RURAL AND REGIONAL SERVICES AND DEVELOPMENT COMMITTEE

Inquiry into cause of fatality and injury on Victorian farms

Wangaratta – 15 April 2004

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Dr P. Egan-Vine, National Association for Loss and Grief (sworn).
The CHAIR — Under the powers conferred on this committee by the Constitution Act and the Parliamentary Committees Act this committee is empowered to take all evidence at these hearings on oath or affirmation. I wish to advise all that evidence taken by this committee, including submissions, is, under the provisions of the Constitution Act, granted immunity from judicial review. I also wish to advise that any comments made by witnesses outside the committee’s hearing are not protected by parliamentary privilege.

Dr EGAN-VINE — My name is Dr Penelope Christine Egan-Vine, and my home address is 780 Pemberton Street, Albury. I am coming with many hats, being a community member, but officially I am representing the National Association for Loss and Grief in this region. My background is that I graduated in medicine from Monash University in 1970 and specialised in paediatrics. I moved to the Albury-Wodonga area in 1978 and worked in the area of developmental disabilities. Soon after that I started a support group for families who had been through a cot death. Because I was the local guru on toilet training and temper tantrums, I was approached by people, saying, ‘My husband has died in a farming accident. How do I help the children?’ I did not know, but I went and learnt. I have been working full time for the last 12½ years as a grief and loss counsellor.

I have been particularly interested in the impact of tragedy on communities and the way tragedies tend to isolate people as much as they tend to get people together, and I have done lots of study and community work in that area. Rural communities want to be supportive, but one of the things that isolates people is their sense of helplessness. I have been working quite hard at using the opportunity of tragedies to make people link together rather than be separate, and in 2001 I was made a Member of the Order of Australia because of that work. So I have had a lot of experience. I am really good at working with people; I am not necessarily into the theory or the government stuff.

When you look at injuries on farms, and I was reading the Department of Human Services submission, 12 out of the 20 deaths that happened on farms in 2001 were suicides. For every suicide it is estimated that about 1000 people contemplate suicide and about 50 will attempt it. The prevention of suicide has been the focus of a previous government inquiry and there have been several attempts to reduce that. There is also the commonwealth government National Mental Health Strategy and the Beyond Blue project, which Victoria has been very instrumental in putting in place in an effort to increase the skills and awareness of general practitioners, who are often one of the last ports of call of people who are depressed and contemplating suicide — although there is no guarantee they will tell the doctor that — and also making the general public aware of the impact of depression and anxiety.

While this inquiry is looking at accidents and fatalities in general, mental health is integrally involved in the economic, social and environmental issues such as droughts and fires and the associated breakdown in family relationships and domestic violence. When we look at current programs, there are many programs in place. I am thinking of the primary mental health program that has been organised in this community. Programs are aimed at three levels. One is the prevention at a tertiary level — taking the gun from the person’s hand, that crisis response. In the rural community that is often very difficult because of lack of access to services, a sense that services are often stretched beyond tolerance. I have people who I am working with who are suicidal, and I cannot get them to see any mental health people other than myself for six months because of lack of services and overcrowding, and these are people that I am seriously concerned about. I can have telephone conversations, but in terms of having direct support, it is much more difficult. That is of particular interest with adolescents.

There is prevention at the secondary level, which is addressing issues of mental illness — and Beyond Blue is one of those programs — and providing people in the community with awareness of what mental health is, reducing the stigma. There is prevention at a primary level, which is promoting community mental health — addressing the issues of community connectedness and the sense of local support, which are often worked against in times of drought where there is competition for limited resources, and people find themselves caught up in old ways of surviving which are no longer acceptable or predicted. When I think that farms have to be run as a business, one of the difficulties is that farmers who are very competent in running their farms are suddenly considered incompetent because they are not filling out the paperwork, they are not doing those things.

Comparing what is happening on farms to what is happening in other industries, one of the biggest things about being on farms is the isolation, the access to lethal weapons, and a significant community stigma related to mental illness and the independence of farmers. I was listening to the other people talking about masculinity — that sense of getting on and doing the job and going in. Part of being a farmer is doing what is difficult and not complaining because there are no other choices, and that is a strong family culture.
There is the huge dependency on nature, which can be factored in, but there are limits to how much you can factor in drought plus fire. Talking with farmers, they could not rebuild their fences because all their money was going on hay for the animals, and they could not keep the animals in because they did not have the fences — those senses that no matter what they did, it was going to be difficult.

One of the other things that relates to farms, as I am sure you have been told, is that the home is the workplace. What is happening in homes has an impact on how people work. That sense of isolation and the fact that people are often working alone slips very powerfully into depression, and if I could talk briefly about depression, depression has been with human beings for centuries, but there are balances between just feeling down and feeling quite physically ill with depression. Depression is recognised now as a physical illness similar to diabetes or epilepsy — that it is a change in the body. What happens is that it enhances people’s awareness of isolation, it enhances people’s sense of helplessness and sabotages their resilience. There is the constant demand to keep going, to put your head down and get on with it, because what happens behind our eyes feels real, and there is not a sense that people question what is going on. If your blood pressure is high, you go and get treatment. If you are feeling low, you stay home. The very nature of depression is that it increases people’s isolation. As I mentioned earlier, there is a sense that the current economic situation and the current drought add to people’s sense of helplessness.

Alongside the demand that farmers run farms as a business and that if they cannot run it, then they are in the wrong job, we have the current climate of recognising and valuing human beings and recognising that mental illness is preventable. There is an increasing recognition that some of the economic actions that are happening are decreasing people’s sense of being part of a community. Closing down the banks means that people no longer come into the town because they go somewhere else. The sense of standing around the bank talking because everyone has come into town — people lose that sense of community, so people feel even more isolated. The easy contacts that have been in place are no longer there.

The impediments to working with farmers are their very independence and their stubbornness, because you cannot stay on a farm unless you are stubborn — the nature of depression, the fear of suicide and the contagion of helplessness. If you talk to someone who is suicidal, most people get paralysed because they do not know what to do. If you talk to someone who is really down — and I think of Eeyore in Winnie the Pooh as the classic example of someone who is depressed — they are boring company; people tend to avoid them. Depression is isolating because people move away from it. There is often a tug of war. People are trying to take the depression off people. They say, ‘Come on, pull your socks up. Get going.’ Another impediment is the sense of government intrusion — a them-and-us mentality; that if someone tells us what to do, ‘I do not want to do it because it is just government bossing me around and they are going to spy on me’. There is an element of paranoia that goes with depression as well.

It is very difficult when you look at what could be done to make it accessible and relevant to what is going on for people, because there is a resistance. I am very aware that one solution, such as helping people with suicidality or giving people information, can actually create other problems. The increased idea that farms could be run as a business means that some people fall out of that and fail. When you create order, there is also disorder alongside of that.

The strategies that I would like to talk about are continuing programs that focus on community development, as we were talking about with the previous speaker — the idea of focus groups, the idea of creating forums where people can talk about their local issues, providing people with information about the benefits that they can get to support them, also including the impact on relationships and community in economics decisions. The removal of banks has been a classic example of how to really disrupt a community — an economic decision is a solution that creates more problems. Anthony Giddens commented in his book Risk Society that we do not know what the problems are going to be until they turn up, so we are learning from our experiences and including that. The strategies that are in place, and I would like to see happening more, are providing information about depression and suicide to the community and to the workers. I have been involved in several forums that have been run by Rotary providing information about mental illness. I am also a hobby farmer, and I am a member of a Landcare group. I am aware of the really good work being done by Landcare. It seems to me that Landcare would be a forum where farm safety could be linking in, but also offering Landcare groups information about mental health issues and suicide prevention.

One of the projects that I have been involved with in my hat of being a member of the Albury-Wodonga suicide prevention task force is that we worked with Lifeline employing someone to work with men’s groups, linking them
and informing them about mental illness. One of the most effective parts of that was training the Elders stock agent who goes to farms and talks about farming machinery and crops and things. This worker also worked with car mechanics and football clubs talking about mental health issues and recognising that. She was female, but she was very butch and gay and, despite expectations, very acceptable to the men’s groups, and I think that was more about attitude.

Again one solution can create other problems. You can get a solution and put a person in that place who may not have the life skills to make them able to do it, so finding a worker who has the skills and the personality is really quite crucial. One of the difficulties with government is that you provide solutions but the worker does not fit the need and either the person does not like the farmer or the farmer does not like the person. So as with Margaret, finding someone from within the community to do that work is really important. I could probably go on for ages, but I would rather answer questions and make it relevant to you.

The CHAIR — Have you done some work on the economic and social costs of deaths on farms?

Dr EGAN-VINE — No, I have not. I am very aware of the emotional impact and the loss of productivity that goes with that — the loss of heritage. There are lots of things that happen — widows left running farms; small children without a father or families running farms with two children having suicided in the barn at some stage; the loss of productivity, the loss of people leaving farms because they do not want to go into the shed any more; and the echo that goes out into the community. Much of the work that I have done in communities has related to a suicide, a car accident, a murder all happening in the one community over a short period of time. It has a major impact.

Mr WALSH — We have others industries apart from agriculture that have been through major restructures, downturns or whatever you want to call it. In your experience, is what happens in agriculture when there is a drought or a downturn similar to when a major industry closes in a town and the other associated problems that come with that, or is everything unique to agriculture?

Dr EGAN-VINE — Yes, there are many similarities of course. The issue with the agriculture is the isolation of the worker and the sense of competition that develops between farmers around access to limited resources. The more distressed people get, the more they withdraw within themselves and start to separate from others, and each one becomes preoccupied with their own experience. When you have a downturn in a business like in the timber industry in Mount Beauty, there is a sense of working as a community to deal with that.

Mr INGRAM — Is the farming issue compounded, as we have discussed, because it is also the family home and you cannot actually leave the stress and the others issues around that? Would that compound it all?

Dr EGAN-VINE — Yes, and you cannot escape it. There is the contagion. The husband is depressed because it is not working or the wife is depressed because she does not have the lifestyle that she hoped for. It spreads within the family.

Mr MITCHELL — With suicides on farms in particular, can you give us a bit more detail of the effects on the family short term and long term? For example, you have had the initial reaction where all your friends and family come in close and then all of a sudden four weeks later there is no-one there, you are sitting at home by yourself.

Dr EGAN-VINE — That is right, and then the head starts churning. It has been my experience that it probably takes about 18 months to even start to realise that it has happened, and in that process people are trying to rewrite the movie so the ending is different, going over their role and the contagion of guilt that goes out and, in terms of suicide prevention, the depression that comes following that. It is usually about 7 to 10 years before people can say, ‘I am starting to feel normal again’. It has a huge impact on people’s capacity to take risks. When you have had what I can only describe as a disastrous unpredictable event, people have no any energy left to take out a loan or do something that they would normally be doing. They reduce their risks, which means they will not be functioning as well.

Mr MITCHELL — Does it also have an effect on their social interactions with the community?

Dr EGAN-VINE — Yes. Despite the work that is going on there is still a huge stigma. There is a lot of wife blaming, and the thought that came into my head in that sense is that for a long time, mostly before someone
commits suicide, the family have been struggling with the person’s depression. I think of many people who come
to talk to me who have adolescents who are very obviously depressed, using drugs, alcohol or just engaging in
significant risk-taking behaviour, who do not know what to do. Even if you recognise that this person has
depression, getting them to see a mental health person or a doctor may involve kidnapping because they will not go
any other way, so finding ways of getting that communication going is important. Some of those ways are using the
farm safety programs, training up the people who are going into farms, like the guy who is driving the milk truck,
providing the community education programs that Cathy was talking about in terms of developing education.

One of the things that we found with the Lifeline project was that there is a very well-developed life skills program
developed by Lifeline that looks at what you do if you meet someone who is suicidal and how you help them. It
costs quite a lot of money to attend — something like $1000, or whatever it was. It was prohibitive for most of the
people. They wanted to talk about it, they wanted to learn, but it was more than they could afford; so making access
to information easier is important..

Mr WALSH — With those sorts of programs the Treasury boffins at any level of government all want to
know how to measure it, how to justify it and do all those sorts of things. How do we do that to convince them to
get the money to develop those sorts of programs?

Dr EGAN-VINE — I have not accessed the information but the economic impact of suicide on farms was
well documented in the 1997 project investigating suicide.

Mr WALSH — I accept that, but if we run a program like you have talked about, how do we prove that
your program works better or has worked better compared to one of the other programs that might be run by
someone else down the road? That is the challenge, because everyone’s program is the best one out, is it not?

Dr EGAN-VINE — It is, and I am not necessarily saying this is the best program.

Mr WALSH — No, but as an example?

Dr EGAN-VINE — I think it is about standing back and looking at the big picture. We are coming to
farmers with lots of projects but we need to have that community development focus. I think it is about recognising
that unless we are developing communities we are wasting our money, because just putting money into something
is like teaching a horse not to eat.

Mr WALSH — You want it to get used to the diet.

Dr EGAN-VINE — Yes. So I would see it not as developing it as a separate project but including it in
other projects that are going on.

Mr WALSH — So what is the key indicator that is the measure of a successful community under the
things you have talked about?

Dr EGAN-VINE — There are ways of measuring successful communities. There is Eva Cox’s work
about social capital. There is quite a lot. Griffith University has come up with a measure. I could provide that
information, if that would be useful.

Mr WALSH — Please.

Dr EGAN-VINE — Having that is an important component. In cities you take for granted that the
community exists, and if you are not a part of this community, you can move sideways. But rural communities are
about relationships. You can be alone in a family and you can be alone in a community, but the aloneness in a rural
community where you have access to very lethal weapons is fairly significant, and it must be included. Twelve out
of the 20 fatalities were suicides. You will never stop suicide because of some levels of mental illness, but it is
higher than the cities by a significant degree.

The CHAIR — Thank you very much for your submission today. It has been very helpful. You will
receive a copy of the transcript in a couple of weeks time and you may correct any matters or fact or grammar but
not of substance.

Witness withdrew.