Mental wellbeing in rural communities—a capacity building approach

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Introduction

This paper will present: the rationale for a model being implemented in rural communities to support community mental wellbeing; the criteria used to identify the localities to participate in the project; the tools and approach being used to encourage development of local capacity; and the progress and reception of the project so far.

Much work has been done across the health and human services industry, including in the mental health sector, to develop models for successful collaboration and person centred responses. There has long been recognition that successful collaboration, particularly when it includes real or perceived power differentials, requires an input of resources to appropriately skill people for effective participation. In order for community-led approaches to mental wellbeing to succeed, there is a need for capacity building for those taking the lead. Communities are using tools and approaches like social determinants of health, Wheel of Wellbeing and the recently developed Community Mental Health Toolkit to take more of a whole-of-community approach to addressing mental health issues. This project has implemented Mental Wellbeing Hubs in rural locations across the Central Highlands in Queensland, focusing on equipping groups of community members who are putting up their hands to take the lead in ensuring mental health and wellbeing is supported in their community. This is particularly important for regions where scarce resources mean that everyday services available in the more urban centres, are not part of the service landscape.

Context

Central Highlands local government area has a number of challenges that impact on the mental health and wellbeing of individuals, families and the community. In the past decade, the area has been impacted by major flood events; is currently experiencing drought; and is experiencing economic downturns related to the resources industry. While the slowdown in resource industry activity was not unexpected, the increased financial pressure in addition to the impact of flood and ongoing drought is broad—local businesses, schools, church groups and service agencies are all reporting an increase in contact with people who are struggling to deal with these pressures. Health needs assessments conducted by Central Queensland, Wide Bay, Sunshine Coast PHN, raised mental health, depression and suicide as issues in Central Queensland communities. Central Highlands Regional Council has developed a Community Plan that includes the following outcome:

Resourceful, vibrant community—celebrating our diversity, lifestyle and heritage through strong social networks and active participation to nurture the well-being of our unique safe communities

The opportunity for “community to support community” was a key consideration when proposing this project. The Early Action: Queensland Mental Health Promotion, Prevention and Early Intervention Action Plan 2015-17, is a whole of government plan that aims to improve the mental health and wellbeing of all Queenslanders and reduce the incidence and impact of mental illness. It acknowledges that good mental health and wellbeing is the foundation for a broad range of social and economic outcomes. Early Action advocates a shift of focus from the ‘burden’ of mental illness to
including wellbeing and prevention, using “a contemporary view of mental health and wellbeing” depicted in Figure 1:

**Figure 1  Dual continua model adapted from Tudor (1996)**

The model recognises the importance of attending to the mental health and wellbeing of the entire population (mental health promotion), taking steps to reduce the risk among vulnerable groups (prevention) and intervening early in the onset of illness (early intervention) as well as ensuring access to quality and appropriate support and treatment to meet people’s needs.

Under Early Action, the Commission invited regions to come up with innovative approaches that would help communities flourish, ensure they are connected and build resilience when faced with challenging times.

The Central Highlands Mental Wellbeing Hubs project, which focuses on the top and bottom left quadrant of Figure 1 that is promoting and building mental health and wellbeing as well as reducing the exposure and impact of risk, has brought together the information from the PHN needs assessment, the CHRC community plan and the QMHC’s support around trying different models and approaches to mental wellbeing, to develop and implement the Central Highlands Wellbeing Hubs.

**Why the Hubs project**

The purpose of the Central Highlands Mental Health and Wellbeing Hubs project is to work with local communities to enhance existing knowledge and skills around mental wellbeing. The approach taken includes: building on current capacity to bring together information on the assets already in the community that support mental health and wellbeing in the local area, and develop strategies to raise awareness of these supports; gathering information directly from the community about the current levels of wellbeing; identifying what more could be done to ensure long term good mental health and wellbeing; and effectively communicating this information to appropriate audiences. A key part of this project is to develop capacity in individuals in the local community to actively participate in each of these elements.
In small, regional communities important stakeholders are often local community members and groups. For the Hubs to be effective, a local community champion (or champions) needed to be identified to help drive the project at a local level. The Hubs also need to engage with a number of other key stakeholders such as local sport and recreation groups, local community groups and networks, local service providers, regional council, hospital and health services and broader community members. As the Hubs are developing in different locations, they are becoming supports and resources for each other. Over time, all of these connections are creating a network that connects “what can happen” with “who can make it happen”.

The partnership that supports the Hubs consists of CentacareCQ, Central Highlands Regional Council and CQ Rural Health, with resourcing provided by the Queensland Mental Health Commission. Each of these stakeholders recognises that a one-size-all approach is not going to meet the unique needs of each community. Different circumstances, diverse characteristics and different factors influencing wellbeing exist in these communities, all of which then influence the existence of protective factors that promote resilience and good mental wellbeing. The Hubs are encouraged to identify what is important to their locality and what creates happiness, mental wellbeing, resilience in their communities. The challenge then is to identify ways to create more of these positive factors to increase the opportunities for individuals, families and communities to flourish.

These differences influence the strategies the Hubs will use. For example, the Hubs are developing and using communication mechanisms that suit their unique locality—in one locality, Facebook is the preferred mode; in another, Hub participants drive around to the various outlying areas and puts up flyers in the known gathering places. The key stakeholders in each location are different—in one location, the local schools are key; in another, there is keen interest from business and industry. The model of implementing the Hubs is asset based, in that it doesn’t prescribe which stakeholders “must” be involved—Hub participants identify the attributes needed to increase wellbeing in their location, and to generate more of the identified “good stuff” that makes their community happy and well. The aim is to catalyse action in the communities that doesn’t rely on a particular service provider or funded program, so that the actions continue well after the investment is finished.

**Selection of locations to participate**

There are 13 discrete communities in the Central Highlands, all with unique and varied make up. In order to select the 5 communities to invite to participate in the Hub project, an exploratory process was implemented. In the first instance, the project Facilitator interviewed senior community engagement staff at Central Highlands Regional Council (CHRC) to gain background on the communities. The Facilitator then interviewed a range of local service providers who work in the communities and met with some local community residents. Desktop research about the communities was undertaken, including using the information CHRC had gathered and made available as part of the development of the Community Plan. An example of the data gathered is shown in Figure 2.
Other information included identification of people who could be a local driver, and whether mental health was seen as a priority issue to community members (rather than services). Once this information was gathered and collated, criteria for evaluating community readiness to participate was developed.

A panel that included representation from Central Highlands Regional Council, CQ Rural Health and CentacareCQ undertook a process run by the project Facilitator, using the criteria to rank the communities with regard to readiness to participate. The output from this process was a list of localities that were then invited to take part in the Central Highlands Mental Wellbeing Hubs project.

**The focus on locals**

Providing community services in rural areas provides many recruitment challenges. People are often moving away from their professional networks, away from their personal networks and in the case of mental health, into challenging work where they may be the only or one of a small handful of people working in their area of expertise. The result is often high turnover of staff—this means that investment in developing the skills and knowledge of workers leaves the region along with the individual as they move on to their next job. Part of the development of this project was to try to mitigate against this by identifying local people who are more likely to stay—people with family ties, businesses, emotional investment in their local community. Additionally, when seeking skills and knowledge development opportunities, the project aims to provide development programs that don’t require health knowledge or background. The boundaries for the project have been made very clear—it doesn’t provide services and supports for people with clinical, diagnosed mental illness. The project is about identifying what increases “your” community wellbeing, and to assist those communities to facilitate more of those activities.

One of the ways this is being achieved is by providing local people with the opportunity to undertake “Wheel of Wellbeing” training. The Wheel of Wellbeing (WoW) teaches simple techniques to promote wellbeing, using a positive psychology approach. The focus is on mental wellness and wellbeing,

<table>
<thead>
<tr>
<th>Pop. in 2010</th>
<th>Demographics and Economic Drivers</th>
<th>Connection to other areas/interesting location</th>
<th>Established networks and groups</th>
<th>Previous history solving problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>341</td>
<td>Established only 45 years ago (developed area). 80% of people employed in primary production. Agricultural and grazing - affluent rural area. Long historical connection to farming. Isolated farming community.</td>
<td>They identify more with the south Banana Shire. Rolleston and Duaringa are community associations. Access Woorabinda as they have good medical facilities. Would travel to Biloela for Mental Health services.</td>
<td>Sport and rec group is very important. Keen to enhance their community and sporting facilities. “Cuppa &amp; Chat” group has about 14 ladies attend on a monthly basis.</td>
<td>Very resilient. Get in and tackle issues as they arise.</td>
</tr>
<tr>
<td>5599</td>
<td>40% of workforce employed by mining. Remaining provides services for local communities. Resources, and some of agriculture.</td>
<td>Affiliation with Bluff and Woorabinda. Woorabinda locals come to Blackwater for services and family reasons.</td>
<td>CAN - Community Advisory Network. Look at all things medical. Blackwater Interagency focuses on social issues.</td>
<td>Different mentality because of provisions by mining companies. The mining companies give but then they take away so trust can be an issue with the community. Changes in workforce all the time. Strong union presence.</td>
</tr>
</tbody>
</table>
rather than mental illness. WoW has a holistic approach, focussing on body, mind, spirit, people, place and planet. Facilitators are taught to adapt the techniques to suit their community—the people, the place and the resources they have available to them.

In addition to this specific training, participants in the Hubs project are being provided with mentoring in effective partnering principles of equity, transparency and mutual benefit. The aim is to build confidence and skills in identifying opportunities and stakeholders to work alongside the Hubs to contribute to the community’s mental wellbeing—without building reliance on a funding stream or program. The Hubs are also being supported to develop a program logic and an evaluation process to try to determine their impact—how will they know if they are making a difference?

**Progress to date**

The Central Highlands Mental Wellbeing Hubs project was initiated in February 2016, alongside Hubs in North Queensland and Logan. The three models are very different, as was the Queensland Mental Health Commission’s intent. The Commission worked with stakeholders across rural and remote Queensland to identify an approach focussing on mental health prevention and early intervention that supports the unique circumstances of rural and remote communities. This project comes out of the action plan developed from this work, and the intent of the action plan is to build on the strengths and resilience of rural and remote communities, enabling greater opportunities for good mental health and wellbeing; strengthening communities; and ensuring that services are responsive and accessible. In addition, the Commission is implementing its Mental Health Promotion, Prevention and Early Intervention Action Plan 2015-17, which aims to support Queenslanders in the priority areas of: start well, develop well, learn well, work well, live well and age well. The Hubs project respond in some ways to each of these priority areas, with a particular connection with the “live well” priority.

In late August/early September 2016 the Commission provided the opportunity for a group of participants from across regional and rural Queensland to participate in the Wheel of Wellbeing facilitator training, and four Central Highlands people took up that training. This process culminated in the delivery of a full day workshop in Emerald, at which the four participants were appraised and then accredited to deliver future WoW workshops and activities. The WoW activities have been enthusiastically received by community members in the Central Highlands, with activities and workshops delivered since then in Capella, Blackwater, Emerald, The Gemfields and Springsure. Full day WoW workshops are planned throughout 2017, and Central Highlands Regional Council are supporting facilitation of additional activities into the communities that are not part of the Hubs project.

Facilitation of the Hubs is being undertaken by an accredited Partnership Broker, who is taking the approach of catalysing, building capacity then stepping back from operational decisions and activities—in short, the aim is for the Facilitator to do themselves out of a job. Each community is different, and the rate of take-up and progress is different for each area—this fits well with the Partnership Brokering philosophy that a partnership can only move forward at the rate of the slowest partner. The investment of time in developing the relationships between the stakeholders is fundamental to sustainability, and resisting the urge to jump into activity can be challenging.

Evaluation of the Hubs is being supported by the development of a program logic for each of the groups. Blackwater Hub has completed this process, as shown at Figure 3. Each of the locations will undertake a similar process to develop a program logic. While some of the desired outcomes will be similar, the expectation is that each locality will have different ways of reaching those outcomes, and the Hubs participants will lead the identification of what the outcomes can look like in their community.
# Program Logic for Blackwater Hub

## PROGRAM LOGIC – Mental Health Hubs Initiative (BLACKWATER)

**Program Location:** Blackwater  
**Date:** 11 February 2017  
**Version:** 1.1

<table>
<thead>
<tr>
<th>VISION (what we want things to look like)</th>
<th>OLD MENTAL HEALTH COMMISSION OBJECTIVES</th>
<th>INPUTS and OUTPUTS</th>
<th>ACTIONS (the things we do)</th>
<th>Community outcomes</th>
<th>Short term outcomes (up to 3 months)</th>
<th>Long term outcomes (1 year + and ongoing)</th>
</tr>
</thead>
</table>
| Community members are committed to (and passionate about) living in a community which has good mental health, is inclusive, connected and productive - and where everyone enjoys the best possible personal, family and community sense of well-being. | A population with good mental health and well-being  
Reduced stigma and discrimination  
Reduced avoidable harm  
People with mental health issues have lives with purpose  
People living with mental illness issues live longer  
People with mental health issues have positive care and support experiences | Committed community members (local reference group)  
MRH facilitator  
Workshop and meeting spaces  
Funding  
Local networks and relationships  
Evaluation facilitator | Wheel of well-being workshops  
Other good mental health and well-being information and education activities and opportunities i.e. movie night (body image), nutritional workshop, charity golf day during mental health month  
Community networking, engagement and relationship building  
Community well-being awareness and promotion activities | Increased access to activities that promote holistic well-being  
Improved community capacity i.e. skills to understand and identify good mental health and community well-being needs, including early intervention and prevention  
Development of resources that assist individuals and communities to better understand good mental health and well-being  
Improved community communication and connectedness re good mental health and well-being  
Development of networks with other communities re good mental health and well-being | Increased access to new locally run activities that promote good mental health and well-being  
Increased personal well-being from participating in the Wheel of Well-being and other educational sessions i.e. feel good, feel energised, have fun, worry less, feel affirmed, get good ideas, understand mental well-being better, feel more informed about mental well-being, feel connected with others, and have ‘grown’ from the sessions  
Increased skills and practical ideas about how to build and maintain good mental health and well-being | Increased understanding of good mental health and well-being  
Increased skills and knowledge to support people with their well-being  
Increased desire to do more activities and practices (individual or community) that benefit personal good mental health and well-being  
Increased knowledge about local community resources and opportunities for participation (that are available i.e. regular community activities)  
Improved communication between community groups involved in good mental health and well-being  
Improved knowledge and skills in understanding good mental health and community well-being for the reference group members |
From the project delivery perspective, we are seeing positive results. For instance, one of the desired outcomes from this project is that the Hubs will be able to identify how their community is responding to adversity, suggest ways to address this and deliver activities that fit with the community, by the end of the three year project. This has already happened with one of the Hubs, which brought together the resources and people to participate in a gratitude activity following the death of a much loved community member. The Facilitator is also fielding requests for input to planning activities, without expectation that she needs to be present for their delivery—another positive sign that the process of building capacity without creating reliance is working.

Development of questions to seek feedback from workshop and activity participants has started. For example at the last two WoW workshops, Hub members sought feedback from participants on *What was most useful and why?* Responses to this included:

- Being able to share with others no matter how frightening
- Most useful were the activities which made me feel happy and will have me return home relaxed
- Reconfirming that true gratefulness triggers deep emotion. I am so happy with today that I want to cry!
- Hearing others’ experiences & tips to appreciate self and others. Loved the 10 most important things for happiness exercise
- Being aware of some of the things that are more subliminal but how they have actually affected behaviours

**What’s next**

During 2017, further opportunities will be provided to develop skills and knowledge within the Central Highlands localities participating in the Hubs project. This will include further access to Wheel of Wellbeing training; alongside this will be capacity building in strategies for sustainability of the Hubs, including effective partnering, governance and evaluation. The Hubs which have yet to complete their program logics will be supported to do so, and a number of evaluation activities will be undertaken, including evaluating the process of setting up the Hubs to collate what was learned so that other communities who want to replicate the model have the opportunity to learn from the Central Highlands experience.

**Recommendation**

While the Hubs are still in their development stage, it is possible to see emerging results from the response of the participants in the project. What we’re learning is that there is value in giving local stakeholders space and support so that a community can find ways to support itself to increase mental wellbeing. At this stage, the recommendation would be to find or create opportunities to engage local community members in designing and delivering solutions to local issues—while this is not a new idea, investment in building the relationships rather than an immediate attempt to deliver activities is emerging as a key for success in this project.
References


Presenter

Carmel Marshall is Planning and Development Manager at CentacareCQ. The main focus of this role is to help ensure the organisation is sustainable and relevant into the future, so requires an understanding of the influences on the environment in which CentacareCQ will be operating over the next five to 15 years. This picture then informs the decisions and actions taken in the current environment to move CentacareCQ towards its desired future. Identifying ways to implement solutions that fit with local needs is part of CentacareCQ’s community development and asset based approach to supporting communities. Carmel’s previous roles with the Institute for Sustainable Regional Development and Rockhampton Regional Development Limited included research and project work in sustainable regional development.