



# Lower Hume Primary Care Partnership

*'Tough Times, Tough People'*

**2003 - 2004**

*Integrating Health Promotion in Lower Hume*

## Project Goal

To increase the social capital and resilience levels of communities in Lower Hume by June 2004, through an integrated approach to health promotion.

## Background Information

### What is Tough Times, Tough People?

Tough Times, Tough People is an innovative health promotion project supported by the Lower Hume Primary Care Partnership. The project aims to strengthen the links between local health and community service agencies, achieving better health outcomes for the community and more effective use of health resources.

The project will enhance the opportunities for agencies and the community to work together towards a unified approach to health and wellbeing, including collaborative planning, implementation and evaluation of health strategies in the Shires of Mitchell and Murrindindi.

### What is the basis for Tough Times, Tough People?

Evidence coming out of Lower Hume Health and Community Service agencies (Lower Hume PCP), indicates that recent events such as drought, bushfires, SARS and uncertainty around hostilities in Iraq are having an effect on people's emotional health and wellbeing.

Combined with existing demands on families and individuals, including pressures such as relationship breakdown, financial problems and access to employment, these issues are overpowering some individuals and communities ability to bounce back from adversity.

Research has demonstrated that resilient communities deal more effectively with emotionally demanding times. The Tough Time, Tough People project will develop a framework by which local health agencies and the community can grow resilience in the local population, equipping them to deal more effectively with future stressful events.

### What is the underpinning premise?

The Tough Times, Tough People project is based on the Social Model of Health. This model recognises the importance of identifying social, economic and environmental factors that impact on a community when developing strategies to improve their health and wellbeing.

The project will incorporate principals identified in the Ottawa Charter of Health Promotion, such as:

- Building public health policy through community consensus
- Creating supportive environments for individuals and communities
- Encouraging community resilience through personal skill development
- Strengthening community action through the empowerment of communities in health policy formation
- Widening the focus of resource allocation to support agency and community development



## Key Stakeholders

Lower Hume Primary Care Partnership Member Agencies:

- Alexandra and District Hospital
- Berry Street Services
- Central Highlands Division of General Practice
- Goulburn Valley Family Care
- Goulburn Valley Health
- The Kilmore and District Hospital
- Mental Illness Fellowship
- Mitchell Community Health Services
- Mitchell Shire Council
- Murrindindi Community Health Services
- Murrindindi Shire Council
- North East Division of General Practice
- Seymour District Memorial Hospital
- Women's Health Goulburn North East
- Yea and District Memorial Hospital

## Target Audience

- Non LHPCP health agencies in Lower Hume
- Schools – primary and secondary
- Neighbourhood houses
- Social Clubs – RSL, Probus, CWA
- Service Clubs – Rotary, Lions, Apex, U3A
- Community Organisations – Landcare, Red Cross
- Family Services – Playgroups, mother's groups, child care services, family day care
- Senior Citizens
- Local businesses
- Local media – print, radio, TV
- Places of worship
- Police and emergency services

## Rationale

*Going Forward* - Primary Care Partnerships (25 May 2000), states that:

“... providers will work in partnership with their communities to improve health and wellbeing of local populations.”

The Tough Times, Tough People project will promote and encourage such partnerships and provide a framework for an integrated approach to approaching priority health and wellbeing areas in Lower Hume.

Resilience is defined as the capacity to bounce back after adversity. Resilience is not a static trait, but changes over time in accordance to circumstances and life stages (National Mental Health Strategy). Community protective factors such as connectedness, increased support networks, participation in community organisations, strong cultural identity and access to support services contribute to resilience by moderating stress levels. These factors can reduce the exposure or the effect of risk factors (National Mental Health Strategy). According to the strategy most protective factors come from the community rather than through formal health services providers. In particular factors such as strong personal support



networks, ability to access support, levels of trust, mutual responsibility and effective collaboration leads to increased levels of social capital or resilience - protecting against negative impacts of social and environmental stressors (Health Education Authority, 1998).

According to the National Mental Health Strategy, "social capital is central to the maintenance of mental health in rural communities." In Lower Hume the community's social capital has been eroded by drought and bushfire. Walker (as cited in the National Mental Health Strategy) concludes, "drought alone has been found to lead to anxiety, depression, family breakdown, grief and anger."

Young people are of particular concern in rural communities, with a general lack of employment and educational opportunities increasing the potential for substance misuse, feelings of hopelessness, youth suicide rates and isolation. According to the National Mental Health Strategy, it is essential to address problems via community-focussed solutions and involve both health professionals and the community.

The Rural Task Group identified the following six factors that are crucial in programs that address a community's mental wellbeing needs:

- Local ownership
- Collaborative work between funding bodies and community
- Communication in a language understandable by the community
- Goals developed through community consultation
- Support that enhances the community's own sense of control
- Strategies / Programs that reducing inequalities in the community
- Cost effective outcomes

In addition they recognised that resilient communities have the following characteristics:

- Knowledge
- Community skill
- Volunteerism
- Networks
- Existing Partnerships
- Community leadership
- Local solutions
- The capacity to solve problems
- Trust



## Initial Research Findings

The following issues were raised by health and community service agencies in Lower Hume during informal consultation by LHPCP Health Promotion workers:

- Whatever is happening in response to mental health issues is not enough
- Reaching isolated individuals in the Lower Hume community is an issue
- There needs to be increased support for informal community networks
- There needs to be less of a reactive response to crisis issues and a more of a proactive and consistent response to the everyday stresses of relationship difficulties, financial worries etc.
- Men bear a lot of burdens
- Stress is part of being normal
- There is a need for new people to be integrated into communities
- Neighbourhood houses need support (advocacy and skill development) in processes
- A need to define what is healthy and unhealthy resilience
- There are lots of opportunities for integration to occur but there is no supporting framework to encourage it
- There are many programs that can offer a lot to the community but more integration needed
- Agencies are reactive to crisis
- Young people express a lack of trust for health services and staff – confidentiality, etc
- Breakdown of families – prevention is needed
- Connections between older and younger generations – skills to pass on
- Centrelink is a problem – speak down and confuse clients
- There is a need for community self-empowerment
- Community input is needed – maybe through focus groups



## The Current Environment

In 2001 the Lower Hume Health and Community Services Forum (Lower Hume PCP) identified mental health and wellbeing as the key health promotion priority for Lower Hume. Many agencies currently run health mental health promotion programs as part of their usual work. These programs currently include, but are not limited to:

- You Can Do It – Schools
- BRIDGE
- Parenting programs run through Goulburn Valley Family Care and schools
- Men's Groups – Parenting, anger, etc
- Neighbourhood Renewal Program
- Seasons – Loss and Grief primary
- Boys Talk
- Mind Matters
- V-cal (VCE alternative)
- Drought Recovery
- Women Weathering Change
- Community Cathedral Youth Arts
- FREEZA
- Wellbeing Program
- Girls Group
- LAMP
- PITSTOP
- Crisis point counselling
- Therapeutic activities groups
- Drop in Centres
- Support Groups

The Tough Times, Tough People project staff will work with agencies to enhance existing programs and identify and develop new programs relevant to the agencies target group/s. They will also assist agencies to work together on joint projects in order to gain the benefit of various organisation's skills and resources.



# Tough Times, Tough People Project

## Goal

To increase the social capital and resilience levels of communities in Lower Hume, through an integrated approach to health promotion.

## Proposed Objectives and Strategies

### Objective 1

To increase the degree to which agencies support community groups with funding, education and information to aid their communities mental health.

#### Strategies

- Consult with community groups every six months to identify areas of support that are needed.
- Initially advocate for community groups to work in partnership with health agencies, both local and state.
- In conjunction with agencies, run information sessions for community groups to help them deal with various social issues.
- Host a community conference to improve skills of stakeholders in collaborative approaches in dealing with community health and wellbeing issues.
- Community action projects.

### Objective 2

To increase the degree to which integrated mental health promotion exists between health agencies in the Lower Hume region.

#### Strategies

- Support and link existing mental health promotion programs.
- Connect and work collaboratively with Mitchell and Murrindindi Drought Relief Committees.
- Engage the support of all health promotion programs in Lower Hume under the TTTP banner, as a basis for ongoing integrated health promotion.
- Work with the Integrated Health Promotion Working Group to produce a newsletter promoting the range of mental health projects across Lower Hume.
- Community Action Projects (CAP).



### **Objective 3**

To increase community engagement by young people, by linking individuals, community, business, and health service providers.

#### Strategies

- Engage all partners in making health services more accessible to young people.
- To engage with agencies to increase the personal skill development of young people in recognising mental health issues.
- Linking community organisations and agencies in collaborative activities between adolescents and older people.
- Development of a youth council in Lower Hume.
- Support activities of agencies that promote partnerships between different community sectors such as V-Cal.
- Link in with the Community art project.
- Community Action Projects.

### **Objective 4**

To increase the degree to which agencies are supported in reaching and increasing participation of isolated individuals within their communities.

#### Strategies

- LHPCP website development
- Work with agencies to further develop consumer and resident kits to include information about health and wellbeing.
- Engage with agencies to run a Say G'day day across Lower Hume
- Community Conference
- Community Action Projects

### **Objective 5**

By working collaboratively between agencies in Lower Hume strengthen community support of families and increase the personal and relationship skills that promote resilience.

#### Strategies

- Work with agencies to deliver relevant programs and activities such as the Family Life Program and school fun days



## TOUGH TIMES, TOUGH PEOPLE EVALUATION

Goal / Strategy	Outcome (evaluates the goal)	Impact (evaluates the objectives)	Process (evaluates the program delivery)
<p><b>Goal</b> To increase the social capital and resilience levels of communities in Lower Hume by June 2004, through an integrated approach to health promotion.</p>	<ul style="list-style-type: none"> <li>▪ In conjunction with health and community agencies assess the overall level of resilience in Lower Hume communities using a tool based on Community Resilience Manual. (pre and post)</li> <li>▪ Assess the overall level of social capital of Lower Hume using indicators of trust, mutual responsibility, and effective collaboration between partners in communities. (Pre and post)</li> <li>▪ Undertake regular assessments to access change in resilience factors</li> <li>▪ Develop a community portrait of Lower Hume resilience levels at completion of project.</li> </ul>		<p>Process evaluation will occur for each strategy undertaken in the Tough Times, Tough People project and will include a mix of the following methods:</p> <ul style="list-style-type: none"> <li>▪ Questionnaires at strategy activities where appropriate</li> <li>▪ Participant observation methods</li> <li>▪ Diary entries by staff where appropriate</li> <li>▪ Copies of minutes of meetings attended</li> <li>▪ Self evaluations</li> </ul>
<p><b>Objective 1</b> To increase the degree to which community groups are supported with funding, education and information to aid their community's mental health.</p>		<ul style="list-style-type: none"> <li>▪ Cluster meeting with Neighbourhood Houses</li> <li>▪ Questionnaire to community groups</li> <li>▪ School focus groups – Pre and Post</li> </ul>	
<p><b>Objective 2</b> To increase the degree to which integrated mental health promotion exists between health agencies in the Lower Hume region.</p>		<ul style="list-style-type: none"> <li>▪ Service providers consultation</li> <li>▪ Number of programs that are incorporating more than one agency</li> <li>▪ Acceptance of the 'TTTP' umbrella from member agencies</li> </ul>	
<p><b>Objective 3</b> To increase community engagement by young people, by linking individuals, community, business, and health service providers.</p>		<ul style="list-style-type: none"> <li>▪ Survey High School students</li> <li>▪ Maintain contact with the established students councils</li> </ul>	



<p><b>Objective 4</b> To increase the degree to which isolated individuals interact with their communities and seek support.</p>		<ul style="list-style-type: none"> <li>▪ Number of hits on the website</li> <li>▪ Engage with Real Estate agents to disperse and keep track of kits sent to new residents</li> <li>▪ Number of enquiries about kits to; council, PCP, Real Estates, Stores, Post Offices, etc</li> <li>▪ Consultation with service providers and community groups</li> </ul>	
<p><b>Objective 5</b> To strengthen community support of families and increase the personal and relationship skills that promotes resilience.</p>		<ul style="list-style-type: none"> <li>▪ Questionnaires at strategy activities where appropriate.</li> <li>▪ Participant observation methods</li> <li>▪ Diary entries by staff where appropriate</li> <li>▪ Copies of minutes of meetings attended</li> <li>▪ Self evaluations</li> </ul>	

### Sustainability

*Tough Times, Tough People* has the potential to be adopted by the LHPCP Integrated Health Promotion Working Group as the framework by which the process of Integrated Health Promotion can be maintained beyond 2003/2004.

At the completion of the project the degree of sustainability will be measured using the following criteria\*:

- Inclusivity
- Connectivity
- Equity
- Security
- Resilience
- Vitality
- Capacity building
- Amenability to change

(Source: Sustainable Communities Network)

