

Making a difference to farmers' lives

MH4Ag – Mental Health for Ag

A report from the National Centre for Farmer Health (NCFH) summarising the Mental Health for Ag (MH4AG) program.



Compiled by

Alison Kennedy, Sonya Duke, Jessie Adams and Kelly Barnes

National Centre for Farmer Health

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in partnership with

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[Mental Health for Ag (MH4Ag)]

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Contact Details

Assoc. Prof Alison Kennedy
Director
National Centre for Farmer Health
Western District Health Service
PO Box 283
HAMILTON VIC 3300
Phone: 03 5551 8533
Email: alison.kennedy@wdhs.net

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GREAT SOUTH COAST
**Suicide Prevention
Place Based Trial**

PROJECT TEAM

The following is a list of the Deakin and/or National Centre for Farmer Health (NCFH) staff who contributed to the project:

Name	Contact details
Dr Alison Kennedy (Project Lead)	Main contact for Deakin a.kennedy@deakin.edu.au (03) 5551 8587
Professor Susan Brumby	Susan.brumby@wdhs.net
Associate Professor Vincent Versace	Vincent.versace@deakin.edu.au
Dr Joanna Macdonald (Research Assistant) - Phase 1	Joanna.macdonald@wdhs.net
Sonya Duke (Research Assistant) - Phase 1 and 2	sduke@wdhs.net
Ms Kelly Barnes (Research Assistant) - Phase 2	kjbarnes@wdhs.net
Ms Jessie Adams (Research Assistant) - Phase 2	jessie.adams@wdhs.net

The following is a list of the contributing partners external to Deakin.

Name	Partner Organisation	Contact details
Professor Richard Gray	LaTrobe University	R.Gray@latrobe.edu.au
Associate Professor Martin Jones	University of South Australia	Martin.Jones@unisa.edu.au
Dr Kate Gunn	University of South Australia	Kate.Gunn@unisa.edu.au
Dr Ellie Brown	University of Melbourne	ellie.brown@unimelb.edu.au

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Glossary

Behavioural Activation (BA)

An evidence-based psychological therapy involving (i) monitoring of daily activity to understand the relationship between activity and mood, and (ii) active scheduling and carrying out of activities which bring pleasure and a sense of achievement.

Back on Track program (BoT)

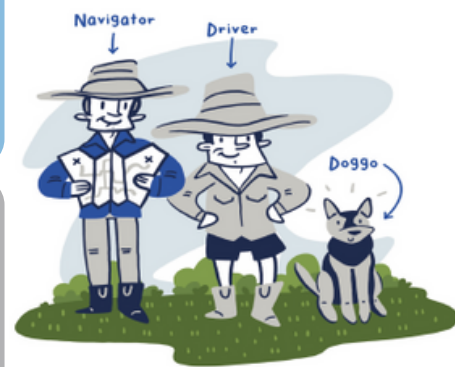
A peer-led program designed to empower farming community members to take control of their own wellbeing, with the support of someone who (i) understands the challenges of life and work in a farming community, and (ii) can support them to improve their mental wellbeing through BA.

Navigator

A Navigator is someone from a farming community trained to provide support to others in the community seeking to improve their mental wellbeing through BA.

Driver

A Driver is a member of a farming community seeking support from another individual in the community (the Navigator) due to experiencing low mood.



Stay on Track plan

The Stay on Track plan is a document written on completion of a Driver's participation in the Back on Track Program. This relapse-prevention plan identifies steps to take, before mood spirals down, to identify and interrupt the returning of low mood.

'Steering Straight' plan: Steering Straight - stand alone (farmerhealth.org.au)

A co-designed resource for members of the farming population to look beyond the endless cycle of tasks to do, and help with reflection, planning for the challenges ahead, and preparing for action, with a focus on wellbeing.

Lay worker

A member of the farming population who understands the challenges of life and work in a farming community and provides support to others with whom they share this common experience. This person may or may not have a lived experience of poor mental health. In the BoT Program, lay workers are engaged as Navigators.

Co-design

The active involvement of consumers in identifying a problem and designing a solution—providing lived experience insights, a clear understanding of needs and a shared vision.

Co-production

The active involvement of consumers in developing and delivering a solution identified through the co-design process.

EXECUTIVE SUMMARY

The Mental Health 4 Ag project was developed as a response to identified suicide risk in Great South Coast farming communities, and was supported by the Western Victoria PHN funded Great South Coast Suicide Prevention Place-based Trial.

Farmers face up to twice the risk of suicide when compared to the general Australian population (1-4). There is evidence that farmers are generous at providing help to others but are reluctant to ask for help themselves (5). Most farmers live in communities in which access to evidence-based face-to-face mental health support is limited (6). Where support is available, providers may have poor understanding of the realities of life and work in the farming environment (7). Working with farmers to co-design approaches for preventing risks to mental health and delivering mental health support may (i) improve the management of situational risk factors and the personal response to mental health challenges in a practical way that farming community members can relate to, and (ii) increase accessibility to evidence-based, appropriate and acceptable mental health support for farmers living with depression or subthreshold depression.

Mental Health 4 Ag comprised two separate, but related strategies:

- Project strategy 1 aimed to co-design, with farming community members and community stakeholders, a model for delivering peer-led evidenced-based psychological therapy (Behavioural Activation) to farming community members experiencing depression, subthreshold depression or psychological/situational distress. The model (broadly outlined in Figure 1) included consideration of the needs for training and governance to ensure the safe and sustainable delivery of any future program rollout. Phase 1 and 2 were completed as part of this project, with Phase 3 (implementation trial) identified as the next steps required.
- Project strategy 2 aimed to empower members of the rural farming community to take responsibility for their wellbeing through co-designing and pilot testing a personalised safety plan referred to as 'Steering Straight' for preventing personal or situational crisis.

Strategy 1 engaged with 22 community members and stakeholders, who were often involved in multiple roles within work and the community. These included farmers, financial services, rural resellers, Country Fire Authority members, community mental health groups, health professionals, and mental health and/or counselling services. The discussion explored the appropriateness of, and considerations required for, delivering peer-led Behavioural Activation in the farming community. This progressed to the co-production and pilot testing of the 'Back on Track' training program (including a manual, facilitation slides, training schedule and resources) tailored to reflect the context of farming communities. To ensure the safe and sustainable delivery of such a program and inform a governance framework, interviews with 12 stakeholders, including service providers with direct interest in peer-delivered mental health in farming communities (e.g. Rural Alive and Well in Tasmania) and key service delivering peer worker mental health programs more broadly (e.g. Roses in the

Ocean) were conducted. A full list of the organisations interviewed is located in Appendix 3.

The 22 community members and stakeholders reflected a positive response to the concept of peer-led Behavioural Activation through a series of co-design focus groups, identifying the need for the program to be community-based and led by trusted community members. Community members contributed input to how training, recruitment, lay worker support and recognition could support the viability of a sustainable peer-led mental health support program. Pilot training was successful in achieving competency to deliver Behavioural Activation in most members who completed the entire training program.

Role play recordings were assessed by a member of the research team with experience in behavioural activation against a competency checklist, the 3 members who completed the role play assessment passed the competency testing to deliver Behavioural Activation to a peer. Pilot testing and feedback also helped to identify strengths, gaps and challenges in the program listed in table 1, ranging from training content, delivery and application to the 'Back on Track' program roll out.

The 12 semi-structured stakeholder interviews identified gaps in evidence about appropriate governance and support for peer-led Behavioural Activation by engaging with organisations (listed in Appendix 3) who were already involved in the delivery of peer-led mental health programs (both in the farming and broader community). Appendix 4 provides an example of the interview structure. The interviews highlighted areas of concern as illustrated in figure 7, and these areas shape the consideration and guidance for the development of future governance structures, including: lay-worker safety and supervision, recruitment and retention, boundaries and confidentiality, risk management, training and recognition and payment. A wide range of project learnings and next steps were identified from Project Strategy 1. This ultimately identified the importance of an implementation trial to apply learnings from the co-design phase and rigorously evaluate the implementation of the 'Back on Track' program through a community-embedded trial. This trial would include:

- Identification and support of a suitable governing body/service,
- Training and support/supervision of peer-leaders,
- Recruitment and support of community members to engage in Behavioural Activation with the support of peer-leaders.

Project Strategy 2 drew on evidence-based suicide risk safety planning (8, 9) used to identify personal warning signs, use coping strategies, activate social support and access professional services. This existing approach emphasises what TO DO in a crisis, rather than what NOT TO DO, and taps into the practical, goal-directed focus so common within farming communities. Adaptions for the current project included a shift in focus from crisis response to prevention through encouraging reflection and identification of internal warning signs and coping strategies and external support resources to reduce the chance of experiencing a future challenging situation as a crisis event.

The NCFH team worked collaboratively with a community-based working group of 7 members including rural service providers, health professionals and farmers to co-design and pilot test a personalised 'Safety Plan' (Steering Straight plan) for preventing personal or situational crisis. The importance of appropriate language, imagery and relevant farming examples were all noted, as was the flexibility of resource delivery (hard copy and digital). Community-members responded very positively to the Steering Straight plan, including the resource length and format, and the use of language and examples. Two thirds of pilot participants referred back to the plan during the pilot phase. Suggestions for improvement were incorporated into the final resource which was then incorporated into the existing NCFH [Managing Stress on the Farm](#) resource (hard copy and digital) and accessible via the [Farmer Health website](#).

REPORT OUTLINE

This report has been developed to highlight the background, process, findings/outcomes, learnings, challenges and next steps of a multi-phase co-design project with the ultimate goal to support suicide prevention in farming populations.

The report summarises the background and activities of two separate, but related, suicide prevention strategies:

Strategy 1: The co-design, with farming community members and community stakeholders, of a model for delivering peer-led evidenced-based psychological therapy (Behavioural Activation) to farming community members experiencing depression, subthreshold depression or psychological/situational distress.

Strategy 2: The co-design and pilot testing of a personalised 'Safety Plan' (Steering Straight) for preventing personal or situational crisis.

STRATEGY 1

Figure 1 outlines the overarching framework for the delivery of lay worker led mental health support for farming communities. This is described in three phases spanning the project period of June 2020 – April 2022. This framework also details work still required, which extends beyond the scope of the funding period.

Figure 2 describes the process and high level findings of 10 community-based focus groups to assist in the co-design of what peer-led Behavioural Activation could look like.

Figure 3 provides greater detail of the focus group findings, including exemplar quotes from focus group participants.

Figure 4 describes the process and high level findings of pilot training designed to build competence in the delivery of 'Back on Track', a peer-led Behavioural Activation program for members of farming communities.

Figure 5 details feedback and learnings from the pilot training program.

Figure 6 describes the process and high level findings of 12 stakeholder interviews to inform governance and support of the 'Back on Track' program. Interviews were with representatives from stakeholders delivering peer-led programs in farming and non-farming communities.

Figure 7 details findings from the stakeholder interviews, including exemplar quotes from participants.

Figure 8 highlights strengths of the Back on Track program.

Figure 9 outlines next steps and programs aspects that require further development and research, which were beyond the scope of the funding period

STRATEGY 2

Figure 10 describes the co-design, co-production and pilot testing of the prevention focused 'Steering Straight' plan.

Figure 11 details findings/outcomes and feedback/learnings from the 'Steering Straight' pilot testing process

A comprehensive set of appendices include greater detail about the activities and resource material produced to complement the activities:

- Pilot training materials including the 'Back on Track' training schedule (Appendix 1) - outlining the learning activities and learning outcomes across 2 online and 2 face-to-face training sessions - and the pilot training manual.
- Governance interview questions guiding the semi-structured interviews of 12 stakeholders.
- 'Steering Straight' plan.

PROJECT STRATEGY 1

BACKGROUND

Farmers face up to twice the risk of suicide when compared to the general Australian population (1-4). There is strong evidence for a range of contextually-influenced situational factors that negatively influence farmer mental health and suicide risk (10-14). This is in the absence of clear evidence of higher rates of diagnosed mental illness. Rather, the association between mood and suicidal thinking seem to differ between the farming and general population (15).

There is evidence that farmers are generous at providing help to others but are reluctant to ask for help themselves (5). Most farmers live in communities in which access to evidence-based face-to-face mental health support is limited (6). Where support is available, providers may have poor understanding of the realities of life and work in the farming environment (7). The unique barriers to support seeking identified in farming communities may be a barrier to people seeking support, particularly when they have a negative support seeking experience (16).

Working with farmers to co-design an approach for delivering Behavioural Activation may be one solution to increase accessibility to evidenced based, appropriate and acceptable mental health support for farmers living with depression or subthreshold depression (with reduced number, duration and/or persistence of symptoms). There is a growing body of evidence to support the use of Behavioural Activation in supporting people with anxiety and depression, both predictors of suicide. This includes a randomised controlled trial involving 4440 people indicated that Behavioural Activation is as effective as Cognitive Behavioural Therapy in treating depression and, most importantly, could be effectively delivered by non-clinical workers (17).

Behavioural Activation is a brief psychological therapy focused on increasing behaviours that people enjoy and reducing avoidance behaviours (e.g. sitting alone and ruminating) (18). Unlike CBT, non-health workers can learn to deliver BA with four days training (19). Consequently, Behavioural Activation can be delivered to large numbers of people living with common mental disorders in communities where access to mental health services is limited, such as rural Australia. There is growing evidence of peer-delivered services in mental health care reducing relapse and rehospitalisation as well as improving empowerment, hope, self-efficacy, engagement and recovery (20). Working with farmers to deliver Behavioural Activation to their peers (enabling the context and cultural competence to 'walk in their shoes') has the potential to overcome many well-established barriers to mental health help-seeking and improve outcomes for this at-risk group.

Project strategy 1 aimed to co-design, with farming community members and community stakeholders, a model for delivering peer-led evidenced-based psychological therapy to farming community members experiencing depression, subthreshold depression or psychological/situational distress. The model included consideration of the needs for training and governance to ensure the safe and sustainable delivery of any future program rollout.

SUMMARY OF ACTIVITY

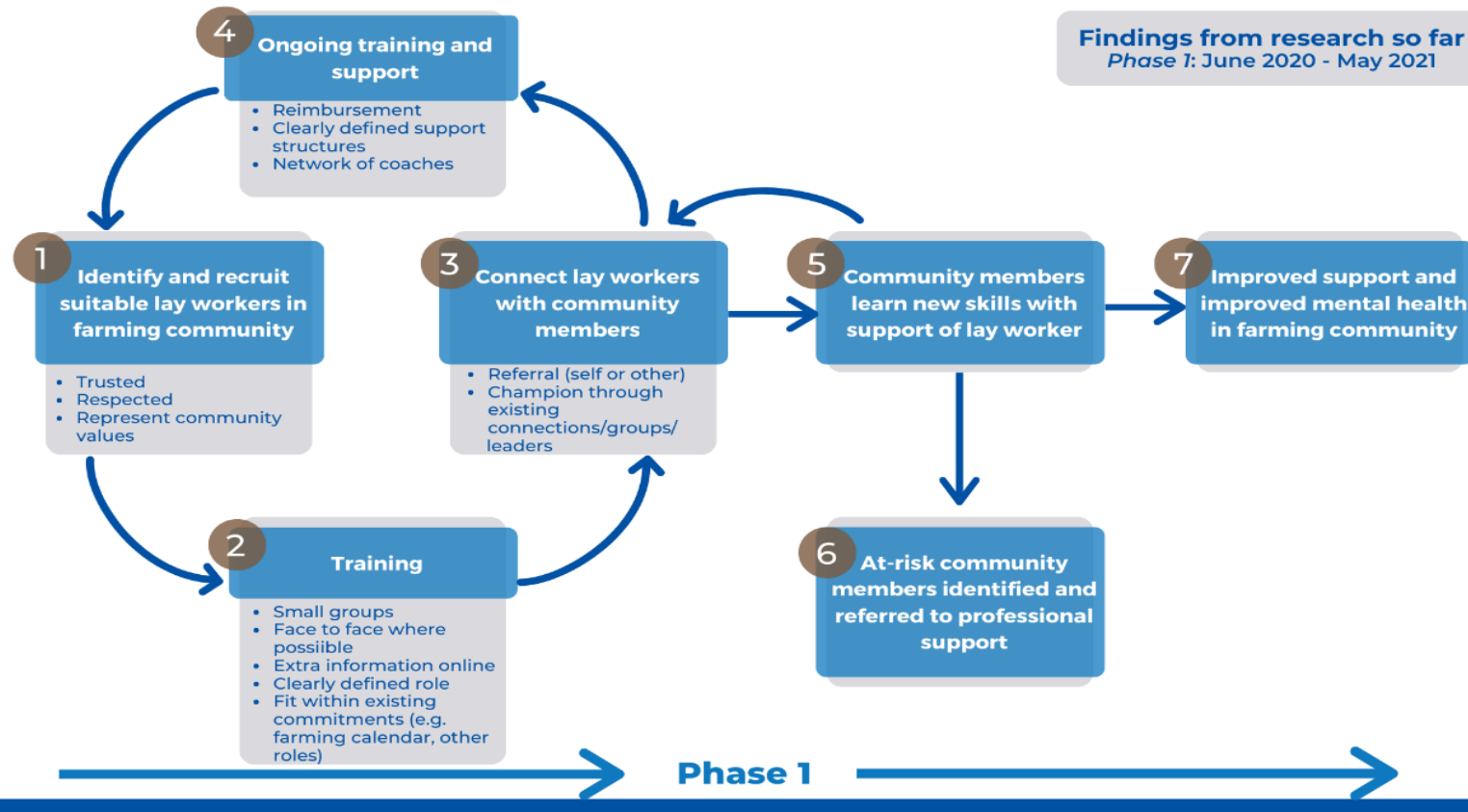
The Deakin University Human Research Ethics Committee (Ref No. 2020-232) approved all project activities.

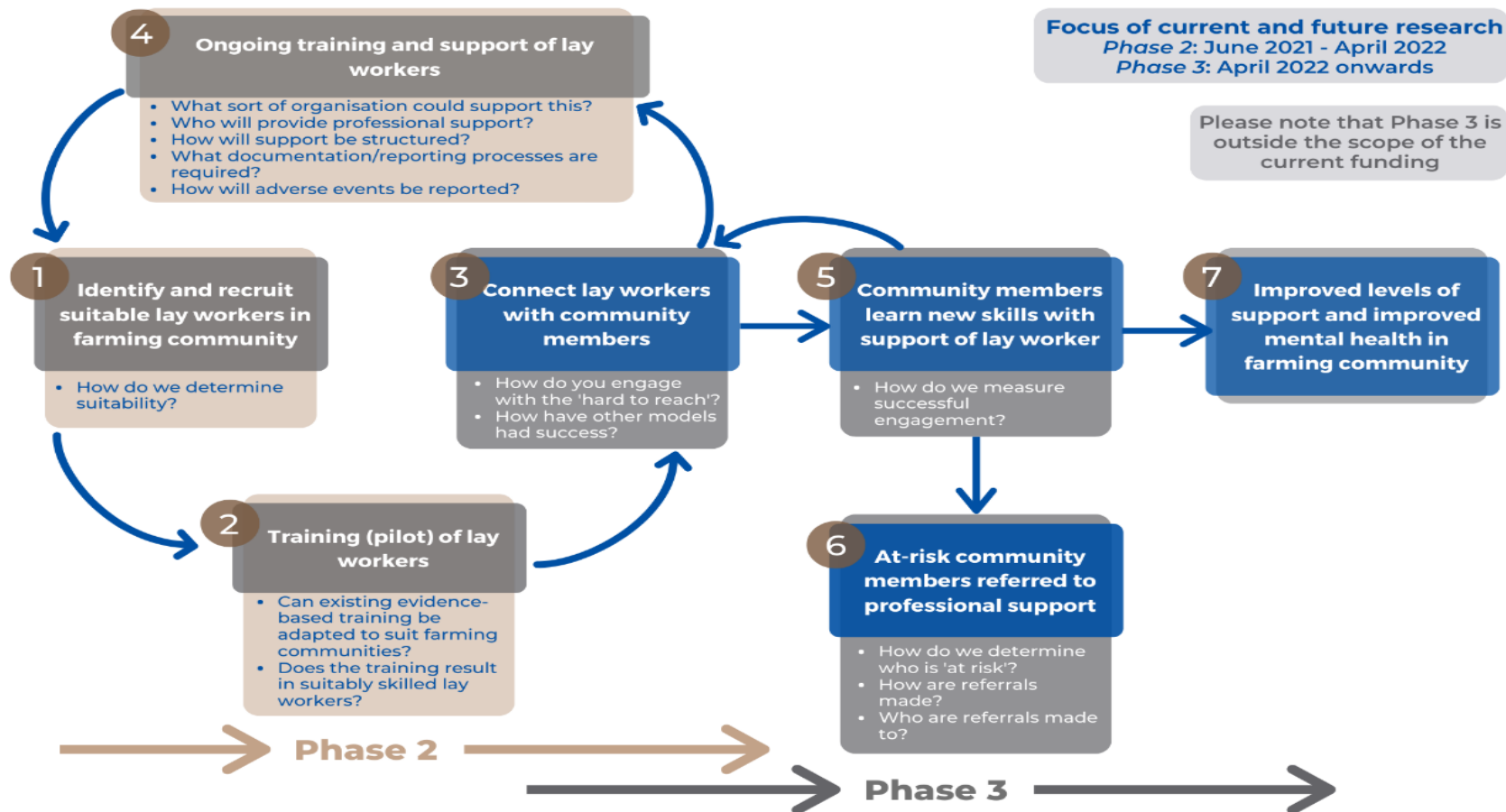
Deakin and partner institutions co-designed, with farming community members and community stakeholders, a model for delivering peer-supported evidenced-based psychological therapy (Behavioural Activation) to farming community members experiencing depression, subthreshold depression or psychological/situational distress. The development of the Behavioural Activation model incorporated:

- Development of an engagement and risk management plan
- Consultation with farming community members and community through co-design workshops
- Presentation and feedback workshops following the development of the model
- Development of a peer support worker interactive training package/manual, tailored to the farming community context, included
- Written training manual and supplementary materials
- Interactive activities
- Pilot delivery of training package by a mental health clinician and peer worker with experience in farming and mental health
- Development of a governance and supervision model ensuring peer support workers can practice safely, with appropriate and ongoing supervision.

Figure 1: Framework for lay worker mental health support for the farming community

Findings from research so far
Phase 1: June 2020 - May 2021





PROJECT STRATEGY 1: PHASE 1 - JUNE 2020 TO MAY 2021

IMPLEMENTATION

A scoping review of the existing research literature was conducted to examine the extent, nature and characteristics of research in this area. This review was used to inform the ethics application to Deakin University Human Research Ethics Committee and to support the conduct of the project when translating project findings.

Members of the original community-based working group established in August 2019 were invited to re-engage for the project co-design phase. The working group provided community-led, place-based information to help guide the project and support recruitment and evaluation.

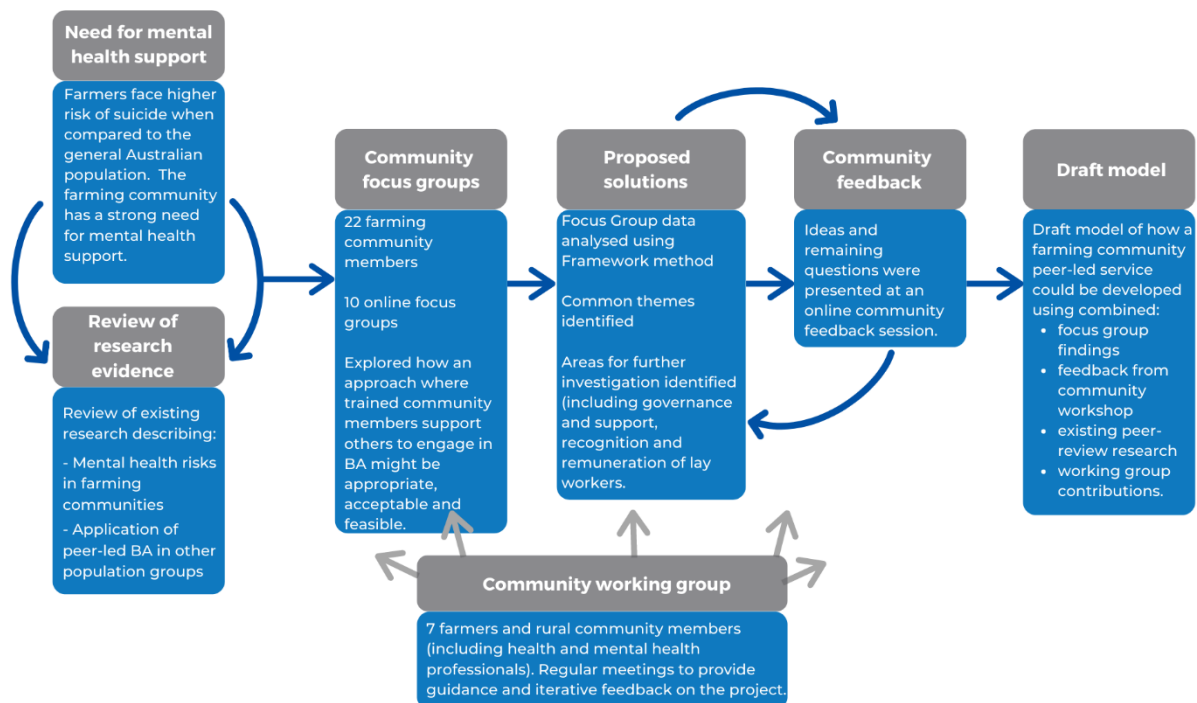
A co-design process—informed by the 6-step framework for the involvement of vulnerable consumers in co-design processes (21)—was used to inform the development of a peer-led model of Behavioural Activation in farming communities. The steps in this process are resourcing, planning recruiting, sensitizing, facilitation and evaluation. Participants were recruited via a call for expressions of interest made over a 3–4 week period via the Farmer Health eNews, social media pages, website, and other relevant partner networks. Participants were selected to ensure representation of key stakeholders and service providers engaging with farming communities, and a balanced representation of participants from different geographic areas across the Great South Coast, farming industries, gender and age. This included direct invitations to participate emailed to key stakeholder organisations, and requests for local service providers/community and industry groups to circulate invitations across their member networks. A snowball effect was adopted for further recruitment where co-design participants communicated information to others in their network and recommended participation in the focus groups.

Interested participants were invited to contact a member of the research team to discuss the project and what participation involved. A total of 22 participants located in farming communities residing in the Great South Coast region of Victoria consented to participate.

Participants identified their availability to attend one of 10 online focus groups to explore the opportunities and approach of training farming community members to support others to engage in Behavioural Activation. Common themes were identified from the discussions as well as areas for further consideration including governance and support, and recognition and remuneration of lay workers. Focus groups were originally planned to be held face-to-face, but due to Covid-19 restrictions the meetings occurred using the Zoom platform. Prior to attending, participants were sent an email comprising of an online consent form; two videos describing BA; an online survey inviting them to reflect on the barriers farming communities experience in accessing mental health services; a list of questions to be covered during the focus group; and, information on how to participate in a Zoom meeting. Following the synthesis and review of focus group findings, a community feedback session (inviting co-design participants and broader community representation) was conducted to present draft findings and seek further feedback.

Figure 1 (previous section) shows the framework developed for lay worker

Figure 2: Community-based focus groups



mental health support based on the learnings from the Phase 1 co-design process. The focus group co-design process is summarised in Figure 2.

OUTCOMES

Data from the focus groups was analysed using the Framework Method for analysing qualitative data (22). Eight themes were identified, these themes and supporting quotes are summarised in Figure 3.

- Current services did not meet the needs of the community - There is strong need for mental health support in the farming community and participants highlighted how the extent of this need is often hidden. There is often a lack of services available to farming communities and long wait times. Even when there are services available, they often did not understand the needs of the farming population which lead to

disengagement. Mental health support for farming communities often relied on informal support from agricultural services providers, rural financial counsellors or informal peer-based connections such as community or volunteer groups. These supports are often provided by people without any formal training or support themselves.

- The program needs to be community-based, informal and trusted – Feedback suggested the initiatives provided to farming communities should maintain this peer-led support from trusted members of the community who live and work with the same challenges. There was great emphasis placed on the community having control over the services to maintain engagement.
- Importance of community involvement – There is a strong sense of community spirit and existing experience and knowledge from older community members. Farmers are very generous with their time and often like to help other farmers. Sharing knowledge can help to give these farmers a sense of purpose, as well as benefiting their community. Farmers are often task-oriented and pragmatic so the very practical approach of Behavioural Activation resonated well.
- Engagement and connecting people with the program – Having the ‘right’ people is important. Engaging with community leaders and peers who are well respected and well regarded within the community is essential to encourage participation in the program. These people also need to demonstrate continued commitment and maintain confidentiality. Sporting clubs were frequently suggested as a source of good leaders and a way to engage with community members. However, it was also noted that there needs to be a broader focus as not everyone is involved in sport. There is a need for a range of different people supporting the delivery of Behavioural Activation to accommodate for the diversity of people in farming communities.
- Format of training – The format for the delivery of training lay workers is important. Small groups were noted as being more effective to reduce the risk of strong personalities taking over the conversation. Small groups were suggested to allow more contribution from participants and face-to-face was deemed an important part of the delivery. Whilst Covid-19 has opened up opportunities for online delivery and can reduce the amount of time need to travel (making training more accessible) there is still value in face-to-face interaction. A combination of face to-face and online (including opportunities for pre-training reading and preparation) is considered the most effective delivery method.
- Clear role of lay workers and strong support pathways – Mechanisms for ensuring the psychological safety of those delivering the program was noted. It is important to be clear about the expectations of the role for the lay/peer workers delivering Behavioural Activation. These roles are not a substitute for more formal mental health support and lay workers are not trained mental health professionals. The intertwined nature of farming communities can lead to blurring of the boundaries between work and personal life. The establishment of a clear set of guidelines as to what the lay workers are—and also what they are not—is

highlighted. Strong support structures for the lay workers is essential. Support was suggested to be both formal supervision as well as a peer network of other lay workers in the program.

- Recognition of lay workers' contributions - Recognition was deemed important, in both a monetary form as well as recognition of the value that lay workers bring to the program. Formalising their role as a 'coach' and the skills that are required to perform this role are important, as well as ensuring that they are recognised for the time taken to conduct the role. Reimbursement of costs such as fuel was suggested and, whilst payment was discussed as potentially attracting the 'wrong sort of people', this was deemed less likely in close knit farming communities as opposed to a metropolitan environment. Payment and formalising of the lay workers' role was associated with a greater obligation in some cases, which again highlighted the importance of establishing clear boundaries and role description.
- Program sustainability - Farming communities have become wary of short-term programs from external providers and the gap left after the conclusion of such programs can often leave communities vulnerable and wary of other support opportunities. Community members often volunteer in a number of roles and the passion for supporting the local community is strong but can lead to 'volunteer fatigue'. Formalising the program and having paid employees was identified as a way to provide sustainability.



Figure 3: Voices of community - What could BA in the farming community could look like?

"Particularly in the area where I am, the services are sparse still, certainly for psychologists."

Current services do not meet community need

"When [my son] died [by suicide]...the big hide started to reveal itself to me...I could go down the main street...and in every household there was people who was suffering depression or suicide behind the door."

"You just know how much community is, and how important it is to you...you always try and be there as you get older, because you know you've lived a lot more of your life than you've got left, so you hope to make a difference."

Importance of community involvement

"I would further highlight that farmers like to help farmers. There's a really strong community spirit."

"I come from a family of a lot of farmers [and] there would be no substitute for me than someone coming to the local CFA tin shed and [bringing] sausages with them, and having a bit of a yarn...before they head off home."

This program needs to be community-based, informal and trusted

"If the community feels that are not in control anymore, they will clam up again and not necessarily be as open."

"If...you've got farmers in a large group, you'll get two that will be speaking the whole time, and the rest of the room will be quiet...So I think small groups, face-to-face."

Format of training

"If you said to me, it's going to take five days to train you, [it would be impossible]. But if...I could be filling in some stuff online and reading some things...that would be a lot easier...to facilitate."

"I think you have to be really clear about the role of the peer behavioural activation person...It's not fair on that person for them to think that they're therapists."

Clear role of lay workers and strong support pathways

"[Coaches would need a] clinical support debrief, [and a] network of peers to be able to connect to as well."

"A [coach] is exactly a [coach]: somebody you go to because you respect them...and not just because they're being paid to do so."

Recognition of lay workers' contribution

"If there was someone that is unemployed, or can't work for whatever reason, but they want to be a [coach], but they can't afford the petrol [you should cover it]."

"The sporting clubs in rural communities are the lifeblood, so...you can tack something on your existing event or meeting."

Engagement and connecting people with the program

"You'd have to go to those rural community leaders. Small towns...there'd be somebody in that town that...knows everybody. He'd...be able to end up with a group of people."

"The rural community gets a bit weary of things being outsourced; things moving and coming back...the ongoing need is left...I think that makes the situation worse."

Program sustainability

"If you really want it to be sustainable in communities, there still needs to be that layer of someone who's employed... because [otherwise] you'll get that burnout."

PROJECT STRATEGY 1: PHASE 2 JUNE 2021 – APRIL 2022

IMPLEMENTATION

Phase 2 implementation consisted of (i) the co-design, co-production and co-delivery of pilot training of the 'Back on Track' program (as detailed in Figure 4) and, (ii) completion of stakeholder interviews to inform the development of a governance framework (as detailed in Figure 6).

A review of existing research describing the delivery of peer-led Behavioural Activation was conducted and permission sought and granted from two international research teams to adapt previously validated evidence-based peer-delivered Behavioural Activation program training manuals: Do More, Feel Better (21). The community working group worked iteratively with the research team to adapt training manual to reflect the context of the farming audience. The working group (a group of farmers and rural community members) reviewed the manual and provided valuable insight to 'farmerisation' of the content, language and images to ensure its suitability and relatability for members of farming communities. The concepts of a navigator (lay worker) and a driver (community member being supported by the lay worker) were adopted to convey the idea of a driver being in control of their choices and behaviours, with a navigator to help guide them on their journey. A design agency was contracted to create farmer-specific graphics of key Behavioural Activation concepts to enhance the visual appeal and relatability of the manual.

Pilot training

Six participants were recruited as trainee navigators for the pilot training. The participants included mental health professionals, farmers with lived experience and service providers to the farming industry. Most participants filled multiple roles (e.g. mental health professional and farmer). Five of the participants completed all training sessions and three participants completed all areas of competency testing.

A mental health clinician was the lead facilitator of the training and a lived experience facilitator with personal experience of poor mental health and farming lifestyle co-delivered the sessions. The lead facilitator and lived experience facilitator had a short introductory meeting and a more formal session via Zoom with members of the research team prior to the commencement of the training. This allowed the facilitators to get to know each other and become familiar with the purpose of the training and discuss the delivery of the sessions.

Two members of the research team were present during all four training sessions to provide technical support, and observe and take notes during training sessions. This attendance also allowed the research team to answer questions about the design and purpose of the training and identify areas that could be improved. There was extremely valuable discussion and feedback given during and after the sessions from the participants and the facilitators.

Figure 4: Pilot Training Program

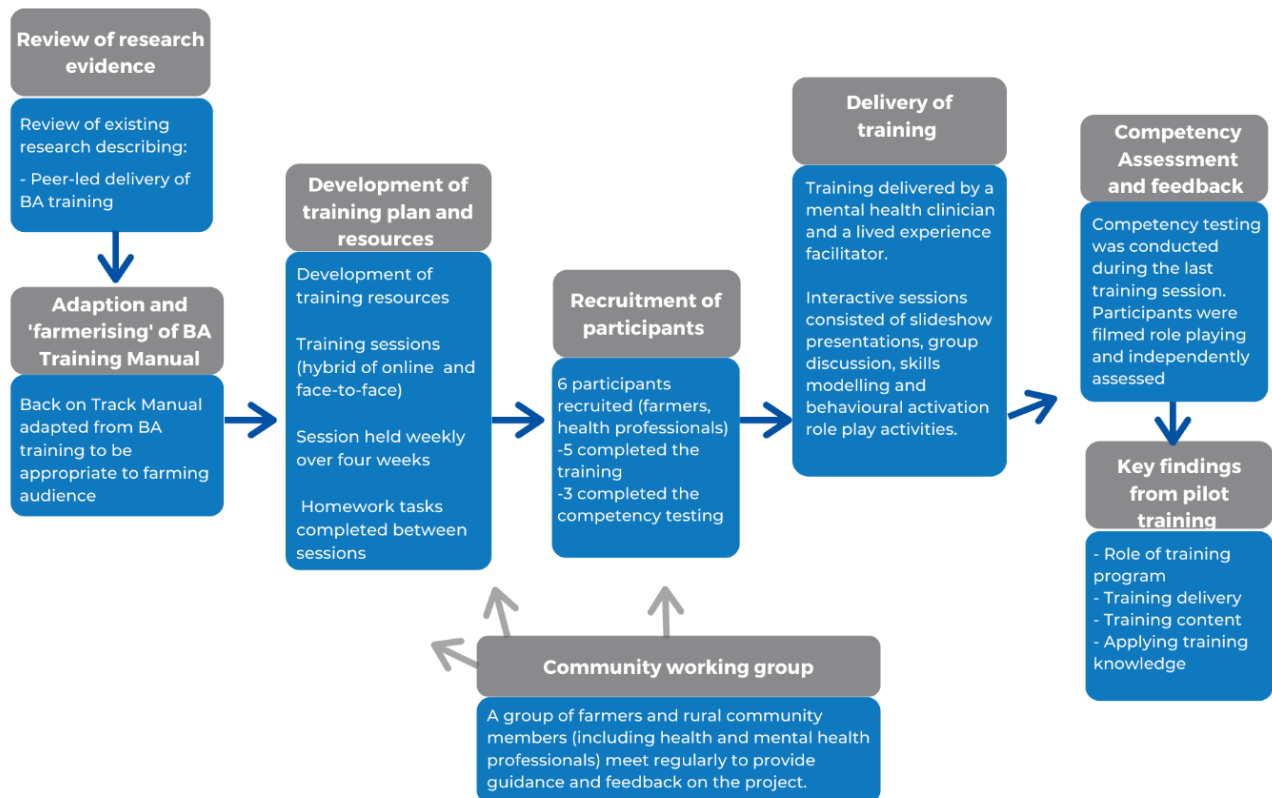


Figure 4 outlines the process undertaken in the 'Back on Track' pilot training program. Pilot training was held during the month of February 2022, with one session being held per week over four weeks. The interactive sessions were presented as a mix of face-to-face and online workshops (via Zoom). Sessions one and three were held on Zoom as two hour workshops. While session two and four were run as six hour in-person workshops (see Appendix 1 for pilot training schedule). The training consisted of a mix of slideshow presentations, group discussions, demonstrated Behavioural Activation sessions between the lead facilitator and lived experience facilitator, and Behavioural Activation role play activities between participants. Homework were also completed between each session, including consolidation of learning through application in daily routines. Homework tasks included participants undertaking mood monitoring, and role-playing skills learned with another pilot training participant. During the final session, competency testing was conducted by recording participants role-playing a 'Back on Track' Behavioural Activation support session. Final role play recordings were assessed by a member of the research team with experience in behavioural activation against a competency checklist, and the 3 members who completed the role play assessment passed the competency testing.

The competency testing was used to assess if the pilot program had been successful in the ability to train lay workers to deliver Behavioural Activation to peers. Further feedback was sought from participants on training completion via an online feedback survey.

A summary of the key feedback and findings from the pilot training are outlined in Figure 5 and further detailed in Table 1. These have been themed into four key areas to highlight:

- The role of the training program within the broader project
- Training content - including language, relevance and suitability for the target audience
- Training delivery
- The application of training knowledge within the 'Back on Track' program.

Figure 5: Feedback and Findings from Pilot Training Program

Need to demonstrate where training fits in the broader program delivery (navigators need a frame of reference and clarity about role, boundaries, governance and support)

Role of the training program

Navigators to complete BoT program as a driver before commencing training to support others:

- Identifies suitability for role
- Supports program familiarity and empathetic navigator role

Avoid stigmatisation in language, focus on wellbeing not depression

Training content

Content must be relevant, interactive, relatable and with clear messaging

BoT activities/strategies (eg. mood monitoring) must be simple and accessible

Support from clinician must be available, but BoT training can be delivered by a skilled peer worker

Training delivery

Training facilitators with lived experience (of poor mental health BoT strategies and farming) supports trust and understanding

Ongoing practice of BoT skills is valuable:

- Homework developed understanding and personal insight
- Role plays awkward but enable skill development



Feedback and Findings from Pilot Training program, cont.

Combination of lived experience and BoT structure -
both important for peer-led delivery

Applying training knowledge

Importance of rapport building between navigators and driver

Navigator needs to paint 'big picture' of BoT for driver-increases sense of safety
and established boundaries

Navigator needs to demonstrate personal use of BoT strategies-builds more
authentic, empathetic connection to driver

Completion of BoT needs to be gradual for completing drivers, allowing
alternative support structures (eg. connection to a peer network)

BoT has relevance for prevention, treatment and relapse prevention

Governance interviews

During the co-design focus groups, it became clear that a strong governance structure would be required to support lay workers and community members taking part in the 'Back on Track' program. This requirement was further supported by a lack of research evidence regarding the development of clear governance structures. The project team was also conscious of the fact that community often reported mental health responses as being short-lived and standalone, rather than being embedded in an organisation with a view to developing sustained mental health support in farming communities.

The approach to informing a governance framework comprised a series of interviews with stakeholders who were already conducting lay/peer worker programs. A targeted approach to recruitment for stakeholder interviews—via existing Farmer Health and known peer-worker networks—was adopted. Stakeholders included service providers with direct interest in peer-delivered mental health in farming communities (e.g. Rural Alive and Well in Tasmania) as well as key services delivering peer worker mental health programs more broadly (e.g. Roses in the Ocean), Appendix 3 lists all stakeholders interviewed.

Twelve interviews with stakeholders were undertaken to inform the development of a governance and safety framework to support the peer-support workers. Interview questions were developed to address knowledge and evidence gaps in existing research, and to explore more fully that challenges that were raised during the co-design focus groups. The interviews were semi-structured and conducted over Zoom by two members of the research team. The semi-structured format allowed for organic conversation while also ensuring key gaps in knowledge were addressed. Interview duration was approximately one hour. Interviews were recorded and transcribed. Following this, transcripts were coded and reviewed by members of the research team using the Framework Method and thematic analysis was undertaken to identify the key themes. The methods used and key themes from the stakeholder interviews are illustrated in Figure 6. Stakeholder quotes to exemplify these themes are presented in Figure 7 and detailed in the outcomes to follow.

Figure 6: Governance and Support Stakeholder Interviews

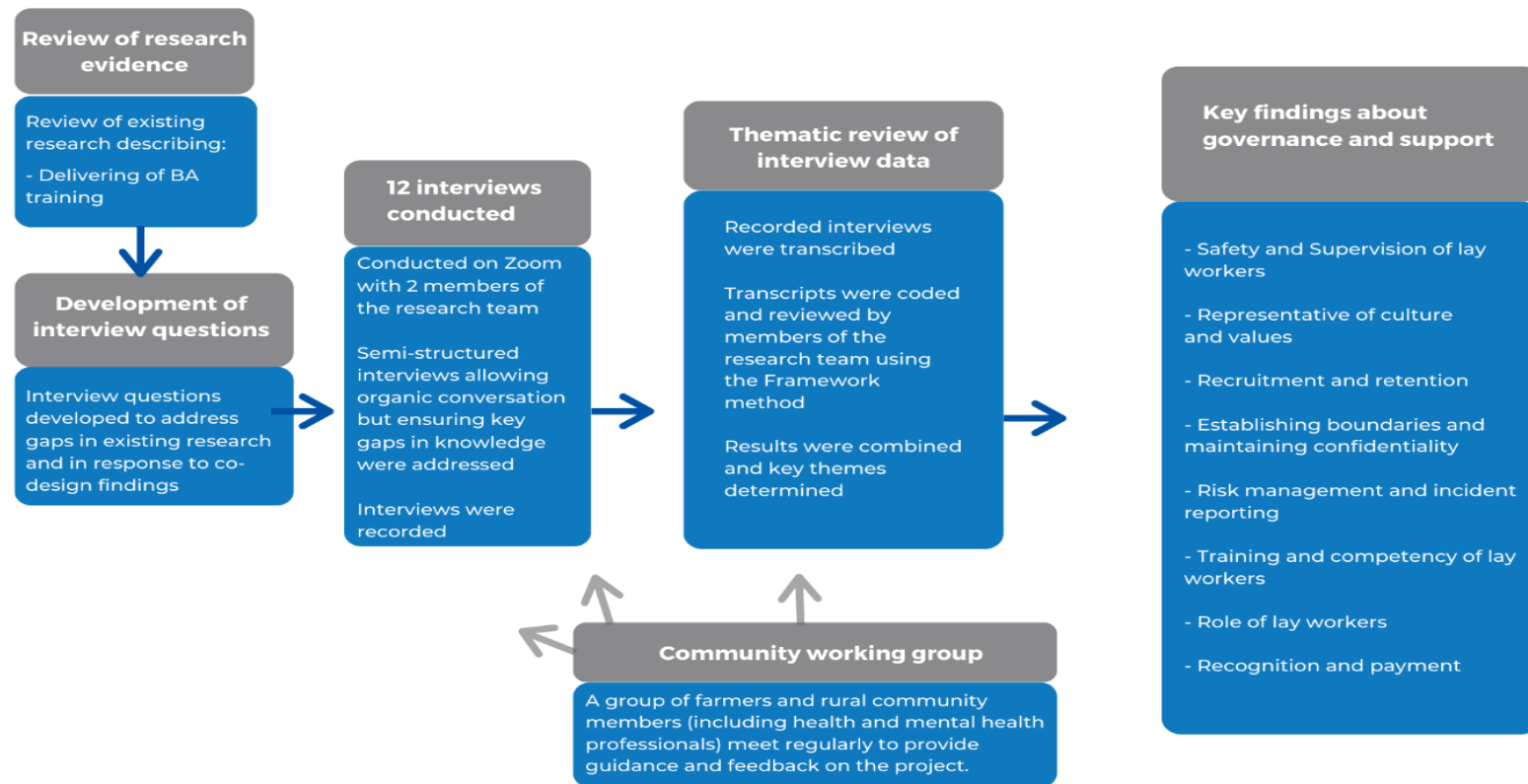


Figure 7: Voices of stakeholders - Interviews informing the governance and safety framework

"We pay people, which I think is essential... people mightn't have a certificate for their lived experience but they are using that skill to be able to support and help other people"

Recognition and Payment

- Important to remunerate lay workers.
- Emphasises the value of the work
- Stressful role and lots of responsibility
- Can assist sustained recovery for those unable to access mainstream work

"you need those check in check out points where someone knows that you're there, and when you're finished there's a protocol where you ring in and say I'm finished"

Safety and supervision of lay workers

- One-on-one formal and informal catch ups, check ins and reporting
- Group mentoring including debriefing, peer-support and training
- Protocols for outreach

"the mental health first aid is the first piece and then we had a series of basic training on the tools that we use"

Training and competency of lay workers

- Specific to program needs
- Includes formal qualifications and role-specific training and competencies
- Often developed in house to suit the needs of the specific program
- Training in crisis response, self care, competency in reporting and vicarious trauma also important

"that's the kind of stuff you really have to drum into people when they start out, and really honing in on the consequences of breaching confidentiality"

Establishing boundaries and maintaining confidentiality

- Confidentiality is extremely important to maintain trust
- Role boundaries (and what to do when boundaries are reached) can be developed specifically for individual programs
- Overarching governance can help to reinforce these

Voices of stakeholders - Interviews informing the governance and safety framework , cont.

"So their job is to engage, instil hope and journey with them... to access their services until such times as that increases their self-confidence to independently seek those services"

Potential scope of layworkers

- Working directly with members of the community face to face and over the phone to provide advice and support
- Support consumers and their carers
- Use their own experience to support and guide patients

"They have to check in with their team leader. Their notes have to be in that day. We check in every single month"

Risk management and incident reporting

- Case notes for visits
- Background checks
- 2 person team for high risk patients
- Reporting back to supervisor and training in when to escalate incidents
- Checking in before and after in person visits

"We employ based on personality and ability to relate to people... So they come off the land themselves and then we invest and put all the training that we need to for those people"

Recruitment and retention

- Informal - word of mouth
- Community networks
- Mental Health Service Networks
- Personality led
- Local connections and experience
- Calls for expressions of interest from community

"Our uniforms are work shirts and our staff are all in utes"

"when I was working that role, it was kind of sitting beside people and just saying hey, look I've been in a similar situation to you"

Representative of culture and values

- Match the audience you are working with - physical presentation, lived experience of farm work and life
- People focused approach

OUTCOMES

Key outcomes from the co-design and piloting of the 'Back on Track' program include the following resources listed below, which can be viewed in Appendix 1 & 2.

- A structured training schedule for delivery of training lay workers (Appendix 1)
- The final version of the 'Back on Track' training manual (Appendix 2)
- PowerPoint presentation slides for the four training sessions delivered in a combination of online and in person.

Table 1 provides a summary of the challenges and learnings from the delivery of the pilot training program.

The key learnings from the stakeholder interviews (as summarised in Figure 7) are:

- Recognition and payment - There was heavy emphasis placed on the value of the work that lay workers do and the importance of remuneration to support and validate the work. Peer support work can be stressful and the lived experience and the willingness to share experiences is a highly valued skill.
- Safety and supervision of lay workers - A range of different support systems were required. Formal structured supervision including one-on-one check-ins and reporting, as well as more informal one-on-one catch ups and group peer support debriefing and training, were identified as being essential to maintain the wellbeing of lay workers.
- Training and competency of lay workers - Training specific to the program needs was required. This can include formal qualifications e.g. Mental Health First Aid or crisis response training, or targeted training developed specifically for the needs of the program e.g. how to identify and maintain boundaries in close-knit farming communities. A check list of competencies should be developed to identify and address gaps in lay worker knowledge or experience.
- Establishing boundaries and maintaining confidentiality - Confidentiality is extremely important in farming communities where many community members 'wear many hats'. The establishment of strict role boundaries is crucial, including identification of what is not expected or accepted within the role. An overarching governance structure of specific to each supporting agency that adopts the program should be developed to support the formation of these boundaries.

These learnings will be used to inform the development of governance structures. Further investigation (outside of the scope of the current project) is needed in the following areas (outlined in Figure 8) before the program can be rolled out:

- Formalising employment – Identification of a suitable award for remuneration of lay workers, and a standard for reference checks and background checks prior to commencement of employment.
- Safety and supervision – development of a supervision structure for the lay workers and identification of specific skills required from the supervisor e.g. people management, program coordination, to ensure the safety of the lay workers.

Tailoring is required to meet the needs of different farming groups, with further adaption informed by industry and funding partnerships. Governance and support structures must be tailored to the relevant supporting agency adopting the program. This ability to adapt to meet specific needs may become one of the greatest strengths of the program. It was identified throughout phase 2 that the program has potential for adaption to prevention or early intervention as well as a support tool to assist in relapse prevention following a mental health crisis. The program has potential for tailoring to address the needs of not just farmers, but also non-farming rural community members and rural service providers.

This specific evidence based and community driven program provides a very solutions-focused approach, drawing on the knowledge and experience of community members and building capacity within farming communities. Further strength comes from an approach that builds capacity through a trusted 'boots on the ground' network of community champions to lead and promote the program within their networks, while at the same time developing a set of skills to maintain their own mental wellbeing.

'Back on Track' seeks to engage navigators with 'lived experience'. The broadening of the term 'lived experience' to encompass the value of experience of working on a farm and/or living in a farming community enables a much larger pool of lay workers willing to become navigators. Such lived experience acknowledges the shared exposure to farming-related challenges. This approach also broadens the reach of the program to those hard to reach people that may not be formally diagnosed with a mental illness, do not self-identify as someone with poor mental health, or do not wish to identify themselves due to the stigma still associated with poor mental health.

A summary of the next steps is provided in Figure 8. A summary of the program strengths is provided in Figure 9.

Figure 8: Next Steps

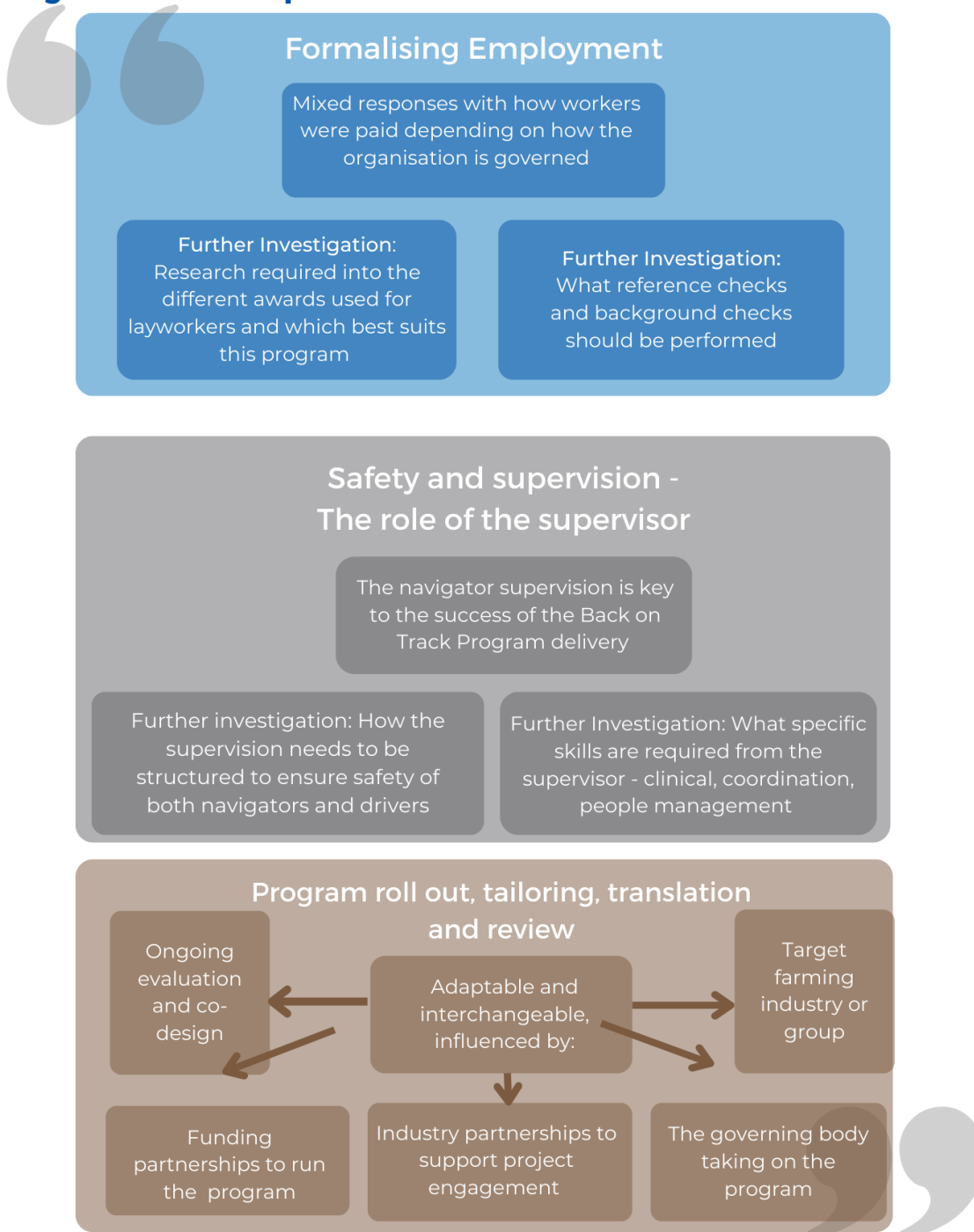


Figure 9: Program Strengths

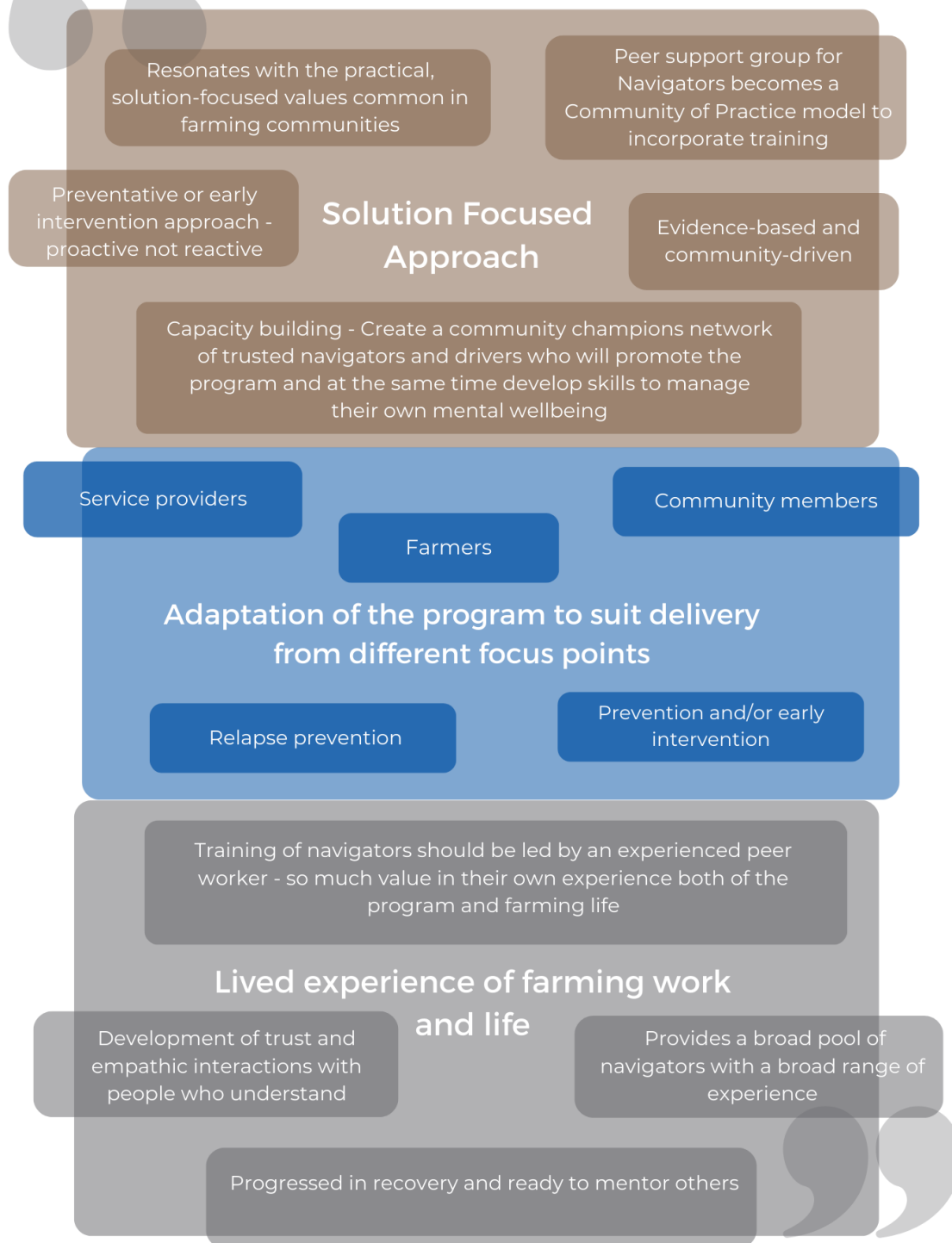


TABLE 1. SUMMARY OF CHALLENGES AND LEARNINGS

Challenges	Learnings	Further Considerations
<u>Phase one:</u>		
Covid-19 restrictions	Online can work just as well as face to face and may attract people to participate that might not otherwise have the time to travel.	
Participant engagement and contribution	Smaller group sizes for the focus groups 2 planned face to face events turned into 10 x 2 person online workshops.	
	Facilitators need to understand farming community culture, values and lifestyle.	
		Governance and management of the BA program - this is addressed in phase 2
Meetings can be dominated by strong personalities - exacerbated on Zoom	Having the right people in the room - consider how many people on a meeting and ensure there is an experienced facilitator.	

Co-design - bringing lots of ideas together	Have a plan but be prepared to adapt to new challenges.	
Recruiting participants especially those hard to reach	Use existing networks and get those networks to refer to friends and colleagues A wide range of date options allowed flexibility and ensured participants were able to attend.	Are we getting the same people who contribute to these groups and are already working on their mental health/already converted. How do we get participation from those that are hard to reach?
Don't lose focus on the evidence	Be prepared to listen and respond to challenging recommendations that come from co-design.	
<u>Phase two:</u> <u>Pilot training</u>		
Attendance of participants to all sessions	It is better to have a larger pool of participants as inevitably situations arise out of participants' control, which may lead to participant drop out.	Navigators need to be extremely committed to attending the training as it is essential to enable successful delivery of the Back on Track Program.
	If participants fail to attend all 4 training sessions will they be able to commit to attend all 9 navigator sessions with their driver?	Need to consider the impact if the navigator is unable to attend a session with driver.
Clarity of the navigator role and training	Need to demonstrate where the training fits in the broader program delivery. The training of navigators with lived experience (of poor mental health and farming) supports trust and understanding in the program.	Navigators need a frame of reference and clarity about role, boundaries, governance and support.

Nature of the navigator role can be triggering/challenging	Navigators to complete 'Back on Track' program as a driver before commencing training to assist in them supporting others. This would assist in: Identifying potential suitability for the navigator role Supporting program familiarity Developing empathy in the navigator role.	Complete mental health first aid course prior to taking on navigator role.
Delivering of the training program - is there the need for a clinician?	Back on Track training can be delivered by a skilled peer worker.	Support from a clinician must be available.
Engagement in the training tasks/homework	Participants highlighted the ongoing practice of Back on Track skills is valuable: <ul style="list-style-type: none"> The homework tasks developed understanding and personal insight. Role-playing felt awkward but enabled skill development. 	One week was not enough time for some participants to complete their homework.
Content of the training	Avoid stigmatisation and medicalisation of language. This includes focusing on wellbeing not depression.	Update wording in Back on Track Manual and training resources.

	<p>Content must be relevant, interactive, and relatable and have clear messaging.</p> <p>Back on Track activities (e.g. mood monitoring) need to be simple and accessible.</p>	
Application of training knowledge by navigators	<p>Balance/combination of lived experience and Back on Track structure – both important for peer-led delivery.</p> <p>Pilot training highlighted the importance and need for rapport building between the navigator and driver.</p> <p>During the initial program delivery, the navigator needs to paint the 'big picture' of the Back on Track program for the driver – this would increase a sense of safety and establish boundaries.</p> <p>The completion of the Back on Track program needs to be gradual for completing drivers, allowing alternative support structures (e.g. connection to a peer</p>	<p>Navigators need to demonstrate their personal use of the Back on Track strategies (eg. mood monitoring) as it assists in a more authentic and empathetic connection to the driver. This reinforced the need for the navigators to participate in "back on Track" program as a driver before commencing their role as a navigator.</p> <p>Back on Track has potential application as prevention, treatment and relapse prevention.</p>

	network on a continuing, but reduced, basis).	
<u>Governance/stakeholder interviews</u>		
Recognition and payment of lay workers	<p>Importance of remunerating lay workers.</p> <p>Interviews emphasised the value of their work.</p> <p>Lay workers have a stressful role and lots of responsibility.</p> <p>Can assist sustained recovery for those with lived experience who are unable to access mainstream work.</p>	Develop a protocol to remunerate navigators for their work.
Safety and supervision of lay workers	<p>One-on-one formal and informal catch-ups, check-ins and reporting to supervisors.</p> <p>Importance of group mentoring, including debriefing, peer-support and training.</p>	Develop protocol as part of governance framework for supervision/outreach for navigators.
Training and competency of lay workers	Training and competency needs to be specific to the program needs. Training requirements could include formal qualifications (Certificate in Peer Work) and role-specific training and competencies.	Develop protocols to include training in crisis response, self-care, competency in reporting and vicarious trauma.

Establishing boundaries and maintaining confidentiality	Confidentiality is extremely important to maintaining trust.	Overarching governance: Role boundaries (and what to do when boundaries are reached) can be developed specifically for individual programs.
Potential scope of lay workers	Working directly with members of the community face-to-face and over the phone to provide advice and support. Support consumers and their carers. Use their own experience to support and guide patients.	
Risk management and incident reporting	Documentation and protocols to ensure management of risks and incident reporting.	Development of protocol for reporting and management of risks: <ul style="list-style-type: none"> • Case notes • Background checks • 2 people team for high risk patients • Reporting back to supervisor and providing training around when to escalate incidents • Checking in before and after in-person visits.
Representative of culture and values	Match the audience you are working with – physical presentation, lived experience of farm work and life. People focused approach.	How will navigators and drivers be matched?

PROJECT STRATEGY 2

BACKGROUND

There is evidence that farmers are generous at providing help to others but are reluctant to ask for help themselves (5). Most farmers live in communities in which access to evidence-based face-to-face mental health support is limited (6). Where support is available, providers may have poor understanding of the realities of life and work in the farming environment (7). The unique barriers to support seeking identified in farming communities may be a barrier to people seeking support, particularly when they have a negative support seeking experience (16). Working with farmers to develop a mental health/suicide prevention 'Safety Plan' may be one solution to improving the management of situational risk factors and the personal response to mental health challenges in a practical way that farming community members can relate to. This approach utilises internal coping strategies as well as encouraging access of external supports (formal and informal) where required.

Safety planning is an evidence-based technique used to identify personal warning signs, use coping strategies, activate social support and access professional services. This approach emphasises what TO DO in a crisis, rather than what NOT TO DO, and taps into the practical, goal-directed focus so common within farming communities. Previous research in other populations has identified safety planning as an effective way to reduce suicide ideation and future suicide attempts for people in acute suicidal crises, and to increase access of follow-up support (9, 23).

As a suicide prevention tool, safety planning has a range of potential applications. Safety planning as a more structured process can be built into peer-delivered mental health support programs. Additionally, safety planning can be a stand-alone process that individuals can complete independently (prior to any onset of crisis) in anticipation of future challenges—empowering individuals to take responsibility for their own wellbeing and supporting a more resilient response when a crisis does occur. The opportunity to take time to reflect and identify internal warning signs and coping strategies and external support resources when developing a 'Safety Plan' may also reduce the chance of experiencing a future challenging situation as a crisis event.

Project strategy 2 aimed to empower members of the rural farming community to take responsibility for their wellbeing through co-designing and pilot testing a personalised 'Safety Plan' for preventing personal or situational crisis.

SUMMARY OF ACTIVITY

The National Centre for Farmer Health team co-designed, co-produced and pilot tested - with farming community members and community stakeholders - a crisis response planning template for:

- Inclusion into peer-led mental health support programs.
- As a stand-alone resource that individuals can complete independently (prior to any onset of crisis) in anticipation of future challenges -

empowering individuals to take responsibility for their own wellbeing and supporting a more resilient response when a crisis does occur and reducing the chance of experiencing a future challenging situation as a crisis event.

IMPLEMENTATION

An overview of Project Strategy 2 is shown in Figure 10. The research team conducted initial scoping of literature to identify how safety planning has previously been used, and a review of publicly available planning templates to build a draft list of potential inclusions. Concepts and examples were presented to the working group with iterative feedback provided over a number of monthly meetings, with group discussions designed to inform content and design. A template was finalised and reviewed by the working group then piloted by members of the farming community. 22 members of the community completed the Steering Straight Plan and a follow up feedback survey 6 weeks after initially completing the plan. The survey was introduced via an initial phone call and followed up with a digital survey (n=19) or phone survey (n=3). A summary of results of the feedback surveys is shown in Figure 11. Feedback was incorporated into the original plan, which was then published as a standalone resource available on the NCFH website as well as being incorporated into the Managing Stress on the Farm Booklet produced by the NCFH.

CHALLENGES AND LEARNINGS

At the time of pilot testing the Steering Straight Plan Covid-19 restrictions limited access to in-person events or field days. However, online promotion, in-person referrals and engaging with existing groups proved successful ways to recruit participants in the lockdown climate.

Figure 10: Steering Straight Plan

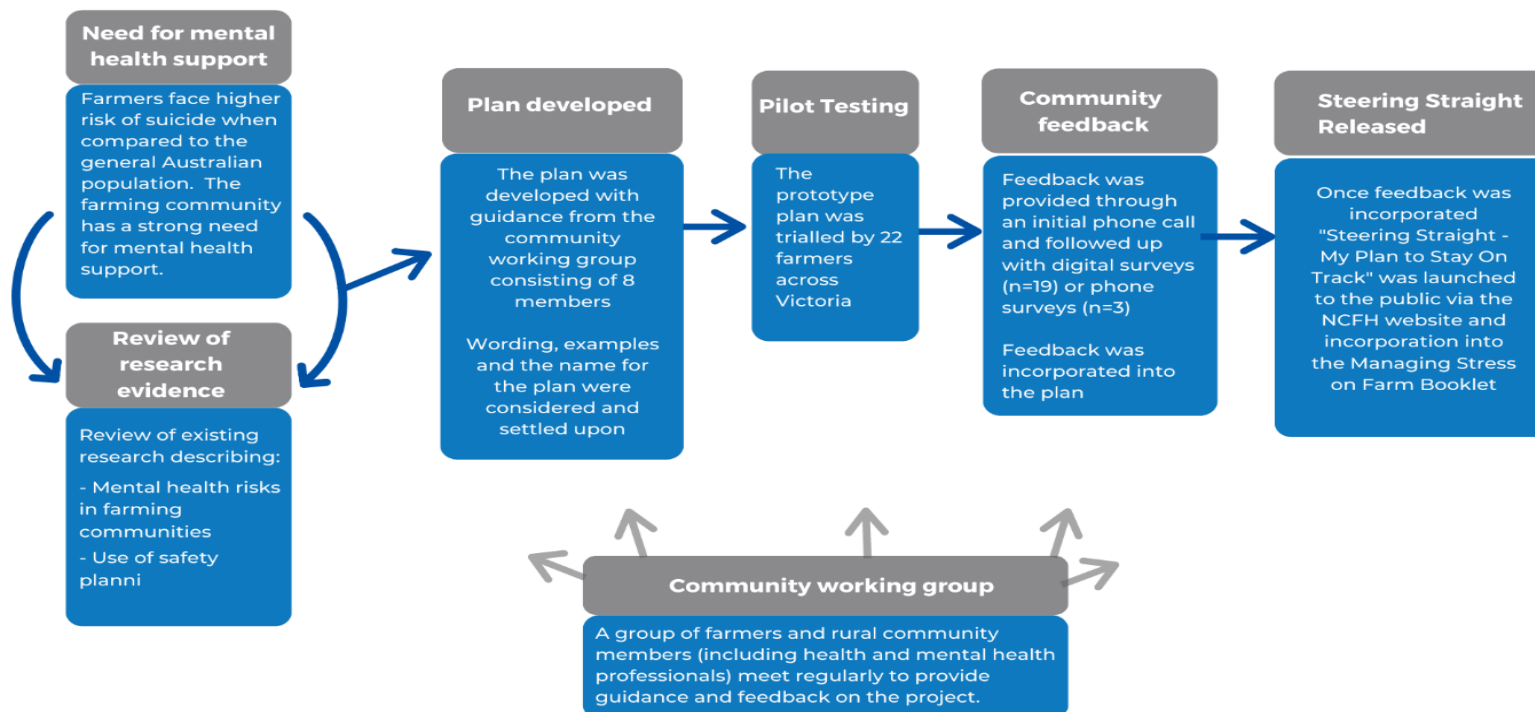


Figure 11: Voices of community - Feedback from the Steering Straight pilot testing

Taking stock: what signs show me that my stress levels are rising?

Most helpful/popular elements

What do I enjoy, and how can I make sure I will do these things?

Most people take 15-20 minutes to reflect and complete their plan

Completing the plan

Most people complete their plan on their own

95% of people found the plan length just right

Keep it simple and practical - no fluff!

Length and format

Provide hard copy and digital options

72% rated farming examples used as good/very good

78% rated tasks included in plan development as good/very good

Testing of co-design outcomes

89% rated use of language as good/very good

67% referred back to Steering Straight plan during 6 week pilot phase

Engagement with resource

Plan most commonly stored in farm office

Include check boxes to help people who may find concepts new

Encourage people to identify 'triggering' events

Suggestions for improvement

Include goal-based tasks that can be checked off over time - makes big goals more achievable, prompts re-engagement

UNEXPECTED RESULTS AND/OR LIMITATIONS OF THE PROJECT

PROJECT STRATEGY 1

Recruitment of participants for the co-design focus groups in Project Strategy 1 was straightforward and there was a significant level of participant interest, and snowballing referrals from early participants via their own Personal and professional networks.

The ongoing impact of COVID was unanticipated, but the pivot to co-design focus groups online proved valuable. Participants were very engaged in discussion in the smaller online groups. This may not have been the case for larger online groups or larger face-to-face groups as previously planned. The smaller groups allowed for rich discussion, and the decision was made to hold more workshops with less participants per group.

Recruitment to the pilot training was also straightforward. Participants from the co-design focus groups were invited to be part of the pilot training which meant places were filled (six) and there was no need for further recruitment outside of the original focus group participants. The inclusion of two of the four sessions online allowed for greater flexibility and reduced time commitment from the participants. This would not have been possible in an entirely face-to-face format, where participants had to travel to attend. Interaction in the small group setting supported open and frank discussion, which provided powerful opportunities for shared lived experience and group learning. The hybrid format of online and face-to-face allowed for all communication and learning styles.

Only three of the original six participants completed the final competency assessment for the pilot training. Preference for future pilot programs would be to recruit a larger number of training participants to allow for some drop outs when circumstances arise and participants are unable to attend a session or complete the assessment.

While all pilot training participants had lived experience of living and/or working in a farming community, participants had varying levels of lived experience of poor mental health. Some participants found aspects of the training emotionally challenging, choosing not to complete all activities. While participants were supported to make these personal decisions and encouraged to maintain involvement in the program, it did mean that it was not possible to fully evaluate all aspects of the pilot training across all six participants.

PROJECT STRATEGY 2

Engagement in the pilot testing of Steering Straight in Project Strategy 2 was forthcoming, with 22 participants completing the plan and the 6-week follow-up survey. This engagement was supported by inclusion in the Farmer Health enews and via working group members who distributed the pilot survey through their own personal and professional networks to drive engagement. Requests were received during the pilot phase from community members wishing to receive a copy once the resource was completed. These requests were received from as far away as Canada and New Zealand. Significant ongoing interest has been shown in

the resource from industry and media, resulting in numerous media interviews and invitations to promote the resource at events.

Covid-19 restrictions and cancellation of events has limited the early stage face-to-face promotion and demonstration of the Steering Straight plan. However, the plan has been actively promoted through NCFH networks and connections, including incorporation into the popular existing resource Managing Stress on the Farm.

CONTRIBUTION TO GSC SUICIDE PREVENTION PLACE-BASED TRIAL EVALUATION FRAMEWORK

In combination, Project Strategies 1 and 2 contribute (in part or fully) to the following Evaluation Framework items:

S1.1: Priority populations in GSC are confident to access the formal and informal supports they require.

- The future implementation of Project Strategy 1 findings will improve accessibility to peer-led mental health support
- Project Strategy 2 assist people to identify supports and encourages engagement as a way to prevent crisis.

S1.2: GSC community members are confident about how to appropriately recognise and support people at risk of suicide

- The future implementation of Project Strategy 1 findings will develop confidence in farming community peer-leaders to enable the delivery of peer-led Behavioural Activation for people experiencing low mood (e.g. depression, sub-threshold depression, psychological distress).
- Project Strategy 2 empowers to recognise early signs of stress in order to act to prevent crisis and risk of suicide.

S2.2: GSC community members have the knowledge, skills and self-efficacy to appropriately recognise and respond to people at risk of suicide

- The future implementation of Project Strategy 1 findings will develop knowledge, skills, self-efficacy and confidence in farming community peer-leaders to enable the delivery of peer-led Behavioural Activation for people experiencing low mood (e.g. depression, sub-threshold depression, psychological distress). This will include knowledge about (and access to) referral pathways to crisis support when issues arise that are beyond the scope of the peer-leader role.

S3.1: There are sustained improvements in the formal and informal supports available in the GSC based on local needs and priorities

- The co-design of Project Strategy 1 reflects the context of farming communities in the GSC, and responds to the need for accessible and effective mental health support. Importantly, this strategy incorporated the development of governance framework considerations to ensure future program implementation will be sustained and embedded in community.

- The Steering Straight plan co-designed and co-produced in Project Strategy 2 reflects GSC farming community needs and has been incorporated into existing and highly-accessed NCFH resources, including the Managing Stress on the Farm booklet and the Farmer Health website.

S3.3 There is strong understanding of suicide risk and appropriate local responses in the GSC community

- Through the co-design processes of Project Strategy 1 and 2, involved community members were cognisant of suicide risk in GSC farming communities and identified the need for responses to be tailored to the needs, values and culture of local farming communities

S3.4 Evaluation and learning from the GSC place based trials contribute to the evidence base around suicide prevention

- Findings from the evaluation of this project are informing the development (in progress) of an implementation trial protocol as well as 2 peer-review publications (both in progress and due for submission by end of 2022). Strategy 1 and 2 findings have already been shared via the 2021 Rural and Remote Mental Health Symposium and will be presented at the 2022 National Rural Health Conference. Evidence from this project will continue to inform the research priorities, community education and service delivery activities of the National Centre for Farmer Health.

S4.1 People directly impacted by suicide are involved, centred and embedded in the planning, design, implementation and/or evaluation of GSC suicide prevention programs and services are valued, trusted and well-supported

- Project Strategy 1 and 2 included active representation of people with lived experience, including contribution to the co-design focus groups, community-based working group and project evaluation/reporting. A dedicated paid peer-worker role was a key component in the successful delivery of the pilot training in Project Strategy 1.

S4.3 The value and role of the peer led workforce within the local support system is well understood by people directly impacted by or at risk of suicide and frontline workers

- All project activities highlighted the importance and value of the peer-led workforce and emphasised the need to build capacity and skills in an environment that provides support and recognition of peer-led workforce involvement in suicide prevention activities.

S5.2 Health and social services and programs to support people at risk of suicide in GSC are well coordinated

- Project Strategy 1 activities have been led by the National Centre for Farmer Health in collaboration with La Trobe University, University of South Australia and University of Melbourne. Current development of an implementation trial building on the co-design in Phase 1 and Phase 2 is guided by best practice clinical trial guidelines.

- The Steering Straight plan is being hosted by the National Centre for Farmer Health and embedded and actively promoted in Centre activities including community education, communications (MSOF, website and social media) and service delivery activities.

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APPENDIX 1:

TRAINING SCHEDULE

Session 1

Duration: 2 hours

Session focus: Program introduction, background concepts, mood monitoring and activity scheduling

Topics covered	Learning outcomes
Introduction of trainers and trainees	<ul style="list-style-type: none">• Participants and facilitators meet each other and build rapport
Introduction to the Back on Track program	<ul style="list-style-type: none">• Understand the barriers to accessing MH support in farming communities• Understand how <i>Back on Track</i> seeks to address these barriers• Understand the role of trainees in Back on Track
Overview of the training	<ul style="list-style-type: none">• Participants understand the structure of the four sessions of training
Understanding health (physical and mental)	<ul style="list-style-type: none">• Ability to describe the linkages between mental and physical health and provide examples of how this can be seen• Ability to describe how health is experienced on a continuum
Overview of depression	<ul style="list-style-type: none">• Ability to broadly describe the signs of depression• Ability to recognise and describe misconceptions in how depression is described, understood and experienced
Introduction to Behavioural Activation (BA)	<ul style="list-style-type: none">• Trainees understand the relationship between mood and activity• Trainees are introduced to basic BA concepts (mood monitoring, activity scheduling)• Trainees hear lived experience benefits of BA• Trainees can identify activities that improve mood
Q&A session	<ul style="list-style-type: none">• Provide trainees with the opportunity to clarify uncertain concepts and review material covered
Homework	<ul style="list-style-type: none">• Understand the process of, and practice, mood monitoring• Understand the process of, activity scheduling

Session 2

Duration: 6 hours

Session focus: Familiarise trainees with the navigator role, practice Meeting Outline 1, governance (supervision and confidentiality), develop and practice conversation skills for the navigator's role

Topics covered	Learning outcomes
Overview of the day	<ul style="list-style-type: none">• Participants understand the structure of the day
Revision	<ul style="list-style-type: none">• Learners consolidate key behavioural activation concepts from the previous session
Q&A session for mood monitoring/activity scheduling	<ul style="list-style-type: none">• Reinforce knowledge of behavioural activation (mood monitoring, activity scheduling) through sharing insights from homework with peers and the MHP• Develop these skills to help drivers overcome barriers to homework completion
The trainee role	<ul style="list-style-type: none">• Trainees understand:<ul style="list-style-type: none">◦ What they will do as a Back on Track navigator◦ What their role does, and does not, involve◦ How to support their drivers if issues arise outside the scope of their role
Introduction to a <i>Back on Track</i> session	<ul style="list-style-type: none">• Trainees understand what a Back on Track session involves, and are given the opportunity to ask any questions they might have about their role
Demonstrate Meeting Outline 1	<ul style="list-style-type: none">• Trainees observe what the first session of Back on Track program looks like
Role play Meeting Outline 1	<ul style="list-style-type: none">• Trainees have the opportunity to practice, and receive feedback on, the delivery of Meeting Outline 1• Trainees' knowledge of core BA concepts is reinforced• Trainees practice supporting the driver within the scope of their role• Trainees practice relevant interpersonal skills (eg. active listening, cultural competency)• Trainees reflect, and receive feedback, on their practice
Reflection on role play	<ul style="list-style-type: none">• Trainees understand their strengths, as well as how they can continue to develop their skills. Their experience is reinforced through discussion

Tips on delivering good sessions (1)

- Trainees understand:
 - What we mean by 'cultural competence'
 - How to recognise if language/behaviour is culturally competent
 - How to express themselves in a culturally competent manner

Difficult conversations (1)

- Trainees:
 - Can identify helpful approaches to supporting someone in distress
 - Observe and practice active listening

Supervision

- Trainees have a basic understanding of the support structures of the Back on Track program
- Trainees have a basic understanding of the expectations around withdrawing from the program

Confidentiality

- Trainees have a basic understanding of:
 - Why confidentiality is important
 - Expectations of confidentiality in the navigator role
 - Unique aspects of confidentiality in rural communities
 - Introduction to the concept of a confidentiality contract

Q&A session

- Provide trainees with the opportunity to clarify uncertain concepts and review material covered

Homework

- Trainees:
 - Gain further practice of delivering the first Back on Track session
 - Trainees reinforce the concepts learned to far through practice
 - Trainees reflect on their performance, encouraging a growth mindset

Session 3

Duration: 2 hours

Session focus: Governance (documentation), develop skills for running a session, introduce Meeting Outline 2 (practice as homework)

Topics covered	Learning outcomes
Welcome and overview of the session	<ul style="list-style-type: none">• Participants understand the structure of the day
Q&A session for practice Meeting Outline 1	<ul style="list-style-type: none">• Trainees:<ul style="list-style-type: none">◦ Have the opportunity to clarify and questions arising from the practice of Meeting Outline 1◦ Reinforce knowledge of BA skills• Learn from their peers' experiences
Tips on delivering good sessions	<ul style="list-style-type: none">• Trainees understand what makes delivering a session via the phone/Zoom difference to a face-to-face session• Trainees understand how they can adapt their approach to the phone/Zoom
Documentation	<ul style="list-style-type: none">• Trainees have a basic understanding of:<ul style="list-style-type: none">◦ Why documentation is important◦ What documentation they need to keep◦ Confidentiality issues surrounding documentation
Tips on delivering of Meeting Outline 2	<ul style="list-style-type: none">• Trainees learn about:<ol style="list-style-type: none">1.Importance of a feelings check2.How to steer a session back on track3.Introducing homework4.Summarising a session
Demonstration of Meeting Outline 2	<ul style="list-style-type: none">• Trainees observe what the middle sessions of the Back on Track program looks like
Overview of weeks homework	<ul style="list-style-type: none">• Gain further practice of delivering the middle sessions of the Back on Track program• Trainees reinforce the concepts learned so far through practice• Trainees reflect on their performance, encouraging a growth mindset

Session 4

Duration: 6 hours

Session focus: Practice Meeting Outline 3, develop and practice skills for difficult conversations (common topics, self-harm/suicide), self-care, competency testing

Topics covered	Learning outcomes
Welcome and overview of the day	<ul style="list-style-type: none">• Participants understand the structure of the day
Q&A session for practice of Meeting Outline 2	<ul style="list-style-type: none">• Trainees:<ul style="list-style-type: none">◦ Have the opportunity to clarify and questions arising from the practice Meeting Outline 2◦ Reinforce knowledge of BA skills◦ Learn from their peers' experiences
Demonstration of Meeting Outline 3	<ul style="list-style-type: none">• Trainees observe what the final session of the Back on Track looks like
Role play of Meeting Outline 3	<ul style="list-style-type: none">• Trainees have the opportunity to practice, and receive feedback on, the delivery of Meeting Outline 3• Trainees' knowledge of core BA concepts is reinforced• Trainees practice supporting the driver within the scope of their role• Trainees practice relevant interpersonal skills (eg. active listening, cultural competency)<ul style="list-style-type: none">◦ Trainees reflect, and receive feedback on their practice
Difficult conversations	<ul style="list-style-type: none">• Trainees have the opportunity to:<ul style="list-style-type: none">◦ Consider approaches to common difficult conversations◦ Observe and practice how to approach each of these topics
Difficult conversations	<ul style="list-style-type: none">• Observe how to approach a conversation addressing self-harm or suicide• Practice and reflect on the experience of having this conversation
Self-care	<ul style="list-style-type: none">• Trainees are made aware of the importance of maintaining good mental health in order to carry out their role, and reflect on how they can do this
Encouraging support seeking	<ul style="list-style-type: none">• Trainees become aware of the need for people to seek further support, the barriers to seeking support and some ways to help people when seeking support for the first time

Competency testing and feedback

- Trainees are assessed to see if they can effectively deliver the three Back on Track sessions
- Trainees are encouraged to reflect on their own performance with a written self-reflection
- Trainees are provided with feedback on their strengths/areas to strengthen
- Trainees provide feedback on their experience of the Back on Track training

Training conclusion

- Thank trainees for their participation
- Advice trainees of next steps

APPENDIX 2:
BACK ON TRACK TRAINING MANUAL

Back on Track

A Community-Supported Behavioural Activation
Program for Members of the Farming Community
Experiencing Low Mood or Depression



NATIONAL CENTRE FOR
**FARMER
HEALTH**

in partnership with



wdhs
Western District
Health Service



GREAT SOUTH COAST
**Suicide Prevention
Place Based Trial**



**LA TROBE
UNIVERSITY**



**University of
South Australia**

Team Members and Acknowledgements

Project lead:

Dr Alison Kennedy (National Centre for Farmer Health, Deakin University)

Research team members:

Dr Ellie Brown (University of Melbourne)

Dr Kate Gunn (University of South Australia)

Dr Martin Jones (University of South Australia)

Dr Richard Gray (La Trobe University)

Dr Susan Brumby (National Centre for Farmer Health, Deakin University)

Dr Vincent Versace (Deakin University)

Sonya Duke (National Centre for Farmer Health)

The aim of this project has been to co-produce a manual that will translate to the farming or rural communities, engaging both consumers and members of the farming community. We would like to thank the Mental Health 4 Ag working group, who provided feedback on this manual throughout its development. The working group consisted of: Anita Vogel, Ann-Marie Byrne, George Leishman, Kate Schlicht, Kelly Barnes, and Morna Semmens.

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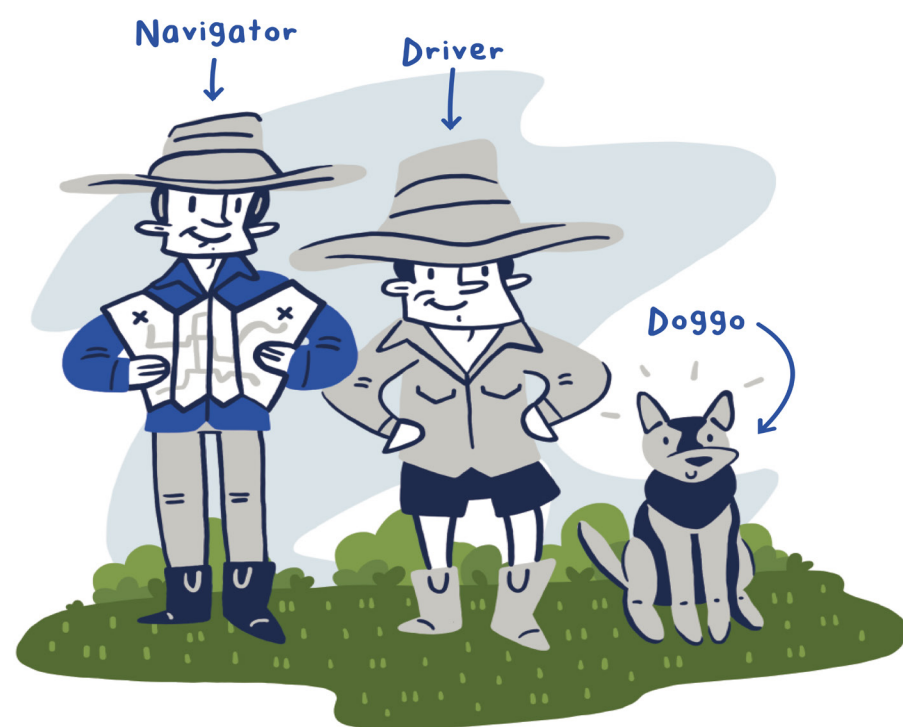
Program Overview

What will I learn from this training?

The 4-session *Back on Track* training prepares you to support your peers in the farming community who are experiencing low mood or depression. In the training, you will learn about depression, as well as how to help someone to choose and schedule activities that are likely to improve their mood. You will learn how to do this by watching demonstrations from experienced mental health clinicians, people with lived experience of low mood, and people from the farming community. You will practice these conversations and skills, receive feedback, and receive a certificate of competency.

At the end of the training, you will have:

- An understanding of depression
- An understanding of your role as a **navigator**, and when to seek help or guidance
- Use a script to set an outline for each meeting and guide conversations with your **driver**
- Help your driver to identify and schedule activities to help improve their mood
- Help your driver meet their goals. You will do this by setting homework, helping your driver notice changes in their mood, and helping them to notice which activities change their mood
- Support your driver to keep well and get help, should things go wrong



Who is the program designed for?

Back on Track has been designed for members of the farming community who are experiencing low mood or depression—including people living and/or working on farms, and people living in rural and regional towns that support agriculture.

What are the mental health needs of farming communities?

This program is specifically focused on helping farming communities because farmers in Australia are exposed to many stressful events (e.g. extreme weather events, pests, and fires). This can have a flow-on effect to all members of the community. People from farming communities also face many barriers to accessing mental health services. These barriers may include:

- Limited face-to-face services
- Concerns about mental health stigma
- Concerns about how health professionals may not understand farming and the problems that farmers face
- Seeing farm work as never-ending

This program addresses many of these barriers by helping people to support others to take practical steps to help them improve their mood. There is a lot of scientific evidence that shows that this way of working can be really helpful.

What is the approach of the *Back on Track* program?

The approach of *Back on Track* is like backing a trailer into a narrow gap in the machinery shed. There is the **driver** who is in control of the vehicle, and the **navigator** who provides assistance and direction from outside of the vehicle. In *Back on Track*, the driver is the person from a farming community experiencing low mood or depression. The navigator is there for support and guidance. *Back on Track* empowers people to take control of their own wellbeing, with the support of someone who understands the challenges of life and work in a farming community.

Notes:

Understanding health (physical and mental)

Mental health is a critical part of our overall health—there is no health without mental health. Being mentally healthy means we can:

- Cope with life’s normal stresses
- Work productively
- Contribute to our community
- Enjoy life

It is common to experience a range of ups and downs. Our mental wellbeing is on a continuum. Anyone can move along a scale from healthy to experiencing poor mental health. Where we are on the continuum can change depending on:

- Life experiences
- What stressors you are exposed to
- Support from the people around you



Physical health and mental health are strongly linked. Poor physical health (both illness and injury) increases the risk of developing poor mental health. Likewise, poor mental health can also increase our risk of poor physical health.

In farming communities, poor health (physical or mental) has an extensive flow-on effect. As well as affecting the individual, it also affects their family, farming business and broader community.

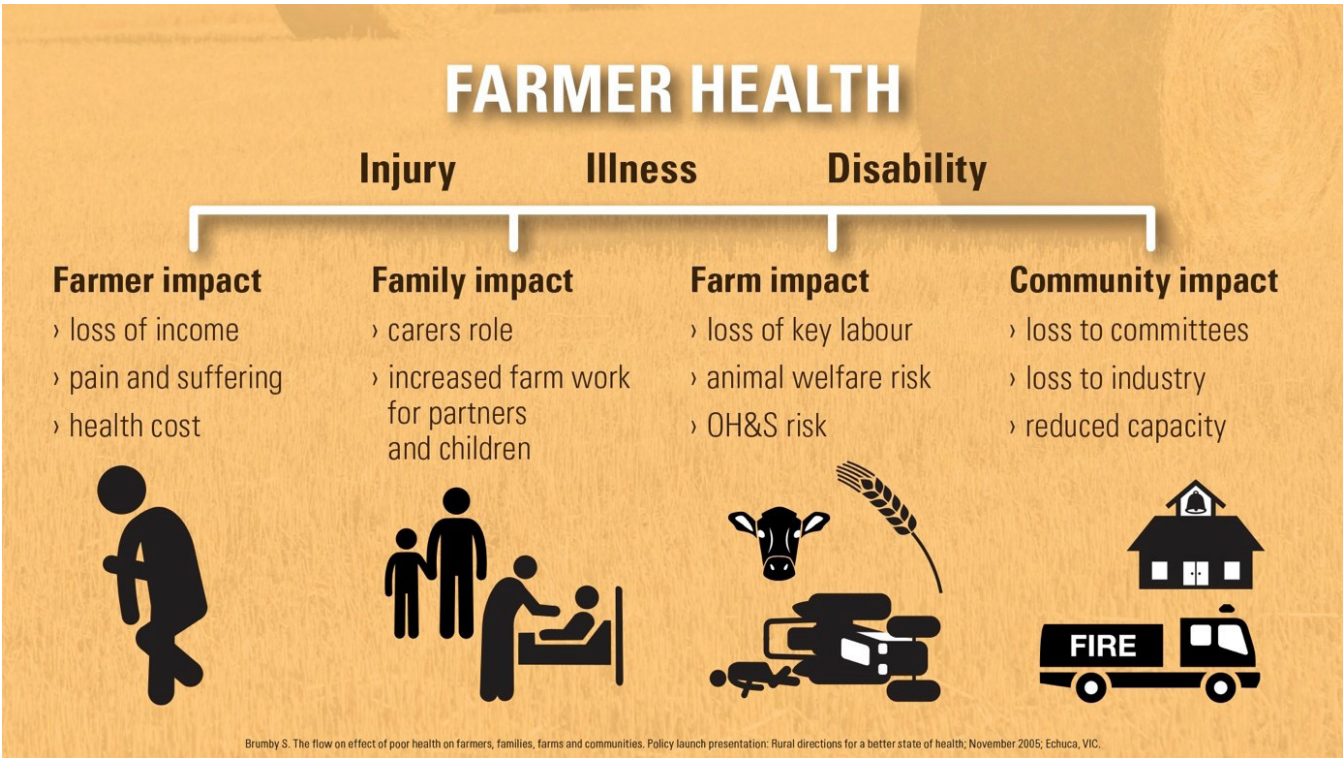


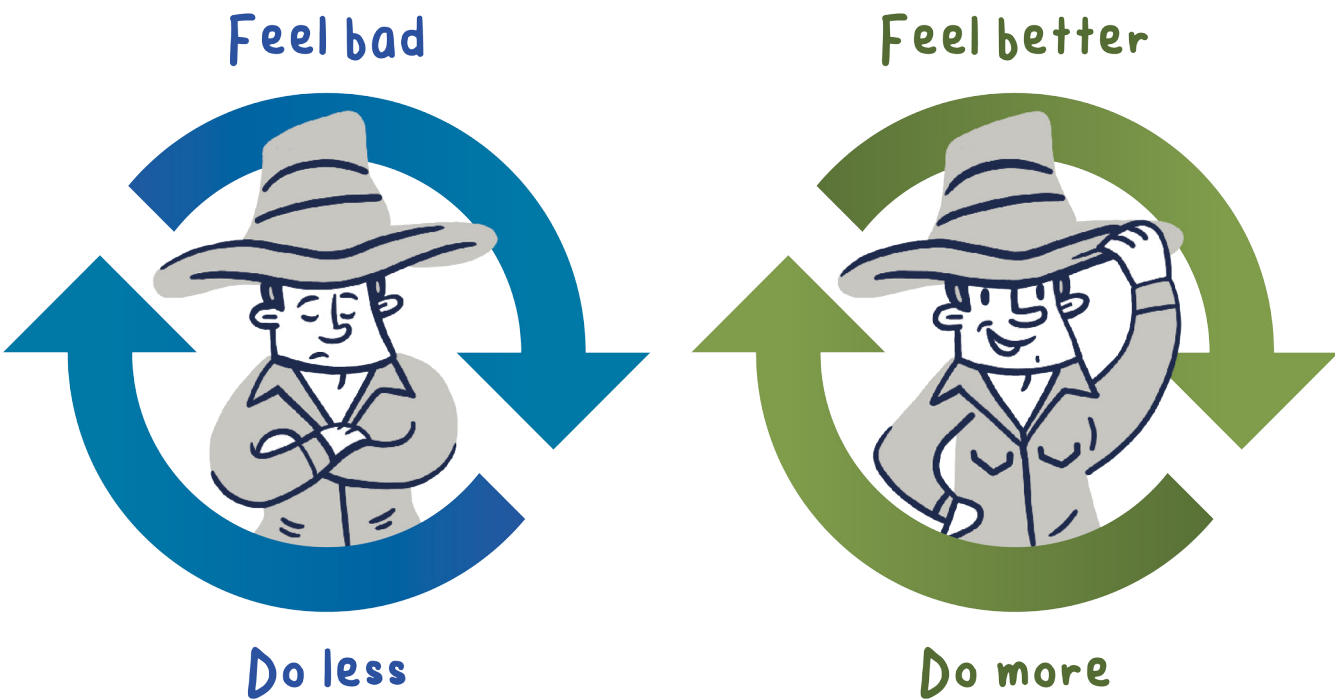
Figure 1: Farmer health has many impacts on individuals, families, farms, and communities (Brumby S. *The flow on effect of poor health on farmers, families, farms and communities*. Policy launch presentation: Rural directions for a better state of health; November 2005; Echuca, VIC)

Notes:

Supporting mental health - a behavioural activation approach

Introduction to behavioural activation

“Behavioural activation” refers to the idea that what we do impacts how we feel. When we feel down, we often stop engaging in activities that given us a sense of purpose and pleasure. By not doing these activities we lose our sense of personal reward and achievement. This can make us feel more down and depressed. Behavioural activation aims to reverse this cycle by encouraging people to schedule activities from which they gain pleasure and a sense of achievement.

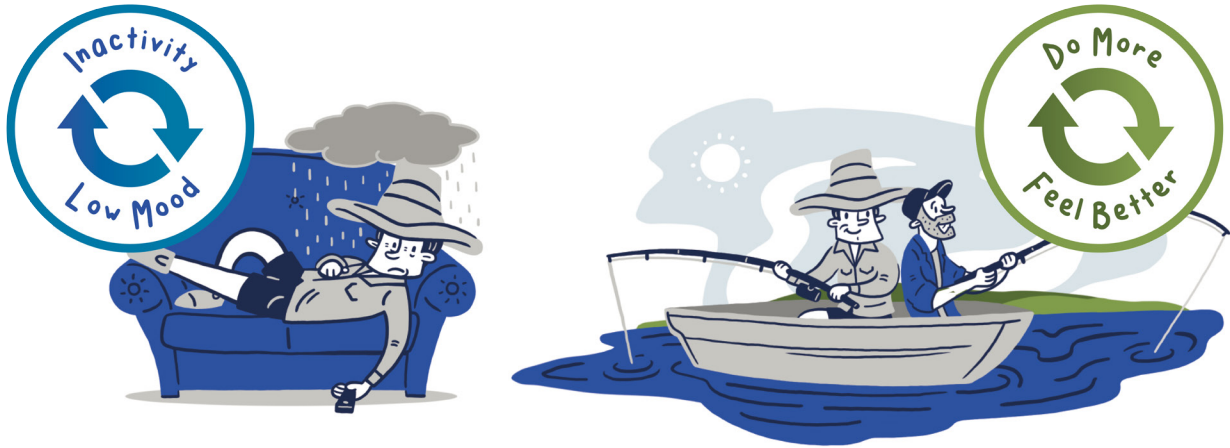


There are a series of steps to behavioural activation that need to be followed:

1. Checking (or rating) your mood each day so that you can understand how it changes over time, like checking the fuel gauge. Understanding your mood will help you notice if there are particular activities that have a positive or negative effect on your mood.
2. The most important step in behavioural activation comes next: scheduling in more of the activities that boost your mood. Balance activities that boost your mood (e.g. exercising, reading, meeting up with friends) with activities that might not give you pleasure but do give you a sense of achievement (e.g. getting jobs done around the farm). It is really important that you stick with activities that are scheduled even if you don't feel like doing the activity or something crops up that seems more important at the time.
3. Finally, reward yourself for sticking to your activity plan.

BEHAVIOURAL ACTIVATION (BA)

takes work to begin...



...but becomes easier with practice

As part of the weekly meetings, the navigator will help the driver experiencing low mood or depression to set a goal of doing at least one pleasurable or rewarding activity each day.

These goals can include:

- **Physical activities** (e.g. walking the dog)
- **Social activities** (e.g. catching up with a neighbour for a cuppa)
- **Hobbies or other activities** that are enjoyable and have value or meaning (e.g. fishing, cooking, playing sport)

The navigator will then work with the driver to track how doing each of these activities affects their mood. The activities that bring pleasure and a sense of achievement are then scheduled more often. Activities that do not lead to improvements in mood can be replaced with something that does.

Engaging in activities that are pleasurable or bring a sense of achievement will help break the cycle of depression. It will help improve perspective, mood, interest level, energy and overall quality of life.

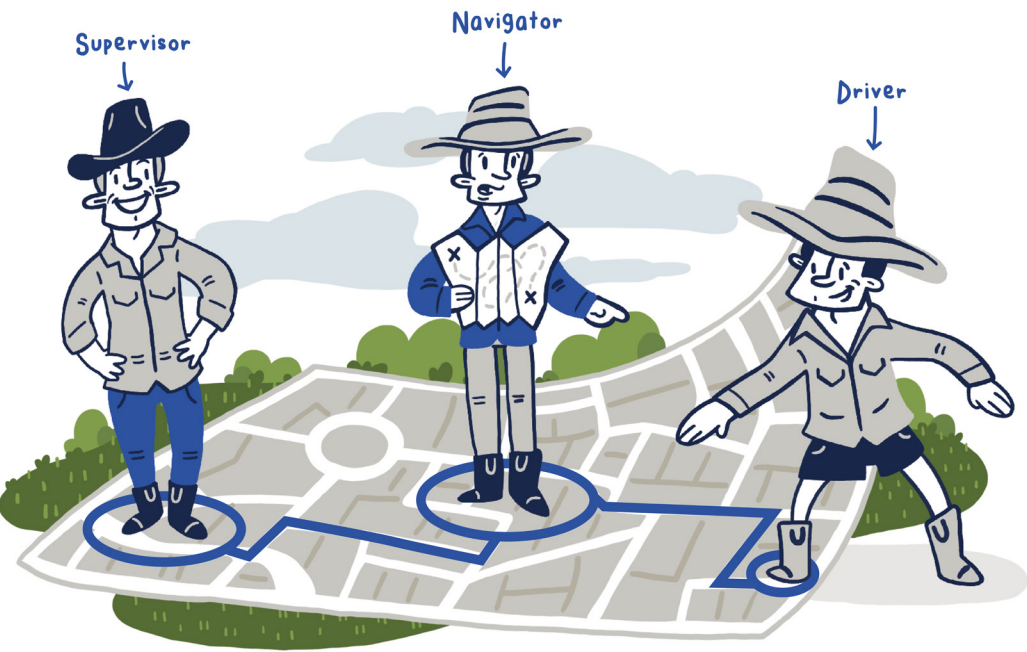
What is your role as a navigator?

Your role as a navigator is to meet weekly with your driver for nine weeks. Each session, you will be given a script to help your driver to do more rewarding and enjoyable activities. Navigators offer support in a respectful, non-critical and non-judgmental way. You will draw on the life challenges you have both faced as part of living and working in a farming community. You will empower your driver by drawing on their individual strengths and independence.

Table 1: Your role as a navigator

Your role involves:	What this can look like:	Your role does not involve:
Two-way conversations	Respectful, non-critical, non-judgmental conversations	Being a therapist that can manage issues outside of the <i>Back on Track</i> program for managing low mood
Drawing on relatable experience (e.g. farming work, relationships, children moving off-farm)	Clear boundaries (e.g. what is OK to talk about? What might make either you or the driver feel uncomfortable?)	<ul style="list-style-type: none">• Undertaking extensive risk management• Assessment• Supporting the person to access other services In other words, you are not a case-manager.
Willingness to share personal experiences is voluntary and might vary from person-to-person	Maintaining confidentiality	Developing a friendship or a relationship outside the boundaries of the navigator/driver role
Engaging and connecting with a person with similar experiences	<ul style="list-style-type: none">• Informal or structured conversations (or a bit of both)• Empowering and inspiring one another	Being perfect and having all the answers

Navigators are expected to seek support from their supervisors when challenges arise that are beyond the scope of this role.



Notes:

What respectful, non-critical, non-judgmental conversations can look like:

When you meet with your driver, there is no need to probe into overly sensitive areas or the factors that may have led to their low mood (e.g. relationship break down, financial stress). Let the driver decide what they chose to share or not share.

Be aware of your thoughts such as “I wouldn’t have done it like that” and instead acknowledge how they are feeling. For example, you could say, “That sounds like a really difficult situation to go through.”

When your driver tells you part of their story, it helps them to better understand themselves and their own experience. After they share their story, it is important to relate this back to what can be done to improve things for them in the future – a bit like looking in the rear-view mirror and then focusing on the road ahead.

What is the format of peer-support sessions?

As the navigator, you will meet your driver once a week for nine weeks. You will spend 30–45 minutes each week with your driver.

While it is important to build rapport with your driver and check in with how they are travelling at the beginning of each session, you are encouraged to stick to the meeting outline of the *Back on Track* program. Avoid getting bogged down in long conversations that distract you from the program (e.g. weather, the price of cattle, grubs in the crops). Try to limit these social conversations to five minutes before or after the meeting.

Back on Track focuses on action and doing things differently in order to help your driver feel better. This is another way that a *Back on Track* session differs from a friendly chat. In a *Back on Track* session, the focus is on action. Conversation centres on topics that will help the driver to do more enjoyable activities in their day-to-day lives. This will help the driver to shift gears and improve their mood. We encourage you to meet with your driver face-to-face to begin with. That said, it may be possible (or preferred) to have some meetings via Zoom or the telephone.

The role of homework

Back on Track is a program that focuses on action. In each session, we work together to develop an action plan (or homework) for the driver to do prior to the next session. Every session, it is important to review the driver’s homework from the past week. This shows the driver that the work they do between the sessions is actually more important than the session itself. Reviewing the homework also helps the driver to identify what steps to take next. Together, you can discuss any difficulties that the driver had when doing the planned activities. You can discuss what might help the driver to overcome these roadblocks.

Overview of depression

Some facts about depression in adults who are farmers

- About half (45%) of Australians will experience a mental health problem at some point in their life. Depression and/or anxiety are the most common.
- Depression is more likely if people also have another long-term condition, such as diabetes, or cardiovascular disease.
- Depression often goes unrecognised and is under-treated.

What is depression?

Depression is typically characterised by nine different symptoms. These include:

- Not getting pleasure out of life
- Persistent low mood
- Sleeping too much or too little
- Feeling tired
- Eating too much or too little
- Feeling bad about yourself
- Difficulty concentrating
- Being slowed-up or overactive
- Thinking you would be better off dead

It is important to note that anxiety and depression often occur at the same time (that is, they are highly comorbid) and often the signs of each are similar. Behavioural activation helps people experiencing both of these challenges, and so our focus with this program is using the same techniques to help the driver feel better more generally (rather than focusing on any one specific ‘sign’).

What causes depression?

Depression can be triggered by psychological, social, environmental and biological factors. Sometimes depression can develop for no reason. Factors that can lead to depression include:

- Family history of depression
- Illness
- Disability
- Financial stress
- Relationship breakdowns
- Loss of loved ones
- Stress
- Loss of independence
- Changes to social roles (e.g. after selling the farm, retiring, children leaving home)

Misconceptions and facts about depression

Table 2 shows some common misconceptions about depression.

Table 2: Misconceptions and facts about depression

Misconceptions	Facts
Depression is a sign of weakness or laziness.	Weakness and tiredness are symptoms of depression.
Depression is untreatable.	There are lots of effective treatments for depression, including talking therapy (e.g. cognitive behavioural therapy), behavioural activation, and anti-depressant medication.
Talking to my doctor about my mood or mental health is a waste of their time.	Doctors have many conversations about mood and mental health every day. They view this as a good use of their time. The sooner you mention to your doctor that your mood is deteriorating, the easier it will be for them to help you.
Getting farm work done is more important than managing my mental health.	The success of your farming business relies on you being mentally and physically healthy. Managing your mental health will help your farm work. You will be able to focus better and achieve farm work more safely, effectively and efficiently.
Getting help for my mood is a sign of weakness.	Success of any kind is rarely achieved without support. Getting help is a sign of strength and is a positive example to others around you.
I won't be in control if I get help.	Getting help early increases the control you have over a situation. This is true in farming, as well as with your mental health.
If I tell my navigator that I am struggling, they might gossip about it with other people in the community.	Your navigator has received training around confidentiality, and is obliged to respect your right to keep issues you raise confidential, except when there is risk of harm to yourself or others. However, if you don't feel comfortable seeking help from someone you know, look at other options (e.g. online psychology services, or seeing a mental health professional).
Alcohol can help me cope with the symptoms of depression.	Although alcohol sometimes provides short-term relaxation and relief from anxiety, alcohol can make you feel more depressed in the long term. It can reduce the effectiveness of medication.

Depression has many names

Throughout this manual, we use the term 'depression' but it is important to be sensitive to the way that others describe their experience. People often describe their experience using terms such as 'tension', 'stress', or 'difficulty'. So, when you see the word 'depression' in this manual, please remember that you are encouraged to use the term that helps you connect best with the person you are supporting.

How is depression treated?

- Depression is a treatable health problem. For most people, symptoms are relieved with appropriate treatment, such as talking therapies, physical activity or medication.
- Some treatments are more complex than others (e.g. cognitive therapy is more complex than behavioural activation), but all have a similar impact on symptoms. Simply engaging in pleasurable and rewarding activities has been shown to improve depression.

ⁱ https://www.blackdoginstitute.org.au/wp-content/uploads/2020/04/1-facts_figures.pdf

Notes:

Taking care of yourself (navigator) and your driver

What about confidentiality?

Helping someone in need involves sharing problems and concerns—sometimes with personal details. This unique sharing cannot be done without a sense of trust. This trust is built on mutual respect, and includes a clear understanding that all discussions are confidential and private. Your driver has the right to privacy. Your driver has the right to choose whether or not they reveal any information to you. The privilege of helping someone else is only possible if you maintain the trust and respect of the person you are assisting.

Nothing that your driver shares with you should be discussed with anyone else. Let your driver know that everything you discuss is confidential, with the exception of anything that puts them, or the people around them, at risk of harm—in which case, you will talk to your supervisor. Let your driver know that your number one priority is keeping them, and the people around them, safe.

Taking steps to maintain confidentiality is particularly important in rural communities. Be aware that if you see your driver outside of a scheduled session (e.g. at the local pub or supermarket), you should not refer to anything that was discussed in the context of your coaching sessions, unless the driver specifically raises the topic and demonstrates a clear willingness to discuss it in that ‘out of coaching setting’.

However, although your driver may have discussed something relating to their coaching out of the coaching setting on one occasion, do not assume that they will want to do so again in the future. It may be best to end out-of-session conversations (even if they are initiated by the driver) as quickly as possible. You can offer to phone them promptly so you can discuss the matter confidentially. This will also help the broader community to maintain trust in the confidentiality of the program.

Some tips for maintaining confidentiality when holding your meetings by telephone or Zoom are outlined below in “Appendix 2: Tips for delivering a session over the phone or on Zoom”.

Confidentiality contracts

When you start working with someone for the first time, it is a good idea to agree boundaries around confidentiality—an informal confidentiality contract, if you like. It is important that you say that what is discussed in the meeting will be completely confidential and you will not talk about what has been discussed with anyone else.

That said, you also need to make it clear that if the person you are working with says that they are going to hurt themselves or other people you will need to contact the appropriate people. For example, if someone said that they “had a plan to go and get a gun this evening and end it”, you would need to contact mental health crisis services or the police.

Social and cultural identities

By social and cultural identities, we mean:

- Beliefs
- Assumptions
- Up-bringing and experiences
- Values
- Cultural and social biases

Ultimately, these factors affect how we understand others, and whether we can purposefully engage with them. When we are aware of our own beliefs and biases, we can adjust how we act so that we successfully help others and demonstrate a professional level of respect, objectivity and identity.

One helpful way of making sure that we are not automatically applying our own beliefs or biases to others is by making sure that you attribute your thoughts to yourself and not overgeneralise them to others. For example, “I feel like the umpire made a terrible decision there”, rather than “the umpire makes terrible decisions” (see Table 3). Being aware of your own judgements is something that peer-supervision can really help with.

Notes:

Table 3: Language chart for talking about cultural identity

Say/think this...	...when thinking this
Farmer	Farmer's wife
Depression is untreatable.	There are lots of effective treatments for depression, including talking therapy (e.g. cognitive behavioural therapy), behavioural activation, and anti-depressant medication.
Farmers can be young and old, are of all genders, different sexual orientations, and have different ethnic backgrounds.	All farmers are ageing, white, heterosexual and physically fit males.
People experience stress in different ways.	Everybody gets stressed about the same thing (e.g. "My driver's worrying about nothing", or "My driver should just get over it and move on").
What's 'normal' for you may be different for others.	My cultural/personal experience is the same as everyone else.
When people talk negatively, it is often due to the circumstances they find themselves in. As circumstances change, people's responses often do, too. People may also not want to build up their own expectations too high, for fear of being let down. This may lead them to say things which sound negative, but in fact reflect more of a cautious approach.	People's negative responses are due to character flaws and can't be changed (e.g. "My driver's always been a grumpy guts").
A farmer who doesn't ask for help may appreciate help. Available help may not always suit farmers' needs or be presented in a way that farmers can relate to (i.e. the help misses the mark).	Farmers never ask for help.
Some farmers may not have been given the opportunity to talk about their mental health and may find it unfamiliar or uncomfortable. Some farmers actually do talk about their mental health.	Farmers never talk about their mental health.

How do you support people in distress?

If your driver is in emotional distress, do your best to empathise with and support them. You can provide a non-judgemental, respectful space for them to talk about how they are feeling. This can help reduce their distress. When they are less distressed (e.g. later in the meeting, or at a later date), refocus the meeting to the *Back on Track* meeting outline. Let them know that, in the long run, continuing with *Back on Track* will help them to feel less distressed and more in control.

You should also encourage the driver to discuss any further concerns with their GP or mental health professional. Convey your optimism to your driver that working with a mental health professional will help reduce their depression.

Remember that it is not your role to provide therapy or professional psychological support. Talk to your supervisor when challenges beyond the scope of your role arise. If you are not sure what you should do, or you are worried about someone you are providing support to, it is really important to seek advice and support as soon as possible.

Appendix 1 provides situation-based examples of how to provide support to people in distress.

Be aware of risk

Sometimes people that you are working with may say that they are really struggling and express thoughts of wanting to harm themselves or not go on anymore.

If someone shares these thoughts with you, talk to the person about how they are feeling. Be direct: ask the driver if they have had any thoughts about self-harm or suicide recently. If they have, check if they have any specific plans to hurt themselves. You will receive training on how to discuss suicide, and will practice this conversation with your peers. Remember, you are not a therapist, and are not expected to "solve" your navigator's problems. You can help your navigator by simply listening to them non-judgmentally.

After the session, make some notes about what happened, and talk to your supervisor about this as soon as possible.

Notes:

Documenting your meetings/record-keeping

How record-keeping supports navigators

Good record-keeping is essential, as it provides accurate, permanent records of:

- The parts of the *Back on Track* program that have been delivered
- The driver's progress with the program
- Why particular decisions have been made

Good record keeping also improves accountability.

Record-keeping standards

All records must be:

- Accurate and legible
- Up to date
- Easily accessible to those who need to use them

Records must also meet the following standards:

Table 4: Record-keeping standards in the *Back on Track* program

Record-keeping standards	Reason
All handwritten entries must be: <ul style="list-style-type: none">• Dated• Timed using the 24 hour clock (e.g. 5 pm–5:45 pm is 17:00–17:45)• Signed• Your name should also be printed	This makes it easier for you and your driver to review progress and agree on what activity/tasks to do next.
Records must be written at every meeting (or as soon as you can afterwards)	<p>Recording information at the time of the meeting is essential for creating up-to-date, chronological, and accurate records.</p> <p>If you can't record information during the meeting, make sure you complete the records within 24 hours of the meeting.</p> <p>Each record must have a date and appointment time, as well as the time of when records were completed. Time must be recorded in a 24-hour clock.</p>
Keep abbreviations to a minimum	Abbreviations should be kept to a minimum. If you use an abbreviation, make sure you have spelled it out in full the first time it is used on each new page.

Make entries for all appointments, even those that were cancelled or that your driver did not attend	<p>You must record all cancellations or non-attendance, and provide the reason. Record any arrangements for rescheduled/future appointments.</p> <p>There are two types of cancellation:</p> <ul style="list-style-type: none">• Service cancellation (e.g. the session was cancelled due to flooding, making it impossible to meet your driver)• Driver cancellation (e.g. your driver cancels the session; your driver does not show up) <p>Record the reasons for both types of cancellation in the notes, as well as the efforts you have made to reschedule in a timely manner.</p>
Records should be written together with your driver	<p>Where you can, records should be written using the driver's own words.</p> <p>Drivers should always be involved with the formulation of their <i>Back on Track</i> program. Ideally, ask the driver to sign each part of the <i>Back on Track</i> plan (e.g. meeting outlines, forms, etc.).</p>
You must be made aware of, and understand, the importance of safe storage of notes	<p>Notes must be bound and stored so that:</p> <ul style="list-style-type: none">• Loss of documentation is minimised• Confidentiality is maintained
Disclosures of a child protection/child welfare and adult at risk nature	<p>It is very important that you record, word for word, any disclosures made relating to abuse and welfare issues. Talk to your supervisor as soon as possible to make sure that local mandatory notification procedures are followed.</p>

What not to include in your meeting notes:

Do not include:

- Unauthorised abbreviations (i.e. abbreviations that you made up)
- Jargon
- Meaningless phrases
- Irrelevant speculation (e.g. I think my driver will sell the farm soon)
- Offensive statements
- Personal opinions about the driver

Notes:

How we can help you

A range of steps have been put in place to support your wellbeing, and help you to effectively support your driver.

Supervision will be provided for both:

- a. Day-to-day support (e.g. program administration; matching navigators with a driver; or clarifying what to do if a difficult situation has emerged during a session with the driver)
- b. Personal support (e.g. debriefing sessions with a mental health professional, to support you in your role as a navigator).

Your day-to-day supervisor may be different to the supervisor providing mental health support. You will interact most often with your day-to-day supervisor.

Support from your day-to-day supervisor

As a navigator, you will have regular support from your day-to-day supervisor. This will help you to:

1. Manage your role as a navigator and answer any questions you may have along the way
2. Help you to follow the *Back on Track* program
3. Seek assistance should you find yourself faced with something outside of your role as a navigator
4. Keep connected with your *Back on Track* colleagues (e.g. other navigators)
5. Extend your knowledge of other services and community partners (e.g. Appendix 3)
6. Focus on your own wellbeing by providing time and a safe space to discuss challenges (with more in-depth support being provided to you by a mental health professional)
7. Receive ongoing professional development to develop your knowledge and skills

Your day-to-day supervisor should be your first point of call to advise on what to do if anything arises during the session that is beyond your role. Topics you may need to talk to your supervisor about include what to do if:

- Your driver has expressed suicidal intention or disclosed/discussed self-harm
- Your driver is showing no improvement at all
- Your driver is consistently reporting low mood or high mood for all of their activities (e.g. all 0s, 1s and 2s, or all 10s).
- You suspect any form of abuse (either directly affecting your driver, or the people they live with – including children)
- You feel unsafe (for any reason at all) whilst undertaking your role
- You want to connect your driver with more support and resources on a particular topic or issue and want ideas for recommendation, or want to recommend a particular resource (double-check with your supervisor first). Appendix 3 directs you to helpful resources.
- Your driver has shared information that you feel uncomfortable with, and you would like advice on how to respond

Format and process of navigator supervision

- The day-to-day supervisor is responsible for ensuring that all navigators receive personal support from a mental health professional.
- This personal support will be delivered in a one-on-one format, approximately every fortnight. More support can be provided as necessary.
- Peer supervision is another form of support that you can access. It can occur in a group with other navigators.

Mutual agreement of supervision arrangements

Each navigator will work with their supervisor to develop a written agreement about how the supervision relationship will work. The agreement should be reviewed every 12 months and will include:

- When, where and how often you will meet with your supervisor
- What notes will be kept about supervision sessions
- Responsibilities and expectations of both the supervisor and the navigator
- Ground rules for the relationship, including limits of confidentiality
- Arrangements for contacting your supervisor if you need support outside of regularly scheduled supervision sessions

Notes:

How you can help yourself

Providing support to people experiencing psychological distress can be tiring work. It is really important that you pay close attention to your own mental wellbeing. You might want to make sure that you plan activities each day that give you pleasure—this way, you can be a positive role model to your driver.

As a navigator, you are encouraged to take control of your own wellbeing. There are a number of things that you can do to support this.

Table 5: How to support yourself in your navigator role

Tip	Rationale
Get in touch with your supervisor if you are struggling.	You are not expected to work beyond the limits of your navigator role (see the previous section). Your supervisor is there to provide information, advice and support.
Keeping in touch with other navigators.	Connecting with other navigators can provide support and help you see different perspectives. Of course, you will maintain the confidentiality of your driver when sharing experiences with the other navigators.
Monitor your own mood.	Be a positive example to your driver. Practice monitoring your mood and identify activities that improve or worsen your mood. Build healthy activities that make you feel good into your day.
Exercise and keep active.	Exercise increases chemicals in the brain that make us feel happy, worry less, and increase confidence.
Eat healthy food.	Healthy eating helps us to sleep better, manage our energy levels, and manage our stress.
Make sleep a priority.	Sleep is important to help our body and mind recover, recharge and perform at their best.
Take a break.	A break or change of scene is a good way to de-stress and helps you to see things differently when you return.
Maintain a daily routine.	A daily routine helps you to relax and lowers your stress and anxiety. It should include things you have to do (e.g. work) as well as things you want to do (e.g. a hobby that you enjoy).
Contribute to your community.	Volunteering can help to build new friendships, improve your connection to your community, and help your community grow.
Maintain your connections with friends and family.	Connecting with friends and family is a good way to look after yourself. Keeping these relationships going can take time, but it is worth it in the end.

Withdrawing from the program

Throughout your time with the program, your life may change, and you find that it may be difficult to continue with your role (e.g. due to a change of location, change of job, change in family circumstances). As with all paid and unpaid jobs, you are free to withdraw from the program at any time.

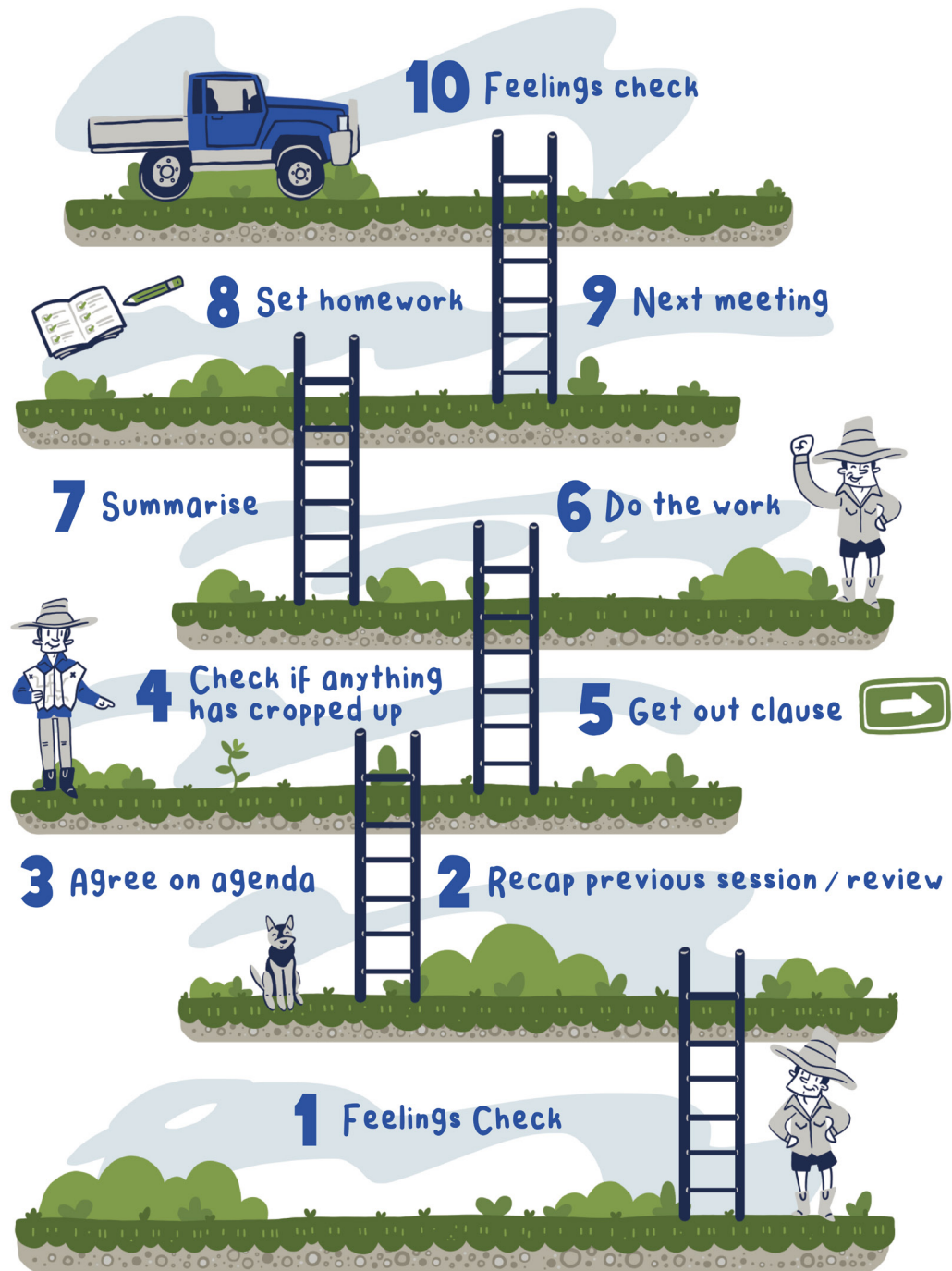
The first step in this process is to discuss your situation with your supervisor. Your supervisor will approach the situation in accordance with the reason that you are withdrawing (e.g. stress vs. unforeseen commitments). Your supervisor will help facilitate the transition for both you and your driver. It is key that the driver continues to receive the support that they require.

Notes:

Tips for structuring a session

Each *Back on Track* session will follow this structure:

10 STEPS
TO STRUCTURING A 'BA' SESSION



Some tips and techniques that may help at various stages of the session include:

- 1. Deciding on the meeting outline.** The meeting outline should always be mutually agreed. You and your driver will decide if there is something that needs prioritising—e.g. if something significant has happened since the last session. Do remember that dealing with a crisis situation, such as your driver feeling acutely suicidal, is beyond the scope of the current project and you would need to help them with working out where else they can access support rather than attempting to continue with the *Back on Track* program. Remember that you should contact your supervisor immediately for advice in this situation.
- 2. Always seek permission to continue** with the session, particularly when something distressing gets brought up. This is likely to require judgement by the navigator and a brief, calm, neutral response (e.g. “I can see that these issues are difficult for you at the moment. Do you still want to continue with the session today?”). If in doubt, seek support from your supervisor then and there.
- 3. Practice summarising** what your driver has been sharing with you. For example, after completing the Health Questionnaire and discussing your driver’s last week, you will try to reflect back what the driver is saying.
 - “It sounds like things have been a bit better for you this week”
 - “It sounds like you’ve had a really hard week because you’ve been so busy with marking lambs”

Notes:

Meeting Outline: First Meeting

☐ 1. As you know, my my name is [_____] and I'm a navigator for the program that we call **Back on Track**.

- ☐ The program involves nine weekly meetings (30–45 mins) to discuss ways to gradually build more pleasant and rewarding activities in to your life, as a way to help you self-manage low mood or depression.
- ☐ At the start of each *Back on Track* session we will decide on an outline for what we want to cover. For today's meeting, we already have getting to know each other, reviewing signs of low mood or depression, discussing what depression is, and discussing how *Back on Track* can help. Is there anything else you would like to add to our meeting outline?
- ☐ I just want to remind you that that everything we discuss is confidential. From time to time, I may need to talk with my supervisor about our sessions, but I typically do not share names or personal information with them. Other than that, what we talk about today remains between you and me.
- ☐ Also remember that if you need to take a break from our session for any reason, it is absolutely fine to do so.
- ☐ Sound okay [_____]?

☐ 2. Before we start with the **Back on Track** program, I'll tell you a little about myself.

- ☐ Share enough information so that the driver gets a bit of a sense of you as an individual and is put at ease: e.g. family structure, connections with farming, reason for performing this role, personal interests/hobbies. Only share what you feel comfortable with, and be careful not to over-share, as this may make your driver uncomfortable and take time away from their session. Introducing yourself will help build rapport and help your driver feel less nervous and more comfortable about taking part in the *Back on Track* program.
- ☐ Do you have any questions for me?
- ☐ 3. Would you feel comfortable sharing some information about yourself?
 - ☐ Perhaps a little about your farm or your role in the farming community, who is in your family and what made you interested in this program? (Keep this conversation short – a couple of sentences will do – as it is not the focus of the session.)
 - ☐ Thank you [_____]. That is helpful to know.

☐ 4. The first activity in the **Back on Track** program is for us to review the Health Questionnaire (PHQ-2) form that you filled out.

- ☐ Let's discuss your score. Do you feel that it matches what you have been experiencing?
- ☐ How long have you been experiencing these problems? What do you think they are due to?

☐ 5. Research has shown that...

(Introduce Form A)

- ☐ Depression is something that is experienced by a lot of people and can be treated effectively.
- ☐ Depression includes emotional, physical and cognitive (or thinking-related) symptoms.
- ☐ It is difficult to really know what causes depression, but it can be changes in brain chemistry, a traumatic experience, life stresses, or some combination.

☐ 6. I would like to tell you about how the **Back on Track** program works...

(Introduce Form B)

- ☐ *Back on Track* can help an individual improve their mood and recover from depression.
- ☐ Depressed mood can lead to a change in your normal routine and doing fewer enjoyable activities. Doing less can make people feel more isolated and their mood more flat. Have you noticed this is true for you? For example, you may have been feeling down so decided not to go to a BBQ, then ended up feeling even worse. Engaging in more physical and social activities may help break this cycle and improve your mood, interest level, and energy. Have you ever noticed this in the past? For example, perhaps you were feeling flat, but forced yourself out of bed and got some farm jobs done, then you felt a whole lot better.
- ☐ Although it can feel very hard to do, research has found that increasing your level of activity before waiting to feel motivated is important in kick-starting you on your path to feeling less flat. If it feels very overwhelming, you can start with small activities. The important thing is not waiting to feel better before you get started.

☐ 7. Our next step is to list out some activities that are pleasant and rewarding for you.

(Introduce Form C)

- ☐ What are some physical activities that you find enjoyable or give you a sense of achievement? Let's rate each activity for difficulty (easy, medium, or hard).
- ☐ What about social activities? Rate each as easy, medium, or hard.
- ☐ What about hobbies and recreational activities? Rate each as easy, medium, or hard.

☐ **8. Now let's pick and schedule one activity for each day for the week.** (Introduce Form D)

- ☐ Which activities would you like to start with for the week?
- ☐ What time of the day, where, and with whom?
Let's review the plan and how feasible each activity is.
- ☐ Please check off on the form whether you completed each activity, and rate your satisfaction level after doing each activity.
- ☐ Remember that it is important to follow through in order to improve mood and interest level. But it's OK if you don't get to everything

☐ **9. Now let's talk about the Mood Monitoring Form.** (Introduce Form E)

- ☐ It's important to reflect on how other activities in our lives impact our mood. We can do this by tracking what activities we do each day, and how we feel after we finish doing them.
- ☐ There are two choices of form for this one, depending on what you prefer. The first version of the form is more flexible (listing early morning, mid-morning, and so on). The second version lists every hour of the day, if you prefer having a specific time. Which version would you like to try first?
- ☐ Each day next week, try to write what main activities you did throughout the day (e.g. morning milking, cooked dinner, watched TV, talked to my neighbour, went to the supermarket). For each activity, rate your mood (0–10).
- ☐ Don't worry if you don't fill in every box. It is also OK to make notes where it's most convenient for you (e.g. a work diary). The main aim is to start noticing what impact the activities you do have on your mood.

☐ **10. Summarise and conclude**

- ☐ Today we introduced the *Back on Track* program, completed the Health Questionnaire, talked about how what you do affects how you feel, scheduled some activities for next week, and looked at the Mood Monitoring Form.
- ☐ Copy completed Forms C and D. Put Forms A, B, C, D, and E in a folder.
- ☐ Discuss with the driver where to put the folder at home.
- ☐ Encourage the driver to bring the folder to the next meeting.
- ☐ Your homework is to do the activities we scheduled and complete the Mood Monitoring Form.
- ☐ The next meeting will be on _____ (day, time, location)

- ☐ Ask your driver how they found the session today. You might use one of these summary statements:

- I'm glad you found it helpful.
- Hopefully you find the activities useful over the next week.
- I can see it's been difficult for you. Keep it up! Your mood has the best chance of improving if you stick at doing these activities.

Driver name: _____

Driver signature: _____

Navigator name: _____

Navigator signature: _____

Notes:

Meeting Outline: Follow-up Meetings

☐ 1. It is great to see you again [_____] for our [second/third/fourth/etc.] *Back on Track* session.

- ☐ Before we get started, I just wanted to ask how your week has been? How about your day today – how are you feeling?
- ☐ It seems that you've been having a [good/rough/challenging] week. Thanks for letting me know.
- ☐ I just want to remind you that that everything we discuss is confidential. From time to time, I may need to talk with my supervisor about our sessions, but I typically do not share names or personal information with them. Other than that, what we talk about today remains between you and me. Remember you can also take a break at any time if you need to.
- ☐ Last session, we answered the Health Questionnaire, scheduled in some activities for the week, and looked at the Mood Monitoring Form. How did you feel about our last session? What did you find helpful? Is there anything that you think we need to do differently at our session today or in the future?
- ☐ Thank you for your feedback. That is really helpful.

☐ 2. Let's decide on an outline for the session today and complete the Health Questionnaire (PHQ-2) to see if there have been any changes since our last *Back on Track* session.

- ☐ So far, what is listed on our outline is:
 1. Review your current signs of low mood or depression
 2. Have a look over your activities from last week
 3. Have a look at last week's Mood Monitoring Form (Form E)
 4. Schedule some new activities for this week
 5. Is there anything you would like to add to the meeting outline?
- ☐ Has anything cropped up in the last week that you want me to know about that might affect the session today?
[Thanks for letting me know.]
- ☐ Let's complete the Health Questionnaire (PHQ-2) to see if there have been any changes since the last session.
- ☐ Let's discuss your score. Do you feel that it matches what you have been experiencing?
- ☐ Since we started working together would you say that you are doing better? Or is there no change? Or are you doing worse?

- ☐ Which signs of depression have bothered you the most? Tell me about that.

☐ 3. Let's discuss the activity form from the previous week. (Refer to completed Form D)

- ☐ Which activities were you able to do? How satisfied were you?
- ☐ Which activities were difficult? (What got in the way? What could you do differently next time – e.g. ways to overcome barriers, or changing the activity, if appropriate?)
- ☐ Remember that engaging in these activities can help improve mood, interest level, and energy.

☐ 4. Let's discuss the Mood Monitoring Form from the previous week. (Refer to completed Form E)

- ☐ Which activities have the most positive impact on your mood?
- ☐ Which activities had a negative impact on your mood?
- ☐ Could you replace any of the negative activities with a more positive activity? (e.g. replace watching TV for two hours with watching TV for one hour and then going for a walk in the paddock)
- ☐ (Weeks 3–8) Did you replace any activities that in the past have left you feeling more negative with activities that you know make you feel more positive?

☐ 5. Now let's pick and schedule one activity a day for this coming week. (Use a new Form D)

- ☐ Which activities would you like to start with for the week?
- ☐ What time of day? For how long? With whom?
(Review plan and how feasible each activity is.)
- ☐ Please check off on the form whether you completed each activity, and rate your satisfaction level after doing each activity.
- ☐ Remember that it is important to follow through in order to improve mood and interest level. But it's OK if you don't get to everything!

☐ 6. Summarise and conclude

- ☐ Today we completed the Health Questionnaire, talked about your activity schedule and Mood Monitoring Form from last week, and scheduled some activities for next week.
- ☐ Copy completed Forms C and D. Put Forms A, B, C, D, and E in a folder.
- ☐ Discuss with the driver where to put folder at home.

- ☐ Encourage the driver to bring the folder to the next meeting.
- ☐ Your homework is to do the activities we scheduled and complete the Mood Monitoring Form.
- ☐ The next meeting will be on _____ (day, time, location)
- ☐ Ask your driver how they found the session today. You might use one of these summary statements:
 - I'm glad you found it helpful.
 - Hopefully you find the activities useful over the next week.
 - I can see it's been difficult for you. Keep it up! Your mood has the best chance of improving if you stick at doing these activities.

Driver name: _____

Driver signature: _____

Navigator name: _____

Navigator signature: _____

Notes:

Meeting Outline: Final Meeting (*Stay on Track* Plan)

- ☐ 1. **It is great to see you again today [_____] for our final *Back on Track* session. Let's decide on an outline for the session today and complete the Health Questionnaire (PHQ-2) to see if there have been any changes to your mood.**
- ☐ Before we get started, I just wanted to ask how your week has been? How about your day today – how are you feeling?
- ☐ It seems that you've been having a [good/rough/challenging] week. Thanks for letting me know.
- ☐ Last session, we answered the Health Questionnaire, scheduled in some activities for the week, and looked at the Mood Monitoring Form. How did you feel about our last session? What did you find helpful? Is there anything that you think we need to do differently at our session today or in the future?
- ☐ Thank you for your feedback. That is really helpful.
- ☐ So far what is listed on our outline for today is:
 1. Review your current signs of depression
 2. Review your activities from last week
 3. Review your Mood Monitoring Form from last week (Form E)
 4. Schedule some new activities for this week
 5. Discuss a *Stay on Track* plan
- ☐ Has anything cropped up in the last week that you want me to know about that might affect the session today?
[Thanks for letting me know.]
- ☐ Let's complete the Health Questionnaire (PHQ-2) to see if there have been any changes since the last session.
- ☐ Let's discuss your score. Do you feel that it matches what you have been experiencing?
- ☐ Since we started working together would you say that you are doing better? Or is there no change? Or are you feeling worse?
- ☐ Which signs of low mood or depression have bothered you the most? Tell me about that.

☐ **2. Let's discuss the activity form from the previous week.**
(Refer to completed Form D)

- ☐ Which activities were you able to do? How satisfied were you?
- ☐ Which activities were difficult? (What got in the way? What could you do differently next time – e.g. ways to overcome barriers, or changing the activity, if appropriate?)
- ☐ Remember that engaging in these activities can help improve mood, interest level, and energy.

☐ **3. Now let's pick and schedule one activity a day for this week.**
(Use a new Form D)

- ☐ Which activities would you like to start with for the week?
- ☐ What time of day? For how long? With whom?
(Review plan and how feasible each activity is.)
- ☐ Please check off on the form whether you completed each activity, and rate your satisfaction level after doing each activity.
- ☐ Remember that it is important to follow through in order to improve mood and interest level. But it's OK if you don't get to everything!

☐ **4. Let's discuss the Mood Monitoring Form from the previous week.**
(Refer to completed Form E)

- ☐ Which activities have the most positive impact on your mood?
- ☐ Which activities had a negative impact on your mood?
- ☐ Could you replace any of the negative activities with a more positive activity?
(e.g. replace watching TV for two hours with watching TV for one hour and then going for a walk in the paddock)
- ☐ (Weeks 3–8) Did you replace any activities that in the past have left you feeling more negative with activities that you know make you feel more positive?

☐ **5. Let's discuss a Stay on Track plan.** (Use Form F)

- ☐ The purpose of creating a *Stay on Track* plan is to help you identify and interrupt signs of low mood or depression if they return.
- ☐ Let's list some early warning signs of returning depression that are relevant to you.
- ☐ Let's list some activities that you've engaged in in the past that have helped to keep depression from returning.

☐ **6. Summarise and conclude**

- ☐ Copy completed Forms D and E. Put the forms in the folder.
- ☐ Discuss with the driver where to put the folder at home.
- ☐ Today we completed the Health Questionnaire, talked about your activity schedule and Mood Monitoring Form from last week, and scheduled some activities for next week. We also talked about the *Stay on Track* plan.
- ☐ Copy completed Forms C and D. Put Forms A, B, C, D, and E in a folder.
Discuss with the driver where to put folder at home.
- ☐ Encourage the driver to bring the folder to the next meeting.
- ☐ Even though this is the last session, your homework is to do the activities we scheduled. You can keep scheduling activities for yourself every week, if it helps you to keep a good habit.
- ☐ Ask your driver how they found the session and the *Back on Track* program. Congratulate your driver on sticking with the program and thank them for their efforts.

Driver name: _____

Driver signature: _____

Navigator name: _____

Navigator signature: _____

Notes:

Stay on Track plan and finishing up

A *Stay on Track* plan is an important part of the *Back on Track* program. Help your driver create a written *Stay on Track* plan (Form F) at the final *Back on Track* meeting, or any time the driver decides to end the program. Work with the driver to help them understand the usefulness of a *Stay on Track* plan by addressing the below content areas:

1. Why a *Stay on Track* plan is helpful

- A written *Stay on Track* plan helps identify and interrupt signs of a returning low mood or depression by identifying useful steps to take in the early stages, before your mood spirals down and out-of-control.
- Working with your driver to write a *Stay on Track* plan gives you the opportunity to talk with them about the possibility of a cyclic nature of depression. In other words, depression can return, but this does not mean that it can't be addressed and resolved. Your driver will have the tools to address the depression if it returns, and the *Stay on Track* plan can help.

2. Early warning signs of returning depression

- Ask the driver to make a list of warning signs – symptoms that occur when your driver is depressed, such as reduction in pleasurable activities, withdrawing from others, becoming irritable, difficulty sleeping etc. – in order to heighten the driver's awareness of returning depression.
- Discuss with your driver if these are signs that appear when low mood has already set in. Encourage your driver to be aware of early warning signs as well, which are usually not so obviously associated with your mood. They may be any form of change (e.g. someone may experience a bit less energy than usual, rather than insomnia; change in eating habits; feeling a bit more on edge than usual). Signs will differ from person to person, so try answering the question, "What am I like when I am feeling a little bit down?"

3. What's been helpful in keeping symptoms from returning

- Ask the driver to identify useful pleasant and rewarding activities that help keep depression from returning.
- Explore and reinforce the *Back on Track* behaviours and skills the driver has been using to address depression during your time working together.
- Send the message that there are things that the driver can do to address symptoms if they recur, for example to proactively schedule pleasant and rewarding activities that they have found improve their mood in the past.

4. Formal mental health care (talking therapy and/or medication)

- If the driver is receiving talking therapies/counselling or medication, encourage them to continue in care and to keep their health or mental health professional informed about any changes in depression symptoms.
- You can also discuss other means of support, including support groups or self-directed online tools.
- If the driver is not currently engaged with formal mental health care service, encourage them to contact their GP or a mental health professional if their mood worsens and depression becomes severe.

Notes:

Health Questionnaire (PHQ-2)

Over the last week, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things				
2. Feeling down, depressed or hopeless				
Total Score: _____				
Developed by Drs. R.L. Spitzer, J.B. Williams, K. Kroenke and colleagues with an educational grant from Pfizer, Inc. No permission required to reproduce, translate, display or distribute.				

Interpretation of the Health Questionnaire Score

The PHQ-2 consists of the first two questions of the PHQ-10. Scores range from 0 to 6. The recommended cut point is a score of 3 or greater, which indicates likely depression. If you are concerned about the severity of depression symptoms in your driver, talk with your supervisor about the possibility of recommending your driver to a GP.

Notes:

Form A: Facts about Depression

What is depression?

Whilst everyone has “blue” or “off” days, when low mood or sadness persists or interferes with everyday life for more than two weeks, it may be depression. Depression can last months or even years if not treated.

What are the signs of depression?

Key signs:

- Depressed or sad mood
- Decreased interest or pleasure in activities

Other signs:

- Significant changes in appetite or weight
- Sleep disturbances
- Restlessness or sluggishness
- Fatigue or loss of energy
- Lack of concentration or indecision
- Feelings of worthlessness or inappropriate guilt
- Thoughts of death or suicide

What causes depression?

Depression has multiple causes including psychological, social, environmental and biological factors. The symptoms of depression may be brought about by stress, loss, or other social or environmental stressors. Sometimes depression can develop without any obvious cause.

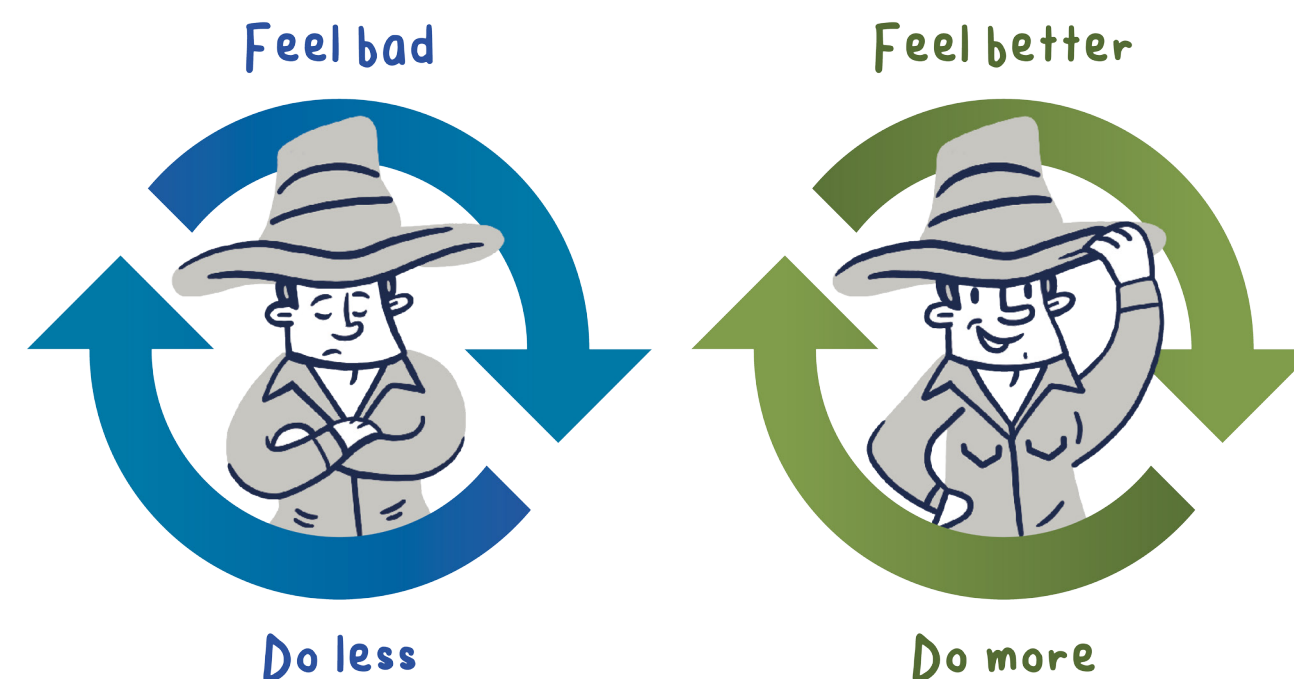
How is depression treated?

Depression is treatable. Appropriate help, such as talking therapies or treatments, leads to improved mood in most people. Engaging in pleasurable and rewarding activities has also been shown to improve depression.

Form B: Why is it Important to Do More Enjoyable Activities?

When people get depressed they don't feel up to doing the kinds of things they typically enjoy, or that give them a sense of achievement. When they do fewer enjoyable things, they begin to feel worse. Because they feel worse, they do even less. They get caught up in a vicious cycle.

As part of our meetings, we will help you set a goal of doing at least one pleasurable or rewarding activity each day. These goals can include physical activity, social activities, or other recreational activities or hobbies that have value and meaning to you. Engaging in rewarding activities like these will help break the vicious cycle of depression and improve your mood, interest level, and energy.



Form C: List of Pleasant and Rewarding Activities

Instructions: List activities that are pleasant or bring a sense of achievement and rate the difficulty of each.

	ACTIVITY E.g. gardening, walking, cooking a meal, visiting friends, calling a friend, sorting out a mess (e.g. clean a cupboard), having a shower, fishing, patting the dog, kicking the footy, playing with your kids.	DIFFICULTY E = Easy M = Medium H = Hard
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

Driver name: _____
Driver signature: _____
Navigator name: _____
Navigator signature: _____

Form D: Scheduling Activities (Pleasant – Social – Physical)

Plan at least one activity each day. It is an important way to deal with stress and depression. Schedule out a week’s worth of daily activities.

Each day should contain at least one activity. These can be pleasant, social, or physical activities. For example, a pleasant activity might be putting together a puzzle or another hobby, a social activity might be having a coffee with a neighbour, and a physical activity might be going for a walk.

Rate how satisfied you felt after doing the activity.

Daily Activities			How satisfied did you feel? Rate from 0 to 10: 0=Not satisfied at all 10=Extremely satisfied	Completed
Day	Date	Activity (What? Where? With whom?)		
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Driver name: _____
Driver signature: _____
Navigator name: _____
Navigator signature: _____

Form E: Mood Monitoring Form (1)

Record your activity for each block of the day. To help jog your memory, you can note what you were doing, who you were with, where you were, etc. Record a rating for your mood as you were doing each activity. If an activity takes a long time, you can write it across multiple blocks. Mood is rated between 1–10 (1 = worst mood, 10 = best mood).

	Sun	Mon	Tue	Wed	Thurs	Fri	Sat
Early morning	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>
Mid-morning	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>
Late morning	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>
Lunch-time	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>
Early afternoon	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>

	Sun	Mon	Tue	Wed	Thurs	Fri	Sat
Mid afternoon	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>
Late afternoon	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>
Dinner time	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>
Evening	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>
Late evening/ night time	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>

Driver name: _____

Driver signature: _____

Navigator name: _____

Navigator signature: _____

Form E: Mood Monitoring Form (2)

Record your activity for each block of the day. To help jog your memory, you can note what you were doing, who you were with, where you were, etc. Record a rating for your mood as you were doing each activity. If an activity takes a long time, you can write it across multiple blocks. Mood is rated between 1–10 (1 = worst mood, 10 = best mood).

	Sun	Mon	Tue	Wed	Thurs	Fri	Sat
Before 6 a.m.	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>
6-7 a.m.	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>
7-8 a.m.	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>
8-9 a.m.	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>
10-11 a.m.	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>

	Sun	Mon	Tue	Wed	Thurs	Fri	Sat
11 a.m.-12 p.m.	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>
12-1 p.m.	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>
1-2 p.m.	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>
2-3 p.m.	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>
3-4 p.m.	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>
4-5 p.m.	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>

	Sun	Mon	Tue	Wed	Thurs	Fri	Sat
5-6 p.m.	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>
7-8 p.m.	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>
8-9 p.m.	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>
9-10 p.m.	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>	Activity: _____ Mood: <input type="checkbox"/>

Driver name: _____

Driver signature: _____

Navigator name: _____

Navigator signature: _____

Notes:

Form F: Stay on Track Plan

Other current treatments, support services and/or people to reach out to (e.g. GP, neighbour, parent, counsellor, medication)

- 1. _____
- 2. _____
- 3. _____

Personal warning signs (e.g. inability to sleep, withdrawing from social activities, being irritable with family members)

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

Things I can do to prevent symptoms from returning (things you have found have worked well in the past - e.g. walking, making time to visit friends, fishing, playing sport)

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

6. _____

* If symptoms return, contact your GP or a mental health professional

Driver name: _____

Driver signature: _____

Navigator name: _____

Navigator signature: _____

Notes:

Form G: Meeting Notes Template

Driver name: _____ Navigator name: _____

Driver signature: _____

Meeting number	Date	Appointment time (in 24-hour time)	Length of meeting	Date/ time of completing this form	Key points covered. If the meeting did not happen, list: (a) why (b) any attempts you have made to reschedule it.
1.					
2.					
3.					
4.					

5.					
6.					
7.					
8.					
9.					

Appendix 1: Dealing with difficult situations

Problem	Solution
Your driver expects financial assistance	Emphasise that our role is to help them with mood monitoring and activity scheduling (i.e. behavioural activation). Provide them with the contact details of their local rural financial counselling service.
Your driver is talking too much and not letting you speak	After the introduction, set the meeting outline. Explain confidentiality in the first session, so that your driver knows they will get a chance to share. If your driver is keen on sharing details first, allow for that. The driver can then be encouraged to return to the meeting outline with a reminder that further details will be discussed in subsequent sessions.
Your driver is crying excessively during the session	Allow space for your driver to express their feelings. Do not interrupt or ask too many questions. Provide a few words of support (e.g. "Take your time" or "What you've been through has been really challenging" or "Feeling this way is completely expected") and (if in person) offer a glass of water.
Your driver talks about distress or worry related to sexual problems	Be comfortable and objective. Acknowledge that sexual problems can be very challenging and that this is an important issue, but that you do not have the expertise to discuss it. Recommend that they speak to their GP, and if they are comfortable, you can ask your supervisor for support resources or contacts. Afterwards, discuss the session with your supervisor. You can role play the situation with them to learn how to respond to future conversations.
Your driver is grieving over the loss of a loved one	Allow space for your driver to talk. Reflect and help your driver to understand that grieving is a natural response to loss. Then encourage your driver to return to the meeting outline and complete the session.

Problem	Solution
Your driver is not sharing details about their situation and is worried about confidentiality	Reassure your driver that you will not share anything with anyone else. It is only in the event that they are at risk of harm, or those around them are at risk of harm, that you will share what they say with your supervisor. All documentation is stored securely.
Your driver is angry or agitated	Allow your driver to express their feelings. Acknowledge how they are feeling (e.g. "Your experience has understandably caused you a lot of frustration").
Your driver is accompanied by a young child or children	Suggest that the child or children engage in an activity like drawing that will engage them and allow for a session with fewer interruptions.
Your driver is not engaged with the program	Focus on the emotions your driver is expressing, and use skills like reflection to talk about them (e.g. Driver: "I just don't see the point of doing this – nothing I've done before has made a difference". Navigator: "It seems that you are feeling frustrated and unmotivated as the effort you've put in the past hasn't fixed things"). Allow your driver time and space to share their thoughts. Encourage your driver to talk about their concerns, and address these.
Your driver does not show signs of improvement	Discuss this with your supervisor.

Appendix 2: Tips for delivering a session over the phone or on Zoom

You may deliver some or all of your *Back on Track* sessions to your driver via the phone or online (e.g. Zoom or other videoconferencing software). Using the phone or videoconferencing tools like Zoom is an increasingly popular way to deliver mental health support. Here are some tips to how to help online or phone sessions be just as effective as face-to-face sessions.

Helping your driver with privacy and confidentiality

- Encourage your driver to join meetings in a private room, with the door closed. If this isn't an option, suggest in the ute or out in the paddock. You can suggest that they use headphones to increase their sense of privacy. These steps will help them feel comfortable with sharing information.
- At the beginning of each session, make sure your driver is somewhere that they feel safe to talk openly. You might want to start with a yes or no question, such as, "Are you free to chat where you are now?" You could also encourage them to use the chat function (over Zoom) to help maintain privacy.
- Encourage your driver to keep meeting materials and forms in a secure space.

Keeping your driver safe

- When you hold a telephone or Zoom conversation, always make a note of where the driver is located. This means that if you have to call for help for your driver, you know where to direct people to. Your driver's home address should be on file. At the beginning of each session, you can ask, "And are you at the farm/ at home today?" to double-check that they are at the address we know. If they are somewhere else you can say, "Can you tell me the address – we do need to note that." Think about how a change in location might change availability of emergency contacts and services in the area.
- Obtain contact details for crisis services in your driver's local area, which may be different to the area that you are based in. Keep a record of current opening hours, addresses and phone numbers.
- If you believe your driver may be going through a time of heightened risk, speak to your supervisor. Consider scheduling your meetings with your driver at a time when your supervisor is at hand to call them, who can then help you during the session if necessary.

Handling technical glitches

- If you experience a bad internet connection, both you and your driver can try turning the video off first of all.
- Talk to your driver about what you will do if you experience a bad connection during a session. Try to work out a back-up option, like a landline or a mobile phone, in case the internet connection drops out.
- Different online platforms have different functionalities, so it may be worthwhile investigating alternative tools to Zoom. Speak with your supervisor before using a new platform first, to make sure that this is OK.

Tips for communicating over Zoom or the phone

In many ways, an online or phone session is similar to a face-to-face session. That said, there are a couple of things that you can do to improve your communication in an online or phone session.

- Set things up for success by making sure you introduce yourself the first time you meet. Take the time to hear a bit about your driver. As with a face-to-face conversation, a good introduction helps build a good relationship.
- Over the phone or internet, the usual visual cues of body language might not be visible or might be lost. Your choice of words can help bridge this gap. For example, try to:
 - Use short sentences
 - Slow down
 - Take turns talking more often
 - Summarise what your driver has said more often
 - Summarise what you have said more often, to make sure the driver has understood you
 - Allow for moments of silence, even though they might feel different over the phone or on Zoom. They are still important for allowing your driver to gather their thoughts.
- Although you might not be able to see all of the non-verbal cues or body language signals that your driver makes, pay extra attention to the ones you do notice. Also notice what cues you are giving. Cues that may be clearer to notice in an online or phone session include:
 - Voice (tone, emotion)
 - Facial expressions (over Zoom)
 - Gestures or movements (e.g. fidgeting, looking away)
- Focus on expressing empathy. This is similar to face-to-face sessions, but might involve using more acknowledgement of what the driver is saying and how they are feeling. Try to summarise what they are saying more often, so they know they have heard you (e.g. "It sounds like making time for yourself was really difficult for you this week," or, "From what I'm hearing, it sounds like your time fishing this week was more frustrating than enjoyable - have I got that right?").
- When talking to your driver over Zoom, make sure you look into the camera as well as looking at the screen. Explain any reason for looking away (e.g. if you are looking at a different screen or at your notes).

Other pointers to improve your online or phone sessions

- If using Zoom, think about your background. Is it busy and cluttered? Try and choose a place that creates a sense of safety (e.g. sitting on a couch with a neutral wall behind you). You may want to use a peaceful backdrop or a "blur" function if you can't find a suitable space.
- Try to reduce the number of things that could distract you during a session. For example:
 - Turn the TV off
 - Turn your phone off or onto silent
 - Close all other internet tabs and apps (e.g. social media sites or shopping sites)

- Some people find communicating online or over the phone to be draining. Taking a break can help minimise this. Talk about breaks in your first session with your driver and plan what you will do if either of you need a break at any point during a session (e.g. how long the break is for, or if you will turn the video off).

Appendix 3: Support resources

Your induction pack contains a list of mental health services and resources.

Notes:

Appendix 4: Role play cards

Person 1: Neil

Neil is a 53-year-old dairy farmer living near Colac, but originally from New Zealand (where his parents and extended family remain). He farms with his wife (Rachel) and has two adult daughters (Sarah and Isobelle) – one living in the town of Colac and the other in New Zealand. He enjoys restoring old motorbikes and going to vintage car shows.

He is interested in joining the program because he has been feeling the stress of knowing he needs to adapt his business to cope with lower rainfall. His mother is also ill in New Zealand and he hasn't been able to visit her, due to COVID-19 restrictions.

Neil can be a little closed-off with people he doesn't know well, but once you have gained his respect, you have earned it. He often refers to "stress" in his work life, but hasn't openly acknowledged experiencing depression or anxiety.

First meeting:

During the first meeting Neil's score on the PHQ-2 was Q1: 2, Q2: 1. He identified rewarding activities as getting off farm to walk around Lake Colac and a desire to get back to restoring an old motorbike he has in the shed that has been gathering dust for a while. He thinks a good place to store the *Back on Track* forms is in the work office.

Later meetings:

During your later sessions with Neil, he tells you about his mother in New Zealand having a fall – his brother is caring for her. Work continues to be busy, and this can get in the way of *Back on Track* (e.g. machinery break-down in the dairy; working on lots of admin). At first, he finds it hard to get motivated – thinking about work during his down time, and spending time sitting on the couch. He tries tinkering with his motorbike – although he struggles to justify it, as he can't do it for as long as he likes, and sees that it will be hard to make time for it in the future.

Overall, by the end of the *Back on Track* program he feels he is making positive progress with more things to look forward to and scheduling activities becoming a bit easier, but he's still finding things hard work. He finds finding time to exercise difficult, with work cropping up unexpectedly, and he needs to drive some distance to walk around Lake Colac. Neil may need some help to see that there are ways around this – like asking his wife to manage the farm for an hour, or walking along the road closer to home.

Person 2: Rhonda

Rhonda is a 66-year-old retired dairy farmer who now lives in Warrnambool, but farmed for many years in Timboon. She has been feeling at a loss since selling the farm, and although she is reasonably social, she has had some difficulty adjusting to life in the city and making connections. Rhonda has overcome many difficulties throughout her life – her husband died (due to illness) when the children were young, and throughout her working life, she has experienced discrimination at times as a sole female farmer.

Rhonda has two adult children, Millie and Paul, and enjoys making patchwork quilts, gardening, and playing tennis.

First meeting:

Rhonda recognises the link between activity and mood. When Rhonda was recently retired, she kept waking up early. There was nothing to do, so would go back to bed and lie there, but would feel even worse when she got up at 6 a.m.

Rhonda expresses her desire to spend more time with her children, as she enjoys talking to them, but they have busy lives and don't have much time to chat. Her schedule is free and flexible, but her challenge is finding time in other peoples' schedules to socialise. She also expresses the desire to have more structure in her daily routine. Rhonda would like to socialise with people other than her family, but feels she doesn't have much in common with "city folk". Before moving to Warrnambool, she volunteered at a charity shop in Colac.

Rhonda has identified that her sewing room is good place to store the *Back on Track* documents.

Later meetings:

Mid-way through the program, Rhonda's PHQ-2 score is Q1: 1, Q2: 2. She's been enjoying walking on the beach, but would like company. She has tried to schedule a Zoom call with Millie, but Millie had to reschedule last-minute (which Rhonda was disappointed by), and Rhonda isn't particularly comfortable with using new technology anyway. Rhonda may need a bit of help to see ways around this, such as asking her children to call her via the phone, or scheduling time with Paul when Millie isn't available.

Rhonda's children aren't always available, so she would like help with thinking of new activities involving socialising. A couple of sessions later, after receiving some ideas from her navigator, Rhonda called up an old neighbour from Colac, who lives in Warrnambool now, and had a coffee. Rhonda recognises the importance of scheduling in regular social contact to help her "stay on track".

Rhonda is worried about COVID-19, as there have recently been some cases in Warrnambool. She really wants to get some new sewing supplies from Spotlight, but is afraid to go. She may need a bit of help overcoming this barrier, by helping her see that she could either go at a quiet time and make a list beforehand to keep in-store time to a minimum, or ask one of her children for support with "Click and Collect".

Person 3: Brett

Brett is a 38-year-old Rural Financial Counsellor who lives in Wangaratta and services the Goulburn Valley/Albury-Wodonga region. He lives with dog, Olly. His mother is mid-seventies and lives in Sydney. His dad died when he was young due to a tractor accident on farm. His mother then sold the farm and they moved to Sydney in his teen years. Brett enjoys woodworking, doing agility with his dog, and going to the gym.

First meeting:

Brett is interested in *Back on Track* as he wants to cope better with stress and lack of motivation, particularly when the farmers he helps share their difficulties with him. He is also currently worried about high-school friends and his mother in Sydney, given COVID-19.

Brett's main social outlet is dog agility; he also goes to the pub sometimes with friends from dog agility. Brett works Monday–Friday, so he is fine to schedule activities on weekends or outside work hours (9–5 pm).

Later meetings:

Mid-way through the *Back on Track* program, Brett's PHQ-2 score is Q1: 2, Q2: 2. He recently visited a farm where the farm was being sold due to a tractor accident – this shook him a bit, as he was reminded of his own childhood. After this visit, he's found himself constantly thinking about that farm and the children on the farm, as he remembers how much it changed his own life, and he's worried about the impact it will have on them. Brett still took Olly (the dog) to agility, but just went through the motions there, and didn't socialise with his friends or share what he was going through. Brett may need a bit of support to think of activities that can help distract him from his thoughts, such as teaching Olly a new trick (which demands a lot of attention).

At the end of the program, Brett's PHQ-2 score is Q1: 1, Q2: 2. He notices that he's generally feeling a bit better, but that he's found himself unusually tired after work (as he's been finding it emotionally draining). He's found that going to the gym (usually four times each week) is particularly good for stress relief. He still finds it a struggle to find time on weekends for woodworking.

Brett has noticed that his warning signs of depression include feeling too tired to do exercise, wanting to be alone all the time, and fixating on the same thoughts. He has expressed the willingness to go to the GP for a mental health care plan.

Person 4: Graham

Graham is a 72-year-old retired nursery-man who lives in Bairnsdale. He enjoys reading the paper and doing crosswords, gardening (he loves collecting and breeding dahlias), and has an aviary of budgies. Graham is generally quiet and finds it difficult to open up or talk about feelings with people he doesn't know well.

Graham lives alone, and has no children. His wife of 49 years, Pam, died two years ago. Since then, he has been feeling depressed and isolated. Although he hasn't made any suicide attempts, he is struggling to find reason to carry on, as they lived together for so long.

First meeting:

In the first meeting, Graham's PHQ-2 score is Q1: 2, Q2: 3. He identifies some activities that he enjoys as gardening and going for a morning walk. Although he has been active in the Dahlia Society of Victoria for many years (e.g. organising show competitions), he does not have any social connections who live nearby, as they don't have a local branch. He identifies the living room bookshelf as a great place to store the *Back on Track* documents.

Later meetings:

In later meetings, Graham expresses the desire to try the alternative mood-monitoring form. He is generally finding life a struggle still, and reports being tired all the time and feeling overwhelmed. His PHQ-2 score is Q1: 3, Q2: 2. He shares that, despite feeling tired, he is unable to sleep at night. He sits inside a lot with the TV on.

Despite this, Graham is applying himself to the *Back on Track* program. He goes to the shop each morning to get the paper, and does the crossword with morning tea. Although he doesn't find it particularly enjoyable, he notes that it does get him out of bed for the day. He has joined a local gardening club (despite initial misgivings – what if it's a waste of time?), and has a cup of tea outside, next to the aviary, on nice days.

In the final session, Graham's PHQ-2 score is Q1: 2, Q2: 2. He notes that keeping a proactive routine helps reduce his feelings of low mood. Graham has previously expressed reluctance about going to the GP for a mental health care plan, but, by the time the program ends, is more open to the idea.

Person 5: Kelsey

Kelsey is a 34-year-old farmer who lives near Horsham. She farms sheep (prime lambs) with her husband, Dan, and has a 3-year-old son, Liam. Kelsey was born and raised in Melbourne, and was new to farming in her twenties. She enjoys body building and CrossFit, as well as listening to Indie folk music.

First meeting:

In the first meeting, Kelsey shares that although she has lots of friends in the local community, she struggles at times with kick-back to being a female farmer from a non-farming background. She also talks of how she was severely injured after a car accident two years ago, and has experienced anxiety and low mood ever since. Her PHQ-2 score is Q1: 2, Q2: 2.

Kelsey notes that she first noticed that doing less made her feel worse when she was bed-ridden after the accident, as she had lots of time to sit with unhelpful thoughts. She also notices she feels worse when she compares her own fitness abilities with her old CrossFit friends. Despite this, she enjoys making progress in recovery work, when she stops comparing herself with her friends, and finds that light weights sessions are rewarding.

Kelsey talks of how it will be hard to find time in her schedule for activity planning, as there is little time after farm-work and looking after her son.

Later meetings:

Kelsey talks about her experience of going on holiday to the snow with friends who also have young children. She talks about feeling a bit hopeless as she could not even toboggan with the kids, let alone ski with friends.

Kelsey also talks about how she often prioritises farm work and doing things for Liam instead of the activities she has scheduled. Although this is sometimes unavoidable (e.g. during lambing, she had to put plans aside and focus on work), she thinks that at other times it may be because she finds going to the gym hard, as she often sees friends who are performing at her old fitness levels. She asks for help thinking about ways to make some friends who aren't fitness-based. She has found it helpful to listen to the playlist she put together for when she is feeling down.

By the end of the *Back on Track* program, Kelsey's PHQ-2 score is Q1: 1, Q2: 2. She is feeling more motivated and has noticed that she is comparing herself less with others. She notes finding excuses not to make time for things she likes (too busy with the farm and Liam) is a sign of low mood.

Person 6: Amanda

Amanda is a 46-year-old sheep farmer. Along with her husband, Tim, she runs a fourth-generation merino farm in Langley (Victoria). She has two teenage children (Will and Poppy) and enjoys baking and reading popular novels. She is active in the CWA.

First meeting:

In the first meeting, Amanda shares that she has experienced anxiety and depression for over ten years, and wants to build resilience so she is better able to cope with it in future. She has previously had thoughts of suicide at times, but draws her strength from connections with family. She is currently on medication to manage anxiety and depression.

Amanda shares some ideas for activities, including catching up with friends from the CWA, which she enjoys doing. Currently, she doesn't do any physical activities, but she used to enjoy horse-riding. She also expresses interest in trying group exercise classes.

Amanda identifies Sundays and evenings as the best times to schedule activities, as it's when she has fewest farming and household commitments.

Later meetings:

In later meetings, Amanda applies herself enthusiastically to the *Back on Track* program, but comes across several roadblocks – both with activity scheduling and farming and family challenges.

For example, Amanda and Tim have a disagreement with her “retired” parents over farming practices. She also receives a phone call from her brother who wants to come back to the farm, and Amanda suspects he wants involvement so he can claim the farm later on. She also experiences several weeks with heavy rains and partial flooding – and is particularly concerned for the ewes as many are in late pregnancy.

She talks about feeling constantly tired, as well as her difficulties sleeping. Amanda stays up late watching TV most nights, even though she is tired and drained from the day. She notices that it still takes her a while to fall asleep, and that she is sleeping poorly. She feels tired and irritable the next day. Amanda asks for some suggestions for relaxing activities to wind down at night. In this conversation, you both identify that the TV-watching habit is being reinforced as she does this with her husband, which makes Amanda avoid making changes to the nightly routine. It takes several sessions for Amanda to change her nightly routine. At first, she notes that finding a book to read was hard – which meant she just watched TV instead. She needs a reminder that she could ask a friend or the bookstore for a book recommendation, and a gentle reminder that whilst it is hard, putting in the effort now will help her later.

Amanda is also enjoying baking again – she baked a cake and shared it with

the family, who loved it. She needs a reminder that she can also bake things for her own enjoyment – not just for her family when they “demand” it, as at times Amanda views it as a chore, rather than relaxation.

In the last session, Amanda identifies that her evening routine is important for her staying well – avoiding TV and instead drinking tea and reading a book in a quiet spot. Getting up at night and reading is helpful when she can't sleep. She knows it's also important to keep taking her medication.

Person 7: Alex

Alex is a 19-year-old first-year university student (studying physics and chemistry), who lives with his parents on a beef cattle farm, near Hamilton. Alex had been hoping to move to Melbourne but is remote-learning due to COVID-19. He is currently working casually at a local supermarket.

Alex has one older sister who lives in Adelaide. She left home three years ago, but they are not particularly close.

Alex enjoys playing video games, tinkering with electronics, drawing, and fishing.

First meeting:

Alex has been struggling to feel motivation this year and has made limited, superficial connections with uni peers as a result of remote learning (i.e. COVID-19). There is tension at home, as his parents still regard him as a high-school student but with more “free time” to help with farm work. Alex wants to focus on uni instead. Alex shares that he has noticed his thoughts and emotions often spiral after his parents make demands of him that undermine his independence.

In your conversation about activities that Alex could schedule, he talks of how he enjoys spending time online with gaming friends. He doesn’t generally enjoy exercise, but if he goes for a walk, he can distract himself with music.

Alex identifies that his desk (in his bedroom) is a good place to store the *Back on Track* documentation.

Later meetings:

Throughout the *Back on Track* program, Alex talks a lot about the conflict between him and his parents. For example, they have an argument when Alex wants to focus on a uni assignment but his parents want him to do farm work instead. Alex is generally feeling trapped at home, and is spending more and more time in his room. He is starting to feel like being in his room is the only way to retain his independence, which leads to him feeling even more trapped than before.

Alex struggles a little with scheduling some of the activities – particularly activities that require him to leave his room to do things he might not enjoy very much, such as going for a walk when the weather is cold and rainy. He does make the effort to go fishing on a nice day, however, and says how good it feels to get out. Towards the end of the program, Alex notes that although he still feels angry and irritable a lot of the time (creating problems with procrastination), *Back on Track* has generally helped him to gain some clarity and make long-term helpful decisions – for example, he has decided to move closer to uni for Semester 2, even though it will still mean remote learning. He has identified that having his own space is more important.

Alex identifies that he has found it helpful to manage his emotions by making an effort to talk to uni classmates and making time for electronics.

Person 8: Bree

Bree is a 23-year-old aged care worker who lives in Mildura. She lives with two housemates of a similar age (Becky and Dani), and has a boyfriend of six months, Dean. Bree is not from a farming family but has lived in Mildura her whole life. Her parents live nearby. Bree can be shy at times. She enjoys netball and playing with her dog, Pumpkin.

First meeting:

In the first meeting, Bree has a PHQ-2 score of Q1: 1, Q2: 2. She comments that she has noticed that doing less makes her feel worse after spending time scrolling through social media.

Bree is interested in *Back on Track* as she notices she feels lonely and inadequate and wants to improve her sense of connection with others. She also talks about her frequent social media use, and says that this often makes her feel “bad” (worried and depressed), particularly after comparing herself with others. She often focuses on the physical appearance of others and how many friends they all have. Bree sometimes eats compulsively when feeling low. She finds work overwhelming at times.

Bree spends a lot of her social time hanging out with housemates. She goes to netball events but would like to be better friends with some people. Bree enjoys netball but doesn’t have any other hobbies. She likes food but finds cooking intimidating.

Bree’s activity-scheduling will need to take into account shift-work, which can be difficult to plan around.

Later meetings:

In later meetings, Bree talks about her sometimes rocky relationship with Dean, her boyfriend – after their arguments, she notices a marked decline in her mood. As the weeks progress, she finds that as her mood improves, so does her relationship with Dean. She particularly enjoys the weekend she goes camping with Dean.

She also expresses the desire to try a different mood-monitoring form. Bree starts taking the initiative to draw on her social circle more – for example, she goes for a run with netball friends. She finds overcoming her reluctance to cook a challenge – she signs up for a cooking class which starts in a month’s time, but isn’t motivated to start cooking before then. She needs a prompt to think of ways she can get started: such as trying an online class in the meanwhile, cooking a new meal with a housemate, or buying a recipe book and trying the recipes. Once she gets into cooking, she quite enjoys it – she cooked dinner for boyfriend using a recipe from the cooking class, which he really liked – she found this very rewarding.

At the end of the *Back on Track* program, Bree’s PHQ-2 score is Q1: 1, Q2: 1. She identifies that her mood is much better when she cooks regularly and makes sure to socialise outside of the home (whether with her housemates or people from netball or cooking class).

Person 9: Jack

Jack is a 42-year-old baker and bakery owner in a small country town. He moved from the city in his early twenties to work as a baker and start a family. He lives with his wife, Gabby, and two boys (Blake and Harry). He enjoys hosting BBQs, camping, and experimenting with different home-brews. Jack has an independent spirit and has a strong sense of responsibility.

First meeting:

At the beginning of the program, Jack's PHQ-2 score is Q1: 1, Q2: 2. He shares that he has been feeling stress about the viability of his business due to COVID-19, as well as worry for his casual staff members. He is concerned about finding the money to pay for bills and his children's education. He casually mentions that he can be prone to numbing feelings with alcohol.

Jack identifies making home-brews (particularly experimenting with new flavours) as a rewarding activity. He currently doesn't do much exercise but talks about how friends and customers go to the local 24/7 gym. Jack talks about how his work hours (i.e. 2 a.m. starts) can make it difficult to enjoy evening social events.

Jack identifies that a good location to store the *Back on Track* documents is at his desk in his bakery's office.

Later meetings:

Mid-way through the program, Jack's PHQ-2 score is Q1: 1, Q2: 1. He asks to try a different mood-monitoring form.

Jack talks about feeling tired all the time, and how the constant pressures of COVID-19 are adding to this (e.g. management of new restrictions; tension with expectations from his customers – some of whom he knows quite well). Towards the end of the program, he experiences added stress as there has been a recent COVID-19 case in town. Jack has found that he is getting irritable at home, and is drinking every day to wind down.

Jack makes progress with the *Back on Track* program. Jack finds it reasonably easy to start a new home brew (and later on leaves a home-brew batch on friends' verandahs during lockdown), but signing up to the gym is more challenging, as he needs to make an appointment first for a gym induction, and his schedule doesn't line up. Jack may need some prompts to find ways of overcoming this. Once he overcomes this barrier, Jack finds that he manages his stress better with exercise. However, it is still hard to find the energy and motivation to go to the gym after a long day at work.

At the end of the program, Jack identifies that his personal warning signs are drinking more, and being more irritable and stressed.

Person 10: Anthony

Anthony is a 27-year-old grape-grower in the Yarra Valley. He took over the farm after his father retired six years ago. Anthony's parents now live in Melbourne. Anthony lives alone on-farm, with his dog, Barry. He recently broke-up with his long-term girlfriend of six years. Anthony is a deep thinker. He enjoys camping, bird-watching, and slow cooking (lamb shanks with a glass of pinot is his favourite).

First meeting:

Anthony shares that he is interested in the *Back on Track* program as he has been struggling with loneliness and low self-worth after he and his girlfriend broke up. His social circle is small and he doesn't have many close contacts; he is also not particularly close with his parents. Anthony is currently in therapy. Has never been suicidal, but he has had thoughts of what's the point of carrying on.

Anthony identifies enjoyable activities as going for a run with the dog, and going camping with friends from high-school. He posts actively in an online bird-watching forum.

Anthony works long hours and has a limited number of days off. This makes it difficult to schedule in activities.

Later meetings:

In later meetings, Anthony asks to try a different mood-monitoring form.

Anthony is making a committed attempt to engage with the *Back on Track* program. He cooked a nice slow-cooked meal and enjoyed it – but comments that it felt empty without someone to share it with (although his dog liked some of the meat he gave him). Joining the local Landcare group is a roadblock for Anthony – despite agreeing to sign up, he put it off as he doesn't think he has the time to participate. You can help motivate him by suggesting work-arounds – for example, he can always sign up and quit later if it doesn't work out, or he could stay accountable by telling his parents and getting them to ask him how it went. In the end, Anthony goes to the Landcare event.

Work has also gotten in the way, at times. For example, erratic weather is causing powdery mildew, which Anthony works longer to keep on top of. This means that he leaves the farm even less than usual.

At the end of the program, Anthony talks about how he is feeling more positive (as he now has events in his life that he looks forward to), and acknowledges how important it is to set aside time to do things. Anthony knows it is important to continue with therapy after the program.

Person 11: Mel

Mel is a 36-year-old small animal and livestock vet who lives in Morwell (Gippsland). She services the town and the surrounding farms. She lives with her husband, Adam (an agronomist), and a menagerie of animals (including their dog, Bonnie). Mel is usually very busy with work and doesn't have the chance to spend much time on hobbies, but, in addition to her love of animals, she enjoyed jewellery making and horse riding when she was younger.

First meeting:

Mel has joined *Back on Track* as she has been feeling burned out from work lately, and has been in a persistently low mood. Although she loves animals, she feels overwhelmed at times by sick animals, colleagues, and euthanasia. She wants to feel enthusiasm for life again. Mel indirectly mentions that she experienced a miscarriage six months ago. Her PHQ-2 score is Q1: 2, Q2: 2.

Mel notes that she has noticed feeling worse after doing less before – particularly on her days off after a difficult day at work. She is more likely to stay inside and spend hours watching TV and using social media.

Work is busy and leaves minimal time for a social life. When Mel does have time off, she enjoys going to wineries with her husband, and spends time chatting online or having Zoom catch-ups with jewellery friends from across Australia.

Mel is most free on weekends (if she isn't called in unexpectedly for work). Sundays are usually the best choice of day for activities. She will keep her *Back on Track* documents in the desk in her hobby room.

Later meetings:

Midway through the program, Mel's PHQ-2 score is Q1: 2, Q2: 2.

She has a bit of difficulty in initially scheduling in activities – for example, work commitments take priority, and she doesn't spend time with her dog outside, as the weather has been cold and miserable. She notices that on her days off, she tends to stay inside and get trapped in own thoughts.

Despite this, Mel has started a jewellery project. This doesn't stop difficult thoughts, but she notes that it feels good to have achieved something. She also enjoys the weekend she spends on a winery tour mini-break with her husband.

As the program progresses, Mel still notes getting caught up in thoughts, particularly after stressful work days. Even when she has no work commitments, she feels like she has no time – for example, she prioritises chores as the only time she has to do them is the weekend, and they've been neglected for a while. She needs a prompt to help her think of ways to make time – for example, by breaking up chores over the week (and setting an alarm in her phone as a reminder), and taking turns with her husband to do particularly time-consuming chores.

At the end of the *Back on Track* program, Mel's PHQ-2 score is Q1: 1, Q2: 1. She is

generally feeling more optimistic and looking forward to different events. She recognises certain activities as being vital to a more stable mood, including taking the dogs out and getting outside, making time to play with her animals, and also doing something non-animal related (e.g. jewellery making). Mel expresses interest in joining an online support group.

Person 12: Bill

Bill is a 56-year-old fifth generation crop farmer who lives near Horsham. However, Bill experienced a stroke a year ago and he currently isn't working. He also manages diabetes and is hard of hearing (due to minimal use of ear-protection when using harvesters). Bill is generally slow to warm to people, but once you have gained his trust, he is welcoming.

Bill has three adult children. Two live in Melbourne, and one son, James, lives with him on-farm. After Bill's stroke, James's wife Imogen has filled a semi-carer role. Bill divorced from his wife eight years ago.

When Bill was younger he was involved with both the CFA and AFL. He enjoys watching sport (e.g. cricket, AFL), as well as tinkering with machinery.

First meeting:

In Bill's first meeting, his PHQ-2 score is Q1: 3, Q2: 3. Although it is hard for him to talk about his feelings, he shares that he is interested in the program because he has been feeling isolated and helpless post-stroke. He is unsure if he will be able to return to work, and wants to feel less lonely and less of a burden.

Although Bill doesn't particularly enjoy exercise, he notes that he is more likely to do it if he schedules time with the exercise physiologist – but he is reluctant to do this, as he sees it as an “optional” appointment that will only make him a burden for Imogen, who will need to drive him. Bill previously enjoyed coaching kids' AFL, and would love to do that again.

Bill is currently restoring old agricultural machinery, and would like to display some at a field day.

Although Bill's own schedule is free (save for medical appointments), he often feels like Imogen's schedule dictates his own (as she is the one to drive him places).

Later meetings:

In later meetings Bill asks to talk a bit more about the connection between mood and activities, as he really wants to understand this.

He is struggling internally as James and Imogen want to make changes to farm management and practices, which he thinks will not serve the farm well and the money would be better spent elsewhere. He feels like his voice and his farming experience doesn't matter anymore.

Bill is making progress, and booked an appointment with the exercise physiologist. He didn't want to, but is glad it's booked in. Several sessions later, Bill talks about a class he took with the exercise physiologist, which he did with a friend who had a stroke too – he found this much more fun than doing it by himself.

Although Bill scheduled in going to the local footy game, he didn't go, as Imogen was busy and couldn't take him. You can help Bill think of other ways to achieve his goals, such as calling up a friend and going to the game together, or scheduling in leisure activities (not just appointments) with Imogen in advance.

At the end of the program, Bill's PHQ-2 score is Q1: 2, Q2: 1. He says that although on some days he feels very sluggish and tired, overall he is feeling much freer because he feels less dependent on Imogen. He notes that his personal warning signs of low mood are staying home and not wanting to worry Imogen, and spending more time thinking about his health. Bill sees his GP regularly for his physical health but hasn't yet talked to his GP about his mental health. Bill hasn't made it clear if he is open to a mental health care plan, and you may need to gently raise the topic.

Person 13: Prisha

Prisha is a 32-year-old physiotherapist who lives in the Goulburn Valley. Prisha grew up in Melbourne with Indian parents, and moved to the Goulburn Valley for work two years ago, after retraining as a physiotherapist (she previously had a career in accounting). Prisha feels a close connection to her cultural heritage.

Although Prisha lives alone (with her cat, Sir Rascal), family is very important to her. She speaks everyday with her family over Skype/Zoom. She particularly misses her younger sister, Fatima, who she hasn't been able to see recently, due to the COVID-19 lockdown in Melbourne.

Prisha enjoys yoga and meditation, teaches Bollywood dancing (for fitness) online, and plays guitar.

First meeting:

At the start of the *Back on Track* program, Prisha's PHQ-2 score is Q1: 1, Q2: 2. Prisha wants to be part of the program as she has found integrating into the local community challenging. She also finds living alone challenging (particularly during the stressors of COVID-19), as she has previously always been surrounded by family. She is worried about close relatives in India, with the COVID-19 situation. She hears stories of people she met when visiting India who have gotten COVID-19 (as well as some who have died). Prisha is particularly worried about her grandmother, who came to stay in Melbourne for several months at a time when she was growing up.

Prisha's main social contacts are family. She is also friends with a local Bangladeshi couple who run the local Indian restaurant.

Prisha has a full 9 am–5 pm schedule. During the week, she teaches some evening online dance classes.

Later meetings:

In later meetings, Prisha talks about how she is staying inside after work, and eating a lot of take away as she is too tired to cook. Together, you identify that food is something that is very important to her, and Prisha schedules in cooking her favourite dish that her grandmother taught her. Later, Prisha talks about how this helped her feel connected, and that it felt good to be eating healthily. But it also reminded her of how far away her family is. Prisha also talks about how she is struggling with some of the clients—particularly older males—who undermine her professionalism by challenging her advice or telling her what to do. Other clients also talk insensitively about COVID-19 without considering that she knows people in India who are struggling with the disease, and others who have passed away. Prisha talks about her lack of motivation to stick with the *Back on Track* program at times (“What’s the point?”), as everything feels doubly hard with family far away, spending time together without her.

Mid-way through the program, Prisha's PHQ-2 score is Q1: 1, Q2: 1. She would like some help to think about activities that she can do to connect with the local community. Together, you identify that Prisha could run yoga classes for locals. She advertises a yoga class at her physiotherapy clinic.

At the end of the *Back on Track* program, Prisha notes that her mood improves when she spends time with people in the local community (her “family away from home”), takes the time to reconnect with her cultural background and share this with others (e.g. through food), and follows through on her yoga and meditation practice.

She wants to carry on with her current meditation practice, would like some recommendations of new mindfulness apps.

Person 14: Rob

Rob is a 41-year-old interstate truck driver who lives in Warrnambool. He was raised in a farming family (beef cattle) and has been a livestock truck driver since leaving school in year 10. Rob lives with his wife, Fen (who immigrated from China), as well as their two children, Luke (10) and Lily (7). Rob and Fen met at the local church. Rob enjoys mixed martial arts. He also plays badminton with Fen (who loves it) and the kids.

First meeting:

Rob wants to join *Back on Track* as he has noticed he has been feeling angry and irritable during COVID-19. This has been leading to family tension. COVID-19 has been hard for Rob as it affects his work (e.g. changing border rules with South Australia), and Fen also lost her casual retail job. She is currently overseeing the kids' schooling from home, but finds this stressful as she feels limited by her English.

Rob would also like to use the *Back on Track* program to help prioritise his health, as he is managing diabetes and weight gain, but he finds that stress and work get in the way. He tends to play sport or exercise if others are there to hold him accountable. Rob would like to get into shape but finds the gym intimidating. Rob resonates with the “do less, feel worse” message – he has noticed that he tends to withdraw from family when family life is stressful. He will watch more TV and will stop participating in family badminton.

Rob has difficulty identifying activities to schedule in, as he doesn't have many hobbies (other than mixed martial arts and badminton). After asking a couple of questions, you learn that Rob attends the local church whenever he can, and enjoyed woodwork at school.

It can be a little tricky scheduling in activities around Rob's work hours, which affect his daily routines/sleep cycle.

Rob identifies that the truck is a good place to keep the *Back on Track* documents.

Later meetings:

Mid-way through the program, Rob's PHQ-2 score is Q1: 2, Q2: 1. He talks a lot about being constantly tired and angry, and he has had difficulty motivating himself to do martial arts as he is too tired. His work schedule shift times have changed, leading to changed sleep patterns, and he is fed up with the changes to border permits and COVID-19 testing (as new announcements were made in the last week).

You can help Rob think of some different physical activities suited to lower energy levels (e.g. taking a walk around the block). Through some questioning, you find out that Fen knows Tai Chi – you suggest that they could do gentle stretching together. Rob is making some progress with scheduling other activities into his life. He joined a woodworking class, but almost didn't go to the first class, as he was running half an hour late (he was held up waiting to get a compulsory COVID-19 test). In class,

he felt out of his depth – like he was a beginner again. He reminded himself that he used to be good at it, so will probably quickly pick it up again, and remembers that he really used to enjoy it.

Rob asks for some help to think of some activities he can schedule in to connect with his kids.

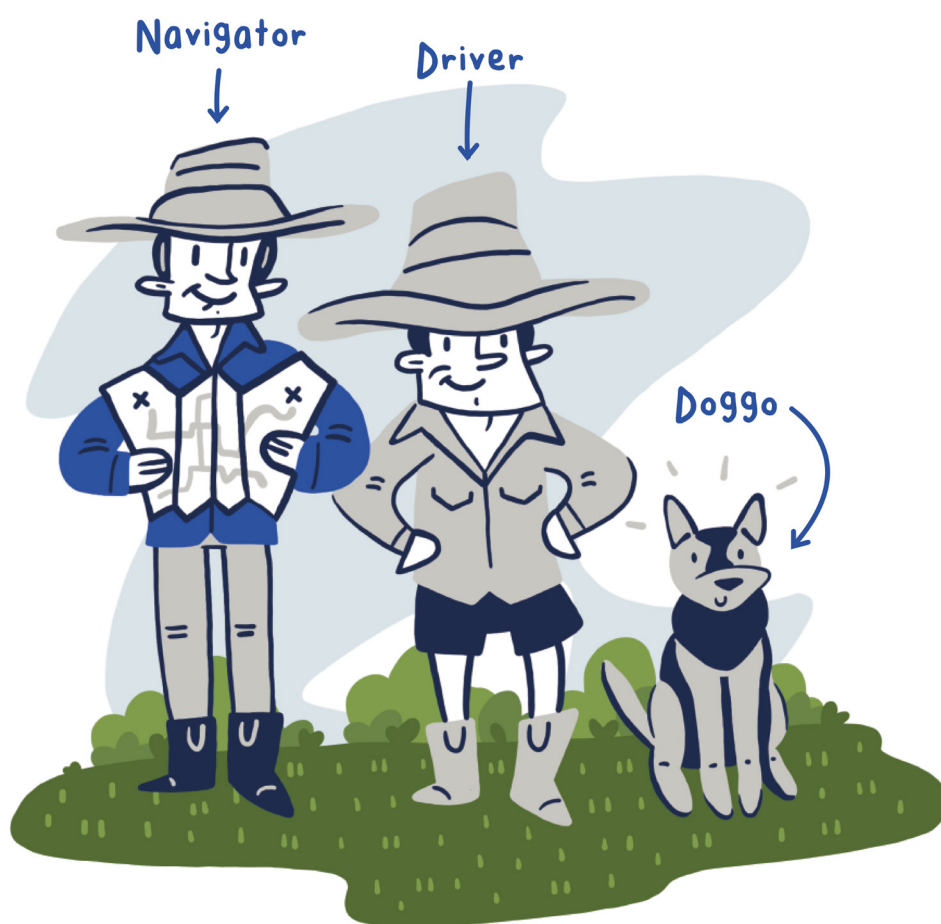
At the end of the *Back on Track* program, Rob comments that he feels that it is easier now to manage his anger. He is feeling more rested generally, and is spending more time with his family, which makes him happy.

He notes that his signs of low mood include not doing things because he is tired, getting angry more often and being less patient with the kids, and having more arguments with his wife.

Rob is open to talking to the GP about getting help for anger management and high blood pressure.

Notes:

Notes:



Back on Track

A Community-Supported Behavioural Activation Program for Members of
the Farming Community Experiencing Low Mood or Depression

APPENDIX 3:

LIST OF STAKEHOLDERS INTERVIEWED FOR GOVERNANCE FRAMEWORK

Governance Stakeholders Interviewed

Interview number	Interviewee	Organisation
1	Sharon Lawn	Lived Experience Australia
2	Bronwen Edwards	Roses in the Ocean
3	Michelle Debenham	Wellways
4	Mark Brennan	South West Primary Care Partnership
5	Nettie Ryan	Western District Health Service
6	Jo Marshall	Seafood Industry Australia
7	Lee Martinez	University of South Australia (Department of Rural Health and Health Sciences)
8	John Parkinson	South West Healthcare
9	Sophie Anstis	Lifeline Geelong
10	Krista Fischer, Lissy Johns, Geoff Witmitz	Wimmera Primary Care Partnership – Rural Outreach Program
11	Michelle Swan	Victorian Department of Health and Human Services
12	Barb Walters	RAW Tasmania

APPENDIX 4:

STAKEHOLDER GOVERNANCE INTERVIEW SCHEDULE

Co-designing a peer-supported approach to improve mental health in rural farming communities (Phase 2)

Governance Co-design Stakeholder Interviews: Pre-interview Questions (administered via Qualtrics)

Thank you for your interest in the MH4Ag project, and kindly agreeing to participate in an interview. We are developing a framework for what a peer-led program for mental health support could look like in the farming community, focusing on teaching mood monitoring and activity scheduling (i.e. behavioural activation) to help people who may be experiencing low mood. We recognise the importance of making this program as safe as possible (e.g. supervision, training, documentation), and are keen to learn from your experiences with similar programs.

So that we can direct the interview most effectively, we would greatly appreciate it if you could spend a couple of minutes answering some questions about your previous experiences.

1. What organisation do you work for, and what services do they provide?
2. What is your role in your organisation? Briefly, what does this involve?
3. Does your organisation offer any services that involve:
 - a. peer workers (i.e. people with lived experience of poor mental health)
 - b. lay workers (i.e. people with shared life or work experiences – for example, a farmer who shares their experiences with the farmers they are helping)
 - c. volunteers

- d. mentors from the community (e.g. young adults who mentor younger youths)
 - e. other (please specify)
 - f. none of the above
4. Can you provide a brief description of the program and the role that lay workers fill?
 5. In your professional or personal roles, have you had any additional experience with programs that involve lay workers?
 6. Can you recommend any online information (e.g. websites) that can help us learn more about the lay-worker programs you have been involved with prior to your interview?

Thank you for completing this pre-interview survey. We look forward to hearing more about your experiences soon. In the meanwhile, please direct any questions to Sonya (sduke@wdhs.net).

Governance Co-design Stakeholder Interview Questions (semi-structured)

A. Introduction

- Thank you and welcome; self-introduction
- Acknowledgement of country
- Overview of MH4Ag project
 - Collaboration between several institutions (NCFH, WDHS, UniSA, La Trobe, University of Melbourne)
 - Looking for new ways to provide support to people in rural/regional areas (e.g. higher risk of suicide, limited mental health support, medical staff may have poorer understanding of lifestyles)
 - Behavioural activation, delivered to community members by community members, may be one viable approach
 - Interested to learn how others have implemented programs with lay workers
- The interview today:
 - Will take about 45–60 minutes
 - Will explore how your organisation has worked with lay-workers (model, recruitment and retention, payment for lay workers, insurance and indemnity, training, safety and quality, confidentiality, and funding).
 - Will be recorded and transcribed
 - Anything we share from the interviews outside of the research team will not mention you by name and will not be attributed to your organisation
- Do you have any questions about the interview process, or anything else?

B. Lay worker model

- ☐ What involvement or experiences have you had in programs involving lay workers?
- ☐ What did the lay workers/peer workers actually do?
- ☐ What were some of the strengths of the lay worker program?
- ☐ If you could set up the program from scratch again, what you do differently?
- ☐ What protocol/guidelines did the lay workers/peer workers follow?

C. Recruitment/retention

- ☐ What was the process of recruitment you followed for the lay workers?
- ☐ What were the qualities that you were looking for when you recruited the lay workers?
- ☐ Did you require the lay workers to undergo any safety checks (e.g. national police check) prior to starting work?
- ☐ What processes did you have in place that allowed lay workers to withdraw from the program?

D. Lay worker recognition

- ☐ In your program were the lay workers employed or were they volunteers?
 - a. Employed: Can you tell me a little bit about their employment status? What reimbursement did the lay workers receive? How much were they paid?
 - b. Volunteer: what recognition did you give to those volunteers who were giving up their time (e.g. travel expenses, other)?

E. Insurance/indemnity

- ☐ If something went wrong, what insurance processes/indemnity cover did you have in place?
- ☐ What did the insurance/indemnification actually cover?

F. Training

- ☐ In your program, what training did the lay workers receive prior to commencing their work?
- ☐ What did the training actually cover?
- ☐ For mental health lay workers:
 - a. How were the lay workers prepared to assess and manage suicide risk?
 - b. How did you prepare the lay workers to recognise the risk of suicide?
- ☐ What competency standards did you put in place to give your assurance that your lay workers were practicing what they were prepared to do?

- ☐ What additional training was provided after the initial core training?
- ☐ In hindsight, is there any additional training that you think your lay workers would have benefited from?

G. Safety and quality

- ☐ What procedures/processes do you have in place to ensure safety and quality for your lay worker workforce?
- ☐ Did you undertake any kind of risk assessment of the people your lay workers supported, to make sure your lay workers would be safe when with them?
- ☐ What supervision and support did the lay workers receive?
- ☐ How often is the supervision provided?
- ☐ Who delivers the supervision?
- ☐ In what format is the supervision delivered?

H. Confidentiality

A great strength of rural communities in the interconnectedness and generosity with time. However, as a result of this, people tend to know each other quite closely.

- ☐ Can you tell me what structures you have in place to manage confidentiality?
- ☐ Where do the lay workers do their work?
- ☐ If they work in a client's home, what structures do you have in place to ensure their physical safety?
- ☐ What records do the lay workers keep?
- ☐ What processes do you have in place to make sure that the records are stored safely?
- ☐ If something goes wrong in the service, what are your processes for incident reporting?
- ☐ What processes do you have in place for analysing these incidents, when things go wrong?
- ☐ Can you explain how you feedback the learning from these serious incidents into your lay worker program?
- ☐ If something goes wrong (e.g. someone's unhappy with the service), can you explain what the complaints process is, for both the lay worker and the client?

- ☐ Can you outline what processes the lay worker follows if they encounter something that is beyond the scope of their role?

I. Funding

- ☐ How is your program funded?

J. Interview conclusion

- Do you have any other comments, or is there any information you would like to add that you think would be helpful?
- Would you like to receive a copy of the transcript of this interview once it has been written up (e.g. to check of accuracy, etc.)?
- Thank you!

APPENDIX 5:

STEERING STRAIGHT PLAN

Steering Straight:

My Plan to Keep on Track

In today's busy world, it's hard to find time to take stock and plan for the challenges ahead. However, like a map, plans can help you stay on track. This includes making a plan for how you can support yourself. This is the best way to protect the things that matter most to you: your farm, how well you do your job, your family and relationships, and your health. This plan will help you to:

- Know what activities are helpful and keep you feeling positive during tough times
- Achieve future goals, and break them down into manageable steps
- Know who you can call on for support when tackling a goal or a challenge

You can take action, right now, by putting pen to paper. So make yourself a cuppa, find a quiet spot, and start *Steering Straight: My Plan to Keep on Track*. It takes most people about 15-30 minutes.

1. Taking stock: what signs show me that my stress levels are rising?

(a) When people find themselves in challenging situations, it is normal to feel some stress or worry. You may notice changes in your body, what you are feeling, and how you act. Everyone reacts a bit differently. In the circles below, tick the changes you have noticed in yourself during tough times (or that someone else might have pointed out).

Work and life

- ☐ Working longer
- ☐ Socialising less
- ☐ Not doing the things you like (e.g. sport)
- ☐ Procrastinating
- ☐ Drinking more

Thoughts

- ☐ Racing thoughts
- ☐ Slow, sluggish thoughts
- ☐ Difficulty making decisions
- ☐ Difficulty concentrating
- ☐ Negative thoughts
- ☐ Worrying
- ☐ Thinking about one thing only

Sleep and energy

- ☐ Sleeping more
- ☐ Sleeping less
- ☐ Trouble falling asleep
- ☐ Waking up at night
- ☐ Restlessness
- ☐ Low energy

Emotions

- ☐ Anger, frustration
- ☐ Persistent sadness
- ☐ More arguments
- ☐ Nervousness
- ☐ Feeling overwhelmed

Your body

- ☐ Headaches
- ☐ Getting sick often
- ☐ Muscle aches or tension
- ☐ Upset stomach, diarrhoea
- ☐ Weight loss or gain
- ☐ Eating more or less
- ☐ Neglecting health

(b) Are there any other signs that you have noticed in challenging situations (e.g. actions, thoughts, feelings, in your body)?

- _____
- _____
- _____
- _____
- _____
- _____

(c) Sometimes, we know we might feel stressed at a particular time or during a particular event. Are there any events in your life that increase stress?

- _____
- _____
- _____
- _____
- _____

Examples:

- Summer (anticipating drought or bushfires)
- Anniversary of a death
- Coming up to shearing



2. It's OK to experience the changes you wrote down in Question 1. Everyone feels some stress, even when life is good. The trick is to keep it manageable. If you regularly do small things that help you feel good (and don't cause harm to yourself or others), you are well on your way to stopping things from getting out of hand. Think about what positive actions you can take by yourself, and how your mood might improve if you spend time with others (people or pets). Remember to do these things when life is going well, as well. It's like healthy eating - you don't just do it when you're crook.

Tip!
Keep your ideas manageable. Try and think of some things that don't take much time.

(a) When I feel stressed or worried, what can I do to reset?

By myself:

- E.g. Listen to my favourite song
- _____
- _____
- _____
- _____
- _____
- _____
- _____

With someone else:

- E.g. Call a friend for a yarn
- _____
- _____
- _____
- _____
- _____
- _____
- _____

(b) When I feel down, what can I do to feel better?

By myself:

- E.g. Cook something for fun
- _____
- _____
- _____
- _____
- _____
- _____
- _____

With someone else:

- E.g. Play with the kids/grandkids
- _____
- _____
- _____
- _____
- _____
- _____
- _____

3. What do I enjoy?

(E.g. Gardening, a favourite spot to sit on the farm, playing golf with friends)

- _____
- _____
- _____
- _____
- _____
- _____
- _____

... and how can I make sure I will do these things?

- ☐ Set a reminder in my phone/diary
- ☐ Do something I enjoy with a friend
- ☐ Share my plans with others
- ☐ Write a reminder on a sticky-note
- ☐ Each morning, write down an enjoyable activity I plan to do today
- ☐ Look at *Steering Straight* every week to remind myself

- _____
- _____
- _____
- _____
- _____



4. What's ahead of me?

Farming and farm life is about achieving small goals with a bigger goal in mind. What's coming up that you can plan for? What positive change can you include in your life?

Today

E.g. Go for a walk (10 mins)
E.g. Focus on my breathing (5 mins)

Next week

E.g. Chair the CFA meeting
E.g. Footy training
E.g. Prune the roses

Next month

E.g. Book a health check
E.g. Have friends over for a BBQ

Next 6 months

E.g. Prepare for shearing
E.g. Increase my number of alcohol free days

Next 12 months

E.g. Plan time away from the farm

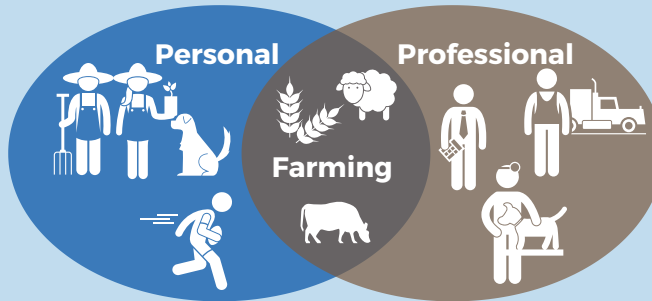
Specific
Measurable
Attainable
Relevant
Time bound

You might want to use the S.M.A.R.T goal setting template to help your planning:
www.farmerhealth.org.au/2017/12/15/goal-setting

	What's my goal?	When does it need to be done by?	What do I need to do?	Who can help me?	How will I know I've achieved it?	Tick when done!
Example	Prepare for shearing	February/ March	<ul style="list-style-type: none"> Book contract team Order supplies (wool-packs) Service equipment 	<ul style="list-style-type: none"> Contracting service Spouse 	The sheep are shorn! REWARD Go fishing	<input type="checkbox"/>
Example	Book a health check	January	<ul style="list-style-type: none"> Call the doctor Arrange for someone to look after the farm for 2-3 hours 	<ul style="list-style-type: none"> Spouse Friend 	I've had the health check. REWARD Play with the dog	<input type="checkbox"/>
			<ul style="list-style-type: none"> 		REWARD <input type="text"/>	<input type="checkbox"/>
			<ul style="list-style-type: none"> 		REWARD <input type="text"/>	<input type="checkbox"/>

5. Who's in my network that can I talk to?

Farming issues can cross both personal and professional territory. When facing a problem, you might want to include whoever can help you with a whole range of farming or personal issues. Your professional network could include your stock agent or agronomist. Your personal network may include a trusted neighbour or someone from your local community group. Think about when people are available to talk to.



Tip!

If you can't think of who can help, see Question 6 for ideas. Or, a friend might be able to recommend someone.

Category	Topic	Name	Phone number	Best time to contact
Personal	Just for a yarn			
Personal	Sensitive issues			
Professional	Financial issues			
Professional	Work-related			
Professional	Health and wellbeing			
Other people I know				

6. Useful resources

The National Centre for Farmer Health has gathered useful resources for farm men, women, and agricultural workers. They are available online at the following links.

The *Managing Stress on the Farm* booklet is available to download and in hard-copy (free). Resources are listed at the back of the booklet.

<https://bit.ly/fh-stress>

An online psychology service (available online or via phone). Psychologists with farmer health training are available.

<https://bit.ly/fh-lysn>

Contact details of organisations that support farmers (e.g. emergency information, emotional support services, farm business support services, etc.).

<https://bit.ly/3qnOLDh>

Now that you have taken the time to complete *Steering Straight: My Plan to Stay on Track*, put a copy somewhere you will see it often, such as the fridge or the back of the toilet door. It is also a good idea to have a copy when out on the farm, so keep a photo of it in your phone, or a copy in the glove-box. This is **your** plan – you can update it whenever you need to accommodate life's surprises.