ARE YOU OK?

THE SCARF COMMUNITY EDUCATION PROGRAM TRAINS EVERYONE TO PLAY A ROLE IN PREVENTING SUICIDE.

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LIKE THE SOFT woollen garment that gives the program its name, SCARF is unfurling across rural Australia and offering comfort in tough times. A health and wellbeing program with a strong emphasis on suicide prevention, it is resonating strongly with farmers and those who work directly with them, as well as the health providers who support rural communities.

SCARF (an acronym for Suspect, Connect/Care, Ask, Refer, Follow-up) is coordinated by Meg Perceval, of the Farm-Link project, which is funded under the National Suicide Prevention Strategy. Based in north-western New South Wales, she has been working in the field of farmer suicide within the Centre for Rural and Remote Mental Health at the University of Newcastle for more than seven years.

"I developed SCARF especially for a rural audience," says Meg, a farmer/grazier herself, who was also raised on a farm. "It provides insights into the factors that put people living in remote locations at particular risk of suicide and empowers us all to recognise and respond more effectively to symptoms of mental ill-health. A lot of the program is about connection, and making sure that we have the skills we need to care for others. A scarf offers warmth, protection and nurturing, and that's the SCARF philosophy."

Since December 2012, more than 400 people have undergone SCARF training, including agricultural bankers, livestock agents, vets, natural-resource managers, agronomists, insurance representatives and government employees, as well as farmers themselves. A separate clinical program is delivered to general practitioners and those working in the mental-health sector. It aims to raise awareness and to link farmers with those who work in primary and mental health. But it's by no means easy subject matter. "It's not unusual for the mood in the training room to get very heavy," Meg says. "Sometimes people can find themselves weeping. Suicide is a very sensitive subject."

One recent SCARF training session for a group of rural financial counsellors in northern New South Wales began with an overview of what constitutes good health, and explored the inter-relationships between physical, social and mental health. The importance of diet, sleep and exercise was discussed, as well as how a person's sense of meaning and purpose, social connectedness and their physical environment influence their health and outlook. To underline the importance of such factors – for everyone – participants were asked to make a personal commitment to improve an aspect of their own health and wellbeing.

"People in rural areas are not as healthy as their urban counterparts, especially in terms of obesity, alcohol use and exercise levels," Meg says. "Only 30 percent of Australians have sufficient physical activity for health benefits, and people in rural and regional Australia have surprisingly lower levels of physical activity than those in major cities. If we can improve the overall health within rural communities, then we can help to prevent suicides."

Mental-health problems are extremely common in rural Australia and can be terribly disabling, but effective treatment is available. Maintaining good physical health and wellbeing is a vital antidote, along with social connectedness. People with high self-esteem, a secure identity, sense of purpose, problem-solving skills and a willingness to seek help will generally fare better if things go awry. "The difficulty among farming communities is that people can't be separated from their physical environment," Meg says. "The link to the land and your livestock provides a very important sense of identity, especially when the home, heritage and business are wrapped up in one. There can be layers of loss and displacement when things change."

During the second half of the training session participants learnt how a mental illness can interfere with a person's cognitive, emotional and social abilities, and heard some very confronting facts about suicide rates in rural Australia (see box on page 34). In answer to the age-old question of why someone would do "the unthinkable", Meg recounted the Interpersonal Theory of Suicide, developed by Dr Thomas Joiner of Florida State University.

"Suicide is not simple; it's very complex, but Dr Joiner's theory is that people suicide because they want to and they can," Meg says. "Regardless of the individual circumstances, the person will perceive that they are a burden. In their mind, their death would be a net benefit to the people they love most. They also commonly feel that they don't belong.

"The theory posits that people who are capable of taking their own life are generally those who have been exposed to and have a tolerance of pain, injury or death. Farmers, like some other professions, are more exposed to death, through livestock slaughter and other day-to-day tasks like pest control. They have

SCARF coordinator Meg Perceval discusses the mental health education program with New England farmer Nathan Bliss.

A group of medical professionals receive SCARF training in Armidale. At the front are (l–r) psychiatrist Dr Tanveer Ahmed, Meg Perceval, SCARF project support officer Fiona Livingstone and Professor Prasuna Reddy, director of the Centre for Rural and Remote Mental Health.

familiarity with and access to means. When the desire and the capability overlap, the person may be at high risk of suicide."

One of the tragic legacies of suicide is that bereaved friends and family frequently say that they didn't see it coming. SCARF educates participants on recognising some of the warning signs. "The person might say 'I am such a useless bastard' or 'I can't get anything right'," Meg says. "Sleep difficulties or sleeping too much can be a symptom of a depressive disorder, and sometimes you might notice changes to their physical environment – a shed that is normally tidy being in a mess, or a paddock uncharacteristically full of weeds. Take any communication about suicide seriously. You don't want to be left thinking that you should have talked about it."

Suspecting that someone is not travelling well is the first step. The next is connecting with them, showing you care and letting them know you would like to help. It is imperative to ask directly and unambiguously if they are having suicidal thoughts. "The simple act of reaching out can save a life," Meg says. "We need to be able to create a safe opportunity for conversation free of stigma and judgement. People don't necessarily want to die; they want to stop their pain. The only attitude you need to bring is one of genuine caring."

To support a person effectively means knowing who to refer them to for local specialist treatment – whether that is a GP, counsellor, psychologist or psychiatrist. Following up on the treatment the person subsequently receives is equally important.

Small talk

WRITER AMANDA BURDON WAS MOVED TO WRITE THIS FICTIONAL PIECE AFTER UNDERTAKING A SCARF COURSE.

Would you spot the warning signs?

The people outnumber the dog-eared magazines in the waiting room three to one. The doctor calls his next patient, but barely notices the crumpled man emerge from the dense camouflage of brown jackets and blue jeans. Good clothes, saved for trips to town.

A calloused handshake, a wary smile. "It's been a while. How's that back going after your fall?" "Alright. Still catches me now and then. Still gettin' headaches."

There is an awkward silence as they walk to the small room, shut the door and settle into their chairs. The doctor asks about the prospect of rain. He watches the farmer shift in his seat, struggling to find a reply. Looking to his boots, as though they might – somehow – deliver a promising forecast.

"It's gotta rain soon, doc. This shoulder's been killin' me." He winces as he prizes off his jacket and shirt to reveal a beige singlet. "Bloody bore water makes everything brown. Edith's always complain'n."

His skin is white, just like a baby's, the doctor observes. Rarely sees the sun. Pity you couldn't say the same for his face and hands, covered in sunspots and freckles. That black mark on his cheek looks like trouble. Mental note: full skin check at next appointment. The deltoid is tight, tension at the back of the neck. Ahhhh! No wonder he's suffering headaches. Arm extension limited. How the hell does he ride a horse? Or lift a hay bale?

"Sleeping okay?" "A few hours a night." "How would you rate the shoulder pain out of 10?" "Oh, about four or five." "Having a few beers at night?" He nods. "Helps me get to sleep."

"And what about your diet? Are you eating properly?" "Haven't got much of a stomach for food lately. Too much to do, watering and feeding the stock and all." "How would you describe your mood?" Silence.

"Short-tempered? A bit forgetful? Cranky all the time?" The older man nods again, begrudgingly and picks at a scab on his arm. He checks his watch. The mob will be going under the hammer soon. How much more time will that buy? Edith should have finished the shopping by now. She'll be wondering where I am.

A cup of strong, black, coffee – I'm going to need one soon if I'm going to make it through to lunchtime, the doctor thinks, logging his notes into the computer. Ah, the joys of computers. Anti-inflammatories, referral to the OT at the hospital; that should do it. Where's my script pad?

Then, from nowhere... "I just don't know what to do, doc. My body's buggered and I can't afford hired help. Jack's in his last year at boarding school, but what's he gonna come home to? More bloody debt. Even the '60s drought didn't break my father's back. Four generations. Four generations ending with me. A bloke oughta just..."

He stops short. Frightened by the words that might tumble – like shorn sheep from the chute – out of the mouth of a man he no longer recognises. A man who looks 10 years older as he pulls the blunt razor across his jaw each morning.

He pulls a hanky from his pocket. Lavender. Edith reckons it beats the caustic bore smell. That woman. The doctor waits.

"I've been to the bank. Harry Black says he can give me six months, nothin' more. Our backs are to the wall. If we don't get rain soon..."

The doctor's computer screen bleats. His next patient is due. It's barely 10am. He's the only doctor on today and due back at the hospital at 1pm for his rounds after a busy night on call. And already running late. Bloody back-to-back rosters.

Yet something in him shifts. He turns to the man opposite him, who is now staring at him beseechingly. He sees the tiredness in his red eyes, the tightness in his jaw. He registers the nervous way he now wipes his glasses with his chequered hanky, again, and again. Catches a whiff of Edith's floral disguise. Narelle on reception is not going to be happy.

"These are tough times, Bob. I can give you something, just 'til your travelling a little better, if you like. A lot of blokes need a hand from time to time, you know. Just a few milligrams to take the edge off. And some pain relief for the shoulder. Some counselling might help, too, for you and Edith both. I bet you're not the only one struggling.

"Have you met Sandy Harris at tennis? Well, she's a psychologist and a damn good one – Ted Harris's daughter. You might remember her from pony club. Easy to talk to, knows a thing or two about farming. I'll just make a call. Won't take a minute. She can probably see you this week if you can get back in to town. How about a cuppa while you wait?"

For the first time in what seems like months the farmer feels his face slacken, his shoulders sink. He sniffles and again meets the doctor's gaze. "That'd be good, thanks doc. Haven't had a thing since five this morn'n. The coffee's shit at the saleyards."

Cold, hard facts

Every year, about 2500 Australians die from suicide, or approximately 11 in every 100,000 people. It's conservatively estimated that a further 65,000 Australians are known to attempt suicide each year. Suicide rates in rural and remote areas are generally higher, and in some cases far higher than the national average. Suicide is the 10th leading cause of death in males in Australia.

According to most experts, approximately 90% of people who die from suicide are suffering from a mental illness at the time of their death. Mental illness is the third largest disease burden in Australia. In any one year, about 3.2 million Australians aged 16–85 suffer from some form of common mental illness. Only about 35% access treatment, and this figure is lower in rural areas.

Researchers are trying to understand why people in rural and remote areas are at greater risk of suicide. Possible factors may be higher levels of geographic and social isolation, lower socio-economic circumstances, access to means (especially firearms) and the challenges of their physical environment. Rural men may be less likely to seek help because of the traditional culture of being stoic in the face of adversity and blaming themselves for economic and climatic conditions. Rural people also experience higher levels of alcohol misuse, which can increase risk of mental-health problems especially in those people with anxiety and depression. For more information see **www.crrrmh.com.au**. If you are concerned about yourself or someone else, ring Lifeline, available 24 hours a day, on 13 11 14.

Experienced psychologist Amanda Rose found she had a lot to learn when she moved from the city to establish a bulk-billing practice in Inverell, NSW, two years ago. "Taking part in the clinical SCARF training gave me a better understanding of what can contribute to suicide in rural and farming areas – especially the fact that people can actually feel more disconnected in a small, close-knit community and that often there is no reprieve from the ongoing financial stresses, especially during drought," Amanda says. "In small communities people often don't disclose information or seek support because they fear gossip. Suicide comes up a lot more. I am seeing more men with suicide intentions or having failed in an attempt, and there are high levels of undiagnosed mental illness. There are still many stigmas surrounding mental health and suicide, but having an open dialogue about suicide through programs like SCARF will, in my opinion, save lives.

"Participating in the training made me focus much more keenly on encouraging my patients to develop a sense of belonging and to find ways to enjoy themselves. If they can't improve their connections through friends or family, then I encourage them to connect in other ways through hobbies, music, art or joining a club. Some find a sense of belonging in appreciating the beauty of their land and animals."

Meg says she encourages all participants in SCARF training to apply what they learn firstly to themselves, then to their family and workplace. "We're all in this together," she says. "Mental illness is real; it's an illness that affects physiological processes within the body. We need to accept mental illness for what it is – just another illness. Suicide prevention is everyone's business."

SCARF project support officer Fiona Livingstone and coordinator Meg Perceval in the saleyards at Armidale, in northern NSW.