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Interventions for the *Community Stations Project*: Evaluation Findings

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Executive Summary

Introduction

In Victoria, suicide accounts for the majority of deaths on railway networks. Concerns regarding railway suicides at stations prompted Public Transport Victoria (PTV), Metro Trains Melbourne, V/Line and TrackSAFE Foundation to implement and evaluate a pilot project known as the *Community Stations Project*. This project ultimately aims to reduce suicides at stations by improving wellbeing and social connectedness among community members, as well as raising awareness about mental health problems and encouraging help seeking, in the station environment.

Four stations participated in the *Community Stations Project*, namely Ringwood, Dandenong, Sunshine and Melton. The interventions introduced at these stations thus far can be grouped into four categories: arts and culture; music; food and coffee; and special events (e.g. mental health awareness activities). These interventions have not been trialled in station environments previously and there is limited available research evidence about their application in other community settings.

The overall aims of this evaluation were to determine the impact of the *Community Stations Project* interventions on community members' views of the stations, their knowledge about and attitudes towards people with mental health problems, and their emotional wellbeing.

Methods

A short anonymous survey was administered to community members at the selected railway stations between October and December 2016. Members of the evaluation team from the Centre for Mental Health, University of Melbourne approached members of the public, explained the purpose of the survey and asked them if they would like to participate. The survey, which was available on iPads, covered some basic information about respondents (gender, age group and how often they came to the station), whether they had noticed any of the following types of public events at the station: arts and culture; music; food and coffee; and special events. Those who had noticed the events were then asked whether the events had affected their views about the station. Those who noticed the 'special events' were asked if these had improved their understanding of people with poor mental health or made them more likely to reach out to someone whom they thought might be at risk of poor mental health. All respondents were then asked to rate their emotional wellbeing on a scale of 1 to 10.

Findings

Overall, 1309 people agreed to participate in the survey. Just under half of the community members surveyed reported noticing an intervention event at their station, with coffee/food carts being the most commonly noticed events at each station. Respondents indicated that the events had a positive impact on their view of the station. Noticing a special event at a station was associated with improved understanding of people with poor mental health and a greater likelihood of reaching out to someone whom they thought might be at risk of poor mental health. Awareness of intervention events was not associated with emotional wellbeing.

Conclusions

The interventions caused community members to view their stations more positively. The findings of this evaluation show that mental health awareness 'special events' at train stations were effective at increasing people's awareness of poor mental health and increasing their likelihood of helping someone who may be at risk of poor mental health. Continuing to focus efforts on mental health awareness activities may further strengthen the impact of the *Community Stations Project* interventions.

Introduction

In Victoria, suicide accounts for the majority of deaths on railway networks, with 17% of Victorian railway suicides occurring at stations.¹ This equates to five suicides per year occurring in the station environment. These suicides have traumatic impacts for those who witness them, including train drivers, other railway staff and passengers.² They also cause economic losses through disruptions of train services, driver absenteeism, and counselling required for affected railway staff.³

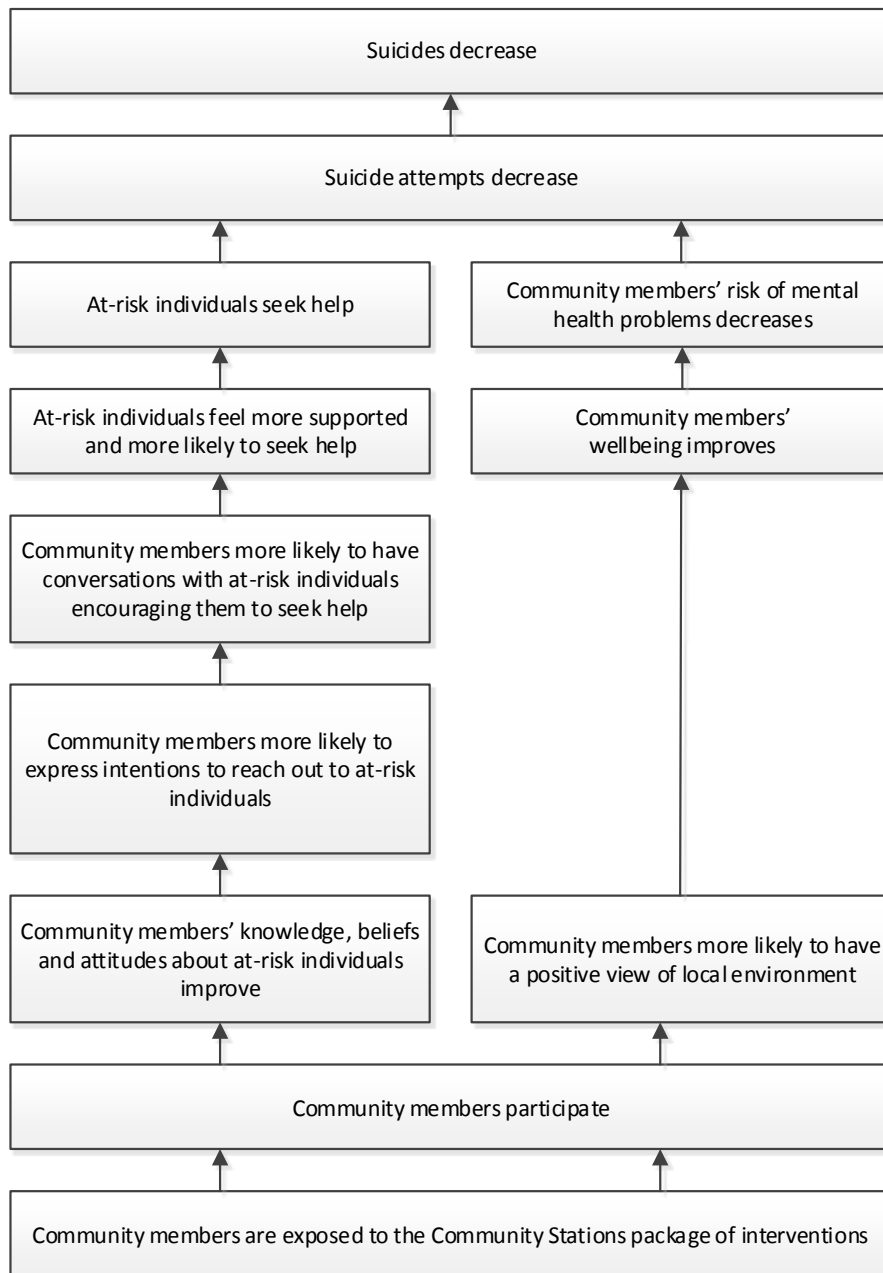
The Community Stations Project

Concern about railway suicides has led Public Transport Victoria (PTV), Metro Trains Melbourne, V/Line and TrackSAFE Foundation to instigate a pilot project known as the *Community Stations Project*. The Centre for Mental Health team at the University of Melbourne has been commissioned to evaluate the *Community Stations Project*.

Ultimately, the *Community Stations Project* aims to reduce suicides at stations. There is, however, an acknowledgement that this is a far-reaching goal. For this reason, Centre for Mental Health researchers worked with project stakeholders to develop a project logic matrix which describes the hierarchy of objectives of the project. Figure 1 provides a pictorial representation of the program logic and shows the lower and middle level impacts that would need to be achieved to realise the ultimate aim.

Essentially, the hierarchy of objectives has two arms, one relating to raising awareness about mental health problems, decreasing stigma, improving mental health literacy (which has been defined as “knowledge and beliefs about mental disorders which aid their recognition, management or prevention”), and encouraging help seeking, and the other involving reducing isolation and increasing social connectedness by altering the ambiance of stations. The ‘logic’ or theory underpinning the hierarchy suggests that higher-level outcomes like decreasing suicide and suicide attempts are contingent upon lower-level impacts, and if the latter can be achieved then the former are likely to follow, even if they cannot be measured in the evaluation.

Figure 1: Community Stations Project program logic matrix



Four stations are participating in the *Community Stations Project*, namely Ringwood, Dandenong, Sunshine and Melton. These stations have implemented various interventions that are designed to achieve the lower and middle-level impacts in the hierarchy of objectives. These interventions can be grouped into four categories: arts and culture; music; food and coffee; and special events (e.g. mental health awareness activities).

As the *Community Stations Project* is a novel initiative, there is little or no evidence regarding the effectiveness of these interventions. However, a review of the literature undertaken by the team at

the Centre for Mental health, found that similar interventions have been applied in different settings, which provides some indication of the impact these interventions might be expected to have on mental health and wellbeing in a community context.

Arts and cultural events

There is increasing acknowledgement that community arts and culture projects can confer benefits in terms of people's mental health and wellbeing. A variety of arts and culture projects have been evaluated. These have involved a range of activities and a mix of media, and have generally been found to improve respondents' wellbeing and their attitudes towards mental health problems.

Active participation in community arts and cultural events, such as film and photography exhibitions, dance, film making, storytelling, mural creation, as well as other arts and crafts workshops, have been found to increase social connectedness and community engagement,⁴⁻⁶ as well as vitality⁷ and self-esteem.⁸ More specifically, arts events that are designed to raise awareness of mental health issues have found to be successful, reducing stigma associated with mental health problems⁵, raising mental health awareness, improving attitudes towards people with mental illness⁹ and increasing openness to help-seeking.¹⁰ A similar impact on wellbeing and attitudes towards mental health might be expected to occur in a train station context.

Music events

Studies have shown that exposure to music that is self-selected or relatively gentle in tempo and tone can lead to reductions in levels of stress and improvements in depressed mood. Research conducted in laboratory-based randomised controlled trials has shown that listening to classical or 'self-selected' music, rather than heavy metal music or silence, has been found to significantly reduce negative emotional states (including reduction in anxiety and anger) and also reduce physiological arousal associated with anxiety.¹¹ Similarly, listening to self-selected relaxing or happy music has also been found to enhance mood and sense of wellbeing, increase liveliness and decrease levels of depression.^{12,13} Studies conducted in this area have been conducted in laboratory settings but their findings suggest that the presence of musicians at stations, performing music that fits the above descriptions, might have a positive impact on mental health and wellbeing.

Food and coffee

While no research explicitly examines the impact of interventions involving food and coffee on the general public, there are studies that suggest that certain foods and drinks can have immediate psychological benefits. For example, one study found that respondents who consumed dairy products, particular vegetables and particular bakery products reported immediate improvements in

mood.¹⁴ It might therefore be expected that interventions involving the provision of foods and drinks from these food groups may have a positive impact on mood and wellbeing. Also, being the recipient of a kind gesture such as receiving food or drink at the station may also serve to elicit gratitude and appreciation, indirectly improving mood and potentially also improving feelings of wellbeing.^{15,16}

Special events

The 'Special events' intervention category included activities that took place at the stations that aimed to increase community awareness of the following: (1) mental health, (2) physical health, (3) family violence and (4) available support services.

The research literature investigating the impact of interventions and campaigns that aim to improve the public's awareness of mental health problems and knowledge of available supports is building. This improved awareness is improving utilisation of effective self-help coping strategies and help-seeking for mental health concerns. Improved mental health literacy has been found to be associated with decreased stigmatising attitudes, as well as increased recognition of mental health problems, help-seeking intentions and support offered to others.¹⁷⁻²⁰ Thus, an intervention that acts to increase mental health awareness and knowledge in the community can be ultimately expected to increase self-help behaviours, increase support offered to others and increase appropriate help-seeking.

Gratitude activities were also conducted at one station. A review of gratitude studies concluded that gratitude has been robustly associated with increased self-perceived wellbeing, increased life satisfaction, increased mood and experience of positive emotions (including happiness), as well as improved social relationships and sense of connectedness¹⁶. Gratitude has also been found to increase kindness to others in response, creating a ripple effect of benefits to wellbeing and mood.^{16,21}

Aims of the evaluation

Overall, the evaluation aimed to answer the following research questions:

1. Do the *Community Stations Project* interventions impact people's views about the stations?
2. Do the *Community Stations Project* interventions improve people's attitudes towards those with mental health problems?
3. Do the *Community Stations Project* interventions improve people's emotional wellbeing?

Method

Survey design

A short anonymous survey was designed to be administered to community members (aged 18 and over) at the selected railway stations (see Appendix A). The survey, which took approximately 2- 3 minutes to complete on an iPad, covered some basic information about respondents (gender, age group and how often they come to the station), whether they had noticed any of the following public events at the stations: arts and culture; music; food and coffee; and special events (e.g. mental health awareness activities). Those who had noticed the events were then asked whether the events had affected their views about the station. Those who noticed the 'special events' were asked if these had improved their understanding of people with poor mental health or made them more likely to reach out to someone whom they thought might be at risk of poor mental health. All respondents were then asked to rate their emotional wellbeing on a scale of 1 to 10.

To encourage respondents to seek support for their emotional wellbeing if they rated this as low or if it was something they were concerned about, the following text was presented below the final question about wellbeing: "If you feel you want to talk to someone about your response to this question, please call Lifeline: 13 11 14 (toll-free)." .

Conducting surveys at stations involved in the project

Surveys were conducted at the four stations involved in the *Community Stations Project* over a 6-week period, from mid-October to early December 2016. Two researchers visited each station for an average of 2-4 hours during the daylight hours of one weekday each week. Researchers aimed to conduct surveys at times that coincided with intervention activities being conducted at the station, and aimed to survey a minimum of 40 respondents per station visit.

Each researcher had an iPad with the survey questionnaire loaded onto it. Researchers approached community members as they entered the station or as they were waiting on the platform, offering some brief information about the survey and asking if they would be interested in participating. Community members who requested further information about the survey were provided with a copy of the project's Plain Language Statement (see Appendix B). Community members were not approached if the next train to arrive on their platform was due to arrive in less than 3 minutes, so as to not disrupt their commute or cause distress regarding missing the next train.

Community members who were interested in taking part were given the iPad to hold while they completed their responses. They were also provided with the option of having the researcher read

the survey questionnaire to them and enter responses for them. Community members who were older, reported to have poor vision and were not wearing their glasses, or had difficulties with written English comprehension often opted for this assistance to complete the questionnaire.

Data was stored on the password protected iPads while the researchers were at the stations. This was then be downloaded and kept on password-protected computers in the Centre for Mental Health. Only the named researchers had access to this data.

Data analysis

The data was analysed descriptively using percentage frequencies. Logistic regression was also used in order to allow us to assess the links between exposure to the interventions and views about the stations, attitudes to people with mental health problems and wellbeing.

Ethics approval

The evaluation was approved by The University of Melbourne's Human Research Ethics Committee.

Results

Overall, 1376 people indicated that they were interested in participating in the research and were provided the iPad to complete the questionnaire. 95.1% (n=1309) consented to participate in the survey and 4.9% (n=67) did not provide consent to take part. Data from 51 respondents who did not provide complete responses were removed. Thus, a total of 1258 responses were included in the analysis.

Characteristics of respondents are presented in Table 1. The gender distribution of respondents was evenly spread between males and females. Over half of respondents were aged below 34 (56.6%). Most respondents were frequent commuters, with 66.3% of respondents travelling from the station between 5 to 7 days a week. Surveys were spread evenly between stations, with slightly more community members surveyed at Ringwood (approximately 1 in 3) and slightly fewer surveyed at Melton (approximately 1 in 5). The numbers of surveys able to be conducted at each station were generally influenced by the frequency of train arrivals and departures.

Table 1. Characteristics of community members who participated in the survey

Characteristics	n	%
Sex		
Male	605	48.1
Female	649	51.6
Other	3	0.2
Rather not say	1	0.1
Age group		
<25	380	30.2
25-34	332	26.4
35-44	206	16.4
45-54	139	11.1
55-64	120	9.5
≥65	81	6.4
Travel frequency		
Every day	287	22.8
Monday to Friday	547	43.5
Once a week	139	11.1
Once a fortnight	47	3.7
Once a month	66	5.3
Once every few months	172	13.7
Station where the surveys were conducted		
Dandenong	323	25.7
Melton	258	20.5
Ringwood	371	29.5
Sunshine	306	24.3

The proportion of respondents who noticed an event at the respective station, for each event type, is reported in Table 2. Just under half of the community members surveyed reported to have noticed an event at their station, with coffee/food carts being the most noticed events at each station.

Table 2. The proportion of respondents who noticed event(s) at station

Station	Coffee/food (%) (n = 474)	Arts/cultural (%) (n = 129)	Music (%) (n = 242)	Special event (%) (n = 65)	None of the events (%) (n = 615)
Dandenong	44.3	5.3	18.9	7.1	44.6
Melton	38.0	16.7	14.0	6.2	43.0
Ringwood	28.3	8.9	22.6	4.3	57.1
Sunshine	41.8	11.8	19.9	3.3	48.4
Overall	37.7	10.3	19.2	5.2	48.9

Respondents who indicated that they had noticed an event at the station were then asked if the event influenced their view of the respective station (on a 1-10 Likert scale, where 1 = negative impact, 5 = no impact, 10 = positive impact). These findings are presented in Table 3. Overall respondents indicated that the events had a positive impact on their view of the station.

Table 3. View influenced by particular event (only applied to those noticed the event)

Station	Mean (SD) of scale score			
	Coffee/food	Arts/cultural	Music	Special event
Dandenong	6.43 (1.99)	6.76 (1.89)	6.62 (1.98)	6.74 (1.96)
Melton	7.74 (2.23)	7.88 (2.08)	7.86 (2.28)	8.56 (2.22)
Ringwood	6.40 (2.00)	7.21 (2.06)	6.67 (2.07)	6.56 (1.90)
Sunshine	6.83 (2.32)	6.89 (2.28)	7.25 (2.20)	4.80 (2.53)
Overall	6.80 (2.19)	7.29 (2.13)	6.98 (2.15)	6.85 (2.37)

The effect of 'special events' on understanding poor mental health and the influence on likelihood of reaching out to someone who might be at risk of poor mental health is reported in Table 4. A significant proportion of respondents who indicated that they had noticed a 'special event' (possibly being a mental health awareness event) at the station reported to have gained an improved understanding of people with poor mental health and that the event made them more likely to reach out to someone possibly at risk of poor mental health.

Table 4. The effect of ‘special events’ on understanding poor mental health and reaching out to someone who might be a risk of poor mental health

Outcome	Yes n (%)	No n (%)	Significance of difference (p value)
The event improved your understanding of people with poor mental health	38 (58.5)	27 (41.5)	0.009
The event made you more likely to reach out to someone who you thought might be at risk of poor mental health	42 (64.6)	23 (35.4)	<0.001

The univariate regression analysis showed that none of the events was significantly associated with the wellbeing of respondents (coffee/food, $p = 0.999$; arts/cultural, $p = 0.764$; music, $p = 0.739$; special event, $p = 0.525$).

Discussion

This evaluation aimed to assess the impact of the *Community Stations Project* interventions on people’s views of the stations, their knowledge about and attitudes towards people with mental health problems, and their own emotional wellbeing. The findings indicate that the interventions increased positive views about the stations and improved knowledge about and attitudes towards people with mental health problems. However, the interventions were not found to have an impact on feelings of emotional wellbeing.

Awareness of events and impact on views about stations

Almost half of the community members surveyed reported noticing the interventions at the stations, with most indicating that the interventions caused them to view the station more positively. The only exception was “special events” interventions at Melton where community members ($n = 2$) reported these to negatively impact their view of the station.

Whether or not community members noticed the interventions may have been influenced by the placement of the activities within the station. Most of the stations included in the project had numerous entrances, and therefore not all community members would have necessarily passed the intervention activities upon entering the station depending on which entrance they used.

Intervention activities might be more noticeable if upcoming interventions were advertised in advance in the station environment (as done so at Melton Station), and improved signage at the station and the event itself. Ensuring events are positioned in areas of high-foot traffic, as well as making announcements at the station throughout the duration of the event, may also help to increase awareness.

Additionally, the surveys were conducted at the beginning of the *Community Stations Project*, with the interventions starting only two to three weeks prior to the beginning of survey data collection. This may have therefore reduced possible opportunities for exposure to the events prior to surveys being conducted. Awareness of the interventions may increase as more intervention events have been conducted.

School-aged young people were often observed by the researchers (while they were conducting surveys at the stations) to notice and interact with the interventions. Those under the age of 18 years were outside the age range to participate in this evaluation. Including feedback from this age group could be an important consideration in further evaluation efforts, and may increase overall awareness.

Furthermore, survey responses regarding the awareness of interventions may also have been influenced by permanent amenities at the stations. For example, both Dandenong and Melton have café/coffee shops adjacent to the station building and therefore may have been easily confused with respondents having noticed 'coffee/food carts' when responding to the survey.

Impact on knowledge about and attitudes towards mental health problems

Community members reported improved understanding of poor mental health after being exposed to 'special' mental health awareness events at the station. They also reported being more likely to reach out to someone who they thought might be at risk of poor mental health following exposure to this intervention. This suggests that providing community members with further information on mental health problems, and advice on assisting someone they are concerned about, improves awareness and understanding of these problems and prompts offering support to others. This finding is consistent with extensive research by Jorm et al.¹⁷⁻¹⁹ showing that improving mental health

literacy has been found to improve help-seeking and reaching out to others who might be at risk of poor mental health, as well as decreased stigma towards people with a mental illness. This might mean that those with increased mental health literacy can be expected to recognise signs of mental illness, talk to someone about their mental health or emotional wellbeing, provide emotional support to the person, and help them to contact appropriate support services, as well as be more willing to socialise with someone with a mental illness.

Impact on emotional wellbeing

None of the different categories of interventions (arts and culture; music; food and coffee; and special events) conducted at each of the four stations were found to have a direct impact on community members' emotional wellbeing.

Interpretation of these findings is complicated by the scarcity of research on the impact of the different categories of interventions in community settings. Wellbeing is a complex concept that is influenced by a wide range of life domains, including social, economic, environmental, psychological, physical and spiritual.²² The interventions may simply not have a sufficiently large effect on these domains to significantly impact wellbeing in the context of the *Community Stations Project*.

It is also possible that limited exposure to the interventions may have reduced their potential impact on wellbeing. Particularly during peak times at the stations, where trains arrive and depart at an increased frequency, community members spend minimal time at the station. For example, community members may have only been exposed to the music performances in the station for seconds before continuing to walk to the platform to wait for their train. Therefore exposure length may not have been sufficient to create a change in emotional wellbeing.

Furthermore, the research evidence demonstrates that active participation in cultural and arts activities is what contributes to a sense of wellbeing and increased social connectedness (for example, actively taking part in painting a mural with others rather than passively viewing the mural with limited social interaction). The nature of participation in interventions in this project may have been too passive in nature, and not sufficiently engaging or sufficiently socially interactive to have a significant impact on wellbeing and social connectedness.

Also, it is likely that attention of community members may be focussed on planning their train journey ahead while at the station (such as locating the correct train platform and accessing it before the next train arrives) and may not be sufficiently focused on activities occurring in their present environment for these activities to significantly impact their wellbeing. Community

members might also be distracted by personal electronic devices while in the station environment, thereby further decreasing engagement, attention and mindfulness towards the intervention, and thus reducing its potential impact.

Strengths of the evaluation

This evaluation investigated the impact of a pilot intervention that aims to improve wellbeing and social connectedness in a railway station and community setting. Formal evaluation of the *Community Stations Project* allows insight into the effectiveness of the interventions carried out and aids future planning of interventions that aim to improve wellbeing and social connectedness.

The researchers aimed, as much as possible, to conduct surveys at times intervention activities were scheduled to run. Thus, the evaluation optimised the likelihood that those we surveyed had been exposed to intervention events, facilitating the best possible opportunity to determine the impact of the interventions.

Limitations

Some limitations of the evaluation must be acknowledged. Firstly, as with all self-report surveys, the impact of social desirability needs to be considered. The desire to respond to questions in a manner as to appear more socially acceptable may have influenced the responses of community members. However, people completed the survey on an iPad, which means that researchers could not see any responses, which was designed to limit the influence of responding in a socially desirable pattern. Those who choose to verbalise their thoughts to the researcher while responding to the survey may have been the respondents most likely to have been influenced by social desirability. Additionally, a number of respondents asked about the meaning of 'wellbeing' in the context of the study and varied ways of interpreting this concept may have influenced survey responses.

Conclusions

The interventions caused community members to view their stations more positively. This suggests that the efforts being made by PTV, Metro, V/Line and TrackSAFE through the project are appreciated and valued by commuters who noticed the events.

The findings of this evaluation also show that the mental health awareness events at train stations are effective at increasing awareness of poor mental health and increasing intentions to help someone who may be at risk of poor mental health. The special mental health events appear to be an effective intervention strategy for the *Community Stations Project* to continue to employ to positively impact community members' mental health literacy. Combining mental health awareness

events with other event categories, such as food or arts events, may also help to add interest and increase participation in these events and thus increase their positive impact.

Continuing to monitor and collect feedback from community members regarding the *Community Stations Project* activities, as well as from staff involved with the project, will help to provide further evidence about the specific interventions that comprise this novel project.

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Appendix A - Survey Questions

The study has been explained to me and I consent to participate.

a. Yes (respondents who select this option will go to Question 1)

b. No (respondents who select this option will see the following “Thank you”)

1. What is your gender?

- a. Male
- b. Female
- c. Other
- d. Rather not say

2. What is your age?

- a. Under 18*
- b. 18-24
- c. 25-29
- d. 30-34
- e. 35-39
- f. 40-44
- g. 45-49
- h. 50-54
- i. 55-59
- j. 60-64
- k. 65-69
- l. 70-74
- m. 75+

*if respondents select this option the following script will appear: “Thank you very much for your offer to participate in the study but we are only able to involve people who are aged 18 and over.”

3. Which of the following best describes how often you travel from this station?

- a. every day
- b. Monday to Friday
- c. once a week
- d. once a fortnight
- e. once a month
- f. once every few months

4. Have you noticed any of the following at this station:

- a. coffee/food carts
- b. art/culture projects
- c. music/busking
- d. special events (e.g. puppies at station and awareness-raising events (including mental health awareness))
- e. None of the above

5. (only for those who select 4a) Did this affect your views about the station?

I view the station more negatively No impact I view the station more positively

1 2 3 4 5 6 7 8 9 10

6. (only for those who select 4b) Did this affect your views about the station?

I view the station more negatively No impact I view the station more positively

1 2 3 4 5 6 7 8 9 10

7. (only for those who select 4c) Did this affect your views about the station?

I view the station more negatively No impact I view the station more positively

1 2 3 4 5 6 7 8 9 10

8. (only for those who select 4d) Did this affect your views about the station?

I view the station more negatively No impact I view the station more positively

1 2 3 4 5 6 7 8 9 10

9. (only for those who say yes at 4d) Thinking of mental health issues, did this improve your understanding of people with poor mental health?

Yes No

10. (only for those who select 4d) Would this make you more likely to reach out to someone who you thought might be at risk of poor mental health?

Yes No

11. On a scale of 1-10, how do you rate your emotional wellbeing?

Very poor

Neutral

Very good

1 2 3 4 5 6 7 8 9 10

For those respondents who select '1' at question 11 the following script will appear: "If you would like to talk to someone about your response to this question, please call Lifeline: 13 11 14 (toll-free)."

Appendix B - Plain Language Statement

Impact of the *Community Stations Project* on wellbeing and knowledge about mental health and wellbeing

Who we are

The project team is led by Professor Jane Pirkis, Director of the Centre for Mental Health, Melbourne School of Population and Global Health at the University of Melbourne. Other team members are Dr Nicola Reavley, Associate Professor Matt Spittal and Dr Tiffany Too.

Project aim

The aim of this research project is to evaluate the impact of the *Community Stations Project* on wellbeing and knowledge about mental health and wellbeing. The project is funded by Public Transport Victoria and aims to alter the ambience of selected stations, through social interactions which reduce isolation and increase social connectedness and, in turn, in turn, improve the mental health and wellbeing of individuals.

What will I be asked to do?

You will be asked to complete an iPad questionnaire that asks for some basic information about you (gender, age group and how often you come to this station), whether you have noticed any public events at the station, your opinions about these and your feelings of wellbeing. We estimate that the survey will take about 2-3 minutes.

Are there any risks?

We think the risk of participating in this survey is very low. If you feel you want to talk to someone about feeling upset, please call Lifeline: 13 11 14 (toll-free).

Participation in this project is voluntary. If you change your mind about participating, you are free to stop any time.

Your privacy

The survey is anonymous. Due to research code requirements, we will be storing the information collected for 5 years after the study, but none of your information will be identifiable or be able to be traced back to you.

If you would like further information before deciding to participate, or if you are interested in participating, please contact Dr Nicola Reavley (nreavley@unimelb.edu.au, +61-3-9035 7628).

If you have concerns about the project

If you have concerns about the *scientific aspects of the study*, please contact the coordinator of the project, Dr Nicola Reavley (nreavley@unimelb.edu.au, +61-3- 9035 7628) or Professor Jane Pirkis (j.pirkis@unimelb.edu.au, +61 3 8344 0647)

This research project has been approved by the Human Research Ethics Committee of The University of Melbourne. If you have any concerns or complaints about the conduct of this research project, which you do not wish to discuss with the research team, you should contact the Manager, Human Research Ethics, Office for Research Ethics and Integrity, University of Melbourne, VIC 3010. Tel: +61 3 8344 2073 or Fax: +61 3 9347 6739 or Email: HumanEthics-complaints@unimelb.edu.au. All complaints will be treated confidentially. In any correspondence please provide the name of the research team or the name or ethics ID number of the research project.

HREC#: 1647684.1