

## *Sowing seeds of Social Connection Community Gardening Project*

### **Abstract**

"Social inclusion reflects a proactive, human development approach to social well-being that calls for more than the removal of barriers or risks. It is about closing physical, social and economic distances separating people, rather than primarily about eliminating boundaries or barriers between us and them." (Donnelly & Coakley: 2005).

Social engagement has long been recognized as a protective factor against relapse for mental ill health and of significance as a determinant of health generally.

Thirteen adults (7 male and 6 female) who access NSW Community Mental Health Service in a rural town in Mid-Western NSW participated in a gardening project in tandem with a pre-existing and experienced community garden group. Weekly gardening classes/experiences where topics including propagation of vegetables and Herbs, garden design and installation of water reticulation systems wove the fabric of social engagement.

### **Background**

Rylstone/Kandos is a rural town in the central west of NSW with a population of 3,741 (ABS 2001). The main industries are farming both beef and sheep. There is a small coalmine at Charbon employing approximately 60 people and a cement factory, Cement Australia employing approximately 90 people.

According to the Socio-Economic Index for Areas (SEIFA Scale 2006), Rylstone/Kandos rates 11<sup>th</sup> out of 549 areas in NSW. This scale reflects the determinants of health with the most disadvantaged being 1 and the least disadvantaged being 549.

Out of a population of 3,741 there are 971 (ABS 2001) people who derive their income from various forms of Centrelink payments including disability, aged and unemployment benefits. The population is largely of Anglo-Celtic origin.

The NSW Police of the local area command (LAC) attended 65 scenes of domestic violence during the year of 2005 in the Rylstone/Kandos area combined. Of these 58, out of a population of 528 (ABS 2001) children and young people between the ages of 1-16yrs were either the victim of or witness to the violence. Given that these figures are reflective of police attendance, we could safely assume that they are conservative as an indicator of the incidents of domestic violence in the area.

A total of 50 incidents of child abuse (LAC NSW Police) were reported between the years 2000-2005 (inclusive).

Cultural and recreational facilities at best are limited. For example there is no gym, no cinema, no theatre. There is a cinema which operates on weekends at the nearest large town in Mudgee (population 10,000) 50 kilometres away. However there is no public transport between the two towns. Shopping opportunities are limited to one small grocery store, two hardware shops and three coffee shops.

There is an active touch football club, and there is also an active drama club which meets on a monthly basis. Kandos does have a local public swimming pool however access is an issue for many of the population who are either temporarily or permanently physically disabled. Entry to the pool incurs a fee of \$5.00 per visit and is thus proscriptive for those on low incomes.

One of the major barriers to social and recreational involvement for those who have chronic mental illness or those who present with mental disorders is that there is no public transport, leaving families without access to private vehicles vulnerable to the effects of social isolation.

The visiting mental health service is currently provided from the Lithgow Mental Health Team. This service is at least once per week for a full day and more often is twice per week given that there is often a need for crisis intervention. The active client load is as follows:

Active clients (requiring weekly follow-up) 15

Average (past 6 months) weekly acute assessments 4

The recidivism rate is currently at 10% and is maintained at this rate with assertive pro-active follow-up.

This program also addresses the "social withdrawal" experienced by many consumers as a result of the side effects of anti-psychotic medication.

### ***Implementation***

#### *Time Line*

- The commencement date of implementation of the program was Thurs September 7th and was being launched with a BBQ at the actual site.
- The program was run for a total of 13 weeks and finished with a Christmas Party on December 7<sup>th</sup> 2006.
- A final report was generated from the outcomes of the program and was distributed to partners and stakeholders.
- Clients were consulted on how they would like to proceed for the year beginning 2007.

#### *Partners*

- Thyme Out Community Garden Committee, representative Sue Carter
- Rylstone and District Historical Society, representative, Peter Monaghan (Treasurer)
- Regional Health Strategy, Population Health, Planning and Performance former Mid-West Area Health Service, representative, Janet Walk
- Lithgow District Mental Health Promotion Committee, representative, Bronwyne Bevan NUM
- Aboriginal Mental Health representative, Colin Locke

#### *Target Group*

- Consumers of the Mental Health Service of Rylstone/Kandos and those who access Lithgow Mental Health rehabilitation program.

### ***Aims and Objectives***

- To engage the target group in a social activity with the well established Community Garden group

- To raise cultural awareness of the group and integrate NESB members of the group
- To increase the sense of community connection within the group and between the group and the wider community
- To impart knowledge of plant groups and how to prepare garden beds on a limited budget
- To teach basic gardening skills
- To build an authentic partnership between the Historical Society, the Community Garden Group, and the Mental Health Service and to attract new community partners for example Rotary, and Mid West Regional Council.

### ***Measures***

- Participants completed the MHOAT SR 1, a self-report measure at pre and post program implementation based on the projected aims and objectives.
- An observational tool, the MHOAT LSP 20 was completed by the case manager at pre and post program implementation and will be repeated at 6-month follow-up.
- Qualitative data was collected from participants comprising a series of open-ended questions in order to capture any unintended consequences of the program implementation.
- Process evaluations were conducted with participants and partners at monthly intervals to ensure evolving quality based processes applied. These evaluations were in the form of short questionnaires for the partners and participants followed by discussion.

### ***Outcomes***

Interestingly, there was little difference in the pre and post results using the standardised measures. Also of interest was the difference in self-reports to those of the participants. None of the participants reported any change in anxiety levels within social situations.

However on observation case managers reported consumers talked more to each other, and to “Thyme out” gardeners than they did before the program.

On open-ended questions all participants reported that the thing they liked best about the project was the social aspect of it, or, to paraphrase one participant “getting out and doing something with people”.

A participant who had not been to a social event for some 12 years declined to come to the Mental Health Bush Dance despite several invitations and encouragement from his case manager. Eventually after several weeks coming to the Gardening Group, he agreed to come to the dance “for no more than an hour”. This man was the last to leave the Bush Dance, danced several of the numbers, and reported that he hadn’t had so much fun in years.

One of the other goals of the program was to break down stigma associated with Mental Ill Health. This vignette is an example of how the program has addressed that issue. One of the partners in the program initially was reluctant to have much to do with the participants, stating that he prefers to work alone, and suggested to the Mental Health Workers to keep the group from “disturbing” him. However as the day unfolded the volunteer spent more and more time with consumers. He sent an email stating that he “didn’t get much work done today, too busy enjoying the company” and has since asked if he could work on future projects with the group.

### ***Unintended Consequences of program implementation***

Feb 28<sup>th</sup> -The group entered produce in the Rylstone Agricultural Show and won first prize for their eggplants and butternut pumpkins.

The group have sold produce to the local restaurant and delicatessen, and have been asked to continue to supply them.

The group have propagated punnets of winter vegetables and sold them to local nurseries and covered costs of seeds and seed-raising mix. The group have expressed a desire to continue with this venture and have booked a stall at the next "Trash and Treasure" to sell punnets of their seedlings.

10 of the participants have completed the Industrial OH & Safety training in order to commence work on Mid-Western Regional Council gardens that have been neglected and "run-down" since the commencement of the drought.

### ***Discussion***

The "social seeds" program was implemented with the main objective of increasing the social confidence of participants, and tools to measure this outcome were part of the MHOAT data set. Unfortunately the tools, the SR 1 and the LSP 20, did not reflect the same outcome as the qualitative self-reporting.

The program was implemented as part of service delivery, not research and consequently would not pass the test of critical analysis.

However, consumers have continued to attend the gardening group, and indeed have expressed a desire to continue with and even extend the project. The fact that these people with a chronic Mental Illness produced vegetables that have won first prize in the Show, sold them to local shops, have raised and sold seedlings, commenced work on Council gardens lead us to believe that these changes are hard won evidence of the tiny threads of social connection.

### ***Acknowledgements***

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