

A systematic review of effective local, community or peer-delivered interventions to improve well-being and employment in regional, rural and remote areas of Australia

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Abstract

Objective: To systematically review evaluated local, community or peer-delivered well-being and employment interventions delivered within regional, rural and remote Australia.

Design: Searches within nine databases retrieved peer-reviewed and grey literature from an initial pool of 3186 papers published between 2012 and 2022. PRISMA guidelines were adhered to, and the Mixed Methods Appraisal Tool (MMAT) was used to assess the quality of the well-being or employment (or both) articles.

Findings: A total of 19 items met the inclusion criteria, which included two quantitative, 12 qualitative and five mixed-methods evaluations. Intervention cohorts included Indigenous Australians, youth, older people, workers and the general community. The average methodological rating was 83%. The overall level of evidence for the interventions was low due to mostly descriptive studies.

Discussion: Interventions that appeared effective in improving well-being tended to focus on addressing social connectedness and self-determination. Unexpected employment outcomes were evident across many of the studies, which highlighted the reciprocity between well-being and employment.

Conclusion: This review highlights promising interventions for improving well-being by focusing on social connectedness and self-determination. Further empirical evidence is encouraged to explore the reciprocal relationship between well-being and employment, emphasising the significance of social connectedness and self-determination in this context.

KEYWORDS

community, employment, peer, rural, self-determination, systematic review, well-being

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1 | INTRODUCTION

Well-being is fundamental to a person's mental and physical health and it is experienced as positive emotions that encourage a sustainable sense of life satisfaction, purpose, autonomy and ability to manage life stresses.^{1,2} Challenges to fostering well-being within regional Australia vary due to the unique histories of towns and communities, which shapes how physical, mental and social support is sought by residents.³ As an intrinsic part of rural identity, local community peer workers and volunteers provide effective leadership and mentoring across their communities to support well-being^{4,5} and are valued for their local knowledge, understanding of prejudicial attitudes and provision of safe access to support services.^{6,7} Encouraging higher levels of well-being and adaptive behaviour in people inspires higher displays of self-confidence, stronger prosocial behaviours, increased social connectedness and greater workforce productivity.²

Access to decent work is vital for well-being, providing structure, collective purpose, social contact, status and activity, while also satisfying the basic psychological needs of autonomy, competence and relatedness.^{8,9} Decent work, characterised by fairness, security and respect for employees' rights, contributes to a sense of community involvement and life meaning through self-determination,¹⁰ effective behaviour and a sense of connection.¹¹ The well-being of individuals is influenced by the quality of their employment,^{12,13} with job loss having the potential to adversely affect mental health by generating feelings of exclusion¹⁴ and potentially elevating the risk of suicide.¹⁵

Well-being in regional, rural and remote areas is often uniquely impacted by community-based events and experiences such as drought and its convergent effects upon both well-being and employment opportunities.¹⁶ The economic and social impact on Australian rural communities post-drought has been explored in-depth over recent years with mental health a key focus,¹⁷ including recognition of local volunteers and peer workers as valuable community well-being supports.^{18,19} Increased well-being strengthens the adaptive capacity to cope with adversity such as drought²⁰ and several efforts have been made to investigate potential local solutions.

In recent years there has been substantial reporting (grey literature) and published systematic or scoping reviews on well-being and employment interventions targeting regional Australian communities. Mental health has largely been a prime focus of reviews on Australian rural well-being interventions^{21,22} and health workforce retention often an employment focus.^{23,24} Local community peer workers and volunteers have been highlighted

What is already known on this subject

- In recent years there has been substantial reporting and published reviews on Australian regional, rural and remote well-being and employment interventions that included delivery by external organisations or government.
- There are no systematic reviews on effective local, community or peer delivered, well-being and employment interventions within these areas of Australia.

What this paper adds

- Social connectedness and the psychological needs of self-determination were reported by many of the 19 selected studies, as was a reciprocity between well-being and employment.
- The study that rated highest in methodological quality and level of evidence was the sole randomised control trial within the review.
- There is a need for more experimental designed research to determine effective local, community and peer-delivered well-being and employment interventions for regional, rural and remote Australia.

and recommended^{4,7} as valuable supports to those seeking well-being-related advice or safe havens. The reciprocity between well-being (life) and employment (work) satisfaction within the wider global population still lacks empirical agreement.²⁵ Connecting the importance of well-being and employment via locally delivered and evaluated interventions in regional Australia is of interest to us in exploring further via this review.

In the present study, we identify, systematically review, and synthesise studies assessing the effectiveness of local, community or peer-delivered interventions to improve well-being and employment in regional, rural and remote areas of Australia. Such evidence can inform the targets and delivery modalities for future well-being and employment interventions in Australia and internationally.

2 | METHOD

We report according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines.²⁶ This systematic literature review was conducted to answer the following question: 'What effective local, community, or peer delivered interventions improve

well-being, employment or both, in regional, rural, and remote areas of Australia?

2.1 | Eligibility criteria

This systematic review focuses on the 10 years since Australia's 'Millennium Drought'²⁷ was federally declared ended in 2012. This timing provided a manageable time frame of approximately 10 years for the systematic review and includes studies that commenced after the drought ended. Studies eligible for inclusion in this review must have evaluated a local, community or peer delivered, well-being or employment (or both) intervention: (a) delivered between 1 January 2012 and 1 January 2022; (b) within an Australian regional, rural or remote area as defined by the Australian Statistical Geography Standard²⁸; and (c) published between 1 January 2012 and 30 November 2022. Eligible interventions could be of any nature or orientation, including peer education, support, counselling and self-help programs. The interventions' participants could be of any age and gender who resided within an Australian regional, rural or remote community. Studies eligible for inclusion were required to have evaluated the interventions' effectiveness indicated by changes in well-being, employment or satisfaction. Studies excluded from eligibility were: (a) interventions not conducted in regional, rural or remote Australia; (b) interventions not community, local or peer focused in delivery (i.e., a broad government Health Service intervention); (c) intervention delivered before January 2012 or after January 2022; (d) not reported in English or (e) published before 1 January 2012 or after 30 November 2022.

Initial scoping of the literature revealed a limited number of quantitative studies; thus, qualitative and mixed-method studies were also included in this review. Peer-reviewed journal articles and book chapters were eligible for inclusion as was grey literature limited to reports of evaluations.

2.2 | Data sources and search strategy

Nine databases were searched. Five of the databases were selected from within EBSCOHost based on their relevance to the research focus: Australia/New Zealand Reference Centre, Academic Search Ultimate, Business Source Ultimate, Sociology Source Ultimate and Education Research Complete. Two multidisciplinary academic databases (ProQuest Central and SCOPUS) and two databases that house both academic and grey literature within the Australian context (InformIT and Analysis & Policy Observatory [APO]) were also searched. Database searching was completed in November 2022. Boolean operators

(AND, OR) and truncation symbols* were used to search and reduce the risk of missing relevant papers. The keyword search strategy developed was aligned with the research question and included the following criteria: ('well being' OR 'well-being' OR wellbeing OR employ* OR workforce OR 'work force' OR job* OR career) AND (rural OR regional OR remote) AND (community OR volunteer* OR unofficial OR informal OR support* OR advoca* OR neighbour* OR neighbor* OR peer* OR local) AND (evaluat* OR feedback OR effectiveness OR outcome* OR intervention* OR program*) AND (australia* OR queensland OR victoria* OR tasmania* OR 'new south wales' OR 'northern territory' OR 'northern territorian'). This search strategy applied to all databases except for the APO database which did not provide a search string option. In the case of the APO database, the *rural and remote communities* collection were selected and all listed articles were retrieved. The inclusion of all Australian states and territories within the search criteria was to ensure that any Australian publications that only mentioned a state or territory were still retrieved. To ensure any peer or locally delivered interventions within Australian regional, rural or remote communities were captured in the search, a wide selection of additional terms were included such as neighbour, neighbor, advocate, advocacy, information, unofficial and volunteer.

2.3 | Study selection and data extraction

For each database, peer-reviewed publications and grey literature were retrieved. Records and abstracts discovered by the initial database searches were downloaded into an EndNote library and duplicates were removed. The first and second authors reviewed 5% of de-duplicated records to ensure the article retention process was consistent. Once duplicates were removed, the data extraction was completed in two stages.

2.3.1 | Stage 1: Title and abstract screening

Title and abstracts identified by the electronic database searches were screened within EndNote for potential inclusion by the first and second author independently based on inclusion and exclusion criteria. In cases where a decision for exclusion or potential inclusion could not be made by the title and abstract, the full text was retrieved.

2.3.2 | Stage 2: Full-text screening of included articles

The full-text versions of all included articles were retrieved and further screened within EndNote according

to the inclusion and exclusion criteria. The first and second author independently read full texts of the articles to verify eligibility based on inclusion and exclusion criteria. Results were collated and any disagreement resolved through a consensus discussion.

2.4 | Quality assessment

We used the Mixed Methods Appraisal Tool (MMAT)²⁹ to assess the quality of the articles as the review included studies with quantitative, qualitative and mixed-methods research designs. Two initial screening questions ask, 'Are there clear research questions?' and 'Do the collected data allow to address the request questions?' Once the screening questions were affirmed, the MMAT was used to query each study's data sources, methods of analysis, considerations of how the findings are shaped by the context and researcher, completeness of data, response rate, sampling strategies, integration of different streams of work if mixed-methods and limitations.²⁹ Many of the retrieved articles stated a clear research objective but not a research question; therefore, stated research objectives were accepted in the MMAT screening questions.

The MMAT authors²⁹ discourage the utilisation of a percentile score, citing its limitation in capturing the specific issues within a study. Despite this, they acknowledge the potential challenges in reporting MMAT results without a scoring system. Following the recommendations of the MMAT authors,²⁹ we have provided a detailed presentation of each criterion rating alongside a singular overall quality score. To facilitate the identification of appraisals necessitating consensus discussion for this review, the initial two authors independently rated the articles using this scoring system.

2.5 | Data synthesis

It was anticipated that the review would identify a large variation in intervention outcome measures. A narrative review of the data was deemed most appropriate, with structured tables of specific study information to include: (a) intervention purpose, cohort, methods and delivery; (b) evaluation purpose and outcomes; (c) effectiveness of outcomes and (d) overall quality assessment based on the MMAT.²⁹ Due to significant heterogeneity regarding interventions, participant groups, outcome measurements and analysis, a meta-analysis was not conducted. The JBI Levels of Evidence in Effectiveness³⁰ was utilised in this review. The level of evidence for interventions varied due to methodology and will be

expanded upon within the discussion section of this review.

3 | RESULTS

Figure 1 displays the results of the systematic review article selection. As our search strategy was purposely broad and sensitive, the initial database search generated 3186 results. After the screening, 19 studies met the criteria for inclusion in the review. Data summarising intervention details (intervention cohort, the intervention and who delivered the intervention) from the final selected studies are contained in Table 1. The interventions' purpose (i.e., research objectives and questions), evaluation methods and effectiveness reported in the 19 selected studies are detailed in Table 2. Effectiveness of each study was determined by the relevant results reported by each study.

3.1 | Summary of studies

A total of 19 studies were included in this systematic review. Two studies reported on the findings of quantitative research methods, 12 qualitative methods and five mixed methods. One quantitative study was a randomised cluster trial.³⁸ The most frequently used method for qualitative data collection was semi-structured interviews. The 19 selected studies cover an array of topics and intervention cohorts: Indigenous Australian (Aboriginal and Torres Strait Islanders), older people, youth and general work and community well-being.

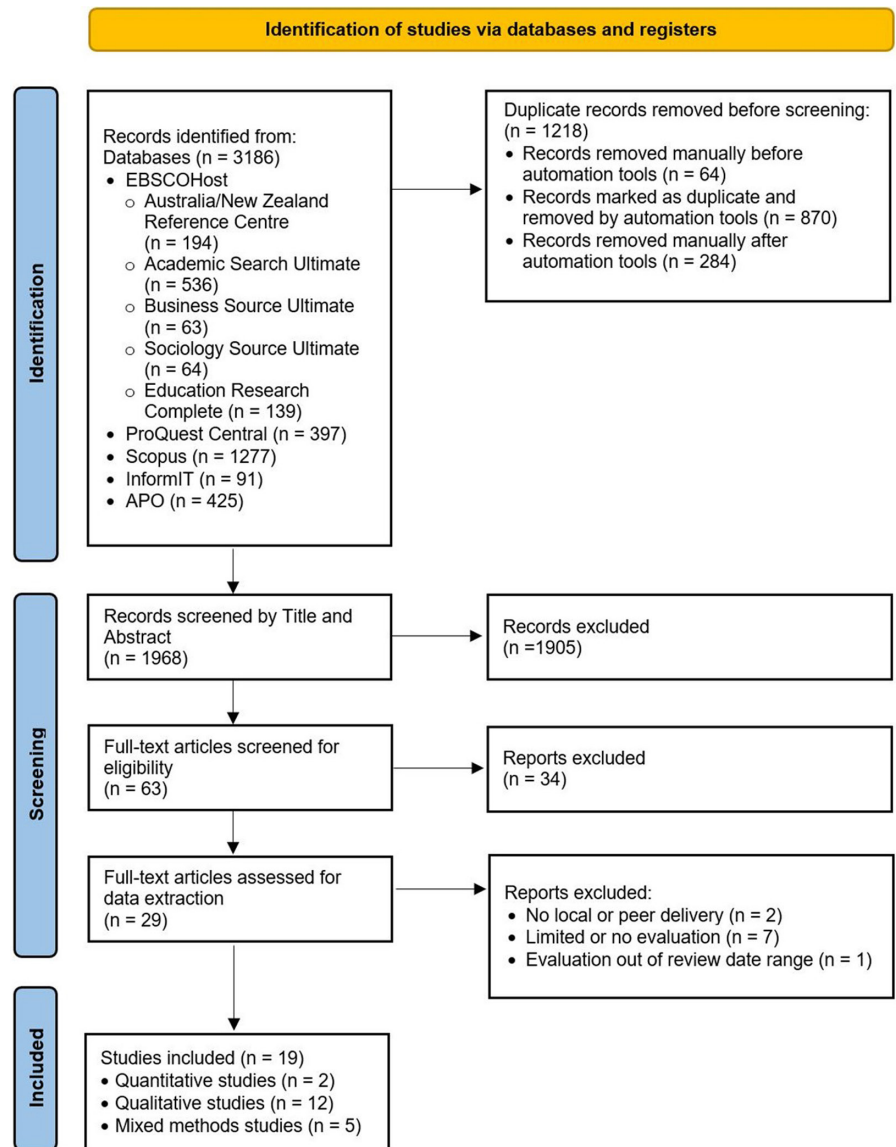
3.1.1 | Cohorts represented in studies

Indigenous Australian communities were the focus of ten studies involving interventions targeting: (a) suicide prevention³⁴; (b) social and well-being services³³; (c) digital skills training and mentoring³⁵; (d) aged and disability clients, staff and carers³⁸; (e) drug and alcohol rehabilitation services³⁹ or (f) youth programs involving sports mentoring,^{40,41} driver training for employment opportunities⁴² and school-based learning.^{45,46}

An ageing population and the needs of older community members were considered in interventions focused on: (a) information technology training³²; (b) social organisations for men, known as Men's Sheds^{44,47}; (c) financial counselling⁴⁸; and (d) an Indigenous Australian community training program for carers of ageing clients or family.³⁸

Preparing school students for employment was evaluated and reported by two studies,^{36,43} with each highlighting

FIGURE 1 The PRISMA flow diagram details the identification, screening, and inclusion processes applied during the systematic review.



the importance of social well-being. Community well-being studies and evaluations were also present with a focus on building social capital via community gardens³⁷ and a mental health initiative encompassing a natural disaster-impacted community.⁷ A program for building social support for rural health and allied health staff was also evaluated.³¹

3.2 | Quality appraisal and risk of bias

We used MMAT assessment²⁹ to appraise the articles' risk of bias and quality. Tables 3–5 provide a detailed assessment of the quality of included articles that are Qualitative (Table 3), Quantitative (Table 4), Mixed Methods (Table 5) and Randomised Control Trials (Table 4). The Mixed Methods results include the criteria for qualitative and quantitative studies involved and

the overall mixed method. The Randomised Control Trial result (Table 4) is listed and scored within its respective quantitative table.

The methodological quality of the studies averaged a rating of 83%, with 40% as the lowest score and 9 studies scoring 100%. The studies that rated between 40% and 80% were either: (a) qualitative in methodology but acknowledged that more diverse participant samples were needed, (b) qualitative in methodology but with a lack of coherence between multiple data sources or (c) were mixed method studies that had strong quantitative data analysis but limited in describing qualitative samples or vice versa.

4 | DISCUSSION

This systematic review addressed the research question, 'What effective local, community, or peer delivered

TABLE 1 Intervention details from selected studies.

| Author, year | Intervention cohort | Program/intervention | Intervention development and delivery |
|--|--|---|---|
| Bell et al. (2022) ³¹ | Small regional health service employees | LifeMap is a workplace health promotion pilot program within a small to medium-sized (SME) rural health service | Program developed by SME Health Promotions Officer and delivered by local SME staff and wellness coaches |
| Burmeister et al. (2016) ³² | Older regional residents | 4-month formal computer training program to facilitate and increase social connectedness for older people living in regional areas | University project partnered with regional seniors' computer club Delivered by paid local peer computer trainer |
| Carey (2013) ³³ | Service providers, participants, and referrers | Remote Indigenous Australian community social and emotional well-being service | Service developed and delivered by local health center staff, general practitioner, and psychologists |
| Davies et al. (2020) ³⁴ | Aboriginal suicide prevention gatekeepers | We-Yarn is a suicide prevention gatekeeper training workshop for Aboriginal suicide prevention in rural New South Wales. | Workshop developed and delivered by university research staff and local Indigenous community elders |
| Guenther et al. (2020) ³⁵ | Aboriginal remote communities and town camps in central Australia | inDigiMOB project has 'Digital Mentors' to support the transfer of essential digital skills and knowledge to community members | Project developed by First Nations Media Australia and delivered by locally employed digital access workers and mentors |
| Kumar et al. (2015) ³⁶ | Regional youth | Broken Hill Regional Health Career Academy Program's health workforce development pilot program | Program developed and delivered by university rural health staff, local health and social care services, schools, council, and health students on placement |
| Liamputtong and Sanchez (2018) ³⁷ | Community garden members | Community-run garden within South Gippsland, Victoria, Australia | Ongoing service created and run by community garden members |
| LoGiudice et al. (2021) ³⁸ | Aged and disability carers in remote Aboriginal communities | Indigenous Australian Carer support program implemented in two communities within the Kimberley region, Western Australia | University research staff partnered with local elders and action groups (community members & service providers) to develop and deliver the program |
| Munro et al. (2017) ³⁹ | Clients of remote Aboriginal drug and alcohol rehabilitation service | Orana Haven Drug and Alcohol Residential Rehabilitation Service for drug and alcohol residential rehabilitation in western New South Wales, Australia | Service developed and delivered by Australian Aboriginal community-controlled health service |
| Peralta et al. (2018) ⁴⁰ | Youth (mentees) of remote Aboriginal mentoring sports program | Long-running Australian Aboriginal sports-based mentoring program for youth in three remote communities in the Northern Territory | Service developed and delivered by Australian Aboriginal community-controlled community organisation |
| Peralta and Cinelli (2016) ⁴¹ | Youth (mentees) of remote Aboriginal mentoring sports program | Aboriginal controlled organisation's youth mentoring program (Sports) (including social and cultural health) in one remote community in Northern Territory, Australia | Service developed and delivered by Australian Aboriginal community-controlled community organisation |
| Porykali et al. (2021) ⁴² | Regional at-need or unemployed Australian Indigenous | 'Driving Change' program improves employment outcomes for Aboriginal or Torres Strait Islanders who gain a drivers' licence within New South Wales, Australia | Program developed and delivered by state government and local community stakeholders |

TABLE 1 (Continued)

| Author, year | Intervention cohort | Program/intervention | Intervention development and delivery |
|---------------------------------------|--|---|--|
| Powell et al. (2019) ⁷ | Northern New South Wales community | 'Our Healthy Clarence' is a mental health and well-being initiative for Northern New South Wales communities | Program developed and delivered annually (since 2013) by local governance committee and stakeholders |
| Reaburn et al. (2017) ⁴³ | Regional Tasmanian community students | 'Aspire High' is an educational program in a Tasmanian regional community that has experienced ongoing industrial restructuring Focused on year 5 and 8 students | Program developed and delivered by local community & civic leaders within school steering committee |
| Taylor et al. (2018) ⁴⁴ | Regional Queensland Men's Shed members | Health and well-being peer support within Men's Shed community of a regional Queensland area | Created and ongoing service by regional Men's Shed members |
| Thackrah et al. (2021) ⁴⁵ | Aboriginal school students | 'More than Talk' project (2016–2017) addressed patterns of attendance and achievement among Aboriginal primary students in a regional Western Australia | Developed and delivered by Aboriginal Organisation Alliance, local school staff and Aboriginal consultants |
| Tracey et al. (2016) ⁴⁶ | Rural Aboriginal Australian youth | Community-based learning center in regional western New South Wales, Australia | Community center run by Barnardos Australia local staff |
| Waling & Fildes (2017) ⁴⁷ | Members of Men's Shed | Men's Shed is located in regional Victoria. All members reside in a low socioeconomic community. Many members are culturally and linguistically diverse (CALD) | Ongoing service created and run by regional Men's Shed members |
| West & Ramcharan (2019) ⁴⁸ | Regional older population from community and aged care | 'Dignity and Debt: Financial Difficulty and Getting Older initiative' was a pilot study run in regional Victoria, Australia | Initiative developed by Financial and Consumer Rights Council and delivered by local financial counsellors |

interventions improve wellbeing and employment, in regional, rural, and remote areas of Australia?' All selected studies reported on the evaluation of an intervention. A total of 19 studies met inclusion criteria and were diverse in target cohorts, intervention approaches and methodology.

4.1 | Quality and effectiveness of studies

Though the studies reviewed were of generally high quality as appraised using the MMAT,²⁹ the level of evidence they offered for intervention effectiveness was considered in line with Joanna Briggs Institute (JBI) Levels of Evidence.³⁰ The single randomised control trial study³⁸ had the highest MMAT rating with effectiveness rated as Level 1 (Experimental Designs) and the other quantitative study⁴² rated as Level 3 (Observational—Analytic Designs). All other studies involved qualitative methods rated as Level 4 (Observational—Descriptive Designs). Within the 19 selected studies, we conclude that LoGiudice et al.³⁸ is the most

effective intervention due to its study providing positive outcomes for both its participatory action research group and control group, rating high in quality via the MMAT²⁹ and receiving the highest evidence level ranking.³⁰ Thus, the overall level of evidence for local, community or peer-delivered well-being and employment interventions is equivalent to Level 4 (Observational—Descriptive Design) and more research incorporating experimental or quasi-experimental designs is required to determine effective interventions for regional, rural and remote communities.

Ten of the selected studies did not conform to all MMAT²⁹ quality assessment criteria due to limited participant engagement or lack of coherence between multiple data sources and methodologies. All five mixed-methods studies provided adequate rationale for this combined approach, but the interpretation of the integrated qualitative and quantitative components was not evident in three of these studies.^{43,44,48} All five mixed-method studies also failed to clearly provide evidence of divergences and inconsistencies between the two methods. Low participation numbers were of concern for two qualitative studies^{31,32}

TABLE 2 Method and effectiveness of selected studies.

| Author, year | Evaluation purpose | Participants | Study design/method | Outcome/effectiveness |
|--|--|---|--|---|
| Bell et al. (2022) ³¹ | Explore the experiences and attitudes of employees within a regional Australian small to medium-sized enterprise, to evaluate their barriers and facilitators to participation within the workplace health promotion program LifeMAP | <p>10 health staff within a small workplace trialling the LifeMap program.</p> <ul style="list-style-type: none"> 9 female/1 male | <p>Qualitative study involving semi-structured interviews ($n = 7$) and one focus group ($n = 3$).</p> <ul style="list-style-type: none"> Thematic analysis | <ul style="list-style-type: none"> Social support is central to the participation and effectiveness of LifeMAP within a regional Australian small to medium-sized enterprise. Social support was comprised of three sub themes: role modelling, collegiality, and sense of community Authors noted small participation numbers did not allow identification of barriers and recommended more diverse participants, employment sectors and regional settings |
| Burmeister et al. (2016) ³² | Evaluate a program providing information and communication technology (ICT) training to facilitate and enhance social connectedness among older regional residents | <p>1 peer ICT trainer and 6 participants (ages between 60s to mid-80s) residing within a regional town in Tasmania</p> <p>Note: 1 of the 6 participants exited evaluation due to ill health</p> | <p>Qualitative study informed by appreciative inquiry and involving transcribed interviews, researcher observations of training sessions, reports from peer trainer, and weekly participant diaries.</p> <ul style="list-style-type: none"> Thematic analysis | <ul style="list-style-type: none"> Group computer training helped participants build social cohesion and connect digitally with family and friends Peer training led participants to be more receptive to learning, exploring, and experimenting with technology Capacity building in ICT skills and life satisfaction were reported by participants who completed program Limitations were: (a) small participation rate due to regular medical interruptions for age cohort, and (b) weekly diary entries were not regularly completed and proved to be an unreliable data source |

TABLE 2 (Continued)

| Author, year | Evaluation purpose | Participants | Study design/method | Outcome/effectiveness |
|------------------------------------|---|--|--|--|
| Carey (2013) ³³ | Evaluate the impact of a remote Indigenous community's local SEWBS (social and well-being service) | 21 local community participants including stakeholders who initiated the service (4), service providers (4), referrers (3), clients (7), and clients' significant others (3). • 13 male/8 female • 12 identified as Aboriginal | Qualitative cross-sectional study involving transcribed interviews. • Interpretative phenomenological analysis (IPA) | <ul style="list-style-type: none"> The participants' views of the SEWBS were concordant with a general feeling that there had been a positive and significant impact on the community Most participants described reductions in smoking, alcohol, and self-harm, as well as increase in sense of value and engagement Recommendations for future research emerged regarding issues of appropriate staffing, localising decision making, identifying, and evaluating priorities, and developing flexibility in job descriptions and qualifications |
| Davies et al. (2020) ³⁴ | Evaluate and understand effectiveness of We-Yarn workshops. Examine whether participants report being more able to address and respond as gatekeepers to suicide in their communities | Interviews: 9 participants • 2 community members and 7 working in health. • 4 identified as Aboriginal Workshops: 106 attendees • 91 (pre-workshop surveys) and 81 post-workshop surveys | Mixed methods study involving workshop observations, pre- and post-workshop surveys, and interviews. • Amalgam of content and thematic analyses of workshop observations and interviews • Independent-sample t-tests used to compare mean scores of pre- and post-workshop surveys | <ul style="list-style-type: none"> Participants valued workshops as a tool for discussing and building (or re-learning) knowledge about social and emotional well-being Significant improvements between pre- and post-workshop surveys in participants' ability to: (a) identify problems with a person's well-being; (b) advise on accessing mental health services; (c) recognise suicide risks; and (d) assist someone at risk of suicide to get help Evaluation suggests ongoing strategies for We-Yarn need to be community-led and part of a multi-faceted suicide strategy Authors note that self-reported assessments may not be an accurate measure of participants' change in knowledge gained from workshops |

(Continues)

TABLE 2 (Continued)

| Author, year | Evaluation purpose | Participants | Study design/method | Outcome/effectiveness |
|--------------------------------------|--|---|---|--|
| Guenther et al. (2020) ³⁵ | Evaluate a digital mentors program designed to improve digital inclusion for people living in town camps and remote communities of central Australia; and the digital exclusion/exclusion issues experienced by partner organisations who employ digital mentors | 37 people interviewed including in DigiMOB staff, digital mentors and others associated with the program 13 participant surveys, 18 partner reports, and 191 site activity records | Qualitative study involving: • Semi-structured interviews with digital mentors, inDigiMOB staff, partners, and other stakeholders • Paper-based survey to assess participant program experiences • Site-based activity data collection spreadsheets and partner reports on program • Thematic Analysis of combined data | <ul style="list-style-type: none"> • Employability skills, access to technology, basic literacy, and maintaining language and culture were reported as important outcomes • Skills and meaningful digital literacy developed from digital mentors' relationships with their communities • The histories, visions, priorities, organisational assets, facilities, and activities associated with an individual site influenced the level and focus of digital inclusion and digital mentors within the program • The achievement of digital inclusion is highly dependent on the organisational (site) context in which it is being pursued |
| Kumar et al. (2015) ³⁶ | Evaluate a regional health career development initiative identifying complex and interrelated personal, contextual, and experiential factors that shape rural and remote young people's career decision-making | 33 participants (male and female) including: Local secondary school students, career advisors, school principals, parents, and pre-graduate health students undertaking a clinical placement, and local clinicians | Qualitative study involving 12 interviews and 6 focus groups. • Data interpretation via framework analysis and then theoretical analysis guided by Social Cognitive Career Theory (SCCT) • Note: No details were provided on which participants attended focus groups or were individually interviewed | <ul style="list-style-type: none"> • Participant career decision making was influenced by (a) personal factors related to career goals, motivations, and confidence to engage; (b) contextual factors related to visibility and accessibility of health career pathways in rural settings; and (c) experiential factors related to interaction and engagement of participants and role models in the health and education sectors • Additional strategies, support, or resources are required to engage students with less articulated career interests, or those facing complex social or economic barriers to education attainment |

TABLE 2 (Continued)

| Author, year | Evaluation purpose | Participants | Study design/method | Outcome/effectiveness |
|--|---|--|---|---|
| Liampittong and Sanchez (2018) ³⁷ | Evaluate the operation of a regional community garden and local residents' perceptions and reasons for participating | 10 members of a regional town's community garden. • 8 female and 2 males. Age range of 50 to 84 | Qualitative study. Face-to-face, semi-structured in-depth interviews. • Data analysis via thematic analysis | <ul style="list-style-type: none"> Participants identified their community garden via three themes: (a) a place of learning and sharing; (b) conduit for influencing wider community; and (c) gateway to the wider community Community garden successfully provided a social support network that cultivated social capital among members |
| LoGiudice et al. (2021) ³⁸ | Test and compare the effect of a support program for carers of older people with cognitive impairment and disabilities in remote Aboriginal communities and delivered: (a) via a community-based participatory action research (PAR) approach; or (b) control groups that received monthly education and information sessions | 100 carers with a mean age of 38.3 • 80% aged 50 or less • 76% of carers were female • 94% of carers had formal education, with only 24% completing secondary schooling | A cluster randomised controlled trial conducted in four Aboriginal communities • 2 communities received a PAR approach program delivery, and 2 communities were the control group that received monthly information sessions • Baseline data and on completion of cycles included carer and care recipients' demographics, carer strain, depression, and empowerment • Cluster-adjusted t-tests and χ tests and adjusted Wald tests were used to investigate associations between variables | <ul style="list-style-type: none"> Carer strain and empowerment measures did not change significantly between baseline and follow-up of all groups A significant decrease in depression scores was observed in the PAR group; however, decreases were observed in both the PAR and control groups. Change in scores did not differ significantly between groups Depression scores decreased most in those who had not attended high school. Study demonstrated that a PAR program for carers of older Indigenous Australians is feasible, of benefit, and can potentially improve carer mental well-being with further outreach |

(Continues)

TABLE 2 (Continued)

| Author, year | Evaluation purpose | Participants | Study design/method | Outcome/effectiveness |
|-------------------------------------|--|---|--|---|
| Munro et al. (2017) ³⁹ | Evaluate a remote Aboriginal drug and alcohol rehabilitation service and the perceptions staff and clients have regarding the key strengths and improvements of specific treatment components within the service | 12 clients with a mean age of 35, 11 identifying as Aboriginal, and all with an incarceration history 9 staff with a mean age 48, 6 identifying as Aboriginal, and gender as 2 females and 7 males | Qualitative study using purposive sampling to conduct semi-structured interviews <ul style="list-style-type: none"> Research yarning approach taken with interviews to ensure cultural appropriateness Interview transcripts thematically analysed | <ul style="list-style-type: none"> Five themes emerged from interview data: (1) healing through culture and country; (2) emotional safety and relationships; (3) strengthening life skills; (4) improved well-being; and (5) perceived treatment gaps Summary of findings: Drug and alcohol residential rehabilitation is not just about length of time in treatment but the culture, activities and relationships that formed the treatment process |
| Peralta et al. (2018) ⁴⁰ | Evaluate an Aboriginal organisation's youth mentoring sports program within three remote communities and how (a) mentoring meets the needs of these communities' youth; and (b) the perceived changes the youth identify within themselves and those around them | 126 participants including: community members (13), schoolteachers (21), Aboriginal assistant teachers (10), mentors (27), mentee school students (55) | Qualitative study with inductive thematic analysis Composite set of culturally sensitive methods including artefacts from the community members and mentees, informal interviews with community, and semi-structured conversations with mentors and schoolteachers | <ul style="list-style-type: none"> Emergent themes: (a) relationships and broadening skills and exposure; (b) increasing students' self-esteem and aspirations; (c) supporting school activities; (d) school attendance and engaging with non-attending students; (e) holistic approach connecting with community; and (f) cultural understanding Youth mentees increased school attendance and on-task behaviour, developed physical and social skills, and relationship building Mentors experienced increased cultural awareness, understanding and personal learning for mentees |

TABLE 2 (Continued)

| Author, year | Evaluation purpose | Participants | Study design/method | Outcome/effectiveness |
|--|---|--|--|--|
| Peralta and Cinelli (2016) ⁴¹ | Evaluate an Aboriginal-controlled organisation and its government-funded remote sports-based program for Aboriginal participants and the influence on participants and non-Aboriginal stakeholders | Community members (2), elder (1), school staff (4), Aboriginal assistant teachers (3), engagement officers (2), youth sport organiser (1), School students (11) | Qualitative study involving focus group interviews with school students. Semi-structured interviews with all other participants. All interviews analysed thematically | Evaluation identified sports-based program had influence on educational and social development of remote Aboriginal youth, and, to a lesser extent, the cultural health needs of the community through improved school attendance, increased knowledge of sports and activities and feelings of well-being and pride |
| Porykali et al. (2021) ⁴² | Evaluate the impact that a driver licensing program (driving change) for Aboriginal and Torres Strait Islander peoples had on client employment outcomes and the influence of geographical areas (regional or urban) of program delivery on driver licence attainment | 933 Aboriginal and Torres Strait Islander participants enrolled in the program (baseline data) 254 Aboriginal and Torres Strait Islander participants completed post-program interviews <ul style="list-style-type: none"> Urban (67), Regional (187) Female (146), male (108), 24 or under in age (72%), unemployed (85%) | Quantitative study involving descriptive statistics and regression models used to analyse program client baseline and post-program interview data | <ul style="list-style-type: none"> Regression analysis highlighted clients who achieved a driver's licence were more likely to report gaining a job or having a change in job. Regional clients were more likely to gain a licence than urban participants Homogeneity in post-program participants (secondary educated or current students) was reported as a limitation |
| Powell et al. (2019) ⁷ | Evaluate the implementation of a mental health and well-being initiative, and identify factors associated with implementation and perceptions about the impact on a regional community | 36 participants interviewed (steering committee, community, education, police, health care services, local government, and local services with an interest in mental health) | Qualitative study involving: <ul style="list-style-type: none"> 65 project documents analysed and 36 semi-structured interviews | Stakeholders reported increased community agency, collaboration, optimism, and willingness to discuss mental health, suicide, and help-seeking |

(Continues)

TABLE 2 (Continued)

| Author, year | Evaluation purpose | Participants | Study design/method | Outcome/effectiveness |
|-------------------------------------|---|--|--|---|
| Reaburn et al. (2017) ⁴³ | Evaluate the effectiveness of an educational school program in a Tasmanian regional community that has experienced ongoing industrial restructuring | Year 5 students surveyed pre-program (78) and interviewed (17) Year 8 students who completed the program 3 years earlier: surveyed (123) and interviewed (12) | Mixed methods study. <ul style="list-style-type: none"> 5-point Likert scale survey with 2-sample independent tests carried out to compare mean scores Semi-structured interviews thematically analysed | <ul style="list-style-type: none"> Students in both cohorts (a) believed their parents wanted them to choose their own career based on family experience and guidance; and (b) displayed gendered patterns in choice of future careers Survey data of all student data reported positive responses to program involvement but did not show improvement or differences in attitude that could be attributed to the program |
| Taylor et al. (2018) ⁴⁴ | Evaluate large regional Queensland men's shed and its members' perceptions of health and well-being benefits of shed activity | Men's shed members <ul style="list-style-type: none"> 147 completed questionnaires and 17 were interviewed Male participants primarily over age of 70 | Mixed methods study. <ul style="list-style-type: none"> Self-administered questionnaire and Wilcoxon signed-rank test used to determine differences in participants' perceived health and well-being measures retrospectively before joining the men's shed and currently Group interviews were thematically analysed | <ul style="list-style-type: none"> No change in overall self-assessed health before and after joining men's shed. Expansion of social networks and interaction reported Health and well-being benefits included fellowship, increased sense of belonging, access to equipment, and learning new and sharing skills |

TABLE 2 (Continued)

| Author, year | Evaluation purpose | Participants | Study design/method | Outcome/effectiveness |
|--------------------------------------|---|--|--|--|
| Thackrah et al. (2021) ⁴⁵ | Evaluate 'More than Talk' Aboriginal school education program via findings from staff interviews exploring barriers to regular attendance and educational attainment of students, and the program's strengths and limitations | 8 Female and 3 male including classroom teachers, support staff, Aboriginal consultants, and leadership team | Qualitative study involving individual and group interviews Data analysed via a systematic process of immersion in the data through multiple readings, detailed coding, and identification of emerging themes | <ul style="list-style-type: none"> Findings highlighted the impact of consistent attendance and the role of strong relationships, respect, and investment of time with children as critical elements in student engagement and well-being The program was highly valued by staff who (a) appreciated collaborative nature of program; (b) additional provided resources; (c) program members with specialised skills and community ties; (d) investment in time for students with complex needs; and (e) were encouraged to continue further similar initiatives |

| | | | | |
|------------------------------------|--|--|---|--|
| Tracey et al. (2016) ⁴⁶ | Evaluate the implementation of a community-based learning centre that seeks to develop the engagement of young rural Aboriginal Australians, and the perception of stakeholders to the program | 32 participants including children (9), parents and carers (8), tutors (4), managers (4), and local teachers (7) 9 male and 23 female | Post-intervention qualitative methodology involving semi-structured interviews and focus groups 3 focus groups for children from the learning center, 3 with parents and carers, 1 with tutors, and 2 with managers of the center Individual interviews via phone with schoolteachers | <ul style="list-style-type: none"> Analysis of data provided core characteristics to foster engagement and contribute to developing equity and self-determination for young rural Aboriginal Australian included: (a) a focus on a flexible learning and individualised pace and assistance; (b) adults showing interest in a child's learning; (c) provision of culturally secure learning environments; (d) provision of food and transport; and (e) staff being part of the same community |
|------------------------------------|--|--|---|--|

(Continues)

TABLE 2 (Continued)

| Author, year | Evaluation purpose | Participants | Study design/method | Outcome/effectiveness |
|---|--|---|---|--|
| Waling and Fildes (2017) ⁴⁷ | Evaluate regional men's shed program and how its format and characteristics contribute to improve social and medical well-being of its members | 22 members of a regional men's shed Majority are CALD (culturally and linguistically diverse) and residing in low socio-economic area | Mixed methods study involving 22 surveys and 20 individual interviews based on survey results Data from the surveys and interviews were analysed using community needs analysis | <ul style="list-style-type: none"> Positive health and well-being outcomes shown by participants with 95% satisfied with the current program 91% satisfaction with skills learnt within the men's shed Informal program development via direct involvement of members encouraged engagement with the program and participation in practical activities and socialisation Translation concerns between interviewer and CALD interview participants was stated as a limitation |
| West and Ramcharan (2019) ⁴⁸ | Evaluate effectiveness of one-on-one financial counselling sessions with older persons that provide consumer advocacy and information about support services and entitlements associated with ageing | 9 interviews with industry professionals including project manager, financial counsellors, aged care assessment service team members and service provider CEOs 15 older participants receiving financial counselling | Mixed methods study involving in-depth semi-structured interviews and questionnaire based on well-being and quality of life instruments Interviews thematically analysed The survey was too small (only 15 respondents) and unable to provide any statistical benefit to the evaluation | <ul style="list-style-type: none"> Financial counselling sessions are viewed as well-placed to support older persons in the improvement of financial literacy Provision of financial counselling sessions also improved financial well-being, quality of life, and positive ageing for older clients Access to financial counsellors for older persons living within private residential aged care facilities appeared extremely difficult |

TABLE 3 Quality of selected qualitative studies.

| Qualitative MMAT criteria | | | | | | Quality score |
|--|--|--|--|--|---|---------------|
| Author, Year | 1.1 Are the qualitative data collection methods adequate to address the research question? | 1.2 Is the qualitative approach appropriate to answer the research question? | 1.3 Are the findings adequately derived from the data? | 1.4 Is the interpretation of results sufficiently substantiated by data? | 1.5 Is there coherence between qualitative data sources, collection, analysis and interpretation? | |
| Bell et al. (2022) ³¹ | No | No | Yes | Yes | Yes | 60% (3/5) |
| Burmeister et al. (2016) ³² | Yes | No | Yes | No | No | 40% (2/5) |
| Carey (2013) ³³ | Yes | Yes | Yes | No | Yes | 80% (4/5) |
| Guenther et al. (2020) ³⁵ | Yes | Yes | Yes | No | No | 60% (3/5) |
| Kumar et al. (2015) ³⁶ | Yes | Yes | Yes | Yes | No | 80% (4/5) |
| Liampittong and Sanchez (2018) ³⁷ | Yes | Yes | Yes | Yes | Yes | 100% (5/5) |
| Munro et al. (2017) ³⁹ | Yes | Yes | Yes | Yes | Yes | 100% (5/5) |
| Peralta et al. (2018) ⁴⁰ | Yes | Yes | Yes | Yes | Yes | 100% (5/5) |
| Peralta and Cinelli (2016) ⁴¹ | Yes | Yes | Yes | Yes | Yes | 100% (5/5) |
| Powell et al. (2019) ⁷ | Yes | Yes | Yes | Yes | Yes | 100% (5/5) |
| Thackrah et al. (2021) ⁴⁵ | Yes | Yes | Yes | Yes | Yes | 100% (5/5) |
| Tracey et al. (2016) ⁴⁶ | Yes | Yes | Yes | Yes | Yes | 100% (5/5) |

TABLE 4 Quality of selected quantitative studies.

| Quantitative MMAT criteria | | | | | | |
|--|--|---|--|--|---|---------------|
| Author, Year | 4.1. Is the sampling strategy relevant to address the research question? | 4.2. Is the sample representative of the target population? | 4.3. Are the measurements appropriate? | 4.4. Is the risk of non-response bias low? | 4.5. Is the statistical analysis appropriate to answer the research question? | Quality score |
| LoGiudice et al. (2021) ^{38,a} | Yes | Yes | Yes | Yes | Yes | 100% (5/5) |
| Porykali et al. (2021) ⁴² | Yes | Yes | Yes | Yes | Yes | 100% (5/5) |
| Quantitative Randomised Controlled Trial MMAT criteria | | | | | | |
| Author, Year | 2.1. Is randomisation appropriately performed? | 2.2. Are the groups comparable at baseline? | 2.3. Are there complete outcome data? | 2.4. Are outcome assessors blinded to the intervention provided? | 2.5. Did the participants adhere to the assigned intervention? | Quality score |
| LoGiudice et al. (2021) ^{38,a} | Yes | Yes | Yes | No | Yes | 80% (4/5) |

^aLoGiudice et al. (2021) is both quantitative and a randomised control trial.

where limited access to rural health staff and the exiting of participants due to health concerns were the respective issues faced. Similarly, a mixed-method study focusing on financial counselling for older Australians⁴⁸ also received a lower quality rating due to limited survey participation. Seven qualitative studies were rated 100% in quality via the MMAT²⁹; however, their low level of evidence,³⁰ justifies follow-up research using stronger evaluation designs (e.g., quantitative) investigation to affirm the effectiveness of these high-quality interventions.

4.2 | Social connectedness and self-determination

Most reviewed studies highlighted constructs related to both social connectedness and self-determination. Tracey et al.⁴⁶ investigated the support for self-determination, emphasising autonomy, competence and relatedness, in their study on successful engagement and mentorship of rural Indigenous Australian youth. Peer-based interventions, such as community gardens³⁷ and manual arts workshops,^{44,47} fostered self-determination by promoting a sense of purpose, social connection and knowledge exchange. Additionally, various studies endorsed social connection and self-determination through the promotion of cultural pride and relatedness,^{7,39} increased self-confidence^{41,46} and encouragement to develop autonomy.^{36,40}

4.3 | Indigenous Australians

Indigenous Australians were extensively represented in our review, with 10 of the 19 studies focusing on this diverse cohort, including the two quantitative studies.^{38,42} We found it encouraging to see the strong focus on community well-being interventions within these regional, rural and remote communities; however, Munro et al.³⁹ recommend a stronger connection between interventions and policy. With high representation of Indigenous Australian interventions in this review, it is acknowledged that respectful and flexible research evidence gathering was applied to address issues that can impact on the rigour,³³ such as culturally specific delays or low participation in data collection. Further community co-facilitation of such interventions is encouraged by Carey³³ and Davies et al.³⁴ in their recommendations for additional strategies to engage and recruit Indigenous Australian participants.

It is beyond the scope of this review to undertake an analysis of the studies from an Indigenous culture and values perspective. Each of the studies involving Indigenous

TABLE 5 Quality of selected mixed methods studies.

| Author, year | Qualitative (Qual) MMAT criteria | | | | | Quantitative (quant) MMAT criteria | | | | | Mixed methods (MM) MMAT criteria | | | | | Total score | | | |
|---|----------------------------------|-----|-----|-----|-----|------------------------------------|-----|-----|-----|-----|----------------------------------|-----|-----|-----|-----|-------------|------------|-------------|-------------|
| | 1.1 | 1.2 | 1.3 | 1.4 | 1.5 | 4.1 | 4.2 | 4.3 | 4.4 | 4.5 | 5.1 | 5.2 | 5.3 | 5.4 | 5.5 | | Qual score | Quant score | MM score |
| Davies et al. (2020) ³⁴ | Yes | Yes | Yes | No | Yes | Yes | Yes | No | Yes | Yes | Yes | Yes | Yes | No | Yes | 4/5 | 4/5 | 4/5 | 80% (12/15) |
| Reaburn et al. (2017) ⁴³ | Yes | Yes | Yes | No | No | Yes | Yes | Yes | Yes | Yes | Yes | Yes | No | No | Yes | 3/5 | 5/5 | 4/5 | 80% (12/15) |
| Taylor et al. (2018) ⁴⁴ | Yes | Yes | Yes | No | No | Yes | Yes | Yes | No | Yes | Yes | Yes | No | No | Yes | 3/5 | 4/5 | 3/5 | 66% (10/15) |
| Waling and Fildes (2017) ⁴⁷ | Yes | Yes | Yes | Yes | No | Yes | Yes | Yes | No | Yes | Yes | Yes | Yes | No | Yes | 4/5 | 4/5 | 4/5 | 80% (12/15) |
| West and Ramcharan (2019) ⁴⁸ | Yes | Yes | Yes | Yes | No | Yes | No | Yes | No | No | Yes | Yes | No | No | Yes | 3/5 | 2/5 | 3/5 | 60% (9/15) |

Note: 1.1 Are the qualitative data collection methods adequate to address the research question?; 1.2 Is the qualitative approach appropriate to answer the research question?; 1.3 Are the findings adequately derived from the data?; 1.4 Is the interpretation of results sufficiently substantiated by data?; 1.5 Is there coherence between qualitative data sources, collection, analysis and interpretation?; 4.1 Is the sampling strategy relevant to address the research question?; 4.2 Is the sample representative of the target population?; 4.3 Are the measurements appropriate?; 4.4 Is the risk of non-response bias low?; 4.5 Is the statistical analysis appropriate to answer the research question?; 5.1 Is there an adequate rationale for using a mixed methods design to address the research question?; 5.2 Are the different components of the study effectively integrated to answer the research question or objective?; 5.3 Are the outputs of the integration of qualitative and quantitative components adequately interpreted?; 5.4 Are divergences and inconsistencies between quantitative and qualitative results adequately addressed?; 5.5 Do the different components of the study adhere to the quality criteria of each tradition of the methods involved?

communities involved community Elders in key roles within the interventions undertaken. While this is not an absolute indicator that the studies were undertaken in culturally appropriate ways, it does suggest that the communities had some input, control and influence over the conduct of the interventions. We recommend an additional review of these specific studies using a culturally appropriate assessment tool, for example, the Aboriginal and Torres Strait Islander quality appraisal tool.⁴⁹

4.4 | Employment outcomes

Employment or career development-centred studies were limited^{36,42}; although five studies with a well-being focus^{35,41,43,45,46} also reported employment-related outcomes that included increased self-efficacy and engagement in learning, future goal setting and career aspirations. Of all these employment-related studies, only Porykali et al.⁴² used quantitative methods and provided the highest level of evidence. All other employment-related studies were qualitative evaluations, with Reaburn et al.⁴³ also mixed methods. The presence of employment-related results in these well-being studies underscores that employment not only offers financial assistance but also enhances mental health, well-being, social connections, community contribution and self-determination in both social and work settings. Interventions in rural communities can empower marginalised groups by providing meaningful job opportunities through decent work. The practical impact of career or employment interventions in rural areas extends beyond immediate job or business creation, influencing the overall social, cultural and economic well-being of these regions comprehensively.

5 | CONCLUSION

All 19 selected studies included well-being as a focus, but there were unexpected employment outcomes evident across many of the studies, which highlighted the reciprocity between well-being (life) and employment (work). The results of this review suggest that social connectedness and the psychological needs of self-determination (i.e., competency, autonomy and relatedness) are common outcomes of well-being and employment interventions delivered by peers within regional, rural and remote Australian communities—with a sense of well-being gained from employment which in turn provides a sense of purpose that supports well-being. While economic participation and employment are important determinants of well-being, it is also important to invest in interventions to encourage social connection and self-determination,

before engaging in job search or employment. Of the 3186 studies found in the initial database search, only 19 included an intervention that was peer delivered and evaluated within the nominated time frame. To ensure that community-based interventions are meeting the needs of the community, it is critical that these interventions are evaluated to test their effectiveness.

Considerable diversity existed in cohorts, methodological quality and levels of evidence across the 19 studies. It is noteworthy that the two quantitative studies achieved the highest levels of evidence and methodological quality. Several qualitative and mixed-methods studies received lower ratings in terms of quality and effectiveness due to issues such as limited participant engagement, lack of coherence among multiple data sources and minimal data interpretation. Consequently, we advocate for additional experimental research to assess the efficacy of these interventions. Additionally, 10 studies focused on Indigenous Australian well-being interventions. We suggest a follow-up paper to examine these studies from a culturally appropriate perspective.⁴⁹

It is our understanding that this review is the first to investigate effective local, community or peer-delivered well-being and employment interventions within Australian regional, rural and remote communities. We encourage further empirical evidence of the reciprocal relationship between well-being (life) and employment (work) and the importance of social connectedness and self-determination in achieving this.

AUTHOR CONTRIBUTIONS

Jennifer Luke: Conceptualization; methodology; formal analysis; investigation; writing – original draft; writing – review and editing; visualization. **Cristy Bartlett:** Investigation; formal analysis; writing – review and editing. **Sonja March:** Conceptualization; writing – review and editing. **Peter McIlveen:** Conceptualization; writing – review and editing.

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CONFLICT OF INTEREST STATEMENT

The authors declare that they have no conflicts of interest.

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