



COMMUNITY REPORT

MACEDON RANGES

ACDC SURVEY DATA

Collected: 4 October 2021 - 16 February 2022

Published: April, 2022

BACKGROUND

Assisting Communities through Direct Connection (ACDC) is a project of Community Mental Health Australia (www.cmha.org.au). The ACDC project offers an innovative, proactive outreach approach to linking people with services and assessing community needs. Rather than waiting for people to present to services and ask for help, the ACDC project reaches people by knocking on the doors of householders and offering information about supports and services.

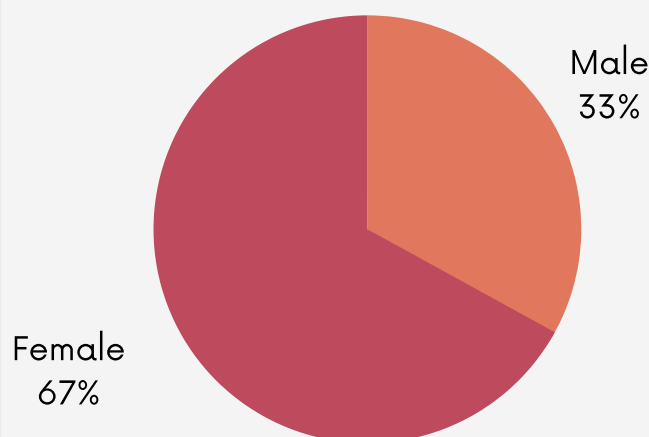
Macedon Ranges was one of at least 20 sites across Australia visited by People Connectors (trained staff knocking on the doors of householders). The ACDC project partnered with HMS Collective, a local wellbeing service provider, to deliver this door-knocking initiative in Macedon Ranges. **1600** doors were knocked on by the People Connectors and **665** people engaged with a People Connector.

The following statistics reflect findings from the group of people who answered the survey. While the evidence presented is not necessarily representative of the Macedon Ranges population, given the door-to-door method of collecting these data, it does provide rich insights into mental health needs and access to services in the area. A more detailed analysis of the data and impact of the ACDC project will be available later in 2022. Visit acdc.org.au to sign up for updates.

330 HOUSEHOLDERS RESPONDED TO THE SURVEY

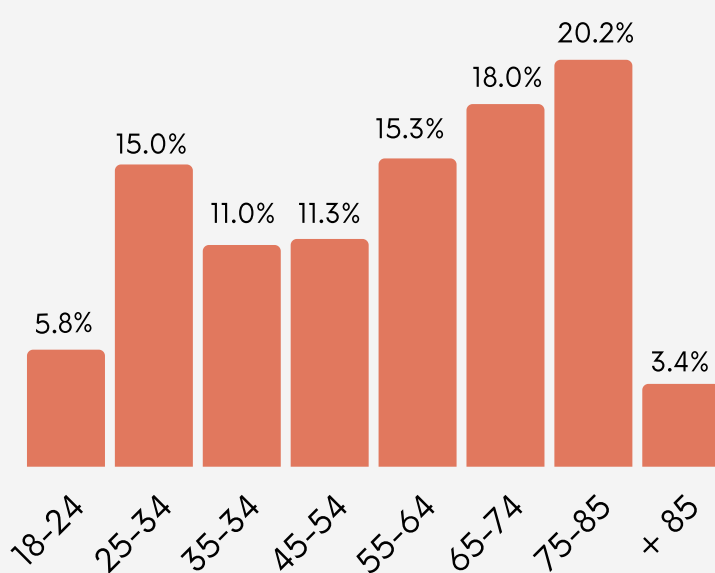
WHO ANSWERED THE SURVEY

GENDER



1.2% OF RESPONDENTS IDENTIFIED AS BEING ABORIGINAL AND/OR TORRES STRAIT ISLANDER

AGE GROUP



14% OF RESPONDENTS WERE BORN OUTSIDE OF AUSTRALIA

ALL SURVEY RESPONDENTS SAID THEY USUALLY SPEAK ENGLISH AT HOME

"[It's important] not to make blanket assumptions about people...the fact that until you knock and find out, and you let people talk and listen, you'll never know. And they might not have had the opportunity to do that until now."

- People Connector



HMS COLLECTIVE
DISABILITY ~ AGED CARE ~ HELP
Support when you need it



CENTRE for SOCIAL IMPACT



Funded by the Australian Government Department of Social Services

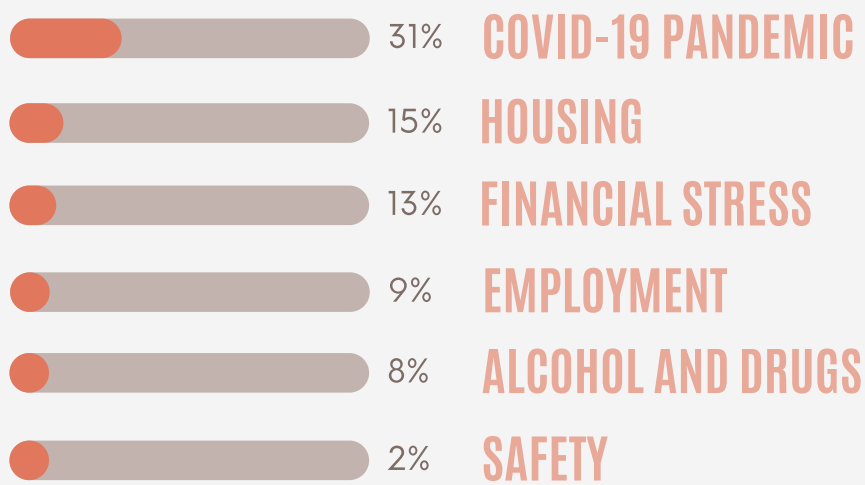
Suggested citation: Hooper, Yasmine., Kaleveld, Lisette., & Flatau, Paul. (2022). Community Report on the Assisting Communities through Direct Connection Survey Data: Macedon Ranges. Centre for Social Impact, University of Western Australia, University of New South Wales and Swinburne University of Technology.

HOUSEHOLDER CONCERNS

We know that mental health is shaped to a great extent by the social, economic, and physical environments in which people live. This section looks at some of the social determinants of mental health outcomes identified by the Macedon Ranges respondents.

LOCAL COMMUNITY CHALLENGES

PERCENTAGE OF HOUSEHOLDERS WHO PERCEIVED THE FOLLOWING ISSUES AS A LARGE PROBLEM OR CHALLENGE FOR PEOPLE IN THEIR LOCAL COMMUNITY:

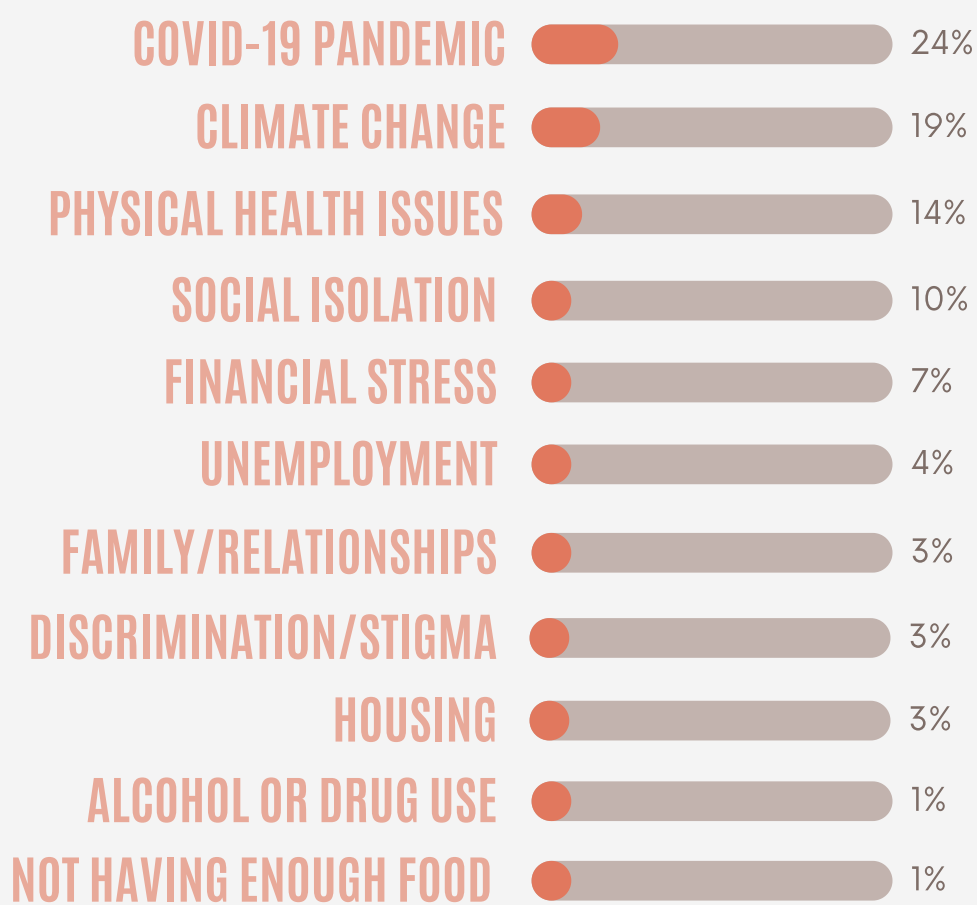


"Not having services for kids impacts mental health and wellbeing - [there is] need for a local community bus, especially to get kids to primary school, otherwise they are walking 2-3km in the rain."

– Householder

INDIVIDUAL CHALLENGES

PERCENTAGE OF HOUSEHOLDERS WHO PERCEIVED THE FOLLOWING ISSUES AS A LARGE PROBLEM OR CHALLENGE IN THEIR OWN LIVES:



"There is a lack of services for mental health. [I'm] suicidal, living with anorexia in Macedon Ranges. Not able to see someone consistently [due to] COVID and being separated from family."

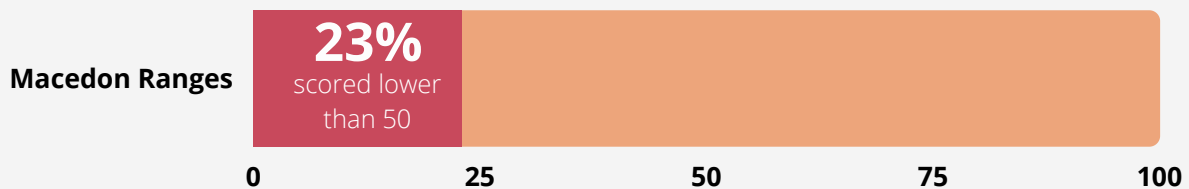
– Householder

MENTAL HEALTH

Mental health relates to social and emotional wellbeing. Positive mental health allows people to appreciate their full potential and cope with stressors. This section outlines peoples' self-reported mental health. Clinical measures (as presented below in the WHO-5 and K10) focus on signs and symptoms. However, we acknowledge that mental health, wellbeing and personal recovery is much broader and is about leading a good life.

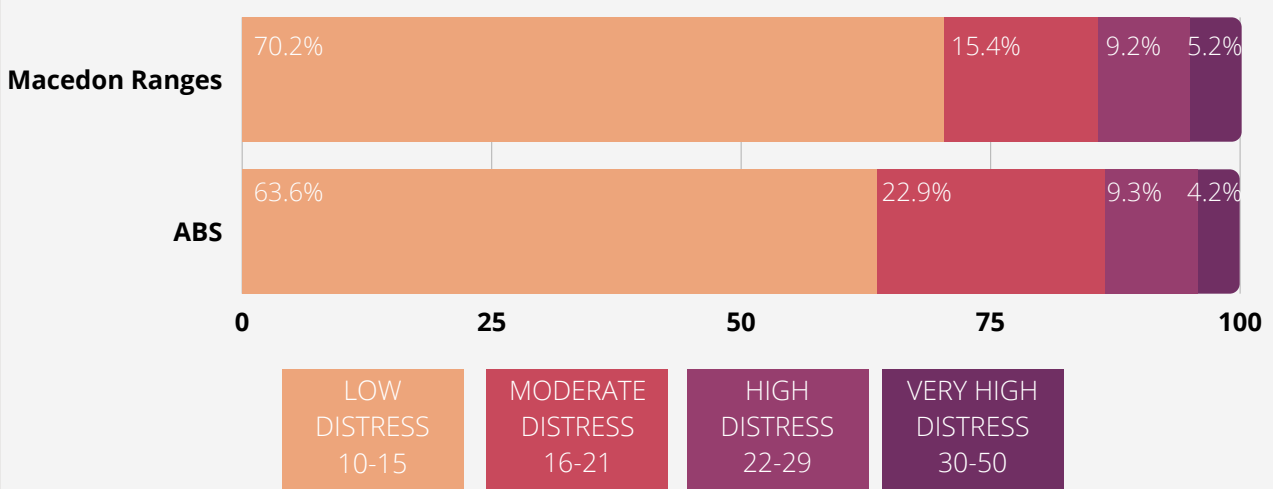
WELLBEING

The **World Health Organisation Wellbeing Index (WHO-5)** is a short self-report measure of current mental wellbeing. This subjective quality of life measure is based on positive mood, vitality, and general interest in life. A higher score indicates better wellbeing. The WHO-5 has been found to have adequate validity in screening for depression. Scores lower than 50 are indicative of possible depression, where further assessment with clinical measures may be required.



PSYCHOLOGICAL DISTRESS

The **Kessler Psychological Distress Scale (K10)** is widely used as a measure of psychological distress from Low to Very high, based on a score from 10 to 50. The following Figure compares aggregated K10 data from Macedon Ranges respondents to data from the Australian Bureau of Statistics (ABS) National Health and Wellbeing Survey 2017-18 (normative data, or norms).

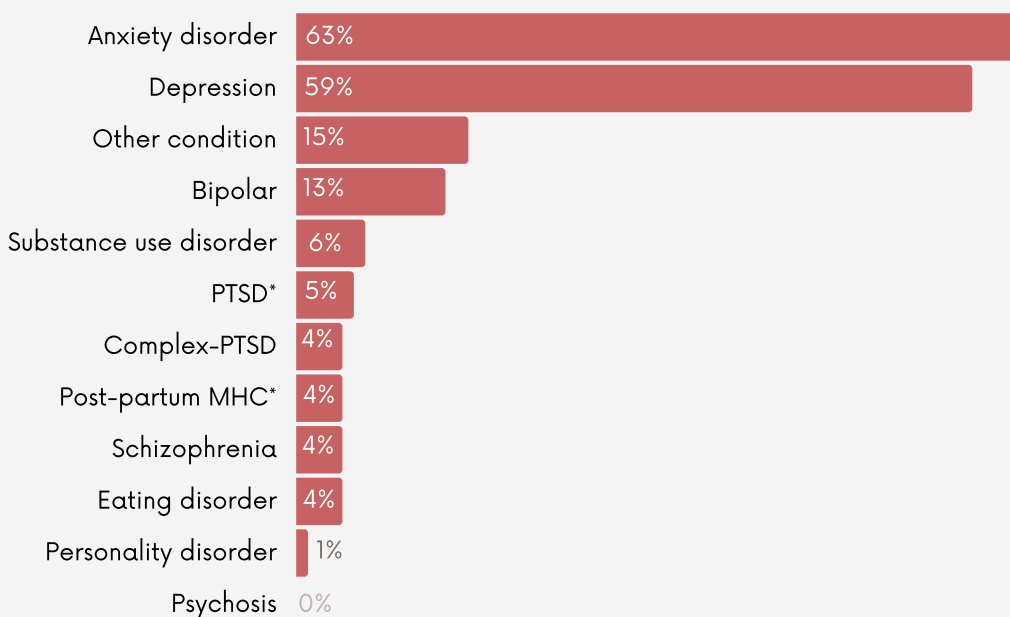


MENTAL HEALTH ISSUES

25% OF HOUSEHOLDERS SAID THEY CURRENTLY HAD, OR WERE LIVING WITH, MENTAL HEALTH ISSUES. MOST OF THESE PEOPLE (71%) REPORTED THAT THEY HAD RECEIVED A FORMAL DIAGNOSIS OF A MENTAL HEALTH CONDITION.

Individuals may seek a clinical diagnosis, or identify with certain mental health conditions. For some, a diagnosis can be useful and meaningful; for others, they may prefer to avoid diagnostic labels, although still may identify as living with a mental health condition. Individuals do not need a diagnosis to validate their struggles, or suffering.

RESPONDENTS WHO REPORTED HAVING OR LIVING WITH MENTAL HEALTH ISSUES IDENTIFIED WITH THE FOLLOWING MENTAL HEALTH CONDITION(S):



Multiple responses permitted; PTSD = post-traumatic stress disorder; MHC = mental health condition

SUPPORT NEEDS

Many people, regardless of whether they have a mental health condition or not, may want (or need) to seek mental health care. However, there can also be barriers to accessing these supports. Mental health and wellbeing supports and services are increasingly available online, but these are only an option for people and households that have the available and suitable digital infrastructure.

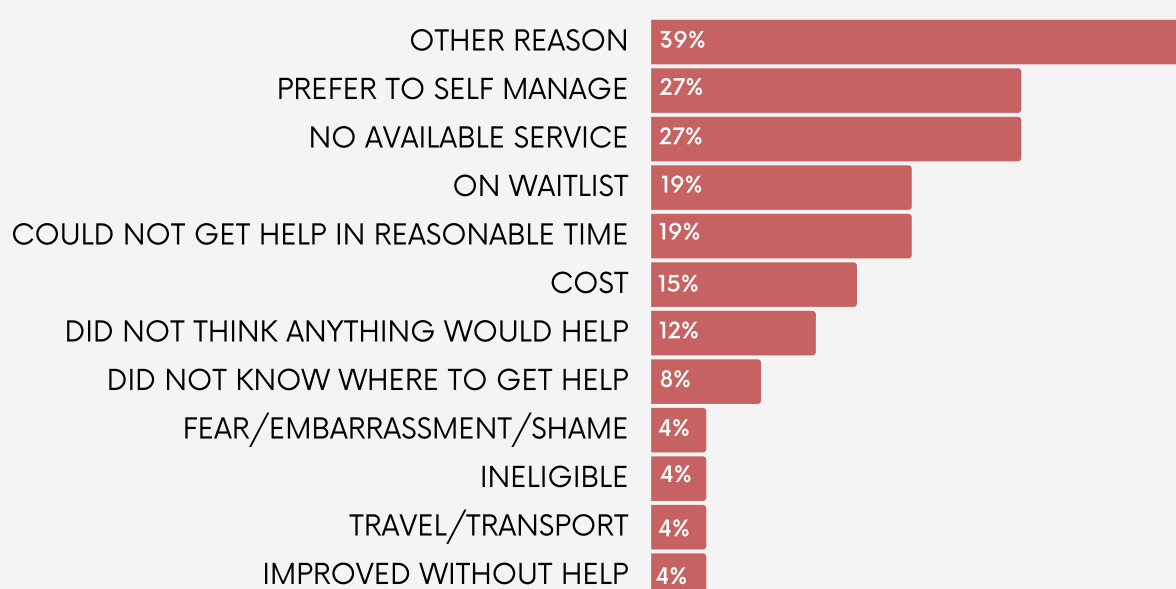
30% OF ALL HOUSEHOLDERS INDICATED THEY HAD WANTED TO SEEK HELP FOR THEIR MENTAL HEALTH IN THE PAST 12 MONTHS*

27% OF THESE HOUSEHOLDERS SAID THEY DID NOT GET THE HELP THEY NEEDED

*We asked respondents, 'In the past 12 months, was there a time when you wanted to talk with someone, or seek help about, stress, depression, or problems with emotions?'

BARRIERS TO HELP-SEEKING

REASONS FOR HOUSEHOLDERS NOT RECEIVING HELP FOR MENTAL HEALTH INCLUDED*:

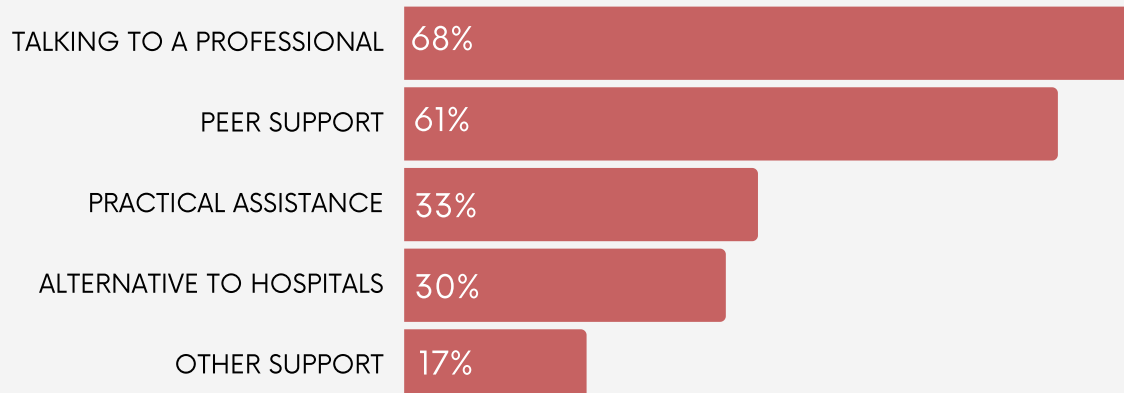


*Multiple responses permitted; refers to the householders who wanted to seek help for their mental health but did not get the help they needed

ADDITIONAL SUPPORT

21% OF ALL HOUSEHOLDERS FELT THEY WOULD BENEFIT FROM MORE SUPPORT FOR THEIR MENTAL HEALTH AND WELLBEING

PREFERENCE FOR ADDITIONAL SUPPORT(S) INCLUDED*:



*Multiple responses permitted

60% OF RESPONDENTS IN HIGH OR VERY HIGH PSYCHOLOGICAL DISTRESS FELT THEY WOULD BENEFIT FROM MORE SUPPORT FOR THEIR MENTAL HEALTH

DIGITAL INFRASTRUCTURE

10% DO NOT HAVE ACCESS TO A COMPUTER OR OTHER DEVICE

DO NOT HAVE ACCESS TO A MOBILE PHONE **20%**

11% DO NOT HAVE CONSISTENT ACCESS TO INTERNET WITH SUFFICIENT SPEED AND DATA

DO NOT ALWAYS HAVE A PRIVATE SPACE TO SPEAK TO SOMEONE ONLINE ABOUT THEIR MENTAL HEALTH **30%**