

In Australia, integrated care initiatives that tackle chronic and complex conditions through care coordination are increasingly common, approaches that take a more upstream approach are less so. Internationally there are examples where integrated care models have matured and extended to incorporate population health approaches, including general health promotion, early intervention and prevention activities. Indeed a recent scoping review by [Farmanova and colleagues \(2019\)](#) explored 15 case studies that have incorporated a broad population approach within their integrated care strategies. Key strategies employed included *'focusing on health and wellness, embracing intersectoral action and partnerships, addressing health in vulnerable groups, and addressing a wide range of determinants of health, including making improvements in health services'*.

At the [Centre for Rural and Remote Mental Health](#) (CRRMH), we have been addressing community wellbeing. With the support of the NSW Mental Health Commission, we undertook a [scoping literature review](#) on collaborative approaches to community wellbeing, evaluated one such collaborative ['Our Healthy Clarence'](#) and brought together several communities to share knowledge at the CRRMH's third Rural Suicide Prevention Forum at the 2019 Sydney Royal Easter Show. We took the opportunity to refine the resource tool kit that we produced to support collaborative approaches to community wellbeing. This is relevant to integrated care as it represents a collaborative community-led and population health-based model of promoting mental health wellbeing. Moreover, the communities with which we have worked have employed the same strategies as those described by Farmanova and colleagues above.

For the rural communities we have worked with, the strengths-based approach encompasses positive health promotion, primary and secondary prevention activities, advocacy, and cross-sectoral collaboration. We advocate that this comprehensive approach to wellbeing can effectively encompass mental health promotion and suicide prevention. The inclusion of suicide prevention within the mental health wellbeing framework is deliberate as building healthy and resilient people and communities is an essential focus area for rural suicide prevention. Our [position paper on rural suicide prevention](#) covers five focus areas designed to prevent suicide now (1-2) and into the future (3-5). They include:

1. Prevent people who experience suicidality from taking their own lives
2. Help those who are affected by suicide
3. Provide support to vulnerable groups
4. Build protective factors in children and young people
5. Build healthy and resilient people and communities.

Drawing upon the literature review and experience working with several communities we have devised a model of collaborative approaches to community wellbeing. Key areas include: determining community readiness, gathering together stakeholders to collaborate, establishing a shared vision for action on improving community wellbeing, planning with partners to build collective understanding, then engaging with the broader community, gathering community champions and implementing the plan. To reinforce the narrative and build sustainability, the collective efforts need to be documented, reviewed against the plan and agreed indicators, and efforts adapted as needed. Moreover, seeking independent expertise when needed is valuable, however community agency and autonomy should be retained. The longer term and overarching objectives are to improve community mental health and wellbeing through increased social connectivity and participation in meaningful activities. In the case of 'Our Healthy Clarence' in Northern NSW, there was considerable action and advocacy to improve mental health services, address service gaps and fragmentation. The formative evaluation of this work has been submitted for publication.