MENTAL HEALTH AND WELL-BEING IN THE CLARENCE VALLEY

Community Consultation Results
June 2016

Centre for Rural & Remote Mental Health
Acknowledgements

This consultation process has been undertaken with guidance from the Steering Committee, chaired by Richard Buss, Director Mental Health Services for the North Coast Local Health District and supported by Dr. Vahid Saberi, Chief Executive Officer North Coast Primary Health Network. The consultation process has only been possible because of the commitment of people in the Clarence Valley to address mental health and well-being in their community. Their willingness to provide their views openly and frankly has provided a solid foundation for moving forward to promote mental health and well-being across the Clarence Valley.
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EXECUTIVE SUMMARY

This report describes the results of the community consultation process undertaken across the Clarence Valley. The consultations occurred at the request of a community committee made up of community and service representatives to explore community views about mental health and well-being. The committee was established in response to a number of suicides in the valley in the previous 18 months.

The local government area of the Clarence Valley, on the north coast of NSW has a population of 51,040 people. Data from a range of sources indicate that mental health problems are significant in the Clarence Valley. Mental Health issues were also rated the most serious local health concern in a primary health needs survey with a strong belief that mental health services were identified as hard or very hard to access.

The aims of the consultation process were to consult with community members and service providers across the Clarence Valley to:

- Identify perceptions of mental health and well-being
- Identify factors associated with mental health problems
- Identify strategies, capacity and resources to promote mental health and well-being across the community

Community members who participated in the consultations were identified through a snowballing technique with each person contacted asked to provide names of others who may wish to contribute. The consultations were analysed for common themes and the findings provided to a community forum to guide the development of a plan for community mental health and well-being in the Clarence Valley.

Key Findings

The key findings from the consultations include:

- The key stakeholders who participated in the consultation process are committed to address mental health and well-being and recognise that doing this in collaboratively across the community will be most effective.
- Concerns about the common mental illnesses (anxiety, depression and substance abuse) as well as eating disorders, self-harm and schizophrenia.
- A range of individual and family, community and structural factors influencing mental health and well-being were identified as influencing mental health and well-being in the Clarence Valley, many of which can be addressed by the community.
- There are a diverse range of programs, services and initiatives which are already in place to address mental health and well-being.
- One of the key barriers to addressing mental health and well-being in the Clarence Valley is that many of the programs, services and initiatives are unknown to service providers and the community resulting in problems with referral and gaps and duplication.
- The opportunity to coordinate programs, services and initiatives under one banner is supported as an effective way forward for the community.

The way forward in addressing mental health and well-being is ultimately the decision of the Clarence Valley community. The results of this consultation process, complemented by the community action groups already established and informed by evidence provide a foundation for the development of a community mental health and well-being plan.
INTRODUCTION

This report describes the results of the community consultation process undertaken in April 2016 across the Clarence Valley. The consultation process was undertaken at the request of a community committee made up of representatives from the Clarence Valley in order to explore community views about mental health and well-being. The committee was established in response to a number of suicides in the valley in the previous 12 months.

Background

The information provided in the Background section of the report focuses on information relevant to mental health and well-being in the community.

The local government area (LGA) of the Clarence Valley is located on the north coast of NSW covering an area of 10,429 square kilometres. It is within the North Coast Local Health District (LHD) and the North Coast Primary Health Network (NCPHN). In 2015 it was estimated that there were 51,040 people in the Valley. There has been little change in population in the last five years. There are 2,692 Aboriginal people in the Valley, representing 5.1% of the population, higher than the state average of 2.3%. It is estimated that 24% of the population are less than 20 years and 22% of the population are over 65 years.

In December 2015 9% of people in the Clarence Valley were unemployed. While lower than regional NSW (7.1%) the unemployment rate in the Valley is higher than NSW (5.3%) and Australia (5.9%). The youth unemployment rate in 2015 was 17.9% higher than regional NSW (12.9) and NSW 12.8%). The workforce participation rate (the proportion of the resident population aged 15 and over in the labour force) in the Clarence Valley in 2014 was 52.9%, below the averages for the Northern Rivers (55.1%) and New South Wales (62.3%).

Based on the Australian Bureau of Statistics (ABS) Socio-Economic Indexes for Areas (SEIFA) the Clarence Valley experience significant socioeconomic disadvantage. Factors such as proportion of single parent families, low income families, people on income support including unemployment benefits contribute to the disadvantage.

Rates of volunteering in the Clarence Valley (~21%) are higher than the state of average of ~17%. Volunteering is a key indicator of community connectedness.

Mental Health in the Clarence Valley

Mental health is a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community. In this way mental health is the foundation for well-being and effective functioning for an individual and for a community. Mental health is more than the absence of illness, and is intimately connected with physical health and behaviour.

Mental illness in Australia

Mental illness is common and accounts for 13% of the total burden of disease in Australia. In Australia, the most common mental illnesses are anxiety, mood (e.g. depression) and substance use disorders. It is estimated that these common mental illnesses are experienced by approximately 20% of the population at a clinically diagnosable level in any 12 month period. Results of the most recent Australian National Survey of Mental Health and Wellbeing (ANSMHWB) suggest that within any 12 month period, 14%
of the general population have experienced some type of anxiety disorder, 6% have experienced a mood disorder and 5% have experienced a substance use disorder, with harmful alcohol use the most common.(5)

Indigenous people experience poorer social and emotional well-being outcomes than non-Indigenous Australians.(6) At a national level Indigenous adults report high or very high levels of psychological distress at nearly 3 times the rate of non-Indigenous adults.(6) For young Indigenous people aged 15–24 years the rates of intentional self harm are 5.2 times the rate of non-Indigenous young people.(6)

In Australia, in 2013 suicide was the leading cause of premature death accounting for 2,522 deaths.(7)Suicide is a complex issue, but mental health problems increase a persons’ risk of suicidal behaviour, especially when left untreated.(4) Male suicide rates are approximately three times higher than those for females, with rates highest among those of working age.(7, 8)

**Factors associated with mental illness**

Factors that may impact on a person's mental health include demographic factors, social and environmental characteristics. Females are more likely to report anxiety and/or mood disorders, while males are more likely to report substance abuse problems. Mental health problems are more common in younger ages and tend to decline with age.(9)

Those people with a history of chronic health problems, as well as those with a history of mental health and/or drug and alcohol problems have a higher risk of mental health problems. Current chronic health conditions or behaviours that may impact on health (such as smoking) are associated with mental health problems.(5, 10)

Social connections and having positive and numerous relationships with family and friends is considered to be protective for mental illness.(5) People living in communities with low levels of social cohesion can experience higher rates of mental health problems.(11) Communities experiencing socio-economic disadvantage have higher rates of mental illness. Limited access to health services, especially in rural areas may further adversely impact a person’s mental health.(5)

Employment in a supportive organisational culture has been identified as a protective factor, with people who are currently employed less likely to experience a mental illness than those who are unemployed.(5) However, workplace psychosocial characteristics including bullying, violence and discrimination in the workplace, have been associated with increased risk of mental health problems.(12)

Indigenous Australians have a holistic view of mental health and social and emotional wellbeing with recognition of the importance of connection to land, culture, spirituality, ancestry, family and community.(6) The factors relevant to the mental health and well-being for Indigenous people are different to those of the non-indigenous community. In particular factors such as grief and loss, transgenerational trauma, and ongoing stress and dislocation impact on the mental health and well-being of Indigenous Australians.(6)

**Effectiveness of and access to treatment**

Despite the effectiveness of treatments, only 35% of Australians with a mental illness seek professional assistance from a health service.(5) With treatment, most people with a mental illness will recover and live full and productive lives, however, the success of treatment is much greater if the problems are identified and treated early.(13, 14)
Overcoming perceived barriers to help-seeking for mental health problems remains a significant challenge for increasing access to treatment.\cite{15-17} Barriers to treatment include stigmatising attitudes towards mental health problems,\cite{18} lack of confidence in seeking help or awareness of where to seek help, and the belief that help available would not be effective.\cite{19}

**Mental Health in the Clarence Valley**

Data from NSW Health in 2014 identified a number of key issues relevant to mental health and well-being:\cite{20}

- Rates of hospitalisations associated with self-harm in the Clarence Valley 287.7 per 100,000 population, higher than the NCPHN (234.2) and NSW (142.7/100,000) with increases in rates for females over the last decade
- Rates of alcohol attributable hospitalisations in the Clarence Valley are 778.9 per 100,000 populations, higher than the NCPHN (698/100,000) and NSW (687.9/100,000)
- Rates of smoking attributable hospitalisations in the Clarence Valley are 849.2 per 100,000 populations significantly higher than the NCPHN (631/100,000) and NSW (565/100,000)

Results of a primary health needs survey undertaken by the NCPHN demonstrate concerns about mental health and access to services. For those from the Clarence Valley who participated in the health needs survey results indicate that:\cite{2}

- Mental Health issues were rated the most serious local health concern by 56% of respondents, compared with 52% of those from the NCPHN
- Suicide was rated as a serious issue by 32.7% of respondents compared with 14.7% of those from the NCPHN
- Drug and alcohol misuse was rated as a serious health issue by 46% of respondents compared to 55.6% in the NCPHN
- Mental Health services were identified as hard or very hard to access by 75.6% of respondents from the Clarence Valley LGA who have tried to access them. Specific aspects of mental health services identified as making access difficult included:
  - Lack of services by 66.2% of respondents
  - Cost of services by 44.6% of respondents
  - Psychiatrists were rated as hard or very hard to access by 30.2% of respondents who have tried to access them
  - Psychologists were rated as hard to access by 43.7% of respondents who have tried to access them
  - Counselling was rated as a hard to access by 54.1% of respondents who have tried to access it
- Alcohol and other drug services were identified as hard or very hard to access by 62.5% of respondents from the Clarence Valley LGA who have tried to access them. Specific aspects of alcohol and other drug services identified as making access difficult included:
  - Lack of services by 57.9% of respondents
  - Cost of services by 47.4% of respondents
  - Poor experience in the past by 47.4% of respondents
  - Stigma and shame in accessing the services by 42.1% of respondents

Information provided by NSW police based on Coroner’s findings indicate that in the previous 18 months in the Clarence Valley there have been 11 suicides, with four of these being in people under 18 years.
Frameworks for Community Mental Health and Well-being

There are a number of frameworks for mental health promotion. Common across these frameworks is a focus on addressing the factors that are associated with mental health. It is acknowledged that mental health is influenced by individual characteristics or attributes, and also by the structural and community factors. Adapted from the World Health Organisation (WHO), the conceptual framework which guided the consultation process in the Clarence Valley is shown in Figure 1.(21)

FIGURE 1: ADAPTED WHO CONCEPTUAL FRAMEWORK FOR FACTORS ASSOCIATED WITH MENTAL HEALTH AND WELL-BEING

Individual and familial factors relates to a person’s ability to deal with thoughts and feelings and to manage him/herself in daily life. It also relates to a person’s capacity to deal with the world around by partaking in family and broader community relationships, social activities, taking responsibilities or respecting the views of others.(21)

Community level factors cover the wider sociocultural environment in which people live and include levels of access to basic commodities and services, exposure to predominating cultural beliefs, attitudes or practices, discrimination, social or gender inequality and conflict.(21)

Structural factors cover the opportunity to earn a living for themselves and their families and the socio-economic circumstances in which they find themselves. Restricted or lost opportunities to gain an education and income are especially pertinent socio-economic factors relevant to mental health and well-being.

Prevention of mental ill-health focuses on reducing risk factors for mental ill-health and enhancing protective factors.(22) The promotion of mental health and wellbeing seeks to enhance social and emotional wellbeing.
and quality of life. Initiatives can target entire populations, groups of people or individuals, and can occur in any setting.

A useful model that outlines a broad spectrum of mental health promotion targeted at individuals and populations is that developed by Mrazek and Haggarty. This model, adapted by others covers a range of activities from prevention to recovery and continuing care.

**FIGURE 2: SPECTRUM OF INTERVENTION MODEL**

Initiatives and strategies to prevent the onset or development of mental ill-health and to promote mental health and well-being can target: the whole community (universal); particular groups known to be at higher risk (selected); or individuals at very high risk who may be showing early signs of mental ill-health (indicated). Strategies may also aim to lower the severity and duration of an illness through early intervention, including early detection and early treatment. Strategies may also aim to reduce the impact of mental ill-health on a person’s life through approaches such as rehabilitation, relapse prevention and access to supports within the community, such as housing, employment, physical health care and social engagement.
AIMS AND METHODS

Aims of Consultation Process

The aims of the consultation process were to consult with community members and service providers across the Clarence Valley to:

- Identify perceptions of mental health and well-being
- Identify factors associated with mental health and well-being
- Identify strategies, capacity and resources to promote mental health and well-being across the community

The results of the community consultation process were provided to a community forum and are being used to guide the development of a plan for community mental health and well-being.

Methods

A community committee, chaired by the Director of the North coast LHD Mental Health Services was established to guide the consultation process. This committee met three times through the consultation process to provide support and monitor progress.

Recruitment of Participants

Members of this committee provided an initial list of key community stakeholders and community organisations with an interest in mental health and well-being. These stakeholders were contacted to seek their willingness to participate in a face-to-face or telephone interview about mental health and well-being in the community. Attempts were made to contact each stakeholder three times. Each stakeholder who agreed to participate was also asked to provide the names and contact details of other stakeholders who may wish to contribute to the consultation process. This technique, called a snowballing method is commonly used in community consultation processes to identify key stakeholders. The local media also reported on the consultation process and provided contact details for any community members who wished to participate in the process.

Semi-Structured Interviews

Semi-structured interviews were held with each of the participants. This occurred either individually or for organisations and committees in a group setting. The interviews focused on three key areas:

- Perceptions about mental health in the Clarence Valley
- Perceptions about factors associated with mental health in the Clarence Valley
- Perceptions about strategies, capacity and resources which could be implemented or harnessed to promote mental health and well-being across the Clarence Valley

If the participants agreed the interviews were recorded to allow analysis for common themes. At each interview the participants were also asked about their willingness to participate in a community forum which would be used to guide the development of the plan for mental health and well-being.

Analysis

The semi-structured interviews with key stakeholders were analysed for common themes relevant to the aims of the consultation process.
RESULTS

Participants
A total of 99 stakeholders from across the Clarence Valley participated in the consultation process. Thirty three services or organisations were involved in the consultation processes.

Key Mental Health Issues
The key mental health issues which were identified by the stakeholders as being of concern were:

- Depression
- Anxiety
- Substance abuse
- Alcohol
- Marijuana
- Methamphetamines (ice)
- Eating Disorders
- Self harm
- Schizophrenia

In addition to these health issues and common across the consultations was concerns about access to and availability of services for people with mental health problems. This reflected findings of the NCPHN primary health needs assessment which identified similar concerns about access to a range of mental health services.(2)

Individual and family factors
The following individual and family factors were identified as being associated with mental health and well-being in the Clarence Valley. Protective factors that were commonly identified included:

- A strong commitment to family and community across the Valley
- Strong generational family ties
- Increasing knowledge and awareness of mental health problems
- Commitment among young people to address mental health problems with examples provided of young people acting to address mental health and well-being in schools and in social and sporting groups

The key stakeholders also raised a number of risk factors relevant to mental health in the Clarence Valley. These included:

- While knowledge and understanding of mental health signs, symptoms, ways to provide support, and services had increased there was still a need for knowledge and awareness to be increased
- It was reported that there are high rates of family breakdown
- Stigma about mental health problems remains a barrier to talking about mental health problems and to accessing services.

“It has taken a while but the community is more aware of mental health problems and want to do something about it. Though we still have a way to go…”

Clarence Valley Community Member

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• It was perceived that there are high numbers of parents with mental illness which impacts on the health of their children
• High rates of chronic illness in older people were perceived as impact on their mental health and well-being
• Families with family members with mental illness struggled with ongoing support
• Families also expressed concern about the lack of recognition by health service providers of the families’ role in care for their loved one with a mental illness particularly
• Domestic violence was raised as a significant problem in the Clarence Valley but was one which was not often spoken about in the community
• Similarly sexual abuse was a factor in the mental health and well-being of the community but was perceived as also not being spoken about openly
• The impact of social media and IT on relationships, sleep and behaviour especially for younger people was raised as common theme

Community Level Factors
At the community level protective factors which were identified as being associated with mental health and well-being in the Clarence Valley included:

• A growing commitment across the community to address mental health problems demonstrated by a range of initiatives to address mental health through:
  o Community action groups
  o Youth suicide prevention committee
• Strong volunteering and participation which reflected community resilience and the capacity of the community to work together was demonstrated in a number of areas including:
  o Crisis response especially in times of natural disasters such as floods and bushfires
  o Sporting clubs
  o A diverse range of seniors group
  o Strong cultural groups such as arts and theatre groups
• Strong cultural groups with the traditional custodians of the Clarence Valley area being the Bundjalung, Gumbaingirr and Yaegl nations
• It was acknowledged there were a range of community events and activities to support community engagement in the Clarence Valley including those in the sporting and cultural areas
• Strong cultural groups for the lesbian, gay, bisexual, transgender, intersex health and queer (LGBTIQ) communities
• While there were concerns about the initial local media reporting of mental health problems and suicides there was recognition there has been recent improvements in the way these stories were reported

A number of community level risk factors relevant to mental health in the Clarence Valley were also raised by key stakeholders
• Concerns were expressed about a lack of proactive approach to social and economic development for the Clarence Valley
• It was recognised that quite a number of services and indeed some individuals were providing care and support for people with a mental illness but concerns were raised that a number of these service providers and community members were working beyond their skills and capacity for this complex area
• There was a perception that in some of the community there remained a culture of denial in some groups about mental health problems and also about:
  o Domestic violence
  o Sexual abuse
• There was a view that a significant proportion of the community were conservative which contributed to denial about important social areas
• While the sporting culture was recognised as a strength in the community there was a perception that there was a strong focus on alcohol in sport and in particular with binge drinking at sporting events
• There were many community events but these were commonly viewed as being a series off one-off events rather than a systematic approach to participation
• The experience of generational trauma in indigenous communities was perceived as being a significant contributor to mental health problems in this community
• It was recognised that there has been significant experience of community trauma resulting from suicides and other deaths through accidents and crime
• Bullying was raised as a significant factor in relation to mental health and well-being experienced through:
  o Social media especially for young people
  o In the workplace
  o In sporting clubs with some coaches and parents displaying bullying behaviours in particular in association with children’s sport
• There were concerns that there was significant social disconnect for some people within the community with examples provided of
  o Racism especially for people in the Indigenous community
  o Stigma especially for people from the LGBTIQ communities
• While it was recognised that especially in times of crisis there was strong community resilience especially in times of natural disasters, there was concern that this did not apply around resilience in the context of mental health problems

Structural Factors

There were a number of structural factors which were considered protective for mental health and well-being in the Clarence Valley. These included:

• There are many and diverse services in the Clarence Valley which provide care and support for people with a mental illness through health care, employment, training, welfare and housing support
• There are a range of education options in the Clarence Valley with diverse secondary education and a number of post-secondary training organisations
• A range of organisations, in particular schools, TAFE and council are providing programs to address mental health as an adjunct to their core business
• There was awareness in some stakeholders about targeted employment schemes for emerging economic opportunities such as the Pacific Highway upgrade and the construction of the new gaol
• TAFE was perceived as being recently responsive to emerging economic opportunities through the provision of new courses
• There have been recent developments in primary care especially with the establishment of the GP Super Clinic in Grafton and the new community health centre in Yamba

There were a number of structural risk factors associated with mental health and well-being raised by key stakeholders including:

• While there are many there diverse services and initiatives in the Clarence Valley which are directed towards mental health and well-being many of these are unknown by other services providers and community members
• The lack of knowledge about the services relevant to mental health and well-being causes a number of problems for service providers and community members:
  o It makes clear referral pathways problematic
  o There is duplication of some services
  o There are gaps in services
• High unemployment especially for young people and the Indigenous community was perceived as being a major contributor to mental health problems
• Employment opportunities were scarce creating a sense of hopelessness for the future especially for young people
• Homelessness and a lack of housing stock was raised as a significant community issue with increasing pressure on rental housing with people moving to the areas for work on the Pacific Highway construction and the new gaol
• There are a lack of transport options across the valley and to the hubs of Lismore and Coffs Harbour

**Current Initiatives**

Many of the community stakeholders identified a range of services, programs and initiatives which were already in place or being developed. These include:

• A centralised service directory of all services is being developed
• A pilot initiative to train community members in mental health support options is being developed
• Youth well-being champions are being trained to support peers with mental health
• Mental health first aid is being implemented across community groups, sporting clubs and other settings
• Clear Minds an early intervention and prevention support service for children and young people showing early signs or are at risk of developing mental illness is
• Brighter Futures providing support for vulnerable parents of young children
• Specific health services providing acute and primary health care are provided by:
  o Grafton Hospital and Community Mental Health Services
Bulgarr Ngaru, the local Medical Aboriginal Corporation, provides a range of mental health programs and services by psychiatrists, psychologists, mental health nurses and other allied health staff.

- Mental health nurses provide care and support in some GP practices.
- Healthy Minds operates in some GP practices providing free short-term psychological counselling services.
- There are a range of private psychologists and counsellors within the community.

- Strategic Plans are being developed by the North Coast LHS for mental health and drug and alcohol services and for eating disorders.
- There are a range of school-based programs and initiatives including:
  - Anti-bullying programs
  - Positive behaviour for learning
  - Mentoring programs
  - Capacity building for school staff in addressing mental health
  - Support for schools after a suicide in the school has been provided by Headspace
  - A range of parenting programs are provided.
- Alternative education programs are provided through local non-government organisations for young people having difficulty engaging with school.
- As part of the response to generational trauma in the Aboriginal community “Seasons for healing” is being undertaken with Aboriginal elders.
- There are a range of services to support people with mental illness seek training and employment.
- There are a range of post-vention options available to support individuals, schools and workplaces particularly following a suicide.
- There are a range of support groups across the Clarence Valley providing support for people with a mental illness and for family members.
- There are targeted training and employment options for new infrastructure programs specifically for local community members.

Gaps in Services

The key stakeholders who participated in the consultation process identified a range of gaps in programs and services. It is recognised that there may already be programs and services in place to address these gaps but key stakeholders were unfamiliar with them. The gaps included:

- The need to strengthen and maintain an interactive community service directory relevant to mental health and well-being which supported referral pathways for service providers and for community.
- Better communication between health, welfare and training services to enable more coordinated care and support was identified as a key gap.
- Families with a family member with a mental illness needed support and respect in particular by health professionals to enable them to fulfil their caring role.
- The role of sporting groups in addressing mental health and well-being was under-utilised.
- School initiatives to address mental health and well-being should be strengthened and sustained.

“There are quite a lot of services in the Valley but there are a lot of people that don’t know about them and there is no central information point for them…this causes problems for us and the community.”

- Clarence Valley Service Provider
• Specific education programs should be implemented, especially for young people, about the impact of technology and social media on mental health
• The capacity of service providers working with people with a mental illness needs strengthening with recognition of the need for service providers not to work beyond their scope of practice
• Knowledge and understanding of mental health signs, symptoms, ways to provide support, and services should be developed across a range of settings
• Regular communication of positive stories about mental health should be supported in the local media
• Access to acute mental health care services in the Clarence Valley should be strengthened with a focus on:
  o Addressing attitudinal barriers to people with a mental illness by some service providers
  o Improving coordination and communication between acute and community mental health services
  o Ensuring access to specialist services in the Clarence Valley
  o Ensuring service providers recognise the role of family members in care
• The capacity of GPs to provide evidence based mental health care and in particular early intervention should be strengthened, for the general population, for older people and for young people
• Employment options especially for youth with new infrastructure programs should be strengthened
•
THE NEXT STEPS

Key stakeholders demonstrated a commitment to the consultation process, with a high level of participation and willingness to provide their views and experience about mental health and well-being in an open and frank manner. These findings were presented at a community forum, attended by many of the participants in the consultation process. This results of this forum will guide the development of a community plan for mental health and well-being.

The findings demonstrate that the community recognise the importance of mental health and well-being and the factors which are contributory. The range of initiatives to address mental health and well-being already in place, especially in schools, in NGOs and in the Aboriginal community demonstrated the commitment to address mental health. Many of the factors identified by the stakeholders can be addressed as part of a comprehensive plan for mental health and well-being.

There are many programs, services and initiatives in place or in development in the Clarence Valley. However, one of the key barriers to addressing mental health and well-being was the lack of awareness of the range of programs, services and initiatives in place. Providing a framework for coordinating and communicating these initiatives will provide a foundation for future improvements. Ultimately the community of the Clarence Valley will decide on the approach which best suits their needs, with the community forum the first step in this process. To support the decisions in the community this concluding section of the report offers some information which may guide the decision process.

Community Readiness

Community readiness assessment is the degree to which a community is willing and prepared to take action on an issue. (24) Knowing the level of community readiness can help a community move forward and be more successful in its efforts to change in a variety of ways. (24) There are nine stages in community readiness as described in Figure 3.

The community consultation process did not aim to identify the stage of readiness for the Clarence Valley in addressing mental health and well-being. However, the willingness of the community to engage with the consultation process and work together to develop a community plan for mental health and well-being is indicative of a strong commitment. Importantly this was further evidenced prior to the community consultation process of a number of community meetings organized by community members to address concerns around suicide. These meetings were critical in raising awareness of the issue and preparing the community for action.

There is a recognition by stakeholders that a coordinated and multi-pronged approach, supported by communication and strong partnerships will be the foundation of positive mental health and well-being in the Clarence Valley.
Building on and maintaining the momentum provided by the consultation process, and by the community action groups will be critical. The Clarence Valley community is ready to work together to address mental health and well-being through coordinated actions.

**Principles for promoting mental health and well-being**

Based on evidence for mental health promotion and informed by effective public health approaches for a range of health issues the following principles were recommended to the community committee. These principles informed the analysis of the common themes and aim to guide the development of strategies for the community plan. The principles suggest that strategies selected should:

- Focus on population health approaches
- Be evidence-based or theoretically informed
- Apply multiple and sustainable strategies
- Focus on risk and protective factors
- Ensure options for early intervention
- Provide clear pathways to appropriate and accessible services
- Provide support for families
- Be targeted and tailored to specific groups include specific cultural and age groups
- Build capacity of services to promote mental health and well-being
- Adopt effective governance and evaluation

The application of these principles to suggested strategies within the community plan will ensure an effective approach to mental health and well-being.

**Evidence-based approaches for community mental health and well-being**

Many communities in Australia and internationally have recognised the need to work together to improve mental health and well-being. There are a number of strategies which demonstrate evidence for positive impact on mental health and well-being in the community.(25-28) Common across these strategies is recognition of respectful partnerships across different sectors of the community.(29) One such example of coordinated approaches to mental health promotion across a community aimed to:

- Involve community members in physical, mental, spiritual and social activity - **ACT**
- Ensure a sense of belonging by keeping connected to friends and family, involvement in groups, or joining in local community activities – **BELONG**
- Enable community members to be involved in activities that provide meaning and purpose in life, such as advocating for a cause, volunteering, learning a new skill, or setting challenging goals. - **COMMIT**

The ACT, BELONG, COMMIT initiative has the potential to inform a coordinated approach to mental health and well-being in the Clarence Valley. In partnership with community organisations across a town strategies were implemented under the common banner of ACT, BELONG, COMMIT to address mental health and well-being.(29)
REFERENCES