The Purple House' Facebook page. ●



PURPLE HOUSE

tailoring care in remote communities

By Conor Burke

Bidyadanga is a small town in the Kimberley region of WA. Approximately 1590 km north of Perth and 180 km south of Broome. It is the definition of a remote Aussie town.

It's home to around 800 people with five different language groups and it is the largest remote Aboriginal community in Western Australia. Each year, it faces devastating fires that cut the community off for days on end.

Servicing the older population of this town is a difficult endeavour, but the Bidyadanga health and community care centre (HACC) does a lot with very little.

In conjunction with Alzheimer's WA (AWA) HACC aims to provide person-centred care that keeps the community elders in the community they know for longer, avoiding sending them hundreds of kilometres away for residential aged care.

AWA started a pilot in 2016, with HACC, aimed at upskilling the carers at the facility, capacity building and tailoring care to the specific cultural needs of the community.

...HACC aims to provide person-centred care that keeps the community elders in the community they know for longer...

Some of the innovations the crew from HACC have come up with include creating a personalised box for each resident. These are filled with special objects containing memories and stories of the persons choosing that can be taken with if they are rushed to hospital and make them feel more comfortable in strange surroundings.



Faye Dean (left) Karajarrie traditional owner and community worker at Bidyadanga HACC. Photo: Supplied.

The box also contains an MP3 player with favourite music, a country picture book and a blanket, which they have made. This blanket is the first thing they will find at the hospital or aged care home when they arrive – instantly creating a sense of familiarity.

HACC also painstakingly drew up profile sheets of each resident, detailing likes and dislikes, personality traits, cultural identity and anything else that can help carers better understand who they are caring for.

Another integral part of better care in the Bidyadanga community has been dementia education.

Carer and Aboriginal elder Faye Dean has found that there is often a stigma that surrounds dementia in aboriginal communities.

"There was this one old fella who used to walk around with his little dog. And everyone knew he was getting old. Then one day he wandered off into the bush and we never saw him again, and that was because of dementia," Faye told ABC last year.

And as such, Faye now goes out into these communities and presents educational talks to increase awareness of the disease.

Faye and fellow carer Ryan Hammond spoke at a recent dementia conference and *Aged Care Insite* caught up with them to hear more about HACC and the work they do. ●

LET'S RAISE THE PROFILE OF NURSING!

Nursing Now is an international awareness campaign which, in collaboration with the World Health Organization and the International Council of Nurses, aims to raise the status and profile of nursing around the world. The Australian College of Nursing (ACN) is proud to be the lead organisation for the Nursing Now Australia campaign.

The major nursing organisations in Australia have created a monthly challenge calendar to support the objectives of the Nursing Now campaign and count down to the 200th anniversary of the birth of Florence Nightingale on 12 May 2020.

This calendar will allow you to make a direct impact on the way our profession is regarded by other health care professionals, the media, governments and the community at large.

Each time you have completed a challenge make sure you submit a competition entry via the ACN website acn.edu.au/nursingnow for your chance to win one of two \$100 Visa gift cards every month. If you have completed six or more monthly challenges you will also go into the major prize draw.

MAY

Host an ACN National Nurses Breakfast or other event to celebrate International Nurses Day. Register via the ACN website www.acn.edu.au/events.

SEPTEMBER

Wear orange and organise an event to celebrate Community and Primary Health Care Nursing Week. Register your event via the ACN website www.acn.edu.au/events.

JANUARY

Lead by example and tell us what you are doing about your health and wellbeing by sharing your photos on social media using the hashtag #ACNurseStrong.

MAY

Tell us who your nursing role models of the past and present are by sharing your stories on Twitter.

JUNE

Include your title, qualification and membership postnominals in your email signature and social media bio. (e.g. Jane Smith BN, RN, MACN).

OCTOBER

Speak to your organisation's PR team or nominate yourself as a media representative to ensure nurses are recommended as experts for media interviews.

FEBRUARY

Publicly recognise a nurse who excels in their chosen area by nominating them for an award, such as the **Health Minister's Award for Nursing Trailblazers**.

JULY

Give friends and family an insight into nursing by describing a day in your life during catchups or on social media.

NOVEMBER

Upload ACN's 'I love nursing' overlay frame onto your Facebook profile picture.

MARCH

Talk with local school kids, parents and teachers about what nursing is today and why it's a great profession to choose.

AUGUST

Celebrate men who have chosen nursing as a career and profile your male colleagues in a public place at your work, in the local press or on social media.

DECEMBER

Reflect on why you're proud to be a nurse and share your thoughts on Twitter. ACN will share your reflections in a blog on **NurseClick**.

APRIL

Participate in the Nightingale Challenge by nominating a young nurse leader under 35 for a leadership program in 2020, such as the **Emerging Nurse Leader Program**.

Remember to use the hashtag **#NursingNowAustralia** when posting on social media.

Please refer to the Nursing and Midwifery Board of Australia's social media policy to ensure you are complying with your professional requirements when posting on social media.



www.nursingnow.org



Australian College of Nursing

www.acn.edu.au

interview with christopher cliffe, CRANaplus ceo



Caring for the ageing population in rural and remote communities presents unique challenges for health care professionals. The Australian College of Nursing (ACN) recently caught up with CRANaplus CEO Christopher Cliffe to discuss ways to

promote healthy ageing for those living in remote Australia.

1. How do you promote healthy ageing in remote areas across Australia?

Although many of the specifics to the provision of equitable high quality affordable healthy ageing in remote Australia are unique, the necessity for unconditional respect and consideration for our ageing populations transcends postcodes, income and culture.

Sadly, we appear to be living in a time when these essential aspects of our society are at threat, making those ageing on the fringes (remote, Aboriginal and/or Torres Strait Islander, people from a non-English speaking background, LGBTIQ, newly arrived Australians, homeless etc.) at even greater risk. We must uphold a zero tolerance to ageism and actively call out breaches in not only our workplaces but also the community at large.



Remote communities are as their name implies, communities. As such there is a sense of comradery, shared responsibility and looking out for each other, especially those who are ageing and may require additional help to maintain the lifestyle they choose. Active participation of those ageing within communities allows everyone to benefit from the social and economic contribution they bring, busts myths, biases and stereotypes and promotes a strong sense of community.

2. What are the main issues involved in accessing appropriate services to support older people?

Most remote areas do not have the luxury of onsite specialist ageing services or residential aged care facilities, we often struggle to get visiting GP services and safe housing. Therefore, it's incumbent on the resident Remote Area Nursing (RAN) and Aboriginal Health Practitioner Workforce to have a broad primary health care approach to their role and be responsible for advocating and empowering older people with their choices and promoting self-determination.

Clinically, RANs must also work to prevent and detect early any age-related conditions through screening and early interventions to minimise the risk of acute exacerbation. The appropriate clinical management of complex chronic conditions is essential, as is the promotion of self-management and access to visiting/virtual health and support networks.

Access remains a significant barrier for those ageing in remote communities. Local public transport is often absent or extremely expensive, while relying on the random kindness of other locals can be ad hoc. Not only can this cause social isolation and wear away at an individual's independence, it carries safety risks with delayed care. The increasing use of telehealth and technology holds great potential for this cohort of consumers, however this remains an elusive dream until those in power concede that the funding models around telehealth do not reach the health professionals most likely caring for them, nurses!

3. How do health professionals facilitate positive engagement with the elderly and their carers in remote health care settings?

A good first step is adoption of the age-friendly principles and practices, as these underpin how remote health care professionals perform their responsibilities. Consumer centred primary health care is essential to a healthy ageing community with priority focused on:

- consumer choice and control (self-determination)
- individual and collective rights
- respectful and balanced partnerships
- participation
- wellness
- re-ablement or the relearning of skills necessary for daily living
- cultural engagement.

4. How do remote health professionals provide innovative primary health care that supports older people in remote locations?

How do RANs overcome the challenges of providing services to their ageing populations? Well this reminds me of the old adage, 'if you've seen one remote community, then you've seen one remote community'! Each service needs to use their limited resources, health and welfare data and their communities' directives to design a model of service that meets their needs using a remote clinical and quality governance framework.

The 'grey nomads' are known for being a highly mobile group of older Australians touring remote and isolated areas for extended periods of time who have complex health needs, often requiring management in remote locations. Grey nomads are isolated from their normal support structures and health systems, with relatively rudimentary health literacy.

Given that a much higher percentage of the population in remote Australia are Aboriginal and Torres Strait Islander, it is an important distinction that although the chronological age for an 'older person' is 65 years and over, this comes down to 55 years for Aboriginal and Torres Strait Islander people. This is mostly due to Aboriginal and Torres Strait Islanders being subjected to a higher burden of disease with the consequences of chronic disease at a younger age. For example, dementia has a five times higher incidence rate when compared to the general population, and also presents at an earlier age.

5. What do you think the future holds for healthy ageing in remote communities, both in terms of challenges and opportunities?

I believe it would be a calamity if, due to our failure to support ageing, people left their communities to access care. This would be tragic for not only the individual but also for the loss of collective experience and wealth within each community. It is our moral obligation as members of the Australian community and as nurses to ensure this does not happen. I remain confident that as an educated, empowered and professional nursing workforce, regardless of the context in which we work or the complex needs of our ageing consumers, we will rise to the challenge by filling the void and caring for those that have already given us so much. ●

This article was first published in the Autumn 2019 edition of the Australian College of Nursing's quarterly member magazine *The Hive*.

who will address the health emergency of climate change?



First published by John Menadue on his blog, and is reproduced with permission.

Doctors, nurses and paramedics know how to respond to an emergency. They plan, as best they can, for what lies ahead, calmly evaluate the options, then act as quickly as possible; with all hands on deck. Right now, Australian health workers are seeing a climate emergency unfold but little to no response.

Our health system is under strain, with emergency departments treating some 22,000 patients every day in hospitals

around the country. Leading public health officials and academics, who are looking to what may lie around the corner, are warning that climate-related disasters are likely to place further sudden and unexpected demands on the health system. The warning issued via the *Medical Journal of Australia* this week is just the latest.

As respected climate change and health researcher Associate Professor Grant Blashki, of the University of Melbourne, put it: there is “an upper-limit to how much a health system could adapt to climate-related health risks”. As emergency doctor has observed, on the third day of a heatwave, hospital emergency departments see ‘droves’ of elderly people being admitted.

In an Open Letter, the coalition calls on all candidates and political parties to acknowledge “the significant and profound impacts climate change has on the health of people and our health system”...

Blashki also points to Australia’s wildly contradictory approaches to climate policy, with the potential approval of a massive

new coalmine in QLD completely at odds with worldwide climate mitigation efforts, ultimately putting the health and wellbeing of future generations at risk.

This is not new. It is now ten years since the internationally renowned medical journal *The Lancet* called climate change “the biggest threat to global public health this century”.

Little wonder, then, that health and welfare groups are becoming increasingly anxious at the Australian parliament’s inability to develop (and stick to) a coordinated national response to what the World Health Organization describes as a ‘health emergency’. ►►

▶▶ Here in Australia, we are seeing increases in premature births and emergency department admissions associated with heatwaves, increases in respiratory illness and deaths associated with intensified and longer pollen seasons, and worsening air pollution.

This list of climate impacts is only predicted to grow. Outbreaks of infectious diseases are on the rise alongside heavy rainfall events and subsequent flooding. Flooding (and bushfires) are responsible for an increasing number of deaths, as well as adverse impacts on the respiratory and mental health of people caught up in these devastating extreme weather events, including ongoing psychological distress.

However, while alarm bells are ringing within health organisations and networks, most Australian governments (with a few exceptions) are ill-prepared to respond to the growing health impacts of climate change.

CRANaplus is one of almost 50 health, social welfare and conservation groups that have formed an unprecedented coalition to lobby all political parties and federal election candidates on this issue. Collectively, these organisations represent almost one million Australians, and include the Royal Australasian College of Physicians, the Australian Nursing and Midwifery Federation, and the Australasian College of Emergency Medicine.

In an Open Letter, the coalition calls on all candidates and political parties to acknowledge “the significant and profound impacts climate change has on the health of people and our health system” and calls for a National Strategy on Climate, Health and Wellbeing to be put in place, based on the framework developed by health stakeholders.

This strategy must outline how our federal government will rapidly reduce greenhouse gas emissions, with emphasis on a quick

transition to renewable energy in the electricity and transport sectors, as well as phasing out fossil fuel subsidies.

Promisingly, some political leaders are taking action. The Queensland Health Minister, for example, has launched Australia’s first state-based climate change and health plan. In Western Australia, the state Health Minister just announced an inquiry into the impacts of climate change on health. On the Apple Isle, the state government held a roundtable on the issue and has pledged to “progress work on climate change and health impacts within Tasmania”.

Outbreaks of infectious diseases are on the rise alongside heavy rainfall events and subsequent flooding. Flooding (and bushfires) are responsible for an increasing number of deaths, as well as adverse impacts on the respiratory and mental health of people caught up in these devastating extreme weather events...

Unfortunately, without a nationally coordinated effort this is likely to result in a piecemeal approach that does not benefit the greatest number of Australians at least cost. This is why the commitment from the Australian Labor Party to develop a national climate change and health strategy is so important. In a welcome display of



cooperation, the Australians Greens Party has also pledged its support. Now, health leaders and groups are looking to the Coalition for signs of a similar commitment.

In our Open Letter, signatories write: “We stand ready to assist the next Australian Government to further develop and implement comprehensive policy to avoid further loss of life, injury and illness that will inevitably result if there is any further delay”. This is a genuine offer. We stand ready and willing to pitch in on whatever is needed.

Climate change is a long game, but the health benefits from acting can be experienced immediately. Let’s hope the next parliament will be occupied by MPs and Senators who are willing to listen to their constituents, consult the experts, respond to evidence, and ready to reap both the short- and long-term rewards from developing an integrated approach to tackling climate change and health.

Fiona Armstrong is the Founder and Executive Director of the Climate and Health Alliance, which led the development of the open letter. ●



nurses risk fatigue in true rural style



Mateship and comradery are values fundamental to rural and remote communities with people picking up the slack for a mate who is sick or just needs an extra set of hands. It can be tough sometimes with a population of only one hundred. When there aren't enough helping hands to go around, they press on because they value the community that they serve.

Nurses are these people. They are there for us when we need them the most. We rely on their presence, knowledge and kindness to get us through some of our darkest days. They are there to lend us a hand even when their own hands are shaking.

Our nurses risk fatigue but where is their helping hand?

Ruth Bellingham is Nurse Manager at the Trangie Multi-Purpose Health Service (MPS) in New South Wales and she explains that distance and population size largely contribute to the risk of fatigue among rural and remote nurses. "The biggest challenge that we face is finding suitably qualified staff within a reasonable travelling distance," Ms Bellingham said.

Trangie MPS provides acute and residential aged care in addition to outpatient and emergency services. A multi-disciplinary facility requires ongoing support 24 hours a day and nurses are feeling the pressure.

Managers and staff alike are overwhelmed by staff shortages but are reluctant to take leave as they don't want to 'let the team down'.

"Staffing shortages on occasions such as illness or family issues can lead to a build-up of excess leave as staff try to pull together to cover shifts in true rural style. The pressure for managers to get staff to take leave but not always being able to get relief staff is constant," Ms Bellingham said.

Healthcare facilities previously had no other option than to source agency nurses but that help came with a hefty price tag that they could barely afford. It wasn't until the Western NSW Local Health District found a cost-effective solution in 2017 and requested support from the Rural Locum Assistance Program (Rural LAP) for the first time.

"I am incredibly pleased with the Rural LAP nurse's ability and understanding, professionalism and interpersonal skills. Their ability to share knowledge and skills is invaluable."

Rural LAP is an Australian Government-funded program that helps rural and remote communities by providing locum nurses at a cost of a casual staff member. Travel and accommodation are also covered by the program and all administrative burden is removed.

"The program is of great assistance to managers. Getting a helping hand from a Rural LAP nurse ensures our staff are able to take leave without feeling guilty," Ms Bellingham said.

It can be difficult to find a suitably qualified locum nurse and managers must often rely on what is presented on their CV which can be risky. Rural LAP mitigates this risk through a robust credentialing process that ensures their locums are highly qualified and can hit the ground running the moment they arrive.

"I am incredibly pleased with the Rural LAP nurse's ability and understanding, professionalism and interpersonal skills. Their ability to share knowledge and skills is invaluable.

"I hope the program continues as it really is helping the staff at our MPS and the people of our town," Ms Bellingham concluded.

About the program

Since inception, the Australian Government-funded program has helped thousands of health professionals take much needed leave to recuperate and come back to work revitalised and ready to provide quality health services to their communities. Rural LAP is a cost-effective service that provides health professionals to rural and remote practices for short periods of time with no extra costs to those practices. Rural LAP is a component of the Australian Government's rural workforce capacity agenda managed by healthcare solutions provider, Aspen Medical. The program aims to provide targeted rural and remote support services to general practitioners (obstetricians and anaesthetists), specialists (obstetricians and anaesthetists), nurses, midwives and allied health professionals in rural and remote Australia. All Aboriginal medical services throughout Australia are eligible to receive locum support.

For more information visit www.rurallap.com.au



a career full of firsts



Cathie McNamara's journey from Tasmania to Coen on Cape York Peninsula in Queensland, where she now works as a Clinical Nurse Consultant, is nothing short of inspiring. It's nearly 4000 km in distance, but it's her life journey spanning more than 35 years

that's noteworthy. This year Cathie was inducted into the Tasmanian Honour Roll of Women for her significant contribution to her home state of Tasmania.

Cathie's career as a nurse, paramedic, academic, mentor and clinical educator has helped pave the way for women in emergency services and health care to work, earn, learn and succeed.

Determination and advice from her mother helped her achieve a career full of firsts, in a field which was once male-dominated.

"As kids, my mum told us we could do anything we wanted to do and that's how I've always approached life," Cathie said.

Having volunteered with the Tasmanian Ambulance Service, Cathie became the only woman employed as a paramedic in Tasmania when she started as a Student Ambulance Officer in 1985, and then became the first female in the state to graduate as a qualified

ambulance officer. In 2010, she became the first female salaried paramedic in Tasmania awarded the Ambulance Service Medal (ASM) for distinguished service.

Cathie again entered the history books as one of the nation's first paramedic academics when she completed a Master of Education. She helped introduce paramedic education into universities and an obstetric education and training program that she developed is still used by Ambulance Tasmania paramedics today.

It was in 2015 while working as a Manager in the Ambulance Tasmania emergency call centre that Cathie applied for a job advertised with the Torres and Cape Hospital and Health Service in Coen in Queensland – a town she had never heard of. Today, there's few places she'd rather be.

"Being from Tasmania, I didn't know where Coen was back then, but it sounded like a great opportunity and I was surprised when I got the job," she said.

"I love the size of the town and the clinic is the lifeblood of the town. The people are so dedicated and have worked here for so long. Why wouldn't you want to work here!"

The team at Torres and Cape Hospital and Health Service is incredibly proud of Cathie's achievements.

"Even when my contract ends," says Cathie, "I will always come back to Coen even if just for relief cover." ●



passing through...

In the beginning, I told myself, "just three months, maybe four? ...do something different, a wee bit of adventure before thinking of retiring" ...remote nursing in the Australian outback.

And, here I am, nine years down the line... nine wonderfully rich, exhausting, fascinatingly challenging years full of some of the most rewarding, experiences of my nursing career.

Warm memories of fanatical fishing in Weipa, dodgem driving on Christmas Island to avoid beautiful crabs, mining walks in Leonora, morning clinic cleaning in Lajamanu, FIFO clinic at Mialuni, hiking the escarpments in Timber Creek, sweeping snakes out of Kalkarindji ED, waiting for RFDS to land at Ampilatwatja, starlight accentuating pitch black dark, walking the sunsets in Warburton, group recycling in Ngukurr, baby water buffalo in Gulin Gulin...▶▶



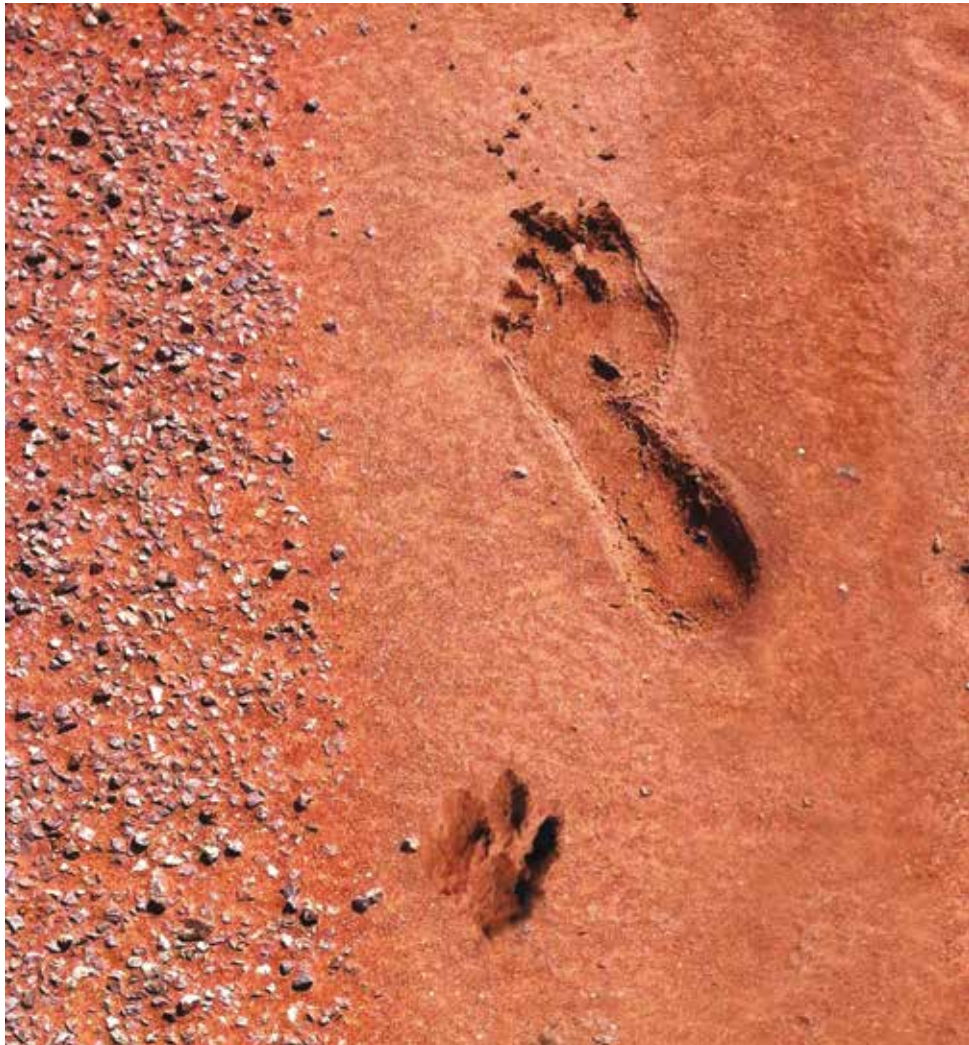
Mops at Lajamanu.

►► And in every remote community, the resilience, strength, acceptance and unending patience of the locals and staff...so many nurses moving through...

Always laughter, sharing, learning, supporting, flies, mosquitoes, donkeys, cane toads congregating in philosophical groups by clinic lights, green frogs under the washing machine lids...mud, floods, fires, dust, lightning storms,

heat, wind, cold...quiet times watching the old one walking her community's perimeter at dawn each day, measuring paces to hold memory, ... three faithful dogs beside her...

And the dogs, happy dogs, cheeky dogs, crafty dogs, skinny dogs, broken dogs, lots of dogs...bats at night, bloodwoods in bloom, hairy spiders with muscles, skyscapes to take my breath away...



Footprints in the mud, Kalkarindji.



Skyscape over the back fence, Ampilatja.

So many rich memories driven by how much gained from many fellow nursing and medical colleagues, their breathtaking skill, ingenuity, inventiveness, creativity, knowledge, clinical ability, adaptability, their compassion and unerring sense of fun and strength amidst the raw, brutal reality of some harsh days.

I remember the fear and edginess of working at the periphery of capacity...on call coping... the pride, exhaustion, challenge and frustration, through good times and bad,

deep satisfaction of choosing this career, working this remote environment.

And so, I leave Australia with an abiding sense of gratitude for the adventure...

...petrichor heralding the wet...

...red dirt in my veins...

I am, any remote area nurse passing through....

Anonymous ●

inspired career change

Robert Bew swapped managing restaurants for a career in rural and remote health just a few years ago. Already, his graduate nursing placements have taken him to Western Australia, Atherton, Weipa and Cooktown – and now, the Torres Strait.

Robert's family of nurses inspired his career change, but it was his university friends from the Torres Strait that encouraged his interest in rural and remote nursing.



Robert with colleagues Di and May.

"The Torres Strait is a place I've always wanted to visit and with a desire for a career in remote area nursing this is a great experience and grounding for my career in rural and remote nursing," Robert said.

Robert has made lifelong friends at Thursday Island Hospital and is enjoying learning from the knowledgeable local nursing staff who together share more than 1000 years of experience.

"Everyone has warmly welcomed me and treated me well regardless of experience and position and I enjoy the respectful approach to health to assist patients," he says.

"An open mind and willingness to learn are key for those looking to embark on a rural and remote nursing adventure.

Robert has made lifelong friends at Thursday Island Hospital and is enjoying learning from the knowledgeable local nursing staff who together share more than 1000 years of experience.

"Look at how the people of the Torres Strait embrace improving their health. Every day is something different, enjoy the diversity of experience!"

Robert is one of seven new nursing and midwife graduates to join Torres and Cape Hospital and Health Service this year.

The team recently celebrated International Nurses Day and continues to recognise its nursing and midwifery staff. ●



Photo: Courtesy of NRSHN.

Sponsor a Scholarship

The remote health workforce of the future needs your support

Kickstart a student's career

Here's your chance to boost the career of a future health professional and support the remote health workforce.

By sponsoring a CRANAplus Undergraduate Clinical Placement Scholarship you will be giving a student first hand experience of working in a remote setting.

As a Sponsor, you or your organisation:

- can have naming rights of the Scholarship
- can nominate a preferred health discipline (e.g. nursing)

The Scholarships offer financial assistance (to a maximum of \$1000) to support undergraduate students in placements across all states and territories and are available to all health disciplines.

Donations over \$2 are tax deductible.

using digital storytelling to improve farmer wellbeing

Rural Australians face higher suicide risk and limited access to mental health services – alongside financial, social and logistical barriers to accessing help – when compared to metropolitan populations. We need to look for new and innovative ways to developing pathways to support for our rural populations.

While it's not always easy to engage rural farming populations in mental health initiatives, when programs effectively reflect an understanding of life and work in a rural community, people are interested and do participate. The National Centre for Farmer Health (NCFH) has worked with a range of rural audiences using the process of digital storytelling to give voice to rural Australians, raise awareness about rural challenges, highlight strategies for managing

these challenges and inspire positive action across the community.

Digital storytelling combines personal stories with technology, through integrating digital images, audio narration, text and music in a peer-based, supported environment.

Digital stories are a powerful way to create and share knowledge, and capture defining moments and turning points in life. The process is therapeutic and benefits the wellbeing of the storyteller – through reflection, identifying coping strategies, peer learning, and increasing community-connectedness and cohesion, self-efficacy, personal achievement and self-confidence.

Workshops run by the NCFH have also demonstrated the positive impact of having voice and the strong social connectedness that developed during and after the workshop.

Participant feedback highlights this:

"This has been an amazing process of sharing stories but also of sharing friendship and conquests over adversity."

Rural women's workshop, 2018

"It helped me a lot to share my story with others and I feel more comfortable and confident to talk about my story now to others. Was lovely meeting the others in the group."

Young person's workshop, 2018

Digital stories also benefit people who view the stories – fostering understanding of complex experiences, promoting reflection and empathy and reducing the stigma associated with suicide and poor mental health.

The NCFH have gathered a growing number of powerful digital stories shared by rural community members on a broad range of sensitive topics including suicide, mental health challenges, loss and bereavement, the flow-on effect of physical illness and injury, and the



impact of natural disaster. These stories are used in farmer health research and to support health professional and community education programs and can be viewed on the Farmer Health website <https://www.farmerhealth.org.au/digital-storytelling-workshops> and within the Ripple Effect website <https://therippleeffect.com.au/>

Please get in touch with the NCFH if you would like to register your interest to tell your story. ●



the remote life



Photo: Libby Bowell.

My name is Margot Mcilwain and I am the senior clinic registered nurse at Mawarnkarra Health Service, an Aboriginal medical service in Roebourne, Western Australia.

Roebourne is a small town in the Pilbara which is a 17-hour drive north of Perth, it is also an eight-hour drive south of Broome and a six-hour drive north of Ningaloo Coast. The temperatures here average 43 degrees every day in the summer time, and our winters are just beautiful averaging 28 degrees.

I have worked in this role for four and a half years now and I absolutely love it. We have a patient base of approximately 4,000 Aboriginal people, 1,300 of them have a chronic disease including 500 diabetics.

More than half of our chronic disease patients have more than one chronic disease.

The work here is so diverse and even though it is the busiest job I have ever had, it is the most rewarding. The people are what keep me here, they make me laugh and smile every day.

I have learned so much from working here. The people who I look after are amazing and have taught me a lot. It will be an experience that I will never forget.

Indigenous medicine is very challenging, still we do make a difference. The longer you stay the more trust is developed and the more you are able to help.

My day can range from having an emergency to replacing an implanon, doing an iron infusion, visiting palliative patients at home, full health checks, diabetes education, venepuncture, cannulation, spirometry, lots of social counselling and attending the Police and Community Youth Centre each Friday afternoon.

We also do outreach clinics in remote communities and home dialysis.

The things you see here, you would never see anywhere else. Sadly we still see rheumatic heart disease, scabies, chronic ear infections, complex wounds, complex chronic disease, lots of impetigo, and boils.

Indigenous medicine is very challenging, still we do make a difference. The longer you stay the more trust is developed and the more you are able to help.

I have learned so much from working here. The people who I look after are amazing and have taught me a lot. It will be an experience that I will never forget. There are so many stories to tell. If you have ever considered going remote – don't hesitate. Just do it. You will never regret it.

**Margot Mcilwain
Senior Registered Nurse and APNA Member
Roebourne, Western Australia ●**



Photo: Amy Hill.

how an Aboriginal approach to mental health is helping farmers deal with drought

By Georgina Kenyon

Psychological tools developed with Aboriginal people can also support Australian farmers whose land is suffering the effects of drought.

A coal truck roars past, stirring up red dust that blows over the famished cattle and sheep lying in grassless paddocks. The carcasses of dead kangaroos lie next to empty water troughs. There is no birdsong.

Some say it has been the worst drought in a century here across the central and eastern part of Australia. As in other parts of the world, climate change and land clearing are driving soaring temperatures and extreme weather events, including heatwaves and droughts.

Australia already sees several weeks each year when temperatures climb above 45°C, but few people were prepared for the drying-up of dams and waterways.

Food insecurity is now a real threat in parts of the country as livestock and wildlife are dying in inner New South Wales (NSW). Farmers are struggling; rates of depression and anxiety are increasing among those who stay.

Food insecurity is now a real threat in parts of the country as livestock and wildlife are dying...

"I was sleeping for 15 hours a day," says Richard, a cattle farmer living near White Cliffs in western NSW. "I felt so sick and tired I thought I had cancer. But it was depression."

His depression hit just before this drought, and was brought on, he thinks, by extreme stress and family issues. But drought only adds to farmers' stress: it degrades the land, which makes it harder to earn a living.

...drought only adds to farmers' stress: it degrades the land, which makes it harder to earn a living.

In 2018, a study from the University of Newcastle in NSW found that farmers in rural parts of the state experienced "significant stress about the effects of drought on themselves, their families and their communities". Other research suggests that income insecurity related to drought increases the risk of suicide among farmers.

Psychologist Pat Dudgeon at the University of Western Australia is used to people suffering in response to extreme stress. She was Australia's first Aboriginal Psychologist, and specialised in suicide prevention because of the mental health issues in her community in the Kimberley, a region of north-west Australia.

Throughout Australia, rates of suicide have increased dramatically for Aboriginal and Torres Strait Islander people over the past 30 years. The rise is due to ongoing issues of racism, poverty and intergenerational pain, the legacy of centuries of colonisation and mistreatment by British and Australian governments. For instance, many Aboriginal people have had their land taken from them and been forcibly removed to live in missions or be fostered by non-Aboriginal people.



...many Aboriginal people have had their land taken from them and been forcibly removed to live in missions or be fostered by non-Aboriginal people.

Dudgeon believes many lessons can be learned about grief and trauma from the loss of land and culture that Aboriginal people have experienced. She says psychology can move away from the Western tradition of expert and patient, towards a more narrative form based on Aboriginal traditions and reconnecting with the land. And as more psychologists begin to incorporate these

Aboriginal concepts into their practice, such a combined approach might help farmers dealing with drought to reconnect with the land and improve their mental health, too.

"If the land is sick, you are sick," says Fiona Livingstone, who manages a suicide prevention programme at the University of Newcastle's Centre for Rural and Remote Mental Health.

She explains that the traditional Aboriginal concept of health is much broader than that of conventional Western medicine.

Aboriginal people, she says, are deeply connected to 'country', the place with which they have spiritual ties. The personal, social and ecological are closely interconnected: 'health' is the state in which they are all in balance.

Article continued on page 102 ▶▶

Artwork: Camilla Perkins <http://www.camillaperkins.com/>

building the future rural health workforce

In a state first, high school students and boarders interested in pursuing a career in health will be encouraged to practise in country NSW as part of a new initiative by NSW Rural Doctors Network (RDN) to ensure sustainable health solutions are developed for rural towns.

RDN – in partnership with universities, health service providers and NSW Government agencies – will promote the benefits and rewards of a rural health career to students by launching the inaugural Rural Health Careers Forum in Sydney this Wednesday.

RDN CEO Richard Colbran said the Forum will have a particular focus on students from rural areas who are boarding at Sydney schools, but is open to all students in years 9 to 12.

“RDN’s experiences over 30 years have provided a body of evidence that students from rural areas studying health professions are often likely to return to rural NSW to work,” Mr Colbran said.

“We want to encourage boarders to consider bringing their skills ‘home’ to benefit their local community and, through the Forum, showcase to all students the vast range of rural health careers available and how beneficial working in rural NSW can be,” he said.

RDN has partnered with Pymble Ladies’ College to present the forum which will offer practical sessions, talks from health professionals and recent graduates, a Q&A panel discussion for students and their families and pathway advice to assist students planning for tertiary study and HSC subject selection.

“The Forum aims to give students the opportunity to hear first-hand from health professionals who have made the choice to work in rural NSW and, through their own stories, inspire and highlight the many benefits a career in rural health can offer them,” Mr Colbran said.

Principal of Pymble Ladies’ College, Vicki Waters, said health is one of the most critical services for rural and regional communities and she is proud to partner with RDN to host such an important event.

“Hundreds of women from rural and regional Australia have been *Pymble* boarders over the past century and many of our boarders today are from the country, giving our school a close and ongoing connection with the bush,” Mrs Waters said.

“As part of Pymble’s community service program, we maintain strong ties with country communities, raising awareness and encouraging our young people to consider careers in health,” she said.

“The Forum aims to give students the opportunity to hear first-hand from health professionals who have made the choice to work in rural NSW and, through their own stories, inspire and highlight the many benefits a career in rural health can offer them.”

Registered Nurse and former Pymble Ladies College student, Phillipa Kensit, is a guest speaker at the Forum and is looking forward to the opportunity to help raise the profile of rural and remote health. ▶▶

Above right: IAHA practical session being conducted by Nicki Turner and Jed Fraser with Pymble Ladies College students Sofia Whitbourn and Jessie Chen.

Below right: One of the practical sessions at RDN’s Rural Health Careers Forum. Pictured is Alison McDonald from the University of New England with five Abbotsleigh students, all of whom are all country NSW boarders.



Note: Students for photographs have been selected as their parents or guardians have signed image release forms approving them to take part.

» “As a rural health practitioner, you are everything – nurse, doctor, paramedic, friend, colleague, counsellor, and a shoulder to lean on,” Ms Kensit said.

“Rural and remote health provides an extremely unique and diverse experience of healthcare with an on-the-ground, community-centred approach to health and wellbeing. I am passionate about raising the profile of rural and remote, Indigenous and marginalised populations and developing sustainable change, based off a tangible experience in rural and remote Australia,” she said.

The Forum is one of many strategies RDN is implementing over the next few years to ensure it is working proactively towards a more sustainable health solution for rural towns.

“Building the future rural health workforce pipeline is integral to providing appropriate and affordable health care services for people living in remote, rural and regional communities across NSW,” Mr Colbran said.

“Rural and remote health provides an extremely unique and diverse experience of healthcare with an on-the-ground, community-centred approach to health and wellbeing...”

“The Forum is a wonderful example of collaboration; of organisations coming together to not only promote the benefits of rural health careers to all high school students but importantly, to support rural boarding students to come home to practise and benefit their own community.”

RDN is the Australian Government’s mandated Rural Workforce Agency for health in NSW and aims to ensure the highest possible standard of healthcare is provided to remote and rural communities through the provision of a highly skilled health workforce. ●

more than a job



Nineteen-year-old Greg Pascoe, one of the youngest staff members at Torres and Cape Hospital and Health Service, showed the depth of his dedication when Cyclone Trevor smashed through Lockhart River community earlier this year.

Greg, a trainee health worker, was among the first in the office and last out to help with preparations in the lead-up to Cyclone Trevor, says Director of Nursing for Lockhart River and Coen, Josh Stafford. He was also among the first back on deck when the Lockhart River Primary Health Care Centre re-opened.

“Our Lockhart River Primary Health Care Centre was well prepared for the cyclone and did not receive any major damage, but what we’re most glad about is that there have been no cyclone-related injuries or fatalities.”

Greg put in an extraordinary effort as the cyclone buffeted the community to help keep patients, staff and community safe, he says.

“Greg knows his community and is always among the first to put his hand up and help in any situation,” Josh says, describing Greg as an asset to the health centre, community and wider Hospital and Health Service.

“Having hardworking and dedicated staff like Greg, who are truly committed to caring for community, can make all the difference in times of disaster.”

Greg’s response to the cyclone was simple: “When the cyclone hit, I was worried for the nurses and came straight into work to see what needed to be done.”

He says he really enjoys working at the clinic and gets a buzz from being in a position to help his community, as well as learn about the body and how to stay healthy.

“Working at the clinic is more than just a job,” Greg says. “It’s an opportunity for me to have a career.” ●



RDN CEO, Richard Colbran, with guest speakers at the Q&A panel discussion at RDN’s Rural Health Careers Forum.

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CRANaplus' new category of membership describes a relationship of mutual benefit between entities who each support the behaviours, values and activities of the other. 'Mates of CRANaplus' formally acknowledges the links between CRANaplus and these organisations, businesses or consultancies.

Membership as a Mate of CRANaplus will raise your organisational profile through access to wide networks within the remote and isolated health industry. Your logo will be displayed on the CRANaplus website and in this specially designated section of this quarterly magazine,

which enjoys a wide circulation throughout Australia and internationally.

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To learn more about the benefits afforded Mates of CRANaplus go to our website: <https://crana.org.au/membership/mates-of-cranaplus>



AMRRIC (Animal Management in Rural and Remote Indigenous Communities) is a national not-for-profit charity that uses a One Health approach to coordinate veterinary and education programs in Indigenous communities. Ph: (08) 8948 1768 www.amrric.org



The Australasian College of Health Service Management ('The College') is the peak professional body for health managers in Australasia and brings together health leaders to learn, network and share ideas. Ph: (02) 8753 5100 <https://www.achsm.org.au/>



The **Australian Indigenous HealthInfoNet** is an innovative Internet resource that aims to inform practice and policy in Aboriginal and Torres Strait Islander health by making research and other knowledge readily accessible. In this way, we contribute to 'closing the gap' in health between Aboriginal and Torres Strait Islander people and other Australians. The HealthInfoNet is headed up by Professor Neil Drew. <http://www.healthinfonet.ecu.edu.au>



The **Central Australian Rural Practitioners Association (CARPA)** supports primary health care in remote Indigenous Australia. We develop resources, support education and professional development. We also contribute to the governance of the Remote Primary Health Care Manuals suite. <http://www.carpa.com.au>



Heart Support Australia is the national not-for-profit heart patient support organisation. Through peer support, information and encouragement we help Australians affected by heart conditions achieve excellent health outcomes.



The **Country Women's Association of Australia (CWAA)** advances the rights and equity of women, families and communities through advocacy and empowerment, especially for those living in regional, rural and remote Australia. Email: info@cwaa.org.au <https://www.cwaa.org.au/>

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The **Lowitja Institute** is Australia's national institute for Aboriginal and Torres Strait Islander health research. We are an Aboriginal and Torres Strait Islander organisation working for the health and wellbeing of Australia's First Peoples through high impact quality research, knowledge translation, and by supporting a new generation of Aboriginal and Torres Strait Islander health researchers.



The **National Centre for Farmer Health (NCFH)** is a partnership between Western District Health Service and Deakin University and is based in Hamilton, Western Victoria. Established in 2008, the Centre encompasses university research, service delivery and education that provides leadership in improving the health, wellbeing and safety of farm men and women, their families and rural communities across Australia and globally. Focusing on prevention and early identification of risk factors associated with farming populations, the NCFH develops timely, appropriate, effective and popular interventions. The NCFH team includes professionals from the health, agricultural, social sciences and information technology disciplines who have proven capacity to deliver in the areas of education, training, applied research and community engagement.



The **National Rural Health Student Network (NRHSN)** represents the future of rural health in Australia. It has more than 9,000 members who belong to 28 university Rural Health Clubs from all states and territories. It is Australia's only multi-disciplinary student health network, bringing together people studying medicine, nursing and allied health, encouraging them to pursue rural health careers. <https://www.nrhsn.org.au/>



The **Nurses' Memorial Foundation of South Australia Limited**. Originally the Royal British Nurses Association (SA Branch from 1901) promotes Nurse Practice, education and wellbeing of Nurses in adversity. It provides AWARDS in recognition of scholastic achievements, GRANTS for nursing research, SCHOLARSHIPS for advancing nursing practice and education, and FINANCIAL ASSISTANCE in times of illness and adversity. <http://nursesmemorialfoundationofsouthaustralia.com>

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Central Australian Aboriginal Congress was established in 1973 and has grown over 30 years to be one of the largest and oldest Aboriginal community controlled health services in the Northern Territory.



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Gidgee Healing delivers medical and primary health care services to people living in Mount Isa and parts of the surrounding region. Gidgee Healing is a member of the Queensland Aboriginal and Islander Health Council (QAIHC) and focuses on both Indigenous and non-Indigenous people.



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KAMS (Kimberley Aboriginal Health Service) is a regional Aboriginal Community Controlled Health Service (ACCHS), providing a collective voice for a network of member ACCHS from towns and remote communities across the Kimberley region of Western Australia.



Katherine West Health Board provides a holistic clinical, preventative and public health service to clients in the Katherine West Region of the Northern Territory.



Marthakal Homelands Health Service (MHHS), based on Elcho Island in Galiwinku, was established in 2001 after Traditional Owners, lobbied the government. MHHS is a mobile service that covers 15,000 km² in remote East Arnhem Land. Ph: 08 8970 5571 <http://www.marthakal.org.au/homelands-health-service>



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The **Mount Isa Centre for Rural and Remote Health (MICRRH)** James Cook University, is part of a national network of 11 University Departments of Rural Health funded by the DoHA. Situated in outback Queensland, MICRRH spans a drivable round trip of about 3,400 kilometres (9 days).



Ngaanyatjarra Health Service (NHS), formed in 1985, is a community-controlled health service that provides professional and culturally appropriate healthcare to the Ngaanyatjarra people in Western Australia.



The **National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA)** is the peak body for Aboriginal and/or Torres Strait Islander Health Workers and Aboriginal and/or Torres Strait Islander Health Practitioners in Australia. It was established in 2009, following the Australian Government's announcement of funding to strengthen the Aboriginal and Torres Strait Islander health workforce as part of its 'Closing the Gap' initiative.
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Nganampa Health Council (NHC) is an Aboriginal Community Controlled Health Organisation operating on the Anangu Pitjantjatjara Yankunytjatjara (APY) lands in the far north west of South Australia.
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Rural Health West is a not-for-profit organisation that focuses on ensuring the rural communities of Western Australia have access to high quality primary healthcare services working collaboratively with many agencies across Western Australia and nationally to support rural health professionals.
Email: info@ruralhealthwest.com.au
Ph: (08) 6389 4500 www.ruralhealthwest.com.au



Rural Locum Assistance Programme (Rural LAP) combines the Nursing and Allied Health Rural Locum Scheme (NAHRLS), the Rural Obstetric and Anaesthetic Locum Scheme (ROALS) and the Rural Locum Education Assistance Programme (Rural LEAP).
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Rural Workforce Agency NT (NTPHN) leads the development and coordination of an equitable, comprehensive primary healthcare system and an engaged health workforce driven by community need. We are committed to improving the health and wellbeing of all Territorians through further improving the patient journey through our system which coordinates with the acute treatment and broader community care sectors.



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The **Spinifex Health Service** is an Aboriginal Community-Controlled Health Service located in Tjuntjuntjara on the Spinifex Lands, 680 km north-east of Kalgoorlie in the Great Victoria Desert region of Western Australia.



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Tasmania Health Service (DHHS) manages and delivers integrated services that maintain and improve the health and wellbeing of Tasmanians and the Tasmanian community as a whole.



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Hospital and Health Service

The Torres and Cape Hospital and Health Service provides health care to a population of approximately 24,000 people and 66% of our clients identify as Aboriginal and/or Torres Strait Islander. We have 31 primary health care centres, two hospitals and two multi-purpose facilities including outreach services. We always strive for excellence in health care delivery.



Government of Western Australia
WA Country Health Service

WA Country Health Service – Kimberley Population Health Unit – working together for a healthier country WA.



Government of Western Australia
WA Country Health Service

The **WA Country Health Service – Pilbara** is committed to providing accessible health services to the regional population, and a quality health care workforce. WACHS has a strong network of public hospitals, health services and nursing posts located across rural and remote Western Australia. Our core business is the provision of quality, accessible health services to people from large regional centres to those in small remote communities.



Faced with the prospect of their family members being forced to move away from country to seek treatment for End Stage Renal Failure, Pintupi people formed the Western Desert Dialysis Appeal. Their aim was to support renal patients and their families and return them to their country and families where they belong. In 2003 we were incorporated as **Western Desert Nganampa Walytja Palyantjaku Tjutaku Aboriginal Corporation (WDNWPT)**. Our title means ‘making all our families well’.



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support

living purposefully

“This is the true joy of life: being used up for a purpose recognized by yourself as a mighty one; being a force of nature instead of a feverish, selfish clod of ailments and grievances, complaining that the world will not devote itself to making you happy.”

George Bernard Shaw

We are all looking for a meaningful and purposeful way to live. It is a part of the human condition to find meaning in the events which happen around us, and to allow us to predict and thus control those events. But so often, especially when life is busy and chaotic, we are only able to hold our head above water and cope as best we can.

This article does not have all the answers to the big questions about the ‘Meaning of the Universe’ – if only it did! – but it does invite reflection on what it might be like to live a life

with more purpose. It asks how we can reflect on what is more authentic living for each of us. And we can then develop some strategies to live more purposefully in a less than perfect world.

We need to focus equally on both our professional and private lives when we reflect on what constitutes a more purposeful way of being.

Research in the field of Organisational Psychology has found that we derive job satisfaction when we feel we make a difference in our field of work. Job satisfaction is of course obtained from a number of different sources, some of which we share in common with other people, but others are unique to each of us. What seems to be common to most of us is needing to feel that carrying out our job makes a difference in some way.

People need to feel that they are making a difference, especially when it comes to the jobs they do.

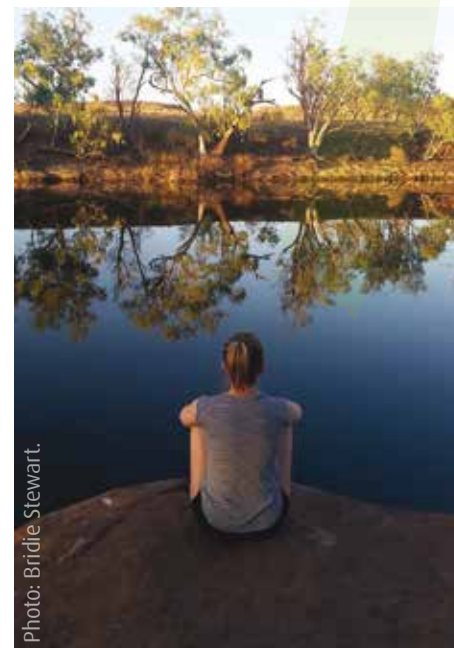


Photo: Bridie Stewart.

When workers are aware that their work makes a difference to others – even in small ways – their job satisfaction rises. And so does their productivity.

Frederick Herzberg, a well known researcher in the field of organisational psychology found that there were motivational aspects to work such as recognition for work done, and promotion. These motivating factors are considered to be intrinsic to the job, or the work carried out. Other factors (referred to as ‘hygiene factors’) include aspects of the working environment such as pay, company policies, supervisory practices, and other working conditions.

While these factors are important, a number of respected studies have found that they are less important and have less impact than feeling valued in the workplace and to be undertaking meaningful work is much, much more important.

Indeed, when we feel unable to live with purpose, feelings of anxiety and dejection can arise. This is known in the field of psychology as Discrepancy Theory, and although an interesting topic, it is outside the bounds of this article. It can be an interesting area to delve into though if you have some spare time...

...when we feel unable to live with purpose, feelings of anxiety and dejection can arise.

Clearly, nurses and medical practitioners have a valuable and respected role which is meaningful and makes a difference to the health of the surrounding community. This is not in dispute. What may be less clear may be our own individual role in the delivery of that health service. That is what I am suggesting will bear fruit when examined in some depth. ►►

►► How do you contribute to the team effort? Where do you fit within the delivery of the service?

And then there are the wider issues of our private goals and personal aims. How can we live more purposefully on a day to day basis, not only at work but also in our private lives?

What are our core values? What is important to our circle of friends and family? What do we see as being worthy of achieving?

There are two core practices which have been found to be helpful in narrowing down and responding to these questions: contemplation and activation.

Contemplation

Contemplation is seeking answers to questions about who you are, how you should live, and where you belong. These are deep questions and although these questions appear deeper and heavier going than most of us would like to delve into, we can simplify the task.

Ask yourself “what are my personal goals?” and “what are my professional goals?”. To what extent do they match? Where do they overlap, and where do they differ?

Reflective practices such as keeping a journal, meditation, and guided imagery enable you to relax the mind and focus on the present moment...

It can be particularly useful to ask what motivates me? Motivating factors are those aspects of the job which make people want to perform, and provide people with satisfaction; for example, achievements in work, recognition, and promotion opportunities. Reflecting on these questions will highlight areas of satisfaction and dissatisfaction with the direction you are heading

in both professionally and personally. Consider past career choices you have made. What was motivational in those choices? Of course, we have all taken some career paths which are forced on us by circumstances, and with less choice than we would prefer.

Reflective practices such as keeping a journal, meditation, and guided imagery enable you to relax the mind and focus on the present moment, letting go of preconceived notions about who you think you are and instead becoming open and curious about what will arise.

Below are some contemplative practices that you may like to try. There are of course others which you will be aware of and may be more suitable.

Daily reflection

Review the day’s events each evening for five or ten minutes and ask yourself: Which experiences were energising and which were life-draining? Were there any times when you felt particularly alive or experienced ‘flow’? What times ‘drained your batteries’?

Meditation

Try to make a regular practice of sitting for 10–20 minutes a day with no agenda, just noticing what arises and letting it go. Many studies have found that a meditation practice increases one’s sense of life purpose.

Mindfulness

The practice of mindfulness has been shown to assist with focus and reduced stress levels. A recent study (Lee, Hwang and Lee, 2019) examined job related stress in nurses and the beneficial effects of regular Mindfulness practice. The researchers commented that the enhancing effect of mindfulness can suggest an important role of mindfulness in the relationship between life style and job attitude, and contributes to a more purposeful direction.

Journal or diary

Keep a journal where you can express yourself honestly. You might reflect on these basic

questions: What experiences give me life? What experiences drain life? Allow yourself to write freely, without stopping to edit or worry about spelling and grammar. This is a private exercise and does not need to conform to any rules or standards.

Write a plan

Reflect upon where you have been, the events that have shaped who you are today, and the future you imagine for yourself. What obstacles do you see ahead? How will you overcome them? The process of finding the answers to these questions will illuminate your values and where you find meaning and purpose in your life.

The answers to these questions and the information which emerges from these exercises will shed light on what is important to you and the direction you need to take in your goal setting. It is usually helpful to write down the results of the reflection undertaken and of your identified goals. Whether you draw on the journal or diary contents, or produce a separate record, does not matter. Making a written record

tends to crystallise your thoughts and ensures there is a tangible plan to achieve future goals.

Remember that old saying that failure to plan is to plan for failure...

Putting change into action

Activation is the attaining of personal and organisational goals. Having reflected on what is important to you is only the first step; putting into effect those goals is the next phase.

Activation is living an authentic and truthful life. By acting upon what you realise about yourself, you are consciously creating a truthful and honest way of being yourself. Think of this process as gently matching your outer life to your inner life.

When these two distinct and separate parts of your personality are better aligned, you are able to achieve more, better utilise your skills and strengths, and to live a more purposeful life.

It is now important to take the necessary steps to make it a reality. ►►



►► Creating a compelling future is key. If we know where we're going, it's easier to know what to focus on and why doing it matters. Clarity of purpose and of one's own values is key to remain steady on the chosen path, reach the desired goal and be successful.

The key to success is to make a written plan for change at an early stage in the process. It will not be set in concrete, so it does not have to be perfect. It does not have to be a PhD thesis; simply write down an outline of where you believe you can effect change.

Commit to the changes which are important. Believe in your ability to make the changes you feel are necessary. Push yourself to believe that a more fulfilling and purposeful life is possible...

Commit to the changes which are important. Believe in your ability to make the changes you feel are necessary. Push yourself to believe that a more fulfilling and purposeful life is possible, and strongly believe the end goal is achievable. It may not be necessary to make cataclysmic changes; small changes may be not only more easily achieved but can sometimes make a profound difference. Small, consistent steps may be all that is necessary.

Learn how to say no. Effective people say 'no' to requests which conflict with their own goals. They will say it politely but firmly. Decline anything which does not sit with your goals, unless there are compelling reasons to do otherwise. Clearly there are many acts which we must perform by necessity, but if you know that saying yes to a request is an imposition, learn how to say no. To create a purposeful life, you need to fill it with those activities which bring purpose and meaning.

And in that process, you need to say 'no' to things that aren't aligned with that purpose.

Regularly check progress. Set future timeframes to assess and revise what has been achieved so far and what has yet to be gained. It can be useful to consider what has blocked progress, and what has strengthened progress. Are these factors you can influence? Obstacles can show up in the form of beliefs, people, or situations. Some see obstacles as a stop sign; as proof that what they were planning to do *isn't* working.

Look at your schedule of goals, and ask if they are still relevant. Review the list and change the order of priority if necessary. As they say: knowledge without action is useless

There will be times when progress may feel glacially slow. Remember it all starts with baby steps.

And don't beat yourself up for moving too slowly. Movement, however slow, is progress. Be kind to yourself, as it will make the journey much easier and happier.

An additional resource which is always available is the Bush Support Line. The free and confidential Bush Support Line can be accessed by ringing 1800 805391, 24 hours a day, 7 days a week. Staffed by registered and experienced psychologists, the team is available to use as a sounding board and to help in identifying strategies for change.

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the long goodbye: more learnings from the CRANaplus bush support services NSW drought relief roadshow



We have been having lots and lots of conversations with health and other community professionals as a result of the CRANaplus Bush Support Services Drought Relief Roadshow. One common theme is an increasing

awareness of the grief and loss experienced by communities as the chronic drought challenges and changes lifestyles. Many health workers in affected rural and remote areas are seeing a need to find new ways of supporting the communities they are working in. This article looks at the broad issue of grief and loss and starts to consider the signposts for developing helpful and appropriate strategies.

In the face of the devastation of climate change generally and the drought particularly, it seems that we, in the Western world, have very few traditional ways of coping. Of course, the issue of grief and loss in general is an issue very familiar to remote health workers working in Aboriginal communities. Aboriginal people live grief and loss as a result of colonisation. These communities have ways, that are culturally appropriate for them, of dealing with loss and grief. It is the point that they have ways that is essential here. As Erica Helm Meade says, we must develop new and appropriate ways of "...encouraging us to care for ourselves, each other and our precious planet as if life depended on it, which it surely does".

How we deal with grief in the Western world in general is a very individual thing. However, there are some general principles that come out of the research into the process of grief and loss. We have all had experiences of grief and loss and how we grieve at any given point in our life will often depend on how we have dealt with it in the past. This has typically been the result of family and society traditions. Certainly, what was once a 'fixed' way of grieving appears to be slowly changing as can be seen by the beautifully creative and inclusive way some funerals are being conducted.

How we grieve is also impacted by the relationship we have had with the deceased. Positive relationships that are characterised by honesty, authenticity and integrity, although of course laden with sadness when a death occurs, tend to be grieved 'better', in a healthy, life-giving way. More complicated relationships can result in a very complicated grieving process.

The other important factor that we know about grief, is the importance of emotional support received from family and friends. Once again, it appears that the more loving, positive and unconditional this support is, the healthier the grieving. Being surrounded by loving friends and family, the grieving person is well-able to find the memories of the deceased that we know from the Positive Psychology literature is crucial to building and maintaining resilience. As a result, the trauma of loss is easier to deal with.

So, it seems that community inclusiveness and strong positive relationships are keys to dealing with individual grief and provide us with some ideas about what is needed in terms of intervention in working with communities affected by climate change. Ways of opening up the conversation about the



impact of the drought, for example, between individuals, families and communities is an important starting point. Giving people the opportunity, in a safe supported way to give expression their possibly previously unstated fears, allows them to realise they are not alone and that there are others who are thinking and feeling the same. It also allows people to share stories and so access memories about the relationship they have with their environment.

As a result of what we have learnt from the NSW Drought Roadshow, CRANaplus Bush Support Services is currently developing some tools. Briefly, these will give health professionals some ideas around ways of

opening up difficult conversations. The tools will focus on the importance of story-telling in dealing with the changing environment and give some suggestions around using art, journaling and community projects as resilience – building strategies.

Reference

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Dr Annmaree Wilson
Senior Clinical Psychologist
CRANaplus Bush Support Services ●

when things go belly up

The best laid plans, do they have to go wrong? Sometimes they just do. Here is a narrative of a recent series of events and the explanations of how and why they can affect how we feel.

On a recent CRANaplus Bush Support Services Drought Relief Roadshow, where I was presenting 'Supporting the Carers' workshops in rural and remote NSW, my colleague and I ran into some last-minute issues. We realised that we needed to get creative to make it work.

As you may be aware, CRANaplus Bush Support Services applied for funding under the government drought initiative to support people suffering from the effects of the drought. Several roadshows were suggested to provide support in towns most affected by the drought in NSW. I put my hand up to deliver some of the workshops. Two other CRANaplus Bush Support Psychologists were also delivering workshops, as there were so many towns to service that it required a team approach.

My allocated area was to start with the Greater Western NSW Area. I stated very clearly that these are areas that I was willing to deliver workshops. However, it was clear from the demographics of this area that I would have to work with an Aboriginal Health Worker, especially for those predominantly Aboriginal communities. I had a colleague I had worked with previously whom I believed would be an asset to this project, and it was agreed that she could co-facilitate workshops as she had done in the past year.

The first two of the three-town road-show were confirmed and advertised. The third town, further west, was a town we'd been advised to visit, the Government funding covered this region, and we were keen to meet the health workers and run the workshop according to the government guidelines. This workshop was being rolled out simultaneously across NSW

by other CRANaplus Bush Support Services Psychologists. The rooms for all three workshops were eventually booked. We believed our roadshow was set. Three towns were booked in with the option to visit Aboriginal Health Services as well, to meet with workers and provide information for ongoing support.

As the psychologist presenting aspects of the workshop from a psychological perspective, I was to meet with my workshop co-facilitator, Senior Aboriginal Health Worker, Cathy Faulkner, who would share her story and what she'd learned to manage a personal issue that we could all possibly encounter for ourselves or with our clients. Cathy was also a key component in connecting with our First Nations Peoples. We were to meet up in Armidale where Cathy resides and drive to our workshop destinations, present a workshop, stay overnight, then drive to the next workshop destination, and so on.

We were ready to go. CRANaplus Bush Support Services promotional and support packs were delivered to Armidale, the workshop presentation was ready, and was culturally friendly according to Cathy, our respective 'other jobs' were sorted, to be maintained by other staff in our absence. There was nothing more to do.

And then it happened? A last minute change of plans, not of our doing. What a surprise, what a disappointment. I couldn't find answers in my mind as to why we couldn't all pull together, get creative, and make the last leg of our roadshow work, make it all happen.

Of course, from a psychological perspective, when we get a surprise, when things do not go to plan, some of us go into autopilot mode while others can experience an increase in stress, and cortisol levels, which in turn can block their ability to use their creativity to problem-solve the problem at hand. At a time like this, we can benefit from trying to relax

our mind and body, but that would typically be far from our mind as an option of what to do, due to the impact of the stress. A second option is to consult someone.

Another person is likely to help us relax, by reassuring us and helping us to problem-solve and look at the possible solutions to the problem.

I like to practice what I preach, and what I have learned as a psychologist, through research and theory, that if I am not feeling creative, which doesn't happen often, I need to consult others, such as peers, supervisors, colleagues and cultural practices, if that's relevant.

I like to practice what I preach, and what I have learned as a psychologist, through research and theory, that if I am not feeling creative, which doesn't happen often, I need to consult others, such as peers, supervisors, colleagues and cultural practices, if that's relevant.

I called Cathy, my co-facilitator and cultural consultant. I gave her the news that the last part of our trip was going to be different to what had been planned. I feared that her disappointment would be as great as mine, as I spoke slowly to her over the phone.

Surprise Number Two. I could almost hear Cathy smiling over the phone. "Amanda" she said, "I have been doing my job, you know". I wasn't sure what she was referring to. "I've been calling my contacts out west. Did you know that 70% of this town's population is Aboriginal?" I'd actually thought it was about 60%. Cathy explained that it's 60% according to the Census results, but its

estimated that a further 10% of the Aboriginal community in this town don't fill in the census forms, for a number of reasons, and that previous government funding for the drought has been provided based on the 70% figure.

Cathy reminded me that part of our initial plan for the town was to head on over and have a yarn with the First Nations Peoples. In this particular town, their connection to the land, river and water was deeply cultural and spiritual.

"I have arranged a venue for a yarning circle. We will call into the AMS first, have a yarn, and drop off some CRANaplus promotional and support material, for staff who may not be working on that day, then we'll head over to the purpose-built building, that's opening their doors to us. I'm excited!" There goes her smile again. Phew! Cathy had a solution.

I was instantly relieved and tried to relax. I was so glad that I consulted Cathy, and spoke of my disappointment. I still had to double-check with my superiors that the trip to this town wasn't fully cancelled, that with the high Aboriginal population in that town, we could still keep it in the road show, after all, how could they refuse? This is an inclusive organisation right? I don't know why I was worried. Cathy was so relaxed. I was still anxious. I called my superiors and told them of Cathy's completed planning, but they were already onto it, exploring other avenues.

When things go wrong, our reactions can differ, depending on how emotionally invested we are. Cathy was not emotionally invested in the change of workshop as it was her role to encourage Aboriginal Health and Support Workers/Social and Emotional Wellbeing Workers to attend, regardless of the workshop location. A change of venue was not a problem for those she'd made contact with, and it was therefore not a problem for her either.

So why was I so emotionally invested and so affected by the change, so much so, that my creative problem-solving ability was reduced and I still felt so let down? ►►

►► Let us have a look at that from a psychological perspective. Firstly, I'm a psychologist. I'm trained to work with people's thoughts, feelings and behaviours.

I have to be aware of my own thoughts, feelings and behaviours as well. I believe that if I was disappointed and let down, that someone else would also be disappointed and let down, someone who may have been emotionally invested, after all, that's why the government funded these workshops, to support the carers, so that they can, in turn, effectively support their patients and clients with the psychological effects of the drought.

Secondly, this situation did not sit well with my values. I value caring, commitment, trust and reliability. OK that is my issue to work through and would require another article to unpack, but I am comfortable that they are good values.

Thirdly, I had no control over the situation, which brought up feelings of helplessness. Someone else took control of the planned roadshow and tried to change it. Someone changed their mind,

and wanted to change a plan regarding an event their staff had tentatively agreed upon.

When we are not in control of a situation, when someone else is, it can become competitive. But this is not a battle, it's a government-funded roadshow to support caring professions with their clients. This is about acceptance. I had to accept that one person could change the best laid plans and we just have to move on, unless there was a better alternative.

When we are not in control of a situation, when someone else is, it can become competitive.

However, and it is a big however, in the 'Supporting the Carers Program for the NSW Drought' we speak of the 3 Ps: people, purpose and passion. The 3 Ps can motivate us to get up in the morning. I can apply them to myself, as you can apply them to yourself. I enjoy connecting with people: friends, family, clients

and workshop attendees. My work purpose is to assist people to reduce their psychological symptoms and to encourage hope for their future. My purpose is also to work with people, however or whomever that may be, according to the service or workplace agreement. My passion is achieving my goals through connections. When I'm connected with others, I feel good and I can do my work effectively.

The happy ending to this story is that the delivery of services to the last town on this particular road show trip was approved, despite the last-minute changes, as it met the mandated government agreement. Cathy and I joined a yarnning circle with the largest group of attendees on our roadshow trip. We connected with this community of workers and engaged in deep conversation about the effects of the drought on First Nations Peoples in their community and how their community is responding to the ongoing stress. Their inherent resilience has kept them going through remarkable adversity and they share this strength and ability with their clients in their culturally effective ways.

From my initial disappointment, this roadshow went from belly-up to one of the closest connections in an amazingly spiritual and welcoming manner, that clearly was just meant to occur. As we ended the day after this period of reciprocal learning and sharing, I turned to Cathy and said "I feel like a sister". And Cathy leaned over, winked, and whispered "You are".

For more information on yarnning circles: Judy Atkinson, Jeff Nelson, Robert Brooks, Caroline Atkinson and Kelleigh Ryan in *Working Together – Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice. Creating a Safe Environment: Acknowledgement of Safety Plan and Counsellors* (2018) Dr Graham Gee, Kelleigh Ryan and Tanja Hirvonen. Conference paper 2nd National Aboriginal and Torres Strait Islander Suicide Prevention Conference.

Amanda Akers
Clinical Psychologist
CRANaplus Bush Support Services ●



educate

it's everyone's business

The CRANaplus Stay Safe and Secure course, delivered to 181 participants in WA, QLD, SA, TAS, NSW and NT in its first year, is now being evaluated. If the response from the team at Docker River is anything to go by, both content and delivery is right on track.

Remote Safety and Security Educator, Brenda Birch travelled a total of 5,784 km in March to deliver the Stay Safe and Secure workshops at Docker River and Mutitjulu, two remote residential care services in outback NT run by Australia Regional and Remote Community Service (ARRCS).

These workshops introduced the addition of webinars to the course delivery, allowing Brenda to 'meet' participants in advance, provide a course overview and answer any questions before the face-to-face workshops.



Right: The Docker River Team.

"I was a bit sceptical," says Doreen Coughran, integrated service manager at Docker River, "but what can I say: the value from this kind of interactive training, you just can't measure it. The interaction with the trainer, the ability to have open discussions about what can happen. My team of care workers and enrolled nurses got so much out of this."

Doreen, in charge of a 20-bed flexicare home, a community care programme and a disability program, arrived eight years ago in Docker River, population around 250. Her story is typical. She planned to stay for six weeks.

"...the value from this kind of interactive training, you just can't measure it. The interaction with the trainer, the ability to have open discussions about what can happen. My team of care workers and enrolled nurses got so much out of this."

"This is a beautiful spot, and we service beautiful old people, in the centre and in the community. We have elders who want to stay in the community and we work with them to achieve that, like one remarkable old man who was a stockman in his youth."

But there are moments and there are issues, Doreen points out. There have been lockdowns at the centre resulting from issues in the community. And that's where the course has been so essential.

"We need to be conscious about safety: never be complacent." ▶▶



► “It’s been especially useful for new staff,” she says. “They see this lovely quiet place, with lovely residents. But we do have to be aware of potential issues. During the training, we went through a number of ‘what if...’ scenarios. We learned about things we could put in place here.

“I’d told them, ‘you have got to know what’s happening and who is living in the community.’ But it needed someone from the outside to spell it out. And they now say ‘I didn’t realise this sort of thing could happen here.’

“There is no doubt that digital education can enhance our learning into the future but vitally important that we remember that we are social beings and tend to learn better in person when it comes to multifaceted and sensitive learning topics such as safety and security,” says Brenda, who commended both the quality of accommodation at Docker River and the commitment of ARRCs towards continuously improving safety and security for its staff.

Brenda is currently representing CRANAplus on the review of the Australian Standards Committee reviewing Security for Healthcare Facilities. Should you like any further information in relation to Safety and Security, please don’t hesitate to contact CRANAplus. ●

Top: We were also joined by Anne Gibney (Learning and Development Coordinator, ARRCs).

Right: Brenda Birch and Chris Mazloomi delivery Webinar (VIC) to Tjilpi Pampaku Ngura and Nganampa Ngura Mutitjulu-nya Aged Care (NT).

Some comments from participants:

I felt very privileged to have received such a high level of education concerning this important subject. I have only been working in remote Nursing for 2.5 months and who would of thought this type of quality training would be offered this far away from civilisation, and Docker River being such a small facility with a minimal amount of workers here at the Aged Care Facility. I can’t even explain what an insightful experience I have had today. Thank you to ARRCs for seeking these two amazing facilitators. And Brenda and Fiona, please keep doing what you are doing, you’re an inspiration. Everything you taught was relevant to remote work and so informative.

Very worthwhile course. Wish we had done it 5 years ago when we had huge amounts of violence.

Well presented, friendly supportive presenters.

A very big thanks to Brenda, Fiona and Ann.

Really lovely to have the human aspect in training. Totally enjoyable day of learning. Has been a great experience. Thank you.



real medicine provided by real people

For Dr Digby Green, becoming a facilitator in CRANAplus courses was ‘a foregone conclusion’.

“In medicine, there are stages where you receive a lot. People put time into your education and development,” he says. “There comes a time to pass on your expertise and knowledge.”



Digby has been facilitating for 10 years now, undertaking between 4-6 courses a year, and is still enamoured by the commitment of remote health workers and what they achieve with limited resources.

“In the big cities we want for nothing. I have teams and lots of equipment and support services and we feel entitled to education,” says Digby, a full-time emergency physician at the Cairns hospital.

“After facilitating a course, I will often drive somewhere, maybe go into a remote community or a health clinic and see what they do. I am

always amazed at the responsibilities these people have, the stories they have to tell and the conditions they work in.

“People deliver out there. They do everything. They have to be the best.”

“I believe CRANAplus is getting it right...it’s not about the latest procedure. People need straightforward, straight down the line, good primary care...”

Digby’s philosophy is to help remote health workers deliver good basic healthcare which everybody is entitled to, whether it’s working on the oil rigs, in Aboriginal communities, on the islands, in mining towns.

“I believe CRANAplus is getting it right,” he says. “It’s not about the latest procedure. People need straightforward, straight down the line, good primary care.

“...it’s about paring it down to what is important and crystallise what they need to know...”

“If you have to provide all-of-health care – from a little bit of psychology to dealing with chronic disease – you don’t have time to sort through all the background noise of medical literature.

“In the courses, it’s about paring it down to what is important and crystallise what they need to know and to take away from the course.

“Out there it is real medicine provided by real people.” ●



CLINICAL SKILLS COURSES

Our courses are contextualised to remote and/or isolated practice needs and take into consideration jurisdictional differences and the broader needs of the health professional.

Remote Emergency Care	Maternity Emergency Care	Advanced Remote Emergency Care	Midwifery Up Skilling
<p>NT Alice Springs, 17-14 Jun Alice Springs, 1-3 Jul Alice Springs, 16-18 Aug Darwin, 6-8 Sep Nhulunbuy, 11-13 Oct</p> <p>SA Port Augusta, 26-28 Apr</p> <p>WA Karratha, 10-17 May Newman, 28-30 Jun Droome, 1-3 Nov</p> <p>NSW Larnworth, 2-4 Aug Newcastle, 21-23 Sep</p> <p>QLD Cairns, 5-7 Jul Rockhampton, 15-21 Jul</p> <p>VIC Maryborough, 24-26 May</p> <p>First Line Triage Course</p>	<p>NT Darwin, 26-28 Apr Alice Springs, 10-17 May Katherine, 23-25 Aug Nhulunbuy, 25-27 Oct</p> <p>WA Karratha, 3-5 May Albany, 7-9 Jun Droome, 8-10 Nov</p> <p>NSW Dubbo, 28-30 Jun Coffs Harbour, 5-7 Jul Albury, 19-21 Jul Newcastle, 14-16 Sep</p> <p>QLD Cairns, 22-24 Nov Ballarat, 7-4 Aug</p> <p>Stay Safe and Secure</p> <p>WA Karratha, 7 May</p> <p>Basic Life Support F2F</p> <p>Trauma Preparedness</p>	<p>NT Darwin, 3-5 May</p> <p>WA Broome, 1-3 Nov</p> <p>NSW Dubbo, 6-8 Sep</p> <p>QLD Cairns, 26-28 Jul</p> <p>Paediatric Emergency Care</p> <p>NT Darwin, 10-11 Aug</p> <p>WA Karratha, 19-20 Oct</p> <p>NSW Newcastle, 16-17 Nov</p> <p>VIC Iornie, 1-2 Jun</p> <p>Mental Health Emergencies</p> <p>NT Alice Springs, 4 Jul Darwin, 10 Sep</p> <p>Triage Emergency Care</p> <p>NT Katherine, 27 Aug</p>	<p>NT Alice Springs, 24-26 Jun Darwin, 18-20 Oct</p> <p>NSW Newcastle, 29 Nov-1 Dec</p> <p>VIC Yarrawonga, 17-19 May</p> <p>One Day Advanced Life Support</p> <p>NT Darwin, 9 Sep</p> <p>SA Port Augusta, 29 Apr</p> <p>QLD Cairns, 8 Jul</p> <p>Practical Skills</p> <p>WA Albany, 15 Apr Newman, 1 Jul</p> <p>Advanced Clinical Skills</p> <p>Practical Skills Triage Emergency Care</p>

Any clinical skills course can be delivered on a demand basis and tailored to your needs. Contact the Business Development Officer at liz@crana.org.au or (17) 4047 640 to discuss options.



Boomerang Behind an Australian icon

By Philip Jones

RRP \$24.95

About the book

From Aboriginal history to kitschy souvenirs to the shelves of your local sports store, boomerangs have a fascinating place in history and popular culture.

Author Philip Jones draws on the world's largest boomerang collection at the South Australian Museum to describe the boomerang's traditional uses and its more recent flight into western culture.

Boomerang is an extensive pictorial guide to this unique Australian icon, covering its uses and traditional and contemporary history.

Also included are sections on the boomerang in world sport, the physics of a returning boomerang, and instructions on how to make your own. Illustrated with over 100 full-colour photographs.

About the author

Philip Jones is an author and historian based at the South Australian Museum, where he undertakes research on Aboriginal art, history and material culture, and on anthropological, photographic and expeditionary history.

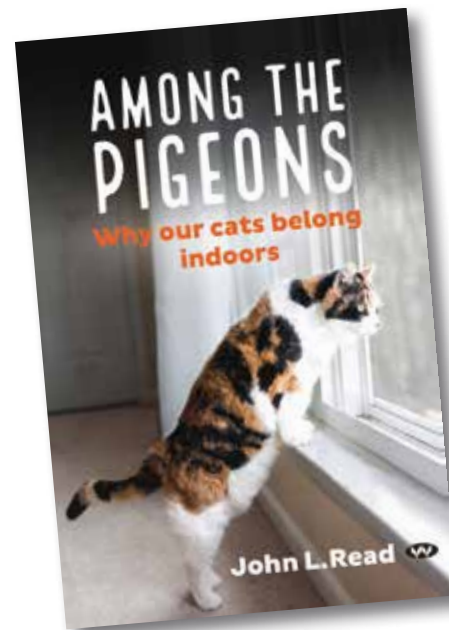
He has undertaken fieldwork with Aboriginal people in the Simpson Desert region and, more recently, with Warlpiri people of Yuendumu.

His landmark book, *Ochre and Rust: Artefacts and encounters on Australian frontiers*, won the 2008 Prime Minister's Literary Award for Non-fiction. He has an abiding interest in unlocking the histories of objects and their collectors.

“Painstaking and wide-ranging research underpins a factual text, enlivened by quotations and excerpts from contemporary journals and newspapers. Jones’s closing essay steps aside from the body of research and the museum collections. He observes the dissociation of the objects from their origins and sees a parallel in attitudes to those who crafted them. A resurgence in interest for cultural authenticity is occurring in tandem with Aboriginal art’s evolving expression.”

Jill, M/C Reviews

www.wakefieldpress.com.au



Among the Pigeons Why Our Cats Belong Indoors

By John L. Read

RRP \$34.95

About the book

During the last century, global domestic cat numbers rocketed past 200 million, along with a surge in cat diseases and numbers of feral cats and sick, injured and malnourished cats. Cat shelters are overflowing. Hundreds of thousands of cats are euthanised every year by despondent animal welfare workers. Misplaced sentimentality, sometimes promoted by corporate greed of cat food companies, has exacerbated this situation through promoting irresponsible feeding of strays.

Ecologist and author John Read has travelled the world consulting cat experts and collating the most recent science. In *Among the Pigeons* he balances the allure of indoor cats with the animal welfare, human health, and conservation

issues they create when allowed to roam. But he also presents solutions, from breeding ideal indoor pet cats to development of humane and targeted tools to control feral cats.

In striking parallel to the repercussions of human-induced climate change, warnings about the damage wrought by free-ranging cats have been largely denied or overlooked. But we ignore these issues at our peril. For our own mental health and endangered wildlife worldwide, time is running out.

John is an ecologist whose previous book was endorsed by Tim Flannery (who is currently reading this one too). He'll be very good in the media on this, and writes from a background of authority.

About the author

John L. Read is an ecologist and author, passionate about informed and pragmatic approaches to environmental and animal welfare issues. His ecological research has featured in over 120 scientific articles and he sits on a range of scientific advisory groups. He has also published three acclaimed books on topics as diverse as desert ecology, saving an indigenously owned tropical rainforest and cross-cultural attitudes to war. John lives on South Australia's largest privately managed nature reserve with his wife, children and endangered malleefowl and marsupials.

www.wakefieldpress.com.au

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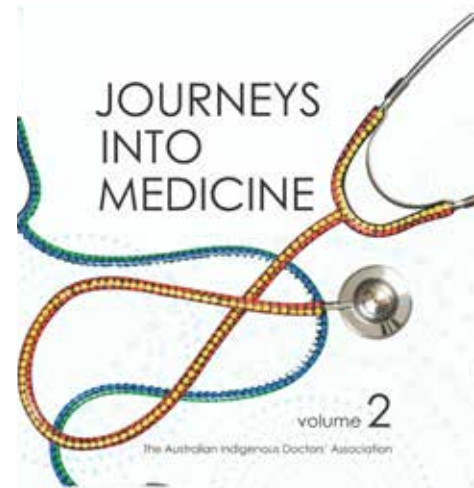
"I HAVE ALWAYS BEEN INTERESTED IN HEALTH- AS A CHILD I ENJOYED TAKING OUT SPLINTERS, RECORDING TEMPERATURES AND PUTTING ON BAND AIDS. AS I GOT OLDER I REALISED I WAS PASSIONATE ABOUT MEDICINE BECAUSE IT COULD ALSO PROVIDE AN OPPORTUNITY FOR ME TO GIVE BACK TO MY COMMUNITY"

DR. VINKA BARUNGA



"BECOMING A DOCTOR HAS BROUGHT A REWARD I HAD NEVER CONSIDERED; IT'S BROUGHT ME CLOSE TO MY MOTHER'S COUNTRY AND FAMILY"

DR. BLAIR RASMUSSEN



Written by the Australian Indigenous Doctors' Association (AIDA), Journeys into Medicine volume 2 shares stories told by 30 Indigenous medical students and Indigenous doctors talking about their journey through and beyond their medical degree.

Filled with beautiful imagery, Journeys into Medicine is an uplifting read, promising to inspire Aboriginal and Torres Strait Islander people undertaking medical training, and those who are considering it.

This book is available in hardcopy through the shop on the AIDA website for \$24.95. A free pdf version is also available to download.

We hope you enjoy reading and sharing this book as much as we have enjoyed sharing it with you.

Contact Us
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professional

climate change concerns

Australians are increasingly concerned about climate change and the environment. In the lead up to the May federal election, a leading survey showed that 23 per cent of participants rated the environment in their top three biggest worries. This compares with 14 per cent in 2016.

Is it any wonder, after the disastrous summer of 2018/2019, that environmental concerns have jumped from our ninth biggest worry to now being amongst the top five? In the space of just a few months parts of Queensland flooded, fires raged in Tasmania, the crippling drought in NSW and surrounds saw no relief and cyclones Trevor and Veronica wreaked havoc on the coast.

Remote and rural health professionals know better than just about anyone that extreme weather events pose a significant threat to health and wellbeing. You understand that climate change is not just an environmental

issue, it is also a health issue. You are not alone in this and the World Health Organization has described climate change as a health emergency. As early as 2009 The Lancet medical journal took to describing climate change as being the greatest threat to the health of the 21st century.

The adverse effects on human health due to climate change include physical and psychological trauma caused by extreme weather events, warmer temperatures contributing to worsening air pollution and increased spread of infectious diseases, and risk to food and water security. People living in rural and remote areas and Aboriginal and Torres Strait Islander people are at increased risk, in part due to higher levels of underlying disease and limited access to health care services.

CRANaplus is committed to working shoulder-to-shoulder with the Climate and Health Alliance (CAHA) to amplify the message that

health will benefit from efforts to lessen and halt climate change. CAHA uses reputable, scientific evidence to educate and support politicians, policy makers and the public to ensure the Australian community is resilient and better able to respond to a changing climate.



CAHA has been able to demonstrate that communicating about climate change as a health issue can help to overcome resistance to action by key stakeholders and decision makers.

If this issue is important to you I encourage you to take a few minutes to peruse the CAHA website at www.caha.org.au You will see CRANaplus listed as a Member Organisation and you might like to sign up for their regular updates, which is a useful way to stay informed.

...climate change is not just an environmental issue, it is also a health issue.

When we meet with politicians the most useful tool in the CRANaplus toolkit is stories from our people working on the frontline of health in remote Australia.

If you have an experience of how extreme weather events and/or climate change has impacted you and the communities you serve please drop me a line at amelia@crana.org.au It is your stories that cut through and get people really listening. Don't be shy!

Amelia Druhan
Policy & Stakeholder Coordinator
CRANaplus ●



a tough gig for remote managers

CRANaplus' extensive efforts to improve professional development opportunities for remote managers has been recognised on the international stage.

A case study focusing on the CRANaplus Remote Management Program was recently accepted by the International Journal of Evaluation and Program Planning.

The CRANaplus Remote Management Program was used as a case study to demonstrate how

management development programs can be evaluated using CQI approaches, such as action learning workplace-based project that provide 'real-world' application and impact. In other words, developing capacity to implement change on the ground.

This is very exciting news for CRANaplus, says Marcia Hakendorf, Course Coordinator of the Remote Management Program.

For many delegates the title was most apt. It illustrates that, in the remote sector, the pathway to manager often occurs by default, either being the 'last man standing' or through natural attrition.

"The paper contributes to the literature in an area where there is a scarcity of empirical research. In itself, it reflects the quality of educational services CRANaplus delivers."

It is well recognised that managers are the key drivers for sustainable change in the workplace, says Marcia.

In late-March, she provided a Poster Presentation at the National Rural Health Alliance *Better Together* Conference on the program, titled 'It's a tough gig for remote managers without the essentials'.

For many delegates the title was most apt, Marcia says. It illustrates that, in the remote sector, the pathway to manager often occurs by default, either being the 'last man standing' or through natural attrition.

This default influences the unintended career pathway for many clinicians becoming

operational managers. Hence operational managers often see themselves, first as a clinician and second as manager.

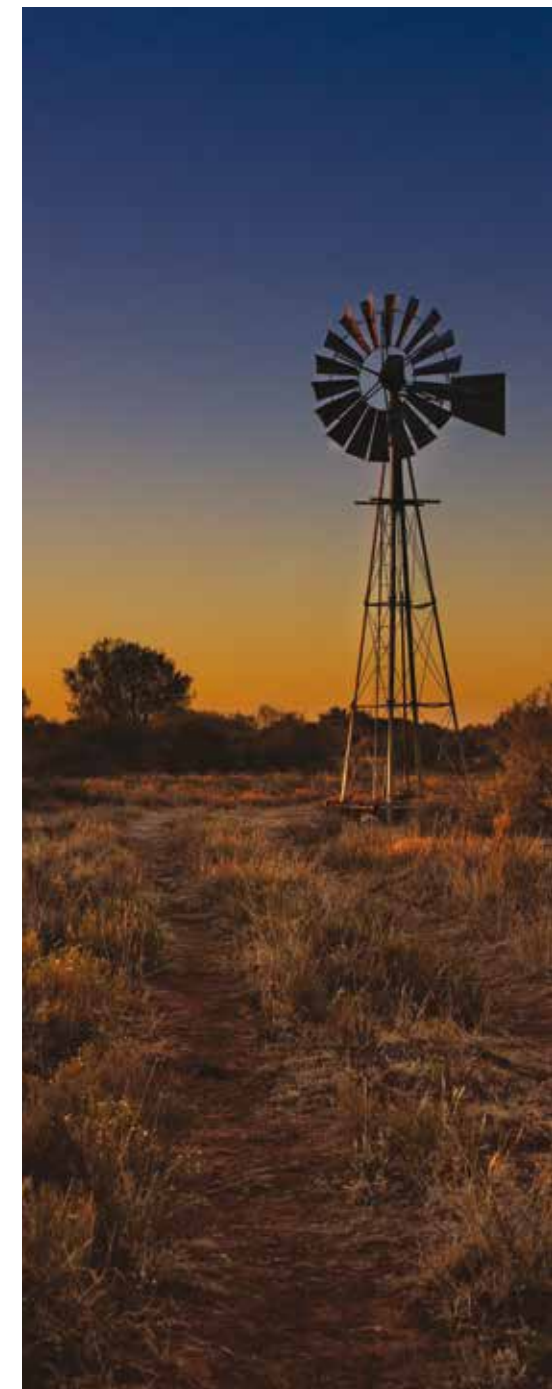
The Poster Presentation talks about the Remote Management Program as a National professional development program for remote managers, contextualised to the remote healthcare sector and with a focus on the development of competence and capabilities of manager, underpinned by CQI approach.

The presentation at the conference outlines how CRANaplus partnered with James Cook University and Australasian College of Health Service Management, funded by Centre in Research Excellence in Integrated Quality Improvement, to form a research collaborative team.

The team was led by Dr. Leigh-ann Onnis, James Cook University, Marcia Hakendorf from CRANaplus, Mark Diamond, Australasian College of Health Service Management and Komla Tsey, James Cook University for their recent publication. Onnis, L., Hakendorf, M., Diamond, M., Tsey, K. 2019 CQI approaches for evaluating management development programs: A case study with health services managers from geographically remote settings. *Evaluation and Program Planning*.74, pp.91-101 ●

The Remote Management 12-week Program provides online modules and a two-day workshop before the CRANaplus Conference at Lovedale on 17-18 September.

If you would like to build your leadership and management skills and know more about Clinical Governance and Project Management register now: <https://crana.org.au/education/courses/management-course/>
Places are limited.





Remote Management Program Essentials for Remote Managers



Would you like to increase your confidence in leadership and management?

Do you understand the role of clinical governance?

Do you need project management skills?

Then the CRANAplus Remote Management Program Essentials for Remote Managers (RMP) course is for you

RMP is designed to enhance and broaden the manager's existing expertise regarding leadership and management, clinical governance, and project management underpinned by an action learning approach. It is designed for managers, acting managers and aspiring managers who work in a remote health service setting.

Please note

Closing date for Program 1: registrations is 30th April 2019

Closing date for Program 2: registrations is 31 July 2019

Please visit the CRANAplus website for detailed timetable of program.

Cost

CRANAplus Members \$600

Non-members \$650

Course Dates and Locations

NSW, Lovedale, 17-18 Sep 2019

Course Delivery

RMP is a program that consists of four components:

1. Completion of four online modules; access is provided 8 weeks prior to workshop;
2. A face-to-face workshop conducted over two days to consolidate learning through topic sessions, group discussions and small group activities;
3. Project Implementation and completion of a Project Report
4. The option to participate in the Australian College of Health Service Management (ACHSM) mentoring program.

Participants of this course will be able to:

- Reflect upon and enhance management skills.
- Describe leadership and management attributes necessary for the implementation of quality improvement projects.
- Outline clinical governance, managers roles and responsibilities and its application in remote settings.
- Undertake workplace needs analysis.
- Plan, develop, implement and evaluate quality improvement project.
- Undertake an evaluation project report.

An ACHSM registered member with rural and remote experience will mentor participants. The mentoring relationship will be for a period of 6-8 months.

Journal writing is an essential requirement for the on-line modules, project implementation and ACHSM mentoring program.

On completion participants will be awarded:

- A Remote Management Program Certificate
- CPD Points

our advocacy

One of the NRHSN's core activities is to advocate for rural health students and their interests around Australia. We gain these interests mainly from our Rural Health Clubs representing their members through our Council, which allows us to write position papers, devise research topics and to speak to stakeholders/politicians.

Alongside the formal meetings and events we attend we also have many catch ups with stakeholders individually, both over the phone and in person. We have been very busy over the last month!



The National Rural Health Conference

This was a great platform to both formally and informally meet with many of our core stakeholders, including the National Rural Health Alliance, the Australian College of Rural and Remote Medicine, CRANAplus and the Australian Rural Health Education Network. We were able to engage with a number of students from around Australia and had many people stop in to find out more at our 'Student Central' booth! ▶▶



Ashley (Chair) with Senator McKenzie and Emeritus Prof Worley.

For more information and timetable for this course, call us on 08 8408 8200, email professional@crana.org.au or visit our website: crana.org.au/education



David (Vice Chair), Rebecca (Indigenous Health Officer) and Ashley (Chair) of the NRHSN at the National Rural Health Conference in Hobart.

►► Some of the key outcomes from this conference for the Network were:

- Engaging with organisations keen to assist with the guides we are revising this year: When the Cowpat Hits the Windmill and the Rural Placement Guide.
- Advocating for increased accessibility to good quality allied health rural placements and complete rural training pathway options for non GP medical specialties. We had the opportunity to speak to the organisations present and also Senator Bridget McKenzie (Minister for Regional Services) and Emeritus Professor Paul Worley (Rural Health Commissioner). Many of the people we spoke to are keen to see the outcomes of these projects which opens up the opportunity for us to advocate for students.
- Presenting our Aboriginal and Torres Strait Islander guide, to advocate to both students and Universities for better engagement and how to go about it.

The Tasmanian Rural Health Conference

This conference immediately preceded the National Rural Health Conference. As both were in Hobart this allowed us to engage on a more local level with Tasmanian organisations,

students and health professionals. We were able to learn more about opportunities available locally in Tasmania, including the progress of an Allied Health Rural Generalist pathway.

National Rural Health Stakeholder Roundtable Discussion (The Roundtable)

This was held in Canberra and is a meeting of many of the leaders in rural health in Australia led by Senator Bridget McKenzie. This is a very important discussion for us to be part of as we are the only student organisation at the table. We advocated for all students from a multidisciplinary perspective and received updates about projects currently underway, mainly focussed on workforce and the National Rural Generalist Pathway.

The Federal Budget

We attended the 'Lock in' for the reading of the federal budget again this year. We were briefly able to engage with our stakeholder face to face and also hear their impressions and thoughts about this year's budget. Attending this event also gave us firsthand knowledge of the important aspects of the budget for rural health students and junior health professionals. ●

JOIN US

Connecting Care Through Culture

2019 CATSINaM National Professional Development Conference

#CATSINaM19
24-26 SEPTEMBER 2019
Sheraton Grand Sydney,
Hyde Park
www.catsinam.org.au

We welcome nurses, midwives, students, administrators, policy makers and all interested individuals.





connect

new review looks at kava use and supply issues among aboriginal and torres strait island people

By Professor Neil Drew
HealthInfoNet Director

The Australian Indigenous Alcohol and Other Drugs Knowledge Centre (Knowledge Centre) has published a new Review of kava use among Aboriginal and Torres Strait Islander people with a particular focus on Arnhem Land in the Northern Territory.

The vast majority of Aboriginal and Torres Strait Islander people don't use kava; kava use is restricted to a handful of communities in Arnhem Land in the NT. Previous research has demonstrated that the amount of kava consumed in these communities has tended to be at harmful levels. There is a lack of recent research about kava use in Arnhem Land; however kava use continues to be used and there is an active black market.

HealthInfoNet Director, Professor Neil Drew says "The latest review, written by Dr Julia Butt from the National Drug Research Institute at Curtin University, includes detailed information on the many regulation changes relating to kava in Australia, including the impacts that regulation has had on communities. This timely review also incorporates the recent proposed changes to legislation in the NT. The Knowledge Centre has also produced some Knowledge Exchange tools for those who want the key facts and updates in a different format. These currently include a factsheet and a video, with a plain language Summary to follow."

The purpose of this review is to provide a comprehensive synthesis of key information on the use of kava among Aboriginal and Torres Strait Islander people in Australia. The review provides general information about kava, including the health effects and the extent of kava use in

Australia, and general information on the context of kava use including the historical, social and cultural contexts, and other social factors.

The vast majority of Aboriginal and Torres Strait Islander people don't use kava; kava use is restricted to a handful of communities in Arnhem Land in the NT.

This review also discusses strategies to reduce harm related to kava use. Attempts to reduce the harms from kava have focused mostly on reducing its supply; there have been periods of regulation, it has been unregulated, licensed, illegal and under import restriction.



Recommendations include the need for high quality research, action to prevent kava trafficking and resourcing for an increase in services to support people experiencing kava related harms. The experiences of Arnhem Land communities demonstrate clearly that collaborative community engagement is required to develop policy and also to implement, evaluate and adapt it.

More information

The Knowledge Centre provides online access to a comprehensive collection of relevant, evidence-based, current and culturally appropriate alcohol and other drug (AOD) knowledge-support and decision-support materials and information that can be used in the prevention, identification and management of alcohol and other drug use in the Aboriginal and Torres Strait Islander communities.

www.aodknowledgecentre.net.au

an important conversation

It is no secret that sexually transmitted infections (STIs) are on the rise nationally. Chlamydia remains the leading notifiable STI with 255,228 cases nationally in 2017 among 15–29 year olds alone. Even so, it is estimated that almost three quarters of infections in young people remain undiagnosed and untreated.¹

Aboriginal and Torres Strait Islander people, particularly those in remote and very remote communities incur disproportionate rates of STI diagnosis. Chlamydia and gonorrhoea rates are respectively three and seven times higher than in the non-Indigenous population and gaps are greater in regional and remote areas.^{1,2}

The current outbreaks of syphilis in men who have sex with men (MSM) & young heterosexual Aboriginal and Torres Strait Islander people in rural & remote areas have raised the profile of this STI with 4,398 diagnoses of infectious syphilis diagnosed in Australia in 2017.¹

The increase in infectious syphilis rates, including cases of congenital syphilis, highlights the dangers of becoming complacent about population screening and emphasises the need for culturally acceptable and accessible health promotion, testing and treatment approaches.

Many STIs are commonly asymptomatic and so opportunistic screening offers a timely approach for detection and management.

Many STIs are commonly asymptomatic and so opportunistic screening offers a timely approach for detection and management. If left untreated STIs can cause pain, impact on fertility and

lead to serious long term health conditions. Additionally STIs in pregnancy have been associated with significant maternal and foetal morbidity and mortality.²

Screening during pregnancy offers the opportunity to reduce adverse outcomes through early detection and prompt management. Antenatal screening for STIs should not be restricted to the routine initial antenatal tests. Assessment of risk should be revisited throughout the pregnancy with those identified at higher risk considered for repeat testing as per local guidelines. In particular the risk of syphilis in Aboriginal and Torres Strait Islander people which SA guidelines recommend be offered five times during the antenatal period during syphilis outbreaks for women in high risk communities.⁴

Screening during pregnancy offers the opportunity to reduce adverse outcomes through early detection and prompt management.

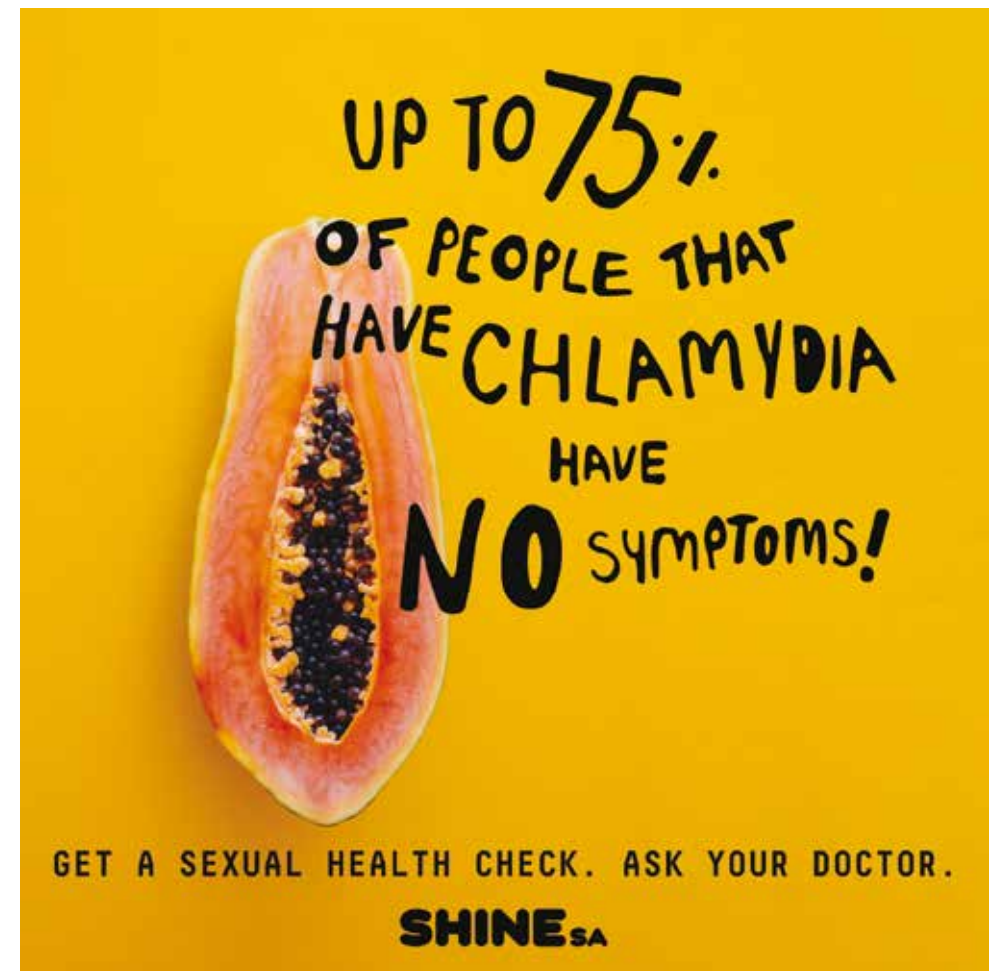
Screening tests for STIs are simple and studies involving young people presenting to general practice settings indicate that if offered, STI screening will be accepted.³ The nationally endorsed Australian STI Guidelines for Use in Primary Care include 'Negotiating to see all young people alone, discussing confidentiality, minimising costs and routinely offering STI screening (using self-collected samples, when appropriate) to all young people can help overcome barriers to STI testing'.²

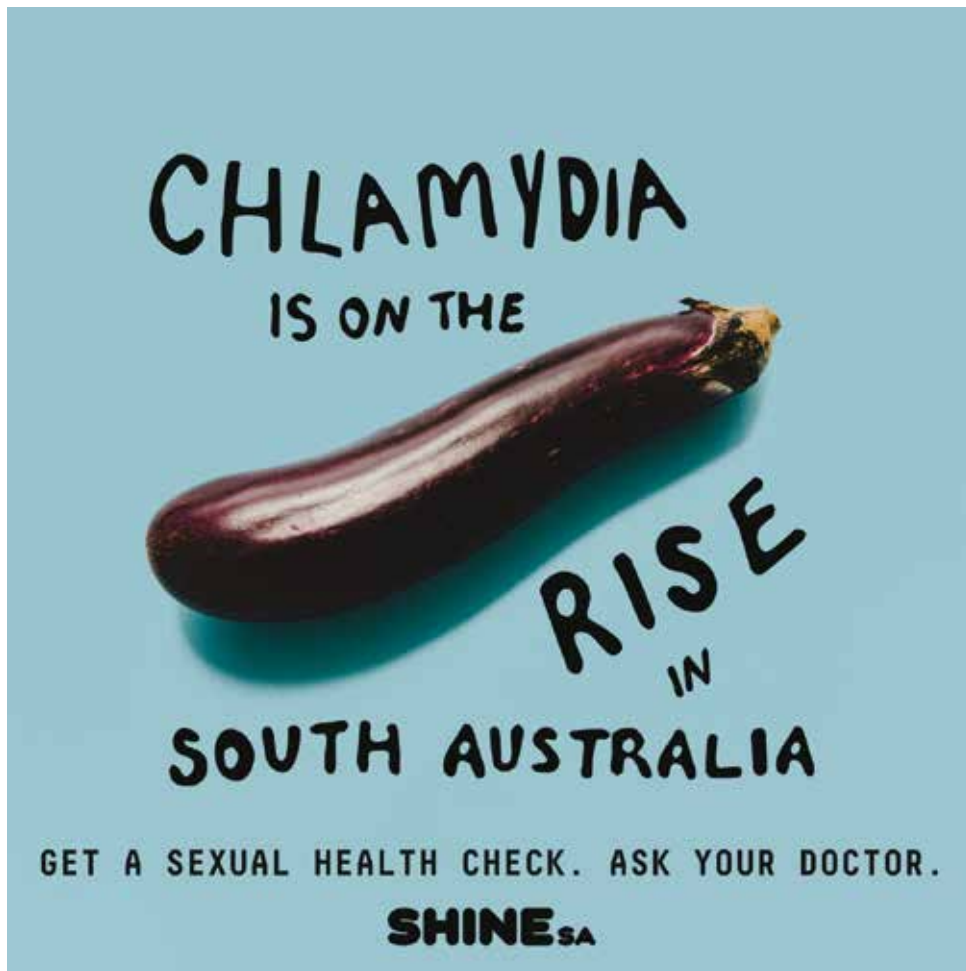
Whether leading into the subject through a related consultation (contraception, cervical screening, pregnancy testing or care) or through use of a hook (vaccination status – "some vaccines protect against STIs...") it is important

to normalise the conversation and dispel any stigma. Inform clients that the questions are routine and just as important as enquiring into other health conditions. One approach is to say "We offer all sexually active people an annual STI screen, have you ever had an STI test?"

...routinely offering STI screening to all young people can help overcome barriers to STI testing.

When accepted a few other questions can be asked to get some more information to allow for appropriate screening. Questions such as "how many sexual partners have you had in the last six months", "are your sexual partners male, female or both" and "do you have oral or anal sex" will enable you to offer extra tests where necessary. Males can provide a first pass urine (does not have to be first urine of the day) for chlamydia screening with throat/rectal swab in MSM clients. Females can do a self-collected vaginal swab with throat/rectal swab if required.▶▶





► Screening is not the full answer to the increasing STI rates. Appropriate management and follow up following a diagnosis is imperative to preventing reinfection and further transmission of an STI.⁵

Reinfection is common in chlamydia⁵ for example, so contact tracing, ensuring treatment of all sexual partners and follow up of all treated individuals are vital to the reduction of STI prevalence.

Guidance provided in the Australasian Contact Tracing Manual asserts that a substantial proportion of the partners of people diagnosed

with an STI will be infected but unaware of this.⁶ There are tools that clinicians and clients can use to facilitate partner notification that are designed to maintain confidentiality yet link sexual partners with appropriate services.

These tools are freely accessible and simple to use (refer to resources below).

In summary, it is important for clinicians to make sexual health a routine component of client consultations and to be familiar with local and national guidelines and resources.

There are tools that clinicians and clients can use to facilitate partner notification that are designed to maintain confidentiality yet link sexual partners with appropriate services.

Given the rates of sexually transmitted infections in Australia this is an important conversation that we must be prepared to start.

Resources available to assist in both having the conversation and in contact tracing:

- Australian STI Management Guidelines for use in primary health care <http://www.sti.guidelines.org.au/> (links to many handy resources)
- Young Deadly Free <http://youngdeadlyfree.org.au/for-doctors-nurses-health-workers/>
- <https://ahcsa.org.au/health-programmes/sexual-health/> (links to many helpful resources for working with Aboriginal communities)
- SHINE SA' 'Talking Chlamydia – Advice for Clinicians' (6:03 min video)
- SHINE SA's free Sexual Health Check campaign and related resources including a Sexual Health + STIs FAQ booklet, posters and social media tiles can be downloaded here: www.shinesa.org.au/sexual-health-check-digital-resources/

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2. Australian STI Management Guidelines for use in primary health care <http://www.sti.guidelines.org.au/> accessed 28/4/2019

3. Hocking, J (2017) Presentation on the ACCEPT Study 29/6/2017 Robson Lecture Theatre, Eleanor Harrald Building, Royal Adelaide Hospital
4. SA Dept Health & Wellbeing, South Australian Perinatal Practice Guideline, Syphilis in pregnancy https://www.sahealth.sa.gov.au/wps/wcm/connect/4f3188804eedeac1b604b76a7ac0d6e4/Syphilis+in+Pregnancy_PPG_v3_1.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-4f3188804eedeac1b604b76a7ac0d6e4-mATi1zD accessed 28/4/2019

...it is important for clinicians to make sexual health a routine component of client consultations and to be familiar with local and national guidelines and resources.

5. Hocking J, Temple-Smith M, Guy R, Donovan B, Braat S, Law M, Gunn J, Regan D, Vaisey A, Bulfone L, Kaldor J, Fairley C and Low N (2018) Population effectiveness of opportunistic chlamydia testing in primary care in Australia: a cluster-randomised controlled trial *The Lancet* Volume 392, Issue 10156, Pages 1413-1422
6. Australasian Contact Tracing Guidelines <http://contacttracing.ashm.org.au/> accessed 28/4/2019

Edwina Jachimowicz
Coordinator
Nursing & Midwifery Education
SHINE SA ●

SHINE_{SA}

healthy male – training and resources for health professionals in rural and remote australia

Healthy Male are committed to enhancing the current and future workforce capacity in male reproductive and sexual health. To support Australian health professionals, we provide accredited training activities, evidence-based clinical resources and best practice guidelines which are all available online.

Clinical resources

We produce a wide range of evidence-based resources for the health professional community, from clinical summary guides to best practice guidelines and printable patient assessment tools.

...we regularly review and summarise research articles published in scientific and medical journals that are relevant to the growing evidence-base in male reproductive and sexual health.

Clinical resources available include:

- Clinical summary guides on the management of male reproductive and sexual health.

The topics covered in the guides include:

- Step-by-step: male genital examination
- Male child and adolescent genital examination
- Male adulthood genital examination
- Androgen deficiency
- Male infertility

- Prostate disease
- Ejaculatory disorders
- Erectile dysfunction
- Klinefelter syndrome
- Engaging men in primary care
- Engaging Aboriginal and Torres Strait Islander men.
- Patient assessment tools including:
 - Premature ejaculation diagnostic tool
 - Male fertility assessment
 - International prostate symptom score
 - Sexual health inventory for men.
- Practice guidelines including:
 - Prostate cancer
 - Male fertility
 - Androgen deficiency
 - Sexual dysfunction
 - Lower urinary tract symptoms.

You can download these resources or order our hard copy clinical summary guides and patient information guides free of charge from our website.

Research reviews

At Healthy Male, we regularly review and summarise research articles published in scientific and medical journals that are relevant to the growing evidence-base in male reproductive and sexual health.

Our research reviews are for anyone with a professional or personal interest in male health and cover a range of topics including prostate disease, prostate cancer, testicular cancer, male infertility, androgen deficiency, and erectile dysfunction, as well as other emerging areas that are relevant to the health and wellbeing of Australian men. ▶▶



Left to right: Vanessa Jones – Health Promotion Manager, Simon von Saldern – CEO, Robbie Bedbrook – Primary Health Care Nurse Reference Group member, from our launch at the APNA Conference.

► Professional education

Our training activities are available to complete self-paced online and are accredited by the Royal Australian College of General Practitioners (RACGP), Australian College of Rural and Remote Medicine (ACRRM) or endorsed by the Australian Primary Health Care Nurses Association (APNA).

There is also a DVD option available on 'Engaging Aboriginal and Torres Strait Islander Males'.

Current RACGP/ACRRM accredited programs available online include:

Active Learning Modules (ALM) – Category one activities:

- Engaging Aboriginal and Torres Strait Islander males in different primary health care settings.
- Young men's health: Reproductive health disorders in young adult males.
- Older men's health: Reproductive health disorders in middle-aged and older adult males.

There is also an online learning short course 'Engaging Aboriginal and Torres Strait Islander males: A lot of Aboriginal men sort of keep it to themselves'. This program is also available on DVD. The DVD can be sent to you at no cost.

APNA endorsed training program:

- Our 'Primary Health Care for Men' course is APNA endorsed and provides a great overview on men's health for primary health care nurses and other health workers.

For more information about health professional training and resources visit the 'For Health Professionals' section of our website:

healthymale.org.au/health-professionals

Health promotion

At Healthy Male we want a 'healthier life for all Australian men and boys'. We believe we can achieve this best through collaboration. Our pilot program, 'Spanner in the Works?' Men's Health Promotion Toolkit was developed

by the Australian Men's Shed Association (AMSA). In 2019 we have worked closely with AMSA to redevelop the toolkit and are seeking feedback from users in June and July as to its usefulness and applicability.

...we want a 'healthier life for all Australian men and boys'. We believe we can achieve this best through collaboration.

For more information about the 'Spanner in the Works?' Health Promotion Toolkit visit the 'Men's health events' section of our website: healthymale.org.au/resources-tools/mens-health-events

Information for patients and people living in your community

Our resource library has fact sheets, booklets and other information resources available for men, family members, friends and carers. All resources are available for download or can be sent at no charge to you. Visit the 'Resource library' on our website for more information: healthymale.org.au/resource-library

At Healthy Male we are here to support you. If there is something you need don't hesitate to let us know.

1300 303 878
healthymale.org.au
info@healthymale.org.au ●



HEALTHY MALE
ANDROLOGY AUSTRALIA

digital key to improving healthcare in rural & remote communities



By Dr Helen Almond RN RSCN MSc NP Cert Management PhD, Clinical Reference Lead at Australian Digital Health Agency

Digital health is revolutionising the way healthcare is delivered enabling Australians to have access to the right care, at the right time and in the right place and will connect services across the country like never before. All of Australia will eventually see their health outcomes improve regardless of whether they live in urban cities, regional towns, or remote areas.

The healthcare workforce is in a unique position to be able to lead the charge and use these new tools to elevate the lifesaving work it already delivers.

However, healthcare workers will only be able to do this if they have the digital capability and skills needed to support them. The Australian Digital Health Agency is working with peak medical bodies to develop key educational modules which will assist healthcare professionals to gain and hone these skills.

Research shows digital health initiatives, such as the My Health Record system, can deliver huge benefits, from reducing hospital admissions and frequency of adverse drug events, to ensuring more coordinated care plans for people with chronic and complex conditions, and enabling individuals greater control over their treatment decisions. These benefits will be seen more as digital health continues to be embedded into healthcare delivery across the country.

None will see the advantages of digital health more so than our rural and remote communities. Healthcare professionals all over the nation will benefit from access to more streamlined, real-time information. For example, telehealth platforms will be integrated with My Health Record to provide real time updates to an individual's report, something which has not been possible until now.

For individuals, digital health will provide a convenient and reliable health service which puts them at the centre of their care. For example, a pregnant woman living in a remote community won't have to travel hundreds of kilometres to see the same healthcare provider for antenatal care as she can allow other providers to view her latest health summary.

Digital healthcare is here, and we must embrace it to ensure a health system fit for the 21st Century. Let's put patients at the centre of their care and enable us all to control our health information. ●

innovative project aims to fill gaps in at-home palliative care for rural and remote patients

Over seven million people live outside of major cities in Australia, with palliative care specialists reporting a yawning gap between demand and the capacity to support dying people.

While most Australian palliative care patients say they prefer to be cared for at home and the majority want to die at home, less than 10 per cent achieve that wish, with healthcare professionals and families struggling to



negotiate the complexities in arranging care which is sometimes not available in rural and remote areas.

caring@home aims to fill this gap by providing services with free resources to care for patients who wish to be palliated at home.

The federally-funded project provides best-practice resources for health care professionals, community service providers and carers to support carers to help manage breakthrough symptoms safely using subcutaneous medicines in home-based terminal patients.

One of the most common reasons a person receiving palliative care at home is transferred to hospital is because their end-of-life symptoms, such as pain, anxiety or shortness of breath, are difficult to manage.

Often, these breakthrough symptoms are managed using subcutaneous medicines, which need to be given quickly. In rural and remote areas health care professionals may not be able to do that given resourcing and distances.

“I am often called to attend patients at home who are in an unstable or terminal phase and the majority are not under the care of a community palliative care service...the *caring@home* resources make it much easier for GPs and nurses who are starting to work in community end-of-life care.”

Dr. Claire Hepper
Creswick Medical Centre
Victoria

Health care professionals can involve carers in this symptom management by using *caring@home* resources to train carers.

“The *caring@home* packages are very user friendly and adaptable to videoconferencing with patients and carers in rural areas.”

Nurse Manager
Rural Specialist Palliative Care Service
Western Australia

Other resources include:

- palliMEDS app – for prescribers to familiarise them with eight palliative care medicines endorsed by the Australian & New Zealand Society of Palliative Medicine (ANZSPM) for management of common terminal symptoms
- *Guidelines for the handling of palliative care medicines in community services*, developed by NPS MedicineWise
- Online education modules for nurses
- Package for carers, including handbook, diary, step-by-step guides, videos, a practice demonstration kit and a colour-coded labelling system.

The *caring@home* resources are applicable Australia-wide, are free and can be ordered or downloaded from www.caringathomeproject.com.au or phone 1300 600 007 for more information. ●



Symptom management for palliative patients



international

cases we'll never forget

"I can't wait to give up a bed, a shower and running water to do it all again," says Maddison Simmonds, who has just completed a stint as a Nurses in Action Nepal Volunteer.

The Nepali people are something else. Living in the village, we were welcomed into homes, introduced to every daughter and son and accompanied home by the school children every day – followed by knocks on our door wanting to play. I can easily say I've never experienced so much kindness and selflessness in my life.

I can easily say I've never experienced so much kindness and selflessness in my life.

Our medical camps saw up to 100 people a day: the homeless, the elderly, and those living in rural and remote areas.



It was the first opportunity for most of them to be seen and assessed by health care professionals. The camps offered free health care and medication and we organised a free dental clinic, where people living in the village could have their teeth assessed and extracted.

We saw cases that we'll never forget and I couldn't help but think how different their outcomes would be if they were my neighbours back in Australia.

We saw cases that we'll never forget and I couldn't help but think how different their outcomes would be if they were my neighbours back in Australia. A reminder to be thankful for all that I have. ►►



► We ran education sessions for youth groups, women's groups, sex workers and community groups. We sat and we spoke. We provided education on UTIs, STIs, cancer screening, menstruation, basic first aid and CPR. Covering a lot of topics that are generally unspoken and very misunderstood in Nepal.

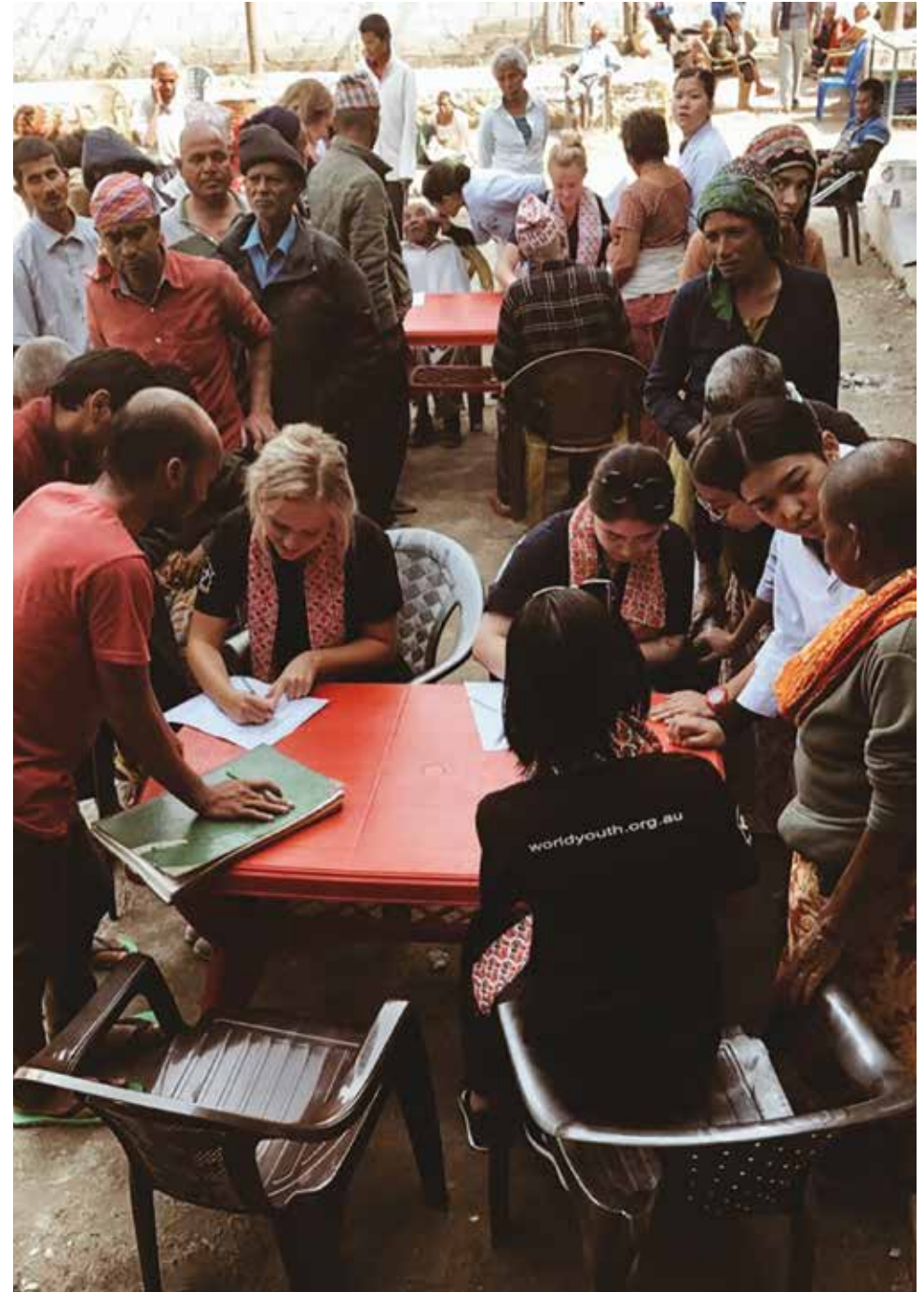
...despite being so far from home, practice in the hospital was very much alike to practice in Australia.

Working in the hospital, the doctors in the Emergency Department were unbelievable and made the most of limited resources and, despite being so far from home, practice in the hospital was very much alike to practice in Australia.

I could write for days on what I've seen and the people I've met, but I just want to say thank you.

Thank you to the Nepali people, the team I've worked with, our Team Leader and my friends and family back home.

For more information about Nurses in Action, visit their website at worldyouth.org.au or send an email to admin@worldyouth.org.au ●



four australian nurses awarded red cross florence nightingale medals

Four Australian nurses have been awarded Red Cross Florence Nightingale Medals, the highest international distinction a nurse can receive.

"The Florence Nightingale Medals awarded to three of our Red Cross aid workers – Denise Moyle, Yvonne Ginifer and Cristina de Leon – honour exceptional courage and dedication to the victims of armed conflict or natural disaster," said Peter Walton, Director, International at Australian Red Cross.

A fourth Australian nurse, Kirsty Boden, has also received a Posthumous Florence Nightingale Medal.

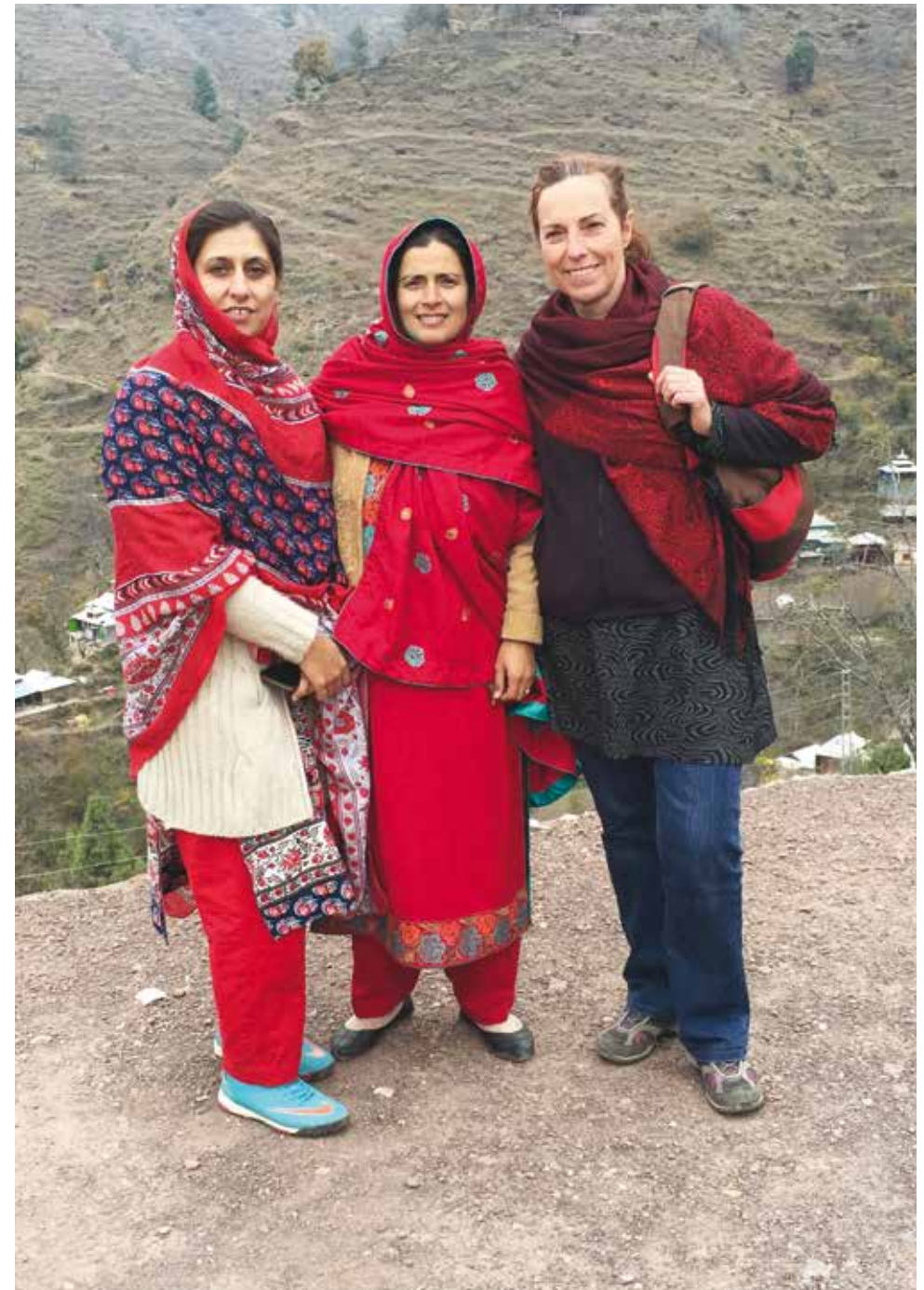
Ms Boden, who worked at Guy's Hospital, London, was killed 3 June 2017, while helping members of the public during an attack on London Bridge.

"This medal recognises exemplary service or a creative and pioneering spirit in the areas of public health or nursing education.

Our Australian Red Cross nurses have played an important role in responding to some of the world's most challenging armed conflicts and disasters over more than a hundred years.

"From Sudan to Afghanistan, Pakistan and Yemen, they have helped children survive horrific injuries in wars and earthquakes, cared for patients suffering with Ebola and cholera, saving countless lives with education on hygiene and disease prevention. They're colleagues or mentors to local health workers, often working under the most difficult and dangerous conditions," Mr Walton said. ▶▶

Below: Denise Moyle in surgery.
Right: Yvonne Ginifer in Pakistan.





► Melbourne-based Denise Moyle has played a critical role in surgery teams across war-torn Sudan and post-earthquake Pakistan, also recently heading up health teams in the world's biggest refugee camps in Bangladesh.

"I feel incredibly lucky and really honoured to have been awarded the Florence Nightingale Medal. The opportunities I've had with Australian Red Cross, the fabulous mentors along the way and the privilege of assisting some of the world's most brave and humbling people in their times of desperate need has truly shaped me. I am forever grateful," Ms Moyle said.

"...The opportunities I've had with Australian Red Cross, the fabulous mentors along the way and the privilege of assisting some of the world's most brave and humbling people in their times of desperate need has truly shaped me. I am forever grateful."



Yvonne Ginifer, who hails from Mildura in regional Victoria, worked in the Red Cross response to contain the Ebola epidemic in Liberia, also providing medical care and protecting the health of communities in some of the world's toughest armed conflicts and disasters in Myanmar, Afghanistan, Pakistan, Somalia and Sudan.

"Being awarded the Florence Nightingale Medal was a big surprise that made me feel very humble. I have worked with many

Top left: Denise Moyle in Bangladesh.
Left: Yvonne Ginifer in Liberia.
Top right: Denise Moyle on Kenya/Sudan border.
Right: Yvonne Ginifer in Pakistan.

exceptional nurses who undertake humanitarian work in critical and difficult situations. They are equally and more deserving of this recognition of their work. Whilst this award is for nurses, none of us works without the support of volunteers and local staff, whose communities have been devastated by conflict or disaster," Ms Ginifer said.

"...Whilst this award is for nurses, none of us works without the support of volunteers and local staff, whose communities have been devastated by conflict or disaster."

Sydney-based Cristina de Leon has worked on the frontline, coordinating the delivery of critical health care for some of the world's most vulnerable people, working for many years in Afghanistan, Somalia and Myanmar.

"I see this award as a recognition for the hard work and dedication performed by the Red Cross family, delivering health care to people affected by conflict. I am privileged to be a small part of the overall team effort and to be part of the Red Cross Movement," Ms De Leon said.



Recipients for the Florence Nightingale award are selected by the International Council of Nurses, International Committee the Red Cross, and the International Federation of Red Cross and Red Crescent Societies. ●



how an Aboriginal approach to mental health is helping farmers deal with drought

► Article continued from page 33

Prolonged drought affects Aboriginal communities in farming regions economically, because it leads to a lack of work. There's also grief at the loss of nature from the deaths of wild animals and plants. These experiences of not being able to take care of the land during long periods of drought increase stress, leading to an increase in antisocial and risk-taking behaviour such as drug dependence and drinking. People begin to "mistrust each other, gossip maliciously and turn against each other," say the authors of one report. Droughts can have the effect of "exacerbating underlying grief and trauma".

Dealing with feelings of despair can be complicated. The traditional expert-patient relationship of psychological treatment has often been seen by Aboriginal people as being based on that of the colonial master and the colonised.

Dealing with feelings of despair can be complicated. The traditional expert-patient relationship of psychological treatment has often been seen by Aboriginal people as being based on that of the colonial master and the colonised. That's a problem if, as Dudgeon believes, colonisation is also the primary source of Aboriginal people's distress and often the underlying cause of depression and suicidal feelings.

"It is this lack of self-determination that continues to cause a higher incidence of suicide in Aboriginal people. It is a sense of hopelessness passed from one generation to another," she explains.

Dudgeon says that medical clinics are sometimes the answer, at least for people at immediate risk of suicide. But for those who want to build their emotional resilience, the use of ancient rituals, reminding people of their history and creating a sense of belonging, can be powerful. "Strengthening culture and a strong sense of self is certainly an important part of Aboriginal wellbeing," she adds.

In Canada, a model called cultural continuity has proved useful in supporting young First Nations people to strengthen cultural identity and resilience. This approach is about helping people feel pride in their culture, making them custodians of knowledge and asking them to teach others to look after the environment we all depend on. This emphasis on self-determination and valuing cultural ways can help at-risk adolescents by giving them coping strategies. It can also be useful for families coping with trauma and loss.

Studies have suggested that cultural continuity can reduce suicide rates as people begin to feel they are no longer in a cultural no man's land, belonging to neither Western nor Indigenous culture.

It's an approach that works in Australia, too.

A strong sense of responsibility to the land, of being "custodians of the land we live on", is intrinsic to Australian Aboriginal culture. It means looking after the water and the land for the next generation. But climate change has made the weather chaotic, with drier

winters and erratic or failing rains, especially in the south and east. No one can remember it being so dry, so little water in the dams and creeks. Many of Australia's iconic gum trees have failed to flower.

A strong sense of responsibility to the land, of being "custodians of the land we live on", is intrinsic to Australian Aboriginal culture.

Water is a symbol of knowledge in at least one Aboriginal culture. In languages of the Northern Territory, the word 'ganma' means a place where salt water and fresh water meet. It is used as a metaphor for different people coming together to share knowledge and reach mutual understanding. It's also the basis of what Aboriginal people call 'yarning' – sitting in a circle on the ground, sharing stories.

These old ways of thinking are being used by some psychologists to counter the colonial connotations of the Western style of psychology. Consultations based on yarning involve history, storytelling and finding common ground through skin ties, a complex system of inter-family connections. It can take weeks or months – the comparative directness of a Western-style consultation is seen as rude in Aboriginal culture.

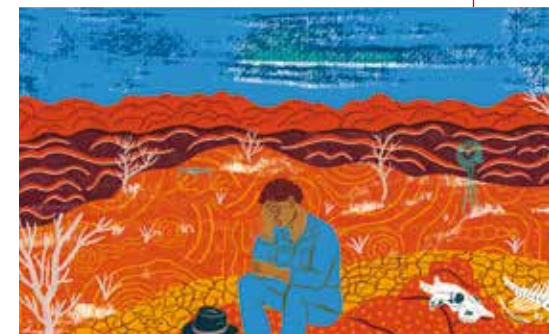
"Yarning is about cultural awareness," says Ivan Lin from the University of Western Australia. He works primarily with Aboriginal communities in pain management and says poor communication can be a barrier to effective treatment: "It's often the doctor

who interrupts too quickly and prevents the patient actually saying what they want to say. I use clinical yarning in my practice for this reason.

"It creates a relationship and it's about problem solving. I would ask, for example, if the patient is from a place where water is really important. As a doctor, can you use water to keep the discussion moving, keep them talking? Ask about fishing, going out with their son. Could activities on the water be useful in helping the patient in some way?"

Yarning has become the basis of many remote health programmes. A programme based on listening to the voices of Aboriginal Elders started more than 15 years ago for the management of chronic health conditions. It's now run in several NSW health districts, where Elders are asked to help some health programmes pinpoint why certain initiatives are not working for Aboriginal people, and what could be more effective.

Mental health workers are building on this idea, yarning with older Aboriginal people in remote areas to understand their specific health needs, with the effects of the drought now foremost in everyone's minds. ►►



Artwork: Camilla Perkins <http://www.camillaperkins.com/>

▶▶ But could it also work with non-Aboriginal people feeling helplessness and despair in response to the drought?

Ecological pain has been the subject of a growing body of academic study. The environmental philosopher Glenn Albrecht coined the word 'solastalgia' to describe it while he worked at the University of Newcastle in NSW. Specifically, solastalgia is the feeling of distress associated with environmental change close to your home. The concept can be found in clinical psychology and health policy in Australia, as well as being used by researchers in the US looking into the effects of wildfires in California.

Solastalgia can be thought of as a lack of ease ('dis-ease') in a hostile environment where you feel powerless. Justin Lawson from Melbourne's Deakin University explains it in more everyday terms. He says it's not dissimilar to the sentiment he feels when listening to 'No More Walks in the Wood' by the rock band the Eagles, which describes remembering a forest as it once was, before it was cut down.

Solastalgia can be thought of as a lack of ease ('dis-ease') in a hostile environment where you feel powerless.

Powerlessness is a key element. Climate change is a global problem that governments are struggling to come to terms with, let alone solve. How can we as individuals possibly make a difference? Yet how can we tell our grandchildren that we knew about climate change and didn't do enough to stop it?

Groups like Doctors for the Environment Australia continue to ask governments to

act and to prepare people for the future, to control pollution, to manage increasing heat and drought. But there is little action, and no comprehensive plan.

Meanwhile, Australia's politicians continue to squabble over the benefits of fossil fuels. The Prime Minister, Scott Morrison, has been a strong supporter of the coal industry in the past. (In 2017, when he was Treasurer, Morrison brought a lump of coal into parliament, stating: "This is coal. Don't be afraid, don't be scared.") And while a proposed open-cut coal mine in NSW was rejected in February 2019, specifically because it would increase greenhouse gases and contribute to climate change, two new coal-fired power stations are set to be built in the same area.

It's the feeling of being abandoned or overridden by authorities, of being denied action even though they have the money to act, that festers and contributes to this mental distress developing into a medical problem. Meanwhile, those who try to make a difference on their own often find that standing up to authorities is hard.

Beverley Smiles, an environmental and anti-coalmine activist, has experienced firsthand how communities can fracture without a strong collective spirit and commitment to the environment. She was arrested in 2017 for protesting against the expansion of coal mining near her home in the agricultural town of Wollar in central eastern NSW.

"It's been an enormous stress on our community," she says. "If only we had all stayed put and stood together. Many people sold up and left. You don't realise that communities cannot function without a certain number of people and when people don't stick together. For example, there is no longer a volunteer rural fires service. With fires on the increase [because of the drought], I feel very unsafe."

She says mining companies are also contributing to a water shortage and so the farmers who are left behind can't do their jobs.

Might a thriving Aboriginal community have supported Smiles' cause, I wonder, and helped the town to be more resilient as a whole? But few Aboriginal people live in Wollar, following generations of violence and racism. And now many non-Aboriginal people are leaving, especially as international mining companies offer to buy up land from despairing farmers. Those who have stayed feel overwhelmed and worn out, mentally as much as physically, after fighting authorities for so long, Smiles says.

As the drought continues across much of Australia, including NSW, extreme floods have recently occurred along the east coast and further north in the state. Many more people are experiencing a kind of inertia in the face of global warming. They feel overwhelmed and hopeless due to the chaos that drought and flood bring.

Pat Dudgeon would like to see more Aboriginal psychologists who can teach other colleagues about cultural continuity, the concept of ganma and the practice of yarning. The Australian Indigenous Psychology Education Project, led by Dudgeon, aims not only to increase the number of Aboriginal psychologists, but also to integrate Aboriginal studies into psychology courses for all students.

She hopes this will lead others to realise that humans can rise to the challenge of environmental degradation and find ways to cope with the conflict and stress that comes with it.

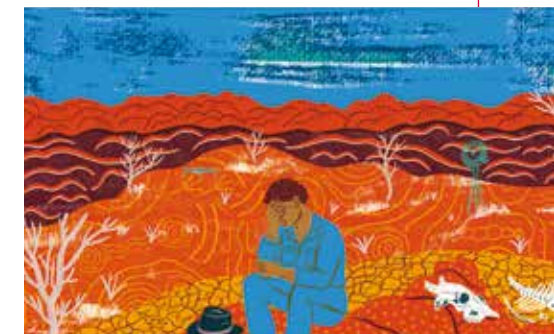
In rural Australia, some Aboriginal psychologists and suicide prevention workers have started buddying up with counterparts from other communities.

This began informally some years ago but became a more formal scheme during the 2018 winter drought as non-Aboriginal communities faced significant mental distress.

Such collaborations use a wide variety of methods across a range of age groups, such as starting up young people's football teams, with visiting Aboriginal psychologists to help mentor the girls and boys. There are also intense weekend workshops for women or men to learn about Aboriginal Dreaming.

Public events help everyone learn a little about these old water stories and how important it is to live harmoniously in your country.

For example, in water Dreaming workshops, an Aboriginal Elder and a psychologist teach a small multi-ethnic class about the cultural significance of water and how it has been managed across the land over thousands of years. Public events help everyone learn a little about these old water stories and how important it is to live harmoniously in your country. ▶▶



Artwork: Camilla Perkins <http://www.camillaperkins.com/>

▶▶ Studies at the University of Newcastle's Centre for Rural and Remote Mental Health have confirmed that these activities can be a useful psychological tool. Colin Rigby and colleagues spoke to 166 participants in yarning workshops from 27 communities across rural NSW during the 'Big Dry' of 2008. Just having the impact of the drought on Aboriginal people recognised, by Aboriginal and non-Aboriginal communities alike, was valued. But bringing participants from both communities together to combine their skills and yarn also gave "meaningful expression of partnership", in the words of participants, and a sense of unity, vision and clarity.

Aboriginal people were instrumental in guiding the yarning, helping all participants understand each other, taking time to find the right words to express feelings and discover shared experiences.

The researchers found that many Aboriginal people were happy having non-Aboriginal people involved if they followed ganma and listened. Sometimes it led to a sense of reconciliation between the two groups.

In this context, ganma has come to mean "If you listen to us, we'll listen to you". That is, two cultures listening to and learning from each other. It's symbolic, representing different communities working to find practical solutions when dealing with ecological grief and the loss of nature and home.

"...telling stories about history that can nourish a "remembered connectedness to land."

Fiona Livingstone developed "We-Yarn" workshops with the Aboriginal former rugby player Nathan Blacklock. They encourage Aboriginal Dreaming, telling stories about history that can nourish a "remembered connectedness to land," she explains.

Small groups go to learn lessons about a specific place: a creek, its animals, and the stories about their ancestors, such as why a particular family group comes to this place for solace when someone in the family has died.

When their workshops include non-Aboriginal people, the team are careful to ensure that the Aboriginal participants are happy to be part of a mixed group. "It really depends on the community requesting the workshops and what their needs and wishes are for the workshops. We are led by what particular communities ask for," says Livingstone.

The key is to encourage people to feel that they have a responsibility to protect the environment and care for it, to feel the connectedness to land that people outside Aboriginal communities may not be used to; that the sky, the land, the rivers are all related.

Coastal communities may ask for the workshops to include Dreaming stories about saltwater animals and they may like to spend a day at the beach, sitting on the sand and yarning. Freshwater people may like to hear stories about how the landscape and their community was formed.

Such stories are important to give people a sense of identity and to inspire creative thinking, which is often lost when people feel depressed.

Many participants in the yarning sessions come as they are suffering with serious distress and are suicidal. Their GPs may recommend them as part of a course of treatment.

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Aboriginal people often look to the stars for guidance and to remember ancestors. In the dust clouds of the Milky Way seen from the southern hemisphere is the Emu in the Sky. An example of what Dudgeon refers to as cultural continuity and Livingstone calls ganma, there are many stories about this Emu in Aboriginal Dreaming mythologies of creation and lore.

Some relate the appearance of the Emu in the Sky to seasonal changes, while others say she pokes her head down through the clouds to check that all is well with the land in times of trouble – like now with drought and sadness.

Stories like this are told and repeated by all the generations of an Aboriginal family. They are now helping other communities learn about the richness of the country they live on and that a much older culture has resilience they can learn from. To know these stories is to feel wonder and pride in living here.

One non-Aboriginal participant, a farmer who asked to remain anonymous, came to a workshop after she was diagnosed with clinical depression. Wary of medication because family members seemed to have memory problems after taking antidepressants, she saw an advertisement for the workshops in a newspaper.

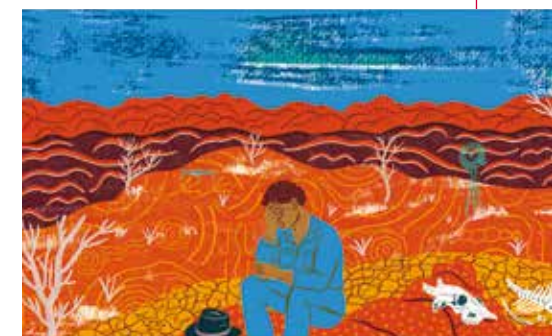
Like many other farmers, she believes her depression came on due to cumulative pressures, the drought being the last straw.

Attending the day-long workshop, she was struck by the generosity of the Aboriginal psychologist and the other participants.

"It was about finding common ground. I knew that a lot of communication in Aboriginal culture is non-verbal, using body language. So, I felt a bit like I didn't know fully what was going on among the participants. Not that it mattered. For some of the day we just sat and were quiet, listening to each other.

"... I felt a bit like I didn't know fully what was going on among the participants. Not that it mattered. For some of the day we just sat and were quiet, listening to each other..."

"We talked about what we had experienced during the drought. Most of the Aboriginal people spoke of feelings of hopelessness for a long time, not just the drought, as they feel neither Western nor Aboriginal and stuck 'between worlds'. ▶▶



Artwork: Camilla Perkins <http://www.camillaperkins.com/>

▶▶ “I often think I feel a bit like I don’t fit in with Western people a lot either, but I realise it’s different and it’s not the same, what I have been struggling with.

“Some of the Aboriginal people also spoke about feelings of shame, like not seeing enough of their family or not providing enough. I sat there thinking it’s an emotion Westerners should feel more of until we start helping fix the land we are helping to destroy. Now it’s affecting our livelihoods. I certainly won’t be able to stay on the land if we have another drought next winter.”

Livingstone, who isn’t Aboriginal, says she’s gained a lot from working with Blacklock and others in ganma workshops. “So many Aboriginal people have such a richer sense of family than non-Aboriginal people. My background is working in suicide prevention. From coordinating We-Yarn projects I have learned so much. I have been inspired to learn about my family’s history and spirituality, and that makes me feel stronger.”

Part of their programme involves the arts, such as painting, photography and performance. It may be less practical than learning about what crops to grow to eat in a climate of prolonged drought but articulating how you feel is also a part of dealing with stress.

“Some of the Aboriginal people also spoke about feelings of shame, like not seeing enough of their family or not providing enough...”

Another workshop technique the team uses is for two psychologists to work in tandem, one Aboriginal and one not, talking about a three-stage process when trying to deal

with new and difficult situations like climate change. First, there’s awareness, then a feeling of being overwhelmed and helpless, then there is action and overcoming shame.

The underlying philosophy of this approach is that “feelings must turn into action,” Livingstone explains. “It’s tough out here but it’s not all doom and gloom.

“Look at what Aboriginal people have endured. Their connection to each other, the land and their spirituality is something to be admired...”

“Look at what Aboriginal people have endured. Their connection to each other, the land and their spirituality is something to be admired,” she says. “Things can be done and people can survive, we just need the skills to do that.”

The farmer who participated in the workshop felt a definite change in herself: “At the end of the day I felt I came away with ideas about responsibility to not just our farm but to the river nearby, the birds and kangaroos too that live on our farm. We spoke of family and land ties during the day, too. If nothing more, I feel now like a custodian of the land I live on and that gives me pride. I am responsible for the living things that depend on the farm.

“You stand up taller, I feel taller, as a result,” she says.

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