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Meeting The Unmet Need for Psychosocial Support:

An Activity-Based / Place-Based Approach for The City of Salisbury SA

October 2025

In 2020, the Productivity Commission[1] estimated that 11,000 South Australians had severe mental ill-health and a need for psychosocial support, and in 2023 the SA Unmet Needs Study[2] identified 19 000 people with severe mental illness are going without the psychosocial support services that they need.

While people with psychosocial disability are able to access supports under the NDIS, the NDIS Review[3] highlighted challenges that the NDIA faces in adequately supporting people with psychosocial disability. The Review found that the NDIA does not have a good understanding of the needs of people with psychosocial disability or a successful record in implementing trauma-informed practices, and identified a mismatch between available services and individual needs. A lack of understanding of the non-clinical mental health needs of individuals with psychosocial disability was identified, and the difficulties in finding workers with the right skills, training and experience to meet these non-clinical needs.[4]

In June 2025, the MHCSA conducted a national, survey-based consultation with NDIS Support Workers specifically supporting people with psychosocial disability to contribute to our unmet need project data, with findings from 107 participants as follows:

- 79% of respondents were supporting a participant with psychosocial disability as the primary disability under the NDIS and 21% as the secondary
- 62% rated the mental health of the person they were supporting as poor or very poor, 28% fair and 10% good or excellent
- 78% of Support Workers did not feel they were able to provide enough mental health support for NDIS Participants with psychosocial disability, with the four main reasons given for this being a lack of funding (70%), not included in the support plan (43%) and the NDIS Support Worker feeling they needed additional mental health training (38%), and feeling unsupported in their role (35%)
- When asked what additional support for NDIS Participants with psychosocial disability could look like, Support Workers felt that social or recreational activities (61%) and opportunities for meaningful contribution (64%), and physical health (56%) should be the focus.
- 27% of NDIS Support Workers rated their own mental health as fair, and 3% rated their own mental health as very poor or very poor.
- 83% of NDIS Support Workers felt that they would like more training or professional development opportunities for their role

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[1] Australian Government Productivity Commission *Productivity Commission Inquiry Report Mental Health Actions and Findings No. 95, 30 June 2020*. Australian Government Productivity Commission 2020

[2] SA Health Office of the Chief Psychiatrist *The unmet mental health service need in South Australia that could be met by the NGO sector* 2023

[3] Commonwealth of Australia, Department of the Prime Minister and Cabinet *Working together to deliver the NDIS - Independent Review into the National Disability Insurance Scheme: Final Report* 2023

[4] Australian Government, *NDIS Review Psychosocial Supports*, December 2023

The need to improve psychosocial supports outside of the NDIS was also repeatedly emphasised within the NDIS Review, leading to the agreement of a 50-50 funding model with states and territories to cover these additional supports[5]. While the timing of this funding is yet to be announced, the MHCSA has seen this as an opportune time to be talking with local communities about place-based solutions to address the unmet need for psychosocial support services.

The SA unmet needs study highlighted the economic imperative for governments to address the unmet psychosocial support need outside of the NDIS. The Report noted an 8-fold difference in cost where the average NDIS package is $56 000, whereas the average package estimated through the NMHSPF is $7000. To address the entire unmet need in SA, the Report estimates a cost of around $125m via the NMHSPF approach to service funding and delivery, whereas it would cost closer to $1 billion via the NDIS.

Running parallel to these recent findings, is the work of Assisting Communities Through Direct Connection (ACDC), a project of Community Mental Health Australia (CMHA). The ACDC Project offers an innovative and proactive outreach approach to link people with services and assess community needs, by engaging people through door knocking and offering information about supports and services, rather than waiting for people to present to services to ask for help. Between 2021 and 2024, trained staff from participating non-government mental health services knocked on 52 500 doors in 27 metropolitan and regional communities across all states and territories. A total of 9287 conversations took place with project staff, and householders were also asked to complete a survey, with almost 5000 surveys completed across these sites.

Householder survey data revealed considerable mental health need, with a significant proportion of people reporting low wellbeing and moderate to high psychological distress, and Phase 4 of the ACDC Project has provided the opportunity for The Mental Health Coalition of SA to undertake a targeted unmet need consultation with five priority population groups in The City of Salisbury, a site in the Northern Adelaide region.

This place-based, activity-based approach involving lived experience representatives, Local Council, NGO mental health organisations, GPs and academic institutions has identified new information and approaches to meeting the unmet mental health need in The City of Salisbury, an area spanning 32 suburbs and with a population of close to 150 000 residents.

Utilising a Living Lab Model, the following 5 priority population groups in The City of Salisbury have built all aspects of project design and delivery, including all surveys and face to face consultations:

1. Aboriginal People
2. Carers
3. South Asian Born
4. Women Aged 65 - 74 Years
5. Employees in Construction, Manufacturing and Logistics

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[5] Prime Minister of Australia, Meeting of National Cabinet – the Federation working for Australia, December 2023

The types of questions chosen by priority population groups for the surveys varied considerably. For example, South Asian representatives felt it was important to collect data on the impact of fear of judgement from family and community on mental wellbeing, as well as stress due to family expectations, and to ascertain whether educational workshops might help to make conversations about mental wellbeing more open.

Carer representatives felt that survey questions should include a strong focus on the lack of time available for carers to seek support, with a variety of access preferences to choose from in the survey including support sessions of 30 minutes, 5-10 minute phone chats, and the option of accessing online support. Carer representatives also felt that a variety of options to participate in the consultation should be offered, including multiple face-to-face Roundtables, and that the survey should take no longer than 5 minutes to complete, and be promoted as such.

Older women aged 65 - 74 felt that it was important to measure data on loneliness and isolation as well as access to transport to attend services, as The City of Salisbury Council confirmed there is no access to public transport across a significant number of suburbs in the council area. Employees in construction, manufacturing and logistics felt it was important to capture data on the impacts of shift work, long working hours, pain or injury, stigma in the workplace and the current role of the GP in mental wellbeing.

Staff from the Aboriginal organisations involved in the project did not feel that a survey of Aboriginal people was suitable, as Aboriginal communities are continuously consulted across areas of health, housing, education and employment without any resulting benefit for them. Both Aboriginal organisations involved in the project requested consultation at the service provider level through one-to-one scoping interviews with staff.

Focus areas for this stage of the ACDC Project in The City of Salisbury included ways to start mental health conversations with priority population groups, the identification of barriers to help-seeking, utilising and strengthening “touch points” within the community (or the “first port of call” for each group), and ultimately finding people in need of psychosocial support. Opportunities identified for enhancing mental health support include the utilisation of an NGO peer workforce within primary care and community settings, a strong emphasis on physical health outcomes with linkages to social prescribing, and the development of a model with co-designed pathways most suitable for people with mild, moderate, severe and complex mental health issues. As a result of 6 months of extensive consultations, the following resources have been developed to share project findings with the widest audience possible:

1. Project Model: *An Activity-Based, Place-Based Approach for The City of Salisbury*
2. Documentary: The Living Lab: A Better Way to Co-Design
3. Documentary*:* Frontlines: Carers in The City of Salisbury
4. *Effective Social Prescribing in The City of Salisbury: A Co-Designed Model*
5. Abstract - Presentation/Film Screening at TheMHS Conference, Brisbane Sept 2025

Primary Care

All priority population groups were consulted on their use of primary care services, with diverse findings. Our initial scoping research suggested that GPs were well-positioned to start mental health conversations with carers, with the assumption that carers were seeing a GP regularly to renew prescriptions, and for check-ups for the person they are caring for.[6]

Carers in The City of Salisbury however reported that due to legislative changes, they were no longer required to take the person they were caring for to the GP more than once in a twelve-month period, and due to a lack of respite, were not attending GP appointments for their own health concerns either. An example of this was a carer not able to leave the person they were caring for to receive their own scheduled treatment for Leukaemia. A total of 20% of carers who attended face to face consultations had seen the carer survey posters within GP clinics, with the majority of survey respondents reading about the consultation through free community Facebook groups.

GPs were considered a safe port of call for physical health concerns for people born in South Asia, given that in Sri Lanka, Pakistan and India for example, the GP is considered “the educated one” who can assist people to stay well so they can continue to work and earn money, while keeping any issues discussed confidential. Mental health in general, was not discussed in South Asian communities either before or after migration to Australia.

People who did see a South Asian GP for issues around isolation and depression following migration to Australia were reportedly prescribed anti-depressants. Alternatively, it was reported that people born in South Asia are also accessing anti-depressants and antibiotics without prescription by asking family members returning from South Asia, where they are available over the counter, to bring them back to Australia. An SSRI anti-depressant branded as “Cheer Up” available over the counter without prescription in South Asia, is an example.

For workers in construction, manufacturing and logistics, the GP was associated with workplace injury, WorkCover claims, and getting people back to work as soon as possible, rather than someone to go and talk to about mental health. The irregular work hours of these industries, including shift work, is also making it difficult for workers to attend appointments, and there continues to be a “suck it up” culture, particularly among these male dominated industries, where mental health concerns continue to be stigmatised.

On project commencement, scoping research indicated that the use of MBS-subsidised mental health services by older people is increasing, with GP mental health treatments recording the highest usage amongst women aged 65 - 74 years. Survey responses from this priority population group in The City of Salisbury recorded 67% of women aged 65 - 74 years as experiencing loneliness or isolation on a regular basis basis, however no respondents had been asked by their GP about their mental wellbeing.

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[6] Mary Cronin, M McLoughlin, K Foley, T McGilloway, S Supporting family carers in general practice: a scoping review of clinical guidelines and recommendations BMC Prim Care Nov 2023

Staff from Nunkuwarrin Yunti and KWY Aboriginal Corporation provided their views on the role and importance of the GP in Aboriginal mental, physical and spiritual health. The relationship of GP services with the services each organisations offers, and the referral pathways by which people enter their services differ considerably, and will be discussed in more detail in this report. It must be noted that KWY Aboriginal Corporation, as the provider of psychosocial support packages in The City of Salisbury, did not feel that the GP should be a required step in the referral pathway to their support services, while for Nunkuwarrin Yunti, the GP role is key for effective mental health assessment through their use of the 715 Health Check.

Social Prescribing

Utilising the concept of Link Workers, social prescribing identifies individual needs to refer people to social activities and social services, and is included in Australia's National Preventative Health Strategy 2021 and Primary Health Care 10 Year Plan 2022 - 2032. Essentially, social prescribing is a referral pathway to connect people to services and supports to address non-medical needs such as loneliness or social isolation, food, housing and financial insecurity. As part of this project, representatives from all priority population groups, as well as The City of Salisbury Council, and NGO mental health organisations have built: *Effective Social Prescribing in The City of Salisbury: A Co-Designed Model.* As the lead, Finders University was contracted to consult with key stakeholders from the health, social, and community sectors who developed a person-centred, holistic, community-based approach incorporating referral pathways from both health and community settings.

While many models of social prescribing focus on identifying patients in health settings, particularly primary care, participants noted that many people (particularly men and those from CALD populations) do not visit primary care settings. As such, there was discussion of the importance of self-identification and self-referral to social prescribing through information provided in community settings such as libraries, community centres, cultural community grocery shops, and sports clubs.

Participants saw value in the use of Peer Workers as Link Workers, if they were qualified and provided with individual or peer supervision. It was felt that the Link Worker should meet the person in community settings, considered to be in a less formal environment, and take a person-centred approach, working on motivation and goal setting and attending supports with the person if needed. A good knowledge of available services and supports would be required of the Link Worker, including referral pathways and eligibility, as well as establishing the person's preferences for follow-up.

Surveys developed for each priority population group included questions on the activities people are currently doing for their mental wellbeing, and the activities people would like to be doing for their mental wellbeing. Participant responses are explored in detail in the social prescribing model, however of particular concern is the widespread inability of carers to participate in activities due to a lack of suitable respite. Improving the availability and flexibility of respite services to accommodate varied carer circumstances must be a priority moving forward. This needs to be undertaken via existing capacity such as the Carer Gateway, and via the unmet need for carer support and respite hours, identified in the National and SA review of the unmet need.

Utilisation of a Peer Workforce

The workforce in psychosocial support services delivered by the non-government mental health sector includes Peer Workers. Psychosocial support packages are tailored to suit the individual consumer, and increase or decrease in response to their changing needs. NGO Peer Workers support people with their own priority areas including accessing other mental health and physical health supports, addressing housing issues, developing daily living skills, managing finances, meal planning, accessing social and recreational activities, and accessing education, training and employment support. NGO-delivered mental health services focus on keeping people well in the community by addressing physical and mental health issues in the context of holistic psychosocial support.

The effectiveness and safety of Peer Workers in mental health care is supported by numerous studies, with peer support leading to improved self-esteem, self-efficacy and overall mental health outcomes, as well as reducing hospital re-admissions, and enhancing patient engagement with treatment plans.[7] As part of this project, The Mental Health Coalition of SA facilitated discussions between The City of Salisbury Council and the NGO mental health sector, with strong support received for the placement of NGO Peer Workers to act in a Link Worker role within council facilities, to connect people to services and supports.

In discussing how to address the unmet need for psychosocial support, GPs in Northern Adelaide have expressed interest in the concept of locating a Peer Worker employed by NGO mental health services within their practices, to assist with creating an effective referral pathway into psychosocial support packages and to a social prescribing pathway. Recent findings by the RACGP indicate that mental health issues are the most common presentation in general practice settings[8], and for a sixth consecutive year, GPs nationally have reported that psychological issues were the most common general practice presentation, with almost 40% of consultations in a typical week including some mental health component.

A mobile Peer Workforce employed by NGO mental health services, with the flexibility to support people to move between community facilities and GP clinics would remove barriers to accessing mental health support. Peer Workers are ideally suited to link people to activities and services, and with the option to step up the intensity of psychosocial support for people who need it. Through an integrated approach, both the general practice and community setting could better address physical health, social prescribing and other needs of people with severe mental ill-health, who experience lower life expectancy and poorer physical health outcomes than the general population, and face fragmentation in how mental and physical health care are coordinated.

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[7] *Repper, J., & Carter, T 2011 A review of the literature on peer support in mental health services. Journal of Mental Health, 20(4), 392-411.*

[8] Higgins, N *Time to recognise GPs' mental health contributions: RACGP President,* NewsGP, 10 October 2023

Partnership and Return on Investment Considerations

Overall, this project has identified how NGO psychosocial services could play a role in significantly improving integrated care for people with mental ill-health within primary care and community settings in The City of Salisbury. Referral into psychosocial support services delivered by NGO mental health organisations has traditionally occurred via a narrow referral pathway from Community Mental Health Teams, however in the retendering process, referral pathways have broadened to include hospital emergency departments, and urgent mental health services such as Safe Haven at Salisbury. This project has highlighted that in addressing the unmet demand for psychosocial support, extending referral and access pathways will be important.

Given that a focus for this project has been a place-based approach, The City of Salisbury Council was engaged early in the process, and this has proven to be extremely valuable. One example was the unexpected opportunity for The Mental Health Coalition of SA to utilise a two-year old community centre that was being re-purposed for a range of project activities. Now rebranded by The City of Salisbury Council as The Hive Community Resource Hub, this space has been utilised by all five priority population groups throughout the project, and is expected to continue to act as a meeting place on an ongoing basis. The Council has now offered free access to spaces for ongoing project activity.

The Hive Community Resource Hub has also been flagged by The City of Salisbury Council as an ideal location for NGO Peer Workers with a minimum Certificate 4 in Mental Health to be located, to reduce pressure on Council Staff who do not have the time, training or resources to provide mental health support for people walking in the door. The potential for NGO partnerships with Local Council as well as within General Practice forms a key model consideration, and the return on investment for meeting the mental health support needs of people experiencing mild, moderate, severe and complex mental health concerns is significant.

For example, the SA state-wide unmet need study indicated that a $10.8 pa investment is required for service delivery to address the entire gap in psychosocial support services for people with severe mental ill-health living in The City of Salisbury. Recruitment for the approximately 110 FTE staff needed for the proposed initiative includes a minimum of 16 FTE Peer Workers, and this would require a specific workforce recruitment strategy. Approximately $180 000 per year is required for workforce development costs and $180 000 per year for research capacity, and it is proposed that the total amount of $11.2m per annum be invested in full to reduce the risk of barriers or inequities arising if the resources available are insufficient to meet the need. Investing to address the full need would also enable specialisations to meet the identified needs of target populations, with a mobile peer workforce available to assess the level of support required and respond accordingly.

Additionally, The City of Salisbury Council has flagged that “a high level of trauma” is being disclosed to Council staff by people who are using the Council libraries and community centres, and this is significantly impacting on their already stretched staff. A mental health peer workforce on site could meet people where they are, in a responsive and appropriate manner.

The MHCSA currently delivers a Lived Experience Workforce Program (LEWP), to support the development of a qualified, sustainable and highly skilled Lived Experience workforce for the non-government mental health sector. LEWP staff engage people with lived experience of mental health issues in education, training and work-ready activities to improve skills and increase opportunities for paid employment in mental health support roles. The Program offers recruitment and retention activities including developing position descriptions and participating on interview panels, as well as delivering courses and peer supervision, and is well placed to provide specialist workforce services.

The significant and sustained mental health challenges, and structural and systemic barriers identified for individual priority populations in The City of Salisbury, calls for continued, local co-design to ensure the development of effective and accessible mental health pathways that are grounded in lived experience. To date, steps and pathways in mental health both at State and Commonwealth levels have not adequately addressed the need for and access to psychosocial support for diverse population groups, when and where they need it. An investment in the unmet need for psychosocial support services provides an opportunity to utilise and build on existing and emerging referral pathways across primary, secondary and tertiary settings. This could provide access to psychosocial support across the stepped services, to support people experiencing mild, moderate, severe and complex mental health concerns.

Our work on this project has highlighted the importance of place-based and activity-based initiatives in linking access to services for diverse population groups. The following exploration of data gathered across the five priority population groups in The City of Salisbury, highlights a variety of considerations around how physical and mental health issues are currently prioritised and addressed by each group. As governments move to invest in the unmet need for psychosocial support, this work identifies opportunities for service design to better address the needs of these groups, particularly through local co-design and linkages within general practice and community settings.

Priority Population Group 1 - Aboriginal People

Consultation Format:

Scoping interviews with 7 staff from Nunkuwarrin Yunti of South Australia and 6 staff from KWY Aboriginal Corporation

Findings:

Over a period of 8 weeks, consultations were held with staff of Nunkuwarrin Yunti of South Australia and KWY Aboriginal Corporation, with KWY Corporation delivering state-funded psychosocial support services to Aboriginal people in The City of Salisbury since 2024, and Nunkuwarrin Yunti having recently opened their new clinic in The City of Salisbury following the relocation of their GPs, counsellors and health practitioners from an adjoining council area. Each organisation has brought a unique perspective to the project, reflecting the diversity of services that they provide. Both organisations felt that it would be most appropriate to conduct the consultation at the service provider level through one-to-one scoping interviews with staff rather than surveying the Aboriginal population.

The Aboriginal communities in the CBD, Northern Adelaide and Southern Adelaide understand the services offered by Nunkuwarrin Yunti, and are either familiar with staff who work there, or know people who have used the service and have had a good experience. It was felt that when Aboriginal communities are trusting of an organisation, then Aboriginal people are more likely to attend and successfully navigate through services and programs. Aboriginal people using CBD-based Nunkuwarrin Yunti services and people accessing Nunkuwarrin Yunti services in The City of Salisbury have different approaches to meeting their own wellbeing needs. People accessing services in the CBD are more likely to make contact with Nunkuwarrin Yunti because of a physical health crisis requiring a General Practitioner, or to pick up a tent or food vouchers, with this contact used as an opportunity for the service to guide people into other programs and checks including for mental, physical and oral health. Aboriginal people accessing Nunkuwarrin Yunti services in the CBD are considered more likely to be transient than Aboriginal people accessing their services in Salisbury, where people are more likely to make and attend appointments with a range of service providers including GPs, Nurses, Dentists and Narrative Therapists.

Discussions around mental health are considered appropriate to take place once people feel a sense of trust to navigate through to the next steps, with the opportunity to undertake a 715 Health Check with a General Practitioner at the Salisbury clinic. The 715 refers to the Medicare Item Number for this annual, free health check which takes around 45 minutes, and is designed to identify risks of ill-health early, and springboard people into services required for heart health, vision, hearing, movement and mental health, however currently only one third of Aboriginal people are undertaking the 715 Health Check nationally, and Nunkuwarrin Yunti have made it a focus of the organisation to raise this number.

While the GP is considered the first port of call for health related matters for Aboriginal people, Nunkuwarrin Yunti staff felt that culturally appropriate service provision could not be guaranteed at mainstream medical centres across The City of Salisbury, including how Aboriginal people are first greeted when they present at the reception desk, and for this reason, a continued campaign to encourage Aboriginal people to attend a GP appointment at the Nunkuwarrin Yunti Salisbury clinic has been recommended by the organisation.

It was felt that mainstream GPs require cultural awareness training, including how to respond if an Aboriginal person is feeling unsettled, and considerations around the gender of the GP and also the gender of the person on the reception desk were raised as important. Significant anxiety can be experienced by Aboriginal people in the lead-up to a GP appointment, with people walking in feeling confused, and walking out feeling confused and overwhelmed. Nunkuwarrin Yunti staff are assisting people to write down the questions they have for their on-site GPs prior to their appointment, and supporting people during their appointment, and felt that mental health related issues in particular, could be most appropriately springboarded via the 715 Health Check at their Salisbury clinic.

Funding bodies can often require blunt questions to be asked around mental health, however a “sandwich method” structured around informal chats was considered more appropriate. Many Aboriginal people feel that confidentiality may be breached by services, and family networks are complex, so they need to trust a service before they can have a yarn. Yarning circles were raised as a culturally appropriate way to begin mental health conversations, and to normalise these conversations as part of broader discussions relating to family and community matters. Having these conversations take place outdoors, rather than within the confines of an office space was also recommended.

It is considered that care meetings are being carried out culturally appropriately and with efficiency at the Salisbury clinic, as services are co-located, and GPs are sitting in with Peer Workers, counsellors and other staff. Having a GP available to undertake the 715 Health Check without a wait time is considered optimal, as there can be a 3 week wait time at present.

A narrative approach to delivering mental wellbeing support is provided by 4 x Narrative Therapists at the Salisbury clinic, utilising a strengths-based approach to look for the alternative stories, or the resilience underpinning the lived experience. This support provision, which places the individual receiving support as the expert, is referred to as “a narrative approach to working with Aboriginal people”, rather than staff identifying themselves as “therapists”, and was developed by Michael White at the Dulwich centre in the 1990s. While narrative therapy is not a clinical approach, it is considered complimentary to the service provision offered by visiting mental health clinicians at the Salisbury clinic.

Complimenting narrative therapy, is the use of an assessment tool designed to measure psychological and social empowerment within an Australian Indigenous context. The Growth and Empowerment Measure (GEM Tool), is a 26 item self-reporting questionnaire which seeks to measure markers of empowerment, and is used by Nunkuwarrin Yunti staff across their three clinic sites in conjunction with the Kessler 5 Psychological Distress Scale (K5).

Social prescribing is delivered by a workforce within Nunkuwarrin Yunti known as “Trackers” who track beside people in the Link Worker role, and this can include providing a “prescription back to country”. Four staff from Nunkuwarrin Yunti attended a Social Prescribing Workshop held at The Hive Community Resource Hub as part of the project, and provided valuable insight as to how social prescribing could occur at a local level. At this stage, no referral pathway is available from Nunkuwarrin Yunti services into the state-funded psychosocial support packages offered to Aboriginal people through KWY Aboriginal Corporation, who are now delivering psychosocial packages across the Northern Adelaide region.

The delivery of the support services offered by KWY is through outreach in The City of Salisbury, with referrals predominantly from Community Mental Health Teams. During consultations, KWY staff highlighted the need to create systemic safety for Aboriginal people accessing health services, and reported that good Aboriginal GPs were heading back to country to best support their own communities, while Aboriginal organisations in Northern Adelaide were in need of additional funding. KWY staff felt that the GP should not be a required step in the referral pathway to their support services.

It was felt that support amongst family was happening organically, and while many people considered their home a safe place, the lack of a space for KWY to provide psychosocial support as a result of the nature of their outreach service is presenting challenges. The provision of psychosocial support is happening in a person’s home, where speaking about potentially traumatic issues is not optimal, or a coffee shop which does not provide an appropriate level of privacy. KWY has flagged the usefulness of a space in The City of Salisbury that does not require booking in advance, allowing staff to drop in with the person they are providing psychosocial support services to, where they can hold private discussions. The suggestion of using an outdoor space with logs to sit on at The Hive Community Resource Hub, was suggested by KWY staff, as well as access to a private room at the same venue, and these suggestions will be included in an upcoming presentation of the model to The City of Salisbury Council.

KWY uses an adaption of the Stay Strong Plan developed by the Menzies Institute for people being assessed for psychosocial support services. Additionally, KWY is utilising narrative therapy, as well as Genograms to graphically record family information, Ecomaps to provide a visual map of a family’s connection to the external world to assess family, social and community relationships, and relevant clinical services.

Model Considerations:

- Physical health conversations may take place before mental health conversations at a primary care level
- Mental health conversations should to be “sandwiched” as part of informal chats
- The 715 Health Check by a GP is seen as a way to springboard people into mental health services, however culturally appropriate service provision at the reception desk and by the GP is not guaranteed
- There is currently a narrow referral pathway into psychosocial support services, and there is opportunity to build referral pathways to add value to existing programs
- Tools - Stay Strong Plan, Gem Tool, Genogram, Ecomap and Narrative Therapy
- Utilise yarning circles and opportunities to connect outdoors / in community spaces

Priority Population Group 2: Carers

Consultation Format:

Scoping interviews with 5 carer representatives to develop the survey

Carer Survey x 83 participants reached via posters in GP clinics, shopping centres and community Facebook groups

1st Carer Roundtable April 2025 - 10 participants

Monthly Roundtables held from May (ongoing research group established)

Findings:

The findings from two complementary methods, the 1st Carer Roundtable and an online survey have been analysed by The National Ageing Research Institute (NARI) as follows, and the findings of additional Carer Roundtables undertaken as part of this project, are included in *The Carer Roundtable: A Co-Designed Model for The City of Salisbury,* to be presented at a Statewide Carer Symposium in Adelaide in October for Carers Week 2025.

The 1st Carer Roundtable was conducted involving ten carers, who actively participated in structured discussions lasting 2.5 hours at The Hive Community Resource Hub. The Roundtable employed both small-group discussions and a World Café method, enabling carers to rotate tables, engaging in reflective dialogue around several key questions. Complementing this, an online survey was distributed to carers, attracting 83 respondents. The survey captured both quantitative data and qualitative insights on carers' experiences, preferences, and perceived barriers related to mental health and support services.

The survey data revealed that a substantial majority of respondents (95%) were current carers. The survey revealed a predominantly female carer population, with 84% identifying as female, 11% male, and the remainder as non-binary or preferring not to specify their gender.

Participants varied broadly in age, with the majority aged between 45 and 64 years, reflecting a group typically balancing caregiving responsibilities with other family and employment commitments. Approximately half of these carers had been in their caregiving roles for over ten years, highlighting the long-term nature of many caring arrangements. Carers primarily supported their parents, partners or spouses, and children, highlighting diverse caregiving dynamics within families.

Carers across both engagement activities described significant and ongoing mental health needs. In the survey, 28% of respondents reported needing mental health support daily, while an additional 35% reported needing it weekly. Altogether, 88% needed support at least monthly. These findings were echoed in the Roundtable, where carers described their roles as emotionally and physically demanding, often likening caregiving to managing a full-time job. In terms of self-assessed mental wellbeing, only a small fraction of carers rated their current mental health positively. Just 2% described their mental wellbeing as "excellent" and 10% as "good." The majority, however, rated their wellbeing as "fair" (55%), with a further 32% indicating it was "poor" or "very poor." These statistics underscore a troubling baseline: nearly nine in ten carers perceive their mental wellbeing as average or below, highlighting the cumulative strain of their roles and the urgent need for targeted support.

Despite the magnitude of need, many carers expressed discomfort in initiating conversations about their own mental wellbeing. Only 22% felt “very comfortable” doing so, while 22% felt “somewhat uncomfortable” or “very uncomfortable.” However, they were notably more receptive to participating in such discussions when others - especially trusted health professionals or peers - took the initiative, with 69% reported feeling “somewhat” or “very” comfortable participating, indicating the value of proactive outreach.

Carers demonstrated limited awareness of existing mental health supports, with fewer than one-third feeling adequately informed about available services. Only 28% of respondents felt knowledgeable about what supports were on offer, while the majority (72%) did not. Workshop participants further reinforced this concern, describing their efforts to find services as time-consuming and emotionally exhausting. Carers expressed frustration at the lack of coordinated, accessible information, and called for practical tools such as hotlines, navigators, and simple digital solutions. This lack of clear, accessible guidance significantly restricted their ability to seek timely and appropriate assistance.

Barriers to accessing support were numerous. Among survey respondents, 68% cited the cost of services as a barrier, 66% identified lack of time, and 45% noted a lack of awareness of available services. Other common barriers included long waitlists, lack of respite, stigma (20%) and transport difficulties (11%). Many respondents (19%) also reported that available services were not suited to their needs, with others citing a lack of culturally appropriate support. The intricate bureaucracy and rigid criteria of service systems, such as the National Disability Insurance Scheme (NDIS) and other local support agencies, were frequently cited as exacerbating these barriers.

Interactions with primary care providers, particularly GPs, varied significantly among carers. While some carers shared positive experiences of regular, empathetic check-ins from their GPs regarding their mental wellbeing, many others described superficial or absent discussions about their mental health. 42% reported never being asked how caregiving affects their mental health, and among those who had, the person initiating the conversation was most often a family member or friend (22%) followed by support workers (12%), a GP (12%) or nurse (2%).

Workshop participants strongly recommended that primary care providers adopt proactive approaches, regularly initiating conversations about carers' emotional and mental health through genuine, open-ended questions (such as “how has your week been?”) to encourage meaningful dialogue and early intervention.

Carers indicated clear preferences regarding the types of support they would find beneficial. The majority (57%) indicated a preference for one-to-one support offered face-to-face. Support from psychologists or psychiatrists was favoured by 38%, and 36% preferred support from counsellors.

About one-quarter of respondents expressed interest in accessing support through a GP (17%) or through group support in person (26%) or online (14%). A quarter of the respondents (25%) valued support from Peer Workers - people with similar lived experience. A flexible digital option, such as a website or app offering self-help resources and wellbeing assessments, was appealing to 18%.

Most carers preferred longer support sessions, with 59% favouring 60-minute sessions and 29% preferring 30-minute sessions. A small number (11%) indicated that a 5-10-minute phone call would be most suitable.

Across both the Carer Roundtable and survey, carers expressed a strong desire for more opportunities to connect with others through community programs and social activities. Carers recommended a variety of engagement options, including regular peer groups (both in-person and online), creative activities like painting and pottery, nature walks, coffee catch-ups, and group-based tasks like cooking or barista training that allow informal interaction.

The survey highlighted that there are key practical considerations to enable the successful provision of more support for carers who are already feeling overwhelmed. Carers highlighted the importance of inclusive programs that allow for participation alongside the person they care for or other family members. Alternatively, access to respite may be necessary to enable participation by themselves if they don't already have arrangements that can support this. Many emphasised that these activities must be low-cost or free, and held regularly - ideally more than once every few months.

An important dimension highlighted in the survey was carers' perspectives on the mental health status of the people they cared for. Nearly half (45%) rated their care recipient's mental health as "fair," while another third (33%) described it as "poor" or "very poor". Most carers (85%) believed additional mental health support was needed for those they supported. This finding underscores a dual challenge: carers are managing significant mental health burdens of their own while simultaneously navigating and advocating for improved support for the mental health of their care recipients.

Carers' qualitative responses provided further depth into what they truly value in mental health supports and what stands in the way of engaging in wellbeing activities. When asked what an ideal mental health support service would look like, carers repeatedly stressed the need for access without long waitlists and without having to navigate complex bureaucracy. Statements like "just being able to access support without a huge wait list" and "accessible during burnout periods" appeared frequently. Many called for flexible services that could work around their caregiving responsibilities and employment. As one carer noted, "I already feel I miss work a lot due to my caring role… I don't want to waste the tiny support I have now to attend a service."

Peer support was widely recognised as valuable, with suggestions including regular check-ins from peer mentors and lived experience facilitators. The notion that "someone who's walked in your shoes" could offer understanding and practical advice was a strong theme. Many carers also mentioned the importance of professional and holistic services, combining counselling with therapeutic activities like massage, meditation, or respite.

Regarding current activities, carers mentioned walking, reading, meditation, time in nature, and informal peer groups as strategies for managing their mental wellbeing. While these approaches were helpful, several carers pointed out that they were insufficient or inconsistently available. One respondent shared, "I used to go to a counsellor, but I used up all the sessions I was eligible for and can't afford to pay." When asked about activities they would like to be doing, carers identified a range of opportunities that currently feel out of reach. These included rejoining a gym, attending yoga or pilates, joining craft groups, participating in choir, or simply having time to connect with others. Time, cost, and a lack of respite were commonly cited as barriers. As one respondent wrote, “I want to be able to go to a yoga class or pilates… but I can’t get away from the people I care for.” These responses highlight a profound need not just for structured mental health services, but for community-based, affordable, and flexible opportunities that help carers restore their identity, wellbeing, and connection to others.

Overall, carers in The City of Salisbury face significant and sustained mental health challenges, alongside major structural and systemic barriers to support. Addressing these issues necessitates requires a multifaceted response - one that prioritises proactive outreach, tailored service delivery, increased peer support, improved access to community-based programs, and widespread workforce education. By grounding services in the lived experiences of carers, stakeholders can ensure that support is not only accessible but truly meaningful. Prioritising these approaches would support improvements in carers' mental health and overall quality of life, benefiting carers, their families, and the broader community.

Pilot programs and interventions should be co-designed with carers and implemented locally, with ongoing evaluation to ensure effectiveness and responsiveness, and ensuring carers remain at the centre of service planning and delivery will be essential to improving both their mental health and the wellbeing of the people they support.

Model Considerations:

- Both physical and mental health issues are not prioritised due to a lack of respite
- Consider the cost of services due to the financial impact of being a carer
- Initiate routine, non-crisis mental health conversations with carers
- Encourage GPs and other healthcare providers to proactively ask carers about wellbeing through open-ended, empathetic inquiries
- Develop accessible, simplified navigation tools such as hotlines, apps, or universally recognised wellbeing scales / measurements (eg. traffic light rating)
- Streamline administrative processes
- Improve availability and flexibility of respite services to accommodate varied carer circumstances
- Provide respite options that are culturally sensitive and inclusive of all family members
- Invest in training and embedding Peer Workers in mental health support systems to enhance empathy, validation, and practical support
- Facilitate ongoing peer-led groups (both online and face-to-face)
- Fund community-driven activities promoting social support, creative engagement, and wellbeing, tailored specifically to carers’ needs and preferences

- Provide targeted training for GPs, allied health professionals, and service coordinators to enhance their understanding of carer roles and associated mental health impacts
- Implement systemic feedback mechanisms to capture carers' experiences and continuously improve service responsiveness
- Consider the role of the NDIS in supporting carers

Priority Population Group 3: South Asian Born

Consultation Format:

1-hour scoping interviews with 12 South Asian born representatives from India, Sri Lanka, and Pakistan

2 x 1-hour scoping Interviews with the South Asian Mental Health Service Victoria

4 x representatives developing surveys in Hindi, Punjabi, Gujarati and English and actively promoting the survey at 2 temples and South Asian grocery stores

4 x representatives developing promotional poster for face-to-face event

26 x surveys completed in English, 4 x surveys completed in Hindi, 1 x survey completed in Punjabi, 0 x surveys completed in Gujarati

19 participants x Healthy Minds, Healthy Families Carrom Event

Face to face scoping interviews conducted with 12 South Asian born representatives at the commencement of the project identified a range of issues impacting mental wellbeing. It was felt that most of the South Asian born population of The City of Salisbury has some understanding of English, however GPs are using language that is difficult to understand, and the preference is to see a doctor of the same culture and colour, as the complexities of South Asian culture and family can then be understood. The GP was seen as the person to assist with physical health concerns in order to continue to work in two or more jobs, with the suggestion of burn out a culturally unfamiliar concept.

People experiencing isolation and loneliness as a result of migration were unable to worry their family back home by disclosing this, and people who did discuss these concerns with South Asian GPs were reportedly prescribed anti-depressants.

South Asian Support Workers involved in the project felt that teenagers are unable to disclose any concerns to family members, experiencing a sense of shame to tell anyone what is going on for them, and young people needed to have access to discreet service provision, for example to receive a call during school hours to access support rather than when they are at home. Writing down their feelings in a diary was considered too high a risk in case a family member read it. Overall it was felt that discussing mental health issues would bring shame to a family, in line with our initial scoping research that perceived mental illness within a family as reducing the chances of marriage.[9]

Traditionally, a certain level of control over the movements of women is portrayed as how love is shown in South Asian families, and women are learning that coercion and control equate to being loved, for example having parents and partners texting all day to check where they are. In the Australian environment, it was felt that women need to learn that some of this behaviour is not ok, and they need to hear this from someone else who is brown. It was considered that suicidal ideation is a risk for South Asian women following migration to Australia.

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[9] NSW Multicultural Health Communication Service, *Brief Summary of Review: Studies on Indian Australians 2010 - 2017*

Financial abuse was considered a significant issue affecting South Asian women, as they are not receiving messaging when they arrive in Australia that they have legal rights. Migrant women are being threatened with having finances withheld by their partners upon arrival to Australia so they would be unable to apply for a visa and would be forced to return home.

Discussions around mental health support need to be addressed in a more effective way, rather than throwing information at people, and supports need to be free for South Asian born people to consider accessing them. It was suggested that if a South Asian GP tells someone that by looking after their mental health this will assist with their physical health and enable them to work more to make more money, then this type of messaging will be listened to.

Cultural activities were seen as a way to ground people in feelings of nostalgia and serenity, and through this connection to culture, mental wellbeing conversations could begin. The South Asian Mental Health Service in Victoria suggested inviting people to play a board game called Carrom, as people born in South Asia have grown up having chats while sitting together around this game, along with other activities including cricket, soccer, yoga and chai and chat.

As part of this project, a South Asian Working Group was formed to develop surveys in Hindi, Punjabi, Gujarati and English, as well as a poster for a Healthy Minds, Health Families Day offering a Carrom competition. Members of the Working Group visited South Asian temples and grocery stores in The City of Salisbury to distribute the poster, with 17 adults and 2 children attending the event, and the 17 adults completed a mental wellbeing survey while in attendance by scanning a QR code with their mobile. It was highlighted at the event that the majority of people attending preferred to complete the survey in English, as concepts around mental health were difficult to understand in South Asian languages. The South Asian Working Group continued to promote the mental well-being surveys across The City of Salisbury for the month of June, with the following results for the English version of the survey. To ensure the anonymity of the small number of people who undertook the survey in languages other than English, these results will be translated interstate by the South Asian Mental Wellbeing Service in Victoria, rather than the initial plan for local translation through the working group.

Country of Birth - India, Sri Lanka, Nepal

Gender - 58% male respondents, 42% female respondents, 0% non-binary respondents

Ethnicity - Hindu, Sikh, Punjabi, Sinhala, Sri Lankan, Fijian-Indian, Indian

Primary Language - English, Punjabi, Nepali, Hindi

81% of respondents had not sought professional mental health support or ever considered doing this, 12% had not sought professional mental health support but had considered it, and 7% had sought professional mental health support.

Reasons given for avoiding seeking mental health supported included:

23% fear of judgement from family / community

19% lack of awareness or understanding of mental health

15% belief that mental health struggles should be kept private

12% concerns about confidentiality (fear that others might find out)

When asked about their level of knowledge of local mental wellbeing services, 39% of respondents were not aware of available mental wellbeing services in the area.

Respondents were asked to select if they were experiencing mental wellbeing concerns, with the following issues reported:

35% anxiety or frequent feelings of worry

27% stress due to family expectations

15% depressive moods or persistent sadness

It was felt very important (38%) or somewhat important (42%) for a mental health professional to understand the same culture, ethnicity or language.

Things that would make conversations about mental wellbeing more open in the community included:

Support groups (46%), Social activities focused on mental health (42%), More culturally inclusive health care services (42%), Educational workshops (38%), More representation in media TV, films, podcasts (27%)

Model Considerations:

- Physical health issues may be prioritised over mental health issues
- Build momentum and engagement with South Asian born people through the already established South Asian Working Group
- Utilise the temples and other community settings as a way to disseminate mental wellbeing information
- Fund community-driven activities promoting social support, creative engagement, and wellbeing, tailored specifically to the preferences and needs of South Asian born people
- Hold a co-design workshop, facilitated online by representatives of the South Asian Mental Health Service and involving the Lived Experience Workforce Program (LEWP) of MHCSA, to consult with the South Asian Working Group on possible content for an educational workshop. This could explore issues around stigma, fear of judgement from family and community, and family expectations.
- Consider the creation of a skills acquisition and employment pathway for South Asian born people, including those already working as Disability Support Workers

Priority Population Group 4: Older Women Aged 65 - 74 Years

Consultation Format:

Scoping interviews with 4 representatives to develop the survey

21 x participants reached through free Facebook community groups

The following national scoping research undertaken at project commencement informed the decision to not only investigate the mental health support needs for older people in The City of Salisbury, but to specifically target women aged 65 - 74 years of age.

Approximately 17% of older men and 22% of older women aged over 65 suffer from a current, long-term mental or behavioural disorder,[10] and men aged 85 years and older record the highest age-specific suicide rate of any group.[11] Many people aged 65 years and over, and many Aboriginal and Torres Strait Islander people aged 50 years and over accessing Australian aged care services in 2017 - 2022 were recorded with a mental health condition at the time of their eligibility/funding assessment. On average, approximately 23% of all people aged 65 years and over who started receiving a home care package and 57% of all people aged 65 years and over entering permanent residential aged care were recorded with a mental health condition.

Mental health conditions are less commonly recorded for aged care users with increasing age, and improving mental health data collection for older people could include the expansion of current aged care funding assessments to identify mental health conditions and mental health needs, the implementation of routine monitoring of mental health needs after entry to aged care services, monitoring of uptake of mental health services among aged care users and the inclusion of people living in residential aged care in national prevalence surveys.[12] As part of this project, surveying people living within residential aged care facilities across The City of Salisbury was flagged, however discussions with lived experience representatives highlighted the level of resources needed to undertake this research appropriately, and it should be considered as an important piece of project work for future investigation.

People aged 65+ make up twice the number of Medicare claims for GP attendance than those aged under 65. GPs are core to keeping older people well in their homes through undertaking risk assessments, screening and management of health conditions, and in 2018, 98% of Australians aged 65 and over saw a GP. Proactive, place-based services have the potential to significantly improve health outcomes and quality of life for older people, and support for GPs to provide services to older people requires a range of measures targeting new models of care with a focus on co-design.[13]

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[10] AIHW, Mental Health 2020 - The Australian National Health Survey, 2020

[11] AIHW, Suicide & self-harm monitoring - Deaths by suicide over time, 2024

[12] AIHW, Mental Health in Aged Care Report, July 2024

[13] RACGP, Supporting sustainable GP-led care for older people, January 2022

The use of MBS-subsidised mental health services by older people is increasing, with GP mental health treatments recording the highest usage amongst women aged 65 - 74 years. Given the high prevalence of mental health conditions in the older Australian population, it is likely that primary mental health services are being under-utilised by the older population, and prioritising access to GPs and mental health services for older Australians should be seen as central to health ageing.[14]

Women aged 65 - 74 who participated in the development of the project survey, felt it important to include questions around loneliness and isolation as well as access to transport, and survey results are as follows:

76% of respondents were born in Australia, and 24% were born overseas.

A total 62% of respondents frequently felt the need for mental health support, with 38% feeling the need for mental health support monthly, 14% feeling the need for mental health support weekly, and 10% feeling the need for mental health support daily, while 38% of respondents rarely felt the need for mental health support.

43% of respondents felt somewhat comfortable starting a conversation about their mental wellbeing

14% of respondents felt very comfortable starting a conversation about their mental wellbeing

14% of respondents felt neutral starting a conversation about their mental wellbeing

24% of respondents felt somewhat uncomfortable starting a conversation about their mental wellbeing

5% of respondents felt very uncomfortable starting a conversation about their mental wellbeing

48% of respondents felt somewhat comfortable participating in a conversation about their mental wellbeing once the topic has been raised

24% of respondents felt very comfortable participating in a conversation about their mental wellbeing once the topic has been raised

14% of respondents felt neutral participating in a conversation about their mental wellbeing once the topic has been raised

10% of respondents felt somewhat uncomfortable participating in a conversation about their mental wellbeing once the topic has been raised

5% of respondents felt very uncomfortable participating in a conversation about their mental wellbeing once the topic has been raised

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[14] Bartholomaeus, JD, Collier, LR Lang, C Cations, M Kellie, AR Inacio, MC Caughey, GE

Trends in mental health service utilisation by Australia's older population, Australia's J Ageing 2022

47% of respondents described their mental wellbeing positively (14% excellent and 33% good), while 33% of respondents described their current mental wellbeing a fair, 14% described their current mental wellbeing as poor, and 5% as very poor.

62% of respondents had not been asked about their mental wellbeing, and 38% of respondents had been asked about their mental wellbeing by either a family member or friend or a support worker. No one had been asked by a GP.

67% of respondents are regularly experiencing feelings of loneliness or isolation, reporting either daily (29%), weekly (29%) or monthly (9%), with 33% of respondents reporting rarely.

61% of respondents did not feel knowledgeable about what mental health are on offer, and 39% did

Barriers to accessing mental health support included cost of services (39%), being unaware of available services (39%), (lack of transport (22%), long waiting lists (6%), available services not being suitable (6%), and for respondents who selected the option of something else, these additions included embarrassment and shame (6%) and isolation (6%), and 28% of respondents reported no barriers.

Preferences for accessing mental health support included one-to-one support offered face-to-face (39%), support offered by a counsellor (39%), a website or app to assess mental wellbeing with self-help options and links to resources (28%), support offered by a Psychologist or Psychiatrist (33%), group support offered face-to-face (28%), support offered by a Peer Worker with similar experience (22%), telephone support via a booked appointment with a professional (22%), support offered by a GP (11%), group support offered online (11%), telephone support via a helpline (11%), and professional trauma support (6%) was added as something else.

Types of support sessions likely to suit respondents best included a session up to 60 minutes (44%), a session up to 30 minutes (44%), a 5 -10 minute chat on a telephone hotline (22%) and mental health group support (6%) was added as something else.

When asked what ideal mental health support could look like, responses included being reasonably priced and suitable for different physical abilities, group support covering particular topics and run by professionals, one to one counselling sessions, somewhere to meet other people, no wait times and easy accessibility.

Model Considerations:

- Consider lack of public transport impacting multiple suburbs in The City of Salisbury
- Fund community-driven activities promoting social support, creative engagement, and wellbeing, tailored specifically to the preferences and needs of women aged 65 - 74
- Invest in training and embedding Peer Workers in mental health support systems to enhance empathy, validation, and practical support including social prescribing

Priority Population Group 5: Employees in Construction, Manufacturing and Logistics

Consultation Format:

Scoping interviews with 3 representatives to develop survey

2 x Surveys Completed: (Facebook groups proved unsuccessful in recruiting employees for survey participation, and time constraints limited our ability to find an alternative)

The following significant industries in The City of Salisbury were identified at project commencement, and scoping research was undertaken as follows:

Labourers = 9267

Technicians and Trades Workers = 9266

Machinery Operators and Drivers = 6226

Mental ill-health in the workplace is on the rise, with substantial variance between industries, and the transport and logistics industries in particular, have one of the highest rates of claims for work-related mental disorders in Australia.[15] Transport, warehousing and logistics industries face unique challenges that can impact the mental health of these workforces. Long hours, isolation, and high-pressure environments contribute to heightened stress and mental health concerns, and there is a need for industry-specific mental health support and interventions to address these issues. There is also a culture of stigma surrounding mental health in the road transport, warehousing and logistics industries, with employees in male-dominated industries less likely to utilise existing mental health and wellbeing services and resources.[16]

Transport, postal and warehousing industries have been identified as having the highest average psychosocial hazards, with indicators including:

- Inappropriate workload, with too little or too much responsibility
- Low recognition, with a lack of positive feedback or reward
- Poor change management, lacking clear communication or consultation
- Poor management support, lacking adequate assistance from leaders
- Low job control, with limited control over how work is performed
- Poor role clarity, with limited understanding of work tasks / expectations
- Interpersonal conflict, inappropriate behaviour, discrimination or bullying
- High noise levels/high temperatures, cramped workspaces and poor light
- Exposure to traumatic events including abuse or violence
- A lack of support following traumatic events[17]

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[15] Safe Work Australia, The Work-Related Mental Disorders Profile

[16] Healthy Heads in Trucks and Sheds, Guidelines for Mental Health and Wellbeing Strategies 2021 - 2024

[17] National Mental Health Commission, National Baseline Report for Mentally Healthy Workplaces April 2023

A significant proportion of workers in these industries are shift workers with little control over their working hours, and they can often be isolated in their roles, leading to minimal contact with colleagues and family for extended periods. Shift work is related to serious health issues including increased obesity, diabetes, cardiovascular disease, cancer, depression and also an increased risk of workplace and vehicle accidents. It is recommended that a person's GP be informed if they are a shift worker, in order for risks factors such as raised blood sugar levels to be monitored.[18]

The financial pressures in both road transport and warehousing roles can also lead to problem gambling, and the ease of access to gambling through mobile phone technology while working in isolated environments can contribute to the issue. High levels of fatigue can be experienced in warehousing and logistics roles due to long hours, shift work, rotating rosters and the prolonged concentration required to manage high-volume movements. Despite continuous safety improvements in warehousing environments, serious accidents and injuries continue to occur as a result of the use of heavy machinery and the movement of heavy pallets, and can lead to trauma for victims and witnesses.[19]

In a study of 1390 Australian truck drivers, 50% of respondents reported having moderate or severe levels of psychological distress, 54% of respondents were classified as obese, and 30% reported having three or more chronic health conditions.[20] The Coroners Court of Victoria has identified truck drivers as having the highest number of suicides out of any profession between 2008 – 2014.[21]

The Beyond Blue project, Boot the Blues 2024 mental health survey of 1200 tradespeople, found that the current national skills shortage was impacting negatively on the mental health of more than half of respondents, with the labour shortfall of 90 000 tradespeople putting undue pressure on the existing workforce. The most common source of professional support for respondents was their GP, with 51% of workers reporting that they had spoken to their GP about their mental health and wellbeing.[22]

For workers in construction, manufacturing and logistics in The City of Salisbury who took part in survey development, the GP was associated with workplace injury, WorkCover claims, and getting people back to work as soon as possible, rather than someone to go and talk to about mental health. The irregular work hours of these industries, including shift work, is also making it difficult for workers to attend appointments, and there continues to be a "suck it up" culture, particularly among these male dominated industries, where mental health concerns continue to be stigmatised. Employees in construction, manufacturing and logistics felt it was important to capture data on the impacts of shift work, long working hours, pain or injury, stigma in the workplace and the current role of the GP in mental wellbeing, and while the survey was widely distributed across community Facebook groups, construction, trades and trucking groups, there was almost no engagement by employees, and time constraints have not allowed for the identification of a successful alternative.

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[18] Queensland Health, How shift work affects your health, 10 June 2022 Queensland Government

[19] Healthy Heads in Trucks and Sheds, Guidelines for Mental Health and Wellbeing Strategies 2021 - 2024

[20] Van Vredan, C Xia, T Collie, A Pritchard, E Newnam, S Lubman DI De Almeida Neto, A Iies, R The physical and mental health of Australian truck drivers: a national cross-sectional study, BMC Public Health March 2022

[21] The Australian, Drivers' healthy talk can cut stress, 18 April 2018

[22] Beyond Blue and Steel Blue, 2024 Boot the Blues Survey, Beyond Blue August 2024

The responses of the two survey participants are as follows:

Participant 1 - Logistics Sector

I am a 35 - 44 year old male working in logistics in The City of Salisbury, and I was born in Australia. The issues having an impact on my mental wellbeing are pain/injury, lack of sleep, high pressure work environments, high/low temperatures at work, too much responsibility at work, and relationship issues, and I feel the need for mental health support daily. I feel very uncomfortable starting a conversation about my mental wellbeing, and very uncomfortable participating in a conversation about my mental wellbeing once the topic has been raised, and I would describe my current mental wellbeing as very poor. I do know about mental health supports available to me, and the barriers preventing me from accessing mental health support are a lack of time and cost of services. I would prefer to access one-to-one support offered face to face, support offered by a psychologist or psychiatrist, or support offered by a counsellor. A session up to 30 minutes or a session up to 60 minutes, services available at night, and services available on the weekend are likely to suit me best.

Participant 2 - Manufacturing Sector

I am a 45–54 year old female working in manufacturing in The City of Salisbury, and I was born in Australia. The issues having an impact on my mental wellbeing are a lack of sleep, long working hours, high pressure work environments, poor support from managers at work, and bullying at work, and I feel the need for mental health support daily. I feel very comfortable starting a conversation about my mental wellbeing, and somewhat uncomfortable participating in a conversation about my mental wellbeing once the topic has been raised, and I would describe my current mental wellbeing as fair. I do know about mental health supports available to me, and the barrier preventing me from accessing mental health support is that nobody seemed to care. I've left the job, and no support sessions are likely to suit me best. At the moment I'm just sad of the bullying. Ideal mental health support would be caring. The activities that I currently do to help with my mental wellbeing are walking, cooking and God. I'd like to get better because I'm sick and I find it hard to make choices.

Model Considerations:

The consultation of employees in construction, manufacturing and logistics in The City of Salisbury requires additional time and resources, including following up with contacts in the business community provided by The City of Salisbury Council.

Though limited, the consultation for this priority population group highlights the importance of workplace wellbeing programs, and the need for a broader range of referral options for psychosocial support.

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