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In acknowledgement of the social and economic costs associated with the escalating incidence of mental ill-health, in 1998 the Victorian Health Promotion Foundation (VicHealth) identified the promotion of mental health and wellbeing as a key area for action over the ensuing three-year period.

To determine the role that VicHealth could play, analysis of available research, policy and practice took place together with consultation with people working within bureaucracies, academic institutions and across many different sectors.

Through this process rural communities were identified as having a number of strengths. However, it was also apparent that with reduction in public and private infrastructure in rural and remote areas (e.g. education, health, recreation and banking) priority needed to be given to working with rural organisations to address those factors that have significant impact on the mental health of individuals and communities.

The Rural Partnerships in the Promotion of Mental Health and Wellbeing Scheme was the first initiative to be supported by VicHealth under our Mental Health Promotion Plan 1999–2002. The Scheme involved over 100 organisations in its implementation, with expertise being drawn from the local government and non-government, community, health, justice, sport and recreation sectors, educational and research institutions and arts organisations.

Together, these organisations focused on some of the hardest issues being experienced in rural communities. Issues of social isolation, youth alienation, unemployment and the acceptance of new members into community life were some of the challenges addressed through the Scheme.

We are indebted to all those involved in the development and implementation of the work as this was a new endeavour for VicHealth, with many lessons to learn to help shape our future mental health promotion activity.

The outcomes of the Scheme, as articulated in this document, indicate the complexities associated with introducing new concepts to a range of sectors working outside the traditional health field and are a testament to those who are committed to improving the mental health and wellbeing of rural communities.

The ongoing contribution being made to many of the projects by rural organisations, the Community Support Fund, the Victorian Department of Human Services and the Commonwealth Strengthening Communities and Families Program is also acknowledgement of the commitment and achievements of all those involved and allows further consolidation of activities to promote mental health and wellbeing.

Rob Moodie  
Chief Executive Officer  
VicHealth
Many people and organisations gave their time and support to the development of the rural projects and this publication. In particular, the following people and organisations are thanked for their contributions:

- the original rural task group members who provided advice on the focus and development of mental health promotion initiatives to be undertaken with rural communities and, in particular, Jo Wainer for documenting relevant issues impacting on rural communities;
- the Department of Human Services Rural Branch, in particular Ben Witham, for contribution to the evaluation of these projects;
- the Rural Partnerships Projects which individually and collectively developed some very innovative strategies for enhancing the mental health and wellbeing of rural communities;
- John McLeod and Gaye Stewart who designed the cluster evaluation of the Rural Partnerships in the Promotion of Mental Health and Wellbeing Scheme, as well as the Partnerships Monitoring Tool;
- VicHealth staff for their development and management of the Scheme, its promotion and this publication, in particular Dot Campbell, Irene Verins, Lyn Walker, Peter Ryan, Sharon Osman and Melissa Corkum;
- Ani Wierenga who provided an evidence review focusing on the social and economic determinants of mental health in rural communities;
- Kim Webster who contributed very substantially to the writing of this publication; and
- Christine Hayes for her editing work;
- The City of Greater Shepparton for permission to use the cover photo.
In 1999, the Victorian Health Promotion Foundation (VicHealth) developed its Mental Health Promotion Plan 1999–2002, establishing a framework for the development of research and program activity over a three-year period. Central to this framework was a focus on three determinants of mental health: social connectedness; tolerance of diversity; and economic participation.

Rural communities were identified as one of five populations to be targeted for mental health promotion activities in the Plan. The Rural Partnerships in the Promotion of Mental Health and Wellbeing Scheme, comprising eight separate projects across Victoria, was implemented over an 18-month period.

This report documents the outcomes of the evaluation of the Scheme and the key lessons learned. It is one of a series of reports of VicHealth-funded mental health promotion activity which will:

- contribute to knowledge about the processes of promoting mental health and wellbeing;
- assist VicHealth and its community, government and business sector partners in future planning of mental health promotion activity in Victoria;
- provide information to assist VicHealth in the further development and implementation of mental health promotion activity; and
- support ongoing development of mental health promotion projects at the field level.

Other publications in this series focus on VicHealth-funded mental health promotion activities concerned with people who have recently arrived in Australia, young people, Indigenous communities and community arts processes.

An additional scheme of projects, also targeting rural communities, focuses on same sex attracted young people. This scheme has been separately evaluated, with the report—Our Town: Working with Same Sex Attracted Young People in Rural Communities—being available on the VicHealth website at www.vichealth.vic.gov.au.
VicHealth developed the Rural Partnerships in the Promotion of Mental Health and Wellbeing Scheme in order to trial strategies which would contribute to furthering our understanding of models of good practice in mental health promotion and to strengthen the capacity of rural organisations to undertake work in this area. The following is a summary of the learnings arising from this Scheme and possible areas for development.

Building capacity to implement and sustain mental health promotion

- Many of the activities undertaken in mental health promotion are similar to those undertaken in other community capacity building programs, are already part of the core business of many agencies and are likely to be implemented by a workforce with community development and youth work skills. However, these activities have historically not been understood in health terms and have not been seen as relevant to the promotion of mental health and wellbeing.

- Throughout the duration of the Scheme participating organisations and project staff developed an understanding of the link between their project activities and mental health promotion and demonstrated a capacity to make the intent of their work explicit. However, this took some time. Increased effort is required to ensure that mental health promotion intent is made explicit in specific project proposals and project activities.

- At the community level, mental health promotion is often confused with the treatment of mental illness and its associated stigma, thus compromising an understanding of the project activities at a broader community level. Wellbeing is a more generalised and accepted concept.

- Building the capacity of individuals in their communities to have more influence over the decisions that affect their lives, leads to sustainability.

Workforce development initiatives are required to enhance workers’ understanding of and capacity to implement mental health promotion activities and to be better able to describe their work to the broader community.

Building health promotion capacity at the organisational level

- The Mental Health Promotion Plan 1999–2002 has widespread recognition and support. Through the development of a conceptual framework for the Plan, which is based on the most up to date research and evidence, organisations have been assisted to develop innovative activity and undertake organisational change to facilitate good practice in mental health promotion.

- Adequate time and resources are required to achieve and sustain the changes needed to build organisational capacity to promote mental health and wellbeing.

- Pivotal to the success and sustainability of project activity is the involvement and commitment of senior staff of the organisation.
• Short-term projects can serve as a catalyst for change and build agency capacity to seek and utilise funding to extend health promotion activity.

There is a legitimate place for short-term projects in the development of organisational capacity to promote mental health and wellbeing; however, longer-term project activity should be supported alongside more time-limited initiatives.

Strengthening partnerships for health promotion

• There is strong, generalised support among agencies in rural communities for partnership development as a means to implement community sector initiatives. However, this support is dependent on partnerships having a strong emphasis on activity designed to secure tangible outcomes. Thus, the focus should be on partnerships which lead to activity as opposed to partnerships per se.

• Partnerships are effective in increasing the resources available to a project and enhancing coordination and cooperation between agencies.

• Effort is required to ensure that partners have a common understanding both of the purposes of individual projects and of their role in promoting mental health.

• If partnerships are to achieve significant gains in mental health promotion, both funding bodies and practitioners need to place greater emphasis on partnership development following the proposal development stage. In general, partnerships are more likely to be successful if they have a clear purpose, are planned and fostered as the project develops, are formalised and have the support of senior agency management.

There is value in providing organisations wishing to enter into partnerships with information and resources to strengthen this relationship and consequent activity (see resource developed by VicHealth in appendix two), with a small amount of funding to develop and sustain partnerships at the beginning of project development and upon formal conclusion of a project.

Enhancing individuals’ access to the resources for mental health and wellbeing

• There is significant capacity in rural communities to develop projects which build social connection and address discrimination among participants. Projects can engage the wider community in ways that do not compromise the integrity of individual participant voices.

• Arts based strategies make significant contribution to the promotion of mental health and wellbeing. In particular, they can provide opportunity for social connection amongst participants. Through resulting performances the arts also provide a mechanism to increase wider community understanding of mental health issues, such as isolation and discrimination.
It is important that project processes allow participants to ‘find a voice’ and connect with one another. It is also important that project processes do not merely focus on individual impact but are also integrated with activities that contribute to changing the factors that impact on mental health.

Addressing economic participation

- While economic participation is an important determinant of mental health, it is difficult for services in the health and community sector to address this issue which may be seen as falling outside of their core business.

- For many of the populations targeted in the Mental Health Promotion Plan 1999–2002, it may be necessary to invest in fostering social connection before it is possible to engage participants in activities to enhance economic participation.

- In some community service settings there may be a need to reconcile competition between the collective values which underlie activities to promote social connection and the individually orientated values which inform some forms of economic development.

Knowledge of models of good practice in economic development, alongside workforce development strategies and cross-sectoral partnerships are required to build the organisational capacity of health and community service sector agencies to enhance economic participation.

Developing processes for establishing health promotion projects

- Auditing of community assets has greater utility for establishing projects in a mental health promotion context than undertaking community needs assessments. By enabling participants to identify strengths, rather than weaknesses, these processes can contribute to enhanced self-esteem and confidence at the individual group and community levels.

- An auditing approach ensures that project activities are identified, displayed and implemented in ways which are consistent with the overall intent of the funding program. This is relevant in a mental health promotion context, in which projects are being implemented in agencies and communities which may not necessarily be familiar with the concept of mental health promotion.

- In instances where projects are working with sub-population groups experiencing significant levels of discrimination and isolation from the broader community, mental health promotion activity is enhanced through focus on the strengths and abilities of the sub-population group involved.

Mental health promotion projects are strengthened through identifying and building on individual and community strengths from the beginning rather than addressing deficits.
THE PROMOTION OF MENTAL HEALTH AND WELLBEING

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Why Invest in the Promotion of Mental Health and Wellbeing?

A challenge for everyone, within and across all sectors is to work together to provide quality services, programs and initiatives that involve a spectrum of interventions to reduce mental ill-health and to improve wellbeing.

There is increasing concern by governments worldwide about the rising incidence of mental illness and its social and economic costs. Some improvements have been made through advances in treatment and rehabilitation of those who develop mental illness. However, there is a growing recognition ‘that a significant reduction in the social and economic costs associated with mental illness will not be achieved purely by activities at the treatment end of the spectrum but will require interventions that impact earlier in the developmental trajectory of mental health problems’ (Commonwealth Department of Health and Aged Care 1999).

Efforts to promote mental health and wellbeing and to prevent mental illness can reap important benefits. They can:

- **Contribute to improved physical health**, with research indicating that there are links between emotional stress and a range of diseases and conditions, including asthma, viral infection, immune disorders, diabetes and cardiovascular disease (Scanlon, Williams & Raphael 1997; Cohen, Tyrell & Smith 1991; Brunner 1997; Wilkinson 1996; Wilkinson & Marmot 1998). Certain mental health problems may also lead to behaviours which place people at higher risk of developing physical health problems. This is illustrated in the link between anxiety and smoking (Orley 1998);

- **Contribute to improved productivity at work, school and home**. It is estimated that mental health disorders account for one-third of days lost from work due to ill-health (Williams et al. 1986; Jenkins 1985). Around 5% of Australians experience anxiety symptoms which are sufficiently severe as to interfere with tasks of daily living, such as holding down a job or maintaining relationships (ABS 1997); and

- **Reduce mental ill-health and its associated social and economic costs**. The World Bank and the World Health Organization estimate that mental health problems contribute 10% of the global burden of disease, with depression alone predicted to be the largest health problem globally by the year 2020 (Murray & Lopez 1996).

In 1999, the Commonwealth Department of Health and Aged Care released a National Action Plan for Mental Health Promotion. This document challenged ‘everyone, within and across all sectors to work together to provide quality services, programs and initiatives that involve a spectrum of interventions to reduce mental ill-health and to improve wellbeing’ (Commonwealth Department of Health and Aged Care 1999).
As part of its contribution to this challenge, VicHealth developed its Mental Health Promotion Plan 1999–2002 which established a framework for the development of program, research and evaluation activity.

This Plan represents a significant investment in the promotion of mental health and wellbeing. While recognising the importance of early intervention, treatment and rehabilitation services, the focus of VicHealth’s Plan is on changing social, economic and physical environments so they improve health for all Victorians and on strengthening the understanding and skills of individuals in ways that support their efforts to achieve and maintain their mental health.

The Plan was developed to reflect intersectoral collaboration, with input from academics, policy-makers and field practitioners from the sports, arts, education, community, health, legal and business sectors as well as governments at national, state and local levels. The process of developing the Plan involved:

- a review of current literature and an analysis of policy;
- mapping of national and state activity in mental health promotion;
- development of a mental health promotion framework to guide innovations; and
- consultation with over 100 organisations, key stakeholders, policy-makers and funding agencies from many sectors.

While recognising that a long-term investment would be required to achieve real gains in mental health promotion, the Plan proposed a range of activities to be implemented initially over a three-year period (1999–2002), including:

- investment in programs and projects that involve the strengthening and extension of existing programs;
- development of new projects and research activity across sectors;
- brokerage to ensure that innovative and collaborative funding models are created and to provide opportunities for business and governments to invest in relevant activities in the Plan;
- advocacy to ensure that mental health promotion initiatives are undertaken at community and organisational levels and by government; and
- evaluation to document and disseminate lessons learned.
This framework identifies strategies and processes to address key factors that impact on mental health.

A conceptual framework

As part of the Mental Health Promotion Plan 1999–2002, VicHealth developed a conceptual framework to guide planning and implementation of innovations in the Promotion of Mental Health and Wellbeing in Victoria. This framework identifies strategies and processes to address key factors that impact on mental health. It also outlines specific outcomes to guide the evaluation both of the Plan itself and funded programs. The framework, discussed in greater detail below, is summarised in the diagram on the inside front cover.

Defining mental health

Mental health is defined in the Plan as ‘the embodiment of social, emotional and spiritual wellbeing. Mental health provides individuals with the vitality necessary for active living, to achieve goals and to interact with one another in ways that are respectful and just’.

Mental health promotion: VicHealth’s approach

The approach to mental health promotion adopted in the Plan is one which aims to achieve better mental health and wellbeing across populations by:

- focusing on improving the social, physical and economic environments that determine the mental health of populations and individuals;
- focusing on enhancing protective factors such as coping capacity, resilience and connectedness of individuals and communities in order to improve emotional and social wellbeing;
- taking a whole-of-population approach, although different interventions may focus on specific population groups; and
- measuring outcomes in terms of public policy, organisational practices, environmental shifts and health literacy (Commonwealth Department of Health and Aged Care 1999).

Determinants of mental health and priority themes for action

A range of factors influence a person’s mental health and wellbeing, among them individual attributes such as heredity, luck, knowledge, attitude and skills. However, there is a growing body of evidence demonstrating that social, economic and environmental conditions also play an important role.

On the basis of this evidence and input from key stakeholders, VicHealth identified the following priority themes for its Mental Health Promotion Plan 1999–2002:

Social connectedness, including:
- social and community connectedness
- stable and supportive environments
- a variety of social and physical activities
On the basis of evidence and input from key stakeholders, VicHealth identified the following priority themes for its Mental Health Promotion Plan 1999–2002:

- social connectedness
- freedom from discrimination and violence
- economic participation

### Social connectedness

Social connectedness involves having someone to talk to, someone to trust, someone to depend on and someone who knows you well (Glover et al. 1998). An individual’s level of social integration and social support are powerful predictors not only of their mental health status but also of morbidity and mortality (AHMAC Working Group 1997; Brunner 1997). For example, young people with poor social connectedness are two to three times more likely to experience depressive symptoms when compared to peers who report the availability of confiding relationships (Glover et al. 1998).

In recognition of the link between social connection and mental health, the Plan focuses on strategies to increase connections between individuals and communities.

### Valuing diversity and working against discrimination and violence

The link between discrimination and mental ill-health is well established, with exposure to discrimination increasing the risk of lowered self-esteem, social isolation, depression, anxiety, drug use and suicidal feelings (University of Surrey 1998). For example, higher suicide rates among Indigenous and same sex attracted young people have been attributed in part to discrimination on the grounds of race and sexual preference respectively (Department of Health and Family Services 1997; National Children’s and Youth Law Centre 1998). Young people who are victimised are three times more likely to be at risk of having depressive symptoms when compared to those not reporting such experiences (Glover et al. 1998). Gender related discrimination and violence have been identified as factors contributing to mental health problems in women, among them excessive use of psychotropic medication and eating disorders (Raphael in Sorger 1995).

Victoria has a diverse community with some individuals and communities experiencing less favourable treatment than others. Accordingly, this aspect of the Plan focuses on strategies that address racial discrimination, homophobia and ageism.
Economic participation

Economic participation involves having access to employment as well as to the money necessary to feed, clothe and participate fully in community life. A growing body of evidence links poor mental health with limited access to important resources such as income, employment and education (Wilkinson & Marmot 1998). Unemployed people, for instance, experience higher levels of depression, anxiety and distress, as well as lower self-esteem, than their counterparts who are employed (McLelland & Scotton 1998). People living in areas with greatest inequalities in income are 30% more likely to report their health, including their mental health, as fair or poor compared with those living in areas with the smallest inequalities in income (Kennedy et al. 1998). There is also some evidence to suggest that economic and social inequality can undermine broader social cohesion, thus negatively impacting on social connectedness and community safety (Wilkinson 1997).

For these reasons, the Plan focuses on strategies to enhance people’s access to economic resources such as education, employment and income.

Health promotion action

Health promotion theory provides scope for the development of a range of strategies focusing on both individual and environmental change. However, in the main, health promotion practice has often focused on behaviour modification and social marketing strategies to assist individuals to combat unhealthy conditions. While VicHealth’s Mental Health Promotion Plan 1999–2002 recognises the importance of these strategies, it complements them with interventions to combat unhealthy conditions at their source. The Plan proposes, therefore, that a range of strategies be supported, including:

- research
- workforce development
- participation pilots
- community strengthening
- organisational development
- advocacy for legislative and policy reform
- communication and social marketing
Target population groups

A person’s location in the broader social and economic structure, both as an individual and as a member of a particular population group, has a profound influence on their mental health. In general, those groups which have good access to social and economic resources have better mental health and lower rates of mental health problems than those whose access is limited (Power et al. 1997).

In the context of a finite funding base, the Mental Health Promotion Plan 1999–2002 targets five population groups with demonstrably poorer access to those resources known to promote mental health and generally higher rates of mental health problems. In addition to rural communities, these include:

- young people
- older women and men
- Koori communities
- new arrivals to Australia

Settings for action

The Plan is based on the understanding that successful action to promote mental health and prevent mental illness can only be achieved and sustained with the involvement and support of the whole community and the development of collaborative partnerships across a range of sectors. This includes those in public, private and non-government organisations, both within the health sector and in other sectors that influence the way in which people live, are educated and work.

Accordingly, the Plan adopts an intersectoral approach and identifies a number of settings for action, including the community, workplaces, corrections, sport, education, health and the arts.

In general, those groups which have good access to social and economic resources have better mental health and lower rates of mental health problems than those whose access is limited (Power et al. 1997).
Anticipated outcomes

Ultimately, mental health promotion strategies are implemented with the aim of reducing preventable mental ill-health and promoting mental health at the population level, thereby improving productivity, contributing to improvements in physical health and reducing the social and economic costs associated with mental ill-health. However, these longer-term outcomes are made possible by building the capacity of individuals, communities and organisations to take action to create sustainable environments necessary for mental health.

Capacity building at the individual level involves taking steps to improve mental health knowledge and awareness of, and capacity to access, services.

At the community level it involves fostering environments which are safe and supportive and which offer accessible and appropriate opportunities for participation in community life.

Building capacity at the organisational level involves developing policies and programs which promote mental health and building organisational partnerships both within and outside the health sector. These partnerships contribute to health promotion capacity by engaging a broader base of skills, expertise and resources as well as wider constituencies in the mental health promotion endeavour.

Accordingly, the activities in the Mental Health Promotion Plan 1999–2002 have a focus on building individual, community and organisational capacity to promote mental health. In particular, the ability to establish effective and durable partnerships was a key priority for all schemes and projects initiated under the Plan.

The evaluation of the Plan itself and of individual schemes focuses on the extent to which the conditions described above have been achieved and on improving knowledge about effective strategies and processes for building health promotion capacity at the individual, community and organisational levels.
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Australia has one of the most urbanised populations in the world, with approximately 70% of people living in capital cities or major metropolitan areas. Of the remainder, 45% live in regional cities or large country or coastal towns and their surrounding agricultural areas. Ten per cent live in remote areas (AIHW 2002).

There is considerable diversity among rural communities in their size, demographic composition and economic and social infrastructure as well as in their distance from larger population centres. Many rural communities offer positive conditions for promoting physical and mental health. Nevertheless, evidence suggests that people in these communities are at higher risk of physical and mental ill-health compared with their urban counterparts (Commonwealth Department of Health and Aged Care 2000b; National Rural Health Policy Forum 1999).

For example, young people in rural communities have been identified as being at higher risk of suicide, with this risk being particularly high for young men (Victorian Suicide Task Force Report 1997). Aboriginal people in rural communities have higher rates of general ill-health compared with their urban counterparts (HREOC 1999).

A number of government mental health planning documents have identified the need for health promotion interventions to be targeted to rural communities, among them the National Mental Health Action Plan 2001, Victorian Suicide Taskforce Report 1997 and the Victorian Department of Human Services Rural Health Matters Strategic Directions 1999–2009.
The issues facing rural communities have been compounded by major shifts in global economic structures and domestic social and economic policy.

Conditions in rural communities have a significant impact on access to the resources required for mental health and wellbeing.

**Issues affecting the mental health of rural communities**

By virtue of distance and isolation, Australians living in rural communities lack ready access to many of the health promoting resources those in urban centres take for granted (HREOC 2000b). Historically, many of these communities have struggled to secure basic facilities such as public transport, telecommunications and health and education services.

Rural communities are also particularly vulnerable to the effects of environmental disasters, such as flood, fire and droughts. There is now a strong body of evidence linking these events with higher rates of certain mental health problems such as anxiety and depression as well as family and communication breakdown (Dobson 1994; United Way of Santa Cruz County 1990; Centers for Disease Control 1992; Adams & Adams 1984).

In recent decades, however, the issues facing rural communities have been compounded by major shifts in global economic structures and domestic social and economic policy (HREOC 1999; AMWAC 2000). These shifts include:

- government rationalisation and privatisation of services, resulting in the closure of many facilities in rural and regional areas and considerable job losses. This has had a particular impact on access to health services;
- the introduction of new technology, resulting in the closure of services and businesses, particularly in the banking sector;
- increases in the costs of basic commodities, particularly fuel;
- local government amalgamations;
- a trend toward contract and competitive funding systems and the provision of services on a ‘user-pays’ basis;
- industry restructuring, resulting in the closure of small industries which were the basis of the economies of many rural communities; and
- the increasing globalisation of the economy, resulting in a decline in the demand or lower prices for the products of many primary producers and small rural industries.

These changes have contributed to significant population decline in some rural areas, particularly affecting rural young people and young adults (AIHW 1996). This in turn makes it more difficult for rural communities to sustain services and businesses, rendering them vulnerable to further population losses and making them less attractive to newcomers (Wierenga 2001). Between 1986 and 1996, for instance, most urban areas experienced population growth in the order of 15%; the population in rural areas, however, grew only 8% and in many areas declined (Garanaut et al. 2001).

Conditions in rural communities have a significant impact on access to the resources required for mental health and wellbeing.
Social connectedness

Rural communities may offer conditions for promoting social connection, such as their relatively smaller size, a connection with a particular environment, closer community ties and lower rates of residential mobility (Dixon & Welch 2000; Wainer & Chesters 2000).

Nevertheless, a number of factors also work against social connectedness in these communities, including:

- distance, lack of transport and the costs associated with travel affecting people’s capacity to connect with one another and to access social, sporting, arts and recreational activities (AIHW 2002). There is evidence to suggest that levels of physical activity decrease with increasing rurality (Smith et al. 1999);

- population decline, which may undermine supportive social fabric as well as threaten the viability of structures which have traditionally facilitated social connection in rural communities (Commonwealth Department of Health and Aged Care 2000b). For example, declining membership has forced many rural sporting clubs to close or amalgamate (Driscoll & Wood 1999; Ruyg 2002);

- limited availability of many of the social, recreational and arts activities which are well established in urban communities;

- the loss of services and facilities in rural communities which may previously have contributed to a supportive environment, such as hospitals and aged care facilities;

- the fact that people in rural Australia are increasingly required to access important resources such as employment, education and health care elsewhere. This undermines their sense of belonging and contributes to a sense of isolation and alienation (Wainer & Chester 2000); and

- government policy changes such as local council amalgamations and competitive funding systems which can undermine local networks and cooperative relationships within communities.

Studies show that the economic decline in rural communities, coupled with the loss of services and facilities, has contributed to an increasing perception among rural and remote Australians that they are undervalued by urban communities. This can have a significant impact on the esteem both of communities as whole and their individual members (Dixon & Welch 2000).
Valuing diversity and working against discrimination and violence

The relative social and cultural homogeneity of rural communities and their isolation from larger and more diverse population centres may contribute to social cohesion (Wainer & Chesters 2000). It has also been suggested that the diffusion of responsibility which happens in impersonal urban environments is less likely to occur in smaller communities and that this may help to prevent discrimination, conflict and violence (Wainer & Chesters 2000).

At the same time, however, isolated and cohesive communities can have high expectations of conformity to certain cultural values which work against mental health. For example, it has been suggested that a narrow construction of femininity and masculinity may prevail in some rural communities, which in turn may contribute to gender related discrimination and violence (Allen 1997).

Cohesive communities may also be likely to exclude individuals and groups who deviate from the dominant culture or who are perceived as ‘outsiders’. For example, same sex attracted young people are especially vulnerable to discrimination and violence in rural communities (Victorian Suicide Task Force Report 1997). Rural communities may also be less likely to embrace people with different cultural practices, religious beliefs or racial and ethnic origins, a particular concern for Indigenous Australians and people from non-English speaking backgrounds (Baum 1999).

At a broader community level, studies indicate that, as external social and economic factors take their toll, rural communities increasingly perceive themselves as being subject to forces outside of their control and as having little scope for self determination (Wierenga 2001; Irvine 1999; Economou 2001; Wainer & Chesters 2000).
Economic participation

A strong body of evidence suggests that rural and regional Australians lack access to the resources required for economic participation. In particular:

- Data collected by the Australian Institute of Health and Welfare indicates that levels of economic, educational and occupational disadvantage increase with increasing distance from an urban centre (AIHW 1998).

- A larger proportion of people in rural communities are in receipt of a low income (Haberkorn et al. 1999; Garanaut et al 2001). The stresses of inadequate income are often further compounded by higher commodity prices, in particular the cost of fuel (Just Tasmania Coalition 1999).

- Rural young people are less likely than their urban counterparts to complete their education (HREOC 2000b).

- Rates of unemployment are generally higher in rural communities, in particular among young people.

- Housing conditions of Indigenous people are generally poorer in rural communities than in urban areas, with a third of the 14,667 community owned or managed permanent dwellings in these communities requiring major repairs (23%) or replacement (10%) (ABS 2000).

Based on this evidence, focus on the promotion of mental health and wellbeing within rural communities was incorporated into the VicHealth Mental Health Promotion Plan 1999–2002.
THE RURAL PARTNERSHIPS IN THE PROMOTION OF MENTAL HEALTH AND WELLBEING SCHEME

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In 1999, VicHealth called for proposals under the Rural Partnerships in the Promotion of Mental Health and Wellbeing Scheme. The Scheme comprised eight projects each valued at $90,000. The Department of Human Services Rural Branch contributed an additional $10,000 towards the cluster evaluation. The purpose of the projects was to develop innovative approaches or enhance existing strategies to more effectively respond to mental health and wellbeing in rural communities. It was also expected that they would contribute to increased and more sustainable awareness of mental health promotion in rural communities and:

- address one or more of the key themes (social connectedness, freedom from discrimination and violence, and economic participation) identified in the conceptual framework in the Mental Health Promotion Plan 1999–2002;
- be based on a cohesive and coordinated partnership approach. The formation of partnerships and alliances with a broad range of organisations from various sectors including education, justice, sports, the arts, health and community agencies was particularly encouraged;
- identify strategies for other sectors of the community to contribute to an enhanced mental health environment for the target community;
- develop innovative activities for the population group;
- incorporate specific strategies for promoting sustainability beyond the funding period;
- demonstrate that thought had been given to potential future funding sources as well as opportunities for projects to be embedded into current government policy and purchasing frameworks; and
- acknowledge, reflect and integrate the values, principles and priorities pertinent to the Mental Health Promotion Plan 1999–2002 and to VicHealth.

In the consultation conducted in the course of developing the Mental Health Promotion Plan 1999–2002, it had become apparent that Victorian rural communities had been particularly affected by the international trend toward rationalisation of government services, including the amalgamation of small local councils, the introduction of competitive and unit cost funding systems and reduced government support of community strengthening and advocacy activity. Those contributing to the consultation reported that these changes had had the effect of undermining cooperative networks and of generating competitive tensions between agencies which had previously worked in a cooperative fashion. It was anticipated that the Rural Partnerships in the Promotion of Mental Health and Wellbeing Scheme would go some way toward rebuilding these relationships in rural communities.
The Projects in Detail

Building on the strengths of rural communities: the Ararat Community and Economic Enterprise Model

Ararat Rural City

Overview

Many of the global economic changes and shifts in government policy affecting rural Victoria in recent decades can generate a sense of powerlessness in rural communities. This project, drawing on a model implemented in Nebraska USA, was based on the premise that communities do have within their grasp the capacity to influence their economic and social future. It maintains that strong and prosperous communities can be built by consciously identifying and mobilising existing assets held by individuals and groups and in community heritage, culture and physical and economic infrastructure. This is understood not only to assist in economic development activity but also to have a powerful impact on a community’s perception of itself and the extent to which it believes it can control its own future. As a series of strategies which aim to enhance the mental health and wellbeing of the community, this project made the link between the benefits of socially connecting townspeople and their enhanced ability to assess their skills and participate in economic activity.

Ararat Rural City was keen to establish if the model could be adapted to facilitate participation and economic development in some of its smaller townships. It was anticipated that this would provide an approach that could be sustained and perhaps subsequently applied in other rural communities in Victoria.

The project was implemented in seven small townships under the auspices of a steering committee. Recognising that there were also benefits in collective action, strategies were developed to foster alliances between community members in participating townships, strengthening collaborative links between them, all levels of government and key service providers.
Catchment area
Ararat Local Government Area

Project partners
The communities of Streatham, Westmere, Mininera, Lake Bolac, Willaura, Pomonal and Elmhurst in association with the Grampians Community Health Centre, Victorian Farmers Federation, Grampians Pyrenees Regional Development Board, Office of Rural Communities, University of Ballarat, Ararat Community College, Ararat Rural City Council, Ararat Regional Business Association, East Grampians Health Service, Department of Natural Resources and Environment and the Grampians Primary Care Partnership.

Project objectives
• To involve the Ararat community, businesses and community enterprises in raising awareness of the mental health and wellbeing benefits of participation in community activities such as an audit of local strengths. This assets audit would enhance the mental health and wellbeing of individuals and community through documenting and publicising the productivity, skills, capacities and potential of the local community.

• To engage with the community and identify and document economic skills, assets and social and business capacities in order to maximise the links between social connectedness, involvement and economic participation.

• To develop mechanisms to mobilise the assets of the community.

• To match community needs and skills with existing community services and opportunities, thereby improving community access to services and safer environments.

• To implement a common rural research agenda, in order to build an evidence base of the mental health and wellbeing needs in rural communities.

• To restructure existing regional development mechanisms to provide ongoing support for economic development activity in the townships of the Ararat Rural City.

• To develop a model of good practice which is transferable to other rural communities.

This project facilitated information sessions to increase the understanding of community building activities and their role in enhancing mental health and wellbeing.
During this project a steering committee was established with ongoing responsibility to support the network of seven participating townships.

Activities and achievements

The project:

- engaged a diversity of individuals and organisations across the City in local decision-making and planning, through the facilitation of workshops in each township that contributed to a collective future vision for the area;
- facilitated information sessions to increase the understanding of community building activities and their role in enhancing mental health and wellbeing;
- established a steering committee with ongoing responsibility to support the network of seven participating townships in maintaining community building activities; as one of a number of mental health promotion strategies implemented;
- established community development groups in three participating towns where none had previously existed. Furthermore, a number of local services and planning bodies also adopted elements of the asset-based model promoted by the project;
- conducted skills audits in six of the seven participating townships. Each town developed their own three-year priority action plan and a number have identified and begun to implement specific projects involving key stakeholders and differing levels of government; and
- identified local leaders in each community and trained them in the skills of ‘community building’ advocacy, as a strategy for ensuring project sustainability.

Value added to the VicHealth investment

- The Department of Premier and Cabinet drew on the project outcomes and experiences to establish the Government’s then emerging Community Building initiatives across the State.
- A successful submission for funding was made to the Community Support Fund to expand and extend the program over the next three years across the whole of the municipality.
- Information on the project has been delivered to a number of municipalities and service organisations seeking to duplicate and/or expand on the Ararat model.
- Townships involved in the project continue to be active in identifying local needs and priorities and successfully delivering quality outcomes of benefit to local communities. An example of this is the establishment of a community bank in one of the seven townships.
The establishment of a childcare service enabled women to participate in economic and social development activity.
**Project objectives**

- To facilitate opportunities for local women to come together to focus on their social connections and to identify barriers to participation.
- To facilitate identification of key projects and activities which arise from the definition of needs and issues.
- To identify mechanisms for inclusion of the diversity of women and needs in Macarthur and adjacent districts.
- To strengthen the capacity of women in Macarthur and adjacent districts to take part in community activities.
- To strengthen existing networks among the women.
- To develop the capacity of participants to establish sustainable structures for active participation.
- To foster, develop and support leadership skills and qualities among the participants.
- To foster supportive social environments to enhance participation.

Workshops were held to support women to identify their personal goals and develop skills in leadership and small business development.
Activities and achievements

• Social and community events were held to bring women together to discuss their needs and to promote the importance of social connection for mental health (for example, International Women’s Day Celebrations, a Fashion Parade, a community festival). A number of these activities will continue to be held as regular events under the auspices of other local groups.

• Workshops were held to support women to identify their personal goals and develop skills in leadership and small business development.

• Research and advocacy were undertaken to secure a childcare service for the Macarthur and Hawkesdale communities, enabling women to participate in social and economic development activity.

• A self-funded community press was established.

• Social groups were formed around particular interests, including a friendship gathering, a food and wine group and a choir. These groups continue to meet.

• A management group was formed to establish a school holiday program in the district. The committee is now working with the youth project (see below) to establish the program for the forthcoming summer holidays.

• An ongoing group of community leaders has been established to sustain the project and address needs identified. There are plans for the development of a community arts program and sports and craft activities and to secure a community meeting space for women.

  I thought that starting projects mainly aimed at women was a great idea—but I didn’t necessarily want to be in the committee, but when I was rung and asked to go on the committee, I thought—why not! Maybe I do have something to offer the community… Maybe I could have ideas that other people haven’t thought of or even have one actually accepted. (community member)

Value added to the VicHealth investment

• VicHealth and the Department of Human Services have contributed funding to enable the project to continue for a further 12 months, to continue to address the issues identified.

• Macarthur Community Health, in partnership with Moyne Shire Council, has secured a grant of $70,000 from the Department of Human Services for a project to enhance social connection among local young people. The need for this project was identified in part through the Rural Women’s Leadership project.
Taking action to strengthen social connection: the Maryborough Mental Health Promotion Project

St Lukes Bendigo

Overview

While Maryborough has been identified as a rural area experiencing social and economic disadvantage, the small community of East Maryborough has been particularly affected, having higher rates of unemployment, lower school retention rates and a larger number of people on low and fixed incomes than is the case in the greater Maryborough area. These problems are further compounded by its geographic isolation from, and limited social connections with, the central Maryborough township.

This project was developed recognising that, despite these factors, the community had a number of assets and skills which could be mobilised to strengthen social connections within the community and between it and the Maryborough township, thereby enhancing mental health. It was developed on a model previously piloted in Long Gully, Bendigo.

The project involved building community capacity by establishing a local action group and providing skills training and mentoring to participants. Subsequently, the action group implemented a range of initiatives and sought the support of local services and organisations to ensure their long-term sustainability. Processes and products were regarded as of equal importance in this project. As an example:

There was an effort in the Maryborough community to create a community through communication. A community newsletter was developed, for example, and it was distributed by hand. This meant that the people in the group walked the streets and, in the process of delivering the newspaper, met people who were socially isolated. The content of the newsletter dealt with issues and concerns of the local people and the processes of distributing it contributed to the emerging sense of the community. The group expanded because of the newsletter. (community member)

Catchment area

East Maryborough

Project partners

Maryborough Community House, Maryborough Rotary, Maryborough Adult Learning Centre, Goldfields Employment and Training, Goldfield Shire, Maryborough and District Accommodation Service and Maryborough Community Health.
Project objectives

- To develop social infrastructure that will provide more opportunities for interaction and self-determination.
- To build the capacity and increased confidence of community members to participate in planning groups, community activities and other social forums.
- To reorient the focus of the community to support authentic participation of people from low socioeconomic backgrounds.
- To generate hope through planning of and participation in community change.

Activities and achievements

The project:

- engaged community members in developing a shared vision, identifying strategies and securing resources to implement their vision. Over 15 agencies, 40 workers and 140 residents contributed to the plan;
- established a community action group to provide a focus for implementing specific initiatives. This group continues with 20 active members. Through their involvement in the action group, a number of members developed skills and confidence which enabled them to participate in other decision-making forums in the district;
- offered sessions to enhance community members' capacity to participate in community building activities and thereby enhance their mental health and wellbeing. These covered issues such as group decision-making, press releases, meeting procedures, funding submissions and conflict resolution;
- held a range of social activities to decrease residents' isolation and encourage their involvement in this project and specific initiatives (see box); and
- built support to sustain and expand project initiatives among local organisations in Maryborough.

Over the course of the project the mental health promotion framework became more familiar to individuals and organisations. In addition, community members and workers began to identify other issues which linked their sense of mental health and wellbeing with their physical environment. For example, access to community infrastructure was seen as critical.

One of the things that caused social isolation in East Maryborough was the lack of a reliable transport system. The project fought for and was successful in getting a community bus service re-routed. This directly addressed the lack of access people had to community services. The provision of the bus led to a review of transport provision and policies in the town. (community member)
The Program

Drawing on its Community Action Plan, the Maryborough Community Action Group:

✓ sought the cooperation of the local shire to develop a plan for the redevelopment of a local reserve into a family and community park with picnic, barbeque and children’s play areas, thereby creating a safe environment which would increase social interaction. Redevelopment commenced in the course of the project and is continuing;

✓ established a community garden for the purposes of enhancing social connection and physical activity;

✓ were successful in having the local community bus re-routed to provide a transport link between East Maryborough and the Maryborough township in order to increase access to services;

✓ held a number of community events, including circus skills workshops for children, a bonfire night and a market; and

✓ produced a community newsletter. While it was not considered viable for the group to continue the newsletter, an agreement was reached with the Maryborough Advertiser to include a regular column on community events.

Value added to the VicHealth investment

• Funding was obtained from the Lance Reichstein Foundation to provide administrative support and 10 hours per week paid worker time to the community action group.

• The project contributed significantly to establishing the Strengthening Goldfields Project (funded by the Department of Family and Children’s Services) and has helped to ensure representation of East Maryborough in this Maryborough-wide community strengthening project.

• Funding was obtained from Regional Solutions to support the development of the community newsletter. A teacher/coach was employed to work with community members during article writing, editing and production phases.

• An initial investment by the project in the circus skills project raised further funding to continue the skills program. This is now an ongoing activity in the community.

• Community fundraising has ensured an investment in the community garden. Council resources have complemented the community’s effort, with plants, mulch, soil and other materials being provided.
Welcoming new arrivals to country Victoria: A Country Welcome

Moira Shire

Overview
In recent years a number of new arrivals from war-torn countries in the Middle East have settled in the Goulburn Valley. As well as facing the challenges of learning a new language, way of life and culture, many suffer the psychological effects of traumatic refugee experiences. As practicing Muslims, the new arrival community have distinguishing cultural beliefs and practices which may not be well understood by service providers and the wider community. These factors can make it difficult for new arrivals to form social connections and to access social and economic resources. This may be particularly so in rural communities which are sometimes less accustomed to and tolerant of newcomers. Further, new arrivals settling in country Victoria do not have the access to resources available in urban areas with established ethnic communities, such as places of worship, ethno-specific support services and employment opportunities in ethno-specific businesses.

At the same time, recent experience suggests that many rural communities have a well of goodwill which can be tapped to ensure that new arrivals feel welcome and understood.

The Country Welcome Project took a multi-faceted approach to promoting mental health and wellbeing in new arrival communities. Its focus was on developing linkages between them and local services, businesses and social networks.

Catchment area
Moira Shire

Project partners
Cobram Community House; Cobram Secondary College; Cobram Consolidated School; Cobram and District Hospital; Department of Rural Health, The University of Melbourne; Centrelink and Moira Shire.

Project objectives
• To improve the mental health and wellbeing of the newly arrived community by addressing those issues which impede social connection.

• To develop linkages between existing community services, retail services and business activities and networks and the newly arrived community.

• To facilitate the active participation of members of the new arrival communities in existing forums.
Activities and achievements

The project developed a range of activities targeted to local service providers, provider networks and volunteers, the wider community and new arrival communities.

Local service providers, provider networks and volunteers

- Professional development and training on cultural diversity and working with people from traumatic refugee backgrounds was offered to professionals, volunteers and reception and client service staff in health and social support services.

- A peer support group for professionals and volunteers working with people from non-English speaking backgrounds was established and continues to meet.

- A translated directory of local services available to the newly arrived community was developed in order to increase their knowledge and usage of local services.

- The project contributed to local planning and coordination forums to raise awareness of the mental health and wellbeing needs of newly arrived communities. Resulting achievements included the identification of the newly arrived community as a specific population in the Moira Shire Health Plan and the appointment of an Arabic speaking family support worker at the Moira Shire Council.

The wider community

- Promotional and awareness raising activities about the mental health needs of new arrival communities were implemented through existing community events (such as Children’s Week), media coverage and speaking engagements at local service clubs. A Shire and project steering committee policy of promoting only the positive outcomes for new arrival community members in Cobram was validated by a positive television report on the 7.30 Report which profiled the strengths and richness that diversity brings to a rural town such as Cobram.
During this project

* awareness raising
  * activities about the mental health needs of new arrival communities were implemented through existing community events

**Newly arrived communities**

- Translated information was developed and information sessions held to enable new arrivals to understand and access key health, support and education services in the Moira Shire (e.g. kindergarten, maternal and child health services, schools).

- The local volunteer home tutor program was promoted to enhance English language skills.

- A support group for Arabic speaking women was established in collaboration with the local Maternal and Child Health Service and the Ethnic Council. This group was linked with an existing, settled group of Italian speaking women to create an innovative cross-cultural strategy. This group continues to meet.

- A community newsletter in Arabic was developed. Computer courses were offered for community members and a small grant was obtained to purchase computer equipment, enabling the newsletter to be produced on an ongoing basis.

- A leadership course was offered for men and women to build community capacity.

- The project contributed to a successful submission for funding for an Arabic Small Business Community Opportunity Program based in Cobram.

**Value added to the VicHealth investment**

- Funding of $20,000 was obtained from the Department of Human Services for a support program for survivors of torture and trauma and those working with them.

- Funds for a computer and computer software were obtained to enable the newsletter to continue.

- The Cobram Arabic Small Business Community Opportunity Program (an initiative supported by the project) has been funded $15,000 by The Department of Innovation, Industry and Regional Development. This will train and educate Iraqi people in developing a small business.

- An ongoing position for a dedicated Arabic speaking worker in the school, through funds from the Shepparton Ethnic Council, has been obtained through the success of this project.

- This Project has been nominated for the Victorian Office of Multicultural Affairs Awards for Excellence in Multiculturalism.
Focusing on young people’s mental health: the Latrobe City Celebrate Youth Project

Latrobe City

Overview

Communities in the Latrobe Valley have been particularly affected by industry restructuring and the rationalisation of government services. These changes have had an impact on family and community support available to local young people, with the region having very high rates of youth unemployment, low school retention rates and high levels of social disadvantage compared with other areas in Victoria. More broadly, these changes have resulted in a lack of positive profile for young people in the area.

The Celebrate Youth Project brought together a range of service providers who were already working with young people in the Latrobe Valley to develop a program of activities over an 18-month period which would promote the mental health of young participants as a priority. Through collaboration, the agencies were able to share their knowledge and resources, market the program to raise the profile of young people’s mental health issues in the community and engage a wider resource base in mental health promotion activities.

The project was targeted to young people aged 10–18 years with an emphasis on those most disadvantaged, including Koori young people, low-income and disadvantaged youth, young people whose carers were accessing mental health services, at risk and homeless youth and unemployed and sole parent young women.

Catchment area

Latrobe City (Morwell, Traralgon, Moe, Churchill and seven outlying rural townships).

Project partners

Latrobe City, Anglicare, School Focused Youth Service, Latrobe Community Health Services, Gippsport, Gippsland Rehabilitation and Support Services and Kode Wollum Bellum school for Koori children and young people.

Project objectives

• To enhance social connectedness among young people in the catchment area.

• To enhance young people’s sense of empowerment and their resilience and self-esteem.

• To create a supportive community that celebrates youth.

• To maintain the momentum and systems developed and continue mental health promotion activities beyond the funding period.
Life skills programs were offered in local secondary schools.

**Activities and achievements**

- A steering committee was established to coordinate the program and provide a forum for collaboration and cooperation between agencies.

- A program of activities was implemented to enhance social connection and participation among young people (see box).

- Young people were engaged in organising events, thereby providing opportunities to learn new skills and develop confidence.

- A campaign was implemented to market the program and promote awareness of factors affecting the mental health of young people in the local community, resulting in extensive and positive media coverage.
A Program of Activities to Promote Social Connection

In the course of the project:

✓ A youth theatre production company was formed. Involving over 55 local young people, the company staged its first performance. Ongoing support is being provided by the Latrobe City Performing Arts Director.

✓ A series of self-help workshops were held for young women focusing on employment and financial planning. Titled ‘Self Made Girl’ Workshops, these were led by local professional women. Over 100 young women participated. The workshops will continue to be offered by local business and professional women under the auspices of a steering committee convened by the Latrobe City Council.

✓ Life skills programs were offered in local secondary schools addressing a range of issues including alcohol and drug use, mental health, self-defence, women’s health and job-seeking.

✓ Camp programs were held for ‘at-risk’ boys and children of parents accessing mental health services.

✓ A percussion group was established involving homeless young people.

✓ Koori young people were engaged in building a permaculture garden. Products from the garden are currently being sold in a local cooperative.

✓ A health services guide for young people providing information on relevant websites and services was produced. The City of Latrobe will disseminate and update this resource.

✓ Local young people were engaged in preparing a three-page feature for the local paper on youth issues during mental health week.

Value added to the VicHealth investment

- The profile of young people in the Latrobe Valley has been enhanced by the program of activities pursued under the Celebrate Youth Project.

- The project has functioned as a springboard from which collaborative activities continue to be supported by the City of Latrobe, local business and the community.
Makin’ Pitchas, the Koori Young People’s Video Project
Ballarat Aboriginal Health Cooperative

Overview
Koori young people experience higher rates of mental health problems than their non-Indigenous counterparts, due largely to the historical destruction of Indigenous society and culture, in particular the breakdown of the family and the loss of traditional lands. Contemporary social and economic conditions also play a part, with Koori young people experiencing high rates of unemployment and incarceration and being subject to racial discrimination and social exclusion.

This project used the process of making a video as a focus for exploring mental health issues affecting Koori young people, developing their video production skills and building their self-esteem, confidence and sense of pride. In this sense, an intention of this project was to facilitate a positive exploration of mental health issues for Koori young people and their families. To this end, these young people were involved in all aspects of the development of the video from research and scriptwriting through to acting and production.

The product itself serves as a valuable model for other Indigenous communities and as a training resource for mainstream agencies to enhance their understanding of issues affecting the mental health of Koori young people.

Involving non-Indigenous members of the Ballarat community, the project also provided the opportunity for the development of cross-cultural friendships and understanding.

This project was awarded the VicHealth 2001 Award for Excellence in Health Promotion and won the Gold Award in the category of Mental Health Promotion at the Mental Health Services Conference of Australia and New Zealand. It was a finalist in the ATOM (Australian Teachers of Media) awards in the Best Indigenous Award category. Over 200 copies of the video and curriculum materials have been distributed to health professionals, educational institutions and Indigenous communities.

Catchment area
Ballarat and District

Project partners
Golden Sea Horse Productions, Ballarat Psychiatric Services and Ballarat City Youth Services.
During this project Koori young people were involved in all aspects of the development of the video – research, scriptwriting, acting and production.

**Project objectives**
- To engage local Koori young people in a positive exploration of mental health issues which may be affecting their lives.
- To develop a resource which can be used by other communities to raise awareness of the specific mental health problems of young Indigenous Australians.
- To give local Koori young people the opportunity to learn filmmaking skills.

**Activities and achievements**
- This project provided a positive and productive experience for Indigenous young participants in researching the mental health issues affecting Koori young people.
- Koori young people were engaged in workshops to develop a script for the video. This involved discussing mental health issues identified in the research phase and sharing their personal stories.
- Workshops were held for Koori young people to learn acting, scriptwriting and camera operating and filmmaking skills.
- A high quality video resource was produced.
- A dissemination plan was developed to promote the video to other Koori organisations, including at workshops run by participants. Workshops were held in six communities.
- One of the participants of the project has gained ongoing employment in the Swan Hill Aboriginal Cooperative.

**Value added to the VicHealth investment**
- Growth in confidence and connectedness to their local community among the participants.
- Increased capacity for more open discussion among the local Koori community about their stories and the effect of their past and present situations on their feelings.
- A greater interest by the local Koori community in the arts and the power of the film medium for providing a voice and as a tool to be used in awareness raising.
- Feelings of pride among the local Koori community for the young people’s achievement.
- Ongoing promotion of the video and curriculum resources.
Addressing discrimination in Hume: Youthcore.com, Youth Health and Sexual Diversity Website Project

Ovens and King Community Health Service

Overview

An important mental health promotion strategy is to work towards the creation of safe and inclusive environments: those that are free from discrimination and that welcome diversity. This project used the task of building an online information, advice and referral service as a focus for engaging local young people and organisations in exploring and addressing mental health issues affecting young people and, in particular, same sex attracted young people.

The project engaged a range of schools and health and youth agencies in developing strategies to foster a more inclusive environment for all young people. Students at Goulburn Ovens TAFE were engaged to develop the website, with the Ovens and King Community Health Service assuming responsibility for the advice and referral aspects.

Catchment area

Hume corridor of north-east Victoria

Project partners

Bright P-12 School, Myrtleford Secondary College, Goulburn Ovens TAFE (Go TAFE), Ovens College, Galen Catholic College, The Centre, Wangaratta High School, North East Supported Action for Youth, Beechworth Secondary College, Benalla Secondary College and North East Child and Adolescent Mental Health Service.

Project objectives

• To establish an intersectoral partnership to lead and influence discussion and action around inclusiveness of sexual diversity and to sensitise other agencies and community leaders to issues concerning young people and sexuality.

• To develop an online youth information/health advice service and to integrate its advice and referral facility into the operations of the Ovens and King Community Health Service.

• To use the developmental process as an opportunity for young people to develop leadership skills.

• To develop strategies to address rural young people’s isolation (in particular website access and linkages with other young people).

• To challenge social concerns about same sex attracted young people.

• To explore strategies to sustain the initiatives developed.
Activities and achievements

The project:

• established a steering group, involving local schools, health and youth services. In addition to the project partners, a further 20 agencies were engaged throughout the project;

• consulted with young people to establish their access to the internet and their interest in using an online service;

• engaged local young people in the development of content for the website;

• developed a strategy to promote the website, ensure that it was incorporated into the activities of partner organisations, establish online partnership links and conduct ongoing evaluation of the site;

• offered professional development workshops to staff of the Ovens and King Community Health Service to improve their ability to manage the referral and advice aspects of the website;

• reached agreements with relevant facilities in small towns to ensure that young people had access to internet technology;

• supported the development of a local same sex attracted young people support group;

• worked with partner organisations to disseminate existing resources to enhance understanding of issues facing same sex attracted young people and to incorporate strategies to promote an inclusive environment into the processes and structures of their organisations. As a result, a number of organisations reviewed their policies in the course of the project; and

• conducted research to explore ways of integrating sexual diversity issues and the use of the website into school curricula.
Value added to the VicHealth investment

- The work of the project has been embedded in the Community Health Centre in three major ways:
  - The email links provided through the website are direct to staff in the agency, such as to the youth counsellor, the drug and alcohol counsellor and the sexual health nurse. These people have been provided with training and their role in relation to the website has been included in their position descriptions.
  - The TAFE college has been contracted for a further two years to provide the technical expertise to update the website.
  - Most importantly, the role of coordinating and updating the website on an ongoing basis has been incorporated into the generalist counsellor role as part of the core duties of that position.

- The learnings from this Project have informed a successful submission to the Department of Health and Ageing for National Suicide Prevention funding of $275,000 over three years.
This project sought to shift the culture of both the community and those agencies working with young people.

Shifting community and agency cultures in rural Victoria: Kulcha Shift, the Brophy Youth Enterprise and Leadership Project

Brophy Youth and Family Services

Overview

The impact of external factors on the economies of small rural communities can often lead to a sense of despair, especially among young people who tend to be particularly affected by unemployment. This has consequences for the broader community, with many young people moving to city areas in search of jobs.

This project had a dual emphasis, seeking to shift the culture of both the community and those agencies working with young people.

While there are a number of agencies working with young people in Warrnambool, their focus to date has tended to be on young people presenting with or identified as at risk of developing particular mental health and social problems. It was reactive rather than proactive in direction.

At the community level, it aimed to promote an enterprising and forward-looking culture and to create new education, training and employment opportunities to encourage young people to remain in the region. Combining social welfare with community and economic development, the project sought to build social connections between young people aged 15–25 years and to use these as a basis for developing income-generating programs. Local community and business networks were engaged to support young people’s economic participation and thereby their mental health.

The program had an emphasis on inclusiveness, youth participation in decision-making, youth directed learning and community benefit.

Catchment area

Warrnambool Regional Centre

Project partners

Kulcha Shift Youth Committee, Brophy Family and Youth Services, the South West Regional Youth Committee, the School Focused Youth Services of Portland and Hamilton, and the Portland Youth Forum Network.
During this project a quarterly magazine was produced covering a range of mental health and other issues

**Project objectives**

- To enhance young people's sense of inclusion and wellbeing through their involvement with local economic and community activity and growth.
- To develop the skill level and leadership capacity of young people in order to give them a voice.
- To facilitate the continued development of youth initiated projects (see box on page 47).
- To resource young people's expectations for personal development, teamwork support and learning opportunities.
- To encourage young people who are experiencing various risk factors to engage in and influence the directions of the venture.
- To link the youth leadership projects through youth activities forums in order to generate and consolidate young people's participation in developing enterprising youth communities.
- To promote and market the Warrnambool initiative across rural and regional Victoria as a model for promoting youth enterprise and leadership.
The Program of Activities

All Kulcha Shift activities operated out of the Youth Enterprise and Leadership Centre with the ongoing support of Brophy Family and Youth Services. Young people were engaged in planning and implementing a series of events and initiatives, including:

A calendar of youth events
✓ The Shuvit Skate and Music Festival was attended by over 500 people from across south-west Victoria. Twenty young people were involved in organising the event and each received substantial training and experience in event management. Many other young people were involved as skate and music competitors and paid performers. The event was supported by 22 local businesses.

✓ The Kulcha Shift magazine and website launch was organised by a team of 10 young people and was attended by over 60 guests. The event included a fashion parade from local fashion designers and a reading by Paul Jennings.

✓ Through a local event promoter, Kulcha Shift has been engaged in supporting a series of live performances for local and Melbourne bands held in Warrnambool venues.

A retail outlet
✓ The Kulcha Shift retail outlet provides young people with a prime location for the promotion and sale of their products and services in a supported environment. There are currently over 40 young people supplying products to the retail outlet.

✓ A retail training program has been established through the outlet. Ten young people have completed the training program and gained experience in all aspects of retail operations. Two of these people have gone on to full-time employment.

A youth magazine
✓ Four editions of the KULCHA magazine were produced covering a range of mental health and other issues. The magazine combined serious health messages with fun and informative articles of interest to young people.

✓ Twenty young people contributed to the magazines and were trained in various aspects of the production.

Youth and IT
✓ An information technology project involved an exhibition of young people’s web designs for viewing by local businesses, community organisations, training providers and the general public.

✓ A web design competition was held.

✓ An IT database to link local young people with IT skills to local businesses and a facility to enable young people to present their resumes in CD-ROM format were developed.
The Kulcha Shift Youth Cooperative is part of a shift among young people and the community generally away from the stigma of mental illness to a holistic approach that views an individual's mental health as an integral part of health in a broader context. The project has developed a series of interesting and valuable activities that have resulted in Kulcha Shift having a very positive image within the community, particularly among young people. Through this forum of activity and social connectedness, young people have been introduced to, and encouraged to explore, the definition of mental health and what it means to them.

- Participants have been skilled in a range of ways that better enable them to identify and pursue opportunities within the community and have demonstrated this growth by taking up opportunities for employment, study, personal growth and community leadership while part of the program.

- The personal development aspect of the Kulcha Shift training assisted participants to explore strategies for managing themselves and situations that arise in life. It is these skills in problem-solving, teamwork, resourcefulness and communication that will benefit participants long beyond their time with the project and will equip them with some strategies to enhance their mental health.

- The introduction of a program that explores social connectedness and economic participation as determinants of mental health into a welfare agency has had the benefit of broadening the understanding, at an organisational level, of strategies that can be employed to best meet the needs of young people who present with a range of issues.

- The project has resulted in a hub of activity and enterprise centred on the Kulcha Shift Youth Cooperative. The project has generated enormous enthusiasm from the young people involved and the community generally. As time progresses, the Kulcha Shift Youth Cooperative grows bigger and better and establishes itself as an ongoing influence in the community. Kulcha Shift has provided young people with an outlet and the opportunity to grow, learn and develop. The momentum and enthusiasm that surround the project go a long way toward ensuring Kulcha Shift viability.
EVALUATING THE SCHEME
The Rural Partnerships in the Promotion of Mental Health and Wellbeing Scheme was one of a series funded under the Mental Health Promotion Plan 1999–2002. While these projects were funded with the purpose of building health promotion capacity in specific communities and for specific target groups, they also provide an important basis for trialing and assessing the efficacy and impact of strategies and processes for mental health promotion. Evaluation provides an important means of documenting and sharing the lessons learned, thereby contributing to knowledge in health promotion.

The projects in the Scheme were funded in the context of a coherent plan for building mental health promotion capacity in Victoria. The Mental Health Promotion Plan 1999–2002 was based on a specific logic which linked the factors influencing mental health to the conditions required to build individual, community and organisational capacity to address them. Evaluating the activities in the Plan allows VicHealth to test this logic and the extent to which it is possible to apply it in Victoria. This information is important for the review and development of future work.

At the individual project level, evaluation provides a mechanism for funding bodies to monitor their investment and funded agencies with a tool for reflecting on and refining their work. Experience to date, however, suggests that evaluations undertaken in the context of individual small-scale projects have a number of limitations:

- The resources available for evaluation seldom allow for more sophisticated and thoroughgoing evaluation, particularly of project impact.
- Individual small-scale projects offer limited power for assessing impact.
- Evaluations tend to be conducted and framed in response to specific local conditions and concerns. As a result they have limited utility for assessing the contribution made by individual projects to the objectives of the broader program of which they are a part. Similarly, the findings and lessons learned may not be readily generalised to other contexts.
- Findings recorded in evaluation reports of smaller-scale projects are difficult to disseminate.
Accordingly, VicHealth allocated funds for each of the schemes developed under the Mental Health Promotion Plan 1999–2002 to conduct evaluations as a cluster. The cluster evaluations were conducted with a number of purposes in mind:

- to provide individual agencies with a common framework for reflecting, refining and reporting on their work which was coherent with the overall conceptual framework underpinning the Plan;
- to enable VicHealth to draw on the experience of the projects to assess their impact on the intermediate outcomes it was anticipated would be achieved through implementation of the Plan;
- to draw on the collective experience of the projects, hence increasing the power of the findings and the extent to which they could be generalised; and
- to document the findings in a form in which they could contribute to broader understanding of the processes and strategies involved in mental health promotion and be disseminated to a wider audience.
Areas of evaluation

While the purpose of mental health promotion activity is to contribute to improved mental health and reap the social and economic benefits that accrue from this, these are outcomes which are difficult to measure, particularly in the short-term. Moreover, many of the anticipated long-term benefits are influenced by a range of external variables. It is difficult to design evaluation methodologies with the power to distinguish these influences from the effects of specific interventions.

Nevertheless, drawing on evidence on the factors that determine mental health, it is possible to predict the conditions required for influencing these determinants in ways that will help to promote mental health and wellbeing.

Accordingly, the evaluation of the Rural Partnerships in the Promotion of Mental Health and Wellbeing Scheme focused on intermediate outcomes identified in the conceptual framework underpinning the Mental Health Promotion Plan 1999–2002. Specifically, these included an assessment of the extent to which the projects were successful in:

- enhancing the capacity of organisations and practitioners to implement and sustain mental health promotion activity;
- building and consolidating partnerships to advocate for and foster mental health promotion activity; and
- enhancing individuals’ access to the resources for positive mental health, specifically social connection, economic participation and freedom from discrimination.

The focus of the evaluation was on identifying good practice models, processes and strategies for achieving these outcomes.

The evaluation drew on three sources of information:

- a common framework, developed collaboratively by the eight projects in cooperation with the external evaluator. Individual project reports were developed within this framework;
- a data tool developed for projects to report on project processes in the following areas:
  - engaging individuals and the community;
  - building ownership within the organisation and community;
  - forming partnerships;
  - dealing with the substantive issues of mental health promotion; and
  - doing things and learning thorough action; and
- a survey of partner organisations. This survey was designed to assess the extent to which projects had developed collaborative and sustainable partnerships. The results are summarised in appendix one.
Building capacity to implement and sustain mental health promotion

**Fostering a conceptual understanding of mental health promotion**

One of the aims of the Mental Health Promotion Plan 1999–2002 and its funded projects was to engage a range of agencies in mental health promotion activity and to build a long-term understanding of, commitment to and capacity to sustain mental health promotion. Arguably, this is at least partly dependent on practitioners and other key players having a conceptual understanding of health promotion and a capacity to make the links between this and the activities of specific projects and the work of their organisations.

The Mental Health Promotion Plan 1999–2002 uses many of the same activities and processes as other funding initiatives promoting community capacity building, social justice and equity. What distinguishes the Plan and its funded projects is their intent and how they are framed.

By placing activities in the context of the broader conceptual framework articulated in the Plan, projects can help to cultivate ownership and understanding among organisations and communities, ultimately contributing to the long-term sustainability of mental health promotion activity.

In the initial stages of the projects, the focus tended to be on the three determinants of mental health and how these would be addressed through project activities. There was less evidence of links being made with overarching concepts of mental health promotion or of project activities being seen as ultimately influencing mental health.

While agencies knew how to devise projects that addressed two of these determinants — social connection and valuing diversity/freedom from discrimination and violence—this appeared to be due to the fact that these fitted neatly into the community development strategies that were part of their current practices. These practices were not necessarily specifically linked to mental health promotion.

The theme of social connection also has immediate, common sense or intuitive appeal and this may work against practitioners, organisations and participants having a more explicit appreciation of the intent of fostering social connection as a resource for promoting mental health. As one group of participants put it when they were asked directly about their project and the promotion of mental health, ‘we already know that’.

As the projects progressed, workers also began to identify other issues related to the physical environment and community infrastructure that influenced social connectedness. For example, in the Maryborough Mental Health Promotion Project, the lack of a reliable public transport system was identified as a major contributor to social isolation. The project successfully fought to have a community bus service re-routed and for a review of transport provision and policies in the town. This directly addressed the lack of access to community services.
Most of the projects were implemented by project workers from a community development or youth work background. These skills were important in the implementation of the Rural Partnerships in the Promotion of Mental Health and Wellbeing Scheme, particularly as many of the projects had a focus on social connection. However, lack of understanding of the intent of the Mental Health Promotion Plan 1999–2002 meant that they sometimes fell back on their community development skills. For example, in a number of the projects activities were developed in response to needs identified by the community which, although useful in their own right, were not explicitly related to the Plan. However, workers felt that from a community development perspective, they were justified in responding to these needs.

The language of mental health promotion

Initially, many of the workers found the language of the Plan difficult to pin down. However, once they had grasped it, they found the three determinants easy to incorporate into their work. Some were reluctant to use this language in their interactions with organisations and participants because of the stigma attached to mental ill-health. There was a concern that if they drew attention to the links between the project and the determinants, this would compromise its acceptance in the community.

Agencies dealt with this in different ways. Some of the projects addressed mental health promotion from the outset, although many spoke about mental health in terms of the more generalised concept of wellbeing. Others used specific activities as a hook and modelled the determinants through their actions. For example, in the Macarthur Rural Women’s Leadership Project, a local celebration of International Women’s Day brought together most women in a local community. In the Maryborough Mental Health Promotion Project, having a working bee to develop a community garden ensured people from different backgrounds participated, enabling the project to model the importance of social inclusion and of working against discrimination. These projects built this language into these activities as a way of addressing sustainability.

Some projects changed the generality of the message to suit the audience. For example, they used the language of the Plan when focusing on organisational and structural change but presented the project activities as ends in themselves when working with participants.

The experience of the projects was that there was considerable value in drawing attention to the Mental Health Promotion Plan 1999–2002 as a whole. By framing activities in terms of mental health, participants developed a sophisticated language to describe the importance of community and inclusion in terms of their health and wellbeing.

Over the course of the program most projects reported that they became more familiar and comfortable with the notion of mental health promotion, albeit in its more generalised description as ‘wellbeing’.

Community development: a definition

Community development is based on an understanding of these inequalities (in the health of different groups within our society). People’s health experiences are seen within the context of their social relationships. In this framework alienation and powerlessness are identified as linked to poorer health outcomes; having a sense of not belonging to the broader society, a sense of not having much control over one’s destiny.

A developmental approach involves working in ways that facilitate people and communities developing their strength and confidence while at the same time addressing immediate problems.
Key Lessons Learned

• Many of the activities undertaken in mental health promotion are similar to those undertaken in other community capacity building programs, are already part of the core business of many agencies and are likely to be implemented by a workforce with community development and youth work skills. However, these activities have historically not been understood in health terms and have not been seen as relevant to the promotion of mental health and wellbeing.

• Throughout the duration of the Scheme participating organisations and project staff developed an understanding of the link between their project activities and mental health promotion and demonstrated a capacity to make the intent of their work explicit. However, this took some time. Increased effort is required to ensure that mental health promotion intent is made explicit in specific project proposals and project activities.

• At the community level, mental health promotion is often confused with the treatment of mental illness and its associated stigma, thus compromising an understanding of the project activities at a broader community level. Wellbeing is a more generalised and accepted concept.

• Building the capacity of individuals in their communities to have more influence over the decisions that affect their lives, leads to sustainability.

Building mental health promotion capacity at the organisational level

The Scheme was designed, in part, to effect structural and organisational change in a range of agencies with a view to increasing their capacity to promote mental health. This was difficult for the projects in this Scheme as they were short-term and most had a focus on individuals or specific deliverables. In many cases, this meant that project workers faced the competing objectives of building relationships and supporting change processes at the organisational level while at the same time focusing on specific project outcomes or activities, such as the development of a website or a youth theatre group.

Consistent with the intersectoral and settings approach advocated in the Mental Health Promotion Plan 1999–2002, most of the agencies participating in the program were not health agencies. The agency’s capacity, commitment and willingness to embed health promotion in its activities were a consideration for VicHealth in funding projects. However, the evaluation indicated that most of the agencies saw themselves as applying for a short-term project that was consistent with their core business and culture. While the projects could have been used as leverage to bring about more sustained changes, either in terms of content or ways of working, few agencies saw themselves as having a long-term involvement in mental health promotion (although, as already indicated, a number sought and achieved further project based funding to extend activities commenced under the Scheme).
There were two notable exceptions where the project had a major impact on the funded organisation, however. The first, the Youth Health and Sexual Diversity Website Project, was significant not so much in terms of achieving its goal of establishing a youth health website, but because it had a significant impact on the lead agency—the Ovens and King Community Health Service. It was a catalyst for quite an important shift in the culture and activities of the agency, being used by senior management to expand the focus of its work. The project was concerned with young people generally, and more specifically with same sex attracted young people. These groups had never been a strong focus of the service and when their needs were considered they tended to be defined narrowly in terms of eating, exercise and sexually transmitted infections. The grant was significant because the resources were linked to the target population group and a particular issue. These resources were then used as leverage with other staff of the agency to give young people a more significant profile and to broaden understanding of the range of issues of concern to them. The Mental Health Promotion Plan 1999–2002 provided a clear, accessible and ‘official’ rationale for this change in emphasis.

The project was also successful in developing the expertise of the agency through the formal workforce development programs offered to staff and because it provided a focus for discussing concerns held by some centre staff about addressing issues facing same sex attracted youth.

The changes within the organisation were used as the basis for a successful application for a much larger project funded under the Commonwealth’s Youth Suicide Prevention Program. The VicHealth project enabled the agency to develop its understanding of the health issues of concern to same sex attracted young people and to build support for addressing these within the centre. This contributed to its success in gaining further funding.

The second example of structural change occurred within the Brophy Youth Enterprise and Leadership Project. This project was used by the lead agency—Brophy Family and Youth Services—to fundamentally change the ways in which it worked with young people. This agency was known for, and expert in, working with young people who were dealing with a major crisis in their life. Some staff in the agency were interested in moving the point of intervention from a response to a crisis to one that emphasised prevention. This new focus required the agency to see young people more holistically, rather than in terms of the specific problem they presented with.
Although this move pre-dated the Mental Health Promotion Plan 1999–2002, the Plan provided a framework and rationale as well as a source of funding to pursue this new direction. The document was used as an incentive to continue the work that had been started under another governmental scheme and as way of convincing staff that the new direction was viable and intellectually sound.

In most of the projects, sustainability tended to be at the level of key ideas and processes and a broadening of the target groups the agencies served. However, the precise language and concerns of the Plan in terms of mental health promotion tended to become a little dissipated and subsumed within the more general notions of social capital and community building.

A number of the projects were successful at building the capacity of participants and communities to have more influence over the decisions that affect their lives, a factor which contributed, albeit indirectly, to sustainability. Community activists and leaders emerged, for whom the projects had served as a springboard to move into other decision-making forums in the community. For example, in the Maryborough Mental Health Promotion Project, some of the participants who were initially involved left. There was a sense of them ‘growing out’ of the small localised concerns. However, their expertise was not lost to the community. They exercised it within structures that were more permanent and perceived to be more powerful, such as local government. Similarly, the intention of the Cobram project, which was to involve members of the newly arrived community, saw the emergence of a number of individuals who have become effective leaders of their community and who operate in the existing mainstream structures of local government and other organisational networks.

While a large number of partners surveyed indicated their intention to continue some aspects of the projects, the lack of structural change meant few projects were likely to be sustained in their funded form. They were conceived of as short-term initiatives. Nevertheless, most of the projects made links with similar initiatives being pursued in their localities and projects became mutually reinforcing. In a number of cases, the projects became catalysts for related but new projects which were a direct result of work commenced in the current program. In this sense, the Scheme has played an important role in facilitating innovation, by supporting agencies to have the confidence and expertise to seek further funding that previously would have been out of their reach.
Key Lessons Learned

- The Mental Health Promotion Plan 1999–2002 has widespread recognition and support. Through the development of a conceptual framework for the Plan, which is based on the most up to date research and evidence, organisations have been assisted to develop innovative activity and undertake organisational change to facilitate good practice in mental health promotion.

- Adequate time and resources are required to achieve and sustain the changes needed to build organisational capacity to promote mental health and wellbeing.

- Pivotal to the success and sustainability of project activity is the involvement and commitment of senior staff of the organisation.

- Short-term projects can serve as a catalyst for change and build agency capacity to seek and utilise funding to extend health promotion activity.

Strengthening partnerships for mental health promotion

The Mental Health Promotion Plan 1999–2002 places strong emphasis on partnerships as an important mechanism for building and sustaining capacity in mental health promotion (see box). A partnerships survey was undertaken as part of the evaluation of the Rural Partnerships in Mental Health & Wellbeing Scheme. Please see appendix one for Summary of Findings. In the application process, agencies were asked to design their projects in ways that linked a number of agencies. The potential of the projects to forge meaningful collaborations with other agencies, particularly between those from different sectors, was one of the selection criteria and the importance of partnerships was reiterated in each contract.

The Role of Partnerships in Mental Health Promotion

Partnerships:

- can help to broaden the resource base and expertise available to a project;

- are a way of fostering intersectoral involvement in mental health promotion;

- can help to increase project impact within participating agencies by bringing a broader range of agencies into the net;

- can contribute to the sustainability of the initiative because there will be a greater number of agencies who understand and are committed to it;

- provide a forum for addressing conflicts that potentially exist between services by bringing them out into the open; and

- lead to a more seamless and coherent service system for members of the community.
The nature of the project partnerships

All projects that were funded nominated a range of agencies with which they intended to work. Although a lead agency submitted the proposal, there was a sense, at least in the initial stages, that the projects represented a consortium of organisations with knowledge of and commitment to the proposal.

In some cases, the partnerships were central to the pursuit of the project, while in others there was little sense of the partners having a clear understanding of the project or what was expected of them. Similarly, while some of the funded lead agencies saw the programs and the application process as a focus for strengthening mental health promotion, few revisited, refined or extended the nature of the collaboration as the project proceeded. The partners tended to become part of the project’s governance. There was a steering committee or reference group comprised of the partners but more active forms of collaboration, such as sharing resources or joint planning, rarely occurred. In other projects, the process of designating partners served as a ‘hurdle’ requirement for funding. Partnerships were formed quickly and pragmatically, with very little being done to consolidate and develop them once funding had been secured.

Where this was the case a number of problems emerged:

- Support given by partners at the application phase was not seen as a firm commitment when it came to implementation. The innovative and exploratory nature of the projects meant anticipated collaborations were sometimes neither appropriate nor viable once the project started to take shape.

- The proposals were developed by senior officers within the organisations. Project workers often did not have the status or the experience to effect the planned collaborations, particularly if they required more than a time commitment from the potential partners.

- The partnerships tended to be based on the personal relationships between workers rather than structural arrangements that may have been more permanent.

- In some cases, consultants were employed to write the application. The development of the proposal was effectively separated from its implementation. Relationships that might have been built during the proposal development phase did not eventuate.

- The projects were designed before project workers were appointed and they brought their own skills and approaches to the work.
Despite this, the survey of partnership agencies indicated that there would be value in ongoing efforts to support the development of partnerships as a strategy for health promotion. Although there was some ambivalence about the efficiencies of partnership, there was strong support for them as a strategy for community projects, both between agencies within a single sector (such as family services or education) as well as between sectors. This support was greater for partnerships with a common goal of action than for those in which information was shared for its own sake.

Himmelman (2001) identifies four different types of partnerships on a continuum from networking through to collaboration (see box). In practice, most of the projects in the Rural Partnerships for Mental Health and Wellbeing Scheme operated at the networking and coordinating end of the continuum.

### Types of partnerships in mental health promotion

<table>
<thead>
<tr>
<th>Partnership Type</th>
<th>Purpose and Nature</th>
</tr>
</thead>
</table>
| Networking       | • Formed to exchange information for mutual benefit  
                   • Requires little time and trust between partners |
| Coordinating     | • Formed to exchange information and alter activities for a common purpose |
| Cooperating      | • Formed to exchange information, altering activities and sharing resources  
                   • Involves a significant amount of time, a high level of trust between partners and sharing of ‘turf’ between agencies |
| Collaborating    | • Formed to increase the capacity of partners for mutual benefit and a common purpose  
                   • Requires partners to give up a part of their turf to another agency to create a better or more seamless service system |

Understanding the purpose of the partnerships

One of the central ideas of a partnership is that organisations with different concerns and constituencies come together for a common purpose. Collaboration is predicated on the idea that a range of agencies can deal with the problem more effectively than one. For the collaboration to be successful, partners need to have a thorough understanding of the project and its aims.

It was expected that the partners would have some understanding of the Mental Health Promotion Plan 1999–2002 and the links between their project and mental health promotion. This was particularly important because the Plan challenged traditional concepts of mental health. In addition, as discussed earlier, the determinants identified in the Plan may have been seen by many of the participating agencies as having intrinsic value and not necessarily being linked to mental health and wellbeing. The impact of the program relied in part on people, including the partners, being cognisant of the link made in the Plan.

While the survey responses suggest the partners were reasonably clear about the project's purposes, stronger responses might have been expected given that such an understanding is the very foundation of the partnership. When they were asked to rank how apparent the project's links were to mental health promotion, the responses were even less strong (see appendix one).

Genuine collaboration can be quite problematic. On the one hand, the projects in the Scheme were designed to pursue a particular line and achieve certain outcomes. On the other hand, partners bring their own perspectives and interests. Project workers are required to mediate these various perspectives through a process of dialogue. Partnership implies some level of equality in which different opinions can be presented and valued. A balance needs to be struck between the intention of the programs and the potentially different agendas of the partners. While in general project workers were successful in maintaining this balance, many reported that they had to become advocates not only for the project but also for mental health promotion. This put considerable demands on workers, many of whom were also required to deliver on the specific activities of the project.

Did partnerships increase the resources available to the projects?

Active participation is a precondition for using the partners' skills to promote and develop the project. As already indicated, partnerships offer the potential to increase the skills available. More than two-thirds of respondents believed the project had access to more resources in terms of skills and expertise because of the existence of the partnership (appendix one).

A large proportion of respondents also believed that increased cooperation and coordination had been a positive outcome of the partnerships in which they had been involved (appendix one).
The influence of partnerships on impact and sustainability

One of the purposes of forming partnerships for mental health promotion is to bring more people into the net on whom the project can have a positive impact. Each partner has its own constituency and works with particular sections of the community. Engaging agencies in the project has the effect of involving, to some extent, their constituencies. The majority of partners surveyed reported that the collaborative arrangements had increased the project’s impact considerably (see figure 2).

Figure 2: Being a partner has increased the number and range of people for whom the project has had an impact

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Not sure</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>29.7%</td>
<td>42.2%</td>
<td>15.6%</td>
<td>10.9%</td>
<td>1.6%</td>
</tr>
</tbody>
</table>

The projects functioned at a number of levels. At a surface level, they appeared to be about such things as engaging young people to make a film, establishing a percussion band or training existing members of a community to guide others who are newly arrived. While these activities were valuable in their own right, they were also seen as vehicles to promote mental health and wellbeing. The projects and the scheme more generally were quite sophisticated because participants were being asked to engage at the surface level but simultaneously to be aware of the underlying intention of the project and the scheme of which it was a part.

This link between the project and the wider issues of mental health promotion were not completely appreciated by the partners (see figure 3).

Figure 3: Being a partner has helped each agency develop a better understanding of mental health promotion

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Not sure</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>15.6%</td>
<td>50.0%</td>
<td>17.2%</td>
<td>15.6%</td>
<td>1.6%</td>
</tr>
</tbody>
</table>

Partners were not always aware of the substantive issues of mental health promotion as expressed in the Mental Health Promotion Plan 1999–2002, nor did they feel that these drove the project’s activities. In some cases this was a structural problem. One project was made up of a number of effectively discrete sub-projects. The lead agency had an interest in mental health promotion and the Plan provided some structure and a vehicle to bring in a range of players who were already pursuing different projects that were seen as having a positive impact on young people. The projects and activities were very diverse but the Plan provided an opportunity to bring them under a single banner. There was some concern to develop an overarching and cohering structure that did not lose the integrity of the diverse parts. The implementation of the Plan provided not only a convenient vehicle but also a catalyst.
Collaboration with more permanent programs or agencies is an important way of sustaining the influence that the project initiates. Sustainability can take a number of forms and can be seen as circles of influence from the highly practical to the somewhat intangible. At the practical level, another organisation may take on the responsibility for one part of the project. At the other end of the continuum, an external agency may, in a less tangible way, be a little more concerned about valuing diversity and freedom from discrimination and violence among its clients after the project. All projects contained examples of having influenced agencies at these different levels.

For example, the Youth Health and Sexual Diversity Website Project based at the Ovens and King Community Health Service was in part about developing a website that was inclusive of same sex attracted young people. At a practical level, the project entered into a formal collaboration with the local TAFE college which agreed to assume responsibility for the information technology aspects of the website. The project also worked with secondary schools. While these schools were engaged practically in the development of content for the website, more importantly the mere presence of the project provided a focus for them to reflect on the extent to which their structures and curriculum accommodated and embraced sexual diversity. In this sense, the project was a catalyst for change both within the lead agency and among the partnership agencies.

Another example was the Community Action Group developed as part of the Maryborough Mental Health Promotion Project. The group developed and distributed a newsletter to residents in the local area. This led to the identification of the need for more community news in the town’s newspaper and a collaboration was formed with the paper to publish a column of community events on an ongoing basis. At a more intangible level, the neighbourhood house is now more conscious of engaging a wider range of community members in its activities.

Over 60% of the partners indicated that they would continue aspects of the project once it was complete. This is a significant achievement of the programs and the particular projects (appendix one).
A number of approaches were adopted by the projects in this Scheme to build the longer-term sustainability of the projects. These included:

- the lead agency incorporating the project or part of it into its core business. This occurred through seeking further funds from VicHealth or from another source;
- the participants assuming responsibility for the project’s work. In some cases, an organisation (such as a community house) acted as a loose auspice agency where the group could meet; and
- securing a small amount of money to provide a paid coordinator. This position was considerably less than a full-time project worker and was there to support members of the community and partner organisations after the project had been established. This suggests that there may be some potential in funding bodies providing small amounts of money as a way of gradually withdrawing support from a project.

The experience of these projects suggests that if a project is designed to continue reasonably intact after the funding ceases, the agency that will take responsibility needs to be engaged very early. The knowledge and detailed understanding of the project and its relationship with mental health promotion are contained within the project. It is important that this knowledge is consciously transferred to the organisation as a whole. This may require an attitudinal change as well as a reallocation of resources.

For example, the Youth Enterprise Leadership Project led by Brophy Family and Youth Services provided leverage to bring about a change in the focus of the organisation by emphasising the importance of proactive strategies to engage young people rather than reactive services once a problem had emerged. Pivotal to the success of the project in this regard was the involvement and commitment of senior staff of the organisation, in particular the chief executive officer. Project workers can be excellent role models; however, they are unlikely to have the authority within the organisation to effect any lasting change. In this Scheme, those who conceived of the projects were normally senior staff who might have the ability to make significant changes to the organisation; however, they were seldom the people who implemented the projects. Typically, more junior staff were recruited to work on the projects on a contractual basis. They had neither the status nor the experience within the organisation to change it.
Reflecting on partnerships in mental health promotion — a tool for analysis

Partnerships have been an important feature of the current Scheme. They have served to raise the profile of, and build commitment to, the projects in each of their communities. The majority of partners have been very supportive of the projects and their involvement has contributed positively to the project’s impact and sustainability.

The existence of partnerships is an important marker of project success. However, the experience of these projects suggests that if the potential of partnerships is to be realised, a more formalised approach to partnership formation and development is required. Partnerships that achieved a high level of impact and were successful in sustaining initiatives beyond the life of the project were those which:

• had a clear purpose
• were planned and fostered throughout the project
• were formalised
• were supported by senior management

Clearly, where the partnership is established for the purposes of sharing information, only informal or semiformal procedures will be necessary. However, when more sophisticated types of collaboration are involved, such as joint planning or sharing funding, there is a need for more formal procedures, such as a memorandum of understanding between partners outlining expectations or tasks, joint planning procedures and arrangements for the sharing of resources. These procedures enable partners to develop a common understanding and purpose, foster interdependent relationships, engage the expertise of participating agencies and plan for the sustainability of the initiative.

In the course of the projects, VicHealth commissioned some further work for the purposes of developing a tool to support agencies to develop a clearer understanding of the range of purposes of collaborations, to take a more planned and strategic approach to selecting partners and to maximise the contribution they could make at different times in the life of a project. This tool is attached as appendix two.
Key Lessons Learned

- There is strong, generalised support among agencies in rural communities for partnership development as a means to implement community sector initiatives. However, this support is dependent on partnerships having a strong emphasis on activity designed to secure tangible outcomes. Thus, the focus should be on partnerships which lead to activity as opposed to partnerships per se.
- Partnerships are effective in increasing the resources available to a project and enhancing coordination and cooperation between agencies.
- Effort is required to ensure that partners have a common understanding both of the purposes of individual projects and of their role in promoting mental health.
- If partnerships are to achieve significant gains in mental health promotion, both funding bodies and practitioners need to place greater emphasis on partnership development following the proposal development stage. In general, partnerships are more likely to be successful if they have a clear purpose, are planned and fostered as the project develops, are formalised and have the support of senior agency management.

Enhancing individuals' access to the resources for mental health and wellbeing

Each of the projects in the Scheme was selected on the basis that it included activities which enhanced social connectedness, facilitated economic participation of a particular population group or addressed an aspect of discrimination in the local community.

Of the three determinants of mental health designated in the Mental Health Promotion Plan 1999–2002, social connectedness and inclusiveness were keynotes in all the projects.

For members of the community, the experience of being involved was extremely valuable. All of the groups were, to some extent, marginalised because of their location, gender, age, economic status or sexual orientation. The projects worked to involve them in meaningful activities, supported them in making decisions about the project and enabled them to set its directions. Their involvement presented a challenge to their marginal status.

A number of factors contributed to the success of the projects in this regard:

Creating a sense of community

Many of the projects were designed to create a sense of community between participants and within the projects themselves. That's why the Macarthur Rural Women's Leadership Project made the social gathering and food key parts of all the events. Food has a symbolic dimension that was understood and used by this project to bring the community together. Preparing and sharing food creates a sense of community identity that has historical resonances and contemporary relevance.
The Cobram Country Welcome project similarly used the social gathering as a means by which to engender a sense of belonging and trust amongst their new arrival community members.

**Maintaining connections with the wider community**

Each project employed strategies to enable the participants and the project to connect with the community. This was important since there was the risk that in emphasising social connectedness the projects could have become comfortable enclaves that were inwardly focused. The ways in which connections were made between the projects and the wider community is illustrated in this extract from the coverage of the Macarthur Rural Women’s Leadership Project in a feature article in *The Age* 23 March 2002:

> What the women of this district have confronted in recent years are dilemmas common in the bush: the financial and emotional toll of economic decline, and the erosion of traditional support networks just when they are most needed. The bank closes, the footy club disbands or merges, and the population is either jobless or overworked trying to keep tired properties and businesses viable … [The women] are all involved in something and the age range is a powerful statement, Julianne Purcell from Broadwater, in her 30s, got involved in International Women’s Day celebrations and child care. Joy Rundell, from Byaduk, in her 50s, is famous (or infamous) as Macarthur’s fashion parade compere and author of an anti-football poem. Ena Sharrock, from Macarthur, is nearly 85. She had to look after the farm and the children when her husband was away in World War II. These days she’s involved in many of the activities on offer... the Macarthur district women who have embarked on the search for positive outcomes have set a pattern of involvement. No one really knows how far it will reach.

**Publicly promoting project activities**

Public recognition is valuable for project participants. It redefines their place within their communities and celebrates achievement. Public recognition brings people together as a community. Publicity challenges institutions to be more responsive to the skills, interests and endeavours of all members of the community. It also provides a public voice for individuals who previously did not have one, and with this begins a dialogue within that community.

All projects were featured at least once in local or Victorian press. The video produced in the context of the Makin’ Pitchas project attracted a number of industry awards, and continues to engage its participants, the young koori film makers, with a wide audience through its dissemination as a resource. A collection of poems by a participant in the Macarthur Rural Women’s Leadership Project was published as a book and the State Minister for Community Services presented awards to local participants in the Ararat Community and Economic Enterprise Model Project.
Maintaining the balance between voice and action

All of the projects worked to enable participants to ‘find their own voice’. This took many forms but typically started with questions. In some projects, personal narrative was used to address more general issues of concern and to invite a dialogue with others. The projects engaged the wider community but in ways that did not compromise the integrity of the individual voices. For example, in the Maryborough Mental Health Promotion Project communication was used as a vehicle for community strengthening. A community newsletter was developed and distributed by hand and through this process, people met other people who were socially isolated.

While people were engaged in talking about issues of concern, they were concerned not to get bogged down in just talking. Action rather than meetings was seen as important because it focused on outcomes and created a sense of achievement. For example, one of the first tasks in the Maryborough Mental Health Promotion Project was to get the garden around the neighbourhood house in order. This achievement was then celebrated with a community barbecue. Similarly, the establishment of the childcare facility through the Macarthur Rural Women’s Leadership Program was a major success and provided the basis on which further achievements could be built. This was important to ongoing involvement in and support of the project, as lack of childcare had been identified as the crucial issue that kept many families isolated.

Using the arts as a vehicle for individual and collective expression

The experience of the projects is that the arts provide an effective vehicle for promoting both social connection and diversity. The arts provide a public and collective expression that brings people together by emphasising shared human experiences. For example, the Makin’ Pitchas Project enabled participants to find their voice through the process of producing a video. This project brought together a number of young people and invited them to tell the stories of their lives and experiences. Drama was used as a medium for exploring issues that were meaningful to participants and some of the stories were subsequently incorporated into the video.
The stories were interspersed with commentaries on the narratives and the processes involved in their creation. In this way, the video functioned as an invitation to the viewer to think about and share the participants' stories. This invitation became a practical reality when they took the video 'on the road' to other Aboriginal cooperatives and to health professionals working with Aboriginal young people. They showed the video and ran workshops in which other people were encouraged to share their stories. In this way the project promoted social connectedness not only among those directly involved in making the video but also among those watching it in the course of the project workshops and into the future. Nearly 200 copies of the video have been sold to agencies throughout Australia.

Other projects became involved in the arts because they were peculiarly suited to fulfilling the Mental Health Promotion Plan's aims. They engage people, they are fun to do, they can accommodate different levels of skills simultaneously, they are about shared human experiences and they are often pursued in groups. The enjoyment factor means they will often be sustained in the medium-term. For example, the Latrobe City Celebrate Youth Project included a youth theatre, drama workshops, rehearsals and public performances with the intention of using this work to establish a more permanent performing arts school.

The Macarthur Rural Women's Leadership Project developed a community choir called Patterson's Skirts which performed at a variety of community events including the launch of the childcare facility. As The Age (23 March 2002) reported:

_Maybe one day there will be a male equivalent of the Patterson's Skirts, the female a cappella amateur singing group — another spin-off of the VicHealth grant — that brings fulfillment to Pat Purcell, in her 50s. ‘I always wanted to sing, but no one ever asked me,’ she says. Now you can’t stop her._

The arts also play a role in the promotion of diversity. Drama is arguably the best example but other art forms function in this way too. Drama requires participants to 'stand in someone else's shoes', see the world from a different perspective and share in a common humanity. This often requires a person to challenge their presuppositions and prejudices about others and to find some common ground between their experiences and those of the 'other'. Discrimination thrives on a separated and intact ‘otherness’ which the arts serve to challenge.
Arguably, economic participation is the most difficult of the three determinants identified in the Mental Health Promotion Plan 1999–2002 to address.

**Key Lessons Learned**

- There is significant capacity in rural communities to develop projects which build social connection and address discrimination among participants. Projects can engage the wider community in ways that do not compromise the integrity of individual participant voices.

- Arts based strategies make significant contribution to the promotion of mental health and wellbeing. In particular, they can provide opportunity for social connection amongst participants. Through resulting performances the arts also provide a mechanism to increase wider community understanding of mental health issues, such as isolation and discrimination.

**Addressing economic participation**

Arguably, economic participation is the most difficult of the three determinants identified in the Mental Health Promotion Plan 1999–2002 to address. It was not particularly strong in this Scheme, being an explicit feature of only two projects—Kulcha Shift and the Ararat Community and Economic Enterprise Model.

Economic participation is also outside the ambit of many of the groups funded through the Scheme. Community health centres and welfare agencies tend to be more comfortable with promoting social connection and working against discrimination and violence. For many of these services, fostering economic participation falls outside their perceptions of their core business.

In the Brophy Youth Enterprise and Leadership Project, Kulcha Shift, this lack of experience was acknowledged and addressed directly. An advisory committee of local business people was established. At various times during the project, staff with expertise in aspects of business were appointed or involved. One of the key workers also developed a mentor relationship with an officer from local government.
Even in the two projects that explicitly focused on economic participation, social connectedness was seen as a precondition for social capital, which was then the basis upon which economic participation could be built. The development of social capital and economic capital were seen as complementary. The Mental Health Promotion Plan 1999–2002 reinforced the connection between social and economic capital but they were seen as requiring different processes, activities and focus in the projects. For example, the Youth Enterprise and Leadership Project reflected two components that ran simultaneously throughout the project. The first was linked to social connectedness and aimed to build group cohesion. The second was targeted to individual participants and was linked to enhancing their economic participation. At various times through the project, this caused some disquiet among workers because these two components were seen as oppositional. For example, developing and selling items in the shop was seen as somewhat individualistic. The idea of establishing a young people’s cooperative was an attempt to reconcile these competing features by bringing social action and economic participation together. Similarly, the events management enterprise engaged all of the young people and differentiated their skills but enabled these skills to be deployed in an interdependent way.

Key Lessons Learned

- While economic participation is an important determinant of mental health, it is difficult for services in the health and community sector to address this issue which may be seen as falling outside of their core business.
- For many of the populations targeted in the Mental Health Promotion Plan 1999–2002, it may be necessary to invest in fostering social connection before it is possible to engage participants in activities to enhance economic participation.
- In some community service settings there may be a need to reconcile competition between the collective values which underlie activities to promote social connection and the individually orientated values which inform some forms of economic development.
Developing processes for establishing mental health promotion projects

Seeing strengths rather than deficits

Consistent with good practice in both community development and mental health promotion, most of the projects undertook consultations with their communities as a way of refining the project plan, introducing the project and building a sense of ownership and commitment.

Two alternative approaches to this project phase can be distinguished.

Some projects undertook formal needs assessments. They engaged community members through a survey, small group consultations or open meetings. Communities were asked to think about issues that were important to them and then look at ways the project could help to address them. The project was seen as a resource to be used by communities. The value of such an approach was that communities were given a voice and were actively involved in setting the project’s parameters.

Needs assessments can also serve as a political strategy to build relationships. They model the approach of listening and carry the message ‘I am here to serve you’. However, they do not take into account that the project worker has to play a mediating role between the auspice agency, the community and a funding body, in this case VicHealth.

Building a project around perceived needs can also be inherently conservative. People want what they already know. Another problem is that need depends on the people being asked. Diverse needs can lead to the project being dissipated or some needs never being addressed.

Another concern expressed by some project personnel was that needs assessments are based on deficits and what the community lacks. Small communities and other marginalised groups can become even more peripheral because the project focuses on the things they do not have or those things they do badly.
A process was initiated of creating a dialogue between people within their community and developing interdependent relationships, which continue beyond the funding.

The alternative approach emphasised the strengths of individuals and the community. This involved enabling communities to see that they already have a range of resources and assets that can be deployed. This can be an empowering strategy because it is based on the existing strengths of the people involved. This change in rhetoric was important in these projects because many people in their initial contact did not see themselves as possessing skills that could be used in different contexts or as valuable enough to be shared with others. Some projects mapped or audited the skills that community members brought to the project and used these as a basis on which further skills could be developed. In some of the projects, such as the Ararat Community and Economic Enterprise Model, the tangible outcome of this was a database of skills and assets. More importantly, however, it served as a process of creating a dialogue between people within their community and developing interdependent relationships, which continue beyond the finding.

The community audit process can also be contrasted with needs assessment by the ways in which the project’s central issues are defined. Needs assessments tend to hand over the definition of the project to the local community. The community decides the issues and concerns of importance and the worker develops the project in response to these. In contrast, community auditing keeps the definitional control of the project with the worker, enabling strengths in relation to the project’s intention to be identified and developed. The parameters within which discussions occur are set fairly tightly. This enables mental health promotion to be given more prominence and kept as a central concern.

There is always a tension between engaging communities, building ownership, finding out what they want to do and following a plan and ensuring there is integrity within the plan as a whole. The advantage of needs assessments is that they engage the participants and enable them to define the project in their own terms. The disadvantage is that they can be time consuming and can become ends in themselves. In addition, they often do not set the parameters and ask very open-ended questions. In the absence of any direction, community members will fill the vacuum.
Key Lessons Learned

- Auditing of community assets has greater utility for establishing projects in a mental health promotion context than undertaking community needs assessments. By enabling participants to identify strengths, rather than weaknesses, these processes can contribute to enhanced self-esteem and confidence at the individual group and community levels.

- An auditing approach ensures that project activities are identified, displayed and implemented in ways which are consistent with the overall intent of the funding program. This is relevant in a mental health promotion context, in which projects are being implemented in agencies and communities which may not necessarily be familiar with the concept of mental health promotion.

- In instances where projects are working with sub-population groups experiencing significant levels of discrimination and isolation from the broader community, mental health promotion activity is enhanced through focus on the strengths and abilities of the sub-population group involved.
Conclusion

While promoting mental health involves a long-term commitment, the Mental Health Promotion Plan 1999–2002 and the Rural Partnerships in the Promotion of Mental Health and Wellbeing Scheme have made a significant and immediate contribution.

The Plan provided a clear framework within which projects could be developed. It isolated three determinants of mental health: social connectedness, freedom from discrimination and violence, and economic participation. While mental health promotion may not have been the core business of the agencies which were funded under the current Scheme, the determinants were. They were the ‘hook’ that made some of the complex ideas of the Plan accessible.

The Scheme was valuable because it required community based agencies to interpret the Plan in terms of their own context, constituency and core business. There was considerable integrity between the projects and the intention of the Scheme and Plan, particularly as expressed by the determinants.

Over the course of the program, agencies, workers and participants developed a more sophisticated understanding of mental health promotion and the ways in which social determinants impact on the health of individuals. They were also increasingly aware of how populations can be marginalised by a combination of location, gender, economic circumstances and sexual orientation. As a way of implementing the Plan for a particular population group, the Scheme reflects a series of successes.

However, further work is required to understand how mental health is promoted and the evidential link between community based activities and mental and physical wellbeing. The three determinants made immediate sense to workers in the field even if, as was the case with economic participation, they were seen as difficult to address.

The Scheme was less successful in terms of effecting structural and organisational change. This, in part, was a function of time, with the projects being relatively short-term. This put considerable pressure on workers and funded agencies.
A number of the projects adopted innovative approaches to addressing the substantive issues of mental health promotion and to engaging and working with the community. These projects had the potential to be integrated into the agencies’ work. The major barrier to this occurring was that normally neither the projects nor the workers had the status to bring about the organisational change required. If structural change is one of the major purposes of the project, short-term funding is unlikely to be the best solution. There is also a need to directly engage more senior and permanent staff in the work. The value of proposed projects should not only be determined on their inherent merits but also on the willingness of the agency to embrace some of the structural implications.

A number of the projects, though, were successful in being catalysts for structural change in the sense that they built the capacity of organisations to apply for longer-term funding. While this was a positive outcome of the program, in all cases the initiatives have been extended with project funding. At some point, agencies need to see mental health promotion activity as part of their core business rather than a short-term ‘add-on’.

Notwithstanding these comments, the investment that VicHealth has made in the Rural Partnerships in the Promotion of Mental Health and Wellbeing Scheme has paid off in many different ways. These include communities pursuing the activities of the project on their own initiative, agencies changing their practices, the increased empowerment of the individuals involved and the attraction of significant amounts of funding from different arms of government. The projects in the Scheme have been catalysts for change.
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Appendix One: Stakeholder Survey Responses 84
Appendix Two: A Partnership Analysis Tool 85
The following table summarises the responses to the survey of agency partners in the Rural Partnerships in the Promotion of Mental Health and Wellbeing Scheme.

<table>
<thead>
<tr>
<th>Survey statement</th>
<th>Partner agency responses (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Strongly agree</td>
</tr>
<tr>
<td>Intersectoral partnerships and interagency collaborations should be an important feature of community projects.</td>
<td>68.8</td>
</tr>
<tr>
<td>Collaboration between agencies leads to an efficient use of limited resources.</td>
<td>58.7</td>
</tr>
<tr>
<td>The purposes of the project were made clear to the partners.</td>
<td>46.9</td>
</tr>
<tr>
<td>The project's links to mental health were apparent.</td>
<td>37.5</td>
</tr>
<tr>
<td>The partnerships meant that more resources were made available to the project.</td>
<td>25.2</td>
</tr>
<tr>
<td>Being a partner has increased the level of cooperation and coordination between your organisation and other local agencies.</td>
<td>29.7</td>
</tr>
<tr>
<td>Being a partner has increased the number and range of people for whom the project has had an impact.</td>
<td>29.7</td>
</tr>
<tr>
<td>Being a partner has helped each agency develop a better understanding of health promotion.</td>
<td>15.6</td>
</tr>
<tr>
<td>Being a partner has helped your organisation to promote mental health more effectively.</td>
<td>10.9</td>
</tr>
</tbody>
</table>
Appendix Two: A Partnerships Analysis Tool

Reflecting on partnerships in health promotion
An instrument for success

Introduction
As indicated elsewhere in this publication, partnerships between agencies are an important vehicle for health promotion. If partnerships are to be successful, however, it is important that they have a clear purpose and are carefully planned and monitored. Developing and nurturing partnerships involves an investment of time and resources. Careful planning can help to ensure that the investment in establishing and maintaining partnerships adds value to the work of participating agencies.

Who is the tool designed for?
This tool is designed for agency based partnerships.

The aim and design of the tool
The aim of this tool is to help organisations involved in health promotion projects to reflect on the partnerships they have established and evaluate their effectiveness.

The tool is divided into three activities:

• **Activity One** explores the reason for the partnership. Why is the partnership necessary in this particular project? What value is it trying to add to the project?

• **Activity Two** involves designing a map which visually represents the nature of the relationships between agencies in the partnership.

• **Activity Three** involves the completion of a checklist which defines the key features of a successful interdepartmental, interagency or intersectoral partnership. The checklist is designed to provide feedback on the current status of the partnership and to suggest areas that need further support and work.

The tool can be used at different times in the partnership. Early on, it will provide some information on how the partnership has been established and identify areas in which there is a need for further work. A year or so into the partnership, it will give an indication of how it is really going for all the people involved. With longer-term partnerships, it may be worth revisiting the tool every 12 or 18 months as a way of monitoring progress and the ways in which relationships are evolving.

The tool is designed to provide a focus for discussion between agencies. Wherever possible, the activities should be completed by participating partners as a group. The discussion involved in working through the activities will help to strengthen the partnership by clarifying ideas and different perspectives. In some it may indicate that the partnership is not working as intended.

Where a lead agency has initiated or is coordinating the partnership they would normally assume responsibility for facilitating the three activities.
Completing the activities will take a number of hours because there will be a variety of perspectives among the partners and different evidence will be cited as a way of substantiating the views people hold. Unless there is a lot of time, consider completing the activities over a period of weeks. The various stakeholders need time to reflect on the partnership and how it is working. The discussion that occurs around completing the tasks will contribute to the partnership because ideas, expectations and any tensions can be aired and clarified.

The tool may also be useful to a lead agency as a tool for reflection when forming and planning partnerships.

A continuum of partnerships in health promotion

A distinction can be made between the purposes and nature of partnerships. Partnerships in health promotion may range on a continuum from networking through to collaboration.

- **Networking** involves the exchange of information for mutual benefit. This requires little time and trust between partners. For example, youth services within a local government area may meet monthly to provide an update on their work and discuss issues that affect young people.

- **Coordinating** involves exchanging information and altering activities for a common purpose. For example, the youth services may meet and plan a coordinated campaign to lobby the council for more youth-specific services.

- **Cooperating** involves exchanging information, altering activities and sharing resources. It requires a significant amount of time, high level of trust between partners and sharing the turf between agencies. For example, a group of secondary schools may pool some resources with a youth welfare agency to run a ‘Diversity Week’ as a way of combating violence and discrimination.

- **Collaborating.** In addition to the other activities described, collaborating includes enhancing the capacity of the other partner for mutual benefit and a common purpose. Collaborating requires the partner to give up a part of their turf to another agency to create a better or more seamless service system. For example, a group of schools may fund a youth agency to establish a full-time position to coordinate a Diversity Week, provide professional development for teachers and train student peer mediators in conflict resolution.

Activity 1: The purpose of the partnership

This exercise is designed to explore and clarify the purpose of the partnership.

Suggested approach

• Have each participant write five answers to each of the following questions on a piece of paper and rank them in order of importance:
  – Why is the partnership necessary in this particular project?
  – What value is the partnership trying to add to the project?
• Compare individual lists by starting with the reasons that are most important and following through to those that are least important.
• Look for the points of consensus, but also be aware of any disparities.

Activity 2: A map of the partnership

The concept of partnerships used in this tool implies a level of mutuality and equality between agencies. There are different types of partnership in health promotion, ranging on a continuum from networking through to collaboration (see box).

Not all partnerships will or should move to collaboration. In some cases, networking is the appropriate response. The nature of the partnership will depend on the need, purpose and willingness of participating agencies to engage in the partnership.

As a partnership moves towards collaboration, the more embedded it will need to become in the core work of the agencies involved. This has resource and structural implications. In particular, collaborative partnerships require the support and involvement of senior agency personnel, since project workers may be relatively junior or on short-term contracts. This can affect their capacity to mobilise the agency resources required for collaboration.

This mapping exercise is designed to place all of the partners in relation to each other. Lines are drawn between them to show the strength and nature of the relationship. Mapping the relationship is a way of clarifying roles and the level of commitment to the partnership. This is important as partners may have different understandings or expectations of what their involvement means. If done collectively, this exercise can help to strengthen the partnership because people are able to raise issues of concern. This provides an opportunity to address areas in which there is a lack of consensus.

It is interesting to note patterns in the relationships and how these change over time. Many partnerships are strong on networking and coordinating but considerably weaker on collaborating. Completing the map provides an opportunity to look at ways the relationships can be strengthened and made more productive.

Suggested approach

• List all the agencies involved in the partnership on a sheet of paper. (It may be more convenient to work on a white board or use some butcher’s paper in the first instance.) The lead agency (if there is one) can be placed in the centre.
• Using the legend below, link the agencies in terms of the nature of the relationship between them. The lead agency is likely to have a relationship with all of the others; however, there may also be important links between partners that do not rely on the lead agency.
• The strength of the links between partners should be based on evidence of how the partnership actually works rather than how people might like it to work or how it may work in the future. Where possible cite concrete examples as evidence of the strength of the coalition.
An example

The project assisted young people from emerging communities to access a range of sporting and recreational opportunities. The aim was to socially connect young people and thereby enhance their mental health and wellbeing. Applying a community development focus allowed the active involvement of participants and local stakeholders in the planning and delivery of the program. Of note is the fact that sport and recreation was not the core business of the lead agency or most of the partners.
Activity 3: A checklist for partnerships in health promotion

In this activity, partners rank themselves against each of the items in a checklist describing the key features of a successful partnership. The checklist is designed to provide feedback on the current status of the partnership and suggest areas that need further support and work.

The questions address the major issues of forming and sustaining meaningful partnerships. Checklists act as summaries of complex actions and interactions between a variety of stakeholders. They are valuable because they isolate the various factors that contribute to a successful partnership and avoid conclusions in which one factor dominates all the others. They point out the things to look for and consider. They can also guide future action as well as providing a focus for reflecting on the current state of affairs.

There are three ways of completing the checklist:

- The lead agency can fill in the checklist and present the results to a meeting of the partnership. Canvassing the various partners’ views at a meeting is a way of testing out the accuracy of the lead agency’s perceptions.
- Each partner can be given a copy to complete independently. They can compare and discuss the results at a meeting. This approach ensures the views of every partner are given equal weight.
- The checklist can be completed as a group activity. This approach will tend to emphasise consensus among members.

The checklist is a global measure that accepts there will be some variation. Consequently, there is some value in citing different examples that either confirm or test the global result. For example, most partners may be working well but one or two may be less cooperative. The ‘outliers’ need to be considered but they should not skew the dominant response. Similarly, a partnership may rate well against some of the key features and not in others.

**Suggested approach**

- Make copies of the checklist and, working as a group, consider each of the statements in relation to the partnership as a whole.
- For each statement, rate the partnership on a scale, with a rating of zero indicating strong disagreement with the statement and a rating of four indicating strong agreement. Total these for each section.
- Look at the total scores in each section as this will show trends and illustrate areas of good practice as well as helping to identify aspects of the partnership in which further work needs to be done.
- Consider aggregating the scores across the sections. This will also provide a basis for monitoring trends over time. Aggregations are a gross measure; however, they can be good starting points for discussions about the project and the partnership.
Assessing the partnership

Rate your level of agreement with each of the statements below, with 0 indicating strong disagreement and 4 indicating strong agreement.

<table>
<thead>
<tr>
<th>Rating</th>
<th>0 Strongly disagree</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4 Strongly agree</th>
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</thead>
</table>

1. Determining the need for the partnership

- There is a perceived need for the partnership in terms of areas of common interest and complementary capacity.
- There is a clear goal for the partnership.
- There is a shared understanding of, and commitment to, this goal among all potential partners.
- The partners are willing to share some of their ideas, resources, influence and power to fulfill the goal.
- The perceived benefits of the partnership outweigh the perceived costs.

TOTAL

2. Choosing partners

- The partners share common ideologies, interests and approaches.
- The partners see their core business as partially interdependent.
- There is a history of good relations between the partners.
- The coalition brings added prestige to the partners individually as well as collectively.
- There is enough variety among members to have a comprehensive understanding of the issues being addressed.

TOTAL

3. Making sure partnerships work

- The managers in each organisation support the partnership.
- Partners have the necessary skills for collaborative action.
- There are strategies to enhance the skills of the partnership through increasing the membership or workforce development.
- The roles, responsibilities and expectations of partners are clearly defined and understood by all other partners.
- The administrative, communication and decision-making structure of the partnership is as simple as possible.

TOTAL
### 4. Planning collaborative action

<table>
<thead>
<tr>
<th>Rating</th>
<th>0 Strongly disagree</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4 Strongly agree</th>
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<tbody>
<tr>
<td><strong>4. Planning collaborative action</strong></td>
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<tr>
<td>All partners are involved in planning and setting priorities for collaborative action.</td>
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<tr>
<td>Partners have the task of communicating and promoting the coalition in their own organisations.</td>
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<tr>
<td>Some staff have roles that cross the traditional boundaries that exist between agencies in the partnership.</td>
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<tr>
<td>The lines of communication, roles and expectations of partners are clear.</td>
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<tr>
<td>There is a participatory decision-making system that is accountable, responsive and inclusive.</td>
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<td><strong>TOTAL</strong></td>
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### 5. Implementing collaborative action

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<tr>
<th>Rating</th>
<th>0 Strongly disagree</th>
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<th>3</th>
<th>4 Strongly agree</th>
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<tbody>
<tr>
<td><strong>5. Implementing collaborative action</strong></td>
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<tr>
<td>Processes that are common across agencies such as referral protocols, service standards, data collection and reporting mechanisms have been standardised.</td>
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<td>There is an investment in the partnership of time, personnel, materials or facilities.</td>
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<td>Collaborative action by staff and reciprocity between agencies is rewarded by management.</td>
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<td>The action is adding value (rather than duplicating services) for the community, clients or the agencies involved in the partnership.</td>
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<tr>
<td>There are regular opportunities for informal and voluntary contact between staff from the different agencies and other members of the partnership.</td>
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<td><strong>TOTAL</strong></td>
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### 6. Minimising the barriers to partnerships

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<tr>
<th>Rating</th>
<th>0 Strongly disagree</th>
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<th>4 Strongly agree</th>
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<td><strong>6. Minimising the barriers to partnerships</strong></td>
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<tr>
<td>Differences in organisational priorities, goals and tasks have been addressed.</td>
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<td>There is a core group of skilled and committed (in terms of the partnership) staff that has continued over the life of the partnership.</td>
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<td>There are formal structures for sharing information and resolving demarcation disputes.</td>
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<td>There are informal ways of achieving this.</td>
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<td>There are strategies to ensure alternative views are expressed within the partnership.</td>
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### Reflecting on and continuing the partnership

There are processes for recognising and celebrating collective achievements and/or individual contributions.

The partnership can demonstrate or document the outcomes of its collective work.

There is a clear need and commitment to continuing the collaboration in the medium term.

There are resources available from either internal or external sources to continue the partnership.

There is a way of reviewing the range of partners and bringing in new members or removing some.

### Aggregate Score

- Determining the need for a partnership
- Choosing partners
- Making sure partnerships work
- Planning collaborative action
- Implementing collaborative action
- Minimising the barriers to partnerships
- Reflecting on and continuing the partnership

### Checklist Score

- **0–49** The whole idea of a partnership should be rigorously questioned.
- **50–91** The partnership is moving in the right direction but it will need more attention if it is going to be really successful.
- **92–140** A partnership based on genuine collaboration has been established. The challenge is to maintain its impetus and build on the current success.
Mental Health Promotion Framework

Determinants of Mental Health
- Social connectedness
  - Supportive relationships and environments
  - Social and physical activities
  - Valued social position
- Freedom from discrimination and violence
  - Physical security
  - Self-determination and control of one's life
- Economic participation
  - Work
  - Education
  - Housing
  - Money

Themes for Action
- Social connectedness
- Freedom from discrimination
- Economic participation

Health promotion action
- Research
- Workforce education and skill development
- Direct service pilots
- Community strengthening
- Organisational development
- Advocacy for legislative and policy reform
- Communication/Social marketing

Population groups
- People who live in rural communities
- Young people
- Older women and men
- Kooris
- New arrivals to Australia

Settings for Action
- SPORT
- RECREATION
- COMMUNITY
- EDUCATION
- WORKPLACE
- THE ARTS
- CULTURE
- ENTERTAINMENT
- HEALTH

Intermediate Outcomes
- Individual
  - Increased mental health literacy
- Community
  - Accessible and appropriate services
  - Safe environments
- Organisational
  - Healthy policies and programs
  - Partnerships in mental health promotion

Reduced stress, anxiety, depression

Long-term Benefits
- Improved physical health
- Improved productivity at work, at home, at school
- Improved quality of life
- Improved life expectancy