

Welcome to the *Positive Choices* Webinar Series

Today's Webinar: Substance Use and Mental Health Among Rural Youth



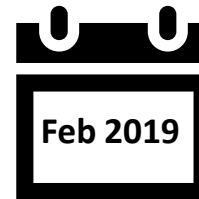
Subscribe for updates at:
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Coming up



Health4Life

Targeting the Big Six
lifestyle risk factors for
chronic disease



Subscribe for updates at
www.positivechoices.org.au

In case you missed it...



Parties, gathering and
sleepovers: How can
parents keep their teens
safe?

Available on demand at

[www.positivechoices.org.au/
teachers/parties-gatherings-
and-sleepovers](http://www.positivechoices.org.au/teachers/parties-gatherings-and-sleepovers)

Drug and Alcohol Information

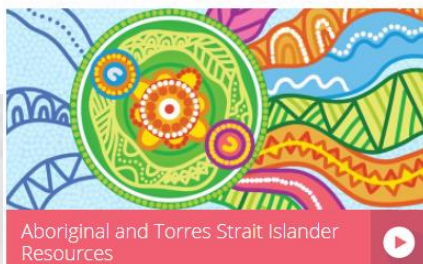
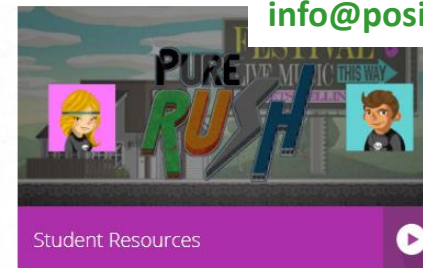
Get informed, stay smart, stay safe

What is *Positive Choices* ?

www.positivechoices.org.au

- Central access point for trustworthy, up-to-date drug and alcohol information and educational resources
- Learning resources, factsheets, videos, and games to engage young people with drug education
- Access to classroom-based drug prevention programs that are proven to reduced drug-related harms

Suggestions/feedback:
info@positivechoices.org.au



Developed by NDARC and NDRI, in consultation with teachers, parents and students. Funded by Australian Government Department of Health.





Substance Use and Mental Health Among Rural Youth



Drug and Alcohol Information

Get informed, stay smart, stay safe



Substance Use and Mental Health Among Rural Youth

Dr Georgina Luscombe
School of Rural Health
University of Sydney



THE UNIVERSITY OF
SYDNEY



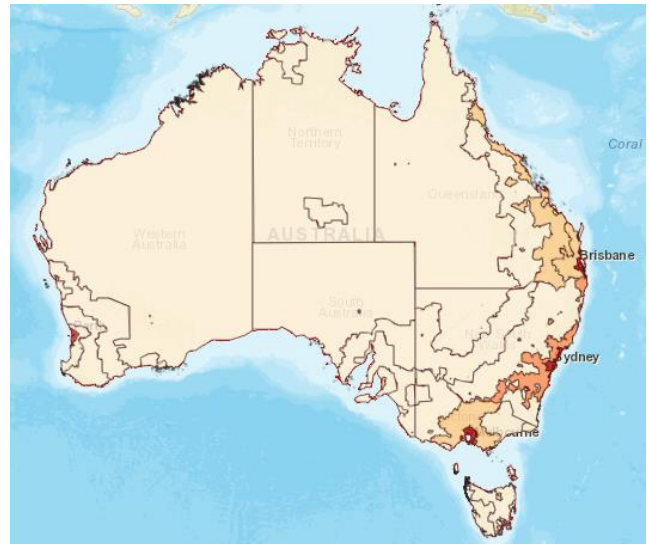
Background

Australia's population in 2016: 23,401,885

4,385,574 young people aged 10-24 years (or almost 1 in 5)

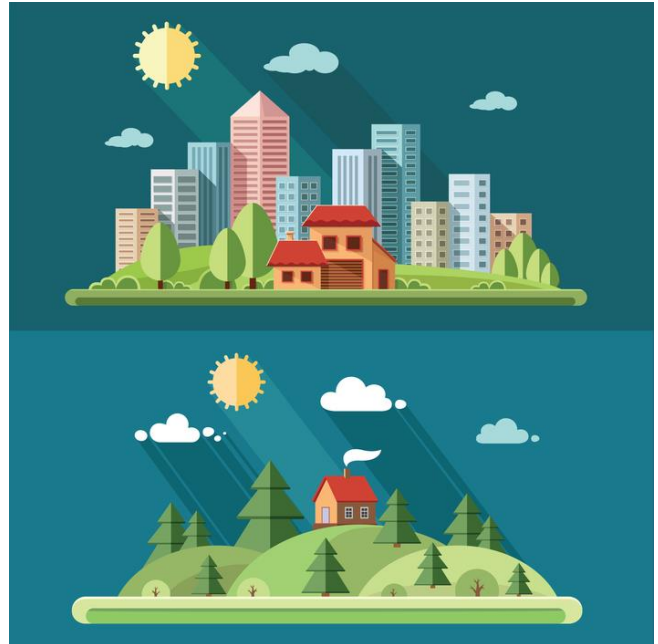
Most live in metropolitan areas:

- 73% in major cities
- 17% inner regional
- 8% outer regional
- 2% remote / very remote



Rural health

- Australians living in rural and remote generally have **poorer health** and health outcomes than those in major cities
- Higher rates of
 - health risk behaviours
 - chronic disease
 - mortality



Health risk behaviours (adults)



Current daily smoker



Overweight or obese



No/low levels of exercise



Lifetime risky drinking










High blood pressure




	Current daily smoker	Overweight or obese	No/low levels of exercise	Lifetime risky drinking	High blood pressure
Major cities	13%	61%	64%	15%	22%
Inner regional	18%	67%	69%	18%	24%
Outer regional/ Remote	22%	68%	72%	24%	22%

Source: AIHW 2018. Australia's Health 2018

Health protective factors (youth)

		Locality		SES		
		Urban	Rural	Low	Middle	High
	Met recommended daily fruit intake	78%	86%*	81%	77%	81%
	Met recommended daily vegetable intake	9%	14%*	12%	9%	10%
	Eat breakfast daily	61%	57%	55%*	56%*	68%
	Drank +1 cups of soft drink every day	9%	11%	13%*	11%*	7%
	Ate takeaway meals/snacks from fast food outlets ≥ 1 /week	27%	13%*	23%	24%	24%
	Met recommended daily physical activity level	11%	13%	12%	11%	12%
	In the healthy fitness zone	57%	62%	52%*	58%	66%

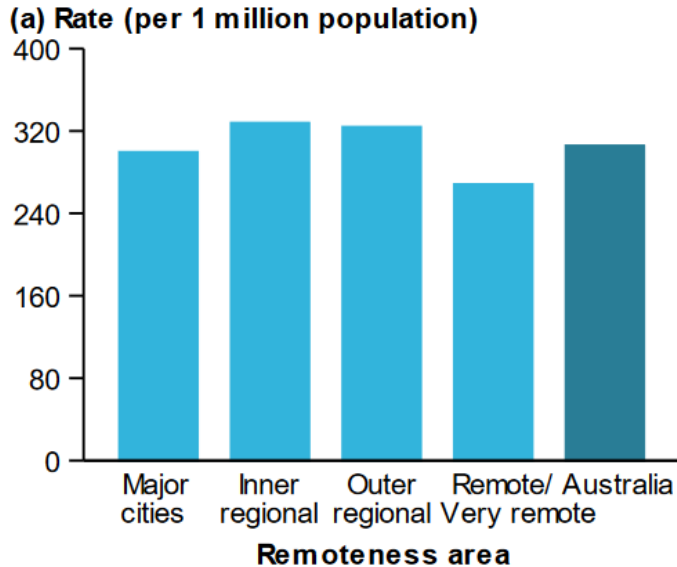
Health conditions (adults)

	 Major cities	 Inner regional	 Outer regional/ Remote
Asthma	10%	12%	12%
Osteoarthritis	7.7%	9.1%	9.3%
Back pain and problems	16%	16%	16%
Diabetes	5.8%	6.6%	7.3%
Heart, stroke and vascular disease	21%	25%	22%

Source: AIHW 2018. Australia's Health 2018

Health conditions – young people

- Rates of chronic conditions (asthma, cancer, diabetes) do not vary dramatically by geography

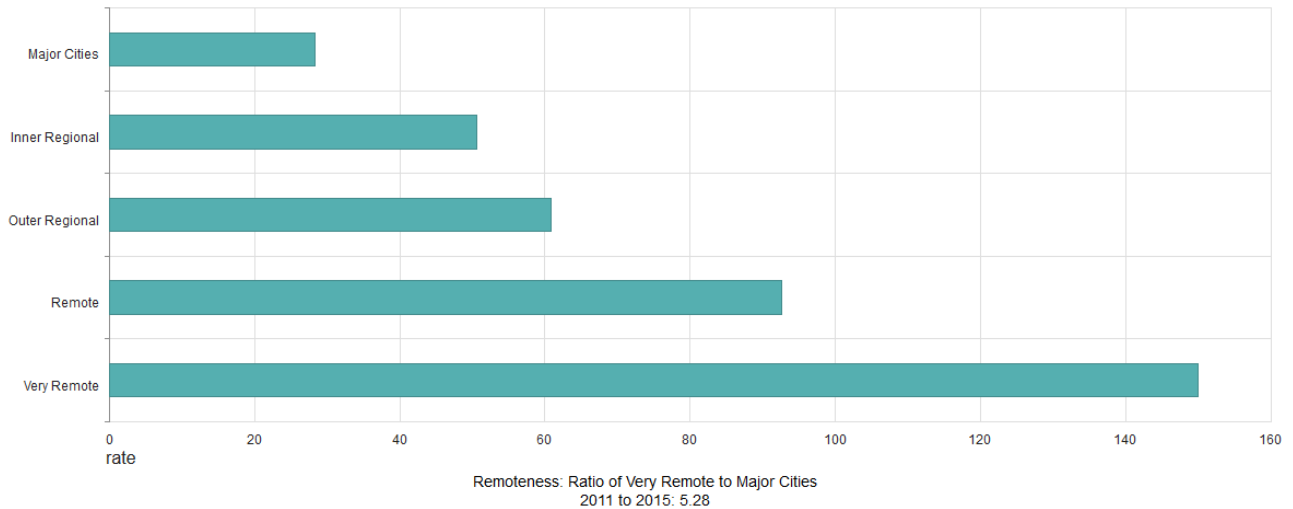


Incidence of all cancers for young people 15-24 years, 2009-13

Younger rural people experience similar health disparities to older rural people

... and sadly this extends to youth mortality

Child and youth health - Youth mortality (15 to 24 years)

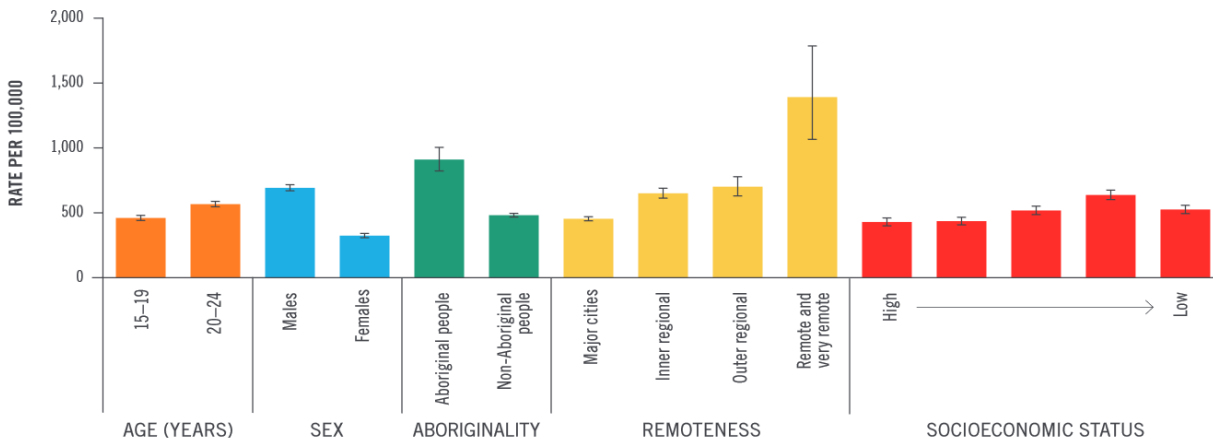


This is the number of deaths of persons aged 15 to 24 years, expressed as a rate per 100,000 population, for 2011 to 2015.

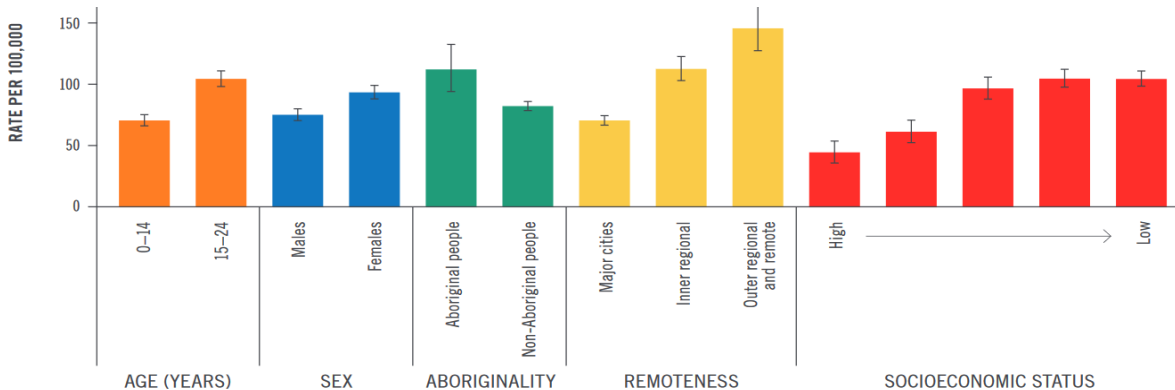
Source: PHIDU (Public Health Information Development Unit)

Hospitalisations among young people, NSW 2012-13

Alcohol attributable
(15-24 yrs)



Diabetes
(all youth)



Source: NSW Admitted Patient Data Collection

The Social Determinants of Health

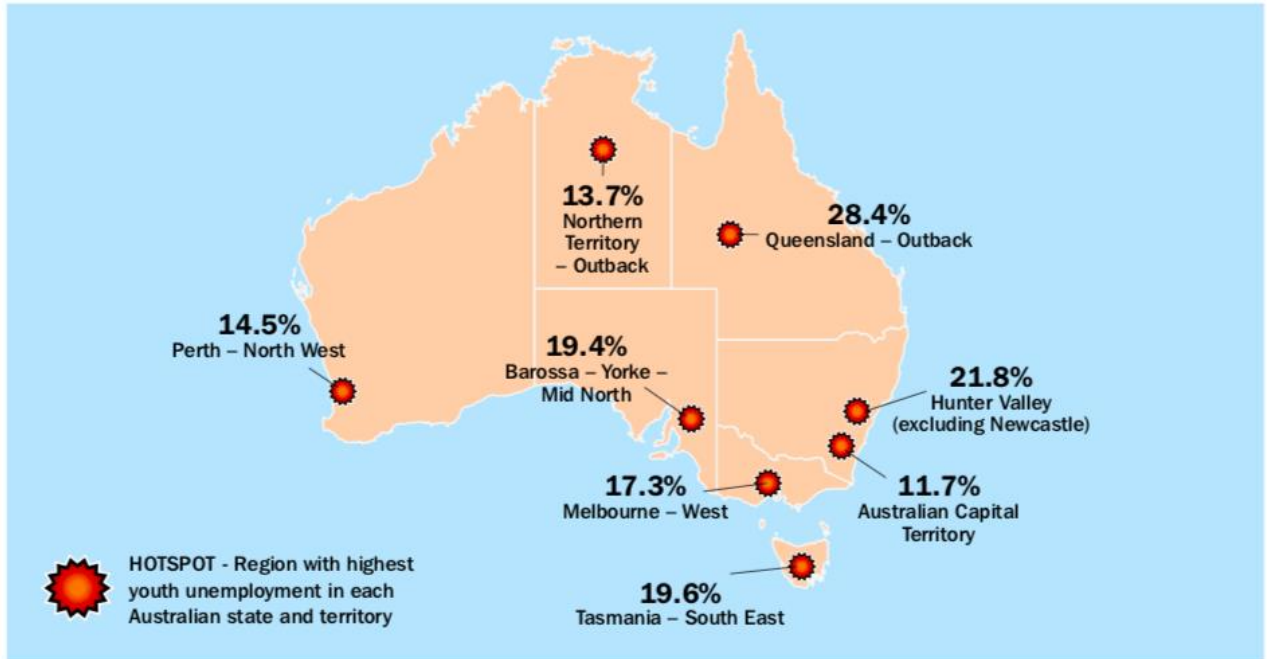


Limited access to:

- education
- employment
- recreational activities

may contribute to higher rates of risk-taking behaviours

Youth unemployment



Brotherhood of St Laurence March 2016

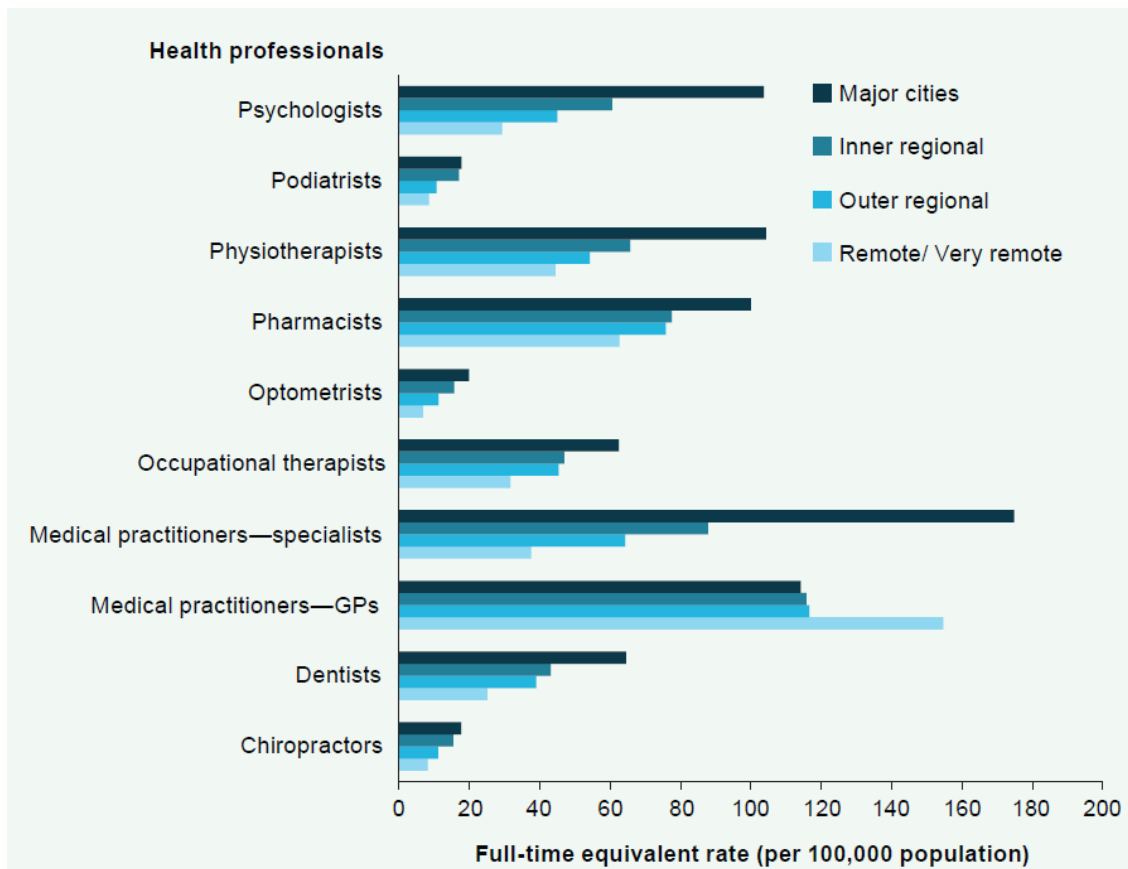
Poorer access to health services



Experienced barrier to accessing healthcare



Fewer specialist and allied health services and professionals



Lifting the weight: understanding young people's mental health and service needs in regional and remote Australia

Report by ReachOut and Mission Australia, released June 2018

*“Young people living in regional and remote Australia are being let down by a **lack of support services** to tackle their mental health needs.”*

Young people living in regional and remote areas may be exposed to a unique set of structural, economic and social factors that result in poorer mental health outcomes

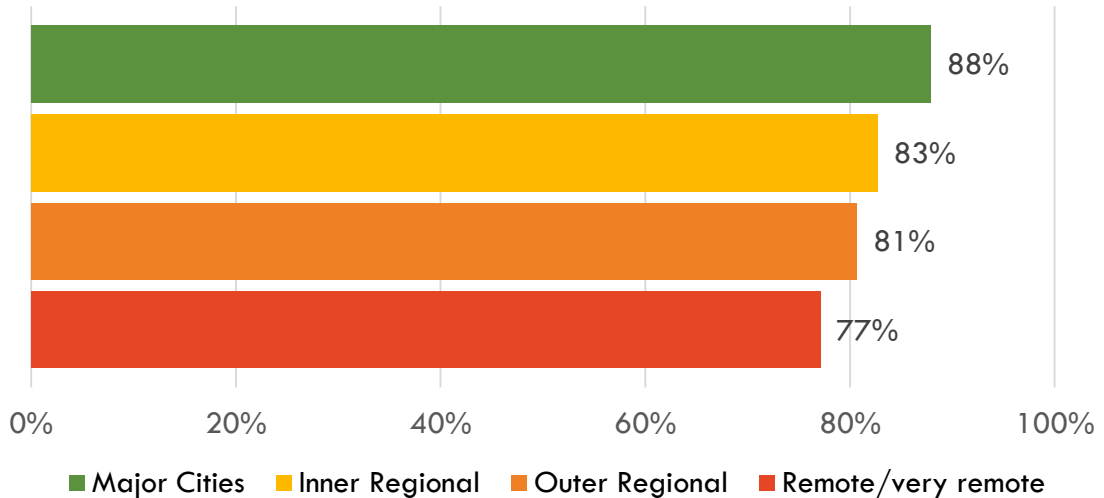


The Australian 'digital divide'

2016-17 ABS Multipurpose Household Survey:

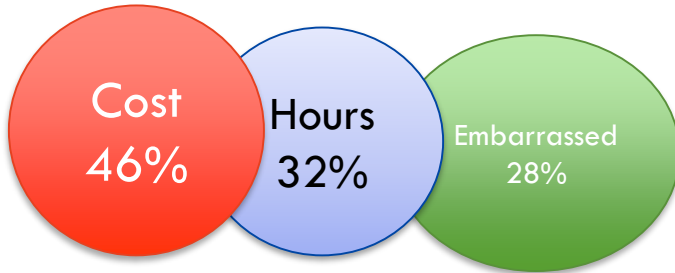
86% of households home internet access

97% of those with children <15 years

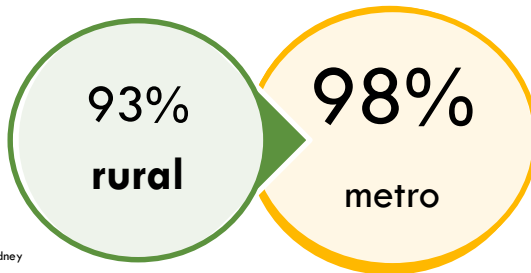


Access 3 Study

- Funded by NSW Health to inform the NSW Youth Health Policy
- To describe experiences of young people (12-24 years) accessing and navigating the NSW health system
- To identify barriers and facilitators to healthcare



- Internet access:



58% searched internet about **health problems they've experienced** higher in metro (64%) than rural (46%)

In summary, the rural health context is characterised by

- disadvantage
- diversity
- higher risk factors for disease
- higher proportion of Aboriginal and Torres Strait Islander people
- fewer services
- difficulty in accessing services (including distance)
- different models of care



On a positive note

rural communities have

- resilience
- strong sense of community
- great knowledge of “place”
- well developed self-sufficiency / independence, resourcefulness

Nothing about us, without us



POSITIVE CHOICES WEBINAR

Dr Hazel Dalton
Research Leader
hazel.dalton@newcastle.edu.au



Proudly funded by



The CRRMH conducts research and delivers evidence-based programs and services to rural and remote stakeholders

Founded in 2001 by NSW Health and administered by the University of Newcastle

Location: Orange NSW



Rural residents have similar prevalence of mental health problems, but poorer outcomes –

part of broader inequity in health care provision and outcomes



Mental Health – Special Factors

Age onset

High burden

Stigma

Family and community impacts

Economic impacts

CRRMH - Areas of focus

- Improve mental wellbeing in individuals, families & communities
- Improve services for those experiencing mental health problems
- Rural suicide prevention

How we work

Research – variety of methods, translational focus

Programs – design, delivery and evaluation

Information – generation and sharing of high quality resources for rural and remote mental health
– print, online

Partnerships – our best work depends upon working with partners across academia, government, industry and the community



Chemical Contamination

Drought



Fires



Social Disconnection



Floods



Research

areas of focus

Good mental health and wellbeing – individuals, families and communities

Community wellbeing collaboratives

Improving services

Low intensity mental health services – rapid review, service evaluation, stepped care models

GP special interest mental health

Integrated care service models

Rural suicide prevention

Contributing factors/understanding rural suicide

Position paper

Research

Good mental health and wellbeing – individuals, families and communities

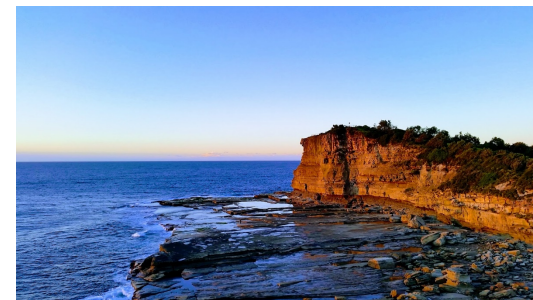
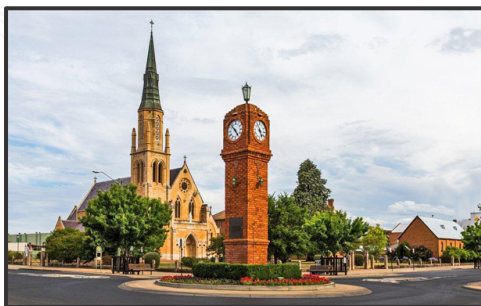
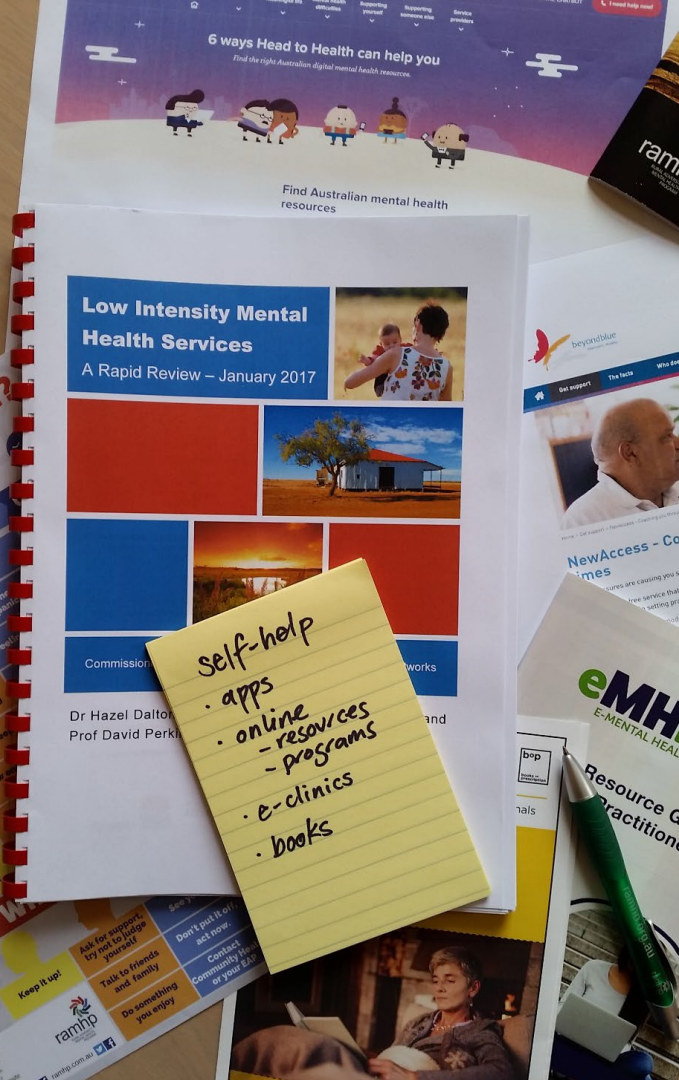
Community wellbeing collaboratives



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Mental Health

Improving services

- Low intensity mental health services – rapid review, service evaluation, stepped care models
- GP special interest mental health
- Integrated care service models





Original Research | Full Access



Self-recognition of mental health problems in a rural Australian sample

Tonelle E. Handley PhD , Terry J. Lewin BCom (Hons), David Perkins PhD, Brian Kelly PhD

First published: 19 April 2018 | <https://doi.org/10.1111/ajr.12406>

The effect of context in rural mental health care: Understanding integrated services in a small town

Scott J. Fitzpatrick , , David Perkins , Teresa Luland , Dale Brown , Eamonn Corvan

Show more

RESEARCH ARTICLE

Open Access

Supporting men through their transition to fatherhood with messages delivered to their smartphones: a feasibility study of SMS4dads

Richard Fletcher ^{1*}, Francis Kay-Lambkin¹, Chris May¹, Christopher Oldmeadow², John Attia^{1,2} and Lucy Leigh²

RESEARCH ARTICLE

Open Access

The health and wellbeing of Australian farmers: a longitudinal cohort study

Brew^{1,2,3*} , Kerry Inder^{2,4}, Joanne Allen^{5,6}, Matthew Thomas⁷ and Brian Kelly⁶

Tynan *et al.* *BMC Health Services Research* (2016) 16:498
DOI 10.1186/s12913-016-1755-1

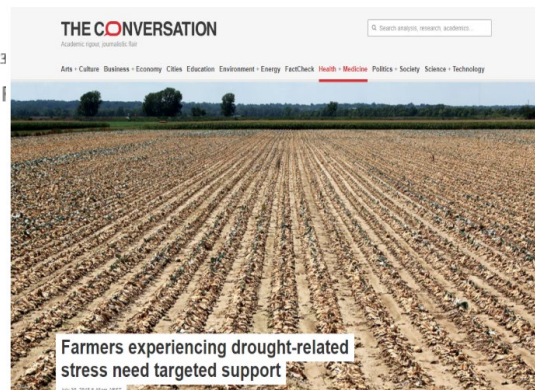
BMC Health Services Research

RESEARCH ARTICLE

Open Access

Help-seeking for mental health problems by employees in the Australian Mining Industry

Ross J. Tynan^{1,2,6*}, Robyn Considine³, Jane L. Rich³, Carole James^{4,8}, Kerry Inder^{7,9}, Amanda L. Baker⁶, I



Rural suicide prevention

- Contributing factors/understanding rural suicide
- Evaluation of gatekeeper suicide prevention training (GoodSpace, We-Yarn)
- Position paper



WE-YARN



Beyond the Medical Model

Future Directions for Suicide Intervention Services

Scott J. Fitzpatrick^a, Jo River

First Published June 26, 2017 | Research Article

A 'systems' approach to suicide prevention:
radical change or doing the same
things better?

Scott J Fitzpatrick^{a,c} and Claire Hooker^b

^a Centre for Rural and Remote Mental Health, University of Newcastle, NSW, Australia

^b Centre for Values, Ethics and the Law in Medicine, University of Sydney, NSW, Australia

^c Corresponding author: scott.fitzpatrick@newcastle.edu.au



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OVERVIEW

Rural Suicide and its Prevention: a CRRMH position paper



Rural suicide causes enormous distress to individuals, families, workplaces and communities and needs to be addressed.

1 TO DRAW ATTENTION TO THE UNACCEPTABLE RATES OF RURAL SUICIDE

TO SUGGEST WHERE WE SHOULD FOCUS OUR ATTENTION IF WE ARE SERIOUS ABOUT MAKING A DIFFERENCE

2



In 2016, the number of suicides per 100,000 people in rural and remote Australia was **50%** higher than in cities.

2016 Suicide Rate per 100,000 people

10.0

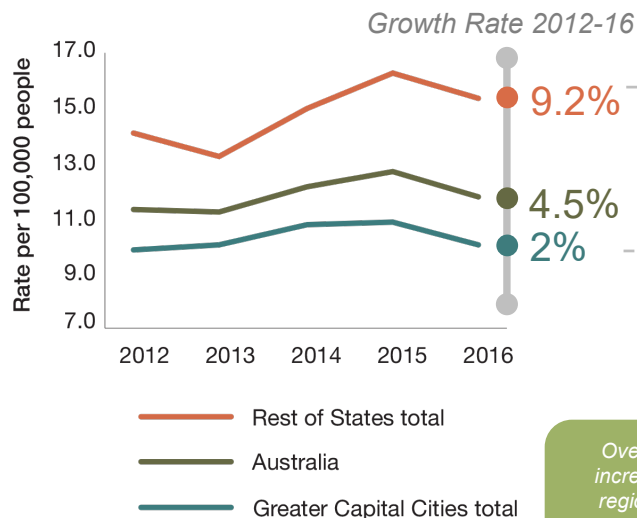
Greater Capital Cities

15.3

Outside Greater Capital Cities

The Indigenous suicide rates are nearly **2 X** that of the non-Indigenous

Figure 1: Suicide rates by region, 2012-2016, Australia



Over the last 5 years, the increase in suicide rates in regional, rural and remote areas has been more than **4 X** the increase in Capital Cities



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Source: ABS 2017

SOCIAL DETERMINANTS OF HEALTH AND THE HEALTH STATUS OF RURAL AUSTRALIANS

Social Determinants

- lower levels of income, employment and education
- higher occupational risks, particularly associated with farming and mining
- geography and the need for more long-distance travel
- poorer access to fresh foods
- poorer access to health services

Poorer Health Outcomes

- higher mortality rates and lower life expectancy
- higher reported rates of high blood pressure, diabetes and obesity
- higher death rates from chronic disease
- higher prevalence of mental health problems, including dementia
- higher rates of alcohol abuse and smoking

RURAL ACCESS TO MENTAL HEALTH SERVICES

GP Mental Health Encounters...



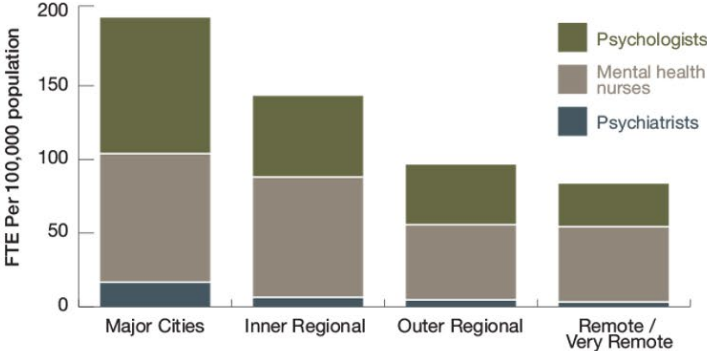
If you live in a Major City you are...

2x more likely to have accessed a psychologist in the past year than in other areas



The number of Mental Health Professionals decline with remoteness...

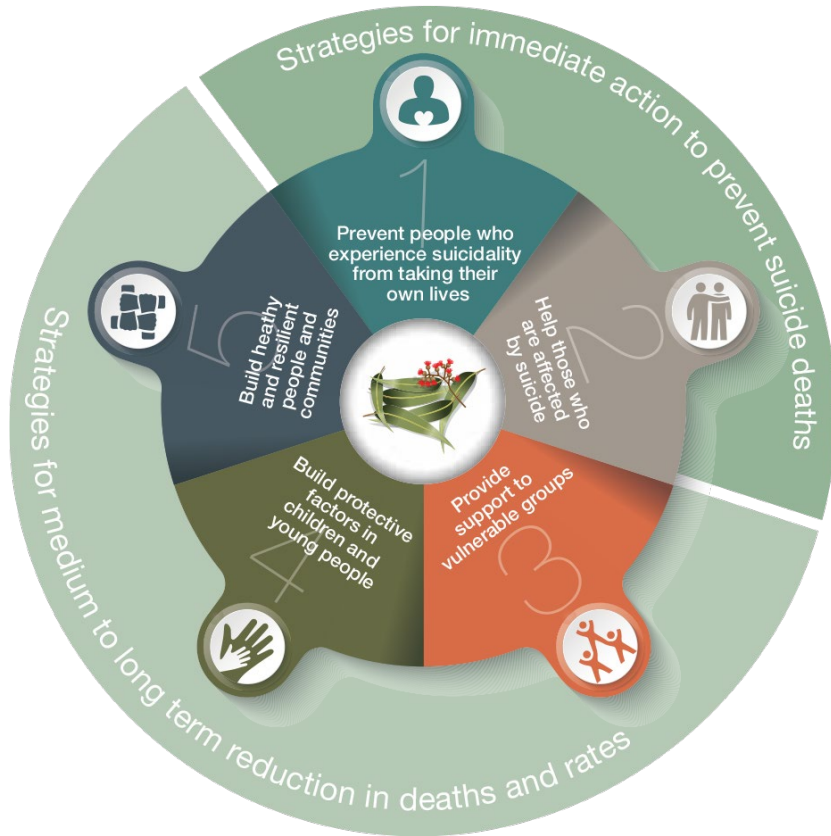
Mental Health Professionals, FTE by Remoteness, 2014



For every \$1 spent per capita on Medicare mental health services in Major Cities...



WHAT CAN BE DONE ABOUT RURAL SUICIDE?

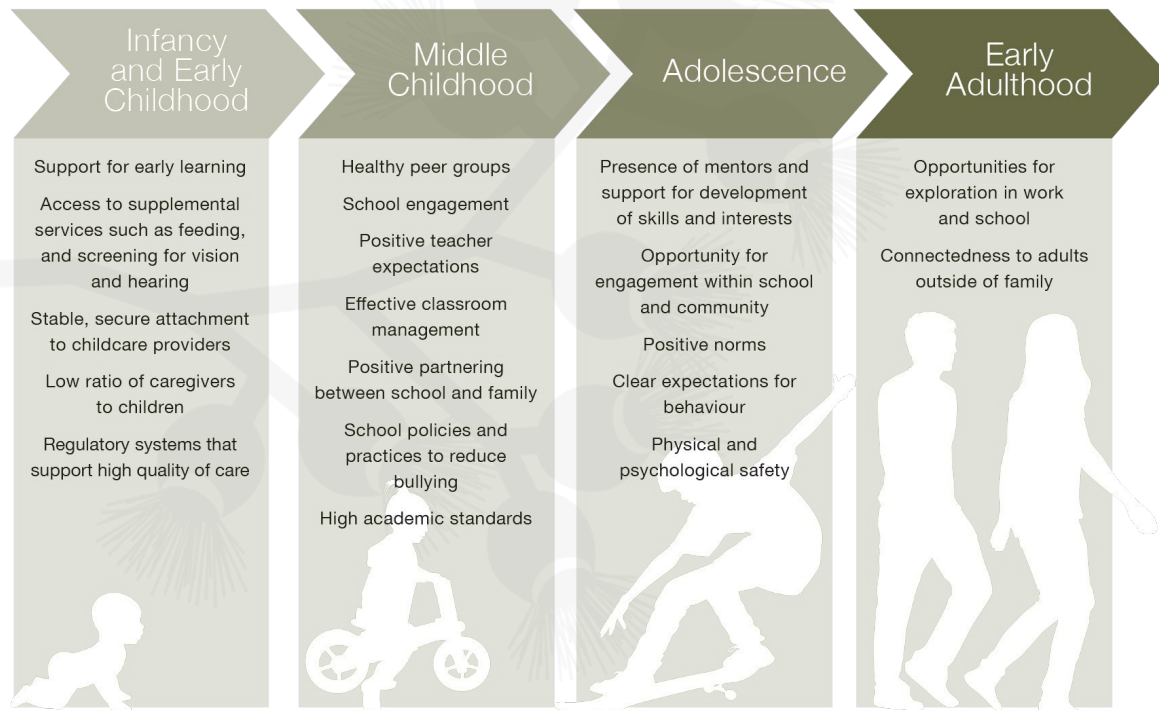


1. Suicidal people
2. Those affected by suicide
3. Vulnerable sub-populations
4. Children and young adults
5. Healthy and resilient communities





BUILD PROTECTIVE FACTORS IN CHILDREN AND YOUNG PEOPLE





BUILD HEALTHY AND RESILIENT PEOPLE AND COMMUNITIES



1 Two things need to be done:

Build mental health and well-being in rural communities

2 Build the resilience of rural communities



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BUILD HEALTHY AND RESILIENT PEOPLE AND COMMUNITIES



Keeping active, having a sense of belonging and having purpose in life are all good for our mental health.

www.ourhealthyclarence.org.au



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Mental Health

www.crrmh.com.au/programs-and-projects/act-belong-commit/

Tools and resources

HOW ARE YOU GOING?

How are you feeling?	Self-aware & calm	Irritable or impatient	Angry	Aggressive out of control
What's your stress level?	Coping well	Worried nervous	Very nervous panicky	Highly anxious panic attacks
What's your outlook?	Positive outlook	Overwhelmed	Feeling hopeless	Depressed or suicidal thoughts
How are you working?	Working productively	Putting things off, forgetting	Poor performance	Unable to perform duties
How are you sleeping?	Sleeping normally	Trouble sleeping	Restless disturbed sleep	Sleeping too much or too little
What's your energy level?	Energetic	Low energy levels	Tired	Physical symptoms of illness
What's your activity level?	Keeping active	Decreasing activities	Little enjoyment from activities	Avoiding activities
How social are you?	Feeling connected	Withdrawing from social activity	Irritated & frustrated with others	Isolated from others

WHAT CAN YOU DO?

Keep it up!	Ask for support, try not to judge yourself	See your GP	You must get help
	Talk to friends and family	Don't put it off, act now.	Help is available
	Do something you enjoy	Contact Community Health or your EAP	Mental Health Line 1800 011 511

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ramhp ramhp.com.au

HOW ARE YOU GOING?

How are you feeling?	Self-aware and calm	Irritable or impatient	Angry or frustrated	Aggressive and out of control
What's your stress level?	Coping well	Worried or nervous	Very nervous, panicky	Really anxious, panic attacks
What's your outlook?	Positive	Overwhelmed	Feeling hopeless	Depressed or suicidal thoughts
How are you working?	Motivated and ticking goals	Putting things off, forgetting stuff	Unmotivated, not working well	Can't get anything done
How are you sleeping?	Normally	Trouble sleeping	Restless and disturbed	Sleeping too much or too little
What's your activity level?	Keeping active	Not doing as much as usual	Not enjoying activities	Avoiding activities
How social are you?	Feeling connected	Staying in more than usual	Annoyed with everyone	Avoiding people and isolated

WHAT CAN YOU DO?

	You're doing really well! Get some more wellbeing tips at ReachOut.com	Talk to friends and family about how you're feeling	Chat to your GP Get some support in place	Help is available See your GP - don't put it off
	Get support anytime at ReachOut.com	Kids Helpline 1800 55 1800	Lifeline 13 11 14	
	Practice some self-care by making time to do something you love	If you live rurally, check out ramhp.com.au	Suicide Callback Service 1300 659 467	

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HOW ARE YOU GOING?

It's a simple question, but it can be a tough one to answer when life is busy and there's stacks going on. But making time to recognise and acknowledge your feelings can be a great way to keep on top of your mental health and wellbeing.

This quiz has been designed to help you track how you're feeling and it will give you steps to take if you need some additional advice or support.

So, find out how you're *really* doing - all in less than five minutes.

All of your answers are confidential and will not be stored or shared

LET'S BEGIN press ENTER

Take the quiz...

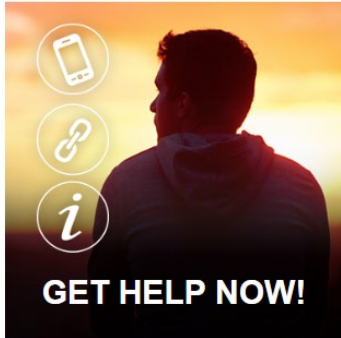
<https://www.crrmh.com.au/get-help-now/self-help-resources/quick-quiz/>



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Tools and resources

www.crrmh.com.au



GET HELP NOW!

EMERGENCY CONTACTS
LINKS TO SERVICES
SELF HELP RESOURCES

DOWNLOADABLE
RESOURCES

READ OUR NEW BLOG

Podcast series



RURAL SUICIDE PREVENTION

In this episode we discuss rural suicide prevention.



MENTAL HEALTH PEER WORKERS

In this episode we look at the role mental health peer workers can play in the workforce.



ABOUT THE PRODUCER - KIA HANDLEY

Kia Handley is a radio producer and presenter and has her own lived experience of mental health issues.

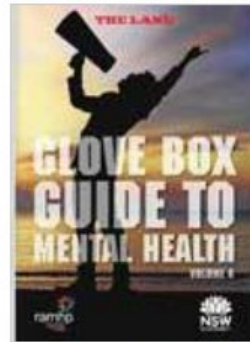


PREVIEW TO 'LET'S TALK' SERIES

Intro to 'Let's Talk' series

GLOVE BOX GUIDE TO MENTAL HEALTH

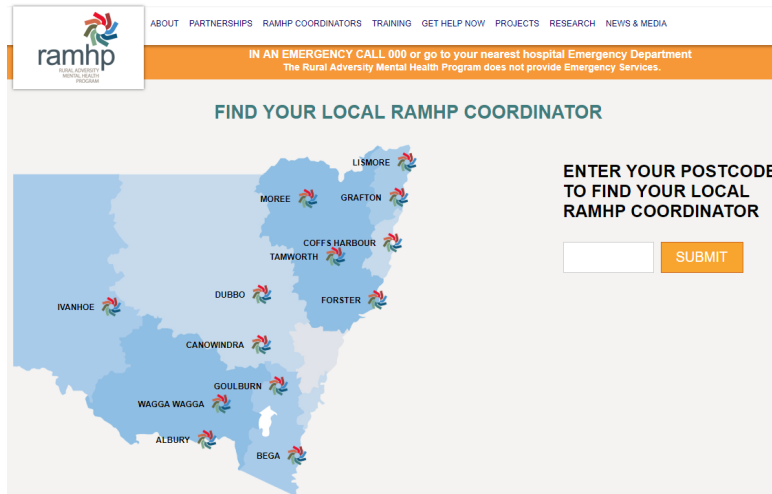
THE LAND



www.ramhp.com.au

*Linking Rural
People To The Help
They Need*

Rural Adversity Mental Health Program



ramhp
RURAL ADVERSITY MENTAL HEALTH PROGRAM

ABOUT PARTNERSHIPS RAMHP COORDINATORS TRAINING GET HELP NOW PROJECTS RESEARCH NEWS & MEDIA

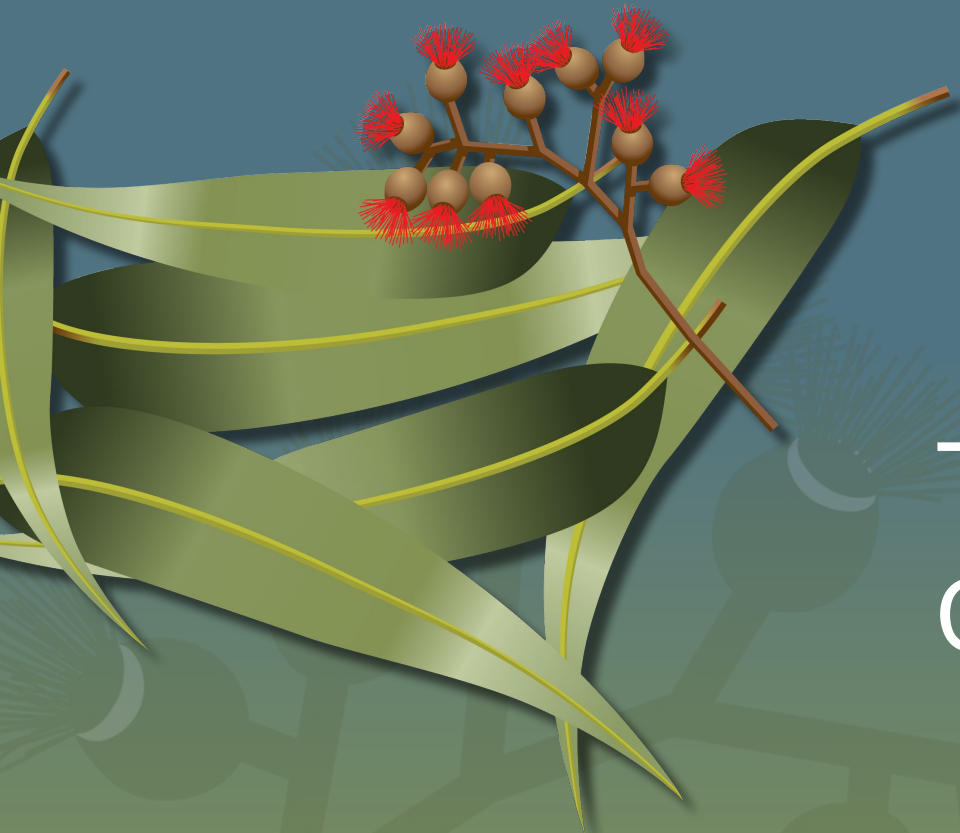
IN AN EMERGENCY CALL 000 or go to your nearest hospital Emergency Department.
The Rural Adversity Mental Health Program does not provide Emergency Services.

FIND YOUR LOCAL RAMHP COORDINATOR

ENTER YOUR POSTCODE
TO FIND YOUR LOCAL
RAMHP COORDINATOR

Map locations: LISMORE, MOREE, GRAFTON, COFF'S HARBOUR, TAMMORTH, DUBBO, FORSTER, IVANHOE, CANOWINDRA, GOULBURN, WAGGA WAGGA, ALBURY, BEGA.





THANK YOU
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Rural Youth Substance Issues

Nicole Snowdon

Research Project Co-Ordinator

Lives Lived Well

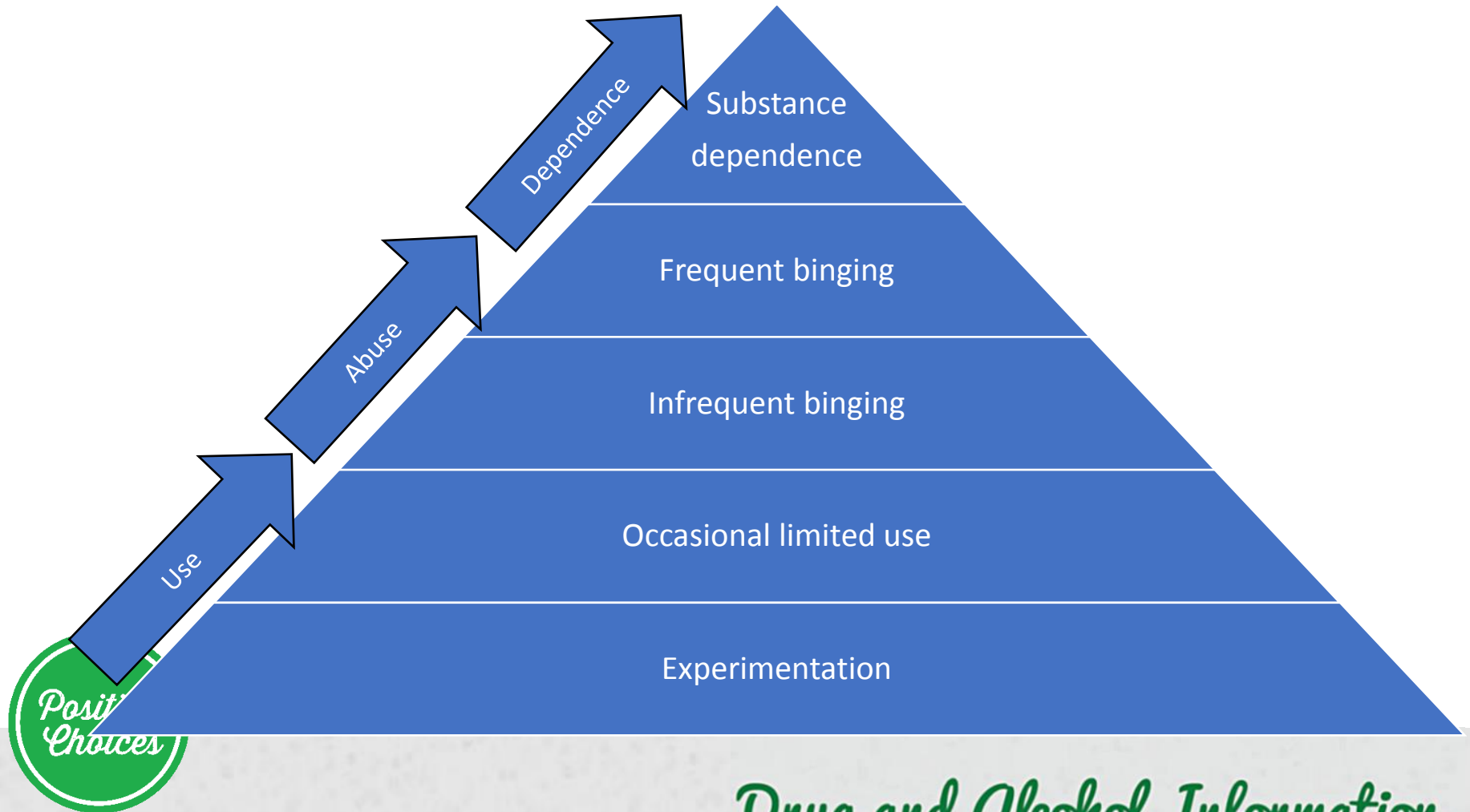
Nicole.Snowdon@liveslivedwell.org.au



Drug and Alcohol Information

Get informed, stay smart, stay safe

Patterns of substance use behaviours



Drug and Alcohol Information

Get informed, stay smart, stay safe

Impact of alcohol & other drugs on Australian health (excluding tobacco)

- 1 in 20 deaths are caused by alcohol & illicit drug use
- 1/3 of the burden of road traffic injuries is due to alcohol use
- Alcohol & illicit substances are responsible for 9.1% of all health burden in males & 3.8% in females



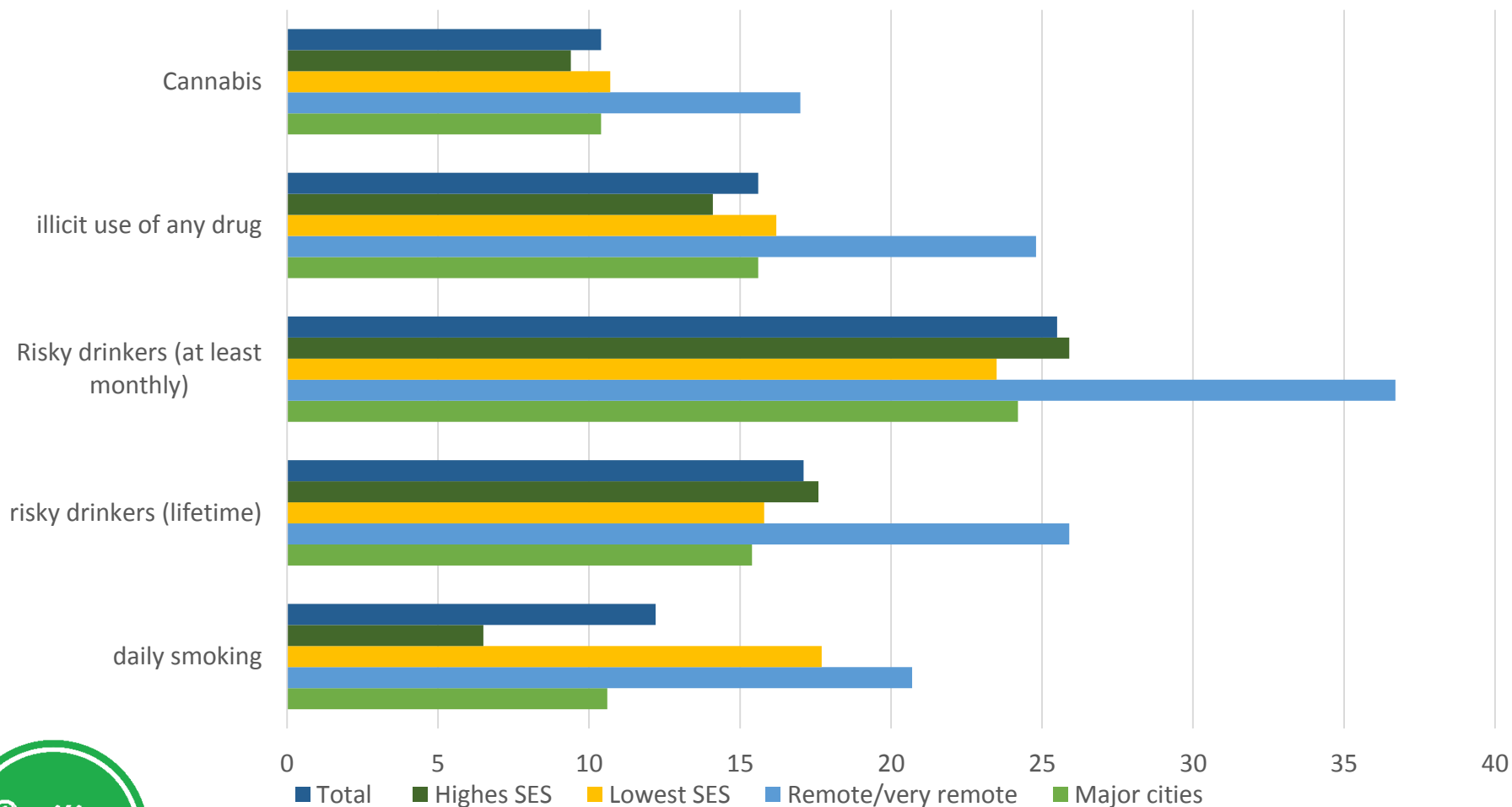
Australian Institute of Health and Welfare 2018. Impact of alcohol and illicit drug use on the burden of disease and injury in Australia: Australian Burden of Disease Study 2011. Australian Burden of Disease Study series no. 17. Cat. no. BOD 19. Canberra: AIHW.



Drug and Alcohol Information

Get informed, stay smart, stay safe

NDSHS 2016 - % daily smokers, lifetime risky drinkers & illicit drug users (over 14)

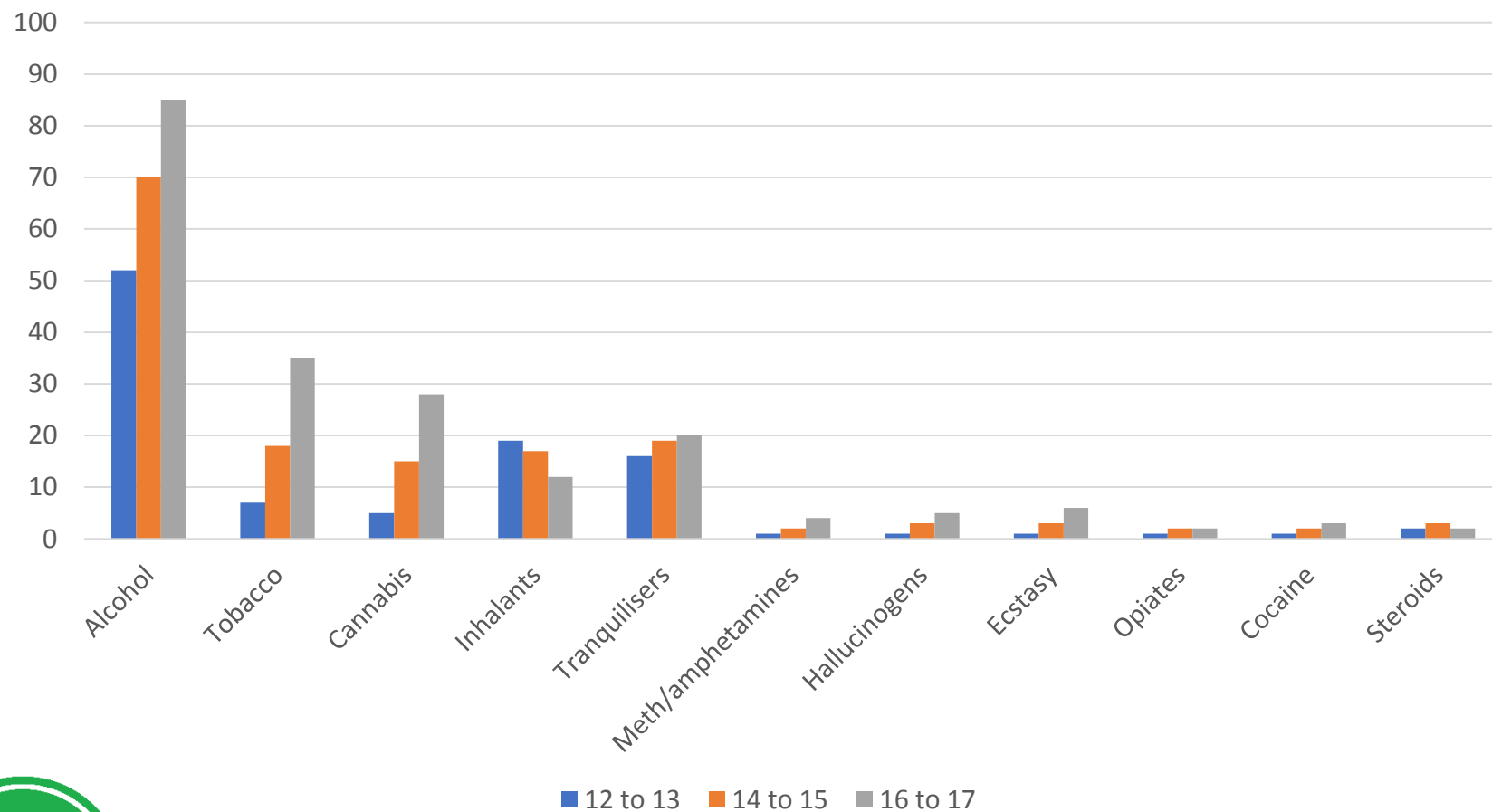


Australian Institute of Health and Welfare 2017. National Drug Strategy Household Survey 2016: detailed findings. Drug Statistics series no. 31. Cat. no. PHE 214. Canberra: AIHW.

Drugs and Alcohol

Get the facts, Stay smart, Stay safe

% of students having ever used a substance in 2014 by age



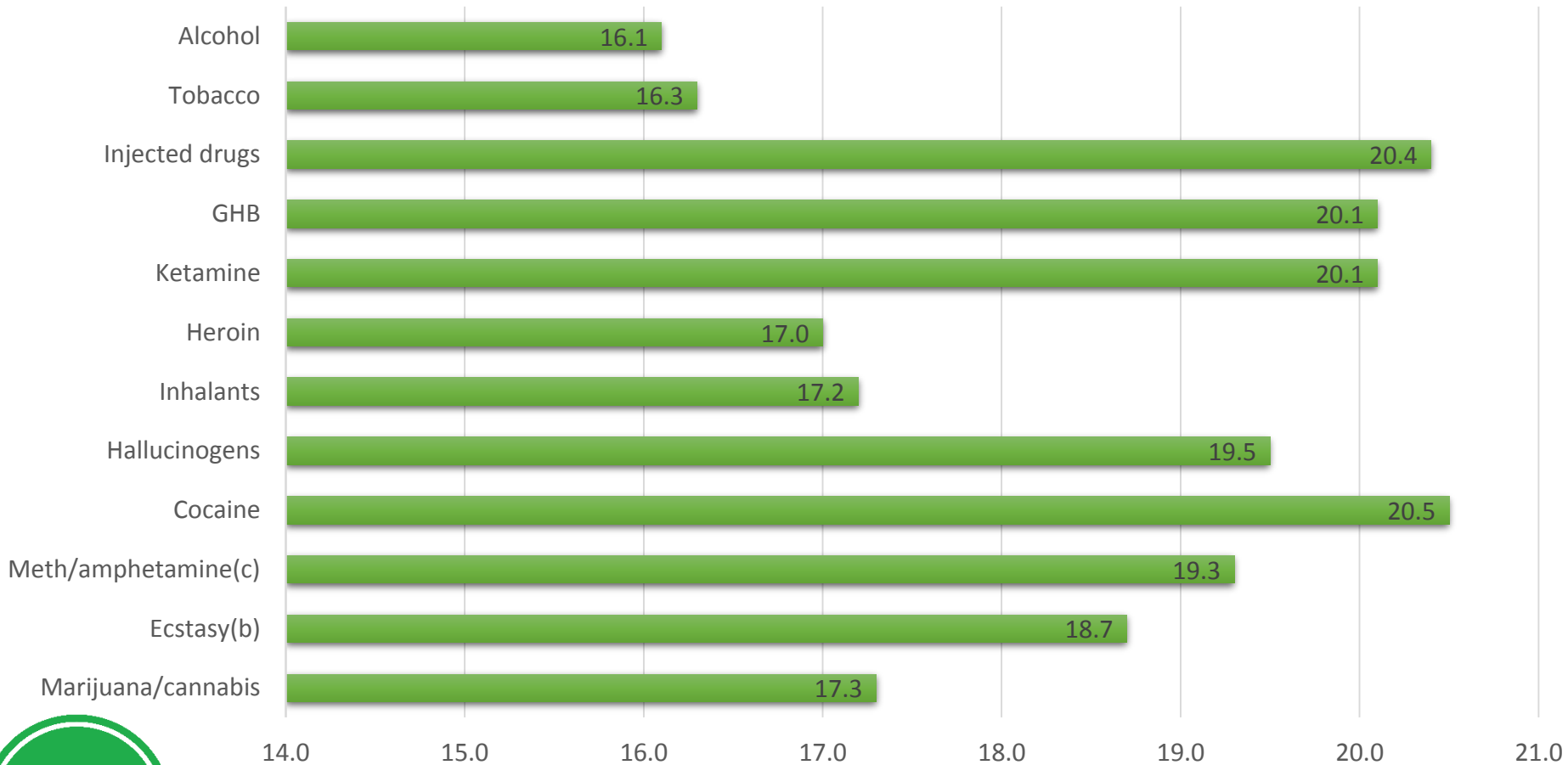
White. V. and Williams. T. (2016) Australian secondary school students' Use of tobacco, alcohol and over-the-counter and illicit substances in 2014 Centre for Behavioural Research in Cancer. The Cancer Council Victoria



Drugs and Alcohol

Get the facts, Stay smart, Stay safe

NDSHS 2016 - Average age of substance initiation of use Ages 14-29



Drugs and Alcohol

Get the facts, Stay smart, Stay safe

Risk factors associated w/ substance related harms

Isolation or a sense of disconnection from others

Trauma

Poor mental health

Availability of substances

Social, community & family norms

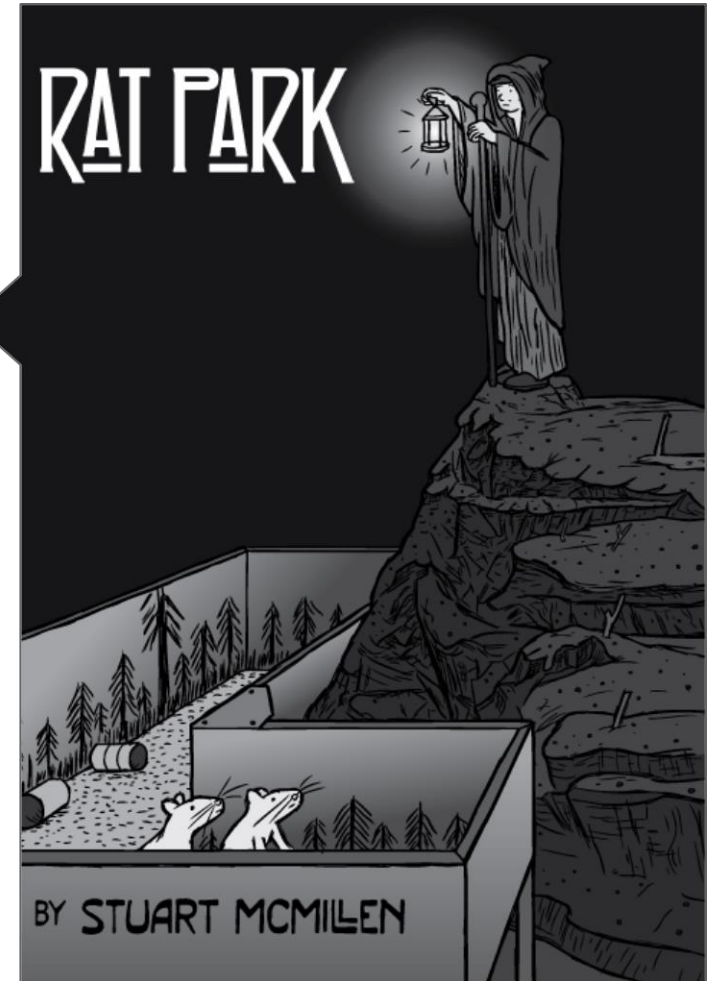
Peer influence

Protective factors to reduce harm associated with substance use

Strong positive family bonds

Strong bonds with institutions such as school & religious organisations

Engagement with recreational activities



“The opposite of addiction is connection” – Johann Hari



Drug and Alcohol Information

Get informed, stay smart, stay safe

Having difficult conversations



Copyright The Lydon Community 2015
Drug & Alcohol First Aid Training Video
“Having Difficult Conversations”
Produced by Richard Mockler: Richard@boxingcat.com.au



Drug and Alcohol Information

Get informed, stay smart, stay safe

How to talk to a young person you are concerned about

Pick a good time

- e.g. not while intoxicated

Show genuine concern

- “I’ve been worried about you lately. What’s been going on?”

State the facts

- “I have noticed that you have been acting a bit off lately & I noticed your eyes were really red last Friday”

Be non-judgemental

- Try to understand their point of view
- Try not to guilt or shame

Listen

- Try to hold of on advice and get them to talk about what’s happening



Drug and Alcohol Information

Get informed, stay smart, stay safe

Where to get more information

Alcohol & Drug Information Service

- NSW ADIS - [1800 250 015](tel:1800250015)
- Queensland ADIS - [1800 177 833](tel:1800177833)
- Victoria Directline [1800 888 236](tel:1800888236)
- Western Australia Alcohol and Drug Support Line - [1800 198 024](tel:1800198024)
- Australian Capital Territory Alcohol & Drug Program - [02 6205 4545](tel:0262054545)
- Northern Territory Alcohol & Other Drug Services - [1800 629 683](tel:1800629683) (NT only)
- Tasmania ADIS - [1800 811 994](tel:1800811994) (TAS only)
- South Australia ADIS - [1300 131 340](tel:1300131340)

Australian Drug Foundation

- www.adf.org.au

Dovetail (youth drug and alcohol information)

<https://www.dovetail.org.au/>



Drug and Alcohol Information

Get informed, stay smart, stay safe

For help on any of the issues raised in this webinar please contact any of the organisations listed to the right:

National 24/7 Crisis Services

- Lifeline 13 11 14 www.lifeline.org.au
- Suicide Call Back Service 1300 659 467
www.suicidecallbackservice.org.au
- Kids Helpline 1800 55 1800
www.kidshelp.com.au
- MensLine Australia 1300 78 99 78
www.mensline.org.au

Drug and Alcohol Information

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Thank you

Questions or Comments?

To find out more, visit:

www.positivechoices.org.au

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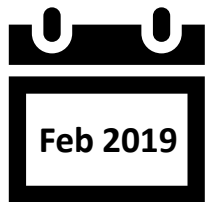
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Drug and Alcohol and the Maturing Adolescent Brain

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