Mental Health Commission of New South Wales

Building Community Resilience and Wellbeing Report

Associate Professor Lindsay Oades

Director, Australian Institute of Business Wellbeing, The University of Wollongong

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Report on Building Community Resilience and Wellbeing

Background

Within the Strategic plan for mental health in NSW by the NSW Mental Health Commission, the 'Building Community Resilience and Wellbeing' journey represents one of eight population focused journeys through mental health and mental ill health. If we can prevent mental ill health and promote good mental health, the benefits will flow not just to individuals but across the whole community. Resilience is relevant to all people at any stage in their life and at all times before, during and after the onset of mental ill health. It is about wellbeing for the entire population—people of all ages who are currently well, at risk of or experiencing mental ill health.

Building Community Resilience is consistent with the NSW State Plan 2021 and in particular the goal to keep people healthy and out of hospital and improve mental health outcomes. At the service and illness prevention level, this goal requires us to focus our efforts in prevention and early intervention in the community and shift treatment away from hospital emergency departments. This journey is about equipping both individuals and the community to take action reduce the impact of mental ill health and through this, address the stigma still associated with mental ill health. The transformation needed however goes much broader, adding a whole of community responsibility, and including wellbeing of all the population. Moreover, the focus on resilience in NSW will interface with approaches that seek to prevent and manage natural disasters and adversity including flood, drought and bushfire.

Castleden, McKee et al. (2011) provided a systematic review of literature on the concept of resilience identifies three streams of literature; community resilience, disaster resilience and social ecological resilience. Community and disaster resilience relate to the community's capacity to resist and recover from a disturbance, while the social-ecological interpretation stresses the importance of thresholds in a society's capacity to adapt to crises.

Nagis (2010) defines community resilience as the existence, development and engagement of community resources by community members to thrive in an environment characterized by change, uncertainty and unpredictability. Ahmed et al (2004) more specifically defined community resilience as those features of a community that in general promote the safety of its residents and serve as a specific buffer against injury and violence risks, and more generally, adversity. They identify key dimensions to conceptualise and to measure community resilience: employment-seeking behavior; the ability to protect households physically; community networks and relationships; the presence of community structures and leadership; knowledge of the treatment of injuries; and hope and the ability to persevere in spite of adversity

There is now strong evidence for effective actions people and communities can take to promote mental health and wellbeing. According to the Mental wellbeing checklist from South London and Maudsley, the over-arching protective factors for mental wellbeing are enhancing control, increasing resilience and community assets, facilitating participation and promoting inclusion.

Many wider determinants of mental health are located within social and economic domains and include:

- social inclusion and access to supportive social networks;
- stable and supportive family, social and community environments;
- access to a variety of activities;
- having a valued social position;
- physical and psychological security;
- opportunity for self-determination and control of one's life; and
- access to meaningful employment, education, income and housing.

At the individual level there is burgeoning theory and evidence within the science of wellbeing. This is described here in some detail as it is the very conceptualisation and language that underpins the first recommendation- that is, it is hard to develop systems promoting wellbeing if people do not know what it is. Starting with wellbeing, short term or hedonic wellbeing, often measured through Subjective Wellbeing is one type of wellbeing. This is derived from the Bentham philosophy of utility, related to *maximizing pleasure and minimizing pain*, which is what the hedonist does, hence the term hedonic wellbeing. This is the type of wellbeing most closely related to the lay notion of happiness. Sustainable wellbeing or eudaimonic wellbeing, literally *eu* (wellbeing - or good) and *daimonia* (demon or spirit) - and virtuous action, is often measured by Flourishing or Psychological Wellbeing is the complementary type of wellbeing. This is derived from Aristotlean philosophy and is related *to reaching one's true potential or having a life well lived,* and has an explicit ethical component.

Strengths theory (ST) is perhaps better considered a family of theories, or a unifying proposition as opposed to a single theory. The central proposition is that people will perform, feel and function better if they are using their strengths. For this reason, strengths researchers and practitioners have developed strengths assessment tools, to assist people to gain knowledge of their strengths, and then use their strengths and spot strengths in others. It is useful for coaches to understand and sometimes explore with coaches two different conceptualisations of personal strengths. Character strengths, which constitute a person's values put into action have been researched widely by Petersen and Seligman. Character strengths cluster as virtues, and represent things that are good in an ethical sense, based on virtue ethics. The assessment tool Values in Action or VIA, often referred to as the "signature strengths survey" is very well known internationally and may be found on the URL www.authenitchappiness.com. Performance strengths are different than character strengths in that they relate to something a person feels good at, and something they are energized by doing. The Realise2, developed by Lindley and colleagues is an example of an assessment tool used to measure performance strengths. Linley and colleagues have developed strengths coaching, which is more specific than PPC as it focuses mainly on strengths- but it may be considered part of the PPC family. This approach includes the relationship between strengths knowledge, strengths use and spotting strengths in others.

Broaden-and-build theory (BBT) was primarily developed to seek answers to the question "what is the function of positive emotion?" (Frederickson, 1998, 2001). The broaden-and-build theory proposes that experiences of positive emotions *broaden* people's momentary

thought-action repertoires- that is the menu of choices of thinking and acting is broader when a person is experiencing positive emotions. In turn, the theory holds that this service to *build* enduring personal resources including physical, intellectual, social and psychological resources. In Fredrickson's (2009) popular book Positivity, she describes the optimal ratio of three positive emotions to one negative emotion.

Self determination theory (SDT), sometimes referred to as meta-theory, is a set of theories which examine the effects of different types of motivation (Deci & Ryan, 2000). SDT is a needs theory, that posits three universal psychological needs: (a) autonomy; (b) relatedness; and (c) competency. Hence, people need to make their own choices, connect with others and feel competent as they exercise and grow their capacities. The theory proposes that if these three needs are met, a personal will have increased autonomous motivation. Autonomous motivation leads to greater perseverance as tasks that have originally been from an external origin eg a boss or a parent become more internalized. And although such motivation is still intrinsic, the person starts to self-regulate rather than feels as though they are being externally regulated.

Wellbeing Theory (WT) (Seligman, 2009) is similar to aspects of SDT (Seligman, 2011). Wellbeing theory, sometimes referred to simply as PERMA theory (the acronym making up the five components), posits that there are five domains of life which both constitute and may be instruments towards wellbeing, and they each have a unique contribution. The five components are **P**ositive Emotions, **E**ngagement, (Positive) **R**elationships, **M**eaning and **A**ccomplishment.

The Strategic Plan challenge

The NSW mental health strategy asserts the need for a whole of life-course, whole of government and whole of community approach to mental health, and importantly also to wellbeing. Such an approach is transformational, and requires the existence of two key preconditions: (a) changing the locus of responsibility for health- from health services to the community and its institutions as a whole; and (b) enabling people to conceptualise and use language related to wellbeing in addition to health and illness.

Hence, this requires a broader change than "changing the system" if system refers to service based agencies, servicing people experiencing mental ill health. Six key challenges for the strategic plan of mental health in NSW are:

(a) The system is currently designed to treat illness and service agencies are seen as the key responsible agents in society, supported by many unpaid carers;

(b) the general public also has the expectation of services abrogating responsibility from the wider society;

(c) stigma remains a key barrier in stopping people discussing both mental ill health and wellbeing;

(d) medical conceptualizations of mental illness reinforce abrogation of responsibility for community members;

(e) the emotive and fear based focus on the negative aspects of illness may often eclipse initiatives that seek to promote wellbeing and resilience; and

(f) members of the general public have low levels of knowledge regarding ways to improve their own wellbeing and the resilience of the community.

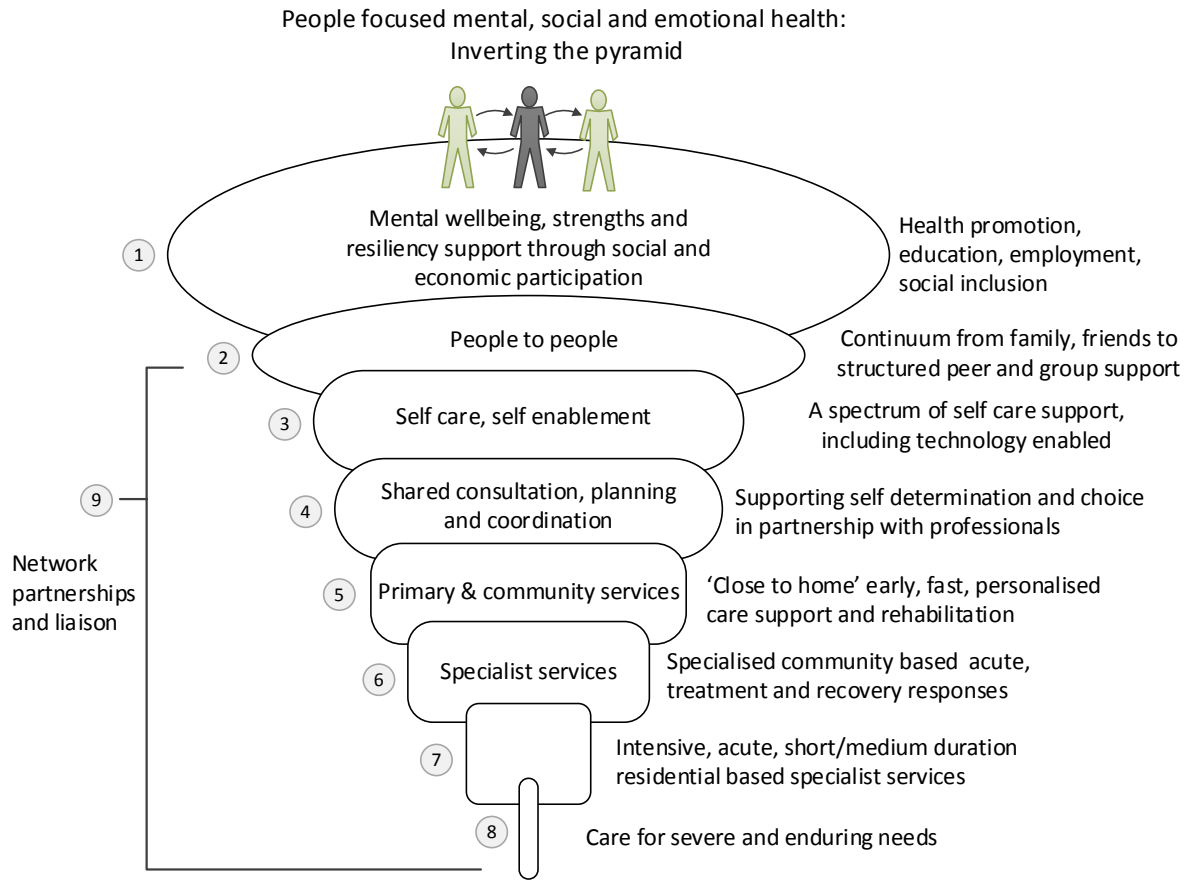
Hence, any interventions, particularly social marketing interventions, need to consider these challenges that will be barriers to building a whole of community approach to mental health and wellbeing.

Implications for change to the NSW system

Building community resilience and wellbeing exists as part of a whole of life-course, whole of government and whole of community approach to mental health, and importantly also to wellbeing. Such an approach is transformational, some may argue a "paradigm shift", and requires the existence of two key preconditions: (a) changing "the locus of responsibility" for health (i.e. who is at the centre of responsibility)- **from health services to the individual, community and its institutions as a whole**; and (b) **enabling people to conceptualize and use language related to wellbeing not just health and illness**. These two preconditions need to be created to enable further building of community resilience and wellbeing in a whole of life-course, whole of government, whole of community manner.

To achieve a whole of community approach to resilience and wellbeing, the typical mental health service pyramid [1] needs inverting to reinforce those elements that enable wellbeing, strengths and resiliency while showing how additive levels or layers of support are bought to bear as necessary. So this means not only having communities taking wider responsibility for mental health of individuals and families, but also for wellbeing. Individuals, families and organisations will need tools, time and incentives to make this double transition from "the health service is responsible for promoting health and preventing and managing illness for the community" to "the individuals, families, institutions and the whole of the community are responsible for concurrently promoting health and wellbeing for themselves and other, whilst concurrently preventing and managing illness". Stated conversely, the government health service alone cannot and should not care for the health and wellbeing of society.

[1] http://www.who.int/mental_health/policy/services/2_Optimal%20Mix%20of%20Services_Infosheet.pdf



Workforce and resources implications

The Mental Health Workforce Advisory Commitee (2011) developed the Australian Mental Health Workforce strategy provides key areas for consideration and further development to inform and support initiatives that will ensure that Australia's mental health workforce continues to grow, and is equipped to provide effective and appropriate services across the clinical and community support sectors. The focus of this strategy and plan is the workforce, whose primary role involves early intervention, referral, treatment, care or support to people with a mental illness, in a mental health service or other health service environment, including non-government community mental health services.The recent Australian report by Freijser and Brooks (2013) outlines the current and projected mental health workforce and the challenges in the context of youth mental health reform. Some key recommendations from the report include:

- Immediate action to address the current workforce challenges and build the capacity required to support the feasibility of implementing expanded policy options in the future.
- Establishment of a national plan for workforce training and research in youth mental health to inform robust workforce planning.
- Development of a national approach for ongoing skills development and national standards for the youth mental health workforce.
- Ensuring a significant proportion of workforce need is met through growth rather than exacerbating existing shortages in the mental health sector.

- The establishment of systems and resourcing to enable the provision of clinical placements in mental health facilities including headspace centres and EPPICs, to expose relevant disciplines to these models of care and attract new graduates to youth mental health.
- Maximising the use of new and emerging technologies to provide access in rural and remote regions, and for clients who are difficult to engage by traditional means. Ensure that new platforms facilitate the use of these technologies through investment in infrastructure and training in the use of ITC supports.

In both of these recent Australian recommendations, they are primarily reports for mental health workforces currently conceived. That is, they focus primarily on mental health, which often is reduced to mental illness management, treatment and prevention. There is little mention of wellbeing per se. Moreover, the locus of responsibility for health and by implication wellbeing, remains at the service level. Hence, to truly consider the "workforce implications" of promoting community resilience and wellbeing, the work of much wider stakeholders needs to be considered, including what is sometimes referred to as the "core economy", things that you do not pay for, like the work family members do for each other. This relates closely to the second key recommendation of providing financial and legal incentives for organisations in the community writ large to assist with building community resilience and wellbeing. In reference to the inverted pyramid, the wide top of the pyramid will need to come from outside what we currently consider as the mental health workforce.

In terms of the inverted pyramid, the current mental health workforce is likely to predominantly hold skills and attitudes that are related to treating or managing illness. This relates to recommendation one- the "broader workforce" will need concepts and language to understand wellbeing, in addition to some of the current mental health prevention and promotion initiatives. The resources required in the first instance are encapsulated within the recommendations. One useful question to enable discussion and planning to unhinge from the current illness and risk reduction focus is "What resources and attitudes would have to exist in the whole community for us not to need acute mental health units as we currently know them?" Such a question directly challenges the status quo of Australian mental health systems, and asks one to consider all of the wider determinants of mental health and wellbeing, implying that the community at large has responsibility.

Populations

We know that there are a number of groups that are potentially at greater risk of experiencing mental ill health. These groups include but are not limited to:

- Aboriginal and Torres Strait Islander people
- Culturally and linguistically diverse groups
- Lesbian, gay, bi-sexual, transgender and intersex (LGBTI)
- People in regional, rural or remote areas
- People in or leaving the criminal justice system

- Co-morbidity with mental illness and drug and alcohol use, chronic illness or a disability
- Forensic mental health patients
- Mental health carers, including young carers
- Adult survivors of sexual and other abuse
- Children and young people in the care and protection system, including in foster care
- Forgotten Australians

In terms of considering building community resilience and wellbeing it is important to examine a sample of recent evidence from specific populations.

Early and Middle Childhood

Froehlich-gildhoff and Roennau-boese (2012) report on a program in early childhood institutions which aimed to promote resilience and mental health of children growing up in adverse conditions. The project showed positive results with children in the program having improved self-esteem, behavioral stability and cognitive development of compared to those in the control group. These finding highlight an opportunity for using early-childhood institutions to successfully reach parents and improve wellbeing outcomes for children during early years of life.

Maggi, Roberts et al. (2011) report on the positive influence of quality childcare on the mental health of the community. Research examines community differences in the quality of childcare and the mental health of children attending childcare centres in three communities in Canada, The authors propose that childcare centres are producers of social capital and argue that in a resilient community a combination of high quality childcare and the efficiency of the local coalition lead to a greater production of social capital. In such environments children do better than expected because their mothers are benefiting from greater access to resources and social networks that are promoted both by the childcare centres and the local coalition that connects the centres.

A recent Australian longitudinal study by Miller-Lewis, Searle et al. (2013) aimed to identify preschool resource factors associated with young children's mental health resilience in a sample of 474 Australian preschool children. The findings suggested that early intervention and prevention strategies that focus on fostering child-adult relationship quality, self-concept, and self-control in young children may help build children's mental health and their resilience to family adversities.

Barry, Clarke et al. (2013) conducted a systematic review of the effectiveness of mental health promotion interventions for young people aged 6 -18 years in school and community based settings. The review findings indicate that interventions promoting the mental health of young people can be implemented effectively in school and community settings with moderate to strong evidence of their impact on both positive and negative mental health outcomes.

Adolescents

Jain, Buka et al (2012) use the Developmental Assets framework to examine whether supportive relationships, high expectations, and opportunities build emotional resilience in youth aged 11-16. Positive peers and supportive relationships with parents and other adults had significant main effects. The authors suggest strengths-based policies and systems should focus on building developmental assets within the family, peer, and community environments for high-risk youth who have been exposed to violence.

In a recent Queensland study by Lee and Stewart (2013) examined the impact of a resilience intervention within Queensland primary schools. The program used a holistic health promoting school (HPS) approach. After 18 months of implementation, students who received the intervention had significantly higher scores than the control group on students' family connection, community connection, peer support, and their overall resilience. This study provides support for the effectiveness of resilience building approaches for children and highlights the opportunity for schools as an avenue through which our nation can build resilience.

Waters (2011) conducted a review of positive psychology based school intervention programs that aim to foster student wellbeing and academic performance. Waters systematically evaluates 12 school based programs and suggests that such programs are significantly related to student wellbeing, relationships and academic performance. Recommendations are made for embedding positive psychology interventions into schools.

The Ageing

In a recent Australian study, Inder, Lewin et al. (2012) investigate the determinants of well-being in a sample of older adults from rural and remote Australian communities. Well-being was generally higher among those aged 65 years or older, compared with younger groups, with the notable exception of perceived physical health. Among those aged 65 years or older, poorer well-being was associated with older age, one or more chronic diseases, and a history of depression, stress or anxiety. Higher levels of

perceived community and personal support improve current well-being and are protective for moderate to high psychological distress.

In another recent Australian study, MacKean and Abbott-Chapman (2012) investigate older people's perceived health and wellbeing and the contribution of peer run community based organizations. In depth Interviews were conducted with older people, aged 65 and over, who were members of community groups in Tasmania. The findings suggested that such groups provided companionship, mutual support, a choice of enjoyable activities, and the opportunity to contribute life-time knowledge and skills to the running of the group. In turn these helped to foster feelings of wellbeing, resilience and coping.

Anderson, Bilney et al. (2012) examine the extent to which Australian Aboriginal people experience grief and loss more frequently that the general population. This research investigated grief and loss in Aboriginal communities in order to generate ideas for how workplaces could be better equipped to support Aboriginal staff during bereavement. The recommendation, based on the findings were: train non-aboriginal staff in aboriginal culture understanding and respect, review organizational policies regarding bereavement leave and funding further research to investigate was for developing Aboriginal community resilience in dealing with ongoing loss and grief.

Kirmayer, Sehdev et al. (2009) discuss community resilience within the context of Aboriginal health and wellbeing. It is proposed that the concept resonates well with aboriginal perspectives due to its focus on collective strengths and resilience is examined in as it applies to families, communities and larger social systems. The authors review interventions that promote resilience in aboriginal communities, traditionally these have focused on strengthening social networks and support, enhancing cultural identity, supporting families towards healthy development of children, enhancing community empowerment and increasing economic opportunities.

Livingstone and Sananikhone's (2010) *Pathways to Resilience* was a rural and remote indigenous communities suicide prevention project funded by the Department of Communities in 2008. The project focused on a range of activities centred on raising awareness, community partnerships and community capacity building. The final report outlines the program and evaluation process and outcomes. The key success factors were identified as; community ownership, culturally appropriate activities; activities focused on awareness raising and safe environments, the model had a strong capacity building focus, community partnerships and networks were formed and there was flexibility to ensure that the activities addressed the individual needs of the community.

Rural and Remote Communities

Buikstra, Ross et al. (2010) presents the findings from a rural Australian research project that investigated community and individual resilience using a participatory action research approach. The components of resilience identified through the project were social networks, positive outlook, early experiences,; environment and lifestyle; infrastructure and support services; sense of purpose; diverse and innovative economy; embracing differences; beliefs; and leadership. This research confirms contributes towards increasing the evidence base for design of strengths-based approaches to community development and mental health interventions.

Hart, Berry et al. (2011) report on a program which aimed to improve wellbeing in rural NSW communities facing drought. The intervention included raising mental health literacy, organizing community social events and disseminating drought related information. As part of the program 3000 people revived training and free rural support line was established to provide advice and referral to rural mental health services.

Similarly Maybery, Pope et al. (2009) highlight the impact that climate conditions and changes to the farming sector are having on the wellbeing on Australian rural communities and point out the this risk is further enhanced by isolation from services and resources. This study examines community assets important for resilience of small inland rural communities in NSW. Social assets including parents and citizens associations (P&C), sporting clubs and groups, and service agency assets including schools were rated as the assets of most benefit to the community in their contribution towards sustaining relationships and connectedness of community members. The authors argue that when developing interventions or support services, policy makers should recognise these social assets for their contribution to the resilience and well-being of rural environments.

Hegney, Ross et al. (2008) examine resilience in rural communities, and provide toolkit intended to provide ideas and information to enhance resilience through community programs. The report is sectioned into 11 resilience concepts which are proposed to enhance individual and community resilience. These include social networks and supports, positive outlook, learning, early experience, environment, infrastructure, sense of purpose, diverse economy, embracing differences, beliefs and leadership.

Inder, Lewin et al. (2012) investigates the determinants of well-being in a sample of older adults from rural and remote Australian communities. Survey data were used from the Australian Rural Mental Health Study, a population-based longitudinal cohort of adults randomly selected from electoral rolls. Well-being was generally higher among those aged 65 years or older, compared with younger groups, with the notable exception of perceived physical health. Among those aged 65 years or older, poorer well-being was associated with older age, one or more chronic diseases, and a history of depression, stress or anxiety. Higher levels of perceived community and personal support improve current well-being and are protective for moderate to high psychological distress.

Culturally diverse communities

New immigrants and refugees may be vulnerable to mental illness and marginalisation. The following provide some examples of recent studies examining wellbeing and resilience of such communities and individuals.

Borrero, Lee et al. (2013) investigate schools as a means of enhancing resilience in low income immigrant youth. A case study describes organizational practices at a school where the majority of students are English language learners. The authors share the successes of this school as a model for educating students from similar backgrounds in similar contexts

Broadbent (2013) discuss support activities that guide young people away from intolerant and radical ideologies and encourage positive participation in the community. The article outlines the results of a multicultural leadership program in which 16 young people attended and how such programs can continue to build the capacity of communities to build scaffolds of support that ensure the inclusion of young people and not their marginalization.

In a recent Australian study Mason and Pulvirenti (2013) examine domestic violence and community resilience with the context of refugees. Mason argues that protective factors that build resilience for the benefit of the whole community can also help build resilience against domestic violence within that community (and vice versa). Results of an empirical study with service providers in Australia are presented which consider the role of the community in building resilience for former refugees whose new communities comprise groups of people with different histories and whose interests may at times conflict with each other.

Measurement and monitoring

Both the process towards building community resilience and wellbeing and the outcome of such a program should be measured and monitored. Consistent with recommendation eight, measurement and monitoring is required at multiple levels- individual, family and community as well as key performance indicators for state and local government. As per best practice in program evaluation, evaluation should be considered from the outset, and given the different challenges for different communities, participatory program design and evaluation will be paramount. Recent literature on monitoring and measurement of wellbeing, particularly community wellbeing is now described.

Besleme and Mullin (1997) discussed the use of indicators to monitor progress towards wellbeing and community goals. They provide examples from various community indicator projects address the area of community sustainability, quality of life, performance evaluation and community health. It is argued that indicators, in and of themselves, can mobilize change in communities.

Albrecht and Ramasubramanian's (2004) Australian study suggests combining census data with Geographical Information Systems (GIS) to measure and monitor wellbeing of our population. The authors present and Index of Relative Wellbeing, 10 variables from the census that can be used to describe the health status of a particular census area. It is suggested that spatial distribution of health inequalities can be in the policy making area to better manage and monitor resources.

Cox, Frere et al. (2010) report on the development of Community Indicators Victoria (CIV), a local community wellbeing indicators initiative in Victoria. The historical context of wellbeing and progress indicators is discussed within the global context and within the context of Victorian and Australian policy. The article addresses the steps involved in

establishing the CIV, including the framework, data sources and communication and concludes with reflections and lessons learnt from the process.

Glover, Lee et al. (2011) present the preliminary findings of a prototype index of factors affecting mental wellbeing in England. Commissioned by the England Department of Health, researchers developed a conceptualization of factors affecting wellbeing across five domains; positive start in life, resilience and a safe and secure base, integrated physical and mental health, sustainable connected communities and meaning and purpose. Proxy measures from routinely collected government statistics were identified and the index was piloted for 149 local government areas.

Kramer, Seedat et al. (2011) provide a critical review of asset based community assessment instruments. Measures of social capital, social cohesion, community resilience and sense of community are included in the review. They argue that the challenges associated with community assessment measures may be addressed through the employment of combined measures that draw both quantitative and qualitative paradigms, framing the assessment within a participatory approach and perusing a multilevel approach to analysis at both the individual and group level.

Miles, Greer et al. (2008) describe a model for measuring community wellbeing in central Queensland. The “Six-by-Six” community wellbeing model features 36 indicators across six domains which cover economic, environmental and social wellbeing. A case study applying the model is presented along with an evaluation of constraints and suggestions for future development and application of the index.

In a current Australian example, Seligman (2013) outlines the various activities under way to measure wellbeing in South Australia. These include addition of wellbeing questions to the South Australian Monitoring and Surveillance System (SAMSS); the piloting of a Middles Years Development Instrument (MDI) with young people around the age of 12; and research by the University of Adelaide using the Corey Keyes instrument.

Questionnaires for community members

Christakopoulou, Dawson et al. (2001) describe the Community Wellbeing Questionnaire which assesses satisfaction with the built environment, environmental quality and services and facilities. The authors outline the theoretical basis of the questionnaire and present reliability and validity data from UK, Ireland and Greece.

The conjoint community resiliency assessment measure (CCRAM) (Cohen, Leykin et al. 2013; Leykin, Lahad et al. 2013) is self-report tool for profiling and predicting community resilience for emergencies. Community resilience, in the context of this measure, describes the community's ability to function amidst crises or disruptions. Six factors for community resilience include Leadership, collective efficacy, preparedness, place attachment, social trust and social relationship. The measure comprises of both a self-report questionnaire for members of the community as well as a checklist used to collect information on the existence of infrastructure and the availability and accessibility of services in routine and emergency situations.

The community wellbeing index (CWI) (Forjaz, Prieto-flores et al. 2011) is a measure of an individual's level of subjective wellbeing and satisfaction with the local place of residence. The questionnaire includes scales relating to community services, community attachment and physical and social environment. This article validates the CWI in a sample of people aged 60 years and over in Spain.

Sherrieb, Louis et al. (2012) examine community resilience in the contexts of enhancing disaster readiness and response capability. The authors examine using school principals as key informants to provide perspectives on community resilience other than that of public officials. This study involved surveying school principals about social capital, community competence, economic development and communication related to disaster responses. The findings showed ratings of community resilience varied according to the school's level of economic resources. The authors concluded that school principals are in a role to identify capacities for disaster leadership.

Sirgy, Widgery et al.(2010) describe the development of a subjective measure of community wellbeing. This measure includes questions relating to community resident's perceived quality of life, and impact of community services. 14 different life domains were specified through which the authors proposed community conditions and services impact residents' overall life satisfaction. These were: social life, leisure life, health life, safety, family/home, political, spiritual life, neighborhood, environmental, transportation, education, work, financial, and consumer life. The authors suggest that the community leaders conduct regular community surveys to assess not only overall community well-being but the extent to which residents perceive community services and conditions contribute to their well-being across life domains.

Recommendations

For such a transformation to occur a series of systemic catalysts are required as outlined in the following eight key recommendations. These eight recommendations may be used as the basis for a program logic exercise and the creation of inputs, outputs and short, medium and long term outcomes related to community resilience and wellbeing. The recommendations are informed by the literature outlined in the full technical report and they anticipate the challenges previously described.

Eight mutually reinforcing recommendations to build community resilience and wellbeing

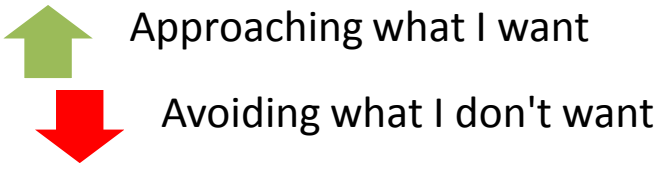
Aim	How	Time Frame
1. Enable people in NSW to conceptualise "promoting, increasing and experiencing wellbeing whilst also preventing, treating and managing illness".	Social marketing campaign promoting the concept of approaching wellbeing AND preventing/managing illness concurrently ie. Moving away from either/or thinking.	Develop, implement and evaluation program over three year period.

2. Shift the "locus of responsibility" for health and wellbeing from government health services to whole of community and its broad institutions.	Financially and legally incentivise responsibility of multiple agencies eg education sector, corporate sector, community organisations, transport companies etc.	Sequentially seek to add key sector responsibilities each year over a six year time frame given the size of such reform.
3. Develop a unified program towards wellbeing across multiple agencies and sectors across NSW to gain a collective impact.	Use the Collective Impact methodology to conceptualise and measure the initiative.	Develop and implement over a two year period in the first instance after the social marketing campaign has commenced.
4. Increase the psychological literacy and wellbeing capacity of the future of the NSW population.	Develop psychological literacy programs for all state schools in NSW, based on "coaching for managing emotions" and mandatory benchmarking of schools for student's psychological literacy	Develop and implement coaching over a four year period so that all schools view it as standard practice alongside other health initiatives. Develop and implement mandatory measurement and benchmarking in schools over a six year period.
5. Leverage information and communication technology and social media to enable social connectedness and promote wellbeing.	Provide grants to ICT agencies and community agencies to collaborative on social connectedness, social inclusion and wellbeing promoting activities.	Promote and oversee grants over a five year period.
6. Embed the notion of wellbeing into the program and policy planning of local governments and regions	Enable all regions and local governments to use Wellbeing Impact Assessments to assess the impact of initiatives on the wellbeing of multiple stakeholders in the community	Provide training over two year period to all local governments and regional leaders/interested parties.
7. Develop and enable leadership and collaboration in applications of	Establish a wellbeing collaborative to support wellbeing related initiatives across organisations in NSW	Establish and run a multiple sector wellbeing forum within a one year period

wellbeing across the government and non-government sector in NSW.	Explore funding and development of an interdisciplinary NSW Wellbeing Institute	
8. Embed measurement and accountability for wellbeing into government related agencies	Implement statewide measure of individual, family and community wellbeing as KPIs for state and local government- seeking bipartisan government support for sustainability	Develop and implement first phase over a three year period.

1. **Enable people in NSW to conceptualise "promoting, increasing and experiencing wellbeing whilst also preventing, treating and managing illness".**

Implement a social marketing campaign promoting the concept of approaching wellbeing and preventing/managing illness concurrently.



The key aim is to create a knowledge and attitude shift regarding illness and wellbeing respectively. Initiatives to promote wellbeing are often (a) seen as Pollyanna by many and (b) default back to only being important because they prevent illness. An underlying conceptual model that involves assisting people to find their between concurrently investing time and resources in approaching the positive (e.g. happiness, good employment, strong relationships- more social and personal meaning focussed) and investing time and resources in avoiding the negative (e.g. anxiety, depression, abuse- more clinical and symptom focussed). The aim is to shift thinking from either/or approach the good versus avoiding the bad- to a ratio. Maximising gains and minimising losses is another way to think of this conceptually. The social marketing campaign based on such a model, would communicate this effectively, and aim to reduce barriers for people to understand their investment in their own personal health and wellbeing in terms of (a) needing to take some personal responsibility and (b) the important role of approaching the positive, in addition to moving away from the negative. The term "avoiding" is used here conceptually and to link with the literature, the actual campaign could use more tangible examples, particularly given the negative connotations and dual meanings of avoidance. The campaign would take this conceptual approach and apply it in language appropriate to a range of cultural and linguistically diverse communities. Currently much of the "mental health system" and assumptions are based on "avoiding what I don't want" and cost reduction literally and figuratively. This is designed to assist with a fundamental conceptual shift.

2. **Shift the "locus of responsibility" for health and wellbeing from government health services to whole of community and its broad institutions.**

Provide financial and legal (dis)incentives for whole of community based organisations/entities to contribute to community resilience and wellbeing. Consistent with the conceptual approach and social marketing campaign above, combined with the whole of government, whole of life span, whole of system, whole of community approach- legal and financial incentives to broaden the "locus of responsibility" of health and wellbeing in the community- a financial and legal systemic approach is needed beyond the social marketing and cognitive and attitudinal shifts. After identifying the key parts of the "whole of community" eg schools, workplaces, police etc- each organisational part needs to be provided legal and financial (dis)incentives to take greater responsibility for community resilience and wellbeing. In addition to this incentivisation, what "taking responsibility" means needs to be developed locally in reference to the broader policy guidelines. For example:

i. *Schools: Evidence of positive education implementation in curriculum and social programming.*
ii. *Workplaces: Evidence of evidence-based workplace wellbeing programs in addition to OH&S.*
iii. *Local Governments: Evidence of use of Wellbeing Impact Assessments to guide decision making regarding local policy*
iv. *The Arts:Evidence of art works, literature dedicated towards the promotion of wellbeing and resilience of communities*

This links with the collective impact approach now discussed.

3. **Develop a unified program towards wellbeing across multiple agencies and sectors across NSW to gain a collective impact.**

Use Collective Impact approach to link community organisations towards a common aim of community wellbeing and resilience. Collective Impact is a framework for facilitating and achieving large scale social change. It involves a structured and disciplined approach to bringing cross-sector organisations together to focus on a common agenda that results in long-lasting change. Kania and Kramer, in the Stanford Social Innovation Review in 2011 identified five key conditions:

1. All participants have a **common agenda** for change including a shared understanding of the problem and a joint approach to solving it through agreed upon actions.
2. Collecting data and **measuring results** consistently across all the participants ensures shared measurement for alignment and accountability.
3. A **plan of action** that outlines and coordinates mutually reinforcing activities for each participant.
4. Open and **continuous communication** is needed across the many players to build trust, assure mutual objectives, and create common motivation.
5. A **backbone organisation**(s) with staff and specific set of skills to serve the entire initiative and coordinate participating organisations and agencies

4. **Increase the psychological literacy and wellbeing capacity of the future of the NSW population.**

Implement a statewide all school student initiative to raise psychological literacy. McGovern et al (2010) introduced the concept of psychological literacy and the psychologically literate citizen- which amongst other things this involves "*being insightful and reflective about one's own and other's behaviour and mental processes*". This is chosen here as a broad category, which is broader than mental illness awareness, or emotional intelligence, and encapsulates both positive and negative states and experiences. Similar to the Government of South Australia, who are currently examining a "State of Wellbeing", recommended by Professor Martin Seligman, which may ultimately include "immunization" for students, to receive brief cognitive therapy and optimism- the recommendation here is twofold.

Firstly, the ongoing statewide measurement of psychological literacy, which will include students identifying and naming emotions, understanding of issues that promote wellbeing and prevent illness. Hence, in addition to "literacy and numeracy", "psychological literacy" should become a key education and health sector responsibility.

Secondly, an approach based on "*coaching to manage emotionality*". An analysis of the economic costs of high emotionality was published in the Archives of General Psychiatry (Cuijpers et al., 2010), based on data from over 7,000 participants in a Netherlands Mental Health Survey and Incidence Study. The study found that those individuals with high scores on emotionality were more vulnerable to a host of mental disorders (e.g., depression, anxiety disorders, schizophrenia, eating disorders and personality disorders) and physical disorders (e.g., medically unfounded physical complaints, cardiovascular disease, asthma, and irritable bowel syndrome) resulting in an enormous impact on (and economic costs to) the health system. Their analysis found that the incremental costs (per 1 million people) of the highest 25% of scorers on emotionality resulted in US$1.393 billion in health care costs. This was 2.5 times the incremental cost of diagnosed mental health disorders (US$585 million). The study concluded *"The economic costs of neuroticism are enormous and exceed those of common mental disorders. We should start thinking about interventions that focus not on each of the specific negative outcomes of neuroticism, but rather on the starting point itself*" (p. 1086). Hence, a "**coaching to manage emotions**" framework should be centrepiece, and linked to other positive education initiatives in the school context.

5. **Leverage information and communication technology and social media to enable social connectedness and promote wellbeing.**

Social connectedness and functional social support remain important predictors of wellbeing, and resources available when people are in distress. The rapid development of information and communication technology has challenged many workforces, including the health and education sector in terms of patient and student expectations and unleveraged potential. Whilst many will rightly argue that face to face interactions are optimal, this should not preclude significant further development in the use of information and communication technology to bring people together. This may range from on line cognitive therapy, wellbeing promoting gaming, national broadband assisted video connections to

avatar assisted community meetings. Whilst pockets of these exist in the community and government services, the NSW government should make these centrepiece to a whole of community approach to mental health, and building community resilience and wellbeing.

6. **Embed the notion of wellbeing into the program and policy planning of local governments and regions**

Develop and enable leadership in applications of wellbeing across the government and non-government sector in NSW. The Mental Wellbeing Impact Assessment (MWIA), developed in the United Kingdom by South London and Maudsley Trust, NHS, UK (Coggins et al ,2012) is a systematic approach to identify how proposals, programmes, services, employers and projects can capitalise on opportunities to promote mental well-being, minimise risks and identify ways to measure success in achieving wellbeing. It is recommended for an Australian context that this is called Wellbeing Impact Assessment (WIA) to make the language more consistent with the Australian lexicon. It is recommended that all regional directors/LGA directors are involved in building capacity to use the WIA across NSW.

7. **Develop and enable leadership and collaboration in applications of wellbeing across the government and non-government sector in NSW.**

Establish a "wellbeing collaborative" to support wellbeing related initiatives across organisations in NSW. Explore funding and development of an interdisciplinary NSW Wellbeing Institute. For the systemic change required to develop a whole of community approach to building resilience and wellbeing, leadership will be required. The multiple challenges have been previously listed and leadership will be required to change knowledge, attitudes and behaviour and restructure systems and modify processes over time. For this reason, leadership will be required at multiple levels in multiple locations. To support such leadership and the ability to collaborate the development of a "wellbeing collaborative" should be initiated. Moreover, interagency collaboration is a core skill required, and this should be addressed directly. That is, do not assume that all government, non-government and private agencies will either want to or have the skill to collaborate.

In addition to practical collaboration, and institute to support research, development and training in wellbeing applications should be examined. Longer term, this may interface with the developments from the wellbeing collaborative.

8. **Embed measurement and accountability for wellbeing into government related agencies.**

Implement statewide measure of individual, family and community wellbeing as KPIs for state and local government- seeking bipartisan government support for sustainability. **I**n his book Happiness, economist Lord Richard Layard argues that it is the role of government to maximize the happiness of its people. With the rapid growth of the science of wellbeing it is now possible to reliably measure the wellbeing of individuals through self report. The current UK government has included wellbeing metrics as part of the key performance indicators of its government. Moreover, the OECD has recently

provided guidelines for national governments to measure subjective wellbeing. Whilst the Australian Bureau of Statistics currently overseas periodic measurement of social and emotional wellbeing measures- there remains an opportunity for NSW to provide leadership in this area, and broader measurement from mental illness etc, consistent with the conceptual model mentioned in recommendation 1. These measurements could integrate with routine outcome measurement occurring within mental health systems, as all people regardless or mental illness or not, should be afforded the opportunity to comment on their quality of life, subjective wellbeing etc, or whichever metrics are chosen as relevant to the overall health and wellbeing strategy for NSW. Moreover, consistent with a whole of community approach, the measurement initiatives could be decentralized in terms of responsibility of collection.

References

Full references and descriptions are provided in Building Community Resilience and Wellbeing-Technical Report

BUILDING COMMUNITY RESILIENCE AND WELLBEING TECHNICAL REPORT

UOW

This *Building Community Resilience and Wellbeing Technical* report has been prepared for the Mental Health Commission of NSW.

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For correspondence regarding this report please contact:

Associate Professor Lindsay Oades
Director, Australian Institute of Business Wellbeing
The University of Wollongong
Building 40, Northfield Avenue
Wollongong NSW 2500

Tel: 02-42213694
Email: loades@uow.edu.au

Contents

1 Executive Summary……4

2 Defining and Conceptualizing Community Resilience....4

3 Building Community Resilience....7

2.1 General....7

2.2 Across the lifespan....9

2.2.1 Young Children....9

2.2.2 Youth and Adolescents....10

2.2.3 Aging....13

2.3 Indigenous....14

2.4 Rural and Remote....15

2.5 Culturally Diverse....17

3 Australia's Mental Health Workforce....19

4 Measuring and Monitoring Community Resilience....21

4.1 Community Level Indicators....21

4.2 Questionnaires for Community Members....22

5 Reference....25

Appendix 1. Literature Search Strategy....31

Executive Summary

Within the Strategic plan for mental health in NSW by the NSW Mental Health Commission, the 'Building Community Resilience and Wellbeing' journey represents one of eight population focused journeys through mental health and mental ill health that are underpinning the strategic plan development.
This the technical report describes the key contemporary research that underpins the assertions and recommendations of the *Report on Building Community Resilience and Wellbeing* and the *Position Paper on Building Community Resilience and Wellbeing*. Literature that defines and conceptualizes community resilience is described before examining ways to build resiliences in communities across the lifespan, and specific to particular populations. Recent literature on Australia's mental health workforce is summarized before describing recent endeavours to measure and monitor community resilience and the community and individual level. The Appendix includes the literature search strategy using a comprehensive suite of major contemporary databases.

Defining & Conceptualizing Community Resilience

(Ahmed, Seedat et al. 2004)
Following a review of the literature the authors define community resilience as including those features of a community that in general promote the safety of its residents and serve as a specific buffer against injury and violence risks, and more generally, adversity. This article develops and tests a questionnaire intended to measure community resilience, represented by seven key dimensions (employment-seeking behavior; the ability to protect households physically; community networks and relationships; the presence of community structures and leadership; knowledge of the treatment of injuries; and hope and the ability to persevere in spite of adversity).

(Barishansky and Mazurek 2012)
This article highlights the role of public health in helping communities become more resilient. The authours define community resilience as: "the ongoing and developing capacity of the community to account for its vulnerabilities and develop capabilities that aid that community in (1) preventing, withstanding, and mitigating the stress of a health incident; (2) recovering in a way that restores the community to a state of self-sufficiency and at least the same level of health and social functioning after a health incident; and (3) using knowledge from a past response to strengthen the community's ability to withstand the next health incident".

(Berkes and Ross 2013)
Community resilience is considered from two theoretic lenses. The first, from a social-ecological perspective deals with resilience through adaptive relationships and learning. The second, from a psychology and mental health perspective, relates to developing strengths of the community and building resilience through attention to people-place connections, learning, social networks, collaborative governance etc. The authors address each perspective and offer an integrated approach.

(Buikstra, Ross et al. 2010)

The authors argue that while individual resilience is a well-established and researched concept, very little attention has been paid to the area of community resilience. A review of resilience theory and constructs related to community resilience is presented in the article. The findings of an action research study relating to an Australian rural community are also provided which recognizes environmental factors, infrastructure, support services and economic factors as enhancing resilience.

(Castleden, McKee et al. 2011)
A systematic review of literature on concept of resilience identifies three streams of literature; community resilience, disaster resilience and social ecological resilience. Community and disaster resilience relate to the community's capacity to resist and recover from a disturbance, while the social-ecological interpretation stresses the importance of thresholds in a society's capacity to adapt to crises.

(Cohrs, Christie et al. 2013)
Within this article the authors review and extend the concept of community resilience through an integration of positive psychology and peace psychology perspectives. The authors critique positive psychology as being biased towards individualism and look to conceptualize wellbeing and resilience at a global community level.

(Hegney, Ross et al. 2008) 
The outcome of a Linkage Grant examining resilience in rural communities, this report is a toolkit intended to provide ideas and information to enhance resilience through community programs. Within the toolkit resilience is defined as the capacity of an individual or community to cope with stress, overcome adversity or adapt positively to change. The report uses 11 resilience concepts which are proposed to enhance individual and community resilience. These include social networks and supports, positive outlook, learning, early experience, environment, infrastructure, sense of purpose, diverse economy, embracing differences, beliefs and leadership.

(Herrman, Stewart et al. 2011)
A narrative review of the definitions of resilience and the factors that contribute towards it. Resilience is defined as positive adaptation of ability to maintain or regain mental health despite experiencing adversity. The review considers personal, biological and environmental sources of resilience and their interaction.

(Huppert 2009)
This article is a review of wellbeing and flourishing and examines evidence relating to causes and consequences of positive wellbeing. Neurological, social and early environmental factors are considered and Huppert highlights that it is often assumed that drivers of well-being and ill-being are the same however this is not the case for all drivers.

(Keyes 2006)
This article reviews the construct of subjective wellbeing. The history of the construct, its conceptual foundations and supporting empirical evidences and theoretical traditions are addressed.

(Kirmayer, Sehdev et al. 2009)
This paper is a discussion of community resilience within the context of Aboriginal health and wellbeing. It is proposed that the concept resonates well with aboriginal perspectives due to its focus on collective strengths. The conceptualization of community resilience integrates the developmental psychology view and ecological view and applies

it to the study of families and groups. This definition recognizes the individual's capacity to achieve well-being and thrive and adapting to environmental stress through transformation. The authors go on to review interventions that promote resilience in aboriginal communities, traditionally these have focused on strengthening social networks and support, enhancing cultural identity, supporting families towards healthy development of children, enhancing community empowerment and increasing economic opportunities.

(Magis 2010)
Magis defines community resilience as: "the existence, development and engagement of community resources by community members to thrice in an environment characterized by change, uncertainty and unpredictability". This article presents research aimed at developing a theoretical and empirically based definition of community resilience (including dimensions). A community resilience self-assessment is also proposed.

(Norris, Stevens et al. 2008)
This paper presents a theory of community resilience. Community adaptation and wellness are viewed as non-disparate levels of quality of live, and metal and behavioral health and functioning. It is proposed that community resilience emerges from economic development, social capital, information and competence. The authors propose that to build community resilience , communities must reduce risk and resource inequities, engage local people, create organizational linkages, boost and protect social supports, develop flexibility and decision-making skills, and build trust in sources of information.

(Wiseman and Brasher 2008) 
This paper is explores the concept of community wellbeing. The authors review the historical development of the concept across various disciplines and present examples of the application of community wellbeing indicators in Australia and globally. Overall it is argued that community wellbeing provides a valuable measure of societal progress.

1 Building Resilience & Wellbeing

1.1 General

(Davis, Cook et al. 2005)
THRIVE is a toolkit developed by the Prevention Institute for health and resilience. The community assessment tool aims to help communities improve health and wellbeing outcomes. THRIVE provides a framework for community members consisting of 20 factors across built environment, social capital, services and institutions and structural factors.

(Edward, Welch et al. 2009)
This study examined the phenomenon of resilience as described by those who have experienced mental illness. The participants identified that being resilient was experienced through 1) universality- sharing the experience with others and realizing one was not alone; 2) acceptance of self and being self-aware; 3) naming the knowing- expanding their knowledge of their mental illness; 4) Hope faith and spirituality; 5) having a balance; 6) meaning and meaningful relationships; and 7) taking responsibility of one's direction in life.

(Hegney, Ross et al. 2008) 
A toolkit which aims to provide ideas and information that can be used to enhance resilience in rural communities. This toolkit is an outcome of a Linkage Grant and focuses on 11 resilience concepts that were found to be pivotal in enhancing individual and community resilience. These include social networks and supports, positive outlook, learning, early experience, environment, infrastructure, sense of purpose, diverse economy, embracing differences, beliefs and leadership. The toolkit is designed to be used by program coordinators such as community workers, health professional and others working in community groups.

(Huppert 2009)
This article makes a case for a population based approach to improving wellbeing. Huppert argues that more beneficial impacts can be achieved by focusing on enhancing wellbeing, rather than just reducing disorders, and doing this for the majority of people in contrast to just focusing on those individuals with mental health concern. Examples from research on alcohol abuse and psychological distress are presented to illustrate the value of a population-based approach.

(Jenkinson, Dickens et al. 2013)
A meta-analysis examining the impact of volunteering on the volunteer's physical and mental health. The findings suggested a consistent influence of volunteering on outcomes in that volunteering appeared to benefit mental health and survival. This results provide further support for the community and individual benefits of volunteering and as a way to engage community, build social capital and improve public health and wellbeing outcomes.

(Kelly, Jorm et al. 2007)
This article focuses on building mental health literacy across the population as a way to improve outcomes for those with mental health disorders. Four categories of mental health literacy interventions are described including whole-of-community campaigns, community campaigns aimed at a target audience, school based interventions teaching help seeking skills, mental health literacy and resilience programs and training individuals to better intervene in a mental health crisis.

(Mental Health Council of Australia 2013) 
This publication is a collection of short articles from leading Australia clinicians and service providers within the mental health and wellbeing sector. The articles provide perspectives and suggestions across a wide range of areas including prevention, early intervention, maximizing access and life expectancy, recover approaches, participating and more.

(Okvat and Zautra 2011)
This paper examines community gardening as path to individual, community and environmental resilience and wellbeing. Research on the benefits of gardening is reviewed and the authors discuss the role of community psychologists within community gardening research and action.

(Pearson, Pearce et al. 2013)
Pearson and colleagues examines the possible neighborhood characteristics that contribute to unanticipated positive health outcomes in New Zealand communities with high social deprivation. The research found that resilient areas tended to be densely populated urban settings characterized by high levels of incoming residents and identified relationships for a number of the neighborhood factors examined. The authors concluded that 'place-specific' resilience factors that may be effective in reducing mortality in some neighborhoods, but be less effective in others.

(Provencher and Keyes 2011)
This article argues for adopting a model of mental health as a complete state and reviews the literature to propose pathways to complete mental health recovery. Provencher and Keyes make recommendations for the development of interventions oriented towards positive mental health recovery which enhance positive emotions towards life and a sense of fulfillment.

(Putland, Baum et al. 2013) 
This research examines the application of social capital theory in three programs designed to promote health and wellbeing in Adelaide. The study showed that effective community projects can contribute towards population health and wellbeing. The findings suggested that for community projects to succeed they on a broader commitment expressed through policies and frameworks at the highest level of government decision making. In particular this relationship requires long term vision, endorsement for cross-sectoral work, well-developed relationships and theoretical and practical knowledge.

(Rose and Thompson 2012)
This article describes mental health interventions used by community development workers in a disadvantage community in south west Sydney. Interventions are discussed at the people level in promoting individual skill and capability development, at the environmental level in regard to infrastructure and "place" which relates to soft infrastructure and sense of belonging.

(Seligman 2013)
This report outlines work that is being done in South Australian towards building and sustaining wellbeing in the State. This work has centered around measurement (e.g. using validated measures and gathering baseline and progress data), building (e.g. using evidence based wellbeing intervention and teaching wellbeing principals), and leading (e.g. driving research and focus on wellbeing). The paper summarized examples of measuring wellbeing within SA, teaching and embedding wellbeing science, Organizational Development interventions using positive psychology and positive education in schools.

(Stewart, Kolluru et al. 2009)
Community resilience is examined in the context of understanding the ability of impacted areas to effectively manage the consequences of disasters. It is proposed that interdependent economic and social networks influence the community's ability to adapt and respond to disasters.

1.2 Across the lifespan

1.2.1 Early Childhood

(Froehlich-gildhoff and Roennau-boese 2012)
Outlines a project in early childhood institutions which aimed to promote resilience and mental health of children growing up in adverse conditions. The project showed positive results with children in the program having improved self-esteem, behavioral stability and cognitive development of compared to those in the control group. These finding highlight an opportunity for using early-childhood institutions to successfully reach parents and improve wellbeing outcomes for children during early years of life.

(Maggi, Roberts et al. 2011)
This is an investigation into the positive influence of quality childcare on the mental health of the community. Research examines community differences in the quality of childcare and the mental health of children attending childcare centers in three communities in Canada, The authors propose that childcare centers are producers of social capital and argue that in a resilient community a combination of high quality childcare and the efficiency ofthe local coalition lead to a greater production of social capital. In such environments children do better than expected because their mothers are benefitting from greater access to resources and social networks that are promoted both by the childcare centres and the local coalition that connects the centers.

(Miller-Lewis, Searle et al. 2013) 
This longitudinal study aimed to identify preschool resource factors associated with young children's mental health resilience in a sample of 474 Australian preschool children. The findings suggested that early intervention and prevention strategies that focus on fostering child-adult relationship quality, self-concept, and self-control in young children may help build children's mental health and their resilience to family adversities.

1.2.2 Youth & Adolescents

(Barry, Clarke et al. 2013)
A systematic review of the effectiveness of mental health promotion interventions for young people aged 6 -18 years in school and community based settings. The review findings indicate that interventions promoting the mental health of young people can be implemented effectively in school and community settings with moderate to strong evidence of their impact on both positive and negative mental health outcomes.

(Bondy, Ross et al. 2007)
This study demonstrates how teachers create environments of success and resilience for students who have historically floundered in school. The authors describe classroom management practices used by teachers in to provide psychologically supporting classroom environments and build resilience at an individual level. The strategies focused on building effective relationships with students and using culturally responsive communication.

(Brooks 2006)
This article argues for incorporating resilience-building efforts in schools and explores ways in which the school environment could be structured to strengthen resilience in children and youths. It is proposed that schools can strengthen resilience through: developing social competence, increasing bonding between students and caring adults, communicating high expectations for students' academic and social performance, maximizing opportunities for meaningful participation of students in the school environment, promoting resilience in school teachers and staff, and creating partnerships with families and community resources.

(Campbell-Sills, Forde et al. 2009)
Campbell-Sills and colleagues conduct a scientific investigation into the association between gender, education, income and history of childhood maltreatment and stress resilience in the general community. The findings indicated that females, individuals with lower levels of education and income, and individuals with histories of childhood maltreatment reported diminished resilience overall. However together these factors explained only 11% of the variance in resilience. These findings support the role of education, economic stability and a supportive childhood as factors related to resilience.

(Foster, O'Brien et al. 2012)
This article addresses interventions for children and families living with parents with mental illness. The authors argue for the role of mental health nurses and the use of family focused care frameworks to support families, build family resilience and address challenges relating to parental mental illness.

(Gillespie and Allen-Craig 2009) 

The effects of a wilderness therapy program in Victoria was shown to have a positive impact on the resilience of male youth at risk. The 5 week residential program included group and individual activities, community involvement, living a simple pioneering lifestyle and wilderness experience (including a 10 day hike). The results of the resilience and protective factors suggest that the program can help at-risk participants build upon skills and factors that may help them develop resilience to overcome risks and avoid negative outcomes in the future. The paper concludes that this study gives strong preliminary support for the use of wilderness therapy as an intervention to help strengthen protective factors and increase resilience in male adolescents considered at-risk

(Hamiel, Wolmer et al. 2013)
Drawing on research with youth exposed to disasters, this article argues that, among populations affected by disasters, children are particularly and thus should be targets for preventative and post disaster interventions. The authors we describe the Cohen-Harris Model of Urban Resilience, its rationale, and its four resilience programs (health/mental health, population, information and school resilience).In this model, the local authority serves as the command center for emergency preparedness and resilience is developed through everyday activities that are an integral part of the urban routine. This model relies on interest in child welfare to enlist leaders, institutions and communities to act as well to motivate the entire community and to implement far-reaching and systemic changes.

(Herrman, Purcell et al. 2012)
The gap between unmet need and access to care for mental ill-health is wider for adolescents and young people aged 12-25 years than any other age group worldwide. The authors highlight the importance of this age group for addressing mental health needs and suggest improved understanding of youth mental health within communities; involving young people and their families in decisions that affect them and using information technology to assist with care as starting points towards policy and practice changes

(Jain, Buka et al. 2012)
Jain and colleagues use the Developmental Assets framework to examine whether supportive relationships, high expectations, and opportunities build emotional resilience in youth aged 11-16. Positive peers and supportive relationships with parents and other adults had significant main effects. The authors suggest strengths-based policies and systems should focus on building developmental assets within the family, peer, and community environments for high-risk youth who have been exposed to violence.

(Lee and Stewart 2013) 
The impact of a resilience intervention within Queensland primary schools was tested to determine its effectiveness in improving resilience among children. The program used a holistic health promoting school (HPS) approach. After 18 months of implementation, students who received the intervention had significantly higher scores than the control group on students' family connection, community connection, peer support, and their overall resilience. This study provides support for the effectiveness of resilience building approaches for children and highlights the opportunity for schools as an avenue through which our nation can build resilience.

(Mykota and Muhajarine 2005)
This research examined community resilience in neighbourhoods and factors within them that may contribute to positive or negative outcomes in children and young people. The qualitative study outlines a framework for community resilience which focuses upon both physical and social infrastructure.

(Neil and Christensen 2007) 
A systematic review to determine the efficiency of Australian school based prevention and early intervention programs for anxiety and depression. Examples of programs included in the study are MindMatters and Beyondblue schools programs. The findings revealed that a large portion of programs report positive outcomes either immediately of after follow-up. Improvements were associated with 80% of anxiety programs 50% of depression programs. The authors suggest that such programs should be assessed and evaluated against the standards issued by the Society for Prevention Research (SPR)

(Noam and Hermann 2002)
This paper details a school based mental health prevention and intervention program for adolescents. Prevention practitioners work in classrooms and afterschool setting to provide support to students with the program integrating mental health and education for support student's academic, emotional and social success.

(Power 2010)
This article discussed opportunities for youth mental health reform in the the United States of America. Powers describes the role of mental health in overall health and argues for a public health approach to mental health promotion and mental illness prevention. The article concludes by outlining a proposed strategy to promote individual, family, and community resilience

(Smart, Hayes et al. 2007) 
The Australian Temperament Project (ATP) is now completing its 24th year and this paper provides an overview of the data relating to adolescent antisocial behaviours, substance use and aspects of positive development and wellbeing. Several pathways to vulnerability or resilience are described including the factors that relate to pathways to wellbeing

(Ungar 2005)
Ungar reviews community level factors associated with residence of youth and families including access to informal supports and formal services. The article focus on physical and social capital as means through which communities may recover from change, be adaptive and grow. The authors argue that earlier interventions and enhancing access to infrastructure, supports and services at any are more effective when they are tailored to the needs of those who are most vulnerable.

(Waters 2011)
A review of positive psychology based school intervention programs that aim to foster student wellbeing and academic performance. Waters systematically evaluates 12 school based programs and suggests that such programs are significantly related o student wellbeing, relationships and academic performance. Recommendations are made for embedding positive psychology interventions into schools.

(Wideman-Johnston 2011)
A review of the literature relating to students with chronic illness and resilience. The authors suggest that developing resilience can aid coping in these students and that nurturing resilience in educational settings can foster student success.

1.2.3 Aging

(Inder, Lewin et al. 2012) 
This study investigates the determinants of well-being in a sample of older adults from rural and remote Australian communities. Survey data were used from the Australian Rural Mental Health Study, a population-based longitudinal cohort of adults randomly selected from electoral rolls. Well-being was generally higher among those aged 65 years or older, compared with younger groups, with the notable exception of perceived physical health. Among those aged 65 years or older, poorer well-being was associated with older age, one or more chronic diseases, and a history of depression, stress or anxiety. Higher levels of perceived community and personal support improve current well-being and are protective for moderate to high psychological distress.

(Lavretsky and Irwin 2007)
This article summarizes the literature on resilience to stress and aging. Key concepts and definitions of resilience are identified, and psychosocial and biological factors contributing to resilience that are universal across ages, as well as those that are unique to aging, are reviewed. Current and potentially useful intervention approaches to promote resilience and wellbeing are also reviewed. Views on future directions in resilience research and interventions targeting resilience are offered.

(MacKean and Abbott-Chapman 2012) 
The authors investigate older people's perceived health and wellbeing and the contribution of peer run community based organizations. In depth Interviews were conducted with older people, aged 65 and over, who were members of community groups in Tasmania. The findings suggested that such groups provided companionship, mutual support, a choice of enjoyable activities, and the opportunity to contribute life-time knowledge and skills to the running of the group. In turn these helped to foster feelings of wellbeing, resilience and coping.

(Smith 2009)
The aim of this article was to explore the influence of resilience on the willingness of those aged 65 and over to seek support form depressive symptoms, A direct, predictive relationship between resilience and willingness to seek mental health care was documented. In recognizing the relationship between resilience and willingness to seek mental health care the authors argue for future research for interventions that bolster resilience in older adults.

(Wiles, Wild et al. 2012)
This research uses interviews and focus groups to explore older people's understanding and experiences of resilience. These views highlight the need to consider the effectiveness of environmental community resources and social-political structures, as well as the personal characteristics when considering resilience in old age. The authors argue that resilience is multifaceted and should be communicated as such so that a person who may face constraints in one area, such as physical or economic wellbeing, can recognize their strengths in other areas such as social relationships or mobility.

1.3 Indigenous

(Anderson, Bilney et al. 2012) 
This article draws attention to the extent to which Australian Aboriginal people experience grief and loss more frequently that the general population. This research investigated grief and loss in Aboriginal communities in order to generate ideas for how workplaces could be better equipped to support Aboriginal staff during bereavement. The

recommendation, based on the findings were: train non-aboriginal staff in aboriginal culture understanding and respect, review organizational policies regarding bereavement leave and funding further research to investigate was for developing Aboriginal community resilience in dealing with ongoing loss and grief.

(Burack, Blidner et al. 2007)
The authors present a developmental framework for understanding risk, resilience and wellness among aboriginal adolescents. The conceptual focus is on competence within the context of continually ongoing transactions in which the adolescents effect and are effected by the various layers and components of the environment. It is argued that this framework has universal application despite differences amongst Aboriginal Communities in Canada, USA and else ware.

(Kirmayer, Sehdev et al. 2009)
This paper is a discussion of community resilience within the context of Aboriginal health and wellbeing. It is proposed that the concept resonates well with aboriginal perspectives due to its focus on collective strengths and resilience is examined in as it applies to families, communities and larger social systems. The authors review interventions that promote resilience in aboriginal communities, traditionally these have focused on strengthening social networks and support, enhancing cultural identity, supporting families towards healthy development of children, enhancing community empowerment and increasing economic opportunities.

(Landau 2007)
A theoretical framework for community resilience is presented which focuses on initiating and sustaining change in communities that have undergone rapid and untimely transition or loss. This model has a strong focus on community links and connectedness and interventions based on this framework would involve engaging respected community members to act as the agents for change. These community members provide a bridge to outside professional support, families and communities and are particularly valuable in circumstances where outside interventions may not be welcome. The authors provide examples of successful interventions using this framework in communities around the world.

(Livingstone and Sananikhone 2010) 
Pathways to Resilience was a rural and remote indigenous communities suicide prevention project funded by the Department of Communities in 2008. The project focused on a range of activities centered on raising awareness, community partnerships and community capacity building. The final report outlines the program and evaluation process and outcomes. The key success factors were identified as; community ownership, culturally appropriate activities; activities focused on awareness raising and safe environments, the model had a strong capacity building focus, community partnerships and networks were formed and there was flexibility to ensure that the activities addressed the individual needs of the community.

(Tousignant and Sioui 2009)
This article explores pathways to resilience amongst Aboriginal communities. Theoretical concepts and the literature relating to resilience and family resilience, social capital, cultural identity, and spirituality are reviewed. The authors detail resilience intervention projects that have tried to enhance social capital, wellbeing and resilience of Canadian Aboriginal communities.

1.4 Rural Remote

(Buikstra, Ross et al. 2010) 
This article identifies relevant issues from the resilience literatures, and presents the findings from a rural Australian research project that investigated community and individual resilience using a participatory action research approach. The components of resilience identified through the project were social networks, positive outlook, early experiences,; environment and lifestyle; infrastructure and support services; sense of purpose; diverse and innovative economy; embracing differences; beliefs; and leadership. This research confirms contributes towards increasing the evidence base for design of strengths-based approaches to community development and mental health interventions.

(Crockett, Taylor et al. 2006) 
This article details the results of a pilot study using rural community pharmacists in the management of depression. The intervention involved provision of training to the pharmacists who were asked to provide advice and extra support to patients when dispensing medication for depressive symptoms. Improvements in wellbeing gained within a two month period suggested that involvement of the pharmacist had a beneficial effect. The study suggests that that mental health delivery in rural communities may look to integrate the skills of pharmacists who work within the communities

(Hart, Berry et al. 2011) 
This article discusses a program which aimed to improve wellbeing in rural NSW communities facing drought. The intervention included raising mental health literacy, organizing community social events and disseminating drought related information. As part of the program 3000 people revived training and free rural support line was established to provide advice and referral to rural mental health services.

(Hegney, Ross et al. 2008) 
The outcome of a Linkage Grant examining resilience in rural communities, this report is a toolkit intended to provide ideas and information to enhance resilience through community programs. The report is sectioned into 11 resilience concepts which are proposed to enhance individual and community resilience. These include social networks and supports, positive outlook, learning, early experience, environment, infrastructure, sense of purpose, diverse economy, embracing differences, beliefs and leadership.

(Inder, Lewin et al. 2012) 
This study investigates the determinants of well-being in a sample of older adults from rural and remote Australian communities. Survey data were used from the Australian Rural Mental Health Study, a population-based longitudinal cohort of adults randomly selected from electoral rolls. Well-being was generally higher among those aged 65 years or older, compared with younger groups, with the notable exception of perceived physical health. Among those aged 65 years or older, poorer well-being was associated with older age, one or more chronic diseases, and a history of depression, stress or anxiety. Higher levels of perceived community and personal support improve current well-being and are protective for moderate to high psychological distress.

(Maybery, Pope et al. 2009) 
The authors highlight the impact that climate conditions and changes to the farming sector are having on the wellbeing on Australian rural communities and point out the this

risk is further enhanced by isolation from services and resources. This study examines community assets important for resilience of small inland rural communities in NSW. Social assets including parents and citizens associations (P&C), sporting clubs and groups, and service agency assets including schools were rated as the assets of most benefit to the community in their contribution towards sustaining relationships and connectedness of community members. The authors argue that when developing interventions or support services, policy makers should recognise these social assets for their contribution to the resilience and well-being of rural environments.

1.5 Culturally diverse communities

(Borrero, Lee et al. 2013)
This article investigates schools as a means of enhancing resilience in low income immigrant youth. A case study describes organizational practices at a school where the majority of students are English language learners. The authors share the successes of this school as a model for educating students from similar backgrounds in similar contexts

(Broadbent 2013) 
Broadbent discusses support activities that guide young people away from intolerant and radical ideologies and encourage positive participation in the community. The article outlines the results of a multicultural leadership program in which 16 young people attended and how such programs can continue to build the capacity of communities to build
scaffolds of support that ensure the inclusion of young people and not their marginalization.

(Ellis, Miller et al. 2013)
Project SHIFA is a multi-tiered program for refuge youth. The program includes prevention and community resilience building for the community at large, school-based early intervention groups for at-risk students, and direct intervention using an established trauma model (trauma systems therapy) for those with significant psychological distress. An evaluation of the program in New England with Somuli refugee youths showed improvements in both mental health and resources. The authors also reported that the stabilization of resource hardships coincided with significant improvements in symptoms of depression and posttraumatic stress disorder in these youths.

(Mason and Pulvirenti 2013) 
This article discusses domestic violence and community resilience with the context of refugees. Mason argues that protective factors that build resilience for the benefit of the whole community can also help build resilience against domestic violence within that community (and vice versa). Results of an empirical study with service providers in Australia are presented which consider the role of the community in building resilience for former refugees whose new communities comprise groups of people with different histories and whose interests may at times conflict with each other.

(Raffaelli, Tran et al. 2012)
This research investigates wellbing of immigrants and factors associated with individual and family wellbeing. Composite measures of economic and social capital were positively related to family well-being; and a negative community climate was associated with lower levels of life satisfaction, financial wellbeing and food security. Unexpected findings were that latina mothers with higher levels of human capital reported lower levels of life satisfation.

(Sonn and Fisher 1998)
This article reviews the liturature relating to sense of community and resilience within the contexts of opression and change. The authours discuss the community social assets and networks such as church groups, sporting clubs, extended family and other organisational groups as ways to build a sense of community and resilience in community suffering from opression.

2 Australian Mental Health Workforce

(Australian Institute of Health and Welfare 2011) 
This report details the Australian mental health workforce in 2011. The key points highlighted in the report are as follows:

- Nationally, there were 12.9 FTE psychiatrists and 77.0 FTE mental health nurses per 100,000 population in 2011. For psychiatrists and mental health nurses, the highest rates were seen in Major cities (16.4 FTE and 81.7 FTE per 100,000 population respectively).
- In 2011 about one-third of mental health nurses were male, compared with around 1 in 10 of the general nursing workforce. Around two-thirds of psychiatrists were men compared to three-quarters of all medical specialists.
- The proportion of mental health nurses aged 55 and over increased from 21.0% in 2007 to 27.2% in 2011. Psychiatrists aged 55 and over made up around 40% of the workforce in 2011, which has been stable since 2007.

(Crockett, Taylor et al. 2006) 
This article details the results of a pilot study using rural community pharmacists in the management of depression. The intervention involved provision of training to the pharmacists who were asked to provide advice and extra support to patients when dispensing medication for depressive symptoms. Improvements in wellbeing gained within a two month period suggested that involvement of the pharmacist had a beneficial effect. The study suggests that that mental health delivery in rural communities may look to integrate the skills of pharmacists who work within the communities

(Freijser and Brooks 2013) 
This report outlines the current and projected mental health workforce and the challenges in the context of youth mental health reform. Examples of some key reccomendations from the report include:

- Immediate action to address the current workforce challenges and build the capacity required to support the feasibility of implementing expanded policy options in the future.
- Establishment of a national plan for workforce training and research in youth mental health to inform robust workforce planning.
- Development of a national approach for ongoing skills development and national standards for the youth mental health workforce.
- Ensuring a significant proportion of workforce is met through growth rather than exacerbating existing shortages in the mental health sector.
- The establishment of systems and resourcing to enable the provision of clinical placements in mental health facilities including headspace centres and EPPICs, to expose relevant disciplines to these models of care and attract new graduates to youth mental health.
- Maximising the use of new and emerging technologies to provide access in rural and remote regions, and for clients who are difficult to engage by traditional means. Ensure that new platforms facilitate the use of these technologies through investment in infrastructure and training in the use of ITC supports.

(Mental Health Workforce Advisory Commitee 2011)
The Australian Mental Health Workforce strategy provides key areas for consideration and further development to inform and support initiatives that will ensure that Australia's mental health workforce continues to grow, and is equipped to provide effective and

appropriate services across the clinical and community support sectors. The focus of this strategy and plan is the workforce, whose primary role involves early intervention, referral, treatment, care or support to people with a mental illness, in a mental health service or other health service environment,
including non-government community mental health services.

The strategy focuses on five outcome areas:

- Developing, supporting and securing the current workforce.
- Building capacity for workforce innovation and reform.
- Building the supply of the mental health workforce.
- Building the capacity of the general health and wellbeing workforce.
- Data and monitoring and evaluation.

3 Measuring and Monitoring

3.1 Community level indicators

(Albrecht and Ramasubramanian 2004) 
This article suggests combining census data with Geographical Information Systems (GIS) to measure and monitor wellbeing of our population. The authors present and Index of Relative Wellbeing, 10 variables from the census that can be used to describe the health status of a particular census area. It is suggested that spatial distribution of health inequalities can be in the policy making area to better manage and monitor resources.

(Besleme and Mullin 1997)
The authors discuss the use of indicators to monitor progress towards wellbeing and community goals. Examples are drawn from various community indicator projects address the area of community sustainability, quality of life, performance evaluation and community health. It is argued that indicators, in and of themselves, can mobilize change in communities.

(Cox, Frere et al. 2010) 
This article provides an overview of the development of Community Indicators Victoria (CIV), a local community wellbeing indicators initiative in Victoria. The historical context of wellbeing and progress indicators is discussed within the global context and within the context of Victorian and Australian policy. The article addresses the steps involved in establishing the CIV, including the framework, data sources and communication and concludes with reflections and lessons learnt from the process.

(Glover, Lee et al. 2011)
This paper presents the preliminary findings of a prototype index of factors affecting mental wellbeing in England. Commissioned by the England Department of Health, researchers developed a conceptualization of factors affecting wellbeing across five domains; positive start in life, resilience and a safe and secure base, integrated physical and mental health, sustainable connected communities and meaning and purpose. Proxy measures from routinely collected government statistics were identified and the index was piloted for 149 local government areas.

(Kirmayer, Sehdev et al. 2009)
Kirmayer and colleagues examine the importance of community resilience for Aboriginal health and wellbeing. Within the article methods for measuring community resilience are reviewed, including the advantages and disadvantages of each method.

(Kramer, Seedat et al. 2011)
This article is a critical review of asset based community assessment instruments. Measures of social capital, social cohesion, community resilience and sense of community are included in the review. The authors suggest that the challenges associated with community assessment measures may be addressed through the employment of combined measures that draw both quantitative and quaitative paradigms, framing the assessment within a participatory approach and perusing a multilevel approach to analysis at both the individual and group level.

(Miles, Greer et al. 2008) 

The article outlines a model for measuring community wellbeing in central Queensland. The "Six-by-Six" community wellbeing model features 36 indicators across six domains which cover economic, environmental and social wellbeing. A case study applying the model is presented along with an evaluation of constrains and suggestions for future development and application of the index.

(Seligman 2013) 
Seligman outlines the various activities under way to measure wellbeing in South Australia. These include addition of wellbeing questions to the South Australian Monitoring and Surveillance System (SAMSS); the piloting of a Middles Years Development Instrument ((MDI) with young people around the age of 12; and research by the University of Adelaide using the Corey Keyes instrument.

(Sherrieb, Norris et al. 2010)
This paper focuses on the assessment of the capacities theorized to produce community resilience, based on the model of Norris et al (2008). Community resilience in the context of this study is conceptualized as the community's ability to bounce back after a major stressor or disaster. Indicators or Social Capital and Economic Development capacity at the country level were identified for the index and validated.

(Victorian Community Indicators Project 2006) 
Community Indicators Victoria is a collaborative project aimed to provide local community wellbeing indicators. The CIV indicators are groups into 5 domains of healthy, safe and inclusive communities; dynamic, resilient economies; sustainable built and natural environments; culturally rich and vibrant communities and; democratic and engage communities

3.2 Questionnaires for community members

(Ahmed, Seedat et al. 2004)
Ahmed and colleagues develop a questionnaire to assess community resilience. The questionnaire is developed and validated using low socio economic neighborhoods in the Western Cape of South Africa. The questionnaire measures 7 aspects of community resilience including employment-seeking behavior; the ability to protect households physically; community networks and relationships; the presence of community structures and leadership; knowledge of the treatment of injuries; and hope and the ability to persevere in spite of adversity.

(Christakopoulou, Dawson et al. 2001)
The Community Wellbeing Questionnaire assesses satisfaction with the built environment, environmental quality and services and facilities. The authors outline the theoretical basis of the questionnaire and present reliability and validity data from UK, Ireland and Greece.

(Cohen, Leykin et al. 2013; Leykin, Lahad et al. 2013)
The conjoint community resiliency assessment measure (CCRAM) is self report tool for profiling and predicting community resilience for emergencies. Community resilience, in the context of this measure, describes the community's ability to function amidst crises or disruptions. Six factors for community resilience include Leadership, collective efficacy, preparedness, place attachment, social trust and social relationship. The measure comprises of both a self-report questionnaire for members of the community as well as a checklist used to collect information on the existence of infrastructure and the availability

and accessibility of services in routine and emergency situations. Two studies assessed the psychometric properties of the tool and demonstrated its use for

(Forjaz, Prieto-flores et al. 2011)
The community wellbeing index (CWI) is measure of an individual's level of subjective wellbeing and satisfaction with the local place of residence. The questionnaire includes scales relating to community services, community attachment and physical and social environment. This article validates the CWI in a sample of people aged 60 years and over in Spain.

(Sherrieb, Louis et al. 2012)
Community resilience is considered in the contexts of enhancing disaster readiness and response capability. The authors examine using school principals as key informants to provide perspectives on community resilience other than that of public officials. This study involved surveying school principals about social capital, community competence, economic development and communication related to disaster responses. The findings showed ratings of community resilience varied according to the school's level of economic resources. The authors concluded that school principals are in a role to identify capacities for disaster leadership.

(Sirgy, Widgery et al. 2010)
This article outlines the development of a subjective measure of community wellbeing. This measure includes questions relating to community resident's perceived quality of life, and impact of community services. 14 different life domains were specified through which the authors proposed community conditions and services impact residents' overall life satisfaction. These were: social life, leisure life, health life, safety, family/home, political, spiritual life, neighborhood, environmental, transportation, education, work, financial, and consumer life. The authors suggest that the community leaders conduct regular community surveys to assess not only overall community well-being but the extent to which residents perceive community services and conditions contribute to their well-being across life domains.

(Sun and Stewart 2007)
This paper provides details the development and validation of a population based resilience measure for children in schools. The authors suggest that the tool can provide health educators and researchers with reliable and valid resilience measures, which can be used as guidelines in implementing evaluation programs for the prevention of mental health problems in children.

Appendix 2 Reference List

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Appendix 1: Literature Search Strategy

Keywords

Community	Measures
Resilience	Interventions
Wellbeing	Build
Well-being	Grow
Mental Health	Develop
Conceptualization	Improve
Indigenous	Rural
Workforce	Urban

Search Strings

1 ab(concept*) AND ab(("community resilience" OR "community wellbeing" OR "community well-being"))
2 ab(measure*) AND ab(("community resilience" OR "community wellbeing" OR "community well-being"))
3 ab(build* OR grow* OR improv* OR develop* OR intervention*) AND ab(("community resilience" OR "community wellbeing")) AND ("mental health")
4 ab("community") AND (ab(resilience OR wellbeing) NEAR/2 ab(build* OR grow* OR improv* OR develop* OR intervention*))
5 ab("community") AND (ab(resilience OR wellbeing) NEAR/2 ab(build* OR grow* OR improv* OR develop* OR intervention*)) NOT disaster
6 ab(resilience) AND (ab(mental health OR mental illness))
7 ab(resilience) AND (ab(wellbeing OR well-being)
8 ab("community resilience")

Databases

1 ProQuest Central.

Largest aggregated full-text database with thousands of periodical titles and millions of full-text articles available. It serves as the central resource for researchers across 160 subjects ad provides access to thousands of scholarly journals.

2 Scopus

The largest citation and abstract database of peer-reviewed literature and scientific web sources (covers scientific, technical, medical, social sciences literature as well as arts and humanities). Advanced features include tracking and analysis tools for identifying cited references, authors and publications.

3 Science Direct

Journals and ebooks published by Elsevier and other STM publishers, covering multidiscipinary topics from the life and social sciences, technology and business. as well as science. International. Fulltext. Dates vary.

4 Google Advanced Search

The web was searched for grey literature (i.e reports by government and organisations) relating to the topic