Rural issues - alcohol and depression

Summary

- Alcohol only masks psychological distress and mental health conditions, such as depression, and is not an effective treatment – you will need to find other ways to support your wellbeing if you want to feel better.
- Take steps to address the things that make you feel stressed and are getting you down.
- Support is available for people living in rural and remote areas. Consult with your doctor or community health worker for information, advice and referral, or seek online or phone support.

Some people who are depressed turn to alcohol to feel better. This is known as ‘self-medication’ and is a common but unsafe and ineffective coping strategy for farmers and other people living in rural and remote areas.

Research shows that farming men and women are more likely to consume alcohol at short-term risky levels (commonly described as binge drinking) when compared to the general Australian population. Men, in particular, consume more alcohol than is considered healthy. There is a strong link between excessive alcohol consumption, depression and suicide risk.

People in rural or remote areas have to contend with long-term sources of stress, such as extreme climatic events (drought, fires, floods, cyclones), pest plagues (such as mice and locusts), financial worries and isolation. These can contribute to psychological distress and mental health conditions such as depression and anxiety.

Alcohol can mask stress in the short term, but it does not treat the underlying causes of psychological distress and mental health conditions. In the long run, it can actually make these worse. Support is available to help farmers and their communities find other ways to tackle psychological distress and mental health conditions, such as depression.

Symptoms of depression

Studies suggest that farmers who are depressed don’t tend to use the word ‘depression’ to describe their state of mind, but may describe it as ‘stress’ instead. However, stress and depression are not the same and require different approaches to treatment.

**Depression** is more than feeling ‘down in the dumps’. A diagnosis of depression requires at least five of the following symptoms, almost every day, over a two-week period:

- feeling sad or flat
- losing interest and pleasure in normal activities
- appetite or weight loss (also binge/comfort eating and weight gain)
- sleep problems, such as an inability to fall sleep or early waking
- feeling tired all the time
- concentration problems
- feelings of restlessness, agitation, worthlessness or guilt
- lack of motivation to socialise or exercise
- feeling that life isn’t worth living

Self-medication with alcohol – the dangers

Research over the last ten years shows a clear link between alcohol use, depression and suicide risk.

Some of the dangers of trying to treat depression with alcohol include:

- short-term risks such as accidental injury, vehicle crashes or getting arrested for drink driving

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• long-term health risks, such as liver damage, brain damage and some cancers
• increased risk of harm – to yourself and others (through domestic and other violence, and damage to unborn children during pregnancy) – and an increased risk of suicide, especially among males
• losing work time – people who self-medicate with alcohol are unable to function satisfactorily at work and may lose productivity due to absenteeism, premature retirement or injury
• substance use problems, such as alcohol dependence (‘addiction’)
• social issues such as relationship breakdown, becoming withdrawn from social circles and difficulty in parenting or supporting your family
• financial burden associated with the cost of alcohol.

Statistics for alcohol consumption in rural communities

Alcohol causes changes in consciousness, mood and emotions. It is these intoxicating and psychoactive effects that can lead to accidents, injuries, diseases and disruptions to the family life of everyday Australians.

Selected statistics on alcohol use in rural and remote communities include:

• Men who live in rural communities drink around five per cent more alcohol than those in metropolitan communities.
• About one quarter of rural men who responded to a survey on lifestyle habits reported drinking more than four drinks per drinking session. About one third of respondents reported that they consume alcohol up to four days per week.
• Binge drinking (consuming many drinks in a single session) is more likely to occur in younger men.
• Teenagers in rural areas are more likely to drink alcohol than teenagers in city areas.
• In one study of women living in rural or remote communities, the majority who self-medicated with alcohol (and other drugs) also reported having emotional or mental problems.

Selected statistics on alcohol use by farming men and women from a recent Australian study include:

○ Farming men and women are as likely to be consumers of alcohol as are the general population.
○ Farming men and women are more likely to consume alcohol at least once a week compared with the general population.
○ Farming men and women are more likely to binge drink than men and women in the general population.

Reasons for the statistics

Some possible reasons for these alarming statistics include:

• The pub or the bar at the local sports club may be one of the few avenues available for socialising. Sporting clubs often rely on income from alcohol sales for survival.
• Socialising and alcohol consumption have become culturally associated.
• Boredom and lack of employment or alternative entertainment may be a factor in increased rates of alcohol consumption.
• Depression, anxiety and mental health issues are a serious and poorly managed problem in many Australian farming communities – barriers to getting help and lack of appropriate support can lead people to self-medicate with alcohol and other drugs.
• Advancing age is a risk factor in alcohol misuse. Older men are more likely to consume alcohol on a regular basis.
• Emphasis in education programs and the media on the short-term risks of teenage drinking (such as drink driving) can mean that longer-term risks, such as alcohol dependence, brain damage, cancer, lifestyle diseases (non-communicable diseases that are associated with the way people live, or the length of time that people live) or liver damage, are not considered.
• Alcohol may mistakenly be seen by parents and communities as a lesser evil compared to other drugs, which may mean there is greater tolerance for high rates of drinking among young people.
Barriers to getting help for mental health conditions

Some reasons why rural people may not seek help for psychological distress and mental health conditions, such as depression, include:

- self-stigma (when people accept other people’s negative, inaccurate views of themselves), resulting in shame, embarrassment and social isolation
- not understanding that they may be stressed, anxious or depressed
- the inclination to ignore personal problems and just ‘get on with it’
- a tendency to offer help to others, but avoiding asking for help themselves
- geographical isolation
- lack of time
- lack of public transport
- lack of healthcare facilities in the immediate area
- not having enough money to pay for accommodation while undergoing treatment in metropolitan areas
- not knowing about the range of health services available to people living in rural and remote areas.

Self-help strategies for mental wellbeing

Alcohol is not an effective treatment for poor mental wellbeing. It is actually a depressant. You will need to find other ways to support your wellbeing if you want to feel better. Suggestions include:

- Seek out trusted sources of information.
- Consult with your doctor or community health professional for information, advice and referral. Your doctor may suggest a short-term trial of antidepressant medication.
- Listen to your friends and family. If they say you are drinking too much, then you probably are.
- Don’t bottle things up – talk with loved ones and trusted friends.
- Discuss your anxieties, worries and feelings with a counsellor. They are trained to help you come up with practical solutions. Many counselling services are available online or over the phone.
- Make a deliberate effort to cut back on drinking. Some simple strategies are to stop keeping alcohol in the house, have alcohol-free weeks, and participate in ‘Feb Fast’, ‘Dry July’ or ‘Sober October’ activities, and alcohol-free social functions. Seek support to help you tackle alcohol dependence.
- Explore proven self-help strategies for improving social and emotional wellbeing, such as regular exercise, healthy eating habits, regular sleep routine, making time to do things you enjoy, keeping socially connected and finding things to laugh about.

Tackle your problems

Negative experiences and loss are common contributors to depression. Take steps to address the real-life stressors that are getting you down. Focus on things that you have some control over and don’t try to go it alone.

Make a start by seeking out appropriate support services. Assistance is often free of charge and, in some cases, support workers can come to you. Ask over the phone. Your doctor can advise you about services that are available.

Where to get help

- Your doctor
- beyondblue Infoline Tel. 1300 224 636
- CRANAPlus Bush Support Services Tel. 1800 805 391 – provides rural health professionals and their families with support to successfully manage the stress associated with remote area and rural practice
- DirectLine Tel. 1800 888 236 (Victoria) – provides confidential alcohol and drug counselling and referral, for people of all ages and backgrounds, 24 hours a day
- DACAS (Drug and Alcohol Clinical Advisory Service) Tel. 1800 812 804 (Victoria) – a 24-hour telephone consultancy service for professionals who need advice on the clinical management of alcohol and drug issues

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- **Family Drug Helpline** Tel. 1300 660 068 (Victoria) – provides support for families experiencing alcohol and drug-related difficulties

- **WayAhead-Mental Health Information Line** Tel. 1300 794 991 – WayAhead also provides an online directory of mental health services, mental health fact sheets, education and support groups throughout NSW

- **SuicideLine Victoria** Tel. 1300 651 251 – for counselling, crisis intervention, information and referral (24 hours, 7 days)

- **Suicide Call Back Service** Tel. 1300 659 467 – Nationwide service offering telephone and online counselling to people 15 years and over who are suicidal, caring for someone who is suicidal or bereaved by suicide. Especially suited to people who are geographically or emotionally isolated

- **Lifeline** Tel. 13 11 14

- **MensLine** Tel. 1300 78 99 78 – telephone and online support, information and referral service, helping men to deal with relationship problems in a practical and effective way (24 hours, 7 days)

- **National Centre for Farmer Health** Tel. (03) 5551 8533.

- **Australian Centre for Agricultural Health and Safety** Tel. (02) 6752 8210

- **MoneyHelp** Tel. 1800 007 007, 9.30 am to 5.00 pm weekdays – a free financial counselling and debt advice phone service for Victorians (includes interpreter services)

- **Rural Financial Counselling Service** Tel. 1800 900 090

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