DOOR-TO-DOOR FOR MENTAL HEALTH: A SUMMARY REPORT

Research and evaluation findings for the Assisting Communities through Direct Connection Project, Round Two

February 2023

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This report has been prepared by the Centre for Social Impact (CSI) with input from Community Mental Health Australia (CMHA). The CSI are the evaluation partners for the Assisting Communities through Direct Connection (ACDC) Project, an initiative of CMHA. This report presents key evaluation and research findings from Round Two of the ACDC Project.

We acknowledge the work of the ACDC Project Team from CMHA who have contributed to this report. The Evaluation Team also acknowledge the Research and Evaluation Working Group for their expertise and guidance.

Community Mental Health Australia

Community Mental Health Australia (CMHA) is a coalition of peak community mental health organisations from Australian States and Territories. It was established to provide leadership and direction to promote the importance and benefits of community mental health and recovery services across Australia. CMHA provides a unified voice for several hundred community-based, non-government organisations who work with mental health consumers and carers across the nation and who are members of, or affiliated with, the various coalition members.

Centre for Social Impact

The Centre for Social Impact is a national research and education centre dedicated to catalysing social change for a better world. CSI is built on the foundation of four of Australia's leading universities: UNSW Sydney, The University of Western Australia, Swinburne University of Technology and Flinders University. Our ***research*** develops and brings together knowledge to understand current social challenges and opportunities; our postgraduate and undergraduate ***education*** develops social impact leaders; and we aim to ***catalyse change*** by drawing on these foundations and translating knowledge, creating leaders, developing usable resources, and reaching across traditional divides to facilitate collaborations.

Acknowledgement of Country

We collectively acknowledge and pay respects to the Traditional Owners and Country on which we work, including the Traditional Owners of those Countries on which this work has taken place. We pay respects to these diverse Lands and Peoples and their Elders, past and present.

Acknowledgement of lived experience

We acknowledge the individual and collective expertise of people with a living or lived experience of mental health, alcohol and other drug issues, and the families and carers who provide support and have a lived/living experience. We recognise the vital contribution, and value the courage, of individuals who have shared their perspectives and personal experiences for the purpose of learning and growing together to achieve better outcomes for all.

Suggested citation

Kaleveld, L. & Hooper, Y. (2023). *Door-to-door for mental health: A summary report. Research and evaluation findings for the Assisting Communities through Direct Connection Project, Round Two.* Centre for Social Impact, The University of Western Australia. https://doi.org/10.25916/q5k6-v906

"The ACDC Project is a rare mix of grass-roots engagement and robust research. It is an opportunity not only to connect with community members who might not know about available mental health supports, but also to inform service designers who might not know about the real needs of communities."

Ingrid Hatfield, ACDC Project Steering Committee

"Their visit was like someone was lighting a match in the dark. Then I had a candle, and I can light someone else's candle."

Householder

OVERVIEW OF FINDINGS

ACTIVITY DATA FOR ROUND ONE + ROUND TWO

22 Communities engaged

21 Communities commenced doorknocking

37,595 Doors knocked

6,683 Conversations had

SURVEY SAMPLE SIZE

3,811

Round Two surveys completed

ENGAGEMENT DATA FOR ROUND TWO

Where People Connectors knocked,

34%

of households answered the door

Of those who answered the door,

52%

of Householders had a conversation with a People Connector

Of those who had a conversation with People Connectors,

69%

of Householders completed a survey

PROJECT OUTCOMES DATA ROUND ONE + TWO

80%

of people put the fridge magnet on their fridge

82%

of people read the information given by the People Connectors about mental health

61%

of people talked with a friend/family member about their own mental health and wellbeing as a result of the visit

63%

of people talked with a friend/family member about their friend/family member's mental health and wellbeing as a result of the visit

As a result of the visit,

32%

of people contacted a professional, a service or a community organisation to ask about support for their mental health or wellbeing

A further

24%

of people were planning to do this

As a result of the visit,

21%

of people had contacted a professional, a service or a community organisation to ask about support for someone else's mental health or wellbeing

A further

23%

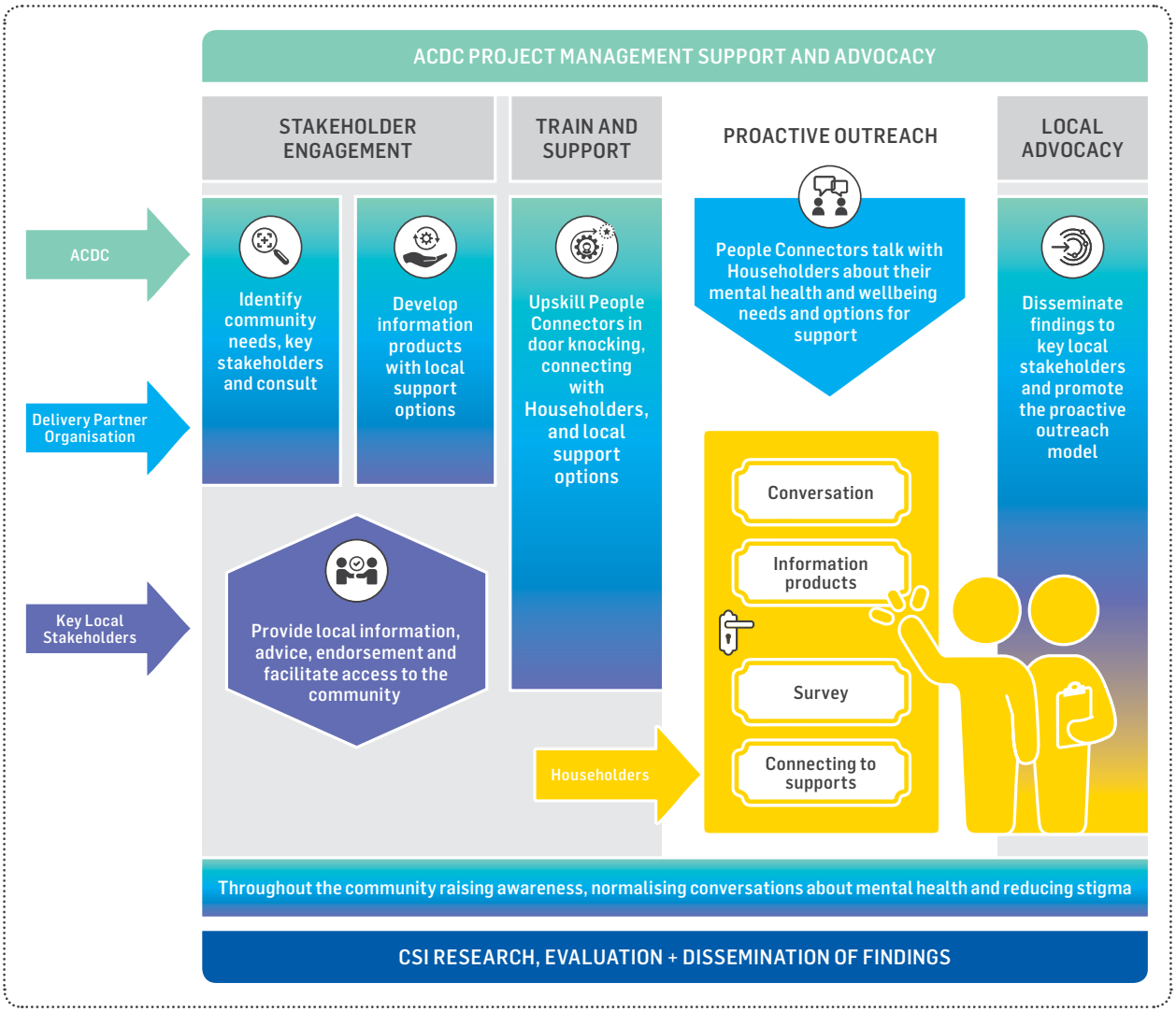
of people were planning to do this

INTRODUCTION

The act of knocking on a door to check in on the household is not new. As a show of care, this has presumably worked to keep people well and connected to natural supports throughout history and across diverse cultures. In 2021 and 2022, the ACDC Project turned this simple idea into a large-scale program adapted to the contemporary Australian context and implemented across multiple community settings.

Teams of two or three people – referred to as 'People Connectors' – knocked on over 37,000 doors in 21 communities around Australia to ask Householders about their wellbeing. They had conversations about mental health and social and emotional wellbeing, collected data through a survey, responded to any needs that arose, and provided information and assistance by suggesting support options or linking people to services. In every community a Delivery Partner Organisation was engaged to deliver the project in their community. With the ACDC Team they consulted with local stakeholders to develop an Information Pack which summarised locally-available mental health support options on a brochure, and a fridge magnet to distribute to Householders. People Connectors also received training in the doorknocking methodology and ongoing support. A summary of Project core activities is provided as Figure 1.

FIGURE 1 Outline of the key activities of the ACDC Project



RESEARCH AND EVALUATION PURPOSE

As Community Mental Health Australia's (CMHA) Research and Evaluation Partner for the ACDC Project, the Centre for Social Impact (CSI) conducted an independent evaluation, as well as the analysis of the Householder Survey data. The ACDC Project's Research and Evaluation Framework specifies evaluation and research as two related but distinct functions (see Figure 2).

FIGURE 2 The purpose of evaluation and research for the ACDC Project

The evaluation findings summarised in this report focus on the suitability of the project and its effectiveness and value for Householders and communities. For further detail about the evaluation findings see the 'Doorknocking for mental health' evaluation report[1]. The research findings focus on analysis of the data collected via the Householder Survey[2] and a summary of a few key survey findings is provided in this report. For further detail about the research findings see the 'Home truths about mental health in Australian communities' research report[3].

"What is really exciting about the ACDC Project is the direct contact and engagement with members of the community. We have been able to directly hear from community members about their experiences with psychosocial disability."

Fiona Cromarty, ACDC Project Steering Committee

[1] Kaleveld, L., Hooper, Y., Crane, E. & Davis, H. (2023). *Doorknocking for mental health: Evaluating a novel outreach approach for addressing mental health. Round Two of the Assisting Communities through Direct Connection Project.* Centre for Social Impact: UWA, Swinburne and UNSW. https://doi.org/10.25916/gmrp-6579

[2] The Householder Survey surveyed Householders about mental health and support needs.

[3] Hooper, Y., Kaleveld, L. & Lester, L. (2022). *Home truths about mental health in Australian communities: What we learnt about mental health from doorknocking conversations. Preliminary findings from the Assisting Communities through Direct Connection Project survey, Round Two.* Centre for Social Impact UWA. https://doi.org/10.25916/dqsx-br39

OVERVIEW OF METHODS

The Householder Survey was designed using a mix of standardised, validated questionnaires (such as the Kessler Psychological Distress Scale[4] and the 5-item World Health Organisation Well-Being Index[5]) and bespoke questions that were co-designed with ACDC Project working groups, which included the input of people with lived experience expertise. The survey asked Householders about challenges that impact their mental health and wellbeing (for example, financial or housing stress and other social determinants of mental health), experiences of mental health support needs, and barriers to getting help.

The evaluation involved a mixed methods approach, including examining the existing literature[6] to identify mental health and support needs, collecting statistical, contextual data about each community[7], and collecting evidence from diverse views and voices via People Connector focus groups, Delivery Partner[8] interviews, ACDC Project Team interviews, and a Householder Evaluation Survey[9]. Other data sources to help verify findings included the Field Survey (that tracks engagement and conversation data), site activity reports provided by Delivery Partners and impact stories from People Connectors[10]. This report consolidates activity data for Round One and Round Two, with other findings focusing on Round Two learnings.

THE PARTICIPATING COMMUNITIES

The contextual diversity across, and also within, the ACDC sites was significant. Round One and Two involved doorknocking in 21 metropolitan and regional sites across all Australian states and territories, often with several suburbs visited within each site (see Table 1).

In terms of engaging communities with lower socioeconomic status (SES), the ACDC Project, by design, spent more time doorknocking in disadvantaged suburbs compared to more advantaged suburbs. Suburbs were categorised using deciles 1 to 10 of the ABS Index of Relative Socioeconomic Advantage and Disadvantage (IRSAD)[11], where decile 1 represents the most disadvantaged suburbs, and decile 10, the most advantaged. Of the 36 Round Two suburbs visited by the People Connectors, nearly 70% (25 suburbs) were categorised in the lowest three deciles.

The ACDC Project also aimed to reach people living in regional and rural areas, however with organisations needing to engage in a tender process and demonstrate the capacity to undertake the project, this tended to favour organisations in larger towns. Eight of the Round Two sites were in metropolitan areas, five sites were classified as 'inner regional' and four as 'outer regional' (ABS Remoteness Area index; ARIA[12]). There were no sites that met the classification for 'remote' or 'very remote'.

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[4] A validated questionnaire that measures subjective psychological distress.

[5] A validated questionnaire that measures subjective wellbeing.

[6] Literature review of cohorts who are less engaged in services and strategies to potentially reach these communities.

[7] Community overviews were prepared to present a summary of selected ABS Census data for each site.

[8] Interviews with the line manager of People Connectors at each site's Delivery Partner Organisation.

[9] Also known as the Wave 2 Survey, this Evaluation Survey was sent to consenting Householders about one or two months following their visit from People Connectors.

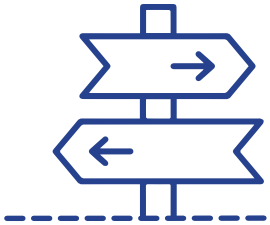
[10] With the impact story template designed by CSI, and impact story collection from People Connectors was facilitated by the ACDC Project team.

[11] Australian Bureau of Statistics. (2018). *Census of Population and Housing: Reflecting Australia – Stories from the Census, 2016*. https://www.abs.gov.au/ausstats/

[12] Australian Bureau of Statistics. (2016). *Remoteness Area index*. https://www.abs.gov.au/statistics/

TABLE 1 ACDC Project Round One and Two participating sites and suburbs visited

ACDC SITE	SUBURBS VISITED (Postcodes)
Australian Capital Territory (ACT)	
Canberra	Dunlop (2615), Macgregor (4109)
New South Wales (NSW)	
Cabramatta	Cabramatta (2166)
Campbelltown	Claymore (2559), Airds (2560)
Clarence Valley	Maclean (2463), Yamba (2464)
Greenacre	Greenacre (2190)
Hurstville	Hurstville (2220)
Wollondilly	Picton (2571), Tahmoor (2573)
Northern Territory (NT)	
Palmerston	Johnston (0832), Moulden (0830), Woodroffe (0830)
Queensland (QLD)	
Ipswich	Ipswich (4305), North Ipswich (4305), West Ipswich (4305)
Mareeba	Mareeba (4880)
Brisbane	Murarrie (4172), Tingalpa (4173), Hemmant (4174), Wynnum West (4178), Manly West (4179), Moreton Bay Islands (4184)
Redcliffe	Margate (4019), Redcliffe (4020)
Roma	Roma (4455)
Toowoomba	Harristown (4350), Kearneys Spring (4350)
South Australia (SA)	
Port Adelaide	Alberton (5014), Rosewater (5013)
Tasmania (TAS)	
Burnie	Burnie (7320), Upper Burnie (7320)
George Town	George Town (7253)
Victoria (VIC)	
Macedon Ranges	Riddells Creek (3431), Romsey (3434), Gisborne (3437)
Bendigo	Bendigo (3550), Long Gully (3550), North Bendigo (3550), White Hills (3550), Golden Square (3555), Kangaroo Flat (3555), Eaglehawk (3556)
Fitzroy	Fitzroy (3065)
Western Australia (WA)	
City of Swan	Beechboro (6063), Ballajura (6066)




WELLNESS.
DELIVERED.


WELLNESS. DELIVERED.


WELLNESS.
DELIVERED.

KEY EVALUATION FINDINGS

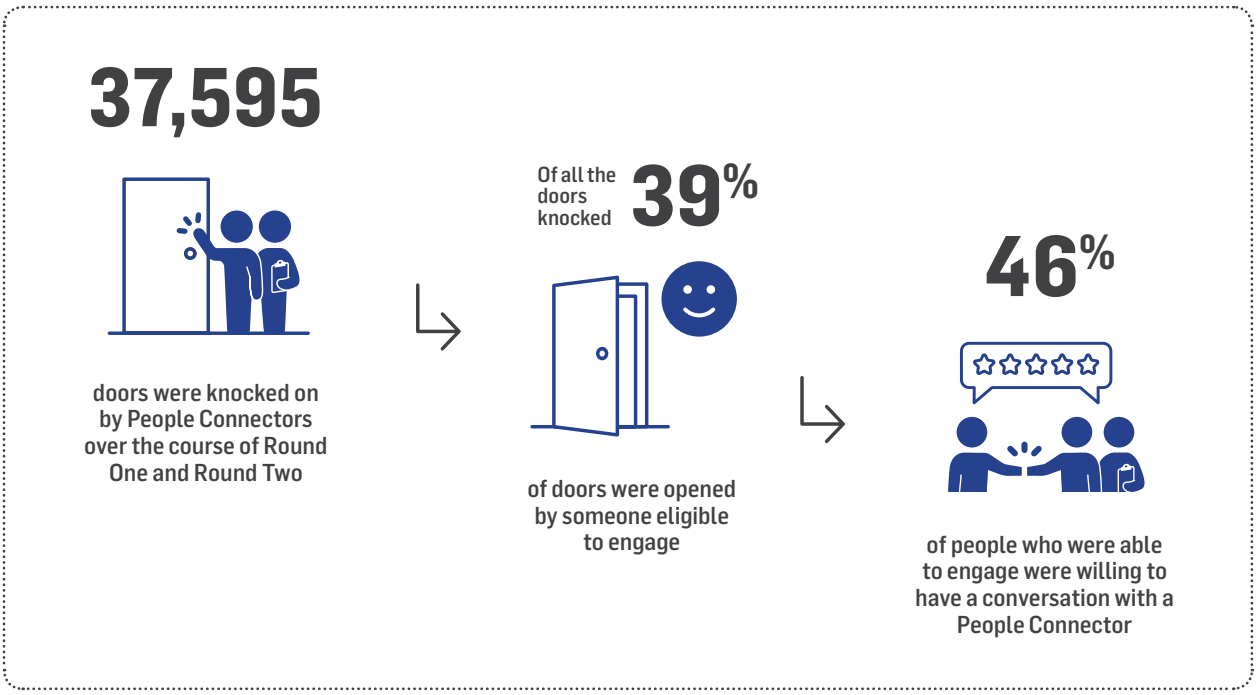
FINDING 1: People were very responsive to informal conversations about mental health and welcomed the opportunity to engage

Overall, people were ***highly responsive to having conversations about mental health with someone unknown to them*** at their doorstep, potentially indicating that existing opportunities to informally discuss mental health and feel supported were limited and/or of poor quality in many communities, or relied on people actively seeking them out.

> "I think it was a lovely validation and it was just like a friendly visit." (Householder)

Householders' responsiveness to a mental health doorknocking approach was evidenced by People Connectors who reported that, although there was sometimes initial hesitation, it was not an effort to get people interested in talking about mental health, and perhaps these conversations met a need, or provided comfort. This is validated by engagement data from Round One and Two: of those who answered the door, ***nearly half of Householders engaged in a conversation at the doorstep. In total, over 6,600 people had a conversation with a People Connector*** (see Figure 3).

FIGURE 3 Responsiveness of Householders as reflected in engagement data

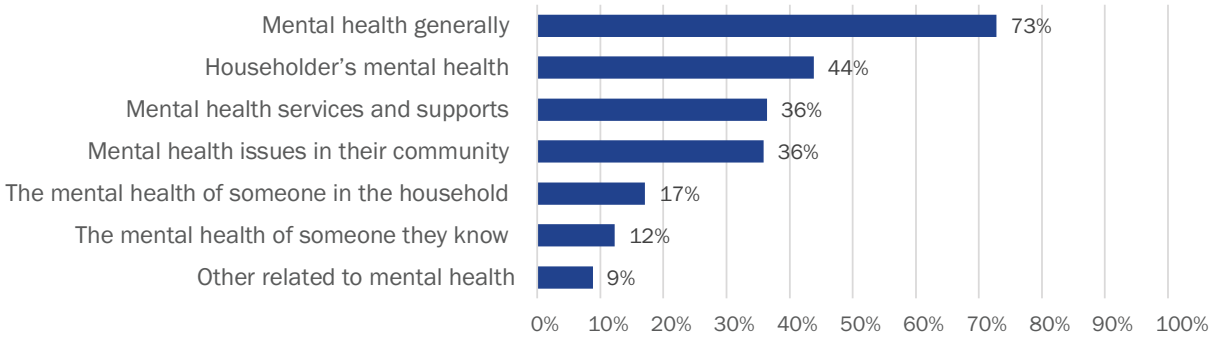


Round Two gathered information about topics covered in the doorstep conversations. In most cases (89%), mental health and wellbeing was discussed.

89% of all conversations were about mental health

Of these conversations about mental health, almost half of Householders (44%) were willing to discuss personal experiences of mental health and wellbeing. Other discussion topics included mental health services and supports (36%), and mental health issues in the Householders' community (36%; see Figure 4).

FIGURE 4 Topics of discussion about mental health[13]



Not only were Householders generally keen to engage, but qualitative data collected directly from Householders also indicates that the visit was welcomed and enjoyable.

"I was down in the dumps. And then the fact that someone's just come in and, you know, just asked how you are going; that's enough to spark that little bit of happiness back, you know?" (Householder)

[13] Round Two data only; multiple responses permitted.

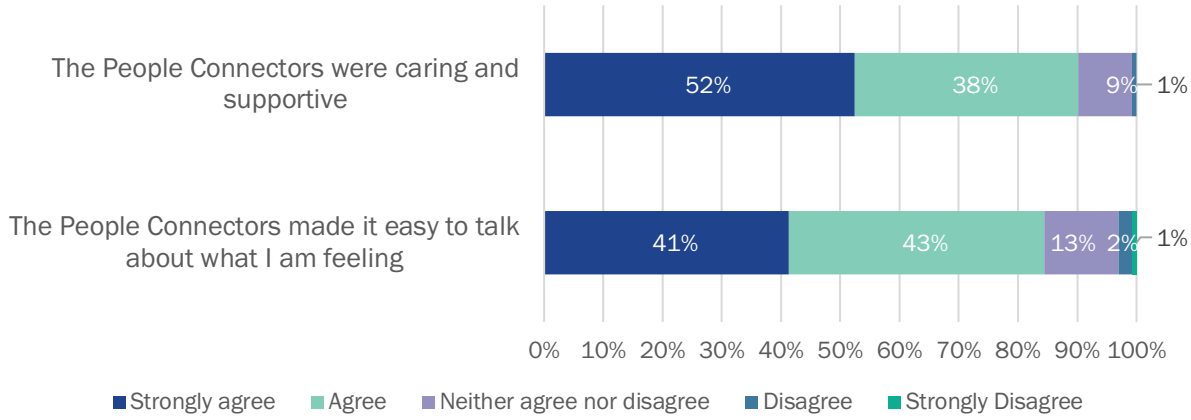
FINDING 2: A conversation at the doorstep provided people with a safe, non-judgmental space and an opportunity to reflect or act on their needs

The ***quality of the connection between the People Connectors and the Householder was emphasised as the most significant part of the doorknocking approach***. People Connectors used active listening techniques that allowed Householders to lead the conversation, while the People Connectors responded in natural ways, usually with a great deal of empathy and warmth. They also provided information, and helped to solve problems and consider support options. Although the visit was typically a one-off experience, the connection ultimately sparked something meaningful for Householders.

> "It was not an officious visit. But it was a very powerful experience, just talking." (Householder)

The People Connectors were appraised as easy to talk to, and caring and supportive (see Figure 5). Householders also felt that People Connectors had ***no agenda other than to listen and care***, which, along with interpersonal skills and qualities that enabled them to connect, created a ***safe, validating experience of support***.

FIGURE 5 Householders' perceptions of People Connectors



The People Connectors felt that ***providing a judgement-free space to consider support needs or share concerns*** was a rare opportunity for many Householders. They believed Householders often gained a sense of relief, hope, and unburdening through the conversations at the door.

More tangible outcomes were also measured through the Evaluation Survey, with indications that most Householders did utilise the information products, many went on to have conversations with friends or family members, and about one third contacted services as a result of the visit – see Table 2.

TABLE 2 Actions that Householders did 'as a result of the ACDC visit' [14]

OUTCOMES	
Utilising resources	**82%** of people read the information given by the People Connectors about mental health
	80% of people put the fridge magnet on their fridge
Starting conversations	**63%** of people talked with a friend/family member about their friend/ family member's mental health and wellbeing because of the visit
	61% of people talked with a friend/family member about their own mental health and wellbeing because of the visit
Seeking mental health supports	**32%** of people had contacted a professional, a service or a community organisation to ask about support for their mental health or wellbeing. A further **24%** of people were planning to do this.
	21% of people had contacted a professional, a service or a community organisation to ask about support for someone else's mental health or wellbeing. A further **23%** of people were planning to do this.

Table 2 presents evidence that ***the one-off visit led to tangible actions and outcomes for Householders***. One surprising finding was the extent to which Householders went onto have a conversation about mental health with a loved one, a friend or family member. Potentially, People Connectors ***role-modelling a constructive, caring and informal conversation about mental health was empowering for Householders***, who then felt they could apply these skills in conversations with others they were concerned about, or in reaching out to others with their own struggles.

> "I moved house and [the fridge magnet] is still on there. I have the pamphlet too with all my notes in it. I keep it under my keyboard so I can access it when I need it." (Householder)
>
> "I actually gave [the fridge magnet] to a friend of mine who I felt needed it more than me. And I also gave her one of the surveys to fill out as well. She's in strife... Things were just not going well for her at all. She's actually reached out and got mental health help." (Householder)

[14] Based on questions asked in the Evaluation Survey for Householders: "As a result of the visit by People Connectors have you...?"

"I haven't really spoken about my mental health with anyone, or anything like that. But talking to a stranger sometimes does seem a little bit easier. It takes away that element of shame and you can be a bit more open with people."

Householder

"I was attracted to the ACDC project due to my experience as Chair of the Can Too Foundation, which led me to better understand how critical mental health and wellbeing was in ensuring thriving communities. What I realised was that this project would be the largest proactive outreach mental health and wellbeing program ever undertaken in Australia, and just how meaningful it would become in driving social connections and understanding."

Anne Massey, Chair, ACDC Project Steering Committee

"They can see our drive and our passion for our community that we live in. And we make that pretty clear to them that we are from the area, this is our community; that we're not from the city, we're not coming in and doing these projects and then going away and you'll never hear from us again; that we're actually going to try at least to make a difference."

People Connector

"For me, the most exciting thing about the ACDC Project is that People Connectors get to go out into communities and to talk with people about their mental health and wellbeing at their own homes, where they are most comfortable. There aren't many programs in Australia with an outreach component like this, and it's something that has been missing for some time."

Sarah Sutton, Carer Representative, ACDC Project Steering Committee

"I just felt better about myself – I just felt really good. It was a really positive experience and just out of the blue. It is definitely an ongoing thing. It did really affect me in a good way. A really good way."

Householder

"We're not coming from one centralised role. We're not coming as a person just from the NDIS, or we're not coming just as a person from oncology or something. We're just standing on the doorstep. So, we can follow that conversation on all the leads... without going, 'Well, that's not my area of concern,' or something like that. So, we can follow the conversation and we can pick up on all the things that the person is actually needing in their life, or information that will help them to make their own informed choices of what they need for themselves."

People Connector

"And I'm like, oh, I'm just going to go back to my old job after this. Maybe I don't wanna!"

People Connector

FINDING 3: Doorknocking was able to effectively engage people who were hardly reached, or living in disadvantaged communities

The evaluation found evidence that the ACDC Project's proactive outreach doorknocking model was suitable for ***reaching and engaging people living in lower SES communities*** and the ACDC Project could help ***people who are hardly reached, or not connected to services, to overcome barriers to getting support.***

> "The ACDC Project is a new and innovative way of reaching people to talk about mental health and wellbeing. I have been impressed by the positive response that People Connectors have had. Over the past three years People Connectors have had thousands of important conversations with Householders across Australia, and this report shows how much can be learned from people when we aren't afraid to ask them directly about them."
> (James McKechnie – Manager, ACDC Project)

The typical barriers faced by people seeking help for mental health (and that are exacerbated for those living in under-resourced communities and households), include wait times, cost of service, eligibility criteria and transport. These did not apply to the ACDC Project; Householders were simply able to have an extended conversation with the People Connectors immediately, without wait times or appointments to navigate. Several other factors ***enabled hardly-reached groups to easily engage with and want to engage with*** this project, including:

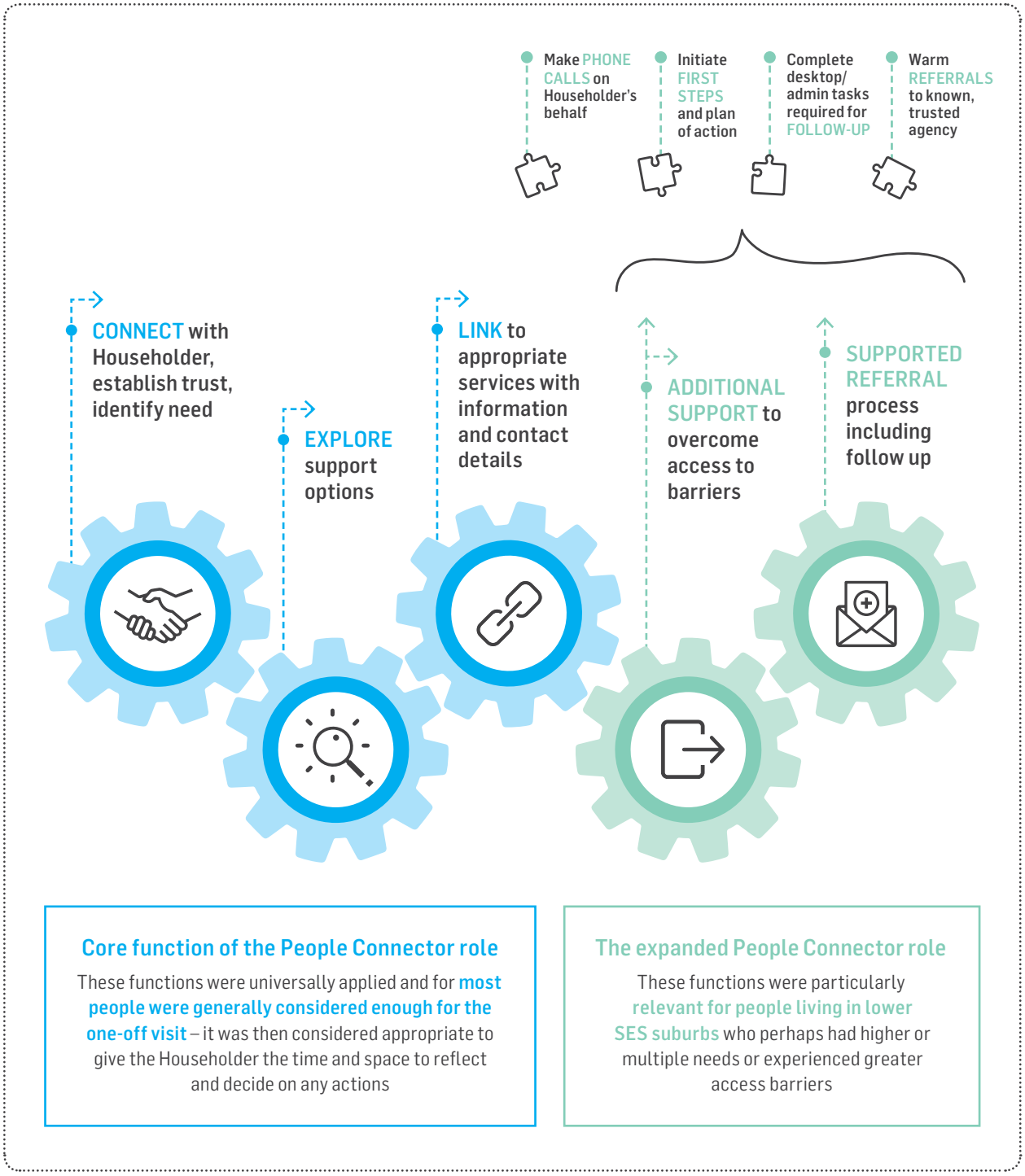
- a chance for connection that ***breaks down social isolation*** or loneliness by being visited at one's home (the outreach model);
- the quality of the connection that can establish trust and create ***a safe space*** at the door where a caring stranger is willing and able to listen;
- the ***holistic, 'no agenda' approach to understanding needs***, which is not service-centric (and people have the freedom and choice to engage with People Connectors about whatever they wanted/needed to discuss in that moment); and
- People Connectors' ***problem-solving approach and willingness to spend time helping address access barriers*** to finding help, such as making phone calls and navigating administrative tasks associated with getting connected with support (this was particularly useful for people 'stuck' at various stages of help-seeking).

Insights from various teams of People Connectors suggested that, sometimes ***many people in disadvantaged communities who were not currently connected to supports were more inclined to engage*** and were responsive to conversations about community needs.

Despite how empowering and suitable this low barrier approach was for engaging people in lower SES communities, there was also evidence to suggest this model was sometimes seen as ***less relevant for Householders who were really struggling as a result of the negative impacts of disadvantage.*** In some ways the evidence is contradictory, and requires further exploration. However, for some people facing multiple, urgent needs – such as financial stress, a housing crisis and/or unemployment – it is reasonable to believe that a conversation about mental health would not be as relevant, or was not the priority.

However, the adaptability of this 'no-stakes, conversation-based approach' meant that People Connectors in disadvantaged communities, were able to turn their focus to listening and validating or provide more time and support than they normally would (see Figure 6). This expanded role could involve ***problem-solving ways to unburden people, and provide intensive, practical support such as linking people to mental health or even non-mental health services*** (e.g., financial counselling) or ensure a food box was delivered (see Figure 6).

FIGURE 6 The core functions of the People Connector role, plus additional functions in cases where further support is needed



At other times, for people facing acute circumstances, perhaps ***all that was needed was a conversation***. People Connectors reported that the 'connection' function of the ACDC Project could be still powerful in these cases. At minimum, ***this method made a conversation about support needs possible for almost anyone***, even people with stigmatising attitudes to mental health, people in crisis with multiple, coexisting and urgent needs and/or people who were not already connected to mental health supports.

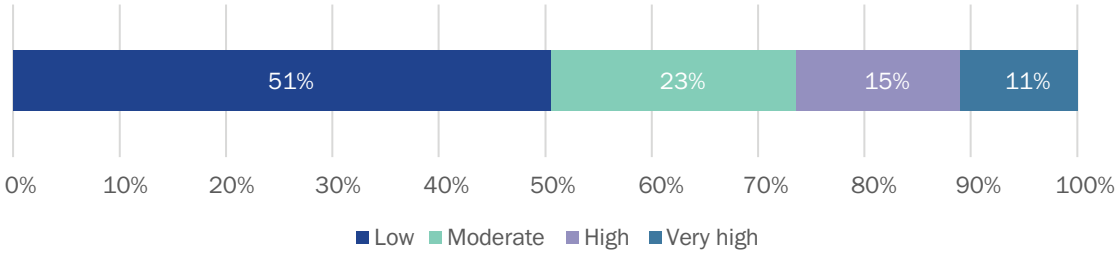
KEY RESEARCH FINDINGS

FINDING 4: The doorknocking approach reached many people with poor wellbeing and/or significant mental health need

Approximately one in three Householders rated their mental health negatively and similarly, standardised measures of wellbeing and distress lent evidence to suggest a ***significant proportion of people, between 25% and 40%, were experiencing symptoms consistent with a mental health need***.

- Two in five respondents reported low wellbeing
- Approximately half of all respondents reported moderate, high, or very high levels of psychological distress (see Figure 7)
- Psychological distress among Householders was significantly higher than the reported national average

FIGURE 7 Psychological distress of Householders

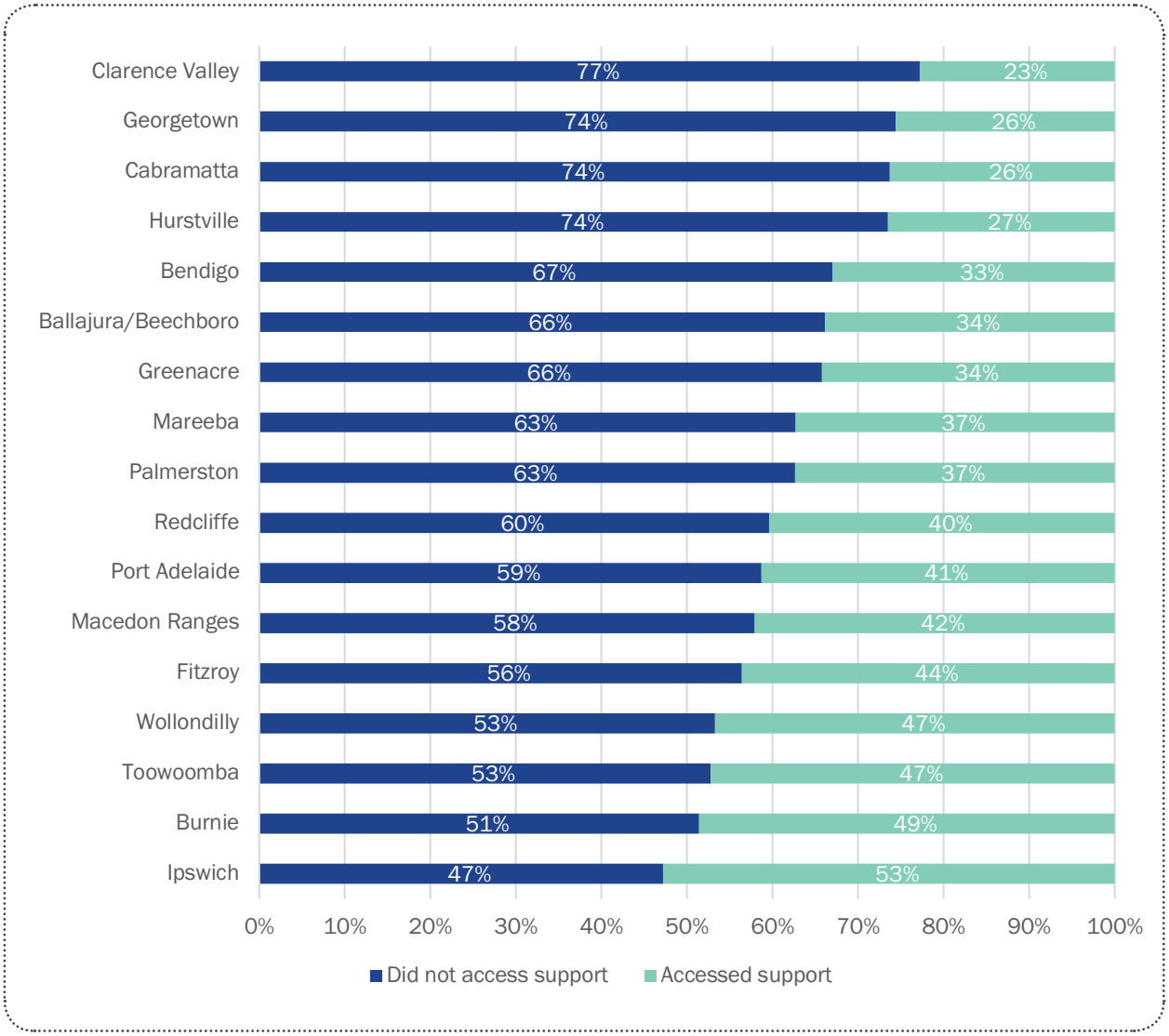


"Everything is currently impacting my mental health. I can't access a medical pension through Centrelink because they have said I'm not sick enough. But I have lung cancer, depression, and other diagnosed mental health issues." (Householder)

FINDING 5: The extent to which people were accessing services varied across communities; and Householders faced several barriers to accessing mental health supports

The extent to which Householders were currently accessing support varied considerably between sites. ***Less than a quarter of survey respondents in Clarence Valley were connected to supports, whereas in Ipswich over half were accessing support***. It is clear that ***access to services was impacted by contextual factors*** (see Figure 8).

FIGURE 8 Rate of accessing supports across Round Two ACDC sites



[8] For the Community Reports see https://acdc.org.au/reports

It is likley that each community experienced different combinations of factors impacting on access to services, both related to individuals' circumstances (for example, ***living far from services, not having enough money, and feeling shame or discomfort about seeking help***) as well as service and system barriers like ***strict eligibility criteria, triage systems (i.e., access to care depending on severity of symptoms), long waitlists, and affordability***. Or, in some communities, having no available services.

> "There is a lack of mental health services. You've got to try to kill yourself several times and then maybe the [crisis team] will show up. They promise you [things] and then you never hear from them again." (Householder)
>
> "I'm suffering from PTSD, anxiety and depression, which I have expensive medications for. When I try to access help, the wait is so long that my referrals expire by the time someone can help me. I also have to travel hours to get to these appointments." (Householder)

Survey comments identified other reasons Householders did not seek help which included ***distrust of mental health services/professionals and poor past experiences*** of seeking mental health support.

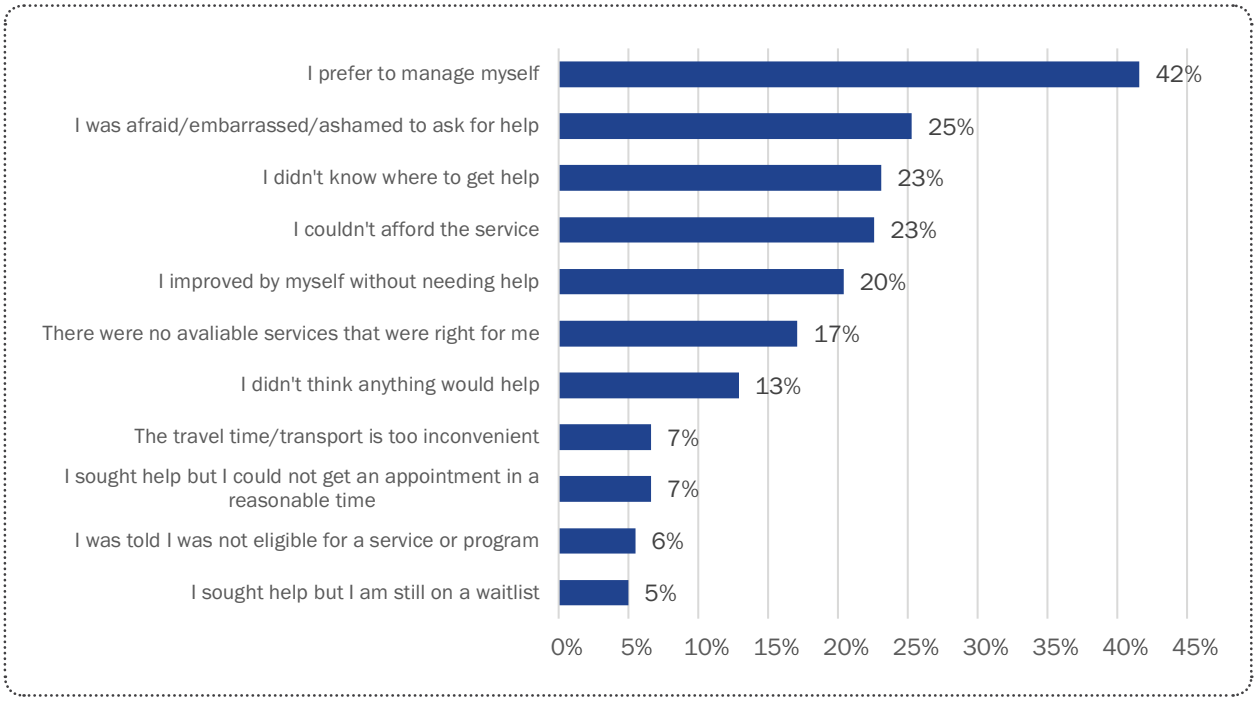
> "I don't believe there is anyone genuinely interested in helping me or understanding me enough." (Householder)
>
> "The system doesn't care." (Householder)
>
> "My experience with a counsellor/therapist in Australia has not been great and it left me traumatised. I'm hesitant to try again as it leaves me very vulnerable, and it is mentally/emotionally exhausting." (Householder)
>
> "My old GP told me to 'man up' and 'stop making my problem other peoples' problem'." (Householder)

Of the survey respondents who reported needing to seek help for their mental health and wellbeing in the past 12 months, ***more than two in five (43%) Householders did not get the care they needed***. The primary reason for this was preferring to self-manage[15] – see Figure 9. This was followed by fear and embarrassment associated with asking for help. These data suggest that when the findings are aggregated across all communities, it is personal beliefs, or even stigmatising attitudes, about mental health that most commonly prevent people from seeking support for mental health.

Approximately two in five Householders who had wanted mental health support, but did not get the care they needed reported not knowing where to go to get help, and the same proportion of people could not afford any mental health services. These barriers highlight the need for information about local, low-barrier mental health support options available across the country, but also, a better allocation of funds to close the out-of-pocket costs associated with accessing mental health support.

[15] We acknowledge that interpreting 'I prefer to manage myself' is difficult, as it could point to both the productive and empowering use of self-help resources and general resilience in the face of difficulties, and, on the other hand, 'preferring to self-manage' could indicate unhealthy stoicism or feeling the inclination that one must carry one's burdens in isolation and without support.

FIGURE 9 Self-reported barriers to seeking mental health support



Note: Multiple responses permitted.

When the survey results were analysed across communities, significant variation was evident for the factors affecting access to services. For example, fear and embarrassment and affordability concerns were considerably different across the sites (see Table 3); in Macedon Ranges only 3% of people reported being too afraid, embarrassed, or ashamed to seek help, compared with 57% in Burnie. Likewise, the ability for people to afford help varied significantly across the different sites.

"We just feel privileged. We feel really privileged to be able to do this job in our community and for people to be engaging in conversations with us and sharing some of the most personal, intimate details. Like who does that?"

People Connector

"There were some things I could just say [to the People Connectors] without having to worry about what they are going to think about me... I mean, I have a wonderful husband, but for some things, you just need to talk to someone else."

Householder

TABLE 3 Variation across communities in the % of people who experienced certain barriers to accessing supports and services

Location	I was afraid/ embarrassed/ ashamed to ask for help	I couldn't afford the service
Ipswich	15%	20%
Macedon Ranges	3%	14%
Port Adelaide	11%	21%
Bendigo	11%	16%
Burnie	57%	18%
Georgetown	23%	25%
Redcliffe	14%	39%
Fitzroy	16%	26%
Mareeba	29%	24%
Clarence Valley	24%	38%
Toowoomba	19%	41%
Wollondilly	39%	18%
Palmerston	18%	21%
Hurstville	14%	28%
City of Swan	19%	34%
Cabramatta	24%	29%
Greenacre	17%	17%

"The ACDC Project's doorknocking approach is unique and links community members with services through a flow of information."

Carli Sheers, Lived Experience Representative, ACDC Project Steering Committee

"Because you're going to their safe place, because home is people's safe place where they're the most vulnerable, I think also contributes to the unloading... Of course. You know? They're comfortable where they are, they're comfortable at home, so they're happy to [disclose] everything to you."

People Connector

"Well, definitely the skills that I've learned from this job, they're worth their weight in gold. To be able to knock on someone's door and just talk to someone about anything and everything. Yeah. I would never have learned that skill anywhere else."

People Connector

"I guess when people come to your door, you automatically assume that they want to sell you something. So having this experience, it was refreshing – it was nice for someone to say, 'how are you?', and also take an interest in the community."

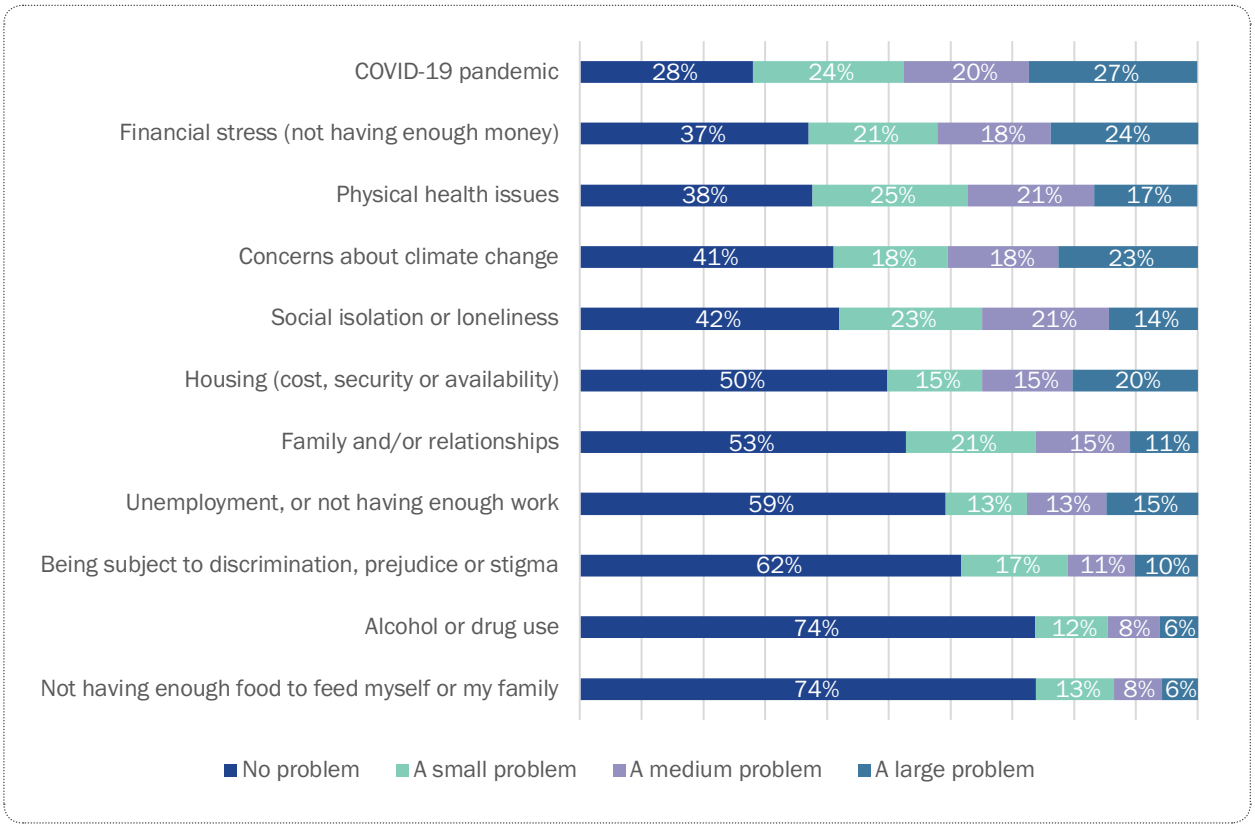
Householder

FINDING 6: People with mental health needs often faced several, concurrent challenges which directly impacted their wellbeing

Survey data indicated that people facing significant challenges relative to the social determinants were ***usually juggling multiple concerns, and typically reported higher distress and lower wellbeing***. There is the ***need for holistic, multidisciplinary support*** to address peoples' co-occurring needs (social, emotional, physical, financial, spiritual, etc.).

All the social determinants of mental health presented as survey options, to some degree were identified as challenges or concerns to some degree, as evidenced by the survey results – see Figure 10.

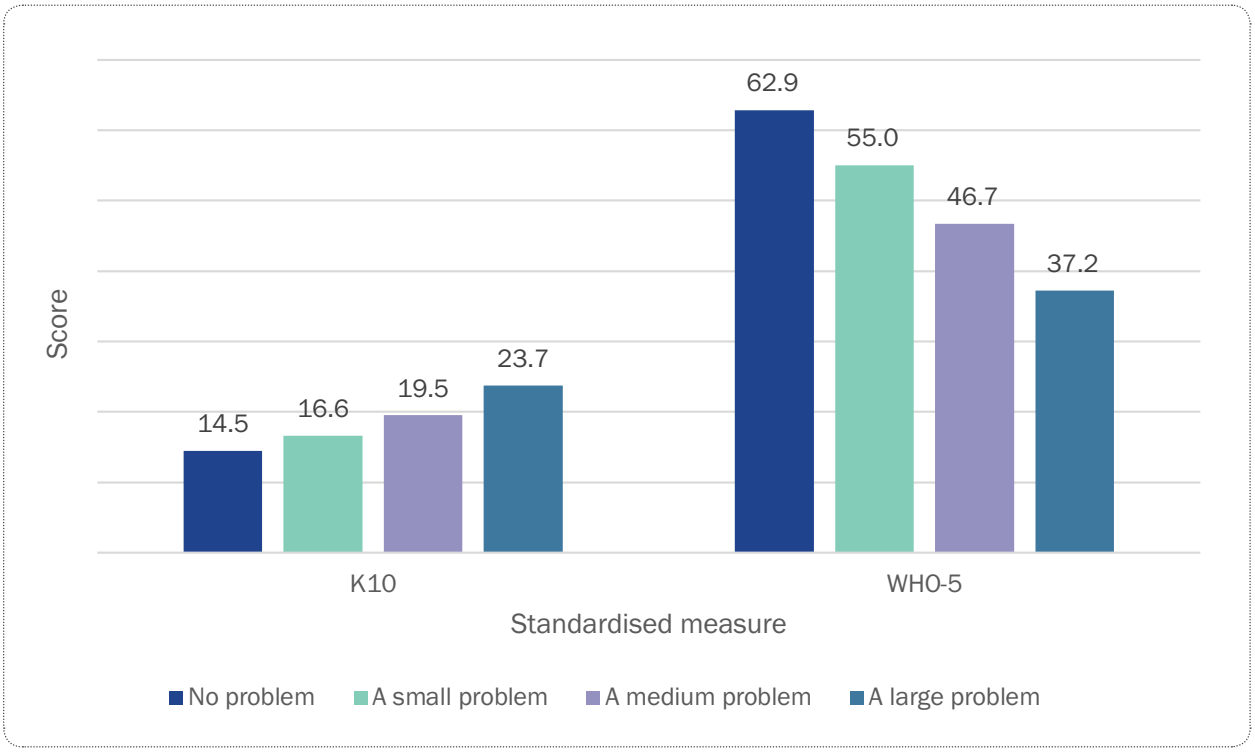
FIGURE 10 Extent of concern about various challenges and social determinants of mental health



> "When the COVID-19 supplement was offered, I had more money for food, medication, rent and bills, but now that's gone, I've been struggling financially. I've been having to choose every week between food, medication, rent, or bills - constantly juggling all four and sometimes missing out [on what I need]. Very stressed about money, the pension isn't enough." (Householder)

We found that increased concern about all the established social determinants of mental health (e.g., financial stress, housing, employment), were significantly correlated with low wellbeing and high psychological distress. Figure 11 illustrates the nature of this relationship using 'financial stress (not having enough money)' as an example. As the negative extent of financial stress increased, psychological distress scores (measured by the K10[16]) significantly increased, and wellbeing (measured by the WHO5[17]) significantly decreased.

FIGURE 11 Extent of financial stress challenges by psychological distress and wellbeing



Note: K10 (minimum score/lowest psychological distress = 10, maximum score/highest psychological distress = 50), WHO-5 (minimum score/lowest wellbeing = 0%, maximum score/highest wellbeing = 100%).

This pattern was also consistent across other challenges faced by Householders, issues that are typically not as well recognised as 'social determinants of mental health' – including loneliness and work satisfaction. We asked Householders to rate the degree of loneliness they were experiencing, and level of satisfaction with their employment. Results showed that higher loneliness was significantly correlated to lower wellbeing and higher psychological distress. Lower employment satisfaction was significantly correlated to lower wellbeing and higher psychological distress.

These findings lend evidence to suggest that mental health issues, often, do not exist in isolation; ***people experiencing poor mental health often have multiple unmet support needs or challenges across many areas of their lives***, more often than not, are impacted by broader structural social problems – income, poverty, employment, housing – all of which have consequences for people's ability to access the resources they need for wellbeing and quality of life.

[16] Topp, C. W., Østergaard, S. D., Søndergaard, S., & Bech, P. (2015). The WHO-5 Well-Being Index: a systematic review of the literature. *Psychotherapy and Psychosomatics, 84*(3), 167–176.

[17] Kessler, R. C., et al. (2003). Screening for serious mental illness in the general population. *Arch Gen Psychiatry, 60*(2):184-9.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IMPLICATIONS

This final section brings together evaluation and research evidence to look at implications for next steps, or preliminary ideas for how learnings might be translated into supporting peoples' mental health more effectively.

The high level of responsiveness to an informal, 'low stakes' conversation about mental health, indicates untapped interest intalking about mental health

Overall, people were ***responsive to a conversation at their door and were generally willing to talk about mental health***, if not their own personal mental health, then their concerns about loved ones, and the wellbeing of their neighbours and community. Delivering mental health awareness or increasing mental health literacy via a personal and caring conversation seemed especially suitable for people living in lower SES suburbs, or people who were hardly reached. The conversation could be adapted depending on needs and the urgency of those needs, and the presence of stigma.

In communities with higher indications of stigma (this varied significantly across sites, as indicated through the survey findings), it did not necessarily mean people were unresponsive to these conversations, and in fact, some People Connectors believed people were more responsive, as people welcomed the rare chance to consider their own wellbeing.

Overall, the take-up of this approach, potentially indicates that ***existing opportunities to informally discuss mental health and feel supported were limited and/or of poor quality in many communities***, or relied on people actively seeking them out.

ACTION AREA 1:

Communities interested in trialling doorknocking conversations or other ways to engage people in informal conversations about wellbeing and mental health can potentially expect success in uptake.

The ACDC Project reached people who needed support for their mental health, and also helped with overcoming barriers to accessing supports

The Householder Survey uncovered high levels of psychological distress, and also indicators that many people who had wanted to seek help for their mental health were not able to get the help they needed. The top three barriers that held people back from accessing services were:

1. preferring to self-manage;
2. being afraid, embarrassed or ashamed to ask for help; and
3. not knowing where to go for help.

Evaluation learnings about the ACDC Project ***demonstrate that the proactive doorknocking approach can effectively address these three most common barriers*** to seeking help. People Connectors supported help-seeking through having a conversation to uncover needs, clarifying support options, providing information about local services, and/or contacting a service on the Householder's behalf.

Data suggest that the People Connector visit helped to normalise conversations about mental health leading to Householders initiating conversations with people in their social network, and reducing feelings of fear, embarrassment or shame around help-seeking. ***As a result of the visit from the People Connector, many Householders (34%) reported reaching out to services and a further 24% were planning to do so.***

ACTION AREA 2:

The proactive outreach doorknocking method has been tested in diverse communities and shown to be effective for facilitating discussions about mental health support needs, and enabling people to access the help they need. Many other communities could also benefit from this initiative.

The Information Pack was valued for its information about local services, in particular the low barrier, low cost and low threshold services which people were often not aware of

Receiving information about local, readily available services and supports, helped Householders consider their support needs. Providing this information through an easy-to-read brochure, a fridge magnet, and ***within the context of an informal conversation that was highly personalised***, was also important. The conversation made the information feel more meaningful and relevant, and the materials were also easy to share with others, which Householders did or intended to do.

Almost all Householders who were followed up in the Evaluation Survey had read the resources (82%) and had kept the fridge magnet (80%). Some had passed the information on to loved ones. ***Many Householders were not already aware of the low cost, low threshold supports that were locally available.*** Information about these services was welcomed by Householders, especially if they were unable to access mental health services due to eligibility criteria, cost or distance to travel.

ACTION AREA 3:

The work of consulting with local stakeholders to map local services and distribute the information broadly has potential value for communities. In particular a resource that makes low threshold, low cost and easy to access supports more visible could potentially benefit many people.

A one-off contact can lead to positive changes to a person's sense of self, wellbeing and can have lasting impacts

The outcomes data from the Householder Evaluation Survey indicates significant changes that resulted from a one-off visit. After this empowering and personalised conversation exploring support needs, many Householders went on to contact services or have conversations with family members and friends about mental health.

For some Householders however, it was also ***a powerful experience of peer support or psychosocial support***. We learnt that it was the ***quality of this connection*** that made a difference for people who need to break down their sense of isolation, or reconsider their own support needs (therefore a sense of 'readiness' to have this conversation perhaps made the visit more impactful).

The survey data indicates that many people are struggling with social isolation as well as loneliness, so outreach approaches based on safe and validating social connections may be effective for reaching people who might be too isolated to initiate contact themselves.

ACTION AREA 4:

There is a need for diverse, or novel ways that people can experience safe social connections, conversations or psychosocial support. This does not need to happen in service settings. The 'connector role' is about providing quality, 'no agenda' connections, which make a difference for people's wellbeing and resilience.

There was significant diversity across all sites in terms of mental health need, proportion of people connected to services and the main barriers to accessing services

The ACDC Project survey collected data from communities across all states and territories, covering vastly different experiences of remoteness, availability of services, transport infrastructure, opportunities for social connection, the impacts of financial stress and unemployment, the effects of severe weather and COVID-19 lockdowns, and advantage/disadvantage, to name a few.

Analysis across the different sites provided some insight into the extent to which ***mental health support needs are greatly influenced by contextual factors***. For example, site-by-site analysis about the proportion of people accessing services, and the common types of barriers to service access, were indicative of the extent to which experiences of mental health and getting mental health support were different for different communities and cannot be generalised.

Evaluation evidence also support this finding – local community organisations appreciated the chance to have ***local-level data to support their planning and better service their community*** – rather than being driven by top-down policies that do not always reflect community needs. People Connectors highlighted the ***rich learning experience of going door-to-door to actually understand what people are struggling with*** and what might help, rather than assuming.

ACTION AREA 5:

Communities benefit from opportunities to understand local mental health needs and to collect local-level data. Every community is different, and this evidence is valuable. It can inform service planning and service design, ensuring local supports are appropriate and responsive.


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SUMMARY

The suggestions for actions presented in this report are preliminary, and based on emerging evidence. Round Three of the ACDC Project will provide more opportunities for further data collection and analysis, and a deeper exploration of contextual factors, to strengthen our evidence base.

What we do know, after two Rounds of the ACDC Project, is that this approach can be adapted to diverse communities. No matter the suburb, the street, or which front door was knocked on, the doorstep conversations could generally respond to the circumstances, needs, and mental health experiences of each Householder.

The outcomes too, were highly personalised, although the data collected in an Evaluation Survey indicated common patterns across the survey respondents. For most Householders, the conversation was valued, and the Information Products were used and kept; many Householders went on to have conversations with loved ones about mental health; and, about one third of Householders even reached out to services for further support – all as a result of the visit.

In the collection of data and evidence for this Project, we also collected many ideas from Householders, People Connectors, participating organisations whose experience of this 'outside the box' model seemed to spark reflection on what needs to change, and on what could be. What are some ways to better support those who are needing support but, for many reasons, are not getting it? While our current mental health system remains very much inside the box, it is exciting that this Project triggered so many reflective conversations, and we hope that presenting these findings will lead to further discussions as well.