

Communities That Care

Working together to promote the mental health and wellbeing of Australia's children and young people.



Communities That Care®

The mental health and wellbeing of children and young people is deteriorating



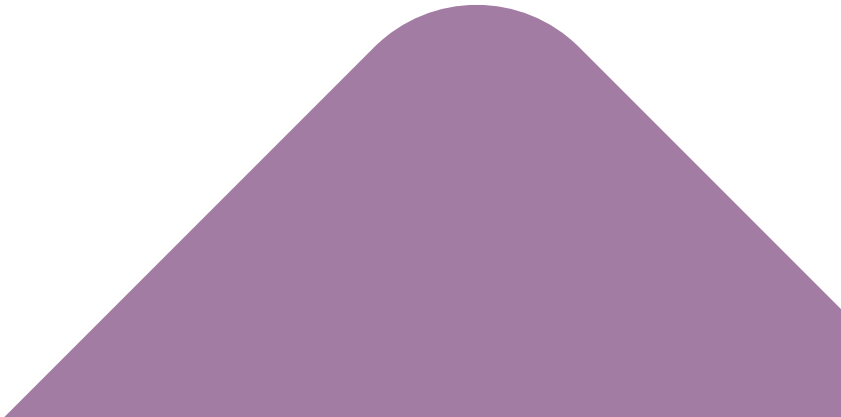
Despite record investment in youth mental health services like headspace, the prevalence of mental ill-health among young people in Australia is increasing, and youth suicide remains tragically high.

While continued investment in youth mental healthcare is vital, we also need to start tackling the underlying causes of these conditions in childhood and adolescence to prevent them from occurring in the first place. This requires a focus on mental health promotion.

Mental health promotion is different from, but complementary to mental healthcare. It focuses on promoting 'good' mental health and wellbeing and preventing the onset of mental health conditions across the life-course. Mental health promotion activities target groups and whole communities

and focus on individual behaviour change as well as changes in families, schools, workplaces, local neighbourhoods and society that enhance protective factors, and decrease risk factors that contribute to mental ill-health.

Mental health promotion strategies include public education and awareness campaigns to boost mental health and wellbeing literacy; skills-building programs focused on social-emotional wellbeing, positive parenting, self-care and resilience; creating supportive environments; strengthening community action; reorienting mental healthcare services towards wellbeing and prevention; and building healthy public policy.





One in three (32%)

young Australians aged 12-25 years report high or very high levels of psychological distress - more than triple the rate in 2007 (9%).

Source [headspace, the National Youth Mental Health Foundation](#) 2018



Rates of distress are significantly

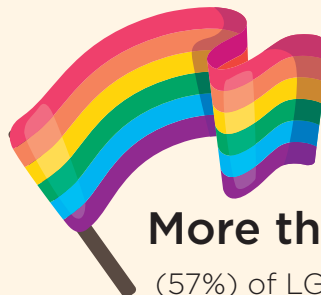
higher amongst young women (38%) compared to young men (26%).

Source [headspace, the National Youth Mental Health Foundation](#) 2018

COVID-19 has

caused a further deterioration in young people's mental health. In June 2020, 34% of young people in Australia reported high or very high levels of distress and the proportion of young people who had trouble carrying out their usual daily activities increased from 41% to 51%.

Source. [headspace Youth Mental Health Survey](#) 2020



More than half

(57%) of LGBTIQA+

young people report high or very high levels of psychological distress. The increased risk of mental ill-health comes from experiencing discrimination, exclusion, homophobia and prejudice.

Source [headspace, the National Youth Mental Health Foundation](#) 2020



Suicide rates are

almost 4 times higher among Aboriginal and Torres Strait Islander young people aged 15-24 than non-Indigenous young people in the same age group.

Source: ABS (2018). [Intentional self-harm in Aboriginal and Torres Strait Islander People](#)



Suicide is the leading cause of death

of Australians under 25 years of age. Suicide rates among young women aged 10-24 years increased between 2004 and 2014, while the suicide rate among young men remains stubbornly high.

Source: BMC Public Health 19, 1389 (2019). <https://doi.org/10.1186/s12889-019-7742-9>

Place-based, community mobilisation



Place-based, community mobilisation is one important mental health promotion strategy.

Community mobilisation responses bring together community members, program and service providers, schools, employers, local government and experts in mental health promotion to plan and implement a coordinated approach to wellbeing and prevention within a local community.

A community mobilisation approach acknowledges that no single individual or entity can promote the wellbeing of all young people, and collaboration and coordination are vital. Such an approach also recognises that no single program or policy is enough to prevent all cases of mental ill-health and a multi-modal approach is essential.


The Communities That Care (CTC) model is one of the most evidence-based models of community mobilisation available. CTC originated in the US and has been implemented in several countries including Croatia, Cyprus, Germany, Sweden, the Netherlands, and the United Kingdom, as well as Australia.

The CTC model enhances local collaboration and builds community capacity for prevention and mental

health promotion. Using a data-driven process, community coalitions select and implement evidence-based prevention strategies that align with their local priorities with the aim of improving the wellbeing of children and young people in their community.

The results of this approach speak for themselves with substantial reductions in alcohol and other drug use, offending behaviour, crime, and physical injury documented among young people in CTC communities. Moreover, a recent cost effectiveness study demonstrates that CTC saves over \$12 for every dollar invested.

The science is clear, mental health conditions are not inevitable and the onset of many common conditions can be prevented or significantly reduced through mental health promotion. Communities That Care is a tested model that proactively influences the risk and protective factors that shape young people's mental health and wellbeing, rather than reactively responding after young people have already become unwell.



What is Communities That Care?

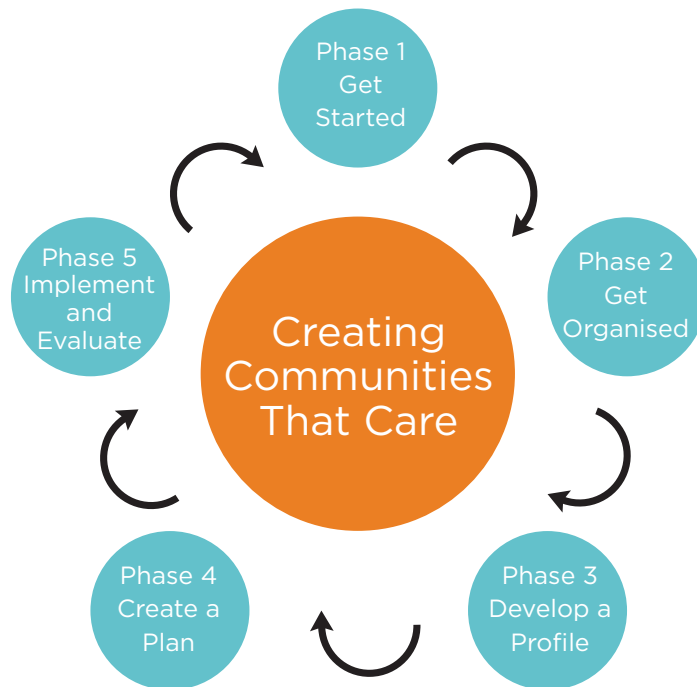
Communities That Care (CTC) is an evidence-based community mobilisation initiative.

The model was developed in the US and has since been implemented internationally including in Australia where it has been operating successfully for over two decades.

THE FIVE-PHASE MODEL

The model uses a five-phase community capacity building process to promote young people's mental wellbeing and reduce harmful substance use and anti-social behaviour. Drawing on social development theory, it focuses on planned community action to reduce risk factors and strengthen protective factors in the four domains of individual/peer, family, school and community.





Phase 1 – Get Started

Communities prepare for action by identifying and recruiting relevant community stakeholders and key decision-makers to the community coalition.

Phase 2 – Get Organised

The coalition and youth advisory group are established to guide decision making and planning for the CTC effort in the community. A local agency, such as Council, provides backbone support.

Phase 3 – Develop a Profile

A Community Profile Report is prepared based on data gathered using the CTC Youth Survey and other local, state and national data sources. An assessment of existing community resources and strengths is made. The coalition sets action priorities based on the identified local needs.

Phase 4 – Create a Plan

The community coalition develops a comprehensive Community Action Plan to guide its prevention and health promotion activities in the community. This plan focuses on evidence-based strategies that align with local priorities for action.

Phase 5 – Implement and Evaluate

Implementation of the Community Action Plan begins. The coalition monitors and evaluates program implementation to ensure that intended outcomes are achieved, and any problems can be identified and rectified. The CTC Youth Survey is repeated to evaluate the Action Plan achievements, based on youth reports.

Cycles

Prevention activities don't end once a community has completed the five-phase 'cycle', rather, a new cycle begins. As the local coalition's learning increases through the cycles, so does the magnitude of the positive impacts that young people report.

The CTC Youth Survey

The CTC Youth Survey is an internationally used and rigorously validated child and youth survey. It measures known risk and protective factors and youth health/behaviour outcomes. In Australia, over 100,000 children and young people have completed the survey since 2000. The survey is administered to primary and secondary school students between Years 5 – 12.

Communities That Care in Action

Communities That Care is currently operating in multiple municipalities around Australia.

The figure below shows municipalities that have completed at least one full cycle of the CTC process. The case studies below provide an overview of how the model works in action.



*Eurobodalla commenced CTC in 2021.

A Focus on Communities That Care Alpine (Victoria)

Communities That Care (CTC) Alpine provides an example of how a small-town coalition in Myrtleford has grown to operate across the entire Alpine Shire in Victoria. The Shire is about 300 kilometres north-east of Melbourne and its main towns are Bright, Myrtleford and Mount Beauty.

Alpine Health has been the auspice agency for CTC Alpine/Myrtleford since its inception. The initiative brings together several major organisations in the Shire including several primary and secondary schools, Victoria Police, Alpine Shire Council, Alpine Health and Gateway Health, Youth Services (NESAY & NELLEN) and Upper Murray Family Care.

CTC Alpine is already into its third cycle of planning, action and review with each cycle spanning 3 years. The first cycle prioritised reducing family conflict, and featured prevention strategies such as Courageous Conversations, a program focused on promoting gender equality and reducing family violence.

The cycle also prioritised reducing adolescent drinking through programs like Fit to Drive (F2D) and a community forum.

The second cycle prioritised low commitment to school, reducing adolescent alcohol use, and depressive symptomatology. As part of the mental health prevention response, the CTC Alpine Coordinator supported the Alpine Saints Myrtleford Football-Netball Club to develop a Wellbeing Team.

It was recognised that a number of club members were struggling with mental health issues and that a Wellbeing Team could provide a pathway for a supportive conversation or referrals to relevant support services.

CTC Alpine helped the club to establish a governance structure, attract funding and develop a wellbeing plan that provided clear objectives and outcomes. CTC Alpine also implemented capacity building initiatives including Youth Mental Health First Aid training, media training, brand development and collateral, and advice on self-care and support.

The Wellbeing Team, launched on World Mental Health Day 2020. Since its establishment it has set up a referral process from the Wellbeing Team Mental Health First Aiders to local services. The Wellbeing Team are also organising a mental health round as a permanent fixture for the Ovens and Murray League and coordinating events with a mental health focus that will run annually.



Involving Young People in Communities That Care

Young people are at the centre of the Communities That Care model, and they play an active role in shaping local community initiatives through their membership on Community Boards and Youth Advisory Groups as described in the following case studies.

Case Study One: CTC Geelong – Youth Advisory Group

Communities That Care (CTC) Geelong are in their second cycle. Young people are key stakeholders in the CTC process. To ensure that young people were actively involved in shaping and implementing the Community Action Plan, the CTC Geelong Community Board established a Youth Advisory Group (YAG) in 2018. Funding from the Geelong Community Foundation was used to employ a facilitator and the YAG started as monthly meetings held over two hours after school on a Monday, at a central venue in Geelong. It began with just two students and gradually grew. Three years on and at its peak, the YAG has seen the active involvement of 15 students

from five secondary schools across the northern suburbs of Geelong. The YAG discusses and devises projects around the three current priority areas of CTC Geelong which include reducing early age alcohol use, strengthening family connections, and improving school engagement and completion.



Case Study Two: CTC Stonnington – Youth Voice

In 2017 Communities That Care (CTC) Stonnington established the Youth Voice to feed into the decisions made by the CTC Stonnington Community Board. The CTC Stonnington Youth Voice enables community leaders in Stonnington to be more aware of the views and experiences of young people in their community. This ensures that programs, services and policies included in the Action Plan align to the needs and interests of young people, and are therefore more likely to be effective.

The age range for the Youth Voice is 15 years and older. Recruiting young people is challenging and a turnover of participants is not uncommon, however it is helpful to schedule meetings at times after school hours and hold meetings consistently throughout the year to build momentum. Food at meetings is always appreciated and vouchers to acknowledge young people's time commitment are well received.

A key outcome achieved by the Youth Voice to date is the creation of a short film called Talk About It. This film was produced with facilitation support by Storyscape on the issue of mental health and young people.

The film can be viewed here:

www.youtube.com/watch?v=pTOovuVVSdA.

The film was launched at MARS gallery with more than 50 people in attendance. Through this project, we learnt that for a youth-led project to succeed, the content needs to be something that resonates with all participants, and is something they are passionate about and feel they can influence.



What is the evidence that CTC works?

The Communities That Care model places a major emphasis on rigorous evaluation. The CTC effort in each community is evaluated to establish whether it is achieving its local aims and objectives. The framework as a whole has also been evaluated several times and results published in peer reviewed journals.



Communities That Care reduces adolescent alcohol and other drug use and antisocial behaviour.

The first four communities to complete Communities That Care in Australia showed significant increases in protective factors as well as significant reductions in risk factors, and adolescent alcohol and other drug use and antisocial behaviour compared to 105 matched municipalities without CTC. Relative to non-CTC sites, adolescents in CTC localities experience significantly greater:

- Increases in protective factors (improved 3.9% from 1999 levels by 2015)
- Decreases in risk factors (5.5%)
- Reductions in lifetime alcohol use (21.8%), tobacco use (11.8%) and cannabis use (28.3%)
- Reductions in antisocial behaviour (17.0%)

Source: Community intervention to prevent adolescent health behavior problems: Evaluation of Communities That Care in Australia. *Health Psychology*. 38(6), 536-544. <http://dx.doi.org/10.1037/hea0000735>



Communities That Care reduces depressive symptoms.

A review of outcomes associated with the implementation of the Communities That Care model in Pennsylvania between 2001 to 2011, found that depression symptoms were significantly lower in adolescents in CTC communities compared to adolescents in other non-CTC school districts over the same time period. These improvements were particularly evident in CTC sites that had implemented at least one-evidence-based preventive program.

Source: Chilenski, S. M., Frank, J., Summers, N., & Lew, D. (2019). Public Health Benefits 16 Years After a Statewide Policy Change: Communities That Care in Pennsylvania. *Prevention science : the official journal of the Society for Prevention Research*, 20(6), 947-958. <https://doi.org/10.1007/s11121-019-01028-y>



Communities That Care reduces youth crime.

A recent study used multi-level regression to evaluate the effect of participating in Communities That Care on youth crime. The study used data from 15 municipalities engaged in CTC and compared their results to those of 60 non-participating municipalities in Victoria. The study examined Victorian Crime Statistics data from 2010 to 2019 on offending among young people aged 10-17 years and found municipalities completing the Communities That Care phases **achieved a 5% annual reduction in youth non-violent crime** (preventing 704 non-violent crimes, per year) and **a 2% annual reduction of violent crime** across the participating municipalities (preventing 778 violent crimes, per year).

Source: Evaluation of Communities That Care Effects on Municipal Youth Crime Rates in Victoria, Australia: 2010 - 2019. Prevention Science. <https://doi.org/10.1007/s11121-021-01297-6>



Communities That Care reduces physical injuries.

Among the fifteen Victorian communities using the CTC process, there have been statistically significant relative reductions in hospital injury admissions and unintentional injuries among all age groups aged 0-19 years by the second cycle of CTC, compared to non-CTC sites. The study found **an annual reduction of 8-10% for all hospital injury admissions** in the 10-19 year old age groups in CTC sites compared to non-CTC sites, and **9-10% reduction in unintentional injuries** as well.

Source: Evaluation of community coalition training effects on youth hospital-admitted injury incidence in Victoria, Australia: 2001-2017. Injury Prevention. 26(5), 463-470. <http://dx.doi.org/10.1136/injuryprev-2019-043386>



Communities That Care saves money.

A longitudinal evaluation of Communities That Care in the US found that CTC returned \$7,152 more per participant than it cost - **or \$12.88 for every dollar invested** - in relation to averting alcohol and other drug use and antisocial behaviour, and \$17,919 more per participant than it cost when secondary impacts such as college completion were also included. The researchers concluded that the broader dissemination of CTC could improve individual lives and public health in the long term and generate positive net benefits to society.

Source: Long-term Impacts and Benefit-Cost Analysis of the Communities That Care Prevention System at Age 23, 12 Years After Baseline. Prevention Science, 2021. 22(4), 452-463. <http://dx.doi.org/10.1007/s11121-021-01218-7>