



Australian Government
National Mental Health Commission

Committee Secretary

Senate Standing Committee on Rural and Regional Affairs and Transport
PO Box 6100
Parliament House
Canberra ACT 2600

Submission to Australian Government's response to the drought, and the adequacy and appropriateness of policies and measures to support farmers, regional communities and the Australian economy

To Whom It May Concern

Thank you for you for the opportunity to make a submission to the Senate inquiry into the Australian Government's response to the drought, and the adequacy and appropriateness of policies and measures to support farmers, regional communities and the Australian economy.

Please find attached the submission from the National Mental Health Commission (NMHC) specific to the impact of drought on Australia and the Australian Government response. There is no confidential material presented.

The following submission is completed with reference to the *Australian Government Drought Response Resilience and Preparedness Plan* (pages 10-11 "Dealing with the stressors of drought"), and the *Coordinator-General for Drought's advice on a strategy for Drought Preparedness and Resilience* (page 19 4.2 "Drought related stress and mental health") with a focus on strengthening the mental health response, and identifying at risk groups not referenced in the current plan.

In addition, to assist in providing a picture of the national context of mental health in rural and remote Australia, the NMHC's **submission to the Senate Inquiry into the accessibility and quality of mental health services in rural and remote Australia** is at [Attachment A](#).

Should you require clarification, or would like to discuss this submission in further detail, please contact Catherine Brown, Director, at Catherine.brown@MentalHealthCommission.gov.au or on (02) 8229 7527.

Yours sincerely,

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National Mental Health Commission
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Introduction

The National Mental Health Commission (the NMHC), established in 2012, has a national remit to provide insight, advice and evidence in ways to continuously improve Australia's mental health and suicide prevention system and act as a catalyst for change to achieve system improvements. The NMHC also has a mandate to work across all areas that impact on mental health, including education, housing, employment, human services and social support. There are three main strands to the NMHC's work: monitoring and reporting on Australia's mental health and suicide prevention systems; providing independent advice to government and the community; and acting as a catalyst for change.

The NMHC has recently made submissions to two inquiries that address the challenges rural and remote Australians face and the impact of these on their mental health and wellbeing. These were the Senate Inquiry into the accessibility and quality of mental health services in rural and remote Australia (Attachment A) and the submissions to the Productivity Commission's Inquiry into mental health. The NMHC notes the presence of drought is known to exacerbate these challenges even further. As such, this submission will discuss these challenges further and make recommendations in light of the complexities of the rural context, and identification of particular vulnerable groups such as farmers and their families, young people and Aboriginal and Torres Strait Islander People.

The National Mental Health Commission recommends that the Committee on Rural and Regional Affairs and Transport consider:

1. The development of a long-term national program that promotes mental health, improves service access and coordination, and links farming communities to more effective local responses to emerging mental health needs.
2. Whilst the DRPD identifies continued investment in mental health support programs in rural communities as an action, a specific response to suicide prevention is also required. This response would need to include evidence-based community awareness training and resources including community gatekeeper training and the involvement of peer workers; access to services (including aftercare); and postvention support.
3. The Australian Government drought mental health response include a specific response for young people in drought-affected communities.
4. The Australian Government drought mental health response include a specific response for Aboriginal and Torres Strait Islander people in drought-affected communities.

The Australian Government Drought Mental Health Response

While the current inquiry focuses on the Australian Government response to drought, the NMHC is aware that in November 2019 the Legislative Assembly Committee on Investment, Industry and Regional Development commenced an inquiry into support for drought-affected communities in NSW. The National Drought Agreement identifies as a shared role and responsibility by all governments, the necessary support for health and wellbeing of farming families and farming communities. The NMHC raises the importance of ensuring governments coordinate their responses to ensure a consistent approach that aligns initiatives without duplication of effort.

Natural disasters and mental health

It is relevant to consider this inquiry in the broader context of natural disasters especially given the compounding impact of the recent bushfires on communities already drought-affected. In its recent submission to the Productivity Commission's *Draft Report on Mental Health*, the NMHC addressed the Council of Australian Governments (COAG) *National Strategy for Disaster Resilience* which notes that 'natural disasters are a feature of the Australian climate and landscape and this threat will continue, not least because climate change is making weather patterns less predictable and more extreme.' This strategy identifies the characteristics of disaster resilient communities as functioning well while under stress, successful adaptation, self-reliance, and social capacity. These are all characteristics that align with a national strategy for mental health and wellbeing.

The NMHC notes that in the recent *Australia Talks National Survey*, Australians ranked climate change as the biggest issue affecting them personally.¹ The percentage of young people identifying the environment as an issue of national importance has nearly quadrupled since 2018, from 9% to 34%.²

The NMHC notes that health practitioners increasingly view climate change as a public health issue and recognise their role in identifying, reducing and managing adverse health effects of climate change.³ The work that has commenced for developing a national strategy on climate, health and wellbeing should be considered in the broader reform directions for mental health.⁴

The effects of acute natural disasters on mental health are well documented, but chronic natural disasters—such as the prolonged drought being experienced by communities across Australia—brings unique challenges. Unlike natural disasters that often pose a contained acute stress and crisis period, the nature of drought is such that it continues long-term resulting in sustained chronic stress and a prolonged impact on communities. The recent [coordinated Government mental health response](#) to the Australian bushfires of \$76 million to support the mental health and wellbeing of individuals, families and communities, including first responders, who have been affected by the devastating bushfires was well received. However, whilst similarities exist such that recovery from the Australian bushfires for many individuals will indeed be long-term, the impact on mental health of an acute trauma, compared to chronic ongoing severe stress, draws attention to the unique nature of drought and complexity of the response required.

In particular, drought significantly impairs the ability for many Australians in agricultural communities to live a [contributing life](#), given the sustained impact on their home, relationships and community, income and employment – all key [social determinants](#) of mental health. Therefore, long-term

strategies are essential with a focus on prevention and early intervention given the known impact that drought has on mental health.

Mental health response to drought within the rural context

The Australian Government needs to align its drought response with its response to the *Senate Inquiry into the accessibility and quality of mental health services in rural and remote Australia*, especially in relation to the National Mental Health Workforce Strategy currently being developed. It will be crucial that appropriate access to the mental health workforce for the specific needs of regional, rural, remote and very remote drought-affected communities are addressed in the Strategy.

As identified in the *Coordinator-General for Drought's advice on a strategy for Drought Preparedness and Resilience (Coordinator-General report)*,⁵ within the rural setting there is not only a lack of access to health services but a *lack of help-seeking* via clinical services. More commonly, trusted members of the community will be sought out or informed, emphasising the importance of non-threatening community based pathways to help seeking. Research suggests that, for men in particular, lack of help-seeking can be attributed to barriers including perceptions around vulnerability, denial or fear and low mental health literacy. There are also systemic barriers unique to rural communities and their culture.⁶ Therefore models of service delivery that may be successful in major cities require significant adaption to the context of rural and remote communities. As recommended by *the Report to Government by an Expert Social Panel on Dryness*⁶, there is a need to evaluate strategies aiming to address the barriers to accessing health services by farming communities.

While it has been acknowledged that those who are impacted most negatively during drought are farmers and farm workers and their families, research indicates a 'flow on effect' to the broader community.⁷ Therefore a whole-of-community response is required. However, the second added complexity involves the heterogeneity of the communities impacted by drought. Thus, the NMHC agrees the Australian Government response needs to be specific to each community, in line with the development of community led initiatives such as the 'Empowering our Communities' initiative rolled out through Primary Health Networks, identified in the *Australian Government Drought Response Resilience and Preparedness Plan*.

The NMHC agrees (as stated in the Coordinator-General's report) that there is a continuing need for training and support of trusted members of the community. This includes greater utilisation of local community response such as involving peer workers, community wellbeing centres and outreach services independent of availability of clinical staff.

Finally, access to services continues to pose a significant barrier with lack of available services and health professionals in rural and remote Australia, discussed further in *Attachment A*. For many, while digital mental health services pose an innovative solution, reliance on internet for telehealth and online mental health services is not sufficient given some Australians may not have internet connections of the required quality to sustain this.

Evidence-based mental health responses to drought

A review of the evidence base of drought mental health initiatives, conducted by the Sax Institute and NSW Health, provides an 'evidence check' of health and resilience services under the Emergency Drought relief packages.⁸

Of the limited research available, the 'evidence check' found psychological treatment programs followed by mental health outreach and care coordination demonstrated the greatest evidence base. However, the evaluation of initiatives focused on reach, acceptability, implementation and sustainability without reference to outcomes such as cultural and attitudinal change; improved mental health wellbeing; strategies that build individual, household or community strength; and strategies that decrease suicide or self-harm.⁸ These findings draw attention to the importance of and need for further research grants, such as those provided in response to the [Australian bushfires](#), in order to build a solid evidence base for a coordinated Government response to natural events specific to the Australian climate that will reoccur. Currently, the majority of the research is occurring within NSW at the Centre for Rural and Remote Mental Health – it would benefit from consideration of broader national applicability.

While there is a paucity of research into drought mental health initiatives, the program with the largest and strongest evidence base is the Rural Adversity Mental Health Program. Whilst the NMHC does not endorse individual programs, the Rural Adversity Mental Health Program case study below is beneficial in highlighting the need to deliver services that are community owned and community led.

Case Study: NSW Rural Adversity Mental Health Co-ordinators

While there is a paucity of evidence around the effectiveness of drought mental health programs within Australia, the Rural Adversity Mental Health Program funded by NSW Health in 2007 in partnership with the Centre for Rural and Remote Mental Health has run for over 10 years in response to drought.⁹

Co-ordinators are employed across local health districts, and work frontline within the community aiming to identify community members who are struggling with their mental health and providing connection to services as needed. As valuable members of the community already, the co-ordinators use existing networks and local knowledge providing a soft entry point to services with engagement usually occurring outside of the clinical setting.⁹ The program now is able to provide assistance during all climate-related events. The program builds strong rural service networks, mental health literacy and resilience in the communities.

Challenges in the evaluation of the program exist in limitations around funding cycles and systemic change in the mental health system due to mental health reform. Evaluations of the program indicate that the community development model has been considered helpful at building community resilience in the face of drought.¹⁰

Summary

In light of the above, the NMHC acknowledge the expansion of the Medicare Benefits Schedule (MBS) sessions for those in drought-impacted areas to increase accessibility, including telehealth to be available without a GP referral. We note the same approach recently employed in response to the Australian bushfires. While increasing the availability and accessibility of services is valuable, due to the complexities raised above, the NMHC recommends the development of a long-term national program that promotes mental health, improves service access and coordination, and links farming communities to more effective local responses to emerging mental health needs. This would encompass mental health outreach and care coordination, perhaps using a community development model similar to the Rural Adversity Mental Health Program.

This recommendation is consistent with current drought policy, given the shift in 2008 within Australian and State and Territory Governments to a risk management approach rather than a crisis response. This approach emphasises the value of long-standing services within communities, with the long-term goal of preventing rural mental health risks from drought rather than managing the consequences.

Through implementing a long-term program utilising a community development model, coordinators can be embedded in the community and offer 'grass roots' community led initiatives that meet the specific needs of the community and aid in increasing mental health literacy.

Recommendation 1: The development of a long-term national program that promotes mental health, improves service access and coordination, and links farming communities to more effective local responses to emerging mental health needs.

The Australian Government Drought Mental Health Response: At Risk Populations

Suicide Prevention

High suicide rates in rural and remote Australia

The NMHC considers that any response by government, whether national or state and territory, should in particular address the risk of suicide in drought-affected communities. As stated by the Productivity Commission,¹¹ research indicates significantly higher rates of mental health problems in those living in drought affected areas. Patterns of suicide and suicide attempts differ throughout Australia; in particular, it is known that those living within rural and remote Australia have high rates of suicide. The Australian Institute of Health and Welfare (AIHW) data from the National Mortality Database indicates Australians living in remote Australia and very remote Australia are 1.57 and 1.97 times more likely to die of suicide than the average Australian.¹² Additionally, males in rural and remote Australia are at greatest risk within this group. There is also an increased risk of youth suicide occurring in clusters in remote areas, an incidence that is not reflected in adult suicide clusters.¹³

It is important to note, however, the suicide rate in some rural and remote areas is low,¹⁴ highlighting the complexities of suicide in rural and remote areas. Research tells us that there are place-based social and economic factors that impact a person's mental wellbeing, not just mental illness. Given that both drought itself as well as the communities it impacts are heterogeneous, plans and responses to the incidence of suicide need to be tailored to meet community needs.

The agriculture industry has been particularly exposed to the impacts of climate change and associated natural disasters with some research indicating that higher average temperatures correlate with higher suicide rates.¹⁵ Of particular concern is the increase in suicide particularly by male farmers during drought. Young farmers are also a risk group with research identifying that the impact of drought related stress is more common in young farmers (compared to older farmers) who live and work on a farm in a remote area, and are experiencing financial hardship.¹⁶

The impact of suicide extends beyond individual families to entire communities. A research study titled *The Ripple Effect* by Suicide Prevention Australia and the University of New England identified that 89% of respondents knew someone who had attempted suicide, 85% knew someone who had died by suicide, and 80% of people had been exposed to both suicide attempt and death.¹⁷ For rural

and remote communities, where population size is lower than metropolitan areas, the impact of a suicide is even more pronounced.¹⁸

Responses to drought related stress and suicide prevention initiatives in rural and remote areas need to address the contributing and compounding factors such as the financial hardship when farms are not productive; increased workloads on farms resulting in further social isolation of farmers from their family, friends and community; the intrinsic linking of farming with identity; generational responsibility for family farms; and the rural male masculinity of ‘stoicism’ in the face of adversity.^{19,20} This stoicism is believed to result in restricted motivation for help seeking and thus poorer health outcomes among male farmers.¹⁹

The NMHC refers the Committee on Rural and Regional Affairs and Transport to its [initial submission](#) to the Productivity Commission’s Inquiry into mental health, which details existing issues in suicide prevention and makes recommendations for system improvement. Interventions within the rural and remote context need to be community-driven and within the bounds of available resources and the community’s culture.²⁰

Suicide Prevention Response

The NMHC notes that the *Australian Government Drought Response Resilience and Preparedness Plan (DRPD)* does not address the incidence of suicidal behaviour amongst drought-affected communities. The Australian Government supports a whole-of-government approach to suicide prevention, which would ideally see the elevation of suicide prevention in all relevant government strategies and plans. Given the known impact of drought-related stress on individuals and communities, the NMHC recommends the DRPD addresses suicide prevention and details actions that are evidence-based and best practice.

Recommendation 2: Whilst the DRPD identifies continued investment in mental health support programs in rural communities as an action, a specific response to suicide prevention is also required. This response would need to include evidence-based community awareness training and resources including community gatekeeper training and the involvement of peer workers; access to services (including aftercare); and postvention support.

The Mental Health of Young People

It is known that drought exacerbates risk factors that young people living in rural and remote Australia are already vulnerable to including poor mental health, suicidality, social isolation, disruption to living arrangements and education.²¹ As discussed, many initiatives are underway to support drought impacted communities, but few offer a specific plan or focus for young people.

In August 2019, the Australian Minister for Health announced the development of a *National Children’s Mental Health and Wellbeing Strategy* (the strategy), to be led by the NMHC. The strategy aims to develop a framework to guide and inform the Australian Government’s investment and commitment to the health and wellbeing of our children (aged 0-12 years). A priority area of this strategy is to address the impact of adverse life events and trauma, including for children in rural and remote communities. In light of the research revealing stress on young people, it is important that the impact of drought on children and young people’s mental health remain on the agenda.

UNICEF Australia conducted consultations with young people across drought stricken areas which indicated the significant impact of drought on their life.²¹ Findings suggested that workloads for children on family farms increase in response to drought, resulting in less time for their studies and recreational activities. Young people reported that drought impacted their everyday life, instilling fear around the future – both for their family and their finances, but also for their own trajectories of whether they should take on the family farm. Further, the incidence of drought was disrupting to their schooling where they were having to take time off school to work on the farm or were unable to complete homework tasks due to working on the farm after school. Overall, UNICEF found through their consultation that young people were concerned largely with their family and community’s needs, often neglecting themselves.²¹

Consistent with this, a further study that adapted the Rural Adversity Mental Health Program for children in school settings found that young people experience increased worry about the impact on the family, often taking on ‘adult responsibilities’, increasing social isolation, unrecognised distress and lack of access to services along with exposure to risk such as domestic violence.²² Young people identified that their mental health and relationships were being impacted, they had trouble accessing service and worried about their families, finances, their communities, and their future and whether to continue with succession planning for the family farm or not. As a result of decreasing numbers and businesses in communities, alongside increasing workload on the farm, young people increasingly reported loss of recreation time and increased social isolation.²² Young people identified they would like more information on getting help to assist in building coping skills and services to help that understand drought and support groups within the community.²²

The NMHC attended the recent NSW Youth Drought Summit on 11 October 2019 where young people expressed the weight of responsibility they take within their families. Not wanting to worry their parents further, they carry stress and anxiety related to increased workloads on the farm and the pressure and financial stress their families face. Young people emphasised that technology and access to support out of hours in an anonymous way is critical. This becomes even more important for young people living in rural and remote areas where support and services availability is scarcer.

Recommendation 3: The NMHC recommend that the Australian Government drought mental health response include a specific response for young people in drought-affected communities.

Mental Health of Aboriginal and Torres Strait Islander People

The *Fifth National Mental Health and Suicide Prevention Plan*²³ identifies as a priority “Improving Aboriginal and Torres Strait Islander mental health and suicide prevention”. Yet drought exacerbates the poorer health outcomes and disadvantage already experienced by Aboriginal and Torres Strait Islander people including educational, economic, behavioural and cultural barriers.²⁴ For some Aboriginal people, who are employees of the pastoralists or related businesses, (or sometimes landholders or leaseholders themselves) the impact of drought and subsequent loss of income can be far and long-reaching on their extending families. Resulting unemployment can lead to migration of adults to regional centres leaving communities of young children and grandparents.

The NMHC notes the lack of reference to specific drought mental health response targeting the needs of Aboriginal and Torres Strait Islander People. Connectedness to the land is important to the health and wellbeing of Aboriginal and Torres Strait Islander People with research indicating that

prolonged drought has a significant impact on the mental well-being of Aboriginal and Torres Strait Islander People.²⁴

One research study that consulted key members and Elders of communities found that prolonged drought can impact well-being in six key ways; damaging traditional culture; skewing the population profile in smaller centres; exacerbating underlying grief and trauma; undermining livelihoods and participation; aggravating socioeconomic disadvantage; and creating a context for behaviour that brings shame to culture.²⁴

Valuable solutions identified in the study include community led or Elder-led initiatives that rebuild connection with culture, arts and the land.²⁴ Additionally, continued support of Aboriginal and Torres Strait Islander health promotion programs, utilising Aboriginal dreaming understanding of the land to rebuild connectedness to the land, and Aboriginal and Torres Strait Islander People partnering with state and local governments to care for the land.

In summary, the NMHC urges the Committee on Rural and Regional Affairs and Transport to consider the impact of drought specific to Aboriginal and Torres Strait Islander People given the connection to country. Governments need to consult with local communities to develop appropriate responses that could include additional Aboriginal mental health workers, social emotional wellbeing workers and healers to provide mental health services both in Aboriginal Community Controlled Health Services and also in mainstream services.

Recommendation 4: The NMHC recommend that the Australian Government drought mental health response include a specific response for Aboriginal and Torres Strait Islander people in drought-affected communities.

Concluding statement

Supporting population mental health and wellbeing, and intervening early when individuals are at risk reduces distress, disadvantage and disability over the lifetime. It is also known that policies focussed on early intervention and prevention have positive downstream impacts, particularly for the most disadvantaged in our society. Whilst the NMHC acknowledges the Australian Government is supporting farmers, their families and rural communities to build resilience and preparedness for drought as detailed in its *Drought Response Resilience and Preparedness Plan*, the NMHC believes the drought mental health response could be strengthened. This includes an Australian Government response that acknowledges the unique mental health needs of rural and remote Australia, through community led initiatives and programs with a specific response to the needs of young people, Indigenous Australians and suicide prevention.

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