Health Check Pit Stop Part B - Murray Bridge
Mental Health and Nutritional Health Literacy
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Introduction
Mental health is a generalised term encompassing a range of psychiatric disorders, such as anxiety and depression. Whilst community awareness for these are on the rise, stigma associated with such relatively common disorders remain high, and alone account for a significant proportion of the total burden of disease in Australia. In particular, regional and rural communities have a higher prevalence of risk factors for mental health disorders, such as smoking, alcohol consumption, physical activity and inadequate nutrition, and this is compounded with a reduced awareness of available services and how to access them. Increasing community exposure to mental health and health literacy activities may help address these issues and furthermore promote the empowerment of individuals to seek help or support those around them living with a psychiatric disorder.

Aim
To gather data and analyse associations on mental health, physical activity, alcohol consumption, quality of life, and health literacy on the population of Murray Bridge. Data will be collated and compared with other rural South Australian (SA) communities.

Method
Murray Bridge community members were invited to complete a questionnaire utilising validated methods of assessment to determine aspects of mental health and health literacy, including:
- Psychological Distress Status (K10)
- Physical Activity
- EuroQoL Group – Australia Version (EQ-5D-5L)
- Australian NVS Health Literacy Test
- Alcohol Intake Risk (Audit-C)
- Shift-Work disorder screen

Participants were recruited on a voluntary basis from the Murray Mallee Community Health Service and Murray Bridge Market Place Mall. Assistance with completing the questionnaire was offered and the Health literacy test was performed. All participants were provided with information to help increase awareness for mental health disorders, local support networks and improving overall healthy lifestyle.

Results

Psychological Distress:
49 participants completed the questionnaire. Majority of participants were at low/no risk of psychological distress, 45% and 6% respectively (figure 1).

Physical Activity:
43% participants reported exercising the recommended 150mins/week of moderate intensity physical activity.

Quality of Life:
The majority (80%) of middle aged group participants reported reduced quality of life due to pain, and slightly half (60%) from anxiety and depression (figure 2). In the oldest age group, ~60% reported reduced mobility and pain/discomfort. A substantial 25-35% participants in the youngest age group also complained of pain/discomfort, anxiety/depression, and impact on usual activities.

Alcohol Consumption:
Half of all participants (50%) were classified as at increased risk from heavy drinking, alcohol abuse and dependence.

Health Literacy:
50% participants had adequate literacy, but 11% had high likelihood of limited health literacy (figure 3).

Discussion
Poor health literacy, pain, excess alcohol use, depression and anxiety are affecting the lives of a sector of Murray Bridge Community members. This small screening project does not provide a health profile that is representative of the Murray Bridge Community. It does however report some mental health and health literacy issues faced by a sample of people from this rural region. Half of the participants demonstrated possible limited health literacy, indicating that they will potentially have difficulty understanding basic health information/services within the primary health care setting. The consumption of alcohol beyond the recommended safe drinking standards indicates another area for public health attention. Strategies such as in-depth assessments of drinking habits by GPs may help identify individuals that may benefit from alcohol abuse intervention. While reported physical activity was below the state average, that may be attributed to the older age of the sample. It may also be attributed to the level of impairment reported by the participants. The vast majority of participants aged <60 years, were impaired due to pain and discomfort or poor mental health. Elevated psychological distress levels, compared with a survey of South Australia, contribute to the case that further research and public health promotion may be warranted in the Murray Bridge Community.

Conclusion
Mental health and health literacy appear to be serious important topics to address within the Murray Bridge Community. Further data collection and analysis should be conducted on a larger population to corroborate these findings and identify areas where health education may be lacking in rural communities, thereby helping future strategic public health policy planning.

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References
2. Australian NVS Health Literacy Test