

WHGNE community conversations - Wellbeing in Victoria: A Plan to Promote Good Mental Health

In November 2022, the Victorian Government invited community members and organisations across the state to share their priorities in mental health and wellbeing, to enable the Department of Health to develop Victoria's first ever Wellbeing Plan.

This plan would aim to promote optimal mental health for all Victorians, across all facets of life and society.

Recognising the importance of applying an intersectional lens to mental health, as well as how critical it was that regional and rural experiences of mental health and wellbeing were reflected in state policy and decision-making, the Women's Health Goulburn North East team embarked upon a series of community conversations across the region to understand how diverse people thought about and experienced mental wellbeing. These community comments and ideas were collated and submitted to the Department of Health to support the creation of the Wellbeing Plan.

WHGNE set up conversation drop-in points at public libraries in Wangaratta, Yackandandah, Benalla and Cobram, asking community members:

- What do you think about when you think of mental health and wellbeing?
- What sorts of things help you maintain your mental wellbeing?
- What do you think are the main contributors to poor mental wellbeing?
- What does the future of mental wellbeing look like for your community?

What were the main themes coming out of the conversations?

The main themes to come out of the workshops we hosted across five communities were:

Connection – the importance of regular and strong connections with supportive, non-judgmental people

Humanism - the beneficial elements of being able to embrace and express our common humanity – equity, mutual respect, purpose in life, introspection and reflection, safety and security, validation from others, interdependency and caring for each other, humour, honesty

Economics - financial security and 'sufficiency' as a prerequisite for mental wellbeing

Equity - the importance of removing structural barriers and discriminations in society and in our systems, to create structures, services that are equitable, people-centred, strengths-based, inclusive

Time – time for self, time for others, time to establish connections, to listen and to be listened to is important, and sadly lacking in so many people's lives

How does your community talk about mental wellbeing?

In our conversations with community, there were mixed feelings about using the words “mental wellbeing.” Overall, there was some uncertainty about what “mental wellbeing” actually meant, because people were more used to hearing/using the terms “mental health” or “mental illness”.

That said, some people felt that “mental wellbeing” was a good way of talking about mental health because of its more “holistic” and non-clinical overtones. For others, the word “wellbeing” really resonated for them, but there was discomfort associated with its pairing with “mental” - perhaps due to residual shame or stigma associated with talking about what can feel to many people like a very personal issue.

Others still felt that the closeness of the word “wellbeing” with “wellness” perhaps felt like a sugar-coating of issues around mental health, and this trivialised just how traumatic and debilitating mental health issues can be for many people.

There was a sense that “mental wellbeing” reflected a certain culture’s way of talking about, or compartmentalising people’s experiences, and perhaps wasn’t universally understood, and that some cultures didn’t see mental wellbeing as significant, others attached stigma and shame to it.

In speaking about mental wellbeing, many people used the words “happiness”, “contentment”, “connection”. It was interesting that most people talk about mental wellbeing and mental health in a social or cultural context, rather than a medical one. For many people, it was strongly connected to what we would describe as the “social determinants of health” - secure and appropriate housing, a basic living wage, educational opportunity, opportunity to participate in society/community.

What are the things that help your community to maintain their mental wellbeing?

Our conversations with community members demonstrated that for an overwhelming number of people, strong, meaningful social connections were the biggest contributor to mental wellbeing. Many people noted that smaller, regional/rural communities seemed to foster these strong connections and that they came in two forms – via incidental interactions with people living nearby (ie. running into people in the street, talking over the back fence/in the neighbourhood), or via organised activities such as children’s storytime at the library, book clubs, yoga, men’s/women’s shed activities, sporting activities etc.

Many people mentioned that free or low-cost activities were particularly important to ensuring that people from all walks of life could participate – fees or costs were barriers for many people from lower income brackets.

Some people specifically mentioned the importance of safe spaces – that is, spaces that were actively welcoming and safe for LGBTIQ+ people, for instance – and spaces where they could gather and talk with people of similar age, interest or life circumstance.

Others mentioned how important it was to be able to satisfy their basic needs, as a cornerstone of supporting them to achieve and maintain mental wellbeing – that is, having a stable, basic living wage; adequate, affordable and socially connected housing; sufficient and healthy food; access to and choice in educational and employment opportunities; time to spend with family, friends, community and to pursue things that made life fulfilling for them; and adequate sleep/rest. Beyond this, feeling valued, validated, and purposeful in life and community was something that many people reported as being critical to their mental wellbeing.

Access to nature – and sufficient time to spend in nature – was something that featured strongly in conversations, also. Many people mentioned that having easy access to green space, parks, walking trails, sunshine, fresh air and quiet supported their mental wellbeing.

Finally, access to services such as counselling (whether in-person, online or via the phone), funded mental health workers in even the smallest communities, GPs who were willing and able to spend time supporting people to create mental health plans, and holistic services that went beyond medical models of mental health and were holistic and humanistic were important. Services not typically considered to be “mental health-related”, like Meals on Wheels, library outreach services, council-provided home and garden maintenance services were seen as offering important social supports for many older and housebound people in regional and rural communities. Meanwhile, infrastructure like free WIFI, as offered through libraries, and the support to learn how to use it was mentioned as providing some people with the opportunity to access mental wellbeing supports that would not otherwise have been available in regional/rural communities.

What does your community see as the main contributors to poor mental wellbeing?

Many people cited societal pressure, in one form or another, as contributing to their experiences of poor mental wellbeing. This included the pressure to conform to social expectations around gender binaries and stereotypes, status and wealth, working (or non-working) status, body image, stereotypes associated with age. The discrimination, stigma, shame and embarrassment that some people reported feeling as a result of not conforming to, or being able to live up to, these expectations was reported as being a significant driver of poor mental wellbeing.

On a practical note, bureaucratic and administrative difficulties, inconsistencies and structural barriers implicit in existing mental wellbeing systems were, themselves, contributors to poor mental wellbeing for some people we talked with. Many people spoke of feeling as though they were being put through “tick-box exercises” when they sought support, as though bureaucracies associated with seeking mental health support were traumatising in and of themselves, and that services were not able to allocate adequate time or resources to making support feel as though it was person-centred. Some talked about

awareness raising events such as R U Okay? Day feeling tokenistic and being an inadequate way for communities to meaningfully support better mental wellbeing.

Floods, bushfire and pandemic were very much in people's minds as we had these conversations and were mentioned as significant contributors to poor mental wellbeing, whether due to forced isolation stemming from lockdowns, or evacuation experiences and lack of adequate evacuation support during natural disasters.

Technology, screen addictions and the way that increased reliance on digital technology seems to cultivates an aversion (among some) to face-to-face interactions were also cited as contributors to poor mental wellbeing. This was a particular concern of parents, with one parent in particular noting that, social media gave their child "a whole world to compare themselves to" and that this was harmful because their child "hadn't had time to establish their ego before the influences of social media made them question it."

What does the future of mental wellbeing look like for your community?

The future of mental wellbeing in our regional and rural communities depends upon all people having equitable access to the basics of life, without discrimination, judgment, burdensome social expectations or systemic barriers. These include appropriate and affordable housing, educational opportunities, a basic living wage and adequate economic resources that are shared without the intervention of coercive bureaucracies or punitive cultural norms, reliable and connected public transport, supportive social connections. These must be recognised as being the bare minimum that people are entitled to, to facilitate their participation in community in an accessible and inclusive way.

Future mental wellbeing looks like an economic system that does not drain people of time and energy through over-work, and that recognises the importance of people having decent amounts of time away from work to cultivate social connections, to spend time listening and being listened to, to rest and to do things that are fulfilling in their lives.

It looks like the de-stigmatisation of poor mental health, and an understanding of poor mental health as a commonly shared experience that can be addressed with the right, place-based, person-centred support. For our regional and rural communities, these supports might include networks of human rights-centred, non-clinical mental wellbeing support services that are universally accessible to people when and how they need them. This might include a paid mental health workforce in even the smallest of communities, accessible and safe community spaces where people can gather and find someone to talk to when they need help. It might include services like Meals on Wheels, that are boosted and supported to offer greater service and time to older and housebound people, in recognition of the vital social connections they provide.

It also looks like access to natural spaces where people can spend quiet time and can get away from the influences of screens and technology when they want and need to.

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Goulburn North East