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TASMANIA

# Assessing community readiness for a rural mental health promotion program in rural Tasmania

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## Context: Rural Mental Health Promotion programs and Community Readiness

- ▶ Efficacy and impacts of mental health problems are compounded by a range of factors including isolation, lack of services and the **social constructs** within rural communities.
- ▶ Barriers to accessing mental health services in regional and rural areas
  - Long travel distance
  - Lack of transportation
  - Structural factors (e.g. time, finances. communication infrastructure)
  - Stigma
- Broader social and cultural factors that influence the level of readiness within a community to engage with a service or program intervention

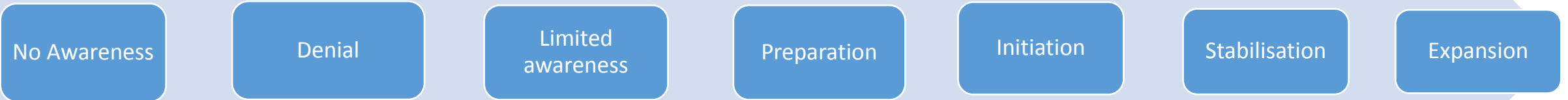
# Community Readiness

Community readiness is the degree to which a community is ready to take action on an issue.

Why have an interest in community readiness?

- Valuable planning resource as provides information on a community's capacity for change around a specific issue.
- It helps service providers and policy makers prioritise locality and population groups to ensure maximum uptake.
- It allows programs or services to align with what the community is willing to accept and support.
- There is little evidence on the specific intervention strategies needed to increase community readiness.
- Processes involved in measuring community readiness enhance community ownership of an intervention.

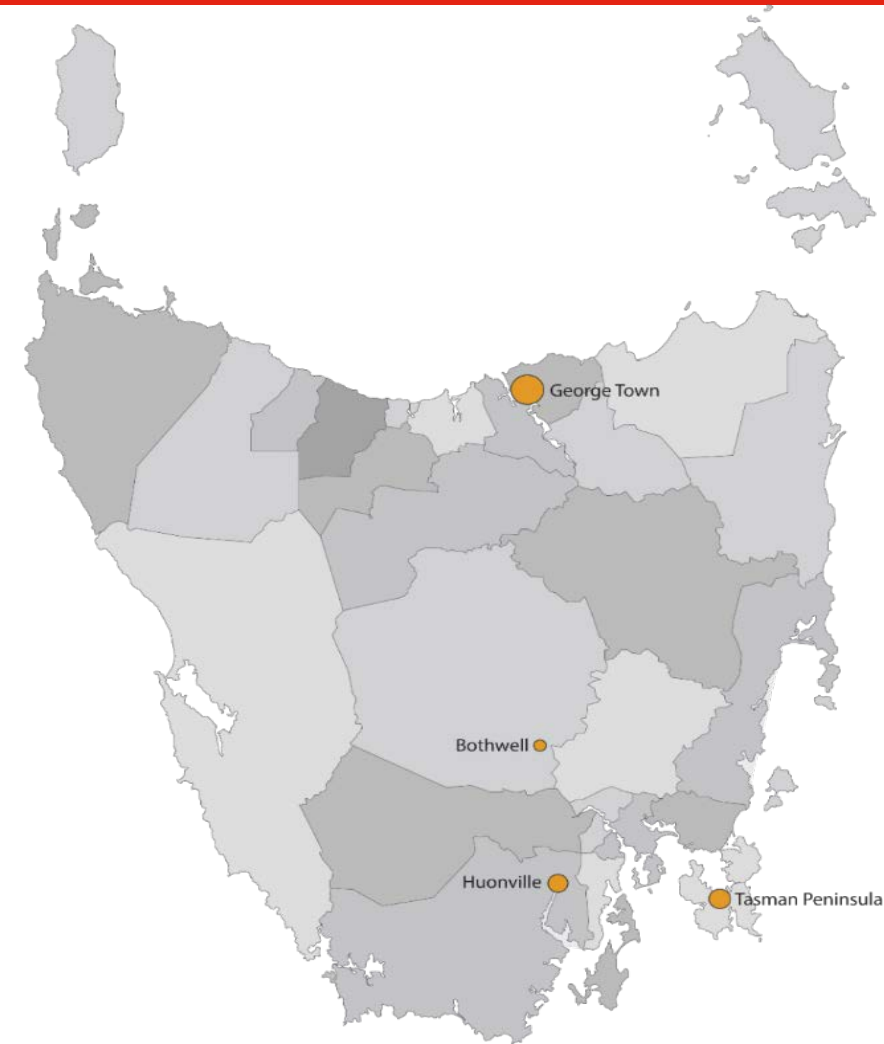
## Community Readiness - Stages



Edwards, R. et al. Tri-Ethnic Centre for Prevention Research, Colorado State University.

## Project aims and target communities

- ▶ To evaluate the delivery of a community based rural mental health promotion program aimed at establishing local wellbeing and suicide prevention strategies in rural Tasmanian communities through enhancing community protective factors.
- George Town, population 4,347 (median age 43 y)
- Bothwell, population 485 (median age 46 y)
- Huonville, population 2,714 (median age 43 y)
- Tasman Peninsula, population 2372 (median age 55 y)
- The scope sought to inform:
  - How to approach and assess community readiness;
  - How to engage and recruit communities into the program and maximize momentum;
  - Clarity around the role of the service and program as it relates to community readiness;
  - Identify success measures.



## Methodology - Quantitative

- ▶ Survey tool - Community Advancing Resilience Toolkit (CART), Quality of Life Assessment Scale (QoL-BREF) and demographic characteristics
- CART- designed to assist individuals and community organisations in systematically assessing key aspects of their community's resilience such as prevention, preparedness, response and recovery from an adverse event.
- Focus on five domains identified as key indicators of Readiness:
  - ▶ Connection and caring ( participation, shared values and support systems)
  - ▶ Resources (natural, human, financial and social)
  - ▶ Services and Support (Community mobilisation and capability)
  - ▶ Transformative potential (collective capacity for change)
  - ▶ Information and communication (relates to satisfaction with information needs and communication processes)
- QoL focused on perceptions of physical health, environmental conditions, psychological functioning and social relationships.
- Demographic data

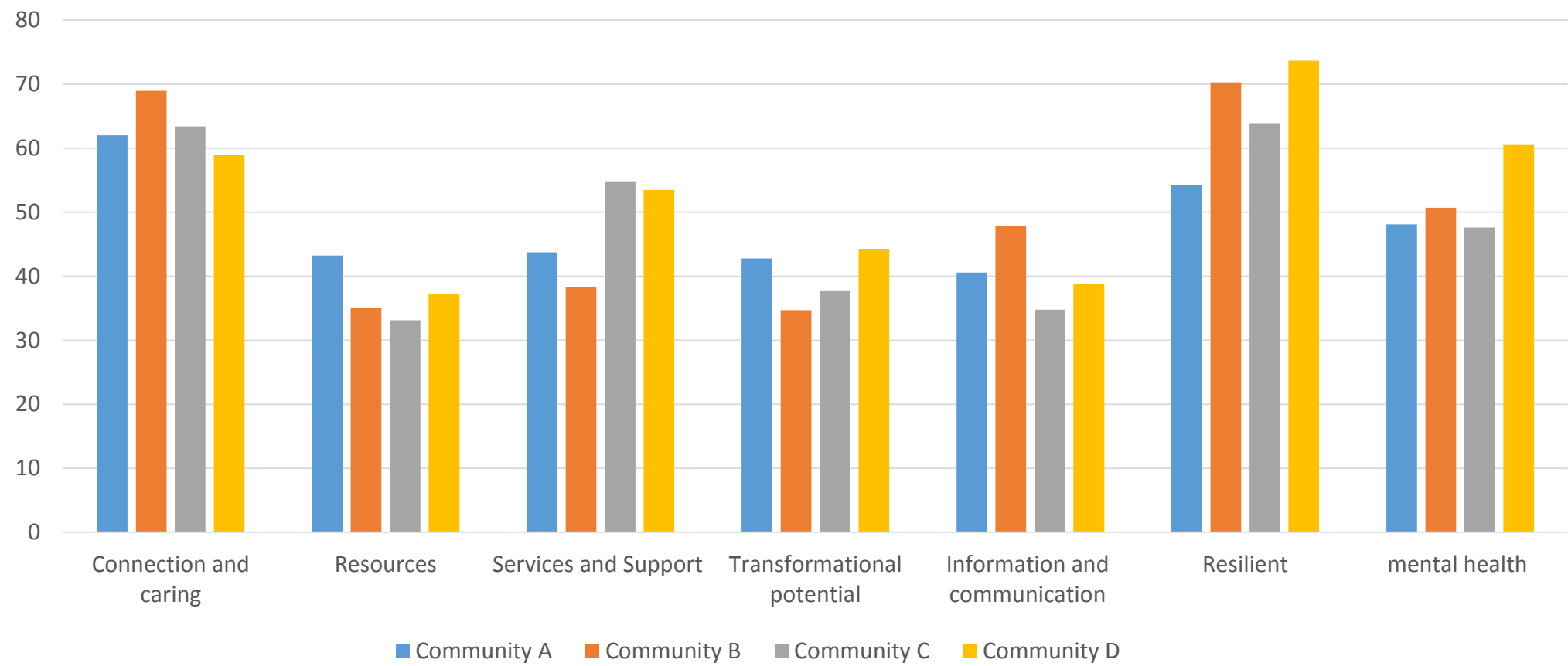
## Quantitative - Approach

- ▶ **N = 268**
- ▶ **Recruitment**
  - Convenient sampling
  - Snowball sampling
  - Social media
- ▶ **Analysis**
  - Statistical analysis conducted using SPSS Statistics Version 24.

- ▶ Qualitative data collection methods were used to complement the quantitative analysis.
  - Development of an interview guide focused on contextual questions relating to the community's knowledge/perception of the program and the readiness of the community to implement the intervention.
  - Identification of potential focus group and interview participants.
  - Recruitment through email or phone calls.
  - Field researchers conducted focus groups in their respective sites. George Town (n = 6), Bothwell (n = 5) and the Tasman Peninsula (n = 5).
  - Data was thematically analysed using Nvivo v10.0 software.



# Findings – Domains of Readiness



## Findings – Quantitative

### Community connectivity and caring

- ▶ No significant difference in connection and caring measures across the four sites.

### Resources

- ▶ *My community has resources it needs to take care of community problems* (for example, money, information, technology, tools, raw materials and services). ( $p=0.01$ )

### Services and support

- ▶ *People in my community are able to get the services they need* ( $p = 0.02$ )

### Transformation potential

- ▶ There were no significant differences across transformational measures with the exception of the following statement; *My community works with organisations and agencies outside the community to get things done*. ( $p=0.01$ ) This was highest in the lower population and more rural sites.

## Findings – Quantitative

### Information and Communication

- ▶ Local sources of information provided through local networks were highly valued and trusted than information generated from outside the community. *I get information/communication through my community to help with my home and work life.* ( $p=0.07$ )

### Resilience

- ▶ There was no association between the study sites and perceived community resilience (after controlling for differences between sites in demographic characteristics).

### Mental Health

- ▶ Approximately one out of two respondents across the four sites stated that mental health issues were either a very or extremely big problem for their community.

## FINDINGS - Qualitative

### **Community connectivity**

- ▶ Low levels of cohesion among local community groups was identified as an issue.

### **Community knowledge of efforts**

- ▶ Levels of awareness of program achievements were much higher amongst established program structures within the community than in the broader community.

### **Community knowledge and importance of issue**

- ▶ Participants in one community believed that their community took a very reactive, as opposed to a proactive, approach to addressing mental health issues in their community. This made it difficult to maintain levels of interest and create a driving force within the community for change.

## FINDINGS - Qualitative

### Services

- ▶ Participants identified a number of barriers for service access including lack of knowledge and awareness of services and conditions of access. Participants also highlighted the lack of coordination and collaboration between services citing a silo mentality as a key barrier.

### Leadership

- ▶ Leadership was discussed in terms of the transformational leadership and the capacity to influence others. Participants identified leadership and community development as two critical skills for the program facilitator and local program committee members.

*"Groups in this town **only work if there's a driver**. And we haven't got a driver. And the driver **doesn't necessarily have to be seen as a community leader** either, **it's just someone that does get stuff out to people.**" (Focus Group participant, community D)*

## Key learnings

- ▶ Indicators of readiness can be a useful measure in determining whether a local program can be effectively implemented and supported by a community.
- ▶ Community readiness helps direct and inform community engagement strategies and where to focus program resources.
- ▶ Strong correlation between specific indicators of community readiness, rurality and community resilience.
- ▶ Community readiness is multidimensional, a community may be at different levels of readiness on different dimensions.





## Key learnings

- ▶ Importance of equipping program planners with the skills, knowledge and resources to undertake activities associated with assessing community readiness for an intervention.
- ▶ The value of assessing readiness in identifying community strengths and adopting strength based approaches in the design of mental health interventions.





# Thank You