Supporting the mental health and wellbeing of the residents of Airds – during and beyond housing renewal

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Executive Summary

Introduction
The suburb of Airds and surrounding areas in South-Western Sydney are currently undergoing housing renewal, changing from predominantly social housing to a mixed-housing community. Current evidence suggests that housing renewal can improve quality of life for residents depending on the way it is done. This research was undertaken to gain insight into the mental health and wellbeing of Airds residents during the time of housing renewal and how to best support their needs, through the views of local service providers and volunteers. At the time of this study, housing renewal was proceeding, with demolishing and new building of houses taking place. Some social housing tenants were moving away from Airds and private owners moving in.

Methods and participants
Data was collected in semi-structured individual and group interviews in 2015 and 2016. Participants were purposively selected as community-based workers, volunteers and managers who provided services and community development activities within Airds and had experience of working with residents with mental health vulnerabilities. Seventeen people were interviewed, six in a focus group, 2 in an interview together and nine in individual interviews. Nine participants were also local residents.

Key findings
1. Housing renewal in Airds – optimism and concerns
   - Airds was seen as a resilient community despite its significant socioeconomic disadvantage. Participants perceived general optimism amongst residents that positive changes would be brought to Airds through housing renewal, including improved community facilities, decreased stigma and greater opportunities.
   - There were concerns that social mixing could lead to people with high health needs becoming even more hidden within the new community and experiencing further marginalisation and disadvantage. Cessation of community development strategies put in place during transition could lead to vulnerable people being left without support again.

2. The process of housing renewal – effects on mental health and wellbeing
   - Coping with a changing community could affect health and wellbeing. The dispersal of social networks was difficult and could lead to loss of friends and of standing within the community. Grief could occur as residents left their long term family homes. The process of housing renewal could cause considerable stress through observing the demolishing of neighbourhood houses, uncertainty related to relocation timing and fear that community resources and services that residents relied on would cease to exist. Those with mental health problems or disabilities and the elderly were more vulnerable.
   - The increased involvement of housing support workers during the renewal process had led to uncovering of mental and social support needs, such that the workers had an additional role in providing linkages for residents to health and social support services.
   - Mental health could be destabilised by broken linkages with healthcare providers or support services with whom a trusting relationship had been built up over time. Thus the needs
residents with existing mental health problems needed to be carefully considered and managed during housing renewal.

3. **Mental health and wellbeing in Airds**
   - Social and emotional wellbeing was identified as a priority in Airds, given the high numbers of people with mental health and substance misuse problems, and long term intergenerational life trauma, mental illness and social disadvantage.
   - Barriers to uptake of referrals and available services include the stigma of mental illness and distrust of providers, normalisation of ill health within the community, competing life priorities, affordability, waiting lists and poor public transport in the area.
   - Some population groups with disability and mental health problems were considered to be falling through the cracks of existing services, such as Aboriginal people and culturally and linguistically diverse people, and strategies to engage with them were needed.

4. **Supporting community wellbeing**
   - Local facilities, activities and groups to provide support, connectedness and community development were seen as vital to social cohesion in Airds. The large community centre in Airds, known as AB central, was serving an important function throughout the renewal process. A similar local community facility was recommended to be established in the new community to bring residents together and provide support to those with high needs as well as promoting social capital in the new Airds community.
   - There was ongoing need for accessible, affordable, culturally competent health and social support services. Inclusive eligibility and co-location of services, such as with services facilitated by the South Western Sydney Primary Health Network, would aid accessibility.
   - Utilisation of paid and volunteer community workers from culturally diverse backgrounds would promote social inclusion.
   - Community advancement strategies should include educational and employment opportunities.
   - Local leaders and volunteers should be encouraged and supported.
   - Housing renewal program staff and community volunteers have important roles in supporting people to access health and other services and this is therefore an important training need. They require training in how to detect mental health problems and knowledge of available services and referral pathways.
   - Promoting community awareness of mental health and disability is needed, including decreasing the stigma of seeking help for mental illness, disability and psychological distress.

**Conclusion**
Engaging residents in community activities, promoting educational and work opportunities and ensuring the availability and accessibility of health and social support services throughout and beyond the housing renewal transition period is important to promote individual and community health and wellbeing. This can be assisted by maintaining or re-establishing local facilities, supporting community volunteers, ongoing inclusive community development initiatives and recognising the intergenerational disadvantage of many people in Airds and taking a long term view of residents’ needs.
Introduction

The suburb of Airds and surrounding areas in South-Western Sydney are currently undergoing housing renewal(1). Airds is significantly socio-economically disadvantaged, calculated on the basis of the high prevalence of multiple risk factors such as unemployment, single parent families, low annual household income and low levels of academic attainment(2). Socio-economic disadvantage has been associated with an increased frequency of mental health disorders(3) and neighbourhood disadvantage is also associated with poorer mental health(4).

The staged housing renewal is changing the area from predominantly social housing to a mixed-housing community(1, 5). Public housing de-concentration policies are in place internationally in an effort to improve individual and community wellbeing through physical improvements and reconfiguration of housing estates, community development initiatives and asset sales aimed at changing the social mix. Vigorous academic debate on the housing policy of social mix continues internationally. Such debate centres around the need to avoid further marginalisation of vulnerable social housing tenants during housing renewal and concerns that social mix in housing may be inappropriately considered a panacea for social disadvantage(6, 7). Current evidence suggests that renewal projects which increase social mix in housing can improve quality of life for residents depending on the way mixing is produced(6).

Research with social housing tenants within United Kingdom communities undergoing housing renewal identified optimism for improved local facilities, enhanced community reputation, and increased opportunity and equality(8). Housing renewal did not appear to negatively affect mental health during the renewal processes(9) and there was some evidence of improved mental wellbeing through positive feelings about one’s neighbourhood and one’s place in it(10).

While hopeful for community improvements and a cohesive social mix, understandable uncertainty for residents going through such renewal projects may arise(11). The strain on mental health is likely to vary according to individual circumstances and susceptibilities. Individuals with existing mental health problems or adverse life circumstances may be particularly vulnerable to stresses caused by relocation and other life changes. Care continuity may be disrupted. Thus, throughout the renewal process, it is important to consider the mental health needs of the community, and the availability and accessibility of mental healthcare and social support services.

This research was undertaken to gain insight into the mental health and wellbeing of Airds residents and how their needs are best supported, including during the time of housing renewal, through the views of stakeholders and service providers. At the time of this study Airds was in the process of implementing a 30% social, 70% private housing mix of residents. There was both demolishing and new building of houses and some social housing tenants were moving away from Airds and private owners moving in.
Methods

A qualitative methodology was used. The research plan was developed by a University-based team and informed by consultations with Housing NSW project staff from the Airds-Bradbury renewal project. Data was collected in semi-structured individual and group interviews in 2015 and 2016. Participants were purposively selected as community-based workers, volunteers and managers who provided services and community development activities within Airds and had experience of working with residents with mental health vulnerabilities during the housing renewal. The interviewers were members of the university-based research team who worked outside the Airds community. The content of the interviews comprised views on the Airds community and how it had changed over time, experiences in working within the community, views on residents’ mental health and wellbeing, community development and on barriers and facilitators to accessing mental healthcare services. Participant views on initiatives to promote and support mental health in Airds residents were also sought.

Interviews were face to face or by telephone, audiotaped with permission and transcribed verbatim with identifiers removed. Thematic analysis (12) was done iteratively with data collection, and data was handled with NVivo 11 software. Themes were developed initially by two researchers, and refined through review of de-identified data and discussion of themes with the wider research group. Data saturation for key themes was achieved.

Results

Seventeen people were interviewed, six in a focus group, 2 in an interview together and nine in individual interviews. Participants worked in a mixture of community volunteer, community development and service provider roles, including related to housing, social support and health. Nine of the participants identified themselves to also be local residents, living in Airds or nearby suburbs, and spoke from personal experiences as community members as well as service providers or volunteers. Twelve were female and five were male. Two participants identified they came from a Pacific Islander background and one from a Maori background. Participants from the Aboriginal and Torres Strait Islander community health service were invited but declined to participate due to other concurrent research priorities. Interview duration ranged from 19 minutes to 112 minutes, with a median duration of 43 minutes.

Themes determined from interviews related to perceptions of Airds as a community, experiences of the processes of housing renewal in Airds, mental health and health care needs and access to services in Airds.
Airds as a community

Participants identified Airds as an area of significant socioeconomic disadvantage but also emphasised the family-centred nature of the suburb. The resilience of the community was remarked upon as a notable strength, as was the accepting non-judgemental attitudes within the community. The community had some high quality community assets. In particular, the local schools were respected and the local Aboriginal Medical Service was highly regarded, providing a range of programs for Aboriginal and Torres Strait Islander people.

*I would say it’s a relatively good suburb, mostly full of good people.... I think most of the people here are just good honest hard working people and families that are just trying to live and survive.* (Participant 1)

*There are always good, positive things, and they’re great communities and there are some people who have really struggled and struggled and struggled and they’re resilient.* (Focus group 1)

*It’s a very respectful community of each other and they accept everybody – they accept their differences in each other and it’s – they’re not very judging of each other.* (Participant 7)

Several participants identified that there was some stigmatisation of Airds related to outsider perceptions of social problems in the area, which they considered to be exaggerated. The stigma of living in Airds was also said to be related to its physical appearance.

*They see this big stigma about coming from Airds. Even people that are moved said for their children to get jobs, if they apply for jobs and have an address as Airds, they thought that’s why they didn’t get jobs.* (Participant 7)

*The shopping centre is ... a very lonely sort of a place, not many shops there and there’s not much money around here ... it doesn’t look good for the place, mate. It’s very drab; it gives you a bad outlook.* (Participant 1)

Participants emphasised that many of the problems they saw through their work at the front line of service provision and community development in Airds were not particular to Airds. Rather they were commonly encountered amongst people who required support through social housing and were therefore more likely to be vulnerable in relation to socioeconomic disadvantage, disability, mental health and other chronic health problems.

There was a perception that much progress in improving the wellbeing of the community of Airds had been made over many years prior to the commencement of the housing renewal project. These improvements were seen as related to community initiatives and services that had been in place for some time in Airds, as well as a natural cycle of community development and strengthening over time.

*As community workers, we can see there is transformation of Airds Bradbury, another tranche is happening. There was a lot of hard work to put in place; not by us workers - the local community.* (Participant 9)
I don’t think Airds has got anywhere near a bad name as what it used to have, and that’s again because of the people, not because of the environment. Because what you’re finding, of course, is that those people who were the problem 30 years ago have gone through the divorces or the single mothers or what have you, all that sort off happened and everyone settled down. That’s the normal way to that communities develop over time. (Participant 3)

Housing renewal in Airds – optimism and concerns

Optimism for the future
Most participants were optimistic about the future benefits of the renewal project on the wellbeing and quality of life of residents in the Airds community. Expectation of enhanced community facilities was an important cause for optimism. Some participants believed that residents were already being reassured through the renewal process by the visible improvements in Airds which were occurring such as new housing and roads.

There was a bit of dispute between the residents and Housing and all that. Now, no more, they can see the transformation and watch the change of Airds, the difference ... they see the positive of the new Airds coming up. (Participant 9)

Improved community reputation and decreased stigma for residents in Airds was an expected gain as participants believed that people external to the community would be less judgemental of a mixed housing suburb and the physical appearance of the suburb would improve.

Housing commission people, I think they get the wrong impression. They’re not bad. You get a few bad apples in it and it’s bad for the rest of the community. And I think having private houses in amongst them, I think it’s going to lift the standards and I think it’s going to be a lot better for them in the end. (Participant 2)

The perceived success of the similar housing renewal program at the nearby community of Minto was often suggested to be a further reassurance for the future.

I remember quite a few people from Minto, ... they said it was the best thing they’d done. They’d been moved into a house that was in among private houses, and they said it was so nice, and they didn’t realise. They used to have guard dogs in the garden but now, because of the private housing, it was a different place. (Participant 2)

They think, “Oh, they’re going to pull my house down.” I was like that – I didn’t want to. I said, “I like here.” But then when I went to Minto ... I’m on the new part right on the top of the hill. I’m really lucky – brand new home it was. So you have to move out of that area to see the difference. (Participant 6)

Concerns around the effect of social mixing on service provision
Some participants were less confident that substantial change in quality of life for residents could be achieved by changing the social mix in the community given the deep problems suffered by many in the community. They felt the same problems related to mental illness, disability and socioeconomic marginalisation would reoccur in their new community.
Some participants worried that the high need of many Airds residents could become hidden after the suburb became a mix of 30% social housing and 70% private homes, leading to loss of programs and services. Such services were seen as already too stretched for the need.

They’re not going to run something for 30%. I think they’re trying to get these people to act like private housing people. (Participant 2)

And as far as services goes for Airds, there’s beggar all. There’s the community centre … they’re going to shut that community centre down. (Participant 1)

Furthermore, the ongoing development of Airds was described as demanding increased resources. Some participants worried that the impetus for community development which was in part driven by housing renewal may lapse without additional and ongoing funding.

So the development of Airds is all right, but what concerns me is resources, recreations for the kids… the policy within the government system has changed, including the council. The programs and the venue, it’s impossible to get access. Activity, if we don’t have money to provide resources, we can’t have activities, that’s the downfall of Airds Bradbury. The community is there, there are a lot of changes there, where can we draw resources? (Participant 9)

The process of housing renewal – effects on mental health and wellbeing

Coping with a changed community
As Airds changes through the renewal, participants were aware that there could be stresses on health and social and emotional wellbeing, such as through loss of the community the residents knew. The sense of dispersal of social networks was very challenging for some. Establishing oneself in a new community could create strain. Adjustment to a new community culture was faced by all residents, even if they stayed in Airds, because of the changes inherent in the new social mix.

It’s a different kind of community. They’re not knocking on the door borrowing butter, sugar. (Participant 7)

Loss of the peer groups was one of the most difficult aspects of housing renewal for individuals. Children and the elderly were particularly vulnerable.

You may decide to stay, but your friends and family may decide to leave, or the face of Airds is changing so it’s never going to be the Airds that you knew. And I don’t think a lot of people thought about that. (Participant 7)

Some residents were said to have expressed insecurity about their future roles within a new community. The community respect and standing they had built up over time and their sense of place could be threatened by the changing landscape of their community.

I’ve had some clients who were very active on roles and did community work who’ve said to me…do you think this new community coming in will accept us? And I’ve said to them, well
you were here first, they’re actually doing a big financial commitment to come and be part of this community. They know that you’re here, there’s no whitewashing it. (Participant 7)

Experiencing the processes of renewal

Uncertainty regarding future changes could cause stress. It was considered important to prepare and plan, nevertheless the time spent waiting for the planned change could be stressful and in the end happen within a matter of weeks. Watching the community change and houses being knocked down was often said to be distressing, a visible demonstration of the breaking up of the community.

I think knocking the houses down, it’s sort of degrading for them. I don’t know if that’s the right word or not, but I felt they as a community they wanted to be by themselves, but now with all of this here, they are all broken up. (Participant 2)

It’s the uncertainty of when their houses are going to be knocked down or when they’re going to be moved on, (Participant 4)

It’s very distressing for people to watch their neighbours go, houses get knocked down. We’ve had a lot of children whose parents – I see young children – have said my children are having dreams that bulldozers are going to come through my house when we’re asleep. (Participant 7)

In the same way that people were seeing homes being demolished, they were also seeing usual community spaces being removed. There was some fear and lack of knowledge about which services or community spaces would remain.

Well they do have that [community] centre from across the road from the petrol station, but they might take that all away... (Participant 2)

The demolition of their neighbourhood could be associated with anxiety as to their future and also grief for current and past losses. Moving from their homes could also lead to re-experiencing of past loss. For example, one participant spoke about how moving the memorial tree of someone who had died in the house resurrected old griefs for one former resident.

While recognising the inherent challenges in the housing renewal task, most participants believed that the process of housing renewal was proceeding well and with consideration of the social and emotional wellbeing of the original residents of Airds. Communication and development of relationships between residents and housing workers, including through regular community events, was seen as an important strategy to let people know about the housing renewal processes and to decrease uncertainty and subsequent stress. It was noted that, at an individual level, isolation and mental health could be improved by a move that was well planned and tailored to individual needs.

I’ve lived here for 40, 45 years and when I say, do you talk to your neighbours? Do your neighbours help you? No... I just stay in my house. And then we moved them into a seniors’ [complex] and they’ve now got friends the same age. They go and they do things together. (Participant 7)
Challenges for those with mental health problems
People who were disabled or had mental health problems were considered more at risk during this transitional time. Their health problems could make it difficult for them personally to cope with change and also mean they were vulnerable to loss of services, supports or disrupted care.

A lot of our members [people with schizophrenia] don’t deal with the change process very well, no matter how big or how small … they’d be starting to question: What sort of support am I going to have? What am I going to do? Where are my friends? What about the services I need? All of that sort of stuff would come into effect and that would sometimes be enough for some of our members to start to cause them to become unwell. (Participant 8)

Links with existing service providers could be broken and this could cause instability, particularly for those with mental health problems who were living singly and were socially isolated or who received a lot of support from their health or social support services.

A service like us is the family … Where there’s somebody who does have all those supports in the area, to take them away from that is a big risk because you never quite know where they’re going to end up and what’s around in the area they go to (Participant 8)

Uncovering and supporting mental health problems and vulnerabilities
The community consultation and ongoing support processes that were part of housing renewal uncovered hidden mental health problems and vulnerabilities, including family dysfunction. Housing workers’ responsibilities went beyond the commonly recognised roles of policing adherence to rent and upkeep of properties. The door to door visits by workers also created opportunities to identify problems and facilitate referrals for families and individuals to mental healthcare and social support services. Housing workers also provided support to vulnerable people at an individual and family level and also through a series of community events.

Some of this support related to promoting resilience and building positive life changes such as through education and employment, with the expectation this would improve wellbeing.

I do a lot of referrals. A lot of the clients that I talk to because I might be on the journey with them for a year, I could be with them for four or six weeks … A lot of that is doing your own research, what’s available, so I usually will ring the local mental health. (Participant 7)

For me it’s managing to try and encourage locals to get into a course, or come and volunteer, or help them look for work and things like that. So, it’s more about – yeah, trying to encourage everyone to take some sort of next step towards changing their life to a more positive outcome. That’s what I see my role as. (Focus group 1)
Mental health and wellbeing in Airds

Recognising the healthcare need
Mental health problems and drug and alcohol issues were identified as a significant community health priority. Life disadvantage and lack of self-efficacy could be intergenerational and also a cause of the poor social and emotional wellbeing and long term unemployment seen in some residents.

*There are a lot of people here who do have mental health issues ... I think they feel like they've been left behind. The world’s not fair and why didn’t I have a father, and I never had the opportunities that all the other kids had.* (Participant 1)

*I think that the mental health of people in Airds comes from their depression and suppression. Both are the same you know... four generations of a family that hasn’t worked. And no expectations of ever wanting to work. I think they get depressed because they’re so downtrodden ... some of them think that there’s no hope, this is where they’ve got to stay.* (Participant 4)

Mental health problems were also often referred to as intergenerational. Not only had poor mental health contributed to the worsened circumstances seen in some residents, its intergenerational nature was seen as also contributing to low expectations of health and wellbeing. This could lead to normalisation of being unhappy and experiencing domestic violence.

*I think a lot of people feel quite isolated being here - when I see families and I look and you can see the depression. I see people that are in deep depression, but they perceive it as being normal. That they’ve always felt this way, that it’s just – my mum was like this and I’m like that and it’s children too. Children with high levels of anxiety, depression, behavioural issues.* (Participant 7)

Predicted changes in wellbeing for some residents were unrelated to the housing renewal program. One participant predicted worsened quality of life and mental health due to toughening up of rules related to eligibility to support services for people from New Zealand.

*I can see that it’s going to get worse, and I don’t know what’s going to happen ... one thing that we can do is come together as a people and help each other.* (Participant 5)

Some participants viewed mental health problems as frequently hidden within the community. Sometimes mental health problems were not openly acknowledged because of the stigma of these conditions, or the distress that was caused by discussing them. Additionally, participants believed that some residents could be reluctant to disclose mental health problems through fear of interventions by authorities, such as removal of children from the family, and this could also prevent neighbours from reporting problems they had witnessed. Poor previous experiences of mental health management, including in their family members, could be a further barrier to disclosure and help-seeking for mental health problems.

*People not knowing what to do [regarding their mental health needs] and not being sure of what their problem is because they have no diagnosis really, because a lot of people don’t want anyone else to know that they have a mental issue.* (Participant 6)
When it becomes overwhelming, then you must feel the sense of shame... You wouldn’t tell anyone that you’re doing it [seeking care for mental health problems] ... that sort of thing is a weakness and we’re not into weak. (Participant 5)

They’re too frightened if they tell their worker that there’s this big change in their life that’s happening and they could be stressed that the worker is going to come their house more often. (Participant 7)

Working with residents to both acknowledge and overcome the stigma of mental illness was identified as one of the roles assumed by community volunteers.

Because we say, well I say to them or we all do, “If you have a mental issue about anything, don’t be scared. Sometimes if it’s shared, it’s not as bad as you think it is” ... And they say, “Oh, we never thought about that – I’m not silly.” I said, “No, you’re not, you’re not.” (Participant 6)

One participant with extensive experience with working with families affected by mental illness noted that it was vital to identify the stressors experienced by carers and provide the acknowledgement, support and management needed to assist them.

When we’re talking about identifying as a carer, instead of thinking, this is my job, its okay to think, Well, actually I do do more, and it’s having this effect on me. What are some strategies for me so that I’m looking after myself. (Participant 11)

Access to services and supports

Barriers to referrals being actioned
There were significant barriers to people accessing services. Participants noted that many people didn’t access the available services, even if referrals were made. Reasons for not accessing services included competing priorities, lack of trust in services and fear of the implications of service involvement in their lives, affordability, waiting lists and poor public transport in the area.

I do referrals, but most people won’t take up the referrals... And if you do referrals and they take them up, by the time they actually get in to someone to see them, they’ve usually changed their mind. ...They’re too frightened if they tell their worker (from Family and Community Services) that there’s this big change in their life that’s happening and they could be stressed that the worker is going to come to their house more often. (Participant 7)

When there is a referral to go seeking professional [help], and ... there’s money or fees involved, then it will be a no-no. (Participant 9)

Barriers to uptake of referrals also related to residents having a past history of trauma and lack of confidence in their ability to make a change in their life. Normalisation of poor health and disadvantage within the community could mean residents did not see a need to seek services even when quite unwell or distressed.
There seems to be a lot of services here, it probably comes back to ‘Do the people want to utilize them?’... I think a lot of self-determination. Because some people, if they know they’ve got an issue, they’ll do something about it, a lot of people won’t for many thousands of reasons. (Participant 3)

And sometimes most of our community, most of the people, they don’t want to seek professional because it's like reminding them of what happened. (Participant 9)

They think that the way they’re living is normal, because they know no different. It’s a bit like growing up in a domestic violence household, you’d come to think that that was normal, and the same with hoarding and squalor and all of those things. And one of the biggest things to tackle is that aspirational stuff. (Focus Group 1)

**Falling through the cracks**

Service providers believed that certain groups were underrepresented in their client base due to barriers to access and were likely to be falling between the cracks despite high support needs. This included Aboriginal people and people from culturally and linguistically diverse backgrounds.

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People with English as a second language, people from different cultures and non-English speaking background, people still from Aboriginal background, we’re still trying to pick up a number of those people. (Participant 10)

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It was reported there were a significant number of New Zealanders who were long term residents in the area who were not eligible for social security safeguards or locally available support services, due to national changes to residence rules. An example was given that such women may not be eligible for safe housing in a women’s refuge in the event of domestic violence. As a result, community cultural support organisations had taken on a demanding advocacy role and believed that poor access to services and poor wellbeing related to poverty were burgeoning social issues in the area.

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We’d be acting as advocates and what I am finding, though, is organisations are now ringing me to see how we can help. So, [we] advocate support, referral ... services that they can access. (Participant 5)

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**The changing landscape of services**

Loss of local services had been experienced and further loss was feared, which participants believed would have a negative effect on the mental health and wellbeing of the community. There was uncertainty about what existing services would remain and what new services may be provided in the future, related to national funding priorities and the conclusion of housing renewal. Public funding allocations were seen as unpredictable.

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There's a lot of youth services here... Housing will retreat, like we have done in Minto, and then it will be up to the community and services and I think a lot of that we could lose. (Participant 7)
Lack of funding, government cuts [leading to loss of services]... it was across the state, it was just a government thing (Participant 4)

They seem to be closing place down after place down. And it’s all gone to Sydney. Instead of being where they should be. To me, I would have thought this place down here should have been the centre of it all, where they know where it’s happening but it’s gone to Sydney. (Participant 2)

The roll out of the National Disability Insurance Scheme (NDIS) was given as an example of a major change which would affect housing and mental health services. There was reported to be a lack of awareness about how it would be operationalised and what would be the impact on clients with mental illness and disabilities. Older people with mental illness were seen as vulnerable to losing services during the move to NDIS funding.

But then we’ve got the NDIS coming down the train line, too... we actually don’t know what that means for the requirement for housing. (Focus group 1)

I have is an ageing cohort of people with mental illness as they move into the My Aged Care system, they may not be as well supported because the My Aged Care system is not necessarily geared for people with mental illness and the types of supports and interventions that they need. (Participant 10)

Supporting community wellbeing

Social connectedness through local facilities and activities

The importance of social connectedness was emphasised for future wellbeing of residents. Community spaces and facilities were seen as a way to enable and support community cohesion. Local facilities, activities and groups to provide support and connectedness were identified to be vital to the wellbeing of Airds, now and into the future. Support was provided by funded programs and also by community volunteers.

What makes good communities is having facilities that people can access easily, whether it be GPs, childcare, education, access to shopping, really easy access to shopping, being able to connect with neighbours, being able to connect with families, that works, we know that’s the type of stuff that makes good communities. ...there’s certainly some strength building to be done. (Participant 10)

[The men’s shed] just provided somewhere for the guys ... to be socially active. .... A lot of guys, they weren’t specifically interested in that type of thing but it gave them someone to come and chat/talk/hang out. (Participant 8)

Engaging people in local activities was identified as providing avenues for people at risk of marginalisation to be included in the community and to maintain their wellbeing.

Well years ago we saw an ad on television of elderly residents that were found dead in their units and houses, from weeks or months or even years, and no one had found out. So we have four senior units and we didn’t want that to happen to our residents, so 2005 the
Originals started. And we look after them and we take them on bus trips, and try to give them a better quality of life. (Participant 6)

Such activities can provide a forum for education in life skills and health.

They need to have a proper community centre, so the community can be able to utilise that on a daily and weekly basis of holding programs and activity for the local community. I was lucky enough to secure two nights a week. You know, my aim is to take the kids off the streets, for the parents to guide their own kids here. (Participant 9)

Airds Bradbury Central

The large community centre in Airds, known as Airds Bradbury (AB) Central, was highlighted as a key community asset which had been important to the success of the housing renewal project. Its role in promoting community cohesion through providing a base for community groups, services and volunteer activities was repeatedly noted. There was concern that it may be shut down but not replaced as the renewal process continued, particularly as the gradual decrease in services delivered from AB Central had been noted. Given its importance in maintaining social connectedness through the process of renewal, many believed this would decrease social connectedness.

Instead of taking services away they should be supplying more services to help overcome this issue [of socioeconomic disadvantage], but there’s nowhere to go now... They’ve lost a lot of people there [AB Central] ... so you can only do minimal things as well there, but with what staff they do have they do pretty good damn work I’m telling you, they do try hard. (Participant 2)

They need to have a proper community centre, similar to Airds and Bradbury hall, so the community can be able to utilise that on a daily and weekly basis of holding programs and activity for the local community. (Participant 11)

Accessible, stable services for a long term need

Participants recommended that stable, long term, local and easily accessible services must be in place to ensure residents got the help and support they needed for maintenance and improvement of individual, family and community wellbeing. This included the need to care for and build resilience in families who were living with mental health challenges.

Setting up that network... to wrap services around not just the one person but the whole family, and when that family has that knowledge...to build resilience in that family. (Participant 11)

Participants believed that maintenance of existing services was important for the future, and that services should not be scaled back through disadvantage and health needs becoming hidden in the new social mix in Airds.
They need to put more services in Airds, spend a bit more money and try and address these issues, instead of taking services away they should be supplying more services to help. (Participant 1)

The importance of having supportive services in place for vulnerable residents in Airds was emphasised, as it was perceived many Airds residents were strongly affected by ongoing and complex trauma and disadvantage.

There are a lot of traumatised people that are actually placed in Airds, and some of the situations that they're actually placed into adds to the trauma ... it's not always a stable environment, things happen whether you like it or not, and it adds to the people’s trauma (Participant 10)

Having localised services rather than requiring people to travel was recommended. Moving people to areas distant to their usual health services could decrease the likelihood they would attend. This was not just about availability of transport in the view of participants; it was about residents feeling that services belonged to them.

The further we move people away from there though, the less likelihood they are to go ...most people do travel back to their same doctor though. (Participant 7)

I feel the heart of these kids, and we can’t drag them to Rosemeadow, can’t drag them to Macquarie Field, or go to Macarthur Square. They need somewhere close to them. They need someone to give them some sort of support. (Participant 9)

Ease of access to services was important if services were to be well utilised and accessible to the most vulnerable residents. This included financial affordability as well as easy referral pathways to services. Clear and easy referral pathways to services, including mental health services, were considered an important part of accessibility, both for clients and for workers who sought to link clients with services. Additionally, eligibility criteria for programs needed to be inclusive rather than exclusive. Co-location of services was identified as a good way to increase access and facilitate coordination of services and good communication.

Any man that wants to walk in off the street, let them walk in and get access to legal aid, counselling, exercise centre, a gym, we are going to try to make it easier for men who have issues. (Participant 1)

It’s a really good model if you’re grouping allied health services and GPs and other non-government organisations together, it’s going to create that access. (Participant 10)

The local primary health network (South Western Sydney PHN) was seen to have a role in promoting better linkages between health and support services, including through models of co-located services and linkages between general practitioners and support services. Furthermore, integration of care for people with mental health problems leaving hospital into the community was needed and another area relevant to PHN responsibilities.

That’s what the PHNs are trying to do. They’re trying to make that link from health to community. That needs to be happening a lot better than what it has been. Especially hospital to community. At the moment the transition from being in hospital unwell to coming out into the community...that’s a real issue (Participant 10)
**Trust and long term service providers**

The benefits of longstanding therapeutic relationships were emphasised, as some residents required time to trust in service providers, thus services needed to be stable and long term rather than delivered temporarily on short term funding. Similarly there were great benefits in services retaining staff longer term so that ongoing connections are maintained, both with clients and with other service providers.

*It takes sometimes a while for us to uncover that with some of our members, what are the underlying issues; for some guys they’re quite open but for others it might take us six months to find out what the actual cause of a lot of their concerns and their issues are.* (Participant 8)

*It’s a timing thing, building relationships and everything like that, and to really understand the community needs and how they perceive their existence in Airds.* (Focus group 1)

*When you’ve got someone in a role for a few years, you know, you get that real grounded experience and knowledge of what’s out there, who’s out there and the connections that can be made. Once [service providers] start moving a lot, you lose all of that.* (Participant 11)

**Culturally competent, inclusive services**

Participants highlighted the importance of meeting the needs of the culturally diverse residents of Airds. Aboriginal and Torres Strait Islander workers working within health and service providers and good ties with the local Aboriginal community controlled health service were valued as a way to ensure high quality care. Awareness of the importance of trust when dealing with Maori, Pacific Islander and Aboriginal people was highlighted, and utilising peer workers was seen as an effective way of overcoming cultural barriers to accessing services. Furthermore services needed to include people from the cultural backgrounds who resided in the communities they served to make sure those services best understand the ways to help their clients.

*I would do referrals into the Aboriginal specialists through housing ... because then the client may want to divulge something to them they haven’t told me and then we work hand-in-hand together.* (Participant 7)

*They tend not to [access services]... For some Maori, that would be due to colonisation issues, like the mistrust of mainstream services.* (Participant 4)

*[Our team has] different backgrounds for different needs, so we have an Asian background, we have Middle Eastern background, we have Pacific background... We need more of Pacific background in the role...It’s very important and can be helpful to the community.* (Participant 9)

**Promotion of education and employment in the community**

Community wellbeing and advancement activities were a strong focus of housing and volunteer organisations. Skills training to improve self-confidence and employment prospects were seen as
important. Service providers in the area promoted linkages with educational opportunities, including TAFE courses.

*We’re trying to focus more on education, learning and employment, because that changes people’s lives.* (Focus group 1)

Housing and other organisations were cooperating on joint community development activities to promote community awareness of the renewal process and community wellbeing, and this was seen as very valuable and a strategy which should continue. The opportunity to increase health promotion activities in an inter-sectoral approach through such activities was noted.

*We do a monster event over the in the park in the school holidays where we set up stalls and we have things for kids and the parents come along. We do a Christmas event … will usually set up something about anti-smoking or something and they get a lot of people that go up and have a look and get a little bit curious. So I think if we had an event and we could promote [mental health]…* (Participant 7)

**Supporting local leaders and volunteers**

Local leaders and drivers of health promotion and community development programs assist in embedding initiatives, as well as ensuring they meet the needs of the local community. It can be difficult for staff working within such programs to operationalise broader program goals of improving community wellbeing as there are often low numbers of paid workers within these programs. Local community leadership could be important to program success.

*It’s fallen apart, because there’s no mentors, there’s no … leaderships and motivations to get the thing going … But I can’t go and run a project at every school.* (Participant 9)

Some participants believed that local volunteers were crucial because of the enormity of the community need. To encourage such volunteering the roles needed to be valued and supported.

*If we had the capacity and the volunteer base, I’m pretty sure we’d be able to do a lot of good.* (Participant 4)

*If you’re there as a volunteer and you can’t see that personally you’re either getting some personal value (not monetary, that’s never been a consideration), out of it, or you see that if you were volunteering for a group and the group is achieving something, and it only needs to be small, then that’s great for volunteering. But if you feel that you’re wasting your time there because you’re not appreciated or the work that you’re doing is not achieving anything, then you’re stuck.* (Participant 2)

The support that is needed can be quite high within some community volunteer programs and require significant commitment from volunteers.

*Lucky I’ve got a good husband who understands. He said, “Did you say anytime night or day?” I said, “Yes, they must know you are available whenever they need you.”* (Participant 9)

**Promoting awareness of services and supports**

Increased awareness by front line Housing Renewal staff of support and health services for maintaining people’s mental health and wellbeing was considered important. It was also recognised
to be difficult to know where to refer given the changing landscape of services which often relied on short term funding. Increased training in mental health for Housing workers was recommended. It was acknowledged that the complexity of residents’ mental health, substance misuse and adverse social situations made it very hard for workers who did not have a background in mental health to feel confident they were recognising mental health problems that would need referral except when they were very severe.

While there’s a qualification or you have awareness or anything with mental health, you’re not qualified to actually identify what it is, they could be drunk for all we know. It’s more the situation of risk, so, you really be assessing a risk at the time, and call the police, or it’s referred to [the local community mental health service]. (Focus group 1)

Provision of written information in pamphlets for people to take away was identified as a useful way of communicating health messages at times.

If they can see a pamphlet there and they’ll take it, and they’ll think, “Oh, I can relate to that.”

Without anyone else knowing – do you know what I mean? We can tell they do because the piles go down so someone’s taking them! (Participant 6)

Community volunteers believed they would benefit from increased awareness of the mental health services and agencies which may be able to support clients. However, available services were known to frequently change depending on funding which made it difficult to know what was currently available.

[Services] change from year to year, and depending on funding, some of them get defunded. And so I think I wouldn’t be able to speak on everything that’s out there, no. (Focus group 1)

There are a lot of services in the area, but its only word of mouth. (Participant 2)

Participants from one organisation cautioned against including mental health speakers at community events as they had a prior experience of a mental health awareness raising session which caused distress to affected individuals who were attending, despite having been delivered by a respected provider. However another volunteer organisation believed that allowing the option of talking in a group or one on one when providing mental health education was a successful strategy.

We had someone speak here from Beyondblue but it didn’t go down very well because we had a couple who had [mental health issues] and so we said we’re not going to do that anymore. ...We decided we would leave that to the professionals and one on one rather than in a big crowd... it was brought out as just a general thing for everybody, but they felt really bad. (Participant 2)

When we had the doctors or medical people come and talk to them – they said, “If they don’t want to talk to the group – they can talk on a one-on-one with us.” And we’d make them come away in a room or out of the way so they can talk. (Participant 6)
Promoting community understandings of mental health and disability

The stigma of mental health problems and shame and distress that could be associated with disclosure was discussed by many participants as a barrier to care. People with disability could also face lack of acceptance and understanding within the community. This was identified as something that needed to be tackled at a community level through education.

You’ve got to be very, very careful when you bring up mental health issues, as X will tell you. Some men get very upset when you bring up mental health issues. (Participant 1)

We’re not just talking about services, we’re talking about a whole, a society, a community approach that, I think, that’s what we look at as being important for [disabled] people as well. (Participant 10)

They’re too shy, [they] feel ashamed of having it disclosed to other people that they need help. (Participant 9)

One participant noted that the strengths of people who had struggles with mental health problems should be valued and used to promote community understanding and individual recovery.

The people with mental illness that we have supported in a lot of these communities, the resilience that they’ve had, the stuff that they’ve actually lived through is absolutely phenomenal, and that is a strength in itself, and, I think it’s something - a resource that we need to use and recognise and value their lived experience of mental illness... to build the community. (Participant 10)

Discussion

Mental health has been identified as an important focus of the current housing renewal project and a long term priority in Airds by the service providers and community volunteers who participated in this study. They expressed optimism for positive changes for Airds community members through the mechanism of social mixing, while also recognising the inherent challenges of housing renewal and providing recommendations for supporting community wellbeing into the future.

The stressors facing residents of Airds as they experience housing renewal were recognised as considerable. The disruption of social networks and the need to leave houses which had been long-term family homes was stressful. At times this caused marked psychological distress, such as through triggering of memories related to past bereavements. Stress could also be related to observing the demolishing and rebuilding of neighbourhood houses, uncertainty related to the timing of residents’ own moves and loss of peer groups and status within their old community. Vulnerability was seen as increased in those with mental health problems or disabilities and in the elderly. Mental health could be destabilised by the loss of usual healthcare providers or support services with whom a trusting relationship had been built up over time.
It is a complex task to break up pockets of social disadvantage without destroying community cohesion during housing renewal(13). A community development framework can be used to guide positive change, highlighting improvement of the physical environment, support for activities which engage community members and promotion of individuals’ capabilities(14). These strategies have been guiding activities in the Airds housing renewal project and were seen as successfully implemented by study participants, who believed they have promoted community development. Participants reported that physical improvements in Airds were evident and this was an important way to reassure residents that the changes in their community were positive. There had been successful support of activities which engaged community members, particularly through community groups functioning out of the Airds Bradbury community centre, AB Central. Promotion of individual’s capabilities had occurred most prominently through a focus on education and training with the aim of increasing individual’s self-confidence and work opportunities.

The focus on promoting educational aspirations and opportunities was seen as a way to support and engage residents and as crucial to overcoming social disadvantage in Airds. Participants believed the social mixing and community improvements resulting from housing renewal would increase opportunities for people in the area, including if they were social housing residents. This optimism is supported by international evidence that individual educational outcomes within neighbourhoods are affected by neighbourhood poverty, educational climate and social organisation(15). However, participants also warned that the capacity of residents to take advantage of increased opportunities needed to be supported long term, given that many residents had experienced intergenerational disadvantage, unemployment and life trauma.

Promotion of mental health in socio-economically disadvantaged areas benefits individuals and communities(16). Participants believed recognition and management of the social and emotional wellbeing needs of residents was integral to housing renewal implementation. This aligns with evidence from international rehousing programs that it is not just the delivery of improved housing that is important for mental wellbeing in deprived communities but also the manner of delivery of housing renewal programs(10). Despite the fundamental stressors, support of the mental health needs of residents was seen to have been manageable during housing renewal in Airds through inclusion of appropriate support and safeguards. For example, linking residents who were moving with relevant social and health supports was planned within the renewal process. However the barriers which could prevent successful linkage despite referral, such as lack of transport, lack of familiarity with the service, waiting lists and financial barriers were of concern. It was considered likely there were residents with mental health needs who were falling between the cracks.

This research revealed a very clear concern amongst service providers and volunteers that the new social mix in Airds would hide socioeconomic disadvantage and mental health needs and lead to withdrawal of local health and social support services at the conclusion of the housing renewal process. In the opinion of our participants, the target social mix of 70% private housing and 30% social housing will decrease the number of people in Airds needing mental health and social support services and will mean less likelihood of services being placed locally. Users would have to travel to access those services and for many this would mean they did not access them, also because they would perceive them as less targeted to their needs. Ongoing care for those with mental health needs requires accessible services, and participants recommended local service provision was needed to reach the community members who needed their services the most. Participants further
reported that services were already inadequate for the demand and that additional decrease in local community activities and services would negatively affect community and individual wellbeing.

Similarly, there were concerns related to potential decrease in community development activities and support opportunities as the housing renewal progressed and ultimately concluded. Community based activities facilitated by the existence of a local community centre such as AB Central were seen as highly successful in promoting social connectedness and community cohesion, and also needed as the new Airds community comes into existence. Supporting the role of community volunteers as well as paid workers with community development roles was another valued strategy. The importance of these activities can be understood within social capital theory, which holds that the involvement of people in groups has positive benefits for individuals and communities(17). Social capital has been considered to be a distinct social determinant of health and to be inversely associated with psychological distress(18). Engaging residents in community activities, promoting educational and work opportunities and ensuring the availability and accessibility of health and social support services throughout and beyond the renewal transition period was identified as important to promote individual wellbeing and the wellbeing of the Airds community as a whole.

References


13. Rose V, Ng CH. Developing a model of intervention in social housing transition: Phase 1: Integrative evidence review Sydney: Centre for Health Equity Training, Research and Evaluation (CHETRE), University of New South Wales, 2012.


