Making a difference to farmers' lives

Rapid Review: Agriculture-dependent Community Resilience

A report from the National Centre for Farmer Health (NCFH), Hamilton summarising approach and findings to date of the Rapid Review: Agriculture-dependent Community Resilience.

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Rapid Review: Agriculture-dependent Community Resilience

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EXECUTIVE SUMMARY

Resilience is broadly defined as the ability to respond to change and restore, maintain or improve community wellbeing ability. Personal and community resilience are influenced by many factors applicable to farmers and the networks in which they operate.

This rapid review commences with an outline of the project scope and review process (summarised in Figure 1)—focusing predominantly on the Australian research literature (with relevant international examples) and specifically targeting unpublished initiatives conducted in Victoria through engagement with community-based stakeholders. The inclusion of peer-reviewed literature, grey literature and stakeholder interviews provides a comprehensive picture of agriculture-dependent community resilience within the limited time and resources of a rapid review.

A range of resilience research and initiatives were identified (with increasing specificity) from international, Australian and Victorian sources. Following an initial screening of over 12,000 peer-review literature references, 178 (Australian – 83, international – 95) were included for detailed consideration. Following the incorporation of stakeholder interview data, approximately 50 Victorian community resilience-building projects from the past ten years were reviewed. These projects have been categorised into 14 discrete approaches to resilience building, and reflect the diverse range of work that has been conducted state-wide. Project data has been mapped geographically, as well as via target populations and focus areas.

Many different examples of community resilience building initiatives have been identified through this review. These vary in their approach, capacity, reflexivity, adaptability, and longevity—and range from state-wide partnership building activities developed under the Victorian Government's Safer Together framework, through to the efforts of individual farmers drawing on their lived experience to promote mental health awareness, and encourage prevention of mental ill health.

Community resilience building is embedded in culture, social relationships and engagement at every level and in a myriad of ways. A range of tools and

methods used to engage communities in building resilience are presented as infographs and case studies. Less obvious, and perhaps most critical, are the approaches that underpin these tools and methods, including models that are initiated through place-based and co-designed approaches, and ways of working that capitalise on established and trusted community networks. These are discussed in detail with examples and references to demonstrate those that are most effective.

In addition to highlighting effective approaches to building community resilience, this review identifies a range of barriers and existing gaps in the data. Challenges include engaging 'hard to reach' populations to ensure initiatives assist those who are most vulnerable; working within funding models that are not fit for purpose; difficulties associated with workforce limitations, resourcing and ineffective coordination; and ongoing poor internet connectivity.

A range of data has not been included in this review—whether due to time, availability of evidence, or simply that resilience building efforts have yet to be conducted. There is limited evidence of resilience building activities for marginalised groups (e.g. culturally and linguistically diverse, LGBTIQ+, veterans), all of whom make up an important part of the population in agriculture-dependent communities. A dearth of well-evaluated interventions has also limited the findings from this review.

Community resilience building is most successful when it is tailored to, and meaningful for, the target population. Drawing on peer-review literature, grey literature and project evaluation data, 12 recommendations are proposed as incorporating the best possible design elements and approaches for resilience building in agriculture-dependent communities. These include a focus on prevention; high quality co-ordination; sustainability (through funding, governance and appropriate resourcing); place-based approaches tailored to the needs of target populations; effective engagement strategies; enabling pathways and opportunities for support; prioritising evaluation; peer-to-peer models of support/engagement; adaptive delivery models; good governance; and, purposeful resource development.

Linking back to the project scope, this review concludes by addressing the '*how*' and '*when*' to build prevention-focused resilience capacity. A practical framework is proposed to support agriculture-dependent communities, agencies and organisations to enact a planned and targeted resilience-building program. This framework is designed to facilitate a process where communities assess their capacity to respond, monitor, anticipate and learn, in order to initiate strategic and informed resilience-building action.

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LIST OF ABBREVIATIONS

HLAs	Health and Lifestyle Assessment
Farmer HAT	Farmer Health Assessment Tool
NCFH	National Centre for Farmer Health
NRM	Natural resource management

PCP	Primary Care Partnership
PPKN	Primary Producers Knowledge Network
SFF™	Sustainable Farming Families™
ROW	Rural outreach workers
VET	Vocational Education and Training

1. INTRODUCTION AND METHOD

Summary: Resilience is broadly defined as the ability to act in the interests of maintaining or improving community well-being. Personal and community resilience is influenced by many factors which are applicable to farmers and the network in which they operate.

This rapid review commences with an outline of the project scope and research process (summarised in Figure 1)—focusing on the Australian literature (with relevant international examples) and specifically targeting initiatives conducted in Victoria through engagement with grassroots stakeholders. A comprehensive list of relevant terms were included in the prevention-focused search strategy. The inclusion of peer-reviewed literature, grey literature and stakeholder interviews provides a comprehensive picture of agriculture-dependent community resilience within the limits of a rapid review.

This review was commissioned by the Victorian Department of Health and Human Services in partnership with Agriculture Victoria, Department of Jobs, Precincts and Regions, and Mental Health and Drugs Branch, to support the Victorian Government's Smarter Safer Farms Strategy. Findings from this report will inform the allocation of funding to programs and initiatives that promote resilience in Victoria's agriculture-dependent rural communities.

PROJECT SCOPE

The scope of this Rapid Review – Agriculture-dependent Community Resilience project was designed to focus on the following key questions:

1. How do we build the resilience of farmers, farming families, farm workers and farming community members in the context of their broader community?
2. How do we utilise community to help build individual resilience?
3. Who are the most effective targets (i.e., groups, families, individuals) when building resilience in agriculture-dependent 'communities'?
4. What are the most effective tools (e.g. education programs, support resources, community events) for influencing this target?

5. What is the most effective timing for delivery of tools supporting resilience—relative to (i) existing levels of resilience or vulnerability, and (ii) seasonal calendars?
6. What evidence is available to inform the practical application of available future funding to build and sustain resilience in agriculture-dependent communities?

A wide range of definitions of community resilience exist—focusing on the ability to respond to change and restore, maintain or improve community wellbeing (1). As community resilience is an expansive concept and may encompass both broad and targeted factors, this review was guided by a health and mental health lens. The review was informed by the definition described by the Community and Regional Resilience Institute (2); 'the capability to anticipate risk, limit impact, and bounce back rapidly through survival, adaptability, evolution, and growth in the face of turbulent change' Resilience factors considered were informed by the literature (1, 3) and included:

- Risk anticipation and preparation (with a view to preventing risks to health/mental health and avoiding the need for crisis support when faced with turbulent change);
- Limiting impact and ability to bounce back rapidly;
- Connections and strong social networks;
- Learning opportunities;
- Positive environments;
- Resources and support services; and
- Sense of purpose and strong leadership.

The factors influencing personal and community resilience, as listed, are also likely to have strong links with farm business resilience. While farm business resilience was acknowledged and at times being strongly entwined with personal resilience, the primary focus of this review remained on the personal resilience of individuals and families in the context their broader community.

For the purposes of this review, agriculture-dependent communities were broadly defined as those comprising members directly - farmers, farm workers,

and farming families, or indirectly - service providers, rural small business operators and other rural community members; all dependent on agriculture for their livelihood.

The review identified and examined recent and current initiatives aiming to build resilience in agriculture-dependent communities with a view to informing the development of practical, applicable and sustainable initiatives in Victoria. It was guided by resilience theory, focusing on developing individuals and systems strengths to allow communities to respond in the face of, and rise above, adversity (4). The review adopted a solution-focused approach—incorporating material that looks beyond identification and description of the problems to what is likely to inform future initiatives and support resilience development. Work conducted in Australia as well as international examples relevant for informing work conducted in the Victorian context were considered—including peer-reviewed literature, grey literature and available unpublished pilot data and evaluation reports conducted over the last 10 years. Seminal work that was older than 10 years was also considered. Given the rapid timeframe for conducting this review, recommendations for further detailed work, which is beyond the scope of this review, have been highlighted.

REFINEMENT OF SCOPE

Through initial exploration of the literature and ongoing discussion with Department of Health and Agriculture Victoria staff, the scope of the review was further refined at the review mid-point, as follows:

- Focus on Australian literature with references to international literature only to identify outstanding examples of community resilience building initiatives;
- Focus on interventions only – what has/has not been successful and why?
- Focus on prevention/preparedness initiatives and why prevention is important.

SEARCH METHOD

The rapid review follows a rigorous academic research process. Figure 1 summarises this process from the inception of a database search to the compilation of recommendations for this report.

A systematic search of the peer-reviewed literature was conducted in: MEDLINE Complete (via Ebsco), Embase (via Embase.com), APA PsycINFO (via Ebsco), Global Health (via Ebsco) and SocINDEX (via Ebsco). The search was constructed in MEDLINE Complete and incorporated the following concepts:

- Rural agricultural stakeholders (farmers, farming families, agricultural-dependent communities),
- Resilience (wellbeing, coping, outlook and resilience health-related outcomes), and
- Interventions (programs, training, partnerships, support initiatives).

Each concept was searched independently and then combined (see Appendix 1 for full search strategy). Prior to being fully translated (including subject headings) into the remaining bibliographic databases (specified above), the search strategy was evaluated using the PRESS checklist and peer reviewed by a Deakin University Health Librarian.

A simplified version of the MEDLINE Complete search strategy was adapted to source grey literature. The grey literature search was run through Google Advanced Search. Screening for grey literature was conducted at the time of the search by one reviewer. Search results from all sources were limited to studies published in English and published between 2010 and 2021.

All bibliographic database search results were collated in EndNote X9 citation software and duplicates were removed. Citations were exported to Covidence for screening workflow aligned to the PRISMA guidelines, where two reviewers independently screened studies at each stage and discrepancies were resolved by a third reviewer.

Search comprehensiveness and literature sourcing was limited by time constraints, language proficiencies (English) and scope of review conducted.

Victorian stakeholders (including agriculture industry groups, health services, community/service groups, local government and other service providers)—known via the networks of the National Centre for Farmer Health, the Department of Health and Agriculture Victoria—were consulted to identify unpublished pilot data and evaluation reports of agriculture-dependent community resilience programs and initiatives. Stakeholders acted as conduits to key sources of relevant unpublished data. A member of the research team liaised directly to access relevant and available information.

THE RAPID REVIEW PROCESS

1. DATABASE SEARCH

The search was constructed in MEDLINE incorporating these concepts:
- rural agricultural stakeholders (farmers, farming families, agricultural-dependent communities),
- resilience (wellbeing, coping, outlook and resilience health-related outcomes) and
- interventions (programs, training, partnerships, support initiatives).

2. SCREENING

Citations (n=12,570) were exported to the review management program, Covidence, for screening.

Three researchers screened the references, refining the data of interest (n=379).

3. STAKEHOLDER REVIEW

Industry groups, health services, community/service groups, local government and other service providers were consulted.

Unpublished project and pilot program data was sought. Evaluation reports were requested to support the literature review of agriculture-dependent community resilience programs and initiatives.

4. GOOGLE ADVANCED SEARCH

A simplified version of the MEDLINE search strategy was adapted for Google.

No new or meaningful results were found.

5. DATA MANAGEMENT

The second screen of peer reviewed literature refined the data of interest to Australia, Victoria, and only those of outstanding international example (n=178).

Stakeholder interviews and project evaluations were compiled for summarizing (n=45).

6. SUMMARY

All data was summarized and catagorized as interventions and/or prevention methods, settings, populations, focus group, funding source and amount, evaluation availability, contacts, outcomes, and recommendations.

7. LITERATURE REVIEW

The review followed a systematic data analysis process to identify community resilience building strategies, techniques, tools and methods.

8. REPORT

Recommendations were made with confidence following the systematic review of peer reviewed and stakeholder literature on community resilience building.
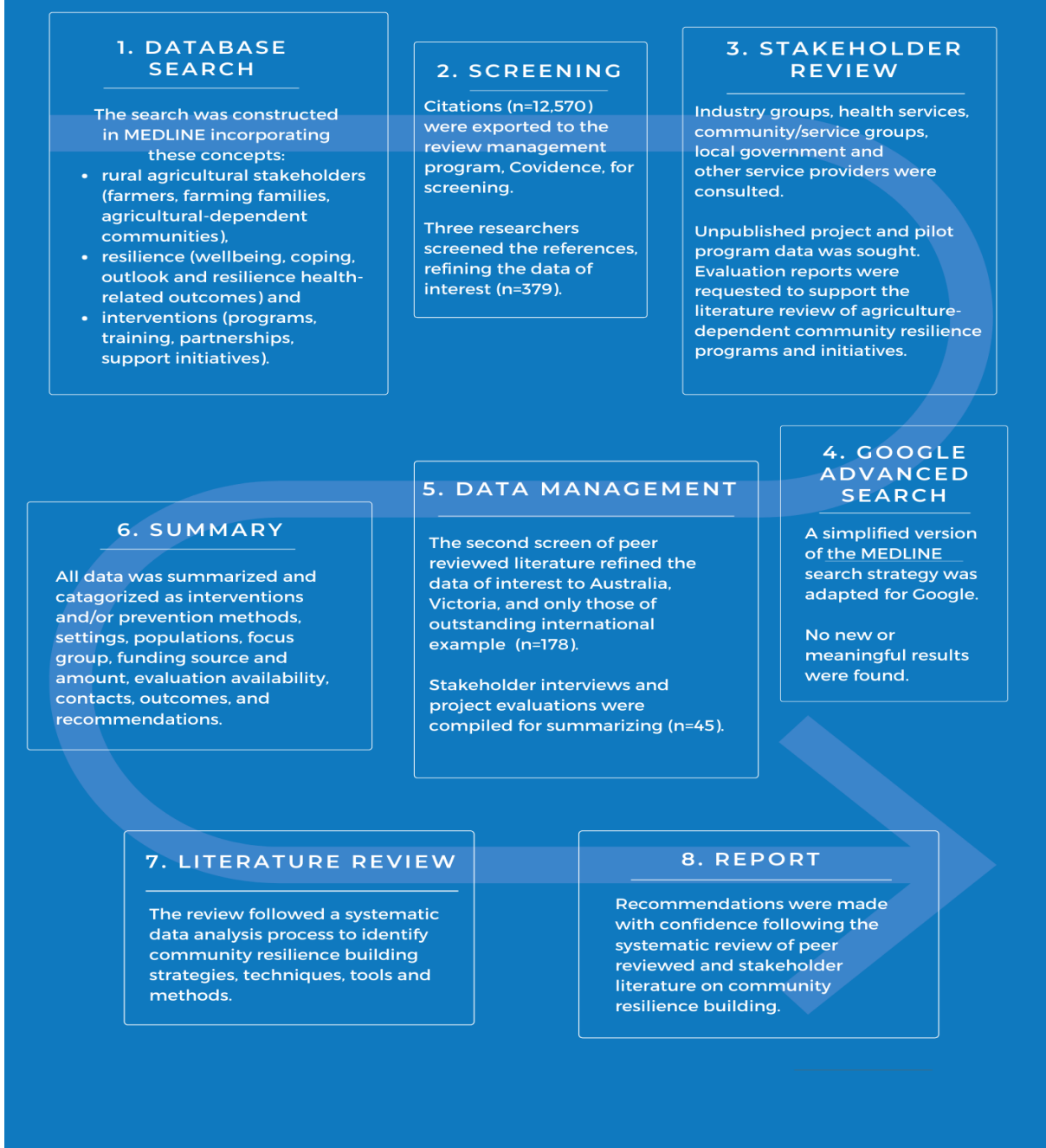
Figure 1: Summary of the research process from database search to recommendations for this report.

2. DATA

Summary: A range of resilience research and initiatives were identified (with increasing specificity) from international, Australian and Victorian sources. Following an initial screening of over 12,000 peer-review literature references, 178 (Australian – 83, international – 95) were included for detailed consideration. Following the incorporation of stakeholder interview data, 50 Victorian community resilience-building projects from the past ten years were reviewed. These projects have been categorised into 14 discrete approaches to resilience building, and reflect the diverse range of work that has been conducted state-wide. Project data has been mapped geographically, as well as via target populations and focus areas.

REFERENCES OF INTEREST – PEER REVIEW LITERATURE

The initial search strategy (outlined in Table 1) identified over 12,570 references of interest. Through scanning of titles and abstracts, these were reduced to 389. On refinement of the scope, further review of the references yielded 178 references to be considered in this review (as outlined in Table 1). The bulk of the 178 references were focused on prevention of, or preparedness, for challenging events (not all were interventions). The remaining references contributed significantly to informing (potentially unmet) needs and recommendations moving forward.

Table 1: Peer-reviewed reference screening

References screened (title and abstract)	References of potential interest identified	References of interest following refinement of scope
12,576	389	Australian: 83 International: 95 **TOTAL:** 178

The breakdown of international and national references of interest and project relevance is shown in Figure 2.

Peer-reviewed findings - A rapid review internationally

- Australia
- USA
- Canada
- Europe
- UK
- India
- NZ & Pacific
- Africa
- China
- Mexico
- South America
- Japan
- Israel
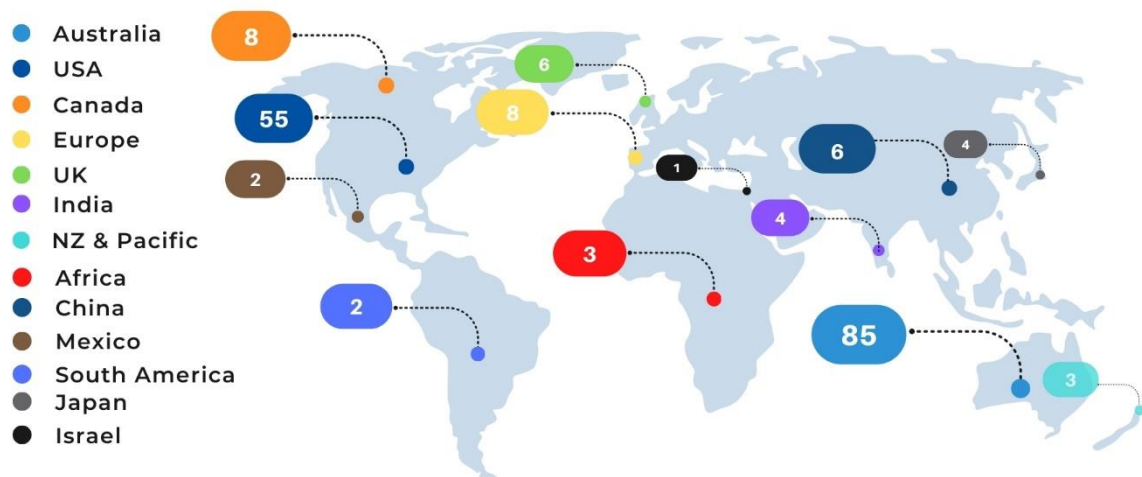
Figure 2: Overview of peer reviewed references of interest, following refinement of scope

Focus was directed to the 83 references relating to agriculture-dependent community resilience in Australia, with international articles only considered if they demonstrated an outstanding contribution to knowledge relevant to the Australian context. Of the Australian articles of interest, 23 had a national focus, with the remainder focused on work conducted within specific states or territories (See Figure 3).

Peer-reviewed findings - A rapid review in Australia

National 23

2 — Western Australia

12 — Queensland

10 — South Australia

21 — New South Wales

13 — Victoria

3 — Tasmania

- ● Victoria
- ● South Australia
- ● New South Wales
- ● Tasmania
- ● Queensland
- ● Western Australia
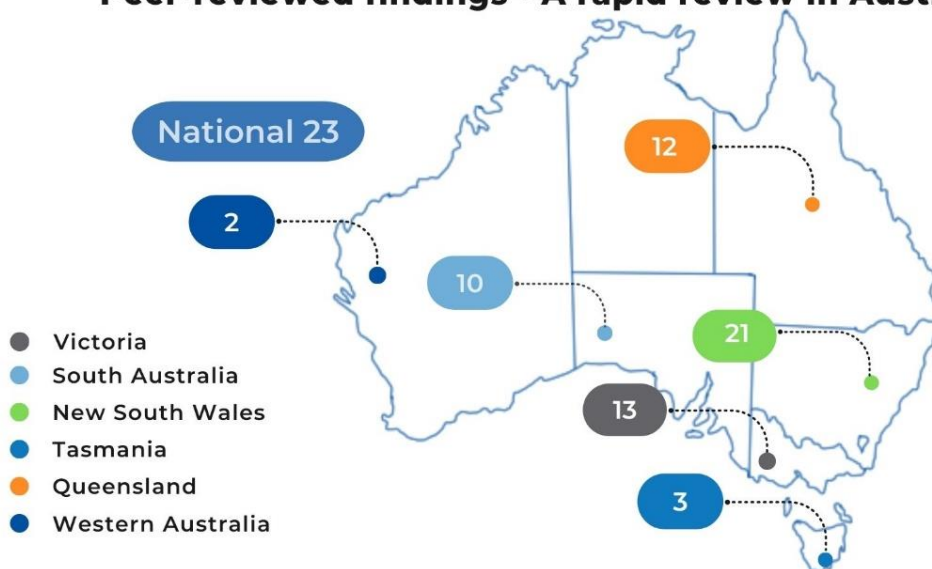
Figure 3: Overview of peer reviewed references of interest nationally, following refinement of scope

INITIATIVES OF INTEREST – VICTORIAN STAKEHOLDER INTERVIEWS

To improve the understanding of Victorian community resilience interventions that are not included in the published literature, interviews with stakeholders were conducted either by phone or email. These interviews were designed to explore intervention aims, design, time frames, funding, target population, details of any evaluation conducted, barriers/enablers, project limitations and recommendations for future resilience building initiatives. The stakeholder interview questionnaire is included as Appendix 2. Forty-seven stakeholders were contacted with the request to provide as much information they had available about interventions or prevention programs that their organisation had conducted. Within the timeframe of the rapid review, 31 responses were received and some organisations, such as the National Centre for Farmer Health, Southern Grampians PCP and Glenelg PCP responded with multiple projects. Given that many stakeholders did not have information at hand about the interventions, multiple episodes of follow up contact was frequently required. Additional non-evaluated sources were identified through

conversations with stakeholders (and subsequent referral to other contacts), bringing the total number of resilience building initiatives reviewed to 45.

The Victorian dataset

Victoria has been successful in delivering many resilience-building projects. There are more than 50 Victorian projects and initiatives included in this review, with some crossing regional boundaries. The compilation of peer-reviewed findings and stakeholder interviews demonstrates the range of work state-wide. For a full summary of these activities refer to Appendix 3.

Stakeholder interview data and program evaluation reports, together with the peer reviewed literature summaries were combined. The origin, program focus areas, and the target populations were extracted for comparison. As the nature of this review is rapid, it can be challenging to quickly and accurately determine the origin of every project or initiative, particularly the peer-reviewed references. For this report, the few project originations that were unclear were sorted based on the authors' location of work, or the described township attributes, demographics and landscape features that were mentioned in the research setting. In some cases interventions began as a grassroots project and have expanded across multiple regions or even state and nation-wide. The following chapter will include these projects that began small and have grown due to their scalable characteristics.

Figure 4 demonstrates the geographic reach of activities and research, noting that 15 responses are state-wide.
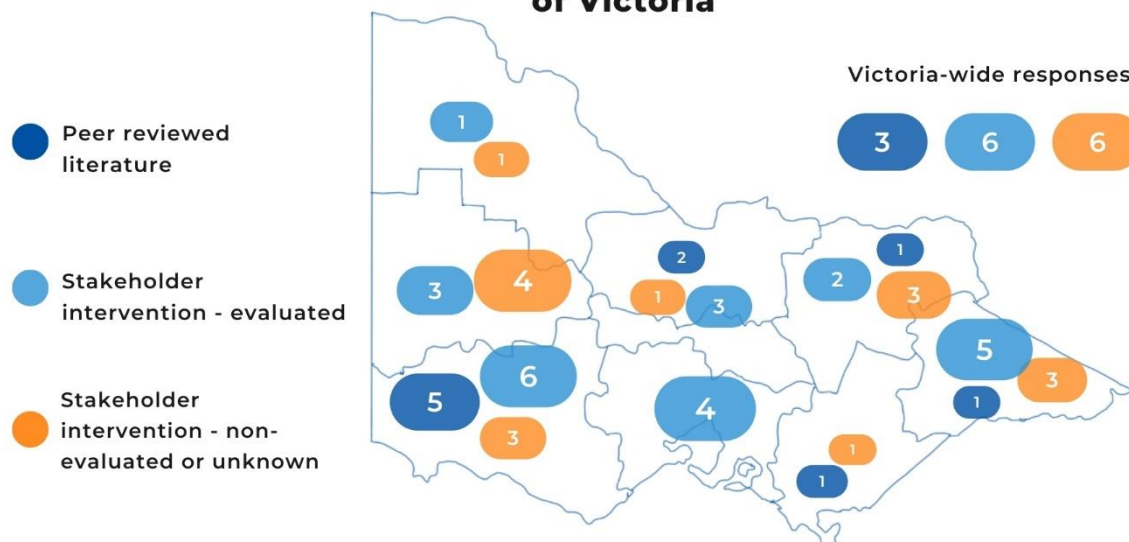
Figure 4: Community resilience interventions by region – from Victorian stakeholder interviews and peer-reviewed and grey literature (Note: some interventions cross multiple regions)

Figure 5 shows that the range of data collected from peer-reviewed literature (n=13), evaluated stakeholder interventions (n=21) and interventions where evaluation was not conducted or remains unknown (n=24). The non-evaluated/unknown projects are the largest contributor to the review dataset and validates the approach of this review in including stakeholder interviews. If restricted to peer-reviewed and grey literature, this data would have been omitted. While not formally evaluated, these projects offer meaningful insight into resilience building responses and recommendations for further work.
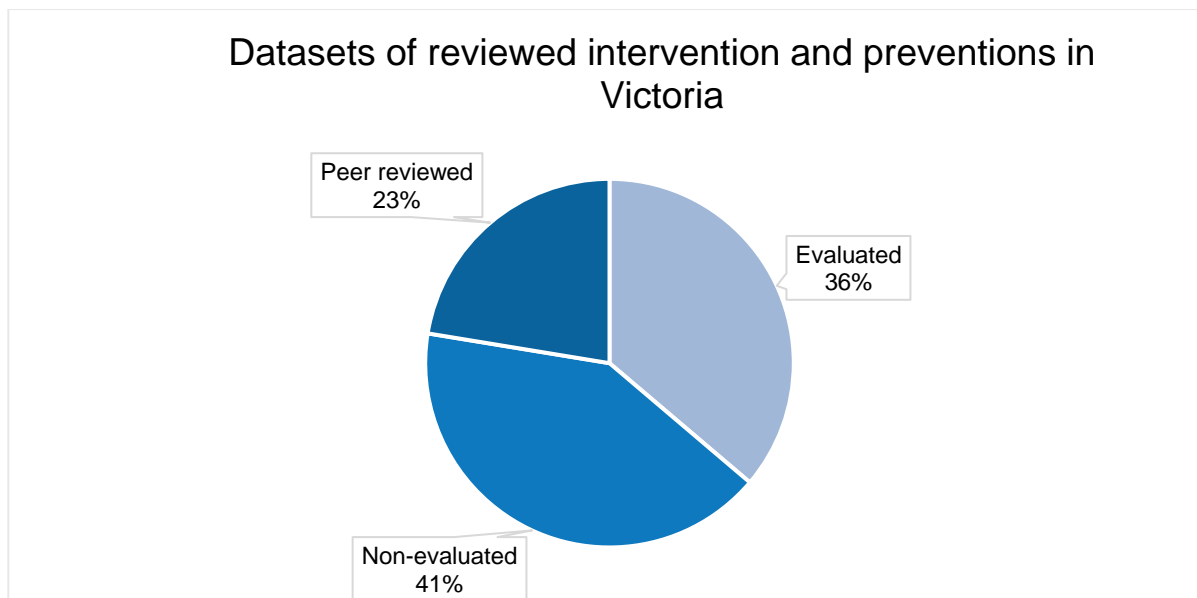
Figure 5: Range of evaluated projects, unknown or non-evaluated projects and peer reviewed references used to review resilience activities in agriculture-dependent communities.

Figure 6 presents the range of community resilience building methods and tools used, with many initiatives often including multiple elements. The icons used in this infographic are carried throughout this report as a rapid reference of how community resilience building is performed.

The most common strategy relied upon to build resilience was the creation and sharing of information (refer to Figure 6). Network creation was the second most common method, reflected by inter-departmental reference groups, or less complex and local person-person connection. Digital media and self-help resources were also common methods for intervention activities. Self-help tools were often digital in nature, highlighting overlaps in responses. Training peers and professionals in mental health first aid was used preventatively, whereas counselling was interpreted as intervention or response after a disaster or an event. In some cases this was also considered preventative for self-harm. Planning and provision of funding was generally a government response. However, both of these tools have been applied at a less complex, grassroots level with very positive resilience building outcomes.

A detailed description of these methods will be discussed in the following section (see Figure 9). How these tools and methods are used in Victoria, nationally, and internationally will also be exemplified using case studies.

INTERVENTIONS:
A SUMMARY OF METHODS AND TOOLS USED TO BUILD RESILIENCE

Method of intervention or prevention	Evaluated	Non-evaluated or unknown	Peer reviewed
Information & fact sheets	7	5	0
Network creation	6	5	0
Training peers	5	1	1
Planning	4	0	0
Self-help resources	4	2	2
Workshops & events	4	3	0
Merchandise or branding	3	2	0
Referral	3	2	0
Links to resources	3	4	0
Counselling	2	2	2
Funding	1	3	0
Invitation to join & subscribe	1	2	0
Art & physical therapy	3	2	3
Digital media	3	7	1

Figure 6: Types of interventions and prevention strategies across peer reviewed articles, stakeholder evaluated and non-evaluated responses to resilience building.

The majority of community resilience building programs and initiatives have a broad focus (refer to Figure 7). The term 'general resilience' refers to programs that are not directly responsive to a specific challenge, but incorporate intervention and prevention strategies that address mental health and community well-being. 'Bushfires' and 'drought', some of which were linked to a focus on climate change, were less commonly identified. They differed to the general resilience focus in that they had targeted locations and targeted groups. The 'other emergency' was a response to a suicide death—prompting a local grassroots initiative. 'Farm safety' captures a youth education program conducted by the National Centre for Farmer Health.

Focus area for intervention and prevention for all Victorian programs
(Some projects have more than one focus area)

- Farm safety 7%
- Other emergency 7%
- Climate change 4%
- Bushfires 11%
- Drought 14%
- General resilience 57%
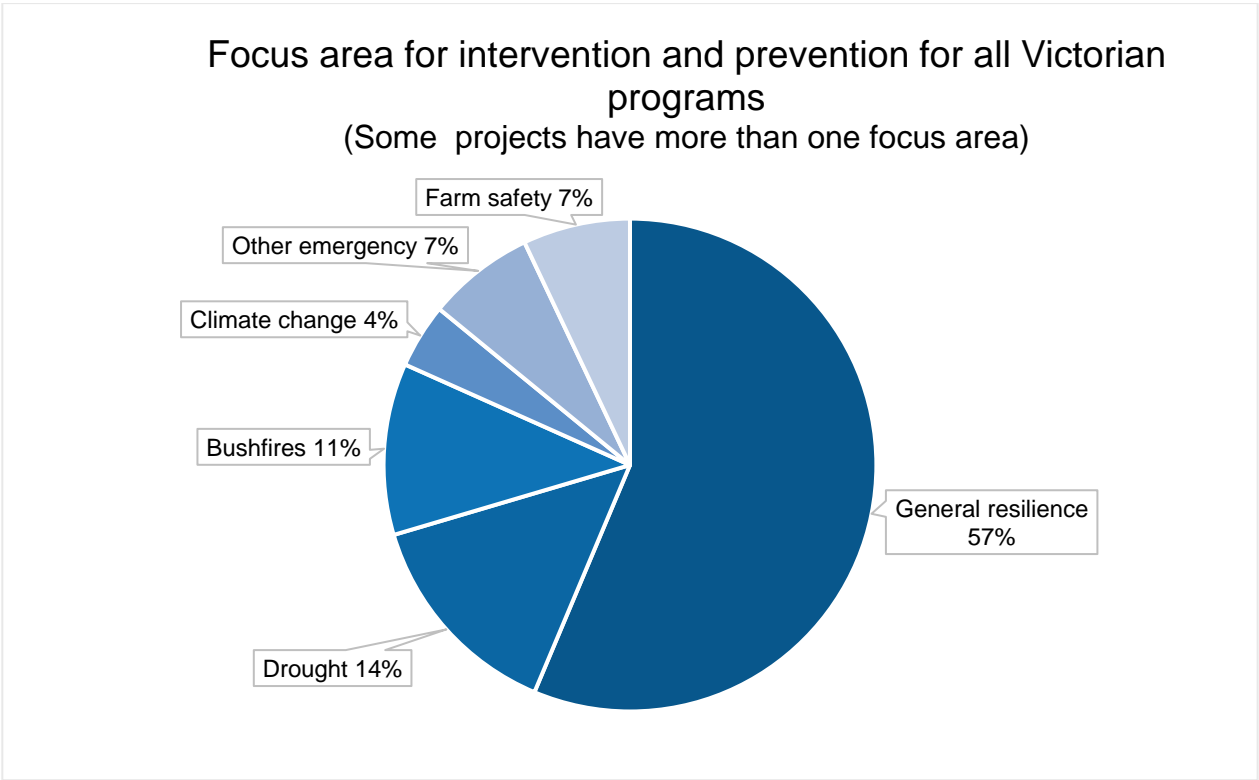
Figure 7: Focus of community resilience interventions – from Victorian stakeholder interviews and peer reviewed sources.

The most prominent focus population for community resilience building is adults (refer to Figure 8). The farming population (including farmers—men and

women—and farming families) was the second most common focus population, as might be expected given the targeted literature search and stakeholder interviews for this report. Individually, adult males were twice as likely to be the focus of resilience building programs when compared to adult females.
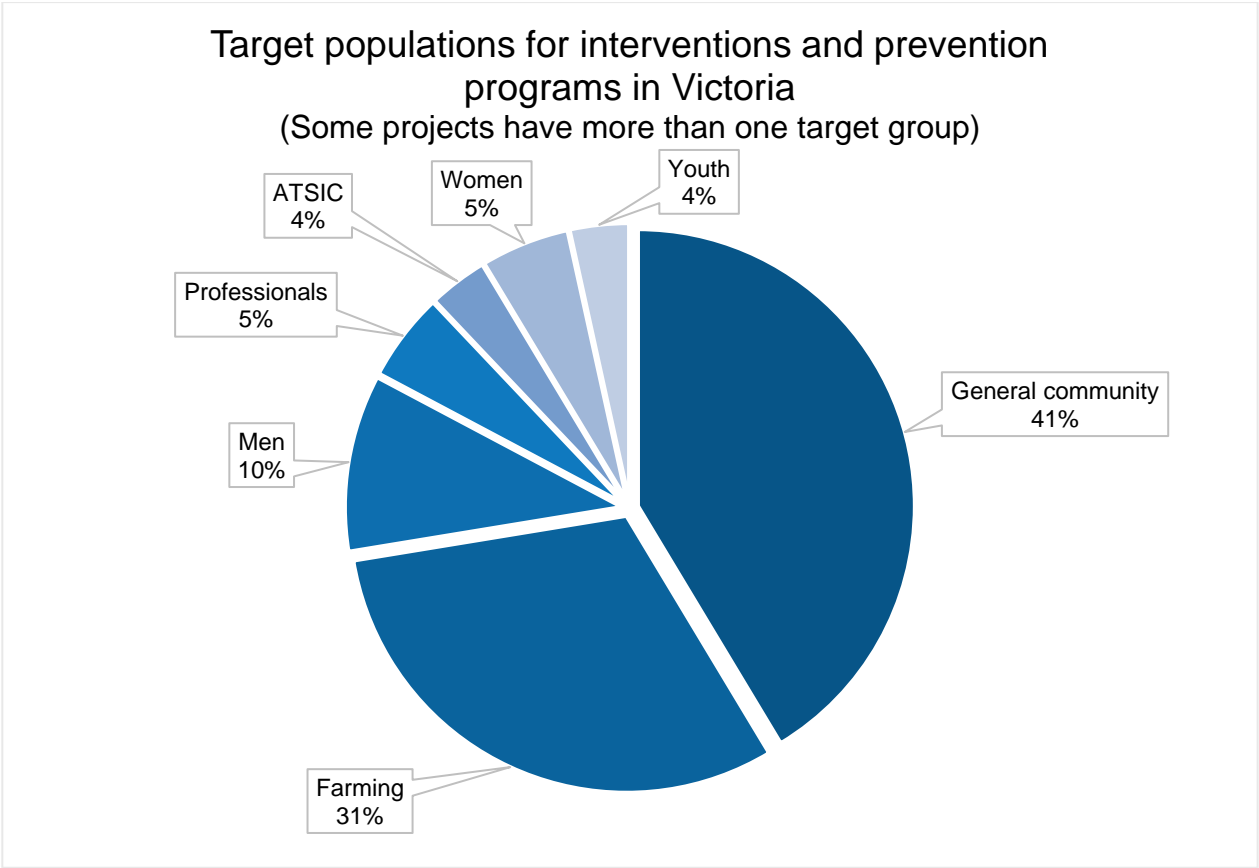
Figure 8: Target population of community resilience interventions – from Victorian stakeholder interviews and peer reviewed literature.

Peer-reviewed data showed that national programs included older people more frequently, and the international peer-reviewed references showed much higher ratios of intervention and prevention strategies specifically targeting children, adolescents, young men, LGBTIQ+, and immigrant farmworker populations.

3. BUILDING COMMUNITY RESILIENCE

Summary: There are many different examples of community resilience building initiatives. These vary in their approach, capacity, reflexivity, adaptability, and longevity—and range from state-wide partnership building activities developed under the Victorian government's Safer Together framework, through to the efforts of an individual farmer to share his personal battle with depression.

Community resilience building is embedded in culture, social relationships and engagement at every level and in a myriad of ways. The range of tools and methods used to engage communities in building resilience are presented as infographs and case studies. Less obvious, and perhaps most critical, are the approaches that underpin these tools and methods for intervention and prevention, including models that are initiated through place-based and co-designed approaches and ways of working that capitalise on established and trusted community networks. These are discussed in detail with examples and references to demonstrate those that are most effective.

METHODS AND TOOLS

The types and the use of interventions found during the review process offers great insights into the resilience building activities across Victoria, Australia, and internationally. In generating recommendations in this report, it was important to demonstrate how intervention types and methods are categorised and defined. Figure 9 shows 14 classifications of intervention methods identified in the literature and stakeholder reviews relative to Victoria.

The background or approach embedded behind the visual tool or engagement method to build community resilience, such as co-design, cultural awareness, inclusivity, and coordination, is also discussed in detail in this section.

INTERVENTIONS:
A DESCRIPTION OF METHODS AND TOOLS USED TO BUILD RESILIENCE

Self-help resources
These are often the precursor to seeing a GP. They require active participation and reflection. They are a proactive approach to receive feedback on health and lifestyle choices and may lead to a life-saving response.

Network Creation
Agency/agency, individual/agency and individual/individual - strengthens the fabric of the community through information sharing and grass roots connection.

Workshops
The format offers scope for both information sharing, information capturing and training. Workshops can be evaluated and repeated. They can be face to face on location or facilitated online.

Merchandise
Items can be used to complement programs and projects and sold to raise funds. Branding is intended for recognition and recall of key messages. PPE is a great non-branded merchandise item.

Funding
Whether it is a few hundred dollars for a small community group to host an art show or buy craft materials, or millions of dollars for broad-reaching plans - funds are necessary to facilitate network building and creation.

Training peers
Peer to peer advocacy builds relationships. Training for those connected with stressed communities offers an effective, but not intrusive, approach (e.g. Mental Health First Aid, LOTFG mental health workshops)

Referral
Referrals may be specific or general. They provide individuals or groups with a plan and pathway to improve health and well-being.

Counselling
Counselling is generally a treatment-based response for individual well-being and it aims to prevent and intervene further harm.

Invitations
Invitations to subscribe to newsletters is common. Invites to workshops, training, consultation and cultural gatherings. Also evident on web platforms.

Links to resources
Links are an effective tool as they allow groups and individuals to rely on an established and accessible network of health promotion information.

Arts & physical therapy
Physical and creative activities can be effective. They may be outdoors, holistic and dual purpose.

Planning
Planning for community resilience building is most common as an agency or inter-government response.

Information
Sharing information is vital for building community resilience. Fact sheets, manuals, flyers, field day sites and websites are common intervention and prevention tools to guide health professionals, agencies and individuals.

Digital media
Digital media can call to action intervention and prevention measures for effective behavior change. ITCs and telehealth are used by health professionals.

Figure 9: Fourteen interventions and prevention methods that are commonly used in resilience building in agriculture-dependent communities.

CO-DESIGN APPROACHES

Increasingly, co-design approaches are being utilised to identify needs and develop resilience-building initiatives. Co-design strategies not only aim to ensure initiatives are relevant to the needs of target populations, but also to ensure authentic and legitimate participatory involvement by these target populations—supporting a sense of ownership and facilitating engagement and sustainability. In this rapid review, co-design approaches have ranged from the involvement of community-based working groups, steering groups or advisory groups (e.g. Farmers' Friend and Sustainable Farm Families™ Program), to examples where co-design has been incorporated more broadly throughout resilience interventions including participation in intervention design, development, engagement and evaluation (e.g. Primary Producer Knowledge Network (5), MH4Ag (6), Equally Well (7). Examples of a range of co-design approaches have been included below.

a) Co-design through working groups

In order to identify local needs and guide strategies for addressing these needs, the establishment of working groups has been demonstrated as a successful co-design strategy. These working groups often comprise a combination of stakeholders, service providers and members of the target community. Given the rural context, members often wear 'multiple hats' (e.g. health professional and farmer) and can provide input from a range of viewpoints. One intervention where the role of the working group was included in the evaluation was the Farmers' Friend project in Gippsland (8). The working group was considered a valuable opportunity to provide feedback and discuss strategies in a respectful environment where sharing of ideas was encouraged. While a wide range of representation was invited from stakeholders in the community, not all were involved and some voices were missed in the group. Balancing the size, and subsequent manageability, of the working group with broad community representation was challenging.

> "...once we brought in too many members, there were too many differing views."

The demands on working group members, particularly during periods of challenge or crisis, often limited their capacity to attend meetings and focus on the tasks at hand. Strong leadership and coordination of working groups was seen as critical for maintaining momentum and effecting change in a timely manner.

> *"Having someone who was responsible for driving all the actions would definitely have enhanced the timeframe in getting things done."*

Ensuring that working groups were responsive to the changing needs of farming communities was also considered important.

> *"The issues we were addressing are not the issues farming are facing now, they are ever changing."*

b) Co-design driving identification of local needs

Effective development of resilience building initiatives is dependent on effective identification of community needs. Hossain and colleague (9) conducted 12 preventative and intervention workshops with rural communities who were under sustained stress resulting from the incursion of the mining and coal seam gas industries in southwest Queensland. Participants were asked about the impact of the mining on their mental health and to identify the gaps in service delivery. This gave participants power to pro-actively advocate for what they perceived they needed, rather than be passive recipients of the health care system.

c) Co-design driving intervention design and development

To inform intervention development, co-design has been used successfully to assist with laying a foundation from which to guide the development of an intervention. For example, co-design workshops with primary producers and stakeholders/service providers were run as part of the Primary Producer Knowledge Network (5). This led to the development of nine key recommendations for developing an intervention to prevent mental health risks for primary producers, as outlined in Table 2.

Table 2: Primary Producers Knowledge Network recommendations to developing an intervention to prevent mental health risks for primary producers.

KEY RECOMMENDATIONS FOR DEVELOPING INTERVENTIONS

1. **Personal connection is essential**
Personal stories, local networks and social connection are important.

2. **Keeping an eye on the goal - prevention of risks to mental health**
Strategies must maintain focus on prevention of risks to mental health.

3. **Language matters**
Language used in the context of interventions needs to avoid stigmatization and stereotypes, and reflect the understandings of primary producers.

4. **One size won't fit all**
Strategies must reflect the target participants ie. the various needs, level of subject expertise, age group, location, digital connectivity, digital literacy etc.

5. **There is limited downtime in farming communities**
Strategies need to be achievable in management steps and incorporated into work routines and practices where possible.

6. **Local matters**
Incorporating local experience and knowledge will support meaningful engagement, be relatable and useful.

7. **Personalization supports engagement**
While unique strategies for individuals may not be possible, individuals need to feel understood and be able to identify responses that are right for them.

8. **Digital methods are increasingly accessible and acceptable**
Strategies should be made available across a range of mediums, including digital connections.

9. **Avoid duplication and maximise reach**
Many local networks and quality resources already exist for agriculture-dependent communities.

An example of a locally owned and led farmer health prevention resource, delivered by the NCFH and funded by the Western Victoria Primary Health Network, was 'Steering Straight – My plan to keep on track'. This was a co-designed self-awareness/preparedness tool created collaboratively with local

community members, researchers and health practitioners. Steering Straight was designed to provide opportunity for farming community members to reflect and identify their own threats and triggers, prepare their individual interventions and identify personal resources when support is required. The tool is currently being evaluated via a pilot testing process to identify whether the resource is appropriate, useful, and provides meaningful prevention strategies when faced with challenging times. Feedback will be gathered through online and phone surveys prior to the resource being updated and disseminated through NCFH farmer and industry networks.

In the Equally Well intervention, the embedded co-design process enabled the project team to anticipate challenges that assisted with finalising the intervention design. Involvement of stakeholders also allowed for the testing of design strategies—considered key for avoiding reputational damage and ensuring sustainable engagement (7).

d) Co-design to encourage engagement

Beyond involvement in the design and development of interventions, co-design has also been used successfully to assist with recruitment and engagement in resilience programs. The Ripple Effect is a notable positive example where a network of peer leaders—referred to as Community Champions—received training about the intervention alongside a tailored communications pack (containing promotional material, media releases, presentation material and suggestions for sharing information about the Ripple Effect) (10). These Community Champions then assisted with project promotion, held awareness raising community events and shared information across their rural community networks.

In response to stress caused from the Hazelwood Mine fire, Lifeline Gippsland engaged in a literature review, which subsequently connected them with an international mental health campaign. This Scottish organisation came on board to support Lifeline in their development and implementation of the LaTrobe Valley's The OpenBook Approach. To strengthen community engagement, Lifeline created a Friends of Lifeline group and incorporated 'R U OK?' into their 'mental health in the workplace' program (Refer to Figure 10).

CASE STUDY: THE OPENBOOK APPROACH

Peer Training

Branding

Information

Workshops

Harold the Alpaca was developed as the mascot to generate conversation

As a deliverable to the Hazelwood Mine Fire Implementation plan, OpenBook is an example of a well-planned response. At the beginning of the project the literature review linked LifeLine to SeeMe Scotland, a mental health initiative that agreed to support the campaign and create international capacity. Another early key partner was In2 Project Management to help OpenBook to deliver data to the businesses they worked with.

The program targeted LaTrobe Valley businesses. It aimed to build the knowledge and the skills of leaders and employees in the workplace in mental health literacy and awareness. Mental health training was delivered, together with supporting data and information, and a local mascot to reduce stigma.

A Friends of Lifeline group was established and R U OK? was incorporated. Over 100 community members took the pledge to check in with a friend for mental health. Community champion videos were uploaded to Facebook and LinkedIn to demonstrate connectivity in the community. In total 410 employees and 258 responses to the evaluation survey showed that management and staff equally experience mental health problems in the workplace, and perhaps too many are experiencing a mental health problem in an environment where there is not enough training.

There was a clear vision, purpose and value that businesses adhered to achieve success through the objectives

Figure 10: Case study – The OpenBook Approach

TAILORED APPROACHES INCLUSIVE OF LOCAL NEEDS AND CULTURE

Complementing the focus on co-design is the value of tailoring interventions to the needs of local agriculture-dependent communities. This includes reflecting an understanding of the culture and community values, an understanding of the at-risk groups within the community, using appropriate language and relatable stories/examples, and incorporating imagery that reflect rural life and work while avoiding reinforcing stereotypes or unsafe practices.

Success using this approach was demonstrated through the Ripple Effect intervention (10-12), where key messaging and imagery for a digital intervention and associated community campaign was tailored to reflect farming life and work. This resulted in strong levels of rural community engagement—both in the intervention and in their involvement in community events and conversations encouraging suicide prevention and stigma reduction. This approach was also demonstrated in South Australia, where a co-design approach was used to develop a tailored evidence-based online training platform to assist farmers to cope with challenges (www.ifarmwell.com.au). Instead of taking farmers off the farm for mental health literacy, the tool brought the training to the farmer (Refer to Figure 11).

CASE STUDY: IFARMWELL

Digital media

Self-help resources

Links to resources

Information sharing

FACT

The ifarmwell platform is designed for use anywhere on the farm – from the house to the tractor.

Research in a South Australian farming community found that isolation, the unique situation of both working and living on a farm, and associated personal beliefs and attitudes, all culminate to act as a barrier to help-seeking. In times of drought and financial distress, farmers are at a particular risk of mental health problems resulting from increased stress and the reduced ability to cope.

Designed by Australian farmers, for Australian farmers, ifarmwell is an interactive online tool designed to help producers cope effectively with difficult circumstances, thoughts, feelings and challenges – especially things that are hard to control. Farmers complete 5 x 30 minute modules, with crisis support and additional tip sheets provided on the platform. Additional explanations and resources are provided for health professionals and for those in the farmer's wider support network. Text message reminders are embedded in the program to help to keep farmers on track, and the service is confidential.

Examples and key concepts in the program are tailored to the farming environment and framed in a typical farming context. A formal evaluation of ifarmwell is in progress by the University of South Australia.

Figure 11: Case study - ifarmwell

Knowledge of, and working with, the values and culture of communities has demonstrated positive resilience outcomes. Clark and colleagues (13) describe a program of early intervention strategies for Aboriginal families in a small rural town south-east of Perth with young children at risk of disadvantage. Interviews with residents and stakeholders identified a number of factors which supported the success of this program. These included tapping into the widespread trust, connectedness and positive relationships that already existed in the community; using effective channels of communications; and, responding to local needs and challenges. Rigby and colleagues (14) agreed with the need to work with traditional cultures and values based on their findings that well-being is capturing the spirit of Aboriginal knowledge and traditions. Evidence suggests that NRM programs benefit farmer wellbeing and health (15). The pathways by which NRM influences these determinants reflect a knowledge of changing land conditions, farmer skills, and local knowledge.

Building initiatives from the ground up in local communities is not always efficient, resource-effective or possible—requiring new ways of thinking and operating. A collaborative initiative between the Royal Flying Doctors Service and Gippsland Primary Health Network sought to improve access to mental health services in the region (16). The approach balanced the need to provide access to mental health services with the challenges of accessing services in smaller towns and rural communities where lack of anonymity can deter people from seeking help. The visiting service—called Flying Doctor Wellbeing—was delivered through the bush nursing services. This provided access to 'anonymous' support within a locally established and trusted service. The evaluation showed that participants appreciated the accessible location, and felt comfortable discussing their mental health needs through this locally integrated initiative.

Led by Victoria's Primary Health Networks, a notable large-scale example of a place-based approach addressing local needs has been the place-based suicide prevention trials. These trials are being implemented across twelve Victorian locations and are informed by the Lifespan model as shown in Figure 12 —a comprehensive systems approach to suicide prevention comprising nine evidence-informed strategies, complemented by community-led implementation and service

delivery (17). Evidence-informed strategies with a noted prevention focus include:

- Promoting help-seeking, mental health and resilience in schools;
- Encouraging safe and purposeful media reporting;
- Engaging the community and providing opportunities to be part of the change;
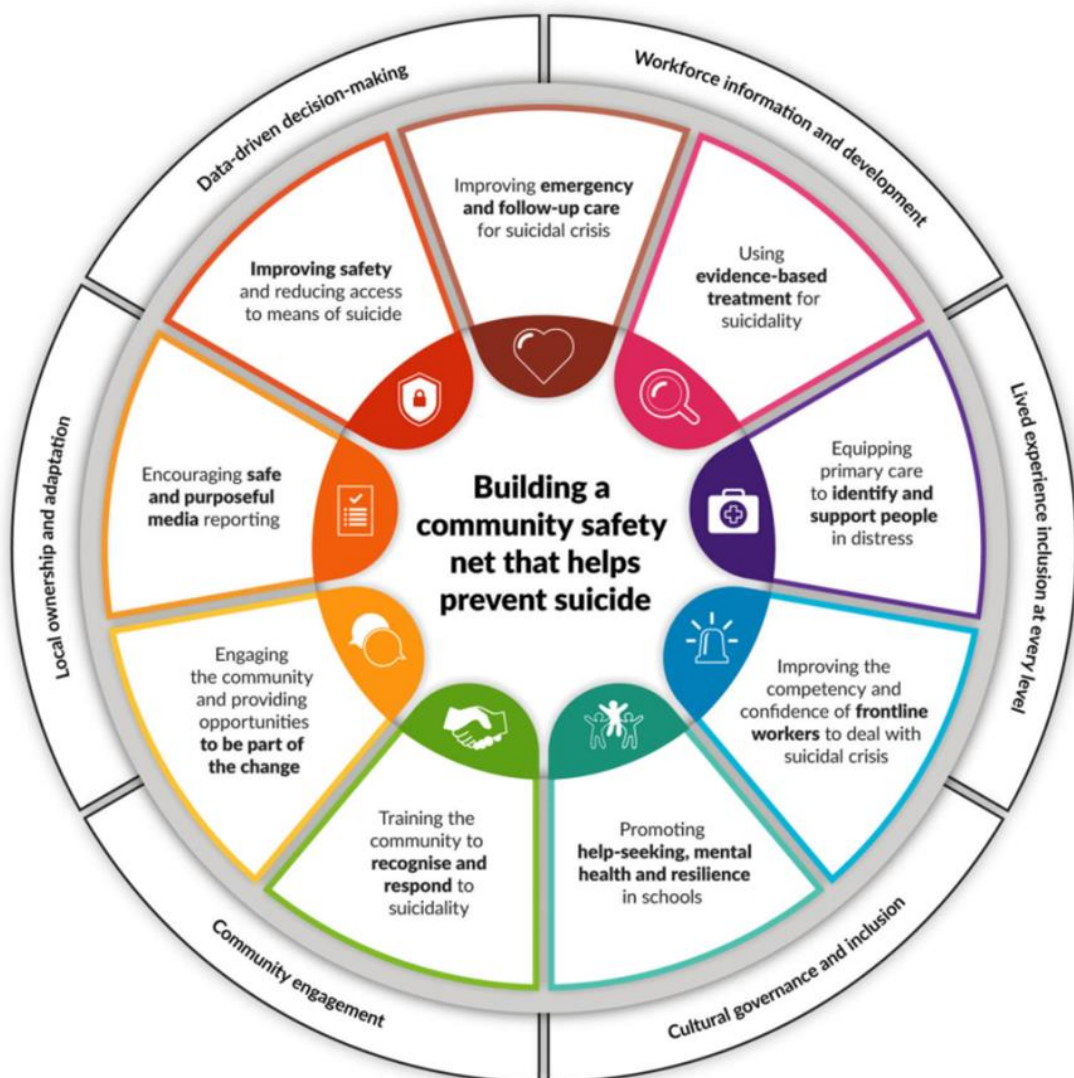- Improving safety and reducing access to means of suicide.

Figure 12: Lifespan model of suicide prevention. Taken from:
https://www.blackdoginstitute.org.au/education-services/lifespan-integrated-suicide-prevention/ (Reference Black Dog Institute)

Each place-based trial is informed and guided by local stakeholders, in order to identify local needs, priorities and target 'at risk' populations. A comprehensive evaluation of the trials is currently underway by the Sax Institute. Evaluation of individual trial sites is also occurring.

INCLUSION OF LIVED EXPERIENCE

The involvement of community members with lived experience has shown positive results, demonstrating shared understanding and a capacity to 'walk in their shoes'. The benefits of this approach has been anecdotally demonstrated in a number of prevention focused resilience initiatives, although few have been formally evaluated.
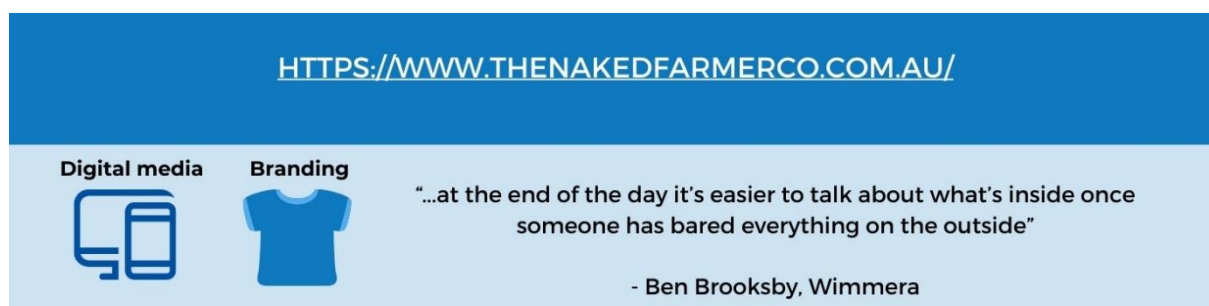
Figure 13: Quote – The Naked Farmer

The Naked Farmer (www.thenakedfarmerco.com.au) is a social media driven movement that aims to break down the barriers to having difficult conversations about mental health. Wimmera farmer Ben Brooksby started the campaign in 2017 as an outcome of his own challenges with mental health. The brand has since grown to include public speaking and fund raising through production of a calendar. Another initiative growing from lived experience of poor mental health includes the Unbreakable Farmer (www.theunbreakablefarmer.com.au). As a dairy farmer, Warren Davies shares his experience of overcoming challenges through community education and speaking engagements focusing on resilience, persistence, determination, leadership and wellbeing.

Group-level peer support strategies have also been demonstrated. Group activities such as digital storytelling workshops, a working dog training school, and the workshops for specific target groups are places for powerful conversations and great empathy for others' experiences.

The Grampians Pyrenees PCP led the FarmHer Project to allowed women to share stories of farming family inequity and inequality in a safe, all-female led environment. The 12-month project was designed to increase awareness of gender roles and stereotypes through open discussion and the sharing of stories, as well provide peer support and leadership training.

The NCFH's initiative From Inside the Farm Gate (see Figure 14) demonstrated that network development and social connection support mental wellbeing—building competency, confidence, self-efficacy and improving access to social resources. The powerful lived experience stories developed as part of the project were found to benefit both those telling the stories and those viewing the stories. Sharing lived experience stories is a compelling component of a prevention/preparedness approach, developing empathy, understanding and inspiring positive action.

Figure 14: Case study – From Inside the Farm Gate

Programs such as HALT (18)(Figure 15) credit the inclusion of lived experience as an essential component of their resilience building program targeting rural tradespeople, helping to develop understanding, break down stigma and facilitate support seeking in a male-dominated, hard to reach population. HALT was evaluated in two outer metropolitan zones.

CASE STUDY:
HOPE ASSISTANCE LOCAL TRADIE (HALT)

Information sharing	Referral	Network creation	Workshops	Peer training
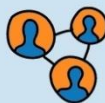
"We (HALT) go to the places no one else goes."

HALT is a grassroots suicide-prevention charity targeting tradespeople and farmers at a local level. HALT originated in Castlemaine, Victoria, and now extends into SA and NSW. HALT's outreach work includes linking tradespeople with GP and psychologist clinics - called 'HALT-friendly clinics' - with a specific interest in men's mental health and suicide prevention. HALT hosts 'Save your Bacon brekkies' at locations such as hardware and farm merchandise stores, Men's Sheds, and TAFEs. Its aim is to raise awareness of mental health and mental illness risk factors, reduce the stigma surrounding mental health and suicide, and build support networks at local and national levels. Discussions at these sites allow participants to develop the tools for engaging in conversations about mental health, recognising the risk factors for mental illness in their own communities, and reaching out to support services.

"Acknowledgement of the main risk factors is an essential outcome"

HALT's success lies in their ability to tailor their approach to the needs of their target demographic. They co-host events where tradespeople gather for work, business, training, and/or shopping - utilizing early morning starts. They call on speakers with a lived experience of trade or agricultural employment and mental illness. The language they use is casual and familiar with a focus on providing a judgement-free, safe space.

Due to its success, HALT has now acquired over $2 million in federal funding to work across the greater Melbourne region in collaboration with two PHN's. Evaluation conducted by the Swinburne Social Innovation Research Institute found that:
• 98% of participants in a HALT presentation found it useful;
• 74% of attendees of a HALT event stated they would now recognise the signs of a peer (family or friends) struggling with their mental health;
• 96% stated they now knew who to contact to seek additional support;
• 43% of participants contributing to the evaluation (N=371) knew of someone who had sought help after attending a HALT presentation.
Key takeaway messages for participants included raising awareness (71%), encouraging help-seeking (67%) and reducing stigma (47%).

Figure 15: Case study – Hope Assistance Local Tradie (HALT)

INCLUSION AND INVOLVEMENT OF PEERS

Empowering peer support through 'gatekeeper' style training approaches has been identified as beneficial. The NCFH developed a training package for Rural Bank to support the organisation in making their customers' health, well-being and safety a business priority. This was achieved through workshops educating the sales leadership group on farmer mental health and the impacts of disaster, together with coping strategies for their own mental health. The evaluation showed that a national roll-out would be beneficial to support all rural finance staff who work with farming families during challenging times.

CASE STUDY:
MANAGING PEOPLE IN STRESSFUL SITUATIONS

Peer Training

Workshops

Many farming business customers of Rural Bank face adverse conditions such as ongoing drought. Banking staff are often on farms and witness extreme stress. In response, Rural Bank engaged the National Centre for Farmer Health to facilitate a professional development program addressing the human needs and issues within farming businesses that may affect farm business viability.

The workshops focused on understanding interrelationships between farmer health, business viability and rural communities. The workshop participants from Rural Bank, predominantly the rural lending sales team, were encouraged to manage their own health and well-being alongside that of their customers. The number of participants in each workshop was capped to ensure optimum engagement and group discussion.

Seven workshops were conducted across 2018, with immediate follow-up evaluations. Success was due to the effective interaction of 12-25 participants per group, providing enough people to generate active group learning and peer to peer sharing of experiences.

Responses demonstrate positive outcomes:
- 77 to 84% reported the sessions provided new information or added to current knowledge;
- 82% of participants were more confident in understanding the factors contributing to stress in rural areas;
- 71% of participants felt more confident in their understanding of how drought affects health and well-being.

Figure 12: Case study – Managing People in Stressful Situations for Rural Bank

In Queensland 32 farm advisory and extension agents participated in mental health first aid training with a follow-up evaluation. The findings showed that training improved participants' confidence and knowledge of mental health issues and increased their empathy towards persons with mental health problems. The evaluation identified that this type of training is perceived as very much needed and highly beneficial for the extension agents and the networks with which they connect (19).

Instead of training professionals, a successful intervention program in the USA trained peer advocates in the fundamentals of mental health, outreach, education, and support for a rural population of young people who identified as LGBTIQ+ (20). This community-based strategy was designed to prevent poor mental health and promote organic cohesion and network creation.

A peer support approach was also used in the Rural Outreach project (21, 22). Support was provided by community-based Rural Outreach Workers with the capacity to respond to the immediate needs of people living in rural and remote communities across Victoria's four Wimmera Southern Mallee Shires. The service provided no-cost support for service navigation/collaboration; convenient and responsive meeting times/locations; non-clinical support; awareness raising and community-based mental health training. The outreach model adopted meant that over 50% of initial meetings were held within 2 days of referral (greatly reduced when compared to wait times for a GP appointment). Almost two thirds of all visits were held in the community member's home, with Outreach Workers travelling 1-3 hours to conduct their initial assessment.

> *"The ROW [is] someone who is approachable in the community... people [can] contact or [can] just approach them at an event and talk about how they [are] feeling".- Ann Vaughan, Centre Manger, Harrow Bush Nursing (Excerpt from preliminary evaluation)*

Rural Outreach is currently being expanded to service neighbouring local government areas e.g. Northern Grampians.

CASE STUDY:
THE RURAL OUTREACH PROJECT

Referral   Counselling   Peer training

"We need services, mental health services from people we know and trust in [rural] and remote areas…"

The Rural Outreach Project was developed in response to elevated rates of mental ill-health, self-harm, suicide rates, and emergency admissions for mental health conditions – increasing with remoteness - in rural communities. The project is designed to increase the capacity of services working with local communities to assist those experiencing psychological distress or mental ill health. The Rural Outreach Project provides support, raises awareness and helps direct individuals in need to services in a timely manner. Local health services are encouraged to collaborate with local government and other agencies in delivery of the project.

"In my role as the lone police officer, I have referred multiple people to this service. Each one has been a success.

Funding of The Rural Outreach Project was coordinated by the pooling of Seasonal Conditions funds by the local government areas of Horsham Rural City Council, Hindmarsh, West Wimmera and Yarriambiack Shire.
The Rural Outreach Project is designed to meet the individual needs of rural, agriculture-dependent communities by relying on and establishing further trusted community relationships. The ability to visit community members in their own home reduces the barrier of isolation and distance for those unable to travel to access services. There is no cost and the wait time is kept to a minimum.

Evaluation of the Rural Outreach Project is being conducted by Swinburne University, and involves feedback sought from outreach workers and community members.

Key findings from the 2020 Evaluation include:
- Initial visits and assessment occurred within 1-3 days for 67% of community members;
- Rural Outreach Workers made 93 referrals to other services on behalf of the community members from Jan 2019 - Mar 2020;
- There were 490 follow-up visits. Over half the community member stated they had connected with the services provided or recommended by Outreach Workers.

"The Outreach Worker presence has been utilised well. Issues have been de-escalated before problems arise. This meets a gap in service that has been sadly missed for nearly 2 years".

Figure 13: Case study – Rural Outreach Project

CONTINUING ENGAGEMENT AND REINFORCEMENT

Initiatives providing repeated engagement opportunities and ongoing reinforcement of resilience supporting strategies, information and skills have demonstrated positive results. These programs are often known to support the development of agriculture business resilience (e.g BestWool/BestLamb, Better Beef, Farm 500, dairy discussion groups)—although there is anecdotal evidence of improved personal resilience. More targeted community resilience initiatives include examples such as Sustainable Farm Families™ which delivers multiple workshops focused on improving the health, wellbeing and safety of farming families through interactive learning, action planning and repeated health assessments (23, 24). The Farmers' Friend Mentoring Program has supported ongoing mentor-mentee relationships in Gippsland agriculture-dependent communities (8).

Along with opportunities for ongoing learning and network development, continued engagement frequently supports social connection—known to promote resilience in rural communities (25). One noted example demonstrating long-term engagement and social connection was Eating with Friends. Funded by the Commonwealth, primarily through the former Home and Community Care Program, the Eating with Friends' (26) service model has been operational for 15 years, bringing together older people for a nutritious meal. It has grown from one urban group to more than 30 groups across Tasmania, including agriculture-dependent communities. The program targets older people, ranging from under 65 to over 85 years, and aims to support social connectivity, provide access to low cost nutritious meals and develop a culture of inclusiveness through locally targeted shared eating experiences. At the same time, it aims to increase community capacity of those supporting the program, through opportunities for community volunteering and skill development. Success is evident through the continued engagement of participants and growing number of groups (Refer to Figure 18).

Anecdotal evidence suggests that a similar model was used to connect senior residents for luncheons every second month in the Wimmera township of Rupanyup. Led by local needs, its annual budget was approximately $2000,

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requiring in-kind support by volunteers for transport, preparing and serving meals, and personal care needs. No evaluation or formal evidence of this initiative was found within the report timeframe.

Figure 14: Case study – Eating with Friends, Tasmania

Importantly, while continued engagement in resilience building initiatives is clearly valuable, achieving this can be challenging. While clearly demonstrated as a successful resilience-building program through health and economic evaluations (23, 27, 28), participation in the Sustainable Farm Families™ program has reduced significantly in recent years—largely due to

the time commitment required—taking people away from the farming business and other, more highly prioritised, commitments. This is particularly challenging as the farming workforce continues to decline.

One way to combat this may be to weave resilience building initiatives into activities easily identified as high value to the farming business. Currently being piloted in south west Victoria is a working dog training school run monthly over a 6-month period (refer to Figure 19). This program aims to combine improvements in working dog handing skills, which are critical for farmers working with livestock, with the mental health benefits of animal companionship, social connection with like-minded people, and strategies to support health and wellbeing.

CASE STUDY:
MATES WORKING DOG SCHOOL

Information	Networks	Physical activity	Workshops

A farmer's best friend and confidant may have four legs.

2020 Victorian AgriFutures Rural Women's Award winner, Kelly Barnes, knows what it takes to respond, plan, deliver and reflect in her rural-focussed, multi-purpose program to address isolation and poor mental health.

The Mates Working Dog School is a pilot program aimed at teaching low stress stock handing skills and improving working dog handling for farmers whilst encouraging social interaction and networking. It also works to increase the bond between farmers and their working dogs to encourage them to turn to their working dogs for support during hard times.

Kelly's pilot program is underway in south west Victoria. She has structured the course to gather data and feedback from the participants in order to refine the program and effectively roll it out in other rural communities Australia-wide.

Interim measures of success include positive feedback from participants, the formation of a waiting list to participate, and the growing confidence and interactions of the group. Kelly has also identified challenges. noting that recruiting participants can be hard and attendance can conflict with other commitments. Balancing the dog training with mental health and resilience building content to suit the participants is difficult, as is the recruitment of a professional working dog trainer with empathy to the holistic course aims. And with many grassroots programs, the cost of running the program weighed against funding and cost to participants is a balancing act.

Kelly recommends that audiences need to be targeted for mental health outcomes. She finds that older men can be harder to engage with conversations about mental health, when the working dog content is perceived as more interesting and less confronting.

Figure 15: Case study – Mates Working Dog School

INTEGRATED/HOLISTIC FOCUS ON PHYSICAL HEALTH AND MENTAL HEALTH

Risks to poor mental health do not occur in isolation, with a broad range of individual, social and community factors and mental wellbeing at play—all of which need to be considered in developing individual and community resilience. Factors such as an inability to work, financial hardship and community

concerns have all been identified as contributing to higher odds of experiencing poor mental health in Australia's rural and remote communities (29). Likewise, people experiencing mental illness in rural Australia are at almost three times the risk of premature death when compared to the general population (30). This evidence has stimulated a range of targeted resilience building initiatives.

The Sustainable Farming Families™ program recognises the high mental health burden on farming populations with additional research showing higher rates of farmer obesity and associated health consequences (23). The Farming Fit study—one of very few randomised control studies identified through this review—was designed as a secondary intervention by the NCFH targeting overweight and obese participants from the SFF™ program (31-33). This study aimed to increase levels of physical activity through the delivery of an exercise program tailored for farmers. This was achieved by incorporating exercise into daily farming activities—utilising equipment easily accessible on farms, demonstrating exercises using videos of farmers on farm, and individualised coaching—to explore associated psychological health benefits. This tailored response sought to better understand and break the 'defeat' cycle during long periods of stress, providing farmers with ways to address health issues in an accessible format. The program's tailored approach demonstrated strong ongoing engagement with farmers (94% retention rate) and the intervention group showed significant reductions in body weight and waist circumference. However, no significant changes in mental health outcomes were able to be identified. Recommendations for further interventions over a longer period of time were made.

Delivered as an online and digital media support tool, Equally Well was a Victorian framework developed to improve the physical health of people living with poor mental health. The framework was based on evidence that those experiencing poor mental health are more likely to have poor physical health due to treatment side effects, impacts of distress, health care discrimination and disadvantaged socioeconomic status (34). The framework included a range of initiatives enabling organisations to work in partnership with consumers and carers to incorporate a physical health focus in the context of mental health challenges (7). A co-designed website—to support the implementation of Equally

Well—featured links to self-care resources, access to service providers, clinical tools for health professionals and links to existing successful rural programs. Evaluation of this intervention found that the website had more than 24,500 hits per annum with resource download rates of more than 50% from rural users. Twitter proved to be the most active social media platform, with 3,500 tweets and 14.5M Twitter impressions recorded during an Equally Well Symposium. This demonstrates the potential for digital media strategies as health promotion methodologies encompassing physical and mental health. This also supports the use of digital strategies as one way of overcoming the tyranny of distance.

EQUALLY WELL IN VICTORIA - PHYSICAL HEALTH FRAMEWORK FOR SPECIALIST MENTAL HEALTH SERVICES

Information   **Planning**

FACT

"All mental health professionals (including peer workers) should receive role appropriate physical health assessment training as part of ongoing mandatory training. Nurses working in mental health services are educationally prepared to carry out physical health checks." (National concensus statement 2016)

Figure 16: Quote: Equally Well

There are links between individual, social and community factors, and mental wellbeing. The NCFH website features an anonymous online self-assessment tool called Farmer HAT (refer to Figure 21). In a ten minute check-the-box survey, participants record their lifestyle choices such as physical activity, dental and medical check-ups, alcohol consumption, safety culture and time out per day. The instantaneous feedback is a traffic light indicator to refer the participant of where elements of their health and lifestyle may pose a health risk. Opportunities for repeat engagement allow benchmarking and comparisons over time.

CASE STUDY: FARMER HAT PILOT

Referral   Self-help   Digital media   Peer training

"Farmer HAT is a shining example of how technology can help in developing user friendly tools to assist in the running of a viable and profitable business."

Funded by the 2018-2020 Victorian Government Drought Response the NCFH designed an online health self-assessment tool to suit the needs of time-poor farmers and farm workers who may face barriers or a reluctance to accessing traditional health services.

Farmer HAT addresses health, well-being, lifestyle behaviours, and farm safety practices in a single assessment. It is a free self-help tool, and instant feedback and resources are provided upon the completion of the checklist.

"I can see a personal benefit in being able to track risks over time. The obvious benefit is to be aware of patterns of change in test results."

Prior to its launch Farmers HAT was trialed in December 2020 by 36 BestWool/ BestLamb members from the south west region. Feedback was sought by email from participants to support the final design of the platform. Questions explored the ease of using the platform, personal benefits from tracking one's health and safety risks over time, and whether information generated as a health report was useful. The concept of peer group completion and the benefit of sharing benchmarks for health was also explored. The feedback showed that Farmer HAT is user-friendly and ready to go live on the website.

" I can see a benefit from the group perspective. Serves as a focus for discussion within the group on how other people may deal with certain issues etc."

Figure 17: Case study – Farmer Health Assessment Tool (HAT)

TAILORING THE RESILIENCE NEEDS FOR TARGET GROUPS

There is no 'one size fits all' approach to resilience initiatives that meet the needs of all communities. Similarly, different groups within communities have particular needs.

a) Older people

The phenomenon of exiting farmers, through planned farm succession or farm sale, remains relatively common. Research shows that when farmers can maintain their well-being throughout the farm exit process, they are likely to adapt to a new form of post-farming life (35). This appears to be easier for older farmers than those who are younger as exiting poses a threat to mental health through a loss of farmer-identify and autonomy. It should be noted, however that retired farmers may bring with them accumulated capital, including friends, networks, and wealth, and which offers opportunity for meaningful participation in sports and recreational clubs and voluntary roles in the community where they can apply their skills and knowledge in new settings.

Australians aged over 65 years living in rural areas can often have multiple needs. There is little information on the percentage of older rural Australians with mental health problems, yet internationally the unmet mental health care needs of this group have been identified as a serious problem (36). An Australian-based initiative investigated the barriers of effective mental health provision for older people through the views of health and social care providers. The findings show that there are challenges for health professionals delineating the physical health needs from mental health needs for older people.

b) Males

Males are at higher risk of suicide and traditionally more challenging to engage in resilience building activities. The successful early morning breakfast program HALT specifically targeted males on location for mental health awareness (refer to Figure 13). Interestingly, and counter to some other evidence, south west Victoria's mobile community recovery initiative 'Vantastic' was particularly successful at engaging males aged 33-63 years. This was also the demographic at highest risk for suicide in that region (refer to Figure 22). There would be value in developing a greater understanding of this approach to engagement.

CASE STUDY:
THE SIX C'S - VANTASTIC

Referral

Information sharing

FACT

Network creation

"The community's directive was that the initiative must be informal, flexible, adaptable and accessible."

Following fires in south west Victoria in 2018, an innovative and unique community-guided response was developed to build resilience through encouraging social capital.

The response was to establish a mobile outreach van as a mobile community hub. This van operated from the roadside in four sites across two LGAs for a period of 40 weeks. The van had more than 700 community-member visits. The environment was caring, supportive and encouraging. It became a social hub and a source of information.

The van was complemented by a range of additional support strategies including a two-way referral connection to service agencies. Engagement was particularly successful with males, aged 35-63 years - the group at highest risk of suicide in the region.

While the initiative was driven by a recovery focus, this transitioned to opportunities for prevention through network building, creating trusting relationships between individuals and agencies, and increasing information sharing.

Reports suggest that the community have since taken a greater interest in understanding and preparing for risks. They were better prepared when responding to another fire in 2019 - with evidence of neighbours checking in on each other and offering assistance.

Figure 18: Case study – The Six C's: Vantastic

One model that has demonstrated success in preventing poor mental health in males as they age is Men's Shed (37). The largest proportion of Australian Men's Shed Association groups are located in rural towns (36%), with a further 13% located in small rural/remote communities. Membership of a Men's Shed is often stimulated by a significant life change such as retirement, or reducing involvement on the family farm, which often leads to reduced opportunity for social connection. The most common reason for men to join their local shed is to make new friends and give back to the community. The idea of men working 'shoulder to shoulder' provides an environment of support and shared

experience without judgement and intimidation. Involvement in practical tasks provides men with purpose and an opportunity to maintain engagement with their community. Reporting of the Men's Shed programs highlights the low levels of stigma associated with mental health challenges within the groups, with high levels of awareness of depression and anxiety as a result of their membership, and acknowledgement of the benefits of Men's Shed membership on health and wellbeing. Keeping mentally healthy is the top health priority for members, followed by keeping physically healthy, knowing where and how to seek assistance, and being able to identify warning signs of poor health (physical and mental). Well-received complementary resources developed by Men's Shed include the 'Spanner in the Works?' program—a tailored health promotion program addressing men's health:

> *"A service and maintenance schedule for your body and some key health messages in a way that's easy to understand and achievable. It sets out things that you can do (or not do) to improve your health and your chances of a longer, happier life. Often, minor adjustments can have a major impact on your health, relationships, friendships and work."*
> *https://malehealth.org.au/about/*

Importantly, the Australian Men's Shed Association provided information to its groups about available funding sources and 74% of groups acted on this information, contributing to the suggestion that most sheds are able to sustain themselves in the longer term. This sustainability was represented by the length of operation of sheds, including 3-5 years (43%), 6-10 years (40%), 2 years or less (13%) or longer than 10 years (5%).

> *"Shedders indicated that their Sheds were well managed (90%), welcoming to men of all backgrounds (95%), safe (90+%); and that their Sheds seek funding from different sources (95%), provide information on activities and events (93%), provide health information (88%) and organise health-related activities (78%)."*
> *(37) p. 9*

c) Employees

Workplace mental health was targeted through the Open Book Approach, aiming to provide LaTrobe Valley businesses with a clear vision, purpose and value to support mental wellbeing in their workplace. A coordinated approach including community champion videos on social media, and delivering short training session to develop mental health literacy and community capacity was supported by the Friends of Lifeline and RUOK? Engagement was positive, with 410 employees taking part and 100 participants pledging to check in with a friend with regards to their mental health. Workplace based recommendations to support mental wellbeing included open door policies, mental health resource boards, mental health training and efforts to build collective action and community ownership including an ideas box and shared good news stories. Recommendations were made on short term, medium term and long term timelines.

Evaluation of the Open Book Approach found an overall positive impact. Improvements were seen in all five categories identified as contributing to a mentally healthy business, which were scored on pre-program and post-program surveys:

- 'Culture' increased by 11%
- 'Confident Leadership' increased by 12%
- 'Clear policies' increased by 14%
- 'Connection increased' by 10%
- 'Mental Health Awareness' increased by 6%

As part of Rural Bank's Managing People in Stressful Situations Workshops (refer to Figure 16) the program facilitated by NCFH included a focus on the mental health of the bank's workforce. Although the content was geared toward understanding, supporting and responding to farmer stress, the workshops also enabled rural lending participants to reflect on their own mental health and develop their capacity to recognise and respond to risk factors in their own lives.

ARTS-HEALTH APPROACHES TO DEVELOPING RESILIENCE

Linking resilience and wellbeing with arts-focused projects has received increasing recognition. Interventions described include:

- A rural art roadshow that has demonstrated benefits to self-esteem, self-confidence, personal relationships, social inclusion and communication skills (38).

- A social media campaign sharing images of rural life and connecting community members digitally during COVID-19 demonstrated benefits to mental wellbeing and social inclusion/connectedness (39). Refer to the case study of #SnapshotRuralVic in Figure 23.

- Several digital storytelling projects conducted by the NCFH—in collaboration with community members across Victori—normalised the challenges of experiencing tough times in agriculture-dependent communities and highlighted prevention-focused positive actions by the storytellers. Digital storytellers demonstrated increased understanding of their own and others' experience, increased confidence, reduced stigma and increased social connectedness as a result of their participation. Those viewing the stories reported increased understanding and empathy and were inspired to take action to improve their own wellbeing during challenging times (6, 10, 11, 40).

CASE STUDY: #SNAPSHOTRURALVIC

Digital media

'...picked me up when feeling down and enjoying the positive and motivating pictures...many of the pictures posted boosted my mental state of mind.'

#SnapshotRuralVic was a social media campaign run by the National Centre for Farmer Health, with the purpose of connecting rural audiences and providing positive digital stories and image-sharing opportunities in support of mental health. The campaign commenced during the COVID-19 lockdown as communities were already facing ongoing drought conditions and bushfire recovery.

#SnapshotRuralVic provided a creative platform for rural Victorians to share moments from everyday life via a variety of mediums. The campaign ran for 10 weeks, with a different theme each week inspiring the provision of personal stories by participants. Weekly prizes of vouchers to local businesses were awarded, with the intention of supporting rural businesses that were significantly impacted by the lockdowns.

"...if you've got that community connection then, that's a big help in being happy..."

The evaluation of #SnapshotRuralVic was inclusive of engagement statistics from relevant digital platforms (e.g. Facebook, Instagram). A short survey was sent to over 150 #SnapshotRuralVic participants to measure engagement and community reach. A more detailed evaluation interviewed 10 participants, providing further insights about their involvement in the campaign. Of the survey respondents, 70% said #SnapshotRuralVic made them feel more connected to the wider rural community, and 73% were 'extremely happy' with their experience.

Figure 19: Case study – #SnapshotRuralVic

COORDINATED APPROACHES

Successful resilience activities have demonstrated high levels of coordination, bringing together community, service providers and stakeholders. This has involved designated funding and the appointment of skilled leaders to unify efforts and drive initiatives—as demonstrated by the Alpine Shire Council Community Resilience Committee in Figure 24.

CASE STUDY:
COMMUNITY RESILIENCE COMMITTEE

Planning   Network creation   Information   Workshops

FACT

"Network and relationship building pre-emergency – it pays off"

The Alpine Shire formed a recovery committee to build relationships and gauge the sense of well-being in their region following the loss of an industry, bushfires, floods, and a biosecurity scare.

The Shire found that creating preventative community resilience was more challenging than recovery, so launched this initiative to prepare a resilience plan. Success was achieved by building community-to-agency and agency-to-agency relationships. This networking avoided duplication and added value and knowledge.

The evaluation identified that funded facilitation kept the plan on track, gave everyone a voice in a trusted meeting environment, and ensured the Shire was on board the whole way. Providing lunch helped to maintain attendance and added to the networking experience.

The Community Resilience Committee had a local presence, featuring at field days and local shows as a community-owned activity and an information sharing place. A formal evaluation was conducted and a "how to recipe" was developed to support the translation of this approach to other regions.

- 55 agencies - Commonwealth, State and Local Government, emergency, health, farming, charities, universities and industry.
- 840 attendees.
- 51 meetings.
- Creation and launch of the Resilience Plan 2012-15.

Figure 20: Case study – Alpine Shire Community Resilience Committee

The Rural People; Resilient Futures Pilot was another project demonstrating success through a coordinated approach. Allocating time to reflect and conduct scenario training provided unique learning experiences and changed perspectives. Rather than reinvent the wheel, this project allowed participating agencies and local groups to 'join the dots' and identify networks that needed strengthening in order to effectively promote resilience

in rural Victoria. Outcomes included a recommendation for a more coordinated approach between emergency management and prevention activities—allowing for the incorporation of proactive adaption planning in to emergency management service delivery and minimising a reactive approach to climate change and vulnerability. The Community Based Bushfire Management (CBBM) program, led by Victoria's Safer Together, follows this model that combines fire management science with community's identity and connection to place to create and co-own a bushfire response plan (refer to Figure 25).

CASE STUDY: COMMUNITY BASED BUSHFIRE MANAGEMENT

Planning	Information sharing	Network creation

"Where emergency management preparedness and planning are well-supported—and led by community—there is stronger community resilience to bushfires." (CBBM Evaluation Report 2020)

Community Based Bushfire Management, or CBBM, is a part of the Victorian Government's Safer Together Program. CBBM empowers bushfire-affected or at-risk communities by facilitating partnership and trusted relationships with bushfire management agencies. It involves those communities in both planning and decision making for bushfire management.

There are now 22 CBBM communities across Victoria. Each community faces its own unique level of risk and presents its own risk management goals, and the CBBM project can tailor to those individual community needs.

With CBBM agency, staff have a better understanding of community needs in bushfire management. It improves collaboration between community and agencies, and inter-agencies. Community awareness of bushfire risk is increased as a result of participating in a CBBM. The effectiveness of a CBBM was demonstrated during the 2015 Wye River – Jamieson Track Bushfire. The Wye River community had previously engaged in CBBM asset mapping, which was accessed and used by agencies responding to the fire. Decisions that were made during the fire event incorporated established community values.

Community Based Bushfire Management was evaluated as part of the Safer Together program by First Person Consulting in 2020, building on previous evaluations. A comprehensive, final evaluation of CBBM is currently in preparation.

Figure 21: Case study – Community Based Bushfire Management

Further evidence of the positive outcomes of a coordinated approach was seen in the Rural Outreach Project (refer to Figure 17), where four local governments pooled funding to implement a collective impact approach. This enabled the expansion of Rural Outreach to deliver services across all four Shires.

CAPACITY FOR ADAPTING DELIVERY IN CHALLENGING CIRCUMSTANCES

The capacity to adapt programs in challenging and changing circumstances is particularly evident during the COVID-19 pandemic. This in itself demonstrates community, agency and individual resilience. These are some examples where face to face program delivery could not be achieved due to lockdowns and social distancing. However, the organisations adapted the delivery model to support their target groups. Evidence suggests that there is significant scope to capture how agencies have adapted to continue their work with agricultural communities during COVID-19.

#SnapshotRuralVic (refer to Figure 23) was initially designed with a broader focus of creating digital connection for rural farming communities across Victoria. As roll out coincided with the lockdowns brought on by COVID-19, preventing risks to mental health and sharing positive images and stories during isolation was incorporated. As an example, one weekly topic called 'COVID Kitchen' encouraged people to show images of food they had grown or cooked.

The Primary Producers Knowledge Network adaption of co-design from face-to-face to interactive and innovative online methods overcame the geographic barriers to participation during COVID-19. This change achieved greater diversity in representation in attendance than the traditional face-to-face methods. It was also found that the online workshops reduced the barriers to participation associated with the time and cost of travel in rural areas. The online process was economically efficient, which then allowed for the re-direction of funds previously assigned for facilitator travel to greater investment in other areas of the project. Most interestingly, equality in participation was achieved by the project team and the participants in an

equal online meeting space. This is particularly notable when compared to commonly held rural engagement sessions where some people are centrally located face-to-face and others link in virtually. These "virtual" participants often feel like outsiders in an otherwise face-to-face environment. Use of breakout rooms helped generate discussion and create rapport.

The tradesperson targeted program HALT also adapted their presentations to an online format. Traditionally an informal face to face meeting, they delivered 18% of presentations online in the first 6-months of COVID-19.

CASE STUDY:
ONLINE AG HEALTH PILOT PROJECT

Referral   Information   Digital media

"The online aspect – that I can do it at home was a plus, it didn't take up too much time"

As part of their AgriSafe clinic, the National Centre for Farmer Health conducts free 90 minute occupational health assessments. Assessments include a lifestyle survey - covering health behaviours, farm practices, and social and emotional well-being - as well as cholesterol, blood glucose and blood pressure readings, diabetes risk, BMI, % body fat and an eyesight test.

COVID-19 led to innovative adaptions in the delivery of this service, transitioning the AgriSafe program to offer the Online Ag Health Pilot Project.

Participants in this pilot project completed a survey, participated in a teleconference with a AgriSafe clinician, set SMART goals, and were contacted by phone as a follow up.

"… you can do it from your lounge room if you are a farmer – do not need to take time off work to see a GP."

The project evaluation from 21 pilot project participants showed:
- 71% rated that the pilot met their expectations 'more than' and 'much more than' than expected;
- 57% reported that participating in the pilot helped them to identify a health, well-being and/or safety risk that they were not previously aware of; and
- 100% would recommend the Online Ag Health Pilot.

Figure 22: Case study – Online Ag Health Pilot Project

A further example of adapting a face-to-face program to an online format can be seen with the NCFH's AgriSafe program. Traditionally a 90-minute face-to-face consultation targeting occupational risks to health, wellbeing and safety, this program was adapted to form the Online Ag Health Pilot Project (as shown in Figure 26). This broke down the geographical barriers to attending an AgriSafe Clinic (located in health/community health services in a limited range of Victorian locations) and allowed participants to interact with a trained AgriHealth Professional via Zoom from the comfort of their own home.

4. CHALLENGES OF BUILDING COMMUNITY RESILIENCE

Summary: This chapter identifies the barriers to resilience building in agricultural-dependent communities and identifies the gaps in the data. Challenges include engaging 'hard to reach' populations to ensure initiatives assist those who are most vulnerable; working within funding models that are not fit for purpose; difficulties associated with workforce limitations, resourcing and ineffective coordination; and ongoing poor internet connectivity.

WHAT FACTORS HAVE LIMITED SUCCESS?

It is difficult to determine the overall success of many of the interventions included in the dataset given the relatively few initiatives that have been meaningfully evaluated. Nonetheless, a number of challenges associated with resilience initiatives were identified from both the peer-reviewed literature and the stakeholder interviews.

a) Community engagement

There are challenges with engaging participation in resilience-building interventions in agricultural-dependent communities. Farmers are traditionally isolated, often work alone and can be difficult to engage with (41). While farming community members actively provide support to others, they are frequently hesitant to seek assistance or support themselves (42). Community members are increasingly time-poor with high levels of demand on their available time. This is likely to increase as rural populations decline, farms increase in size, and the demands on the existing population increase as a result. This is further exacerbated by the changing demands of the farming calendar, with seasonally high workloads due to tasks such as harvest, sowing, and lamb marking. The shortage of available or experienced farm labour exacerbates this problem, resulting in farmers doing anything they possibly can without assistance.

Farmers also need to perceive value in their attendance. While people may be able to attend one-off events, maintaining ongoing or repeated engagement is

particularly challenging (although previously identified as valuable for developing community resilience). A notable example of this is the Sustainable Farm Families™ program, an intervention that has been well documented as successful—through numerous economic and outcome evaluations. In recent years it has been increasingly difficult to get farmers to commit time to attend the multi-workshop program (e.g. 2 days for Workshop 1, followed by 1 day for Workshop 2, and Workshop 3). Considerations could be made for adapting workshop formats. This could include shorter workshops on a more targeted range of topics, and delivering some content via online training in preparation for shorter face-to-face sessions. Such modifications would require consideration of how this could impact the benefits of group learning. Further follow-up would be required to evaluate the workshop process and outcomes.

b) Funding

Funding for prevention activities can be challenging and not always prioritised when compared to the reactive recovery-based funding models following a disaster event. Funding over an extended period of time—to support resilience initiatives which aim to maintain ongoing engagement—is even harder to source. In an environment where short-term, reactive funding models are common, reactive approaches to resilience building are more likely to arise. This runs the risk that innovative thinking is restricted, co-design processes becomes tokenistic, stakeholders work in silos, and one-off events are prioritised in order to 'tick the resilience box'.

Non-evaluated resilience building projects receiving under $4000 in funding still suggested positive outcomes for the participants involved. FRRR's Tackling Tough Times Together is a funding body that supports community groups. They provided Gippsland's Balook and District Residents Association Inc. a nominal sum for card-making and scrapbooking materials. Simiarly, VFF's Look Over the Farm Gate drought response grant initiative provided small grants for rural community events. These small-scale projects lack strong outcome data but anecdotally suggest a sound investment model and focus for targeted groups.

Tasmania's Eating with Friends model relied on Commonwealth funding. It was formerly administered through Home and Community Care Program but at the time the peer reviewed paper was published its funding and agency model was threatened. These changing funding patterns create uncertainty and fear (43).

c) Staffing

Challenges been identified with staffing required for effective resilience initiatives including:

- Challenges with attracting and retaining staff in rural areas (18);
- Staff changes/turnover in co-design and coordination activities, limiting momentum and the development of effective and meaningful working relationships (8, 43);
- Maintaining a balance of community-member and professional staff involvement (44, 45).

d) Coordination

Ineffective coordination of resilience initiatives (as a result of insufficient funding, time allocation or leadership capacity) can pose a number of challenges:

- Poor communication of outcomes to community can limit momentum of initiatives (44, 45);
- Barriers and challenges to collaboration (43);

Failure to prioritise and actively seek strong leadership has been also been reflected in the reduced impact of initiatives, as was previously mentioned in the context of the Gippsland Farmers' Friend initiative.

While much of the success of the Men's Shed movement comes from the idea of having local sheds for local communities, coordination is still an important element. Program evaluation identified a preference for increased regional collaborative health-focused events, and more collaboration and cooperation between sheds.

Workplace interventions require top-down support. The OpenBook Approach found that not all businesses wanted to be engaged in understanding the needs of their workforce with regards to mental health resilience. Fear of stigma and of the unknown implications of talking about mental health, referred to as 'opening a Pandora's Box', meant that some businesses did not fully engage.

e) Access to technology/connectivity

Limited access to digital technologies has implications for planning future interventions and prevention services. This was highlighted in the evaluation of the Australian Men's Shed Association report where only 20% of sheds had technical capacity to access online services and resources (37). While connectivity is improving in rural areas, it remains an issue if the potential benefits of digital technology is to be fully utilised. Quality, speed and cost remain inequitable when compared with metropolitan areas.

f) Inability to respond to a changing environment

HALT moved their mental health awareness presentations online whilst the NCFH delivered #SnapshotRuralVic, the Primary Producer Knowledge Network, Farmer Hat and the Online Ag Health Pilot Project during the Victorian COVID-19 lockdown. These are two examples where organisations have responded to a dramatic change in the project delivery environment, yet not all organisations have demonstrated this type of flexibility.

The Eating With Friends evaluation demonstrates the need for a succession plan as the aging volunteer cohort poses a future risk to the delivery. Knowing emerging issues and/or flexibility to adapt to changed delivery, is important for ongoing resilience building.

5. RECOMMENDATIONS

Summary: Community resilience building is most successful when it is tailored to, and meaningful for the target population. Drawing on peer-review literature, grey literature and project evaluation data, 12 recommendations are proposed as incorporating the best possible design elements and approaches for resilience building in agriculture-dependent communities. These include a focus on prevention; high quality co-ordination; sustainability (through funding, governance and appropriate resourcing); place-based approaches tailored to the needs of target populations; effective engagement strategies; enabling pathways and opportunities for support; prioritising evaluation; peer-to-peer models of support/engagement; adaptive delivery models; good governance; and, purposeful resource development.

RECOMMENDATON 1: PREVENTION-FOCUSED

The focus of resilience funding and/or activities is often driven by a response to changing crises. This was demonstrated from the widespread impact of 2019-20 bushfires that necessarily shifted the focus away from drought-affected communities. A prevention-focused approach avoids this reactive focus. Benefits and opportunities of prevention/preparedness approach include:

- Access to support for a wider range of rural communities through initiatives that can be tailored to the diversity of local needs (both current and anticipated);
- A considered, planned approach to resilience which minimises duplication and overwhelming responses in reaction to disaster.

A prevention focus provides opportunity for impacts to be anticipated, prepared for, and resources set aside to assist communities and individuals. Part of this approach requires the identification of at-risk populations. Moffatt and Baker (46) identified farming communities in areas ear-marked for mining were particularly at risk, compounding mental health risks already influenced by drought. Similarly, irrigation farmers in the Murray Darling Basin (47), who rely on water allocations subject to policy and run-off, are at greater risk of poor mental health than dryland farmers. Considering the

potential policy and climatic changes in agriculture, examples such as mineral sands mining and water allocations (for which planning often happens years in advance), offers opportunity to intervene with these farming communities and prevent risks to mental health and well-being.

Psychosocial factors in rural areas, such as inability to work or find employment which leads to financial hardship has been identified as contributing to higher odds of experiencing poor mental health (depression) in Australia's rural and remote communities (29). Other well-identified trend—including shrinking rural services, reducing community connections, an ageing agricultural workforce and limited housing availability—also suggest a need to consider psychosocial trends in rural areas in prevention-focused resilience building initiatives.

RECOMMENDATION 2: A CO-ORDINATED APPROACH

Coordination is required across the various aspects and stages of resilience building initiatives including development, roll-out and evaluation. Social capital forms a vital part of community resilience. While resilience may only be tested in times of adversity, resilience building initiatives need to be developed well prior to the anticipation of challenging events (48). Coordination and collaborative partnerships underpin successful preparedness. This has been demonstrated in research following the evacuation of an Australian town after flooding. This approach also contributed to the development of Victoria's Community Based Bushfire Management plans (48). Successful coordination involves a range of factors:

1. Leadership – strong local service leadership and commitment to collaboration. A lack of leadership—and resulting poor support of staff—is a key barrier to effective program delivery (1, 49).
2. Sustained effort - coordination should not be an 'add on' to other roles—it requires dedicated training, time and funding.
3. Development – a coordinated, co-design approach should be adopted to prevention-focused resilience building, bringing together community members and key stakeholder groups to identify local needs.
4. Funding – planning is an investment for a prepared response.

5. Roll-out – coordinated planning should follow a planned sequence with room for flexibility and multi-tasking by community leaders.
6. Evaluation – Coordinated dissemination of learnings, program evaluations and peer-reviewed literature support the longevity, usefulness and application of evidence-based information. This facilitates knowledge creation and enables better outcomes.

RECOMMENDATION 3: A SUSTAINABLE FRAMEWORK

a) Ongoing training and support

The intervention study of LGBTIQ+ peer advocates in the USA was success in creating a safe mentoring network for a rural minority group. However, the study demonstrated a need for ongoing support to maximise program effectiveness. Willging and colleagues (20) suggested the need for ongoing training, coaching, and infrastructure support to negotiate the contextual factors that can influence the provision of community resources and support. This is an important consideration for all peer worker roles. Particularly in the area of mental health and wellbeing, where peer workers are often motivated to contribute because of their own lived experience, providing an environment where workers can feel safe and supported is critical. The MH4Ag project is continuing to develop a framework for the governance and support of peer worker led prevention initiatives (6).

b) Avoiding reliance on voluntary structures or over-burdening the paid workforce

Much of the peer-reviewed literature highlight that sole reliance on voluntary structures to create and maintain community resilience and well-being is unsustainable without ongoing resourcing, support and relevant training. Similarly, reliance on paid stakeholders to take on additional work within an already busy work role is unsustainable.

c) Needs-based funding models

Community resilience funding models should be driven by demand and need and recognise that rural Victoria—and the communities within it—are not

homogeneous. Therefore, funding models need to be structured to allow flexibility and reflexivity, to enabling tailoring to local needs.

d) Additional considerations for sustainability

Intervention and/or program sustainability requires:

- Strong governance;

- Succession planning of community-based and professional roles (e.g. mentoring of new/inexperienced workers);

- Sustainable change requires reinforcement e.g. ongoing interaction, encouraging translation of learning into action;

- Sustainable change requires application of learnings about disaster preparedness;

- Alignment with emerging research and state/federal resilience strategies;

- Requires longer term funding models.

RECOMMENDATION 4: PLACE-BASED RESPONSE

Attempts to 'import' resilience building initiatives or implement practices homogenously across large geographic regions have not always been successful, with perceptions in many agricultural-dependent communities that 'outsiders' don't understand farming life and work (50). Place-based approaches to resilience building attempt to ameliorate this challenge and can provide a range of advantages including:

- Capacity to target or tailor responses to local needs;
- Encourage ownership and engagement of the project or initiative;
- Draw on and encourage local and historical knowledge; and
- Support sustainability through communities becoming invested in local efforts.

When external programs are adapted for local communities, tailoring is required. Fennell and colleagues (51) investigated South Australian farmers' stressors in drought conditions. They found that farmers were frustrated with outsider's lack of understanding of their way of life. Ensuring rural 'cultural competence' in program delivery staff is key to successful engagement in agriculture-dependent communities.

Evidence suggests that when developing preparedness for challenging events—particularly predictable challenges such as drought—the focus should be on evidence-based health promotion programs that combine practical support with approaches that support community cohesion, connection, support networks (friends and family) and key community structures (e.g. schools) (52).

RECOMMENDATION 5: TARGETED AT THE NEEDS OF SPECIFIC POPULATIONS

Resilience preparedness strategies need to be targeted to meet the needs of varying groups in agriculture-dependent communities. The programs identified in this review are mostly general in nature and may have missed opportunities to address the needs of those most at risk. Where interventions have been targeted and tailored to the needs of specific populations, positive results have been identified (e.g. Men's Shed – responding to mens' greater need for increased connection when compared to earlier in life; HALT - early morning breakfasts targeting tradespeople at locations where they already gather).

With changing age, comes changing needs. Older farmers, for example, may be less vulnerable to financial pressures, but need support with maintaining autonomy when transitioning off the farm to ensure ongoing mental wellbeing (35, 53, 54). In contrast, younger farmers—who have been identified as experiencing higher levels of drought-related psychological distress—experience risks to employment, time pressures, isolation, and personal finances (53, 55). Several studies outside Victoria have focused specifically on the needs of young people in agriculture-dependent communities.

Young people's resilience has been described in the context of their social support networks—particularly in circumstances of high rural youth migration during in areas of prolonged drought and reducing local employment and services. Ensuring young people remain connected to friends, family, community

and education networks is an important requirement for supporting their capacity for resilience in preparation for challenging events (52). A further need is reducing stigma and improving young people's beliefs about seeking support (56). This has implications for resilience strategies at both a prevention and a response level. Even within the broader category of young people, recommendations have been made to understand varying levels of distress between youth living in rural towns that are reliant on agriculture-related employment, and those living on farms (52). Further work is required to translate these findings into interventions.

In the context of resilience development, older women have been identified as having a different set of needs. Older women frequently provide informal care when there are gaps in service provision, particularly evident following extreme weather events. Calls have been made for policymakers and practitioners to consider the burdens on the community, and question their selection of austerity measures after an extreme weather event (57). Similarly, older women are found to cope better than younger women during prolonged drought. There is scope to learn from experienced women, and co-design approaches to prevent prolonged stress (58).

RECOMMENDATION 6: INITIATING AND STRENGTHENING ENGAGEMENT

Prevention-focused resilience building often needs to be opportunistic and linked with existing events or activities that already bring agricultural communities together. Successful examples of this includes Health and Lifestyle Assessments at field days and farming conferences (https://farmerhealth.org.au/2016/03/23/making-a-difference-through-health-and-lifestyle-assessments) and the delivery of prevention-focused resilience building content as part of existing farming business education and conferences (e.g. Mallee Sustainable Farming, VFF, Grains Research Development Corporation). This could also be considered in the context of developing skills in stakeholders and service providers who meet with farmers for business-related purpose. This was demonstrated with extension officers participating in training in Mental Health First Aid (19), and Rural Bank lending staff participating in tailored mental health training delivered by NCFH. Training professions and peers can convey prevention and preparedness

messaging during interaction with farmers and farming families. Anecdotal conversations during the writing of this report suggests that young farmers often disclose their farm succession challenges to their hairdresser.

To summarise the findings, engagement can be achieved and strengthened though:

- Outreach models – don't wait for people to ask for assistance;

- Word of mouth e.g. previous participants who had a positive experience (Mates Working Dog School); information from a trusted source or farming network; and 'Community Champions' (trained volunteers with established local networks willing to advocate for initiatives);

- Recognising and working with the cultural norms, language, and behaviours (including demonstrated understanding of the farming context);

- Ensuring the process of engagement is not complex or onerous;

- Encouraging social connection as part of broader mental health response e.g. education/training paired with a meal;

- Use of personal stories for engagement, communication and education;

Further work is required to learn more about how to and where to engage young farmers.

RECOMMENDATION 7: ENABLERS FOR SUPPORT

Enabling follow up actions for support is a promising strategy for strengthening resilience. Outreach support delivered by people who understand rural/farming life, whether that be peers or professionals, appears to reduce barriers to support seeking often demonstrated in farming communities. Provision of initial practical support (e.g. financial counselling, the provision of fodder or groceries), can facilitate connection to mental health support.

Mental health support can be enabled through:

- Referral pathway needs to be understood, clear and consistent, regardless of whether it is through peer support workers, community members or professionals;

- Referral can be assisted by personalised documentation that identifies (i) the reason for referral, (ii) who and how to engage, and provides encouragement/commitment for the person to follow through on the referral e.g. co-signed referrals; personal health passports.

- Resilience initiatives should aim to develop networks between community members and service providers to enable rapport and relationship building; it is often important to connect a face to the service. Combined education sessions and integrating providers at one community/agricultural event/location can assist this.

RECOMMENDATION 8: PRIORITISING STRUCTURED MONITORING AND EVALUATION

Evaluation needs to be formalised as part of the planning process and not an after-thought. When developing the project, plan for monitoring and evaluation and include these project elements for funding. Support (both financial and skills) need to be available to assist with the evaluation of programs at the community level. Evaluation methods should be timely and proactive where possible—involving direct contact with evaluation participants—rather than relying on participants to take the lead by responding to an online survey link sent after the event. While process evaluation can be helpful and informative, evaluation of outcomes is critical for establishing understanding of program effectiveness.

RECOMMENDATION 9: PEER TO PEER SUPPORT MODEL FOR INTERVENTION

Increasing evidence supports the effectiveness of peer support models (59), and several initiatives identified through this review describe success in this area. However, it is important to recognise the challenges with this approach. Initiatives must ensure that the capabilities and confidence of peers workers are not exceeded. Peers should be guided to work within their strengths and encourage referral and external support as required. Clear

models of governance and support for peer workers must be established to ensure peer worker safety and program sustainability.

This review identified a range of informal peer 'gatekeepers' (rural finance staff, outreach workers, agriculture extension staff and community champions) and recommends that a 'wider net is cast' to capture people not necessarily obvious in nature, but who are likely to develop trusted relationships and regular contact with farmers. This may include:

- Farm supplies and merchandise staff, including delivery drivers to farms;
- Milk tanker drivers;
- Grain storage workers;
- Farm trainee/VET coordinators and farm assessors; and,
- Hairdressers.

Tailored programs for these gatekeepers to develop confidence and competence in identifying, supporting and referring those at risk of poor mental health should be supported. While such programs have been identified as increasing confidence and competence, the longer-term outcomes and impact on peer gatekeepers and community has not yet been determined. Hence, follow-up evaluation is required.

RECOMMENDATION 10: ADAPTIVE MODELS OF INTERVENTION DELIVERY

Services and resilience-building initiatives traditionally delivered face-to-face can be successfully transitioned to an online environment. This was demonstrated during COVID-19 restrictions by the Primary Producer Knowledge Network (5). However, this should be complementary to, rather than replace, face-to-face engagement. Opportunities for engaging in digital-based resilience interventions that are complementary to face-to-face, are likely to increase familiarity with online methods and ultimately contribute to improved willingness to engage (60). Digital engagement methods must cater for a broad range of abilities, limited access and repeat cycles of engagement/disengagement over time (61).

Drawing on a review of telehealth services in rural and remote Australia (62), recommendations for successful digital engagement include:

- Clear purpose of the intervention;
- Consultation with stakeholders and involvement of champions who actively engage;
- Responsive to changing needs;
- Comparable outcomes to face-to-face engagement and demonstrated value;
- Consideration of technical requirements.

RECOMMENDATION 11: GOOD GOVERNANCE

Poor governance, or changing governance structures, can threaten the viability and sustainability of effective resilience initiatives (26). Poorly managed changes in governance can flow-on problems, such as the retention of program coordinators, engagement of volunteers and other established business relationships. For resilience building to be sustainable, strong governance should incorporate:

- A shared understanding of the importance of clear, well-defined governance structures;

- Governance networks incorporate shared decision-making, shared responsibilities and leadership;

- Collaborative models require time and funding. Finding time (time poor) to make this successful is challenging;

- All projects and deliverables need to include measured outcomes, recommendations and evaluations.

Further work is needed to determine a best practice model for the governance of agriculture-dependent community resilience initiatives in Victoria.

RECOMMENDATION 12: RESILIENCE-SUPPORTING RESOURCES

A broad range of tools and methods for resilience building in rural communities were identified through this review. These ranged in size and

scope from fridge magnets to social media hashtags, information booklets to training programs, to name a few.

While some resilience supporting resources may seem simple, the underpinning approach taken to developing these is important. Resource development should incorporate the following attributes:

- Practically-focused and tailored to farming context;

- Available in varied formats (video, text, podcast, printed and online) to maximise accessibility;

- Works well as a supplementary entity to the initial intervention (e.g. education, health assessment), reinforcing and translating messaging into action.

6. LIMITATIONS AND WORK REQUIRED

Summary: A range of data has not been included in this review—whether due to time, availability of evidence, or simply that resilience building efforts have yet to be conducted. There is limited evidence of resilience building activities for marginalised groups (e.g. Culturally and linguistically diverse, LGBTIQ+, veterans), all of whom make up a significant part of the population in agriculture-dependent communities. A dearth of well-evaluated interventions has also limited the findings from this review.

Linking back to the project scope, this review concludes by addressing the '*how*' and '*when*' to build prevention-focused resilience capacity. A practical framework is proposed to support agriculture-dependent communities, agencies and organisations to enact a planned and targeted resilience-building program. This framework is designed to facilitate a process where communities assess their capacity to respond, monitor, anticipate and learn, in order to initiate strategic and informed resilience-building action.

GAPS IN THE DATA

Following this review, gaps in the data still remain. This is likely to result from a combination of factors:

- The scope of the review did not capture all of the available information,
- Information about all community resilience building initiatives has not been publically recorded.

In addition to these factors, it is clear that resilience activities to date have not always targeted the wide range of potential target groups. The most prominent type of resilience building is general in nature, inclusive of adult men and women and broadly delivered for mental health and social connections.

These types of broad-based programs are most successful in receiving funds, and often best fit for budgets and/or agency engagement.

Community resilience building less commonly targets particular populations. Farmers, men, women, ATSIC groups and youth featured in the data, yet vulnerable rural groups that are at high risk (e.g. LGBTIQ+ farmers, carers, farm residents with disabilities, disengaged youth, and veterans), have not been found in the literature or evaluations. Surprisingly, consideration of resilience building within groups that already come together in agriculture-dependent communities (e.g. rural sporting clubs, community leisure centres, country halls), have not featured in the evidence.

LIMITATIONS AND ADDITIONAL WORK/KNOWLEDGE REQUIRED TO EXTEND UNDERSTANDINGS FROM THIS REVIEW

The time limitations within which this review was conducted mean that potentially valuable information may have been missed. Further resources and time are required to develop a greater understanding of agriculture-dependent community resilience—particularly with respect to interventions. While a range of interventions were identified through stakeholder interviews, there was often limited evaluation data collected—particularly with regard to intervention outcomes and impact. Accessing this data to include in this review was also challenging, given the limitations of stakeholder time and resources required to identify and supply relevant and available data.

The review identified a limited focus on interventions in the peer-review literature, with the majority of research focused on problem identification and descriptive studies. A greater emphasis on developing rigorously evaluated interventions is required. Ideally, this would include randomised control trials which, when designed appropriately (e.g. wait-list controls, stepped wedge designs), need not mean that participants miss out on effective interventions. Given further time and resources, a more thorough investigation of interventions developed in contextually-similar environments to rural Victoria (more broadly across Australia and internationally) could be valuable in informing further resilience work in Victoria.

7. FUTURE DIRECTIONS

HOW CAN AGRICULTURE-DEPENDENT COMMUNITY RESILIENCE BE MEASURED AND MONITORED INTO THE FUTURE?

Given the scope and limited timeframe, this rapid review has primarily focused on developing preparedness and preventing risks to poor mental health in the face of exposure to turbulent challenges. However, supporting community resilience most effectively is likely to require a broader, more integrated perspective. One way to measure and monitor community resilience is through the use of a framework such as the Resilience Analysis Grid (RAG) developed by Erik Hollnagel (63). Hollnagel describes resilience as an active process, in terms of a communities' ability (or the ability of broader structures that support agriculture-dependent communities) to respond, monitor, anticipate and learn, as detailed below:

RESILIENCE ANALYSIS GRID (RAG)

1. **The ability to respond to change**
It is necessary to be able to identify when something has changed, recognise how important the change is, know when and how to respond, and have available resources to carry out the required response.

2. **The ability to monitor**
In order to identify critical threats and opportunities before (not after) they happen, it is necessary to monitor what is happening in agriculture dependent communities and the surrounding environment.

3. **The ability to anticipate**
Anticipation of future events or circumstances (negative or positive) that may impact community functioning is important—acknowledging that the future is uncertain and flexibility and new ways of thinking will be required. Preparing for known or anticipated challenges (e.g. prediction of events such as drought and bushfire due to climate change) is often within our capacities, particularly when these events occur with some regularity and have already occurred multiple times.

4. **The ability to learn**
Learning from experience is key for precipitating behaviour change. Learning must be sought from what went well, near misses and what went wrong. For agriculture-dependent community resilience, this could be supported on a number of levels including support for evaluation of resilience building initiatives at a process, outcome and impact level.

Figure 23: The Resilience Analysis Grid developed by Erik Hollnagel (63)

The balance of each of these elements will vary depending on the situation. In terms of the prevention/preparedness focus of this review, the greater emphasis is on monitoring, anticipating and learning. However, all aspects will need to be addressed for resilience to be possible. An example of how these elements could be practically applied is in the form of a simple assessment tool. Each statement could be ranked using a Likert (64) scale as follows:

Excellent	Satisfactory	Acceptable	Unacceptable	Deficient	Missing

A series of questions may be developed to help rate each ability. For example:

- The ability to respond to change:
    - o Do we have established networks to coordinate and effectively communicate a response?
    - o Can a response be enacted quickly and for a sustained period of time?
    - o Is there infrastructure in place to support communities in their preparation for challenging events (e.g. identification of vulnerable groups—such as older people—and planned actions to reduce vulnerability)?
    - o How can we develop and support (rather than over-stretch) social capital to address gaps in government funding (e.g. informal care often provided by women in the community during challenging events (57))

- The ability to monitor:
    - o Have we identified indicators that flag turbulent change?
    - o Are these indicators meaningful and valid?
    - o How are these indicators communicated?

- The ability to anticipate:
    - o Do we have the strategic networks in place to ensure that predicted/expected change is communicated in a timely manner?
    - o Do we have the strategic networks in place to ensure that predicted/expected change is communicated to the right people/organisations?
    - o Do we have evidence-informed strategies/initiatives in place to roll out when indicators of change are flagged?
    - o How far into the future are we looking?
    - o How is a focus on the future balanced with a focus on present needs?
    - o How is a focus on the future prioritised in an environment of short-term/fixed-term funding cycles and shifting government priorities?

- The ability to learn:

- o Are we funding and supporting quality evaluation as an embedded part of all resilience initiatives?
- o How (and how often) do we seek opportunities for learning?
- o Are we considering both failures and successes?
- o Evaluating process: Are we able to engage community members in resilience building initiatives? Have initiatives been co-designed/developed/adapted to meet the needs of rural communities (including use of language, and recognition of culture and values)? Do people have the time and/or resources to participate?
- o Evaluating outcomes: What are the desired outcomes of the planned initiative? Have these outcomes been achieved? Are these outcomes sustained over time or do they require ongoing efforts/reinforcement?
- o Evaluating impact: Do these outcomes actually help people/communities face turbulent change and move forward in a positive way?

This framework has potential to be piloted as a project tender template and evaluated across a number of Victorian communities to establish its appropriateness and usefulness in the Victorian context. If validated, this framework could act to underpin the Victorian Government's approach to ensuring agriculture-dependent community resilience.

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APPENDICES

APPENDIX 1. THE DATABASE SEARCH STRATEGY

A systematic search of the peer-reviewed literature was conducted in: MEDLINE Complete (via Ebsco), Embase (via Embase.com), APA PsycINFO (via Ebsco), Global Health (via Ebsco) and SocINDEX (via Ebsco). The search was constructed in MEDLINE Complete and incorporated the following concepts: rural agricultural stakeholders (farmers, farming families, agricultural-dependent communities), resilience (wellbeing, coping, outlook and resilience health-related outcomes) and interventions (programs, training, partnerships, support initiatives). Each concept was searched independently and then combined (see Appendix 1 for full search strategy). Prior to being fully translated (including subject headings) into the remaining bibliographic databases (specified above), the search strategy was evaluated using the PRESS checklist and peer reviewed by a Health Librarian.

A simplified version of the MEDLINE Complete search strategy was adapted to source grey literature. The grey literature search was run through Google Advanced Search and the ProQuest Dissertations and Theses Database (via ProQuest). Screening for grey literature was conducted at the time of the search by one reviewer.

Search results from all sources were limited to studies published in English and published between 2010 and 2021. Additionally, Scopus was used for further snowball and citation searching of key articles.

All bibliographic database search results and selected grey literature were collated in EndNote X9 citation software and duplicates were removed. Finally, citations were exported to Covidence for screening workflow aligned to the PRISMA guidelines, where two reviewers independently screened studies at each stage and discrepancies were resolved by a third reviewer. Full-text documents were sourced for remaining relevant citations.

Search comprehensiveness and literature sourcing was limited by time constraints, language proficiencies (English) and nature of review conducted.

APPENDIX 2. THE STAKEHOLDER INTERVIEW QUESTIONS

Details about the program/initiative

- Are you able to give me a description of the project/intervention (e.g. Education program)?
- When did the project start and how long did it run for/how long is it expected to run for?
- What organisation is responsible for delivery of the program?
- Can you outline the aims of the project?
- Why was this project developed? (importance, background)
- How was the project/initiative funded?
- How much funding was received?
- What was the target population for the project? How many participants did you have?
- Does it target a particular farming commodity/sector?
- Geographic area?
- Gender?
- Age group?
- Was any evaluation of the project conducted?
- If yes, is this information available for us to include in our review?
- Where would we find it?
- Do we need to ask for permission to access from someone else?

Findings

- What were the main outcomes/findings from the project/What main outcomes/findings have you discovered so far?
- Were there any barriers you faced in implementing the project? (e.g. Recruitment, engagement, participant retainment)
- Did you experience any enablers when implementing the project? (e.g. Community champions)
- Any strategies/things you found were particularly successful/ helpful?
- Are there any limitations of the project you can identify?

Closing

Based on your experience, do you have any recommendations for building community resilience in Victoria?

Do you have any further details/comments/recommendations that you think would be beneficial to share with us today?

If we need any further detail about what we have discussed today, would you mind if someone from our team contacted you again?

APPENDIX 3. SUMMARY OF PEER REVIEWED LITERATURE AND STAKEHOLDER
INTERVIEWS REPRESENTED REGIONALLY IN VICTORIA.

Victoria-wide	
Peer reviewed literature	• A cross-sectional study of 65+ year old Victorians and Queenslanders (n=266) studied loneliness as a predictor of wellness and impacts on physical and mental health. • A coronial study from 2001-2007 showed that drought did not exacerbate the already high pattern of farmer suicides. • Located in the MDB irrigation areas, a study examined whether climatic conditions and water scarcity were associated with worsening farmer mental health. • A study of drought and distress in south-eastern Australia found that duration was associated with higher distress in younger rural women (n=5321).
Evaluated stakeholder responses	• Safer Together and Community Based Bushfire Management are a collaborative government and agency responses to help individuals and communities to plan for emergencies. • Hope Assistance Local Tradie (HALT) connects to tradespeople at hardware stores and breakfast events in the northwest and south-eastern suburbs of Melbourne.
Non-evaluated stakeholder responses	• Disaster Resilient: Future Ready is an FRRR initiative to prepare partner communities with the skills to build capacity and act.

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	• Gathering Men is a resilience and mental health program for indigenous men that was initiated in Victoria but is now a national program.
West Gippsland	
Peer reviewed literature	• A study was led to investigate the health-related benefits of community gardening, as well as nutrition, social, and physical outcomes for older men and women (n=10).
Evaluated stakeholder responses	• 'The OpenBook Approach' was delivered by LifeLine Gippsland stemmed from the Hazelwood Mine Fire to engage businesses to facilitate conversations about mental health (n=410 employed participants).
Non-evaluated stakeholder responses	• Card making and Scrapbooking for the Balook and District Residents Association (BADRA) Incorporated was funded by FRRR's Tackling Tough Times Together.
East Gippsland	
Peer reviewed literature	• A program for indigenous men (n=17) highlighted the need for elder involvement and mental health literacy.
Evaluated stakeholder responses	• The 'Flying Doctor Wellbeing' intervention brought mental health specialist to towns (n=8) with bush nursing centres. • Lifeline's 'Farmers Friend Coaching Program' and the Department of Health and Human Services' 'Connect Well: Bushfire TV and Building Community', both support mental health and wellbeing supported the Wellington and Gippsland East Shires (approx. pop'n 120,000).

Non-evaluated stakeholder responses	• The RFDS provided counselling to affected residents aged 12+ after the bushfires.
North East	
Peer reviewed literature	• Health practitioners addressed building social inclusion for older people through ITCs (n=30).
Evaluated stakeholder responses	• The Alpine Shire Community Resilience Committee involved planned to respond to disaster through networks (n=840).
Non-evaluated stakeholder responses	• The Grit and Resilience Program responded to suicide rates to support men's mental health and wellbeing. • The Community Resilience for Dry Conditions 2019-2020 used place-based co-design to support drought affected communities across Central and Upper Hume PCPs.
North Central	
Peer reviewed literature	• A clinic, specifically established for rural youth, was evaluated against the WHO framework to demonstrate that target groups can be treated through pathways such as referral processes. • A study was led to examine the role for creative arts in the delivery of recovery orientated psychiatric rehabilitation for people with enduring mental illness.
Evaluated stakeholder responses	• Two NCFH-led workshops, 'Managing People in Stressful Situations', were delivered to rural finance service providers in Bendigo. • The 'Flying Doctor Wellbeing' program visited Boort.

Non-evaluated stakeholder responses	• Initiated by the Murray PHN 'HeadtoHelp' was quickly upscaled Victoria-wide during the pandemic to support all Victorians with mental health problems.
Wimmera and Mallee	
Evaluated stakeholder responses	• One NCFH-led workshop, Managing People in Stressful Situations, was delivered to rural finance service providers in Horsham. • The 'Flying Doctor Wellbeing' program visited Edenhope.
Non-evaluated stakeholder responses	• 'Look Over The Farm Gate' responded to the mental health needs of farmers during the drought in the Wimmera Mallee regions and later extended to other areas in response to challenges such as cuts to milk price in dairy industry. • The Wimmera PCP provided mental health first aid. • 'The Naked Farmer' was initiated by a young farmer struggling with mental health issues to using social media. • In the upper catchment of the Wimmera, the 'FarmHER' program sought to examine how to build equity in farming women through workshops and information fact sheets.
South West Victoria	
Peer reviewed literature	• The Alcohol Intervention Program for nurses (n=15) and the Farming Fit Study for farming men and women (n=70) are both secondary interventions for participants in the Sustainable Farming Families™ Program (n=2500).

	- The Ripple Effect is a digital intervention for suicide prevention in men, led by the NCFH in the south west, and expanded nationally. - A study in a western Victorian town showed significant links between group characteristics and individual well-being and resilience suggesting that group characteristics can influence individual responses (n=176).
Evaluated stakeholder responses	- The Rural People Resilient Futures together with Enhancing Networks for Resilience Project (Stage 1 and 2) were delivered to build community networks to address climate change and disaster recovery in two shires (pop'n 12,000). - Two NCFH-led workshops, Managing People in Stressful Situations, were delivered to a banking community in Hamilton. - The 'Flying Doctor Wellbeing' program visited Harrow.
Non-evaluated stakeholder responses	The 6 c's: Vantastic is an outreach model for bushfire affected communities initiated by the Moyne Shire (approx. pop'n 16,000).