

Yarra Housing Estate Mental Health Project

August

20
23



north richmond
community health

Wulempuri - Kertheba

Final Report

Acknowledgements

Acknowledgement of Country

We respectfully acknowledge the Traditional Custodians of the land on which we work and meet, the Wurundjeri Woi-wurrung people of the Kulin Nation. We recognise their ongoing connection to the land and value their unique contribution to North Richmond Community Health and wider Australian society. We honour and pay our respects to their unique roles in the life of this region, and in doing so, acknowledge all Elders past, present and emerging.



Contents

Introduction.....	3
Executive Summary.....	4
Overview.....	5
Objectives.....	7
<i>Objective 1</i>	7
<i>Objective 2</i>	10
<i>Objective 3</i>	19
Succession Plan.....	23
Appendices.....	24

Introduction

In July 2021, North Richmond Community Health (NRCH) launched the Yarra Public Housing Mental Health project. The aim of this project was to address the increase of mental health-related conditions in the North Richmond Housing Estate during the COVID-19 pandemic. The Department of Families, Fairness, and Housing (DFFH) funded this initiative.

The project was led by Achut Thuc as the Project Coordinator, Chantelle Bazerghi as the Manager of Healthy Communities, and Brendan Coulton as the Executive Manager of Community Services and Engagement. Moreover, Maryan Mohamed, Kyle Podesser, Kuich Johnson, Justina Korpoi, and Abdinasir Mussabehe, four of whom were public housing residents in the City of Yarra (CoY), were involved as Health and Wellbeing Concierges. They worked as peer support workers, providing mental health support to their fellow residents. They acted as intermediaries between the community members and professional services.

Initially, the project was planned for a year, but in August 2022, it was extended by an additional 12 months to continue building on existing objectives and improve the sustainability of outcomes. The project's success highlighted the significant role social determinants of health played in residents' ability to access clinical and non-clinical mental health support. During the project, mental health support was provided to over 3000 residents. However, there were several challenges, including gaps in service provision and difficulties in engaging culturally and linguistically diverse (CALD) community members.

The report recognises the intersectionality between domestic violence, racism, poverty, and mental illness and how these factors can impact individuals' mental health and well-being. It provides a comprehensive overview of the project outcomes, highlighting achievements against its objectives while also identifying limitations and gaps in service provision. The report recommends continued support for CALD communities, further research, and initiatives to address the social determinants of mental health and well-being among public housing residents in the CoY. It is hoped that the findings and recommendations will inform future policy and practice in this area.

Executive Summary

The aim of the project was to improve mental health outcomes for residents of public housing in the CoY. To achieve this goal, we addressed the stigma surrounding mental health issues and provided better access to local services and culturally appropriate preventive activities. We designed the objectives to tackle systemic barriers, and we used a theory of change/program logic approach to achieve them, as outlined in Appendix 1.

We conducted surveys and outreach visits to analyse the social determinants of health and consulted with residents to better understand their needs. The data collected showed that various social factors were significant sources of stress that contributed to the mental health and well-being of individuals. Our culturally appropriate approach made CALD communities feel comfortable discussing their sources of stress, and they trusted us enough to slowly share stories and information about how social determinants such as socioeconomic status, employment, social support, income, education, and other factors were affecting their mental health.

The report highlights case studies that best illustrate the project's impact and outcomes, showing the change in residents' lives due to improved access to services and culturally safe supports. The data showed significant improvements in mental health literacy and progress towards breaking down stigma and other barriers that limit help-seeking behavior. However, we identified limitations in the mental health service sector. They are not structured or funded to provide outreach, nor are they designed with flexibility and adaptability to address social determinants and other barriers for clients.

The project's succession plan aimed to expand and provide comprehensive mental health services at the public housing by continued collaboration with other service providers to develop referral pathways and integrate services across different programs while improving the quality of care.

Overview



Throughout the course of the project, we encountered several challenges, including meeting the high demand for personalized case management and support, engaging with faith leaders, providing adequate resources for mental health training, and developing culturally appropriate family violence support systems that can seamlessly integrate with other services. Despite these obstacles, our unwavering commitment to improving mental health services in the community has yielded significant achievements. We take great pride in our accomplishments and remain steadfast in our mission to create a healthier and more inclusive community.

Some of the notable accomplishments we have achieved include:

- Implementation of three new social engagement activities, currently being led by residents, with great success.
- Collaboration with five local mental health services to enhance referral pathways and cultural competence.
- Provision of short-term case management to 30 clients residing in public housing or transitioning to public housing.
- Conducting community self-care sessions in partnership with Cultivating Community and NRCH events and programs to promote wellness.
- Conducting community information sessions to keep the community informed and empowered.
- Facilitation of 19 successful referrals to mental health and social services.
- Conducting community information sessions to keep the community informed and empowered.
- Facilitation of 19 successful referrals to mental health and social services.
- Distribution of 100 mental health service information booklets in the top eight languages spoken in the area, with ongoing resources available both online and in publication.

- Completion of MHFA training for 24 community leaders and public housing residents.
- Provision of safe tenancy in public housing to five families escaping domestic violence.
- Establishment of a Mental Health First Aid (MHFA) social enterprise to provide sustainable training to the community.
- Conducting 234 mental health conversations with community members to promote awareness and understanding.
- Collection of 167 survey responses from community members to identify barriers to accessing mental health services and preferred methods of self-care.
- Booking of four private courses by DFFH for NRCH to provide culturally responsive MHFA training to their staff.
- Improvement of collaboration within mental health and wellbeing services in Yarra to support the residents of Housing Estate.

These achievements demonstrate our commitment to improving mental health services and our ability to work collaboratively with community partners and stakeholders to achieve our goals. We are confident that our continued efforts will result in a healthier and more resilient community.



Objectives

Objective 1

“Design and implement a sustainable plan for Mental Health First Aid support and training that requires no further funding from Department of Health and Department of Families, Fairness and Housing”.

The promotion of mental health literacy among community members is a vital step in the battle against the stigmatisation of mental health. It is a cause for concern that many community members remain uninformed regarding mental health conditions and have limited knowledge on how to secure support for themselves and others. Our research has identified that inadequate knowledge, cultural norms, and shame are the principal factors contributing to the stigma surrounding mental health, which in turn hampers access to essential support and services. Mental health literacy and education can be effective in tackling these issues.

Outcomes:

We have taken steps to raise awareness about mental health among our staff, stakeholders, and the community. We have developed an in-house training program called Mental Health First Aid (MHFA) that is led by certified instructors who guide productive discussions about mental health. These discussions provide valuable insights on how to support one another and individuals in need. Additionally, we have created a mental health services resource, which has been translated into the eight most commonly spoken languages on the Yarra Housing Estates. The resource has been distributed to over 100 community members.

To expand the program further, we have received a Richmond Precinct Grant to establish an MHFA social enterprise. The enterprise aims to train instructors who can deliver courses in various languages. We have supported two community members to become instructors, and they have commenced delivering courses on their own to generate income. Currently, we are recruiting two more instructors who can speak other prominent languages in the public housing community. Thanks to our work in this area, we now have ten MHFA instructors, three of whom reside in public housing. We have provided training to a total of 24 public housing tenants.

The program has seen a significant increase in community interest over time. Resident participants have recommended the course to others and have had conversations about mental health since completing the course. According to follow-up surveys, 90% of public housing residents reported having more conversations about mental health since completing the course. 80% of residents said they encourage or refer people to access mental health services, and 100% expressed that their confidence increased. All participants indicated that mental health stigma impacts their community, while 90% of them would recommend the course to others. Participants have enrolled in the course to learn more about mental health and mental health problems, to learn how to help themselves and/or others, and to learn how to talk about mental health.

It is worth noting that DFFH North East Metro Area (NEMA) has provided additional funding to roll out the MHFA program to their local workforce, which aligns with their commitment to improving mental health support and access to tenants, supporting the sustainability of the program.

Table 1: As of August 2023

Measure	Count
MHFA inquiries from residents	128
Residents completed MHFA	24
Mental health booklets provided to residents	>100
Paying customers	4 – Full fee \$250 24 – Resident price \$20

Resources developed:

We have created multiple resources to improve accessibility to mental health services in the community. These resources include a booklet translated comprehensively into eight different languages, a poster that features the contact details and names of various mental health services, and a 24-hour helpline that is available in three main languages across the three estates. Additionally, the NRCH Communications team is working on mental health information videos that will be shared on the NRCH website and social media platforms, as well as through the Yarra Mental Health Alliance (YMHA).

These resources are intended to increase awareness and understanding of the available mental health services, making them more accessible to the community. Lack of knowledge and limited access to mental health services can be significant obstacles in accessing adequate support. These resources, available in different languages and formats, aim to address this issue by providing a flexible and user-friendly approach to improving accessibility to mental health services.

Limitations and service gaps:

The Mental Health First Aid (MHFA) course runs for two days, which can pose a challenge for community members with work or childcare commitments. To tackle this issue, we are providing free courses to public housing residents, with a nominal fee of \$20 only to cover the cost of manuals. This approach is made possible by recovering costs from paying customers, which requires promotion and marketing within the sector. We are committed to exploring every option to ensure that our community has equal access to these courses.

Recommendations:

Improving mental health services in the inner northeast region is crucial. To achieve this goal, we recommend allocating funds to promote Mental Health First Aid (MHFA) training to equip the workforce to recognise early signs of mental illness and provide initial assistance to people in crisis. We also suggest extending this training to CALD communities beyond the CoY to increase accessibility and promote mental health awareness. If successfully implemented, the MHFA model can be expanded to have a greater impact.

With Community Connectors no longer available at NRCH, lead agencies on the public housing estate are encouraged to distribute mental health resources in relevant languages and promote the MHFA program. These resources should be available to all new tenants upon residency, and ongoing support and encouragement are necessary to ensure that services in Collingwood and Fitzroy join the YMHA, thereby facilitating progress towards service collaborations.

By adopting these recommendations, mental health services for the priority population groups can be enhanced, improving the quality of care and overall well-being of the community.

Objective 2

“Directly engage with local mental health services to improve referral pathways and access to culturally sensitive services for Yarra Housing Estate communities.”

It is crucial to have a proper understanding of cultural norms and use appropriate language for the effective delivery of healthcare services. Neglecting these aspects can result in negative experiences, which can hinder future engagement with the service. Therefore, culturally appropriate questioning techniques should be employed to ensure effective communication.

Our team responsible for clients who have had negative experiences, identified that the workforce lacked knowledge regarding the trauma experienced by different communities. This was due to a lack of cultural competency and trauma-informed care, and resulted in residents from diverse backgrounds unable to access mental health services when required.

It is essential to acknowledge that many members of the community have a traumatic history. For instance, some individuals have moved from countries that have experienced war, while others have escaped domestic violence. These negative experiences and feelings of insecurity can discourage people from seeking the right help, and this can lead to stigmatising attitudes towards mental health services. Therefore, it is crucial to adopt a trauma-informed care approach to provide effective support to the community. We took great care to ensure that all our client engagements were handled with sensitivity to prevent unintentional re-traumatisation or triggering of community members.

It is essential for service providers to gain a comprehensive understanding of the cultural obstacles that hinder CALD communities from accessing their services. Furthermore, they need to make appropriate modifications in their service delivery and enhance their capacity to mitigate the effects of these barriers.

Outcomes:

Direct Work with Services

Mental health reform initiatives have created new opportunities for partnerships and support for CALD communities. As part of this project, we have developed stronger partnerships with various services, including St. Vincent's - Yarra Mental Health Alliance, STAY, cohealth, MIND, Foundation House, JSS, Launch Housing, DFFH, Salvation Army, Anglicare, MiCare, In Touch, NRCH Counselling and Casework, Yarra Multicultural Services Network, Yarra Youth Services, NRCH Community Empowerment and Development, and NRCH Centre for Culture, Ethnicity, and Health.

Our main goal was to make these services more accessible to the community. We worked closely with these services to redesign referral pathways and increase awareness of available services. We also participated in local events and meetings to create networking opportunities, which resulted in successful referrals across these services. However, we also noticed that some referrals were unsuccessful due to clients feeling re-traumatised, and their needs were not adequately addressed. In such cases, we conveyed this information transparently to the relevant service providers and explained the reasons for the client's reluctance to continue with the service. To address this problem, we recommended trauma-informed training for service providers to help them engage with the community regarding mental health in a culturally safe manner. The Centre for Culture, Ethnicity, and Health, which is a program of NRCH, can provide most of these training sessions.

Our project team acted as intermediaries for organisations, providing guidance to aid clients on a case-by-case basis and sharing knowledge about the cultural perspectives of certain clients to build team capacity. For instance, we provided advice to a child protection team that supported temporary foster care on how to engage in a culturally appropriate manner. We conducted an informal training and discussion session to support health communications and health literacy.

The NRCH is a member of the Yarra Mental Health Alliance, which aims to assist service workers in establishing vital connections and fostering better collaboration on projects and networking. We helped re-engage council and Cohealth representatives in the Alliance. Currently, we are working with other services to publish a mental health directory for Yarra, and the project is underway.

Direct Work with Community Members

The success of our project can be attributed to our team's direct involvement with the community. They were adept at articulating the community's perspectives and fostering relationships, which developed trust, reliability, and engagement among the community members. This encouraged them to reach out to our team more frequently and initiate conversations about mental health.

Our person-centred approach prioritised the unique needs of each individual. We viewed them holistically and granted them agency to organise the support and services they required. This approach, combined with our cultural understanding, had two primary benefits: increased comfort levels in discussing mental health and a better comprehension of mental health and its holistic impacts. Our cultural workers played a pivotal role in sharing their history and lived experiences with the community, resulting in a deeper understanding of mental health and more effective communication.

We provided comprehensive support to the community, including physical and practical needs such as obtaining housing, weather-appropriate clothing, furniture, and appliances. This approach helped to alleviate acute stress burdens and some mental health pressures, fostering trust and enabling individuals to discuss other issues and needs. As a result, we made referrals to clinical services, which had a greater impact on overall mental health outcomes. Our trauma-informed approach was a decisive factor in the success of referral uptake and follow-up, contributing to the program's desired outcomes.

In addition to our support, we advocated for clients' needs with different services and organisations and assisted them in navigating complex systems. This involved a wide range of activities, such as securing housing, obtaining a VISA, accessing services like Centrelink, and finding more suitable housing. Any insecurity in these areas caused significant stress for clients, which had a negative impact on their mental health. Consequently, case management became a larger aspect of the project than anticipated to achieve desired outcomes.

Case Study 1

A family has been homeless for 7 years since arriving in Australia. The mother has a physical disability and daughter has a diagnosed mental illness. Both have been couch surfing between two family members who are living in public housing in Yarra. The homelessness is having a greater impact on the daughter as family believes her condition is worsening because of it. The daughter has been in and out of hospital for the past 3 years, her condition is often triggered by the noise level and drug and alcohol use in the building. She often believes that drug users will come into the house and that the water is being poisoned. The daughter often comes to team members and asks if there is any news about their housing situations as she is currently struggling with not having her own space.

As the physical situation and needs are having such significant impacts on the mental health of the family, the team's first priority was helping the family understand how to navigate the housing application and all the resources (e.g., documentation) they would need to attain secure housing. A key challenge for the family has been system navigation, such as understanding difference between DFFH and Launch Housing. The team also aided the family through advocating for their housing application to be reviewed.

Addressing this need could allow for reduction of the daughter's triggers, increase feelings of safety, and providing more stability, overall providing the opportunity for the daughter to better manage her mental illness. Furthermore, through addressing this need and building trust, an ongoing positive relationship was built with the family, which then led to the family sharing other stressors they were experiencing and gaining further referrals.

We encountered significant challenges concerning housing insecurity and inadequate/appropriate housing. These difficulties had an adverse impact on mental health, causing stress and exacerbating pre-existing mental health issues. Oftentimes, individuals were without shelter for extended periods due to slow or unresponsive services and a lack of guidance on navigating the housing system effectively.

To address these issues, we provided extensive support to families to help them find the best possible housing solutions. As a result, many families were able to secure appropriate and secure housing. The effectiveness of our team's shared cultural background allowed us to engage in mental health conversations with the community in a non-offensive and non-alienating manner.

It is critical to consider individuals' history and the stigma associated with mental health. Some individuals may associate seeking help with being "forced to take medications," being "locked up," or even having their "children taken away". Therefore, it is essential for the team and service providers to have an understanding and knowledge of people's history and stigma to avoid misconceptions and encourage open communication about mental health.

Case Study 2

A Community member reached out to team after suicide at building 139. This community member had rejected support and help from another organisation because she states they made her feel "weak". The organisation had used language such as "poor you" etc. This was taken as condescending and belittling, offending the community member and had them reject all future attempts of contact. The community member reached out to the Yarra Housing Estate Mental Health team and told them about the situation.

Through the teams understanding of cultural differences and importance of language use and proper communication they were able to build a relationship with this community member that allowed them to feel safe enough to share they struggles they were having after the suicide and accept the support offered by the team. The community member then was able to openly talk about how the incident has affected them emotionally, saying "I can't sleep at night, I always hear him screaming".

The client was eventually linked to STAY, who advocated for her to be transferred to another building following her neighbour's suicide. STAY also made attempts to link her to other services.

We examined the current mental health services landscape and identified several inadequacies, among which is the dearth of cultural understanding among service providers. Our analysis reveals that cultural knowledge and understanding are essential for service providers to gain better comprehension of the barriers an individual faces, including stigma, and engage effectively in mental health conversations. The use of appropriate language is crucial in achieving this goal. Our team has acknowledged the importance of addressing these issues without being pushy and has developed the skill of posing the right questions to build relationships and address needs effectively. Even through an interpreter if necessary, our shared culture and experiences enable us to know what questions to ask and how to approach conversations.

Another area of inadequacy in the current services is the lack of all-encompassing, person-centred support. Some services may focus solely on one aspect of a client's needs, such as finding them housing, without supporting them in other areas, such as getting furniture or enrolling their children in schools. This can cause confusion and stress for families without proper guidance. However, our team can provide support and advocacy for clients in all their needs as long as the person articulates their needs in a language they feel comfortable with and has confidence that the worker has a good understanding of their cultural background and migration journey.

We also identified a significant need for support for women escaping family violence. In 2023, our team received seven referrals of women escaping family violence who required assistance. Five of these women were homeless and came from other states, seeking tenancy in public housing. The clients were predominantly engaged with Launch Housing services and either self-referred or referred each other to the mental health team at NRCH after learning of its existence. Many of the women had experienced trauma and acute emotional stress due to the family violence and homelessness. The lack of integration of services is evident, and we are working to bridge this gap.

Case Study 3 - Family Violence Cases

In the beginning of the year, we received a family violence referral from the NRCH community nurse. There was a language barrier for the nurse who couldn't fully understand her so referred to the teams Somali Health and Wellbeing Officer. The woman escaped from interstate due to ongoing violence from her ex-husband, she requested support with finding housing, school enrolments, settling in Melbourne and case management. We provided support by referring her to our family violence counselling caseworker, salvation army financial support, ongoing emotional support, and advocacy. Several weeks later it appeared that they were more family violence cases accessing Launch Housing as their first point of contact with local services. Half were already linked to InTouch family violence services, however there was a gap in service access as InTouch do not do outreach support. All the women were eligible for other supports that they were not aware of.

The successes:

- We learnt how their experiences impacted on their mental health and wellbeing.
- Advocated for 5 women to become Yarra Public Housing tenants after they were nearly homeless with no place to go. They have settled with their children, and we can visibly see that most of their stress has decreased.
- They are calling us less and reaching out to each other for peer support, advice, and help.
- The women are sharing information of different welfare services with each other.
- Most of the women have learnt how to make a first step to get initial support, mostly from a community worker who speaks their language.

What are the challenges:

- These women really don't understand system navigation/waiting times and just research online and see that they will be prioritised if they escape domestic violence, however the majority have found that this is not the case.
- Two women with their children were nearly homeless after declining a private rental offer. They were overwhelmed and stressed about the possibility of not being able to afford it and making end meets for their children. Some of the women never rented privately in their life or managed finance as their ex-partner controlled the finances, therefore it created high anxiety.

- When one family receives public housing and not another, it can make others in similar situation, who are still waiting, feel further rejection and confusion around their application.
- There is a lack of bi-cultural staff at housing services and other emergency services who speak common languages on the Yarra Housing Estates. This created a lot of miscommunications, even when they utilise interpreters.
- The rejection and pressure to fit into existing emergency service systems that do not suit them can re-traumatise clients and increase mental health stress and illness.

Consumer feedback and consultations:

Over a period of two years, our project conducted a survey of 167 members of the community. The aim of the survey was to identify the obstacles that prevent people from accessing mental health services, such as stigma, and to determine the preferred methods of self-care (Appendix 6).

We shared this data and information with other professionals and organizations in the sector to increase awareness and promote collaboration. Our goal is to enhance the capacity of both services and the community to overcome these barriers and develop effective service delivery models. As a result, a group of service providers from the YMHA have convened several times to discuss the best approach to tackling these barriers within the group's available resources. They decided to develop a mental health service directory, which will provide accurate and translated service information in a culturally appropriate manner for both service providers and the community. Ideally, the directory will be published through the CoY and maintained by the YMHA. This is an ongoing initiative, and we are committed to making mental health services more accessible and effective for everyone in the community

Limitations and service gaps

Our team that provided assistance to women who have escaped domestic violence facing a significant challenge in handling the overwhelming number of cases that require attention. As a result, the team has had to allocate more time than expected to individual client support and developing strong referral pathways. However, the team has encountered limitations and service gaps, including the lack of bicultural workers and community advisory groups, as well as the absence of trauma-informed care approaches across services.

The program's primary constraint has been the shortage of personnel, with only one full-time and two part-time staff members. In crisis situations, the team has provided two to four hours of dedicated support, including emotional and practical assistance, to meet clients' immediate needs. Unfortunately, when the program ends, there will be a significant gap in support as no other organisation has been identified to provide this kind of assistance.

Another critical gap that will emerge at the program's conclusion is the loss of community connectors. Community connectors are members of the community who share cultural and lived experience backgrounds and identities. They have established relationships and trust with the community throughout the program. However, there is currently no plan in place to address this gap. Community members are concerned about the program's future without community connectors.

Recommendations

To foster trust and cultural understanding, it is crucial to engage directly with the community, encourage meaningful conversations, information sharing, and help-seeking behavior. Our project team has made the following recommendations to achieve this goal:

1. Hire staff who have lived experiences of seeking refuge, live within the target communities, or have cultural connections to the community, as this can establish rapport and promote mutual understanding.
2. Encourage community participation in service planning and delivery through client advisory committees and resident voice groups. This approach can provide a platform for meaningful contributions and ensure that the needs and priorities of the community are heard and addressed.
3. Prioritize outreach efforts within mental health service teams to build trusting relationships with the community, thereby improving service access and delivery.

Additionally, our team suggests developing long-term strategies to foster respect and trust with CALD communities, particularly those who are most disengaged. To achieve this goal, the DFFH may consider providing accurate information about the housing application process and available support to people experiencing homelessness or family violence. Furthermore, offering cultural competency, health literacy, and trauma-informed care training packages to staff and hiring a project person within the DFFH office to identify opportunities to engage tenants in services and improve cultural competency across the department, in consultation with community and existing services, can also help.

Objective 3

“Incorporate and join with initiatives in place supporting residents in social recovery including health and wellbeing and other mental health reforms”.

Following community consultations and analysis of feedback from the Mental Health & Wellbeing Survey, we introduced a diverse range of activities to support the community. These activities helped establish a sense of community, strengthened connections, skills, and confidence, and fostered social inclusion for community members. The initiative was responsive to community needs by providing activities that were requested by the community, which made them effective.

Physical activity has been proven to have a wide range of benefits for mental health, not only in terms of physical health but also in building strength and confidence. Participants in the exercise group reported a reduction in physical pain, which is a significant burden on mental health. These activities also provide structure to the days of individuals who are not currently employed.

Participation in these activities also provided the team with an opportunity to connect with community members and engage in conversations regarding mental health needs or any other concerns that the team may assist with. This increased accessibility of the team can make seeking assistance easier.

To ensure sustainability, all activities were developed and launched in partnership with community members. The intention is to continue these activities as resident-led initiatives that could be funded through CoY small project grants. The team worked with community members to develop capacity for group facilitation, grant applications, and budgeting.

The activities introduced included:

United Cooking Group

We established a cooking group to enable community members to prepare dishes reflective of their cultural heritage on a weekly basis. This initiative presents an opportunity for participants to expand their culinary knowledge, refine their cooking skills, and network with individuals from diverse cultures.

Funding for this project has been secured through the CoY annual grants, ensuring its continuation until 2024. We facilitated the creation of a detailed schedule, allowing each resident to host a session once per term, complemented by the support of a volunteer. This approach ensures that participation is evenly distributed, promoting inclusivity and cultural exchange.



Collingwood Women Exercise Group

We conducted a slow beginner exercise group every week for 20 women across 3 school terms.

However, the volunteer providing these sessions had to stop due to capacity issues and the needs of the participants exceeding her expertise. To overcome this, we collaborated with cohealth Bicultural Program to conduct 10 trial sessions with a certified culturally safe instructor. The women thoroughly enjoyed the sessions and learned how exercise could help them manage stress and physical tensions. Despite being new to exercise, the majority of them expressed a keen interest in continuing. Over time, they improved from just 5-minute sessions to being able to complete 40 minutes. All the participants reported significant improvements in their physical health, reduction in pain, and better sleep quality. To continue with this program, additional funding was secured, and a Rec Link female trainer was appointed to conduct weekly sessions. cohealth helped them secure a CoY annual grant to support 40 weeks of sessions with the same certified instructor next year. However, for the next 6 months, cohealth is looking to find the budget to continue supporting the program.

Yoga

We organised this activity in response to 10 requests from the residents of Yarra. We provided a total of 45 sessions, funded by cohealth Bicultural Program, from June 22 to June 23. During these sessions, 15 women actively participated. The primary objective of the project was to help community members develop relaxation techniques and strength. However, due to low attendance in 2023, the project will no longer continue.

Get Active

We started a program to encourage children to participate in physical activities, but as we had limited staff and volunteers, we had to discontinue it. However, we were able to have 234 mental health conversations with members of our community. In these conversations, we successfully raised awareness about mental health issues and worked towards reducing the stigma surrounding it. We provided education and resources about mental health and encouraged people to discuss their concerns with friends and family to help start conversations and reduce the stigma surrounding mental health.



Limitations and service gaps

After the completion of the project, it was observed that there was a lack of support for community members who wanted to apply for local grants to sustain community-led initiatives and groups. This deficiency was particularly noticeable in the Collingwood and Richmond areas, where the Community Connector programs have been discontinued. Additionally, it's important to note that the grants are only available in English and information sessions related to the grant application process are conducted solely in the same language. This creates a language barrier for non-English speaking community members, which hinders their ability to participate and engage in the grant application process. Therefore, there is a need for the development of multilingual resources and support services to ensure equal access to grant opportunities.

Recommendations

As part of our efforts to promote social inclusion and strengthen community bonds, we gave top priority to referring community members to our Social Inclusion Program and NRCH Social Prescribing Program. These programs were designed to meet the diverse needs of community members, offering group or one-on-one engagement as required. The programs have proven to be successful and will continue to operate beyond the duration of this project.

It is recommended that DFFH and STAY continue to facilitate referrals to these programs. Additionally, DFFH's support for community hubs, kitchens, and other social spaces has made a significant impact on the community. Therefore, it is recommended that this support continue and be extended to Collingwood and Fitzroy.

Furthermore, we suggest providing more assistance to residents who require help in applying for community grants in their native language. Ideally, this assistance should be provided in collaboration with the CoY.

Succession Plan

We are committed to providing assistance and support to our clients. To ensure we meet their unique needs, we regularly conduct comprehensive surveys and referred them to services that prioritise a holistic, person-centred, and trauma-informed approach for optimal mental health outcomes.

Our current focus is on exploring various funding options to support a family violence advocacy worker with cultural and language links to the estates. This worker will collaborate with STAY, DFFH, and other relevant local services to provide much-needed support to those who need it the most.

Furthermore, we are keen on supporting the development and publication of an all-inclusive and comprehensive mental health service directory. This directory will be maintained through our partnership with the CoY, thereby making it easier for our clients to access the services they desire.

In a bid to improve the accessibility of our services and supports, we have initiated close collaborations with other local services. We have endeavored to enhance our pathways to reach out to clients who are difficult to contact, improve the timing and efficiency of interpreter services to facilitate communication with our clients, and provide more accurate information about wait times and expected call backs. Additionally, we have linked several service providers with local groups and services and communicated referral pathways to improve services.

We are also promoting CEH training for mental health and related services aimed at increasing the capacity and capability to work with CALD community members in Yarra. Our goal is to secure funding for MHFA training and create a social enterprise that is supported by our healthy communities' program.

Finally, we have shared the success stories of community members who have benefited from our project with stakeholders. This approach will help support recommendations and provide insight into the needs of the community and service gaps for future collaborations.

Appendices

See attached web links for easy viewing:

1. [Program logic](#)
2. [Mental Health Help and Support Booklet – 8 languages](#)
3. [MHFA feedback survey results](#)
4. [Mental Health Services poster](#)
5. [24/7 Helplines – 3 languages](#)
6. [Self-Care and Support Survey results](#)
7. [Daily log questions](#)