



SERVICES AND PROGRAM ENTRY

CATEGORY:

Mental health promotion or mental illness prevention

ENTRY TITLE:

**Assisting Communities Through Direct Connection:
sometimes it only takes a small conversation**

NAME OF APPLICANT:

Bill Gye

ORGANISATION:

Community Mental Health Australia

Additional Information about Entry

A safe space to talk about mental health and wellbeing at the doorstep; the ACDC Project turns this simple idea into a large-scale program implemented in diverse communities across all states and territories.

In teams of two, People Connectors knock on front doors within selected communities, invite Householders to have a conversation about mental health and wellbeing, share mental health and wellbeing information and, if requested and with consent, discuss options to link to local services and supports. People Connectors have knocked on 37,595 doors across 21 communities. Over 6,600 conversations have been had, and more than 4,000 Householders have completed a survey about social and emotional wellbeing, mental health support needs, and experiences of accessing supports.

The ACDC Project primary objectives are:

1. to connect with people, including with people not currently engaged with services and supports, or with people who are hardly reached.
2. to increase awareness and provide information about mental health supports and services through conversations and information products.
3. to build the skills and capacity of local services and communities to conduct outreach through doorknocking.
4. to build community capacity for local services and other stakeholders to better understand and meet their community's specific needs.

The overall aim of the Project is to promote community-wide awareness of mental health and wellbeing, as well as available support, increase mental health literacy, and normalise conversations about mental health, helping to widen engagement with mental health and other services across diverse social groups, and to advocate for better design of and increase access to support for people who need it most.

Many people living with mental health conditions and/or wellbeing needs may struggle to access appropriate, affordable, high-quality support to manage their mental health. While others may not be aware of the support that is available to improve their wellbeing. Barriers to accessing services are numerous and include both personal barriers (such as stigma, a lack of awareness of one's own mental health support needs) and systemic barriers (such as visibility, eligibility, cost, transport, or waitlists).

Waiting for people to present in crisis before they can access support is not cost efficient or sustainable, especially given the mental health crisis facing Australia. Recent shocks to mental health and wellbeing have been experienced across large sections of the population due to impacts of severe weather events, COVID-19, housing affordability and financial stresses.

This project is highly relevant within the mental health service system in Australia. The health equity lens of the project, as well as the potential learnings from implementing a novel proactive outreach approach have significance in the current socio- cultural and political conditions and calls for mental health reform. *(See Appendix 1. Outline of the key activities of the ACDC Project)*

Criteria

1. Evidence of a significant contribution to the field of mental health on a local, state or national level.

“Mental ill-health affects all Australians, either directly or through our families, colleagues, friends and loved ones. It does not discriminate. But Australia’s mental health system has not kept pace with our needs.” (Productivity Commission, 2020)

The Productivity Commission report on *Mental Health* noted a significant gap between data on the prevalence of mental health issues in Australia and data on the number of people accessing services or receiving support. The Report identified that ‘stigma associated with help-seeking behaviour’ was a major risk factor for suicide (pg. 420) or for seeking other forms of assistance for mental ill-health (pg. 746 Parliament of Australia). The report proposed that promotional programs be undertaken to encourage help seeking would be one of the factors needed to help remedy this situation and close this above noted gap (page 526).

The ACDC Project has achieved several interrelated goals: to reach people where they are and no matter who they are (i.e., regardless of their level of mental health literacy or level of engagement with mental health support), to engage in conversations that can uncover mental health need (including unmet needs and under-met needs), to normalise and simplify help-seeking, and to provide resources and empower people to take steps to have their needs met.

The ACDC Project:

- Connects with people, including people who were not currently engaged with services and supports, and/or who were hardly reached.
- Provide awareness and information about relevant support options.
- Build the skills and capacity locally to conduct proactive outreach through doorknocking.
- Build community capacity to help local services and stakeholders to better understand their community’s need for mental health support and potentially uncover more effective ways to meet those needs.

The Project has achieved this through several core phases and activities at each site. The phases are summarised below:

Phase 1: Community engagement - The initial phase of project delivery involves community engagement. This involves reaching out to key local stakeholders to better understand the community context, understand any safety issues and to partner with stakeholders to develop information resources that reflect local services. The project is also promoted through these partnerships, so communities are made aware that People Connectors will be visiting.

Phase 2: Training and support - People Connectors and their managers undertake intensive training in the proactive outreach model. Training focuses primarily on building competencies and knowledge, considering community outreach processes, and enhancing confidence in communication to deliver the outcomes required for the door knocking activities. The training is comprehensive and covers subjects such as safety - risk assessments, safe door knocking practices, COVID-19 management, engagement techniques, active listening and motivational

interviewing, recovery oriented and trauma informed practices, cultural diversity, vicarious trauma or triggering, self-care and how to deliver the Householder Survey.

Regular and ongoing support after the training is given, in support of People Connector's own mental health and wellbeing and to reduce the isolation of the project. People Connectors attend *Community of Practice* and *Aboriginal and Torres Strait Islander Workers Circle* meetings where relevant.

Phase 3: Fieldwork - Doorknocking activities with People Connectors occurs, allowing for direct connection with Householders, at their front door or at community events. Where Householders indicate a need for further support, People Connectors can facilitate access to local or national services and supports by either providing information about suitable and available mental health and wellbeing supports, assisting with contacting services, or obtaining consent to follow up directly to link people to appropriate supports. In addition, a survey can be completed with or by the Householders (Householder Survey) to collect important data about the Householder, their family, carer or kin and their community.

Phase 4: Advocacy - Survey data was analysed and released in several reports. At community level, local summary reports present key findings from the analysis of survey responses and are made available to stakeholders. These Community Reports comprise of local statistics about the impact of social determinants on mental health, mental health distress and wellbeing indicators, support needs, unmet needs, and support preferences, all of which provide insight about community characteristics that impact on mental health and wellbeing experiences. It also provide data for improving and increasing supports and services available. (See Appendix 2. Ipswich Qld Community Report). At national level, research and evaluation reports have been published by the Centre for Social Impact (CSI). These reports expand on the methodology of future community mental health and wellbeing needs assessments (using the proactive outreach model) and through its findings can shape components of local, state/territory and national mental health promotion and service delivery.

“So, this is why this project is really good for us, because we have always been screaming out for help. And a lot of services are funded for our area, but they concentrate on the areas that have larger population, that are more city-like. We’re more rural, so we get left in the dark. And we’ve been screaming out for so long, ‘We need it, we need it, we need it,’ and now we have the evidence to back up what we’re saying, which is really good for funding opportunities too.” (People Connector)

2. Evidence of innovation and/or recognised best practice.

The CSI at the University of Western Australia is the evaluation and research partner of the ACDC Project. Three national project reports have been published, a preliminary research report, an evaluation report, and a summary report.

The learnings about proactive outreach via conversations about mental health and wellbeing at householders' doors are drawn from analysis of multiple data sources. Overall, they demonstrate that:

- Doorknocking is an effective means of discovering people with unmet mental health support needs.
- This approach can effectively link people into supports, and there is evidence it can do that for people who are otherwise not supported, by addressing the 'soft' barriers to help-seeking such as attitudes to mental health, rarely having the time or space to be able to reflect on their own needs, or not knowing that supports exist.
- Due to the flexibility and innate responsiveness of the method, it can be effective for addressing a very diverse range of needs and access barriers, including the needs and barriers of people who are hardly reached, and people living in lower socioeconomic status (SES) and culturally and linguistically diverse (CALD) communities.

The ACDC Project delivers clear information and practical help to support people to link with national and local mental health and other support services, but People Connectors also deliver validation and genuine kindness and empathy. Although this project is designed to be about mental health and wellbeing, it is essentially about human connection. For a lot of people, including people with unmet mental health needs, this matters a great deal, and this simple act of care and kindness may have been the missing piece for them in their ability to understand their own support needs, or reach out to get the help they need.

The findings presented in the Project reports generate curiosity about the important work of proactive outreach for mental health. The ACDC Project's focus on, and investment in, the 'connector role' is notable, and a project such as this puts a spotlight on the power of connecting, and its possible significance in the mental health context.

Findings point to the need to dedicate more resources to purposeful, skilled connecting work, given its potential to contribute positively to the overall functioning of the mental health system. In Australia's crisis-driven and specialisation focused mental health system, the dedicated resources for quality connecting work are not embedded, and the work and skills can be overlooked or undervalued. The Project has shown that outreach-focused connecting work is necessary if we want Australian healthcare to be inclusive, accessible, and equitable, and to adequately meet the mental health support needs of Australia's diverse population.

"If people don't go to your service, then they're not on your waiting list. You're not picking up on the need, so you're planning your services based upon people exercising help seeking behaviour." (ACDC Project Team member)

3. Evidence of participation of mental health consumers in the planning, implementation, and evaluation of mental health service delivery.

The ACDC project is evidence-based and co-produced with people who have a lived/living experience of social or emotional distress, carers, local community members, CMOs, researchers, mental health services, and state and territory peak organisations. The project uses a combination of best practice approaches including proactive outreach and informed community sensitive engagement. A majority of members of the ACDC Project Team identify as having lived/living experience of mental distress and/or lived experience as a carer.

The project engages CMOs who employ People Connectors with lived or living experience of mental distress and/or persons caring for a person/people living with mental distress and/or psychosocial disability, or culturally significant backgrounds for the fieldwork phase. Two of the engaged CMOs, CMHA partnered with to implement the project in their community, were peer led mental health organisations.

All project activities, processes and decisions are or have been reviewed and advised on through one or more of the following co-production groups, all of which have a significant lived experience and diverse representation. They are:

ACDC Project Steering Committee

The Steering Committee has broad stakeholder representation, including persons with lived or living experience of mental distress and/or of caring for a person/people living with mental distress and/or psychosocial disability and provide ongoing project advice, guidance, and support. This ensures that the project achieves its aims and outcomes, successfully engages with, and provides benefits to all its stakeholders and remains viable and compliant within the terms of the grant. Members have reviewed and advised on project activities, from the early developing stage, the first two reviews, and the future implementation stage.

ACDC Project Working Groups

Three project working groups of Research & Evaluation, Information Products and Operations have provided advice and input on significant activities and decisions for the project. The working groups consist or consisted of persons with lived or living experience and persons with lived experience of caring for a person/people living with social and emotional distress, and a range of other stakeholders.

The working groups have developed the information products distributed to Householders, advised on the proactive outreach processes, and assisted in the development of the Householder Survey, and advises on research and evaluation activities of the project.

The research and evaluation outputs of the ACDC project are co-produced to:

- be accessible and meaningful.
- contribute significantly to the legacy of the project.
- add to the contemporary discourse regarding funding arrangements of services to meet social and emotional wellbeing needs in different Australian communities.

Partner, community, and cultural consultations

The ACDC Project Team has close collaborative working partnerships with partner CMOs. Along with other local stakeholders, partner CMOs are invited to advise how information products are adapted to align with the specific needs of the communities and locality.

The Team is committed to respectful cultural approaches, in consultation with relevant cultural elders, leaders, and groups to ensure the project is sensitive to the cultural needs of the communities. The Project engaged bilingual People Connectors for specific sites to ensure community engagement and communication could occur at the optimal level. They were

Aboriginal speaking People Connectors in Palmerston NT; Arabic speaking People Connectors in Greenacre NSW; Chinese speaking People Connectors in Hurstville NSW and a Vietnamese speaking People Connector in Cabramatta NSW. The Project Team engages an Aboriginal cultural advisor to advise and monitor cultural protocols and considerations in the design and operation of the project and to facilitate the Aboriginal and Torres Strait Islander Workers Circle available for all Aboriginal or Torres Strait Islander People Connectors and managers.

The ACDC Team also seeks experts in mental health and community service delivery for advice and guidance around community need, safety concerns and engagement strategies. Key local stakeholders consulted include neighbourhood centres, clinical mental health teams, and CMOs working in mental health, peer support, aged care, alcohol and other drugs, carer support, multicultural services, housing, youth education, employment, sport, or disability.

4. Evidence of Partnerships and Linkages with all key stakeholders (collaboration for continuity between organisations).

The ACDC Project Team forms and fosters relationships with stakeholders in the communities being doorknocked. Community engagement commences several weeks prior to People Connector training. Engagement is undertaken in partnership with the partner CMO, who often has existing local connections and relationships. The lead-in time provides an opportunity for identifying and validating all appropriate service information to bring to people's awareness through the ACDC Project site-specific information products. Through this process information products list trusted, applicable services, ideally with capacity to take on new clients.

Information products for Householders include postcards, a brochure and a fridge magnet with contact details of local supports and services. (*See Appendix 3. ACDC Project information products George Town Tas and Hurstville NSW*). These are offered to every Householder, or when the door isn't answered, are left in letterboxes, and are also made available in public spaces, such as libraries and community centres. The information products are tailored for each community. For sites with a multicultural focus, information products and the Householder Survey are translated and made available in the community language significant for that site, i.e., Arabic, Chinese, Italian or Vietnamese. Information about supports and services is also made available on the ACDC website (acdc.org.au).

Safety advice specific to project sites is sought during meetings with local councils, housing, and community mental health teams. The advice provided assists the ACDC Project Team to identify opportunities and mitigates risks, challenges and work health and safety issues, and informs the risk assessment for each site.

People Connectors identify community outreach opportunities and attend these to promote the project. This includes attending networking meetings, events related to national health awareness weeks, like Carers Week, Mental Health Month, etc., or setting up stalls at community events, festivals, shopping centres, or markets.

A *Site Briefing* document is used to capture details, engagements, relationships, and advice from stakeholders, including Elders, spiritual leaders, community leaders, local community

organisations, health providers, councils, neighbourhood centres, peer support organisations, and housing providers. The Mayor and State and Federal Members of Parliament are also informed about the project. People Connectors familiarise themselves with the document to expand knowledge of services and supports within the community. They then build on and foster these relationships throughout the door knocking period by visiting services and introducing themselves to stakeholders. For CMOs and People Connectors this process has increased collaboration and informed pathways during the project but also in future.

A *Site Overview*, contains information about the demographics of a doorknocking site, including number of households, number of people who identify as Aboriginal and/or Torres Strait Islander people, number of people from diverse cultural groups, percentage of people with disability, types of dwellings, level of employment, internet accessibility, etc. This document is used in training to give People Connectors a better understanding about their local area. (See Appendix 4. *Site Overview Fitzroy Vic.*)

The Community Reports provide a snapshot of key mental health indicators (such as psychological distress, allowing for comparisons to the 2021 national averages); support needs, unmet needs; and preferences for support options and demographics. This community level data is a significant outcome of the ACDC Project. CMOs and politicians have been enthusiastic about the summative data, and it is used as a prompt for further conversations with stakeholders in the community on how to understand community needs and how to make changes. Some stakeholders went on to share the findings with their networks, such as through presentations at local interagency meetings, or are using it to advocate for more capacity in, and improved design of, services.

“The goal for [our organisation] was research to find out what’s lacking in these areas, what people are really in need of, and I think we did that, we’ve quite clearly found what’s lacking in those areas. We’ve been able to inform Public Health Networks and an MP within the Bayside Council who are looking at funding programs in the area. As well as that, because of the ACDC Project we have been able to facilitate numerous referrals for community.” (Partner CMO)

5. Verification and evaluation of the program’s effectiveness

The ACDC Project has been effective in meeting the four key objectives as described below:

Objective One: To connect with people, including with people not currently engaged with services and supports, or with people who are hardly reached.

People Connectors knocked on 37,595 doors across 21 communities. Over 6,600 conversations were had about mental health and social and emotional wellbeing, and more than 4,000 Householders, 69% of people spoken with, completed the Householder Survey. (Figure 1)

People were responsive to a conversation at their door and were generally willing to talk about mental health, if not their own mental health, then their concerns about families and friends, and/or the wellbeing of their neighbours and the wider community. Delivering mental health awareness or increasing mental health literacy via a personal and caring conversation

was especially suitable for people living in suburbs with lower socio-economic indexes, or for people who are hardly reached.

Conversations could be easily adapted by the People Connectors depending on identified needs, the urgency of those needs, and the level of stigma. In communities with higher indications of stigma, it did not necessarily mean people were unresponsive to these conversations, and in fact, some People Connectors believed people were more responsive, as people welcomed the rare chance to consider and discuss their own wellbeing.

The survey data indicated that social isolation and/or loneliness was a problem for 61% of Householders (*Figure 2*). Proactive outreach based on safe and validating social connection and conversations is effective for reaching people who might be too isolated to initiate contact with services themselves.

For some Householders it was also a powerful experience of peer support or psychosocial support. The connection made a difference for people who were able to break down their sense of isolation or reconsider their own support needs (therefore a sense of 'readiness' to have the conversation perhaps made the visit more impactful). The Householder Survey data indicates significant changes that resulted from the one-off visit. Of Householders who completed a research Evaluation Survey after the visit, 80% of people had read the brochure and kept the fridge magnet, 61% of people talked with a friend or family member about mental health and wellbeing because of the visit, and 32% of people contacted a health care professional, service, or community organisation to ask about support. (*Figure 1*)

Objective Two: To increase awareness and provide information about mental health supports and services through conversations and information products.

The Evaluation Survey post the visit found 18.1% of respondents had sought support for their mental health and wellbeing needs for the first time, because of the People Connectors' visit. Furthermore, 92.8% found completing the Householder Survey useful, 87.2% found the conversations about mental health useful, and 93.8% found the information products useful. Of the Evaluation Survey respondents, 80% reported that the Householder Survey was either a good or very good experience, and almost 95% reported that the People Connectors could help others in their community. Only 23% reported that speaking with a stranger at their front door about mental health and wellbeing was uncomfortable.

Survey data show that the People Connector visit helped to normalise conversations about mental health, leading to Householders initiating to talk with people in their social network, and reducing feelings of fear, embarrassment, or shame around help-seeking. After the visit, many Householders (34%) reported reaching out to services and 24% were planning to do so.

Receiving information about available local and telephone services helped Householders to consider their own and others support needs. Many Householders were not aware of the low cost, low threshold supports that were locally available. Providing this information through an easy-to-read brochure, a fridge magnet and within the context of an informal personalised conversation was also important. The conversation made the information more meaningful and relevant, with the materials easy to share with others.

Objective Three: Build the skills and capacity of local services and communities to conduct outreach through doorknocking.

The Householder Survey uncovered high levels of psychological distress and showed that many people who had wanted to seek help for their mental health could not get the help they needed. The top three barriers that held people back from accessing services were identified as: *(Figure 3)*

- preferring to self-manage (41.6%)
- being afraid, embarrassed, or ashamed to ask for help (25.3%)
- not knowing where to go for help (23.1%)

Project evaluation demonstrate that the proactive doorknocking approach can effectively address these barriers to seeking help. People Connectors supported help-seeking through having a conversation to uncover any unmet needs, clarifying support options, providing information about services, and/or contacting a service on the Householder's behalf, with consent.

People Connectors recognised that the ACDC Project has increased their understanding of mental health and other support needs in the community and the importance of connecting people to available supports. They also noted a grown confidence and communication skills from undertaking the Project. There was growth in understanding that a person's perception of mental health and wellbeing is important; that each person has their own ways of identifying what a need is or not, and considering a person's cultural, social, and environmental background helps to make the topic of mental health and wellbeing more approachable. The project added value to People Connector's resilience and personal growth and their future work experiences and added to their understanding of their own culture or community. Awareness of the ACDC Project has grown over the three years of the project, and some partner CMOs have chosen to build a form of proactive outreach into their own service delivery models.

Objective Four: To build community capacity for local services and other stakeholders to better understand and meet their community's specific needs.

There was significant diversity across all sites in terms of mental health need, proportion of people connected to services and the barriers to accessing services. The ACDC Project survey collected data from communities that covered vastly different experiences of remoteness, availability of services, transport infrastructure, opportunities for social connection, the impacts of financial stress and unemployment, the effects of severe weather and COVID-19 lockdowns, and advantage/disadvantage, to name a few. *(Figure 4)*

Analysis across the different sites provided some insight into the extent to which mental health support needs are greatly influenced by contextual factors. For example, site-by-site analysis about the proportion of people accessing services, and the common types of barriers to service access, were indicative of the extent to which experiences of mental health and getting mental health support were different for different communities and therefore cannot be generalised. Evaluation evidence also support this finding. Community organisations

appreciated the chance to have local-level data to support their planning and better service their community rather than being driven by top-down policies that may not always reflect community needs. The local Summary Reports with key local findings from the analysis of survey responses has been made available to all local stakeholders to use to seek funds or resources. People Connectors highlighted the rich learning experience of going door-to-door to understand what people are struggling with and what might help, rather than assuming.

Evaluation and research evidence of the ACDC Project, written in the three national ACDC Project Reports (*Appendix 5, links to ACDC Project Reports*), found preliminary ideas and actions for how learnings could be translated into supporting peoples’ mental health more effectively, such as:

- Communities interested in trialling doorknocking conversations or other ways to engage people in informal conversations about mental health can expect success in uptake.
- The proactive outreach doorknocking method has been shown to be effective for facilitating discussions about mental health support needs, and enabling people to access the help they need. Many communities could also benefit from this initiative.
- Consulting with local stakeholders to map local services and distribute the information has value for communities. A resource that makes low threshold, low cost and easy to access supports more visible benefits people.
- There is a need for diverse or novel ways people can experience safe social connections, conversations, or psychosocial support. This does not need to happen in service settings. The ‘connector role’ is about providing quality, no agenda connections, which make a difference for people’s wellbeing and resilience.
- Communities benefit from understanding local mental health needs and collecting local-level data. It can inform service planning and service design, ensuring local supports are appropriate and responsive.

Figure 1. Project activity to date

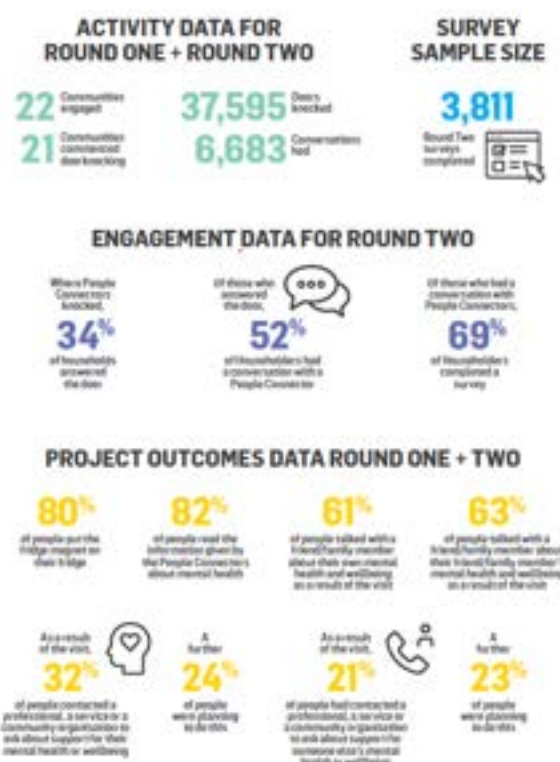


Figure 2. The relationship between loneliness and psychological distress (K5 and K10)

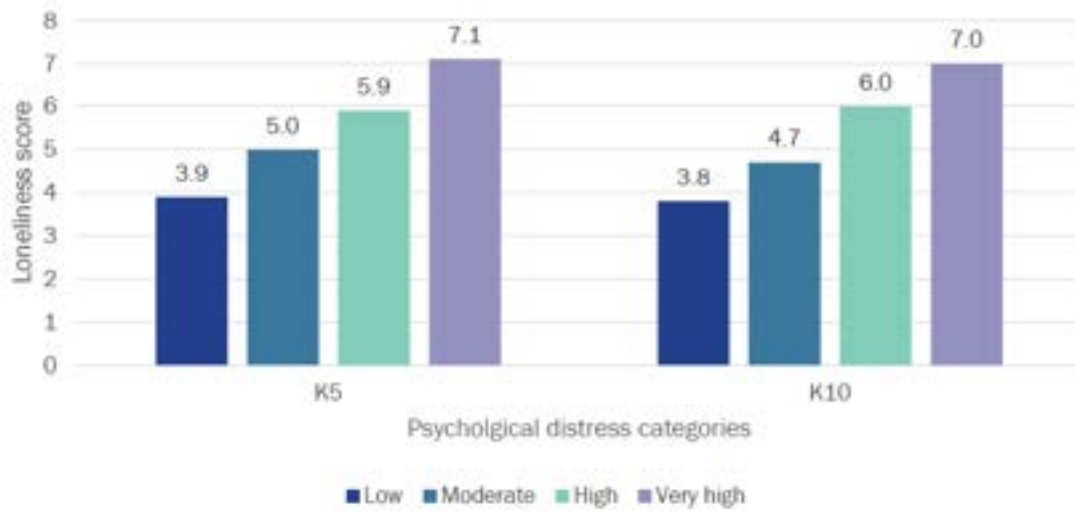


Figure 3. Barriers to accessing mental health care

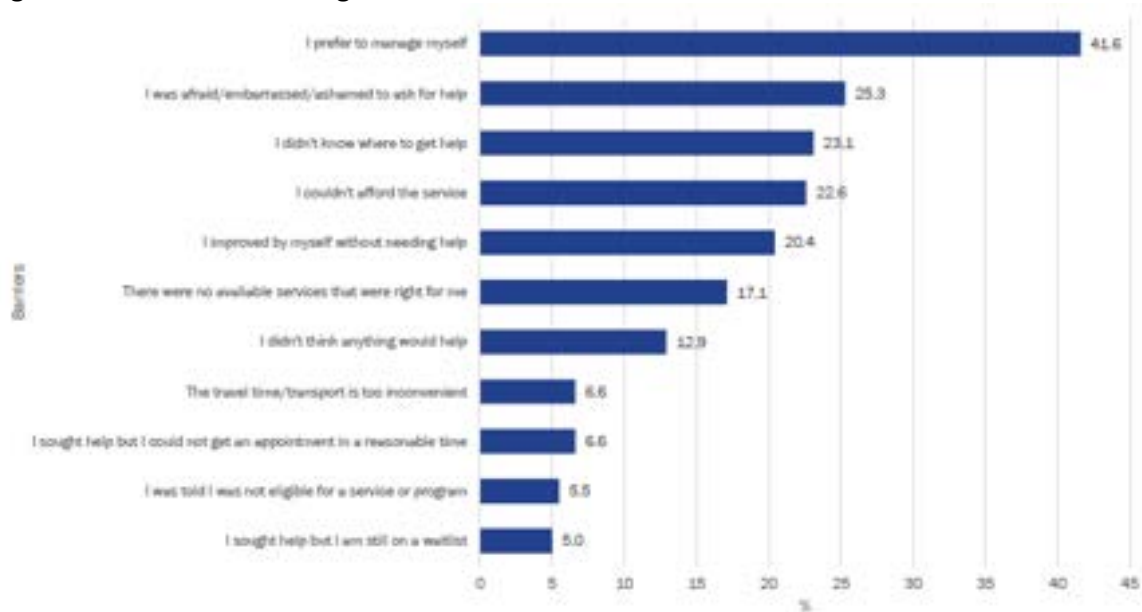
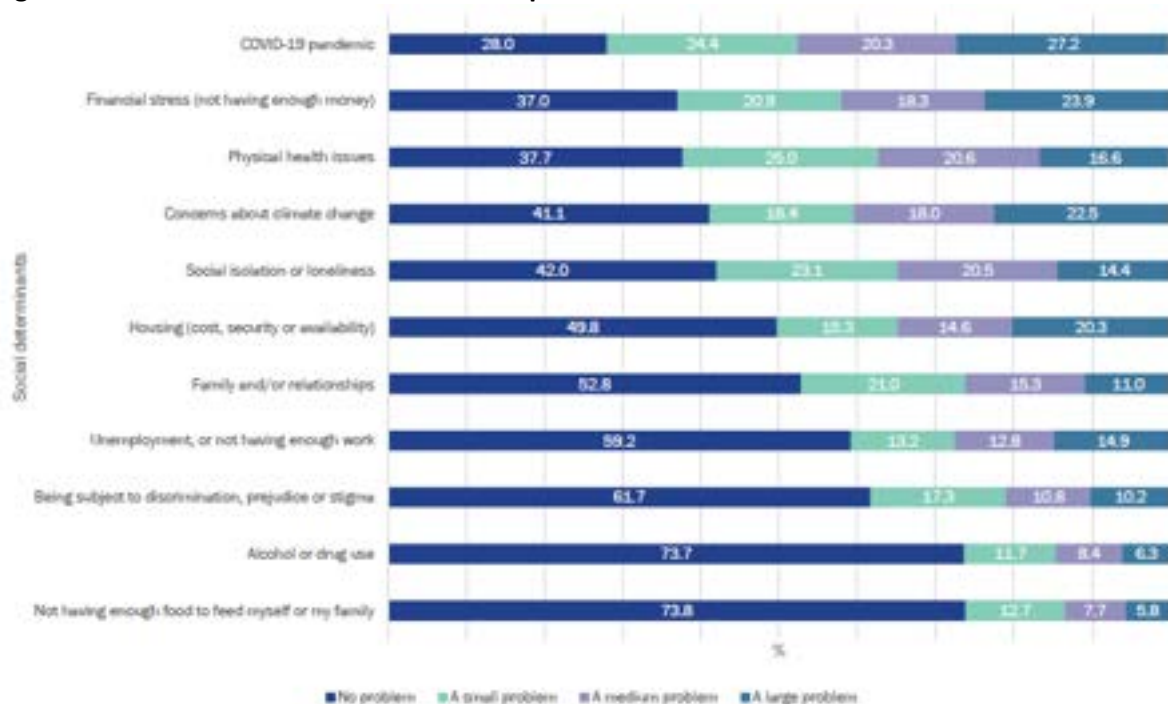


Figure 4. Extent of social determinants as a problem



• Conclusion

While outreach in various form has been used in mental health and other services for many years, proactive outreach is highly innovative with significant benefits to Householders, People Connectors, CMOs and local communities. The ACDC Project approach can be adapted to diverse communities. No matter the suburb, the street, or which front door was knocked on, the doorstep conversations could generally respond to the circumstances, needs, and mental health experiences of each Householder.

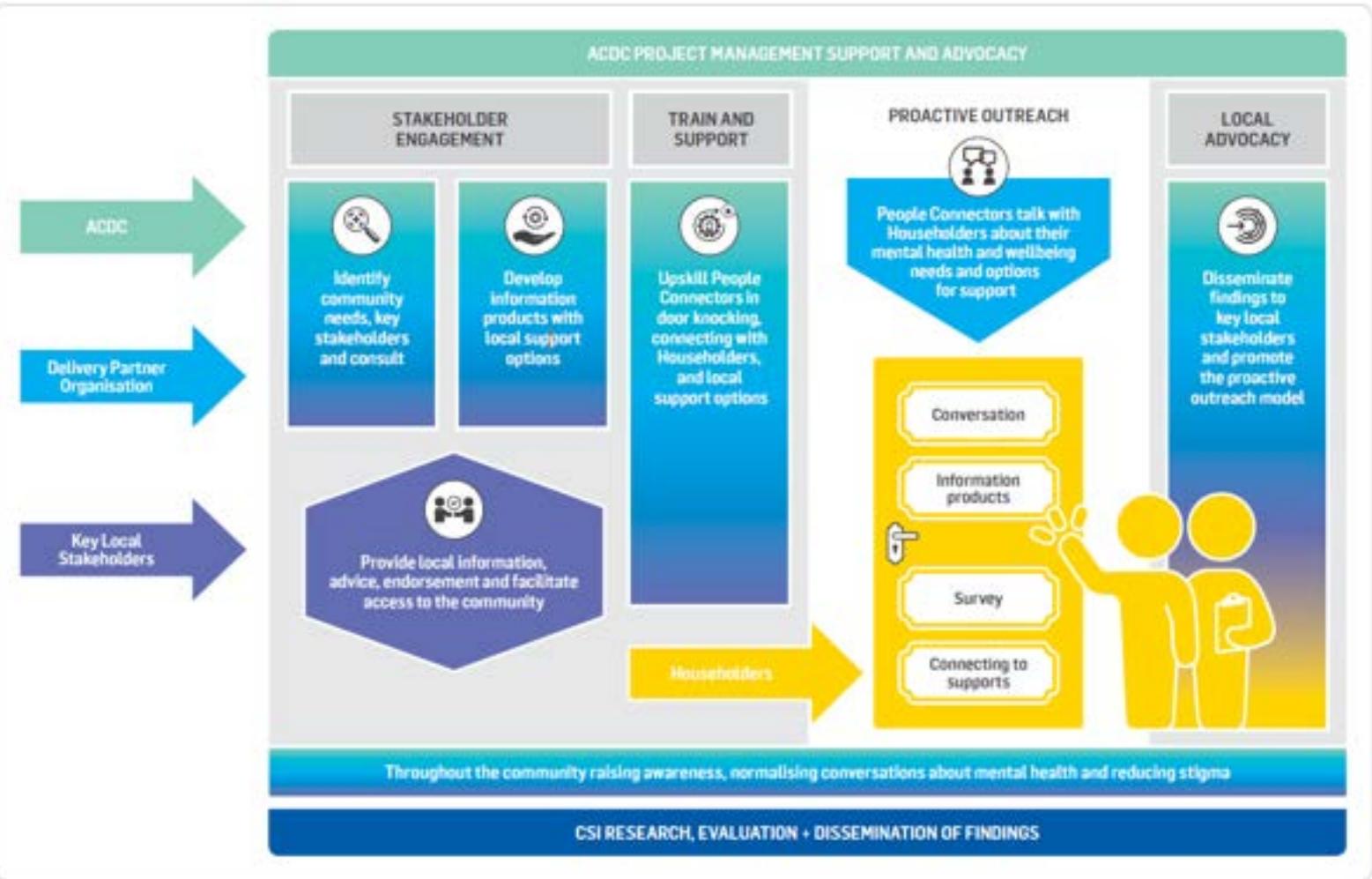
Householders valued the conversation, and the information products were used and kept. Many Householders went on to have conversations with loved ones about mental health and about one third of Householders reached out to services for further support – all because of one People Connector visit.

The benefit to People Connectors and CMOs has shown significant capacity building in terms of increased confidence to approach a wide range of people; enhanced active listening and conversations skills; acquiring a greater knowledge of local and online services and supports to inform the community members; and understanding that mental health and wellbeing is a significant issue that effects all people.


The advantage to local communities arises not only from this preventative intervention, but also from the collection and reporting of data on unmet mental health and wellbeing needs, that can and will be useful for local planners.

The ACDC Project contributes to the reduction in community stigma and normalises discussions of the issues surrounding mental health and social and emotional wellbeing by going door-to-door to actively listen and inform. Sometimes it only takes a small conversation!

Appendix 1. Outline of the key activities of the ACDC project



Appendix 2. Ipswich Qld Community Report



COMMUNITY REPORT

IPSWICH

ACDC SURVEY DATA
Collected 9 September - 10 November 2021
Published April 2022

BACKGROUND

Assisting Communities Through Direct Connections (ACDC) is a project of Community Mental Health Australia (www.cmha.org.au). The ACDC project offers an innovative, proactive outreach approach to helping people with serious and emerging community needs. Rather than waiting for people to present to services and ask for help, the ACDC project reaches people by knocking on the doors of households and offering information about supports and services.


Ipswich was one of at least 20 sites across Australia visited by People Connectors (trained staff knocking on the doors of households). The ACDC project partnered with Stride, a local mental health service provider, to deliver the door-knocking initiative in Ipswich. 827 doors were knocked on by the People Connectors and 494 people engaged with a People Connector.

The following statistics reflect findings from the group of people who answered the survey. While the evidence presented is not necessarily representative of the Ipswich population, given the door-to-door method of collecting these data, it does provide rich insights into mental health needs and access to services in the area. A more detailed analysis of the data and impact of the ACDC project will be available later in 2022. Visit acdc.org.au to sign up for updates.

386 HOUSEHOLDERS RESPONDED TO THE SURVEY

WHO ANSWERED THE SURVEY


GENDER



Female 45%

Male 55%

AGE GROUP



18-24: 8%

25-34: 16%

35-44: 23%

45-54: 24%

55-64: 20%

65-74: 11%

75-84: 6%

85+: 2%



18% OF RESPONDENTS IDENTIFIED AS BEING ABORIGINAL AND/TORRES STRAIT ISLANDER

12% OF RESPONDENTS WERE BORN OUTSIDE OF AUSTRALIA

ALL SURVEY RESPONDENTS SAID THEY USUALLY SPEAK ENGLISH AT HOME

"There's just such a need for communication and for connection, and we actually need something, reach out your hand and say, 'are you okay?' And, 'thank you, the community, that benefits because they get an outlet and someone that can do a wonderful job of helping in my community."

— People Connector

HOUSEHOLDER CONCERNS

We know that mental health is shaped to a great extent by the social, economic, and physical environments in which people live. This section looks at some of the social determinants of mental health outcomes identified by the Ipswich respondents.

LOCAL COMMUNITY CHALLENGES

PERCENTAGE OF HOUSEHOLDERS WHO PERCEIVED THE FOLLOWING ISSUES AS A LARGE PROBLEM OR CHALLENGE FOR PEOPLE IN THEIR LOCAL COMMUNITY:

ALCOHOL AND DRUGS	65%
FINANCIAL STRESS	61%
EMPLOYMENT	57%
HOUSING	53%
COVID-19 PANDEMIC	48%
SAFETY	42%

"[We need] services in the community that can assist people's needs and not be so focused on meeting criteria, but have compassion. Services that do not just pass you on from one to the next without actually meeting your needs."

— Householder

INDIVIDUAL CHALLENGES

PERCENTAGE OF HOUSEHOLDERS WHO PERCEIVED THE FOLLOWING ISSUES AS A LARGE PROBLEM OR CHALLENGE IN THEIR OWN LIVES:

COVID-19 PANDEMIC	43%
CLIMATE CHANGE	40%
FINANCIAL STRESS	29%
UNEMPLOYMENT	24%
PHYSICAL HEALTH ISSUES	23%
HOUSING	21%
SOCIAL ISOLATION	20%
FAMILY/RELATIONSHIPS	16%
DISCRIMINATION/STIGMA	15%
ALCOHOL OR DRUG USE	9%
NOT HAVING ENOUGH FOOD	6%

"Sometimes family matters cause me stress. My kids have mental health concerns. Sometimes things come up when I'm supporting other kids in the community too."


— Householder

MENTAL HEALTH

Mental health refers to emotional and psychological wellbeing. Positive mental health allows people to appreciate their full potential and cope with stressors. This section outlines people's self-reported mental health. Clinical measures (as presented below in the World Health Wellbeing Index and Psychological Distress Scale) measure the prevalence of mental health, wellbeing and personal recovery is much broader and is about leading a good life.


WELLBEING

The World Health Organisation Wellbeing Index (WHO-5) is a short self-report measure of current mental wellbeing. The subjective quality of life measure is based on positive mood, vitality, and general interest in life. A higher score indicates better wellbeing. The WHO-5 has been found to have adequate validity in screening for depression. Scores lower than 10 are indicative of possible depression, where further assessment with clinical measures may be required.



PSYCHOLOGICAL DISTRESS

The Kessler Psychological Distress Scale (K10) is widely used as a measure of psychological distress from Low to Very High, based on a score from 0 to 50. The following figure compares aggregated K10 data from Ipswich respondents to data from the Australian Bureau of Statistics (ABS) National Health and Wellbeing Survey 2017-18 (representative data, in %).

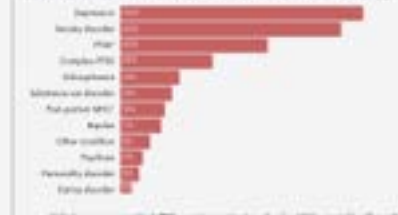


MENTAL HEALTH ISSUES

39% OF HOUSEHOLDERS SAID THEY CURRENTLY HAD, OR WERE LIVING WITH, MENTAL HEALTH ISSUES. MOST OF THESE PEOPLE (71%) REPORTED THAT THEY HAD RECEIVED A FORMAL DIAGNOSIS OF A MENTAL HEALTH CONDITION.

Individuals may seek a formal diagnosis, or identify with certain mental health conditions. For some, a diagnosis can be useful and meaningful. For others, they may prefer to avoid diagnostic labels, although self-identify as living with a mental health condition. Individuals do not need a diagnosis to address their struggles, or suffering.

RESPONDENTS WHO REPORTED HAVING OR LIVING WITH MENTAL HEALTH ISSUES IDENTIFIED WITH THE FOLLOWING MENTAL HEALTH CONDITION(S):



Multiple responses permitted. *PSY - post-traumatic stress disorder; OCD - mental health condition

SUPPORT NEEDS

Many people, regardless of whether they have a mental health condition or not, may want (or need) to seek mental health care. However, there can also be barriers to accessing these supports. Mental health and wellbeing supports and services are increasingly available online, but these are only an option for people and households that have the available and suitable digital infrastructure.

43% OF ALL HOUSEHOLDERS INDICATED THEY HAD WANTED TO SEEK HELP FOR THEIR MENTAL HEALTH IN THE PAST 12 MONTHS*

40% OF THESE HOUSEHOLDERS SAID THEY DID NOT GET THE HELP THEY NEEDED.

*We asked respondents, 'In the past 12 months, was there a time when you wanted to talk to someone, or seek help about stress, depression, or problems with emotions?'

BARRIERS TO HELP-SEEKING

REASONS FOR HOUSEHOLDERS NOT RECEIVING HELP FOR MENTAL HEALTH INCLUDED*:

OTHER REASON	40%
DID NOT KNOW WHERE TO GET HELP	30%
NO AVAILABLE SERVICE	18%
COST	17%
ON WAITLIST	16%
COULD NOT GET HELP IN REASONABLE TIME	15%
FEAR/EMBARRASSMENT/SHAME	14%
INELIGIBLE	13%
DID NOT THINK ANYTHING WOULD HELP	12%
PREFER TO SELF-MANAGE	11%
TRAVEL/TRANSPORT	10%
IMPROVED WITHOUT HELP	9%

*Multiple responses permitted, refers to the householders who wanted to seek help for their mental health but did not get the help they needed.

ADDITIONAL SUPPORT

56% OF ALL HOUSEHOLDERS FELT THEY WOULD BENEFIT FROM MORE SUPPORT FOR THEIR MENTAL HEALTH AND WELLBEING.

PREFERENCE FOR ADDITIONAL SUPPORT(S) INCLUDED*:



*Multiple responses permitted

DIGITAL INFRASTRUCTURE

37% DO NOT HAVE ACCESS TO A COMPUTER OR OTHER DEVICE

DO NOT ALWAYS HAVE ACCESS TO A MOBILE PHONE: **10%**

38% DO NOT HAVE CONSISTENT ACCESS TO INTERNET WITH SUFFICIENT SPEED AND DATA

DO NOT ALWAYS HAVE A PRIVATE SPACE TO SPEAK TO SOMEONE ONLINE ABOUT THEIR MENTAL HEALTH: **25%**

Appendix 3. ACDC Project information products for George Town Tas and Hurstville NSW

WELLNESS. DELIVERED.

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传递健康

社区协助直接联系项目



LOCAL SUPPORT 当地支持 — HURSTVILLE

Advance Diversity Services 多元化促进服务	(02) 9597 5455 advancediversity.org.au	Services for migrants, refugees and older people of all cultures. 为各文化背景的移民、难民和长者提供服务。
Chinese Australian Services Society (CASS) 华人服务社	(02) 9789 4587 casscare.org.au	A range of social and welfare services for multicultural communities. 为多元文化社区提供一系列社会和福利服务。
Carer Gateway 照护者支持	1800 422 737 carergateway.gov.au	Services and supports for carers delivered both in person and online. 以面对面和线上的形式为照护者提供服务和支持。
Latrobe Community Health Service Latrobe 社区卫生服务	1800 242 696 lchs.com.au	Help accessing the NDIS or connecting to other community support. 帮助获取全国残障保险计划 (NDIS) 或其他社区支持服务。
Stride Mental Health Stride 心理健康服务	1300 001 907 stride.com.au	NDIS mental health support and family and carer program. 提供全国残障保险计划 (NDIS) 下的心理健康、家庭和照护者支持服务。

For more information please visit:

欲了解更多信息, 请访问: ACDC.ORG.AU

Funded by the Australian Government Department of Social Services.

由澳大利亚政府社会服务部资助。



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LOCAL SUPPORT — GEORGE TOWN

Mindset TasConnect	1800 290 666 baptcare.org.au	Connection with services best placed to meet your mental health needs.
Wellways	1300 111 400 wellways.org	Help for you to take charge of your wellbeing and connect with others.
Rural Alive and Well (RAW)	1300 4357 6283 rawtas.com.au	Support to improve mental wellbeing in rural and remote Tasmania.
Carer Gateway	1800 422 737 carergateway.gov.au	A service for carers to access practical information and support.

SPEAK WITH SOMEONE

Lifeline (24/7)	13 11 14 lifeline.org.au	Support for people experiencing a personal crisis.
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ONLINE SUPPORT

Head to Health	headtohealth.gov.au	Online mental health resources in many languages.
WellMob	wellmob.org.au	Resources for Aboriginal and Torres Strait Islander peoples.

For more information please visit: ACDC.ORG.AU

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Funded by the Australian Government Department of Social Services.





LOCAL SUPPORT – GEORGE TOWN		
Mindset TelConnect	1800 290 666 mindset.org.au	Connection with an onus best placed to meet your mental health needs.
Wellways	1300 131 800 wellways.org	Help for you to take charge of your wellbeing and connect with others.
Rural Alive and Well (RAW)	1300 4337 6303 rawta.com.au	Support to improve mental wellbeing in rural and remote Tasmania.
Headspace Launceston	03 6325 3100 headspace.org.au/launceston	Mental health support for young people aged 12-25.
Epipare Local Area Coordination	1800 290 555 epipare.org.au	NACS Local area coordinator and early childhood services.
Carer Gateway	1800 422 717 carergateway.gov.au	A service for carers to access practical information and support.
George Town Neighbourhood House	03 6312 2009 gth.org.au	A place to access support and programs to improve health and wellbeing.
SPEAK WITH SOMEONE		
LifeLine (24/7)	13 11 14 lifeline.org.au	Support for people experiencing a personal crisis.
BeyondBlue (24/7)	1300 124 436 beyondblue.org.au	Support for anxiety, depression, or people at risk of suicide.
1800 RESPECT (24/7)	1800 737 732 1800respect.org.au	Support for family or domestic violence, and sexual assault.
SANE Australia	1800 187 263 sane.org	Counselling, peer support, online forums, information and referrals.
ONLINE SUPPORT		
Head to Health	headtohealth.gov.au	Online mental health resources available in many languages.
WellHub	wellhub.org.au	Resources for Aboriginal and Torres Strait Islander people.



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DELIVERING A HEALTHY CONVERSATION TO YOUR DOOR.

For more information please visit: ACDC.ORG.AU
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Funded by the Australian Government Department of Social Services.



ABOUT 简介

The Assisting Communities through Direct Connection (ACDC) project provides support, direct to your door. We let you know about the services in your local community that could help you, your family or a friend's mental health and wellbeing.

The ACDC team is going door to door connecting people to the resources they need.

We also want to know what would directly help your community. Please have your say by taking our survey.

直接联系协助社区 (ACDC) 项目直接上门为您提供帮助。我们会让您了解当地社区有哪些服务可以在心理健康和幸福方面为您的家人或朋友提供帮助。

ACDC 团队正在挨家挨户将人们与他们所需的资源联系起来。我们还想知道有什么可以直接帮助您的社区。请通过我们的调查问卷发表您的意见。

acdc.org.ausurvey

DID YOU KNOW? 您知道吗?

In Australia, approximately 10.2 million people have issues with their mental health and wellbeing, and for 800,000 people, these issues are severe. It's more common than you think.

We're here to have a conversation where you feel most comfortable – at home.

在澳大利亚，大约有 1020 万人有心理健康和幸福方面的问题，其中 80 万人的这些问题非常严重。它比你想象的更常见。我们来到您感到最舒适的地方——您的家里与您进行对话。

CONTACT 联系方式

For more information please contact us:
了解更多信息 请联系我们

1300 012 232
acdc@crha.org.au
ACDC.ORG.AU



WELLNESS. DELIVERED.

Assisting Communities through Direct Connection



CONVERSATIONS HAND-DELIVERED TO YOUR DOOR.

We deliver free information about mental health to your front door.

The Assisting Communities through Direct Connection team will soon be knocking on your door to talk about the services and support available in your community.

We look forward to meeting you!



#wellnessdelivered
ACDC.ORG.AU

The Assisting Communities through Direct Connection Project acknowledges the Traditional Custodians of this land. We pay our respects to Elders past, present and emerging.



Provided by the Australian Government Department of Social Services

SORRY WE MISSED YOU.

We've been delivering mental health information to your neighbourhood.

The Assisting Communities through Direct Connection team visited your home to let you know about the services and support available in your community.

Please call us on **1300 319 015** to book a time for us to come back soon.



#wellnessdelivered
ACDC.ORG.AU

The Assisting Communities through Direct Connection Project acknowledges the Traditional Custodians of this land. We pay our respects to Elders past, present and emerging.



Provided by the Australian Government Department of Social Services

Appendix 4. Site Overview Fitzroy Vic

FITZROY (MELBOURNE, VIC)



A bird's eye view...

- **Location:** Fitzroy is an inner suburb in Melbourne's north-east, located approximately 3 kilometres' drive from the CBD, in the local government area of the City of Yarra.⁷
- **Remoteness:** Major Cities of Australia.⁸
- **Housing:** 19% of residents live in public housing (Australian average: 1.8%).⁹
- **Terrain:** Fitzroy's topography is flat.⁴
- **Leafiness:** 12% of areas are moderately leafy, while the remaining are non-leafy.⁴



Key program information

- **Round and site number:** Round 2, site 8 (12th overall)
- **No. of People Connectors (PCs):** 1 team, 1 team leader, 2 PCs
- **Timeframe:** 24 January 2022 - 22 April 2022 (13 weeks)
- **Emotional wellbeing resource information provided to householders:**
 - An ACDC fridge magnet with contact details for the following services was provided to householders:
 - **Local support:**
 - Head to Help
 - Victorian Aboriginal Health Service Fitzroy
 - Fitzroy Learning Network
 - Carrer Gateway
 - **Speak with someone:**
 - Lifeline
 - **Online support:**
 - Head to Health
 - WellMob

Mental health presentation in the population (Collingwood/ Fitzroy)⁶

Source: Victorian Aboriginal Health Service (VAHS) (2019) 'Mental Health in the Community: A Report for the Victorian Government'. Available at: <https://www.vahs.org.au/wp-content/uploads/2019/08/Mental-Health-in-the-Community-A-Report-for-the-Victorian-Government.pdf>

Estimated number of people aged 18 years and over experiencing high or very high psychological distress, based on the Kessler 10 Scale (K10):

(Time period: 2017-18)
ASR per 100: 12.7 (Australia: 12.9)
SR: 98

Public hospital admissions for mental health related conditions:

(Time period: 2018/19)
ASR per 100,000: 1,202.3 *
(Australia: 961.9)
SR: 125

Public hospital admissions for mood (affective) disorders:

(Time period: 2018/19)
ASR per 100,000: 111.6 *
(Australia: 793.3)
SR: 58

Public hospital admissions for intentional self-harm:

(Time period: 2018/19)
ASR per 100,000: 105
(Australia: 116.0)
SR: 90

Emergency Department presentations for mental and behavioural disorders:

(Time period: 2018/19)
ASR per 100,000: 1,837.6 *
(Australia: 1,194.5)
SR: 154

Partner organisation: JAGC

JAGC Employment Services Inc. is a not-for-profit incorporated association, based in Melbourne. They offer National Disability Insurance Scheme (NDIS) and mental health services, disability employment services, and training. Disability employment services include services for jobseekers and employers, and employment support to assist with the needs of people with disability in the workplace. JAGC's training services include accredited training and a range of non-accredited courses focusing on equipping students with specific industry knowledge and increasing employability skills.⁷



Map of Fitzroy in relation to the Melbourne CBD



Example street views in Fitzroy (Source: Google Maps)

Note: The housing in Fitzroy is diverse - Fitzroy features some of Melbourne's earliest surviving houses, and one of Melbourne's most prominent uses of terrace housing, along with a mix of converted industrial and commercial buildings, with up flats, student apartments and public housing.⁷

Appendix 5. ACDC Project useful links

ACDC Project website

<https://acdc.org.au/>

ACDC Project video

<https://acdc.org.au/about-acdc/>

ACDC Project Reports

<https://acdc.org.au/reports/>

ACDC Project People Connector Capacity Building Report

<https://acdc.org.au/people-connector-capacity-building-project/>

ACDC Project in the media

<https://acdc.org.au/mediasummary-round-2/>