Details for RHAANZ sessions at the National Rural Health Conference, 2017

Friday 31 March Concurrent Session 3 1.15 – 1.55pm
Chaired by Dalton Kelly
Session Title:
‘Framework to Improve Mental Health and Addiction Outcomes in Rural New Zealand’ – Michelle Thompson

Abstract
RHAANZ is delighted to present the Framework to Improve Mental Health and Addiction Outcomes in Rural New Zealand.

The Framework builds on the Government’s Rural Mental Health Initiative launched in June 2015. This joint initiative between the Ministry of Health and the Ministry for Primary Industries was born out of increased concern about the rates of mental distress, anxiety and suicide in rural communities, especially for those involved with the business of farming.

Rural Health Alliance Aotearoa New Zealand (RHĀNZ) was contracted by the Ministry of Health to lead the development of this cross-agency framework to guide future policy and funding decisions across government and non-government sectors including District Health Boards, Primary Health Organisations, agri-business organisations, local communities and other service providers. The success of the Framework requires a whole of Government and multi-agency approach if sustainable improvements to the mental wellbeing of rural communities are to be made. Ultimately, the Framework to Improve Mental Health and Addiction Outcomes in Rural New Zealand is an investment in the future prosperity of New Zealand.

Friday 31 March Concurrent Session 4: 2.00pm – 2.40pm
Chaired by Dalton Kelly

Session Title: Farm Related Suicides in New Zealand, 2007 – 2015: A review of coroners’ records
Presenter: Dr Annette Beautrais

Abstract

Background: The Global Dairy Crisis 2015/2016 prompted concerns about increased suicide rates in people employed in farm-related work. However, there is little evidence about the extent and characteristics of farm-related suicides in New Zealand.

Objective: To address this gap, we reviewed coroners’ records for a consecutive series of 185 people in farm- and agriculture-related occupations who died by suicide in New Zealand from 2007 to mid-2015. We also obtained provisional suicide data for 2015/2016 to assess recent trends in farm-related suicides.

Results: Farm-related suicide numbers did not increase dramatically in 2015/2016. Most farm-related suicides are not farm-owners, but young farm labourers. Dairy farm suicides accounted for 30% of all the farm-related suicides. Risk and precipitating factors for farm suicides were similar to
those for the general population: relationship losses, mental and physical health problems. Financial stresses made little contribution. Farm suicides were not an homogeneous group: We identified 6 distinct risk profiles.

**Conclusions:** Key strategies to reduce in reducing rural and farm suicide include: Improving on-farm firearm safety; Addressing suicide risk in young farm labourers; Educating rural primary care providers in depression and suicide risk assessment and management.