Evaluation of the Two Ways Mentoring Program

Report prepared for

TeamHEALTH

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PREFACE:

This evaluation report presents findings from the Two Ways Mentoring Program (hereafter the Program). The program aims to increase the economic and community participation of individuals with psychosocial support needs by including two components such as (1) provision of training and mentorship to non-mental health organisations; and (2) delivery of peer-led mentoring to individuals with psychosocial support needs. While the first component supports organisations to best support individuals with mental health challenges, the latter helps individuals who wish to be employed and face barriers to access career and work placement pathways. The overarching aim of the evaluation was to describe the appropriateness and effectiveness of the Program in the first year (pilot phase) of the three-year project and to inform the subsequent stages of implementation. This includes (1) identification of challenges, opportunities and current issues associated with the implementation of the program; (2) providing evidence-based recommendations for the subsequent phases of the program (second and third year); and (3) enabling the development of a framework that is suitable for the subsequent phases of the program.

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FUNDING

TeamHEALTH was funded by the National Disability Insurance Scheme (NDIS) through the Information, Linkages and Capacity Building (ILC) grant to deliver the Program in the NDIS classified service areas of Darwin Urban, Darwin Remote and Katherine. The program now is managed by the Department of Social Services (DSS). TeamHEALTH invited the Menzies School of Health Research, Alcohol, Other Drugs and Gambling team (Menzies) to evaluate the pilot phase of the project.

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Executive Summary

Background

TeamHEALTH successfully received an Information, Linkages and Capacity Building (ILC) grant through the National Disability Insurance Scheme (NDIS) to deliver the Two Ways Mentoring program (Program). The ILC grant program is currently managed by the Department of Social Services (DSS). TeamHEALTH invited the Alcohol, Other Drugs and Gambling team based at Menzies School of Health Research (Menzies) to evaluate the project's pilot phase.

The stigma associated with mental health issues significantly impacts individuals living with psychosocial support needs', particularly their employment opportunities. While notable improvements in community understanding and awareness of mental health challenges are evident, studies continue to show the Australian community often has negative attitudes towards people with psychosocial support needs. Misconceptions and negative stereotypes about people with challenging mental health concerns - especially those with complex or severe mental health conditions – are pervasive. They may be positioned as lacking the competence to look after themselves, having little chance of recovery, and/or being perceived as dangerous or unpredictable. These perceptions are unhelpful for improving their mental health and wellbeing.

Statistics show that people with psychosocial support needs' can make a substantial contribution to society where misconceptions, stigma, and barriers to accessing employment are addressed. Evidence suggests that supported employment models could be successful in helping individuals living with mental health challenges gain employment. Thus, the Two Ways Mentoring Program was developed to empower people living with mental health challenges to participate in employment. This Program includes the following components (1) delivering peer-led mentoring to individuals with psychosocial support needs; and (2) training and education to non-mental health organisations to assist them in attracting and supporting the employment of this vulnerable population.

Two Ways Mentoring Program

The program involved two main components: (1) A pre-employment workshop for Program participants; and (2) Mental health awareness training for Employers and Workplace staff members. While the workshop aimed to empower participants and build their capacity, job readiness, employment skills, and peer support; the training focused on raising awareness of mental health issues in the community, destigmatisation of negative stereotypes of individuals living with ongoing mental health concerns, and supporting Employers and workplace staff members in attracting and employing people with these challenges.

Evaluation aims and objectives

The evaluation aimed to evaluate the appropriateness and effectiveness of the Program in empowering people with ongoing mental health concerns to participate in employment. It included the following objectives:

- Identifying challenges, opportunities, and current issues associated with the implementation of the Program;

- Providing evidence-based recommendations for the subsequent phases of the Program (second and third year); and
- Enabling the development of a framework that is suitable for the subsequent phases of the Program.

Methodology

The evaluation applied a mixed-method approach, including (1) individual and group interviews with Program Participants, Lead Agency representatives, including Peer Educators, Advisory Board members, and Employers/workplace staff members; and (2) feedback forms, sociodemographic checklist, and screening tools, namely K10+, AUDIT and DUDIT.

Ten Program Participants and ten Employer/workplace staff members were involved in the pilot phase. The evaluation team conducted individual, semi-structured face-to-face interviews with selected (a) Lead Agency representatives, including Peer Educators (n=3), (b) Advisory Board members (n=5), and (c) Program Participants (n= 7). A group interview was also carried out in person with Employer/workplace staff members (n=4), and one such representative preferred an individual interview (n=1) over the phone.

Results

The Program supported Participants to improve their confidence, self-advocacy, and job-readiness skills to secure paid jobs, job trials, placements and volunteer positions. It also contributed to their personal recovery, satisfaction, connectedness and overall health and wellbeing. Participants' self-confidence and self-management improved, so they were ready to seek jobs, write a resume and participate in job interviews with some support. Self-advocacy was the most commonly required support from the Peer Educators after the pre-employment workshops. However, if someone needed more help with the job interviews or employers' inquiries, the Peer Educators helped by applying a person-centred approach throughout the program. The delivery of mental health training for various workplaces by the Peer Educators was well received. It raised general awareness and supported breaking down the stigma around mental health issues.

Conclusion

The Program was well-received from both parties, namely Participants, Employers and Workplaces. It reflected the unmet needs of both employers and people with psychosocial support to gain and maintain meaningful employment. The evaluation identified significant program impacts, challenges and opportunities associated with the pilot phase of the Program. The evaluation findings also provided data to develop a conceptual framework, the "Two Ways Peer Mentoring Model" that will guide the implementation of the subsequent Program phases and potential future programs.

Recommendations

Key recommendations from the evaluation include:

- Provide sustained support for the ongoing implementation of the Program, including (1) service expansion (e.g. further NDIS service areas such as Darwin Remote and Katherine), (2) regular data collection, (3) development of a monitoring and evaluation framework, (4) maintain a close relationship with the collaborators, and (5) applying for further funding.

- Continue to raise greater awareness about mental health challenges and the meaning of personal recovery within workplaces, such as training organisations, domestic and family violence services, alcohol and other drugs rehabilitation centres, community mental health services, and agencies supporting family members living with mental health and related challenges. Consider focusing on people in leadership and senior roles.

- Expand the Program further by utilising existing supported employment models such as the Individual Placement Model (IPS) and its adaptation, building pathways with Employers, developing collaboration with relevant organisations and peer programs to enhance the Program impacts over the long term.

- Build monitoring and evaluation capacity among TeamHEALTH staff and partner organisations to improve data collection that can inform continuous quality improvement. This includes (1) developing capacity in-house to undertake regular K10+, AUDIT, and DUDIT reviews of clients after the first assessment with a clinician, (2) improving the quality and quantity of the data collected via feedback forms, and (3) applying additional measurement tools.

- Remain committed to maintaining strong communication strategies between the project team and key collaborators to ensure continued interest, engagement and support for further improvement. This may include providing professional development opportunities for project team members and key collaborators relating to disability, mental health, alcohol and other drugs (AOD), gambling and sexual identity.

- Keep utilising a person-centred approach in supporting people with psychosocial support needs in seeking, securing and maintaining meaningful employment. This involves the assessment of each participants' individual support needs.

- Consider expanding the key stakeholder group for enhanced coordination and broadening the Program's potential impact. Such stakeholders may include legal services, Police and charity organisations.

- Use the conceptual framework to support the implementation of the subsequent phases and future iteration of the Program. For instance, (1) assess participants' background, motivation, and needs to maximise the program impact on individuals with ongoing mental health concerns, (2) develop collaboration with peer networks to provide professional

development for the Peer Educators, (3) adjust the mental health awareness training to the Employers and workplaces needs, and (4) develop professional networks to provide broader support for the project.

- Keep focusing on Peer Educators's recovery capital, individual support, external and internal supervision, professional development training, and opportunity to foster a strong connection with in-house and other local peer workforce and peer networks. This requires clinical supervision, flexible working arrangement, regular supervision, and adaptation of approaches that value lived experience in the workplace.

Chapter 1: Introduction

Employment among individuals living with ongoing mental health concerns

Approximately 17.7% (17.8% females and 17.6 % males) of Australians live with disability. While most of them have physical conditions (76.8%), such as musculoskeletal disabilities, including arthritis and related disorders and back problems, almost one-quarter (23.2%) of these people reported mental or behavioural challenges as their primary condition. In 2018, 2.1 million people with disability living in households were of working age (15-64 years). Of these, 46.6% were not in the workforce, compared with 15.9% of those without disability. Almost half (47.8%) of them were employed, compared with 80.3% of people without disabilities. The severity of the disability and gender impacted their employment status, with labour force participation notably higher among men with disability than women with disability (Australian Bureau of Statistics (ABS), 2019). Labour force participation also declined with the severity of the mental health condition.

Stigmatising attitudes towards people with mental health issues and psychosocial support needs significantly impacts their employment opportunities. A recent study showed that negative attitudes towards people with mental health challenges remain highly prevalent in Australia (Morgan, Wright, & Reavley, 2021). However, there have been notable improvements in community understanding and awareness of mental health challenges, such as depression and anxiety (Reavley & Jorm, 2011; SANE Australia, 2013). Misunderstandings and ignorance are common barriers for addressing complex mental health issues like schizophrenia, bipolar disorder and personality disorders (Reavley & Jorm, 2011; Sheehan L, Nieweglowski K, & Corrigan PW, 2017). A national study among Australians aged 15 years and over about stigmatising attitudes towards people with depression, anxiety disorders and schizophrenia/psychosis showed that chronic schizophrenia was associated with danger and unpredictability, with a clear preference for not employing someone with these conditions (Reavley & Jorm, 2011). Stigmatising attitudes and desire for social distance were higher toward men, possibly due to a perception of an increased inclination towards violence and dangerous behaviours (Reavley & Jorm, 2011). The most common stereotypes about people with complex or severe mental health conditions included the lack of competence to look after themselves, little chance of recovery, perceptions of danger and unpredictability (Morgan et al., 2021). These negative attitudes are unhealthy and impact the ability of these people to find and keep a job and to sustain relationships with others like friends, family and romantic partners (Thornicroft, Brohan, Rose, Sartorius, & Leese, 2009).

Statistics from a local service provider show that only a small number of individuals living with mental health challenges receive wages or salaries. Most of them are on Disability Support Pension (DSP). However, they potentially would work up to 30 hours per week without losing their DSP. This implies that their potential contribution is not being harnessed for various reasons, such as misconceptions, stigma, and barriers to accessing employment (TeamHEALTH, 2019).

The mental health sector in the Northern Territory

The Northern Territory (NT) has the highest rate of mental health burden in Australia, with 16.3% (Australian Institute of Health and Welfare, 2018a; Northern Territory Primary Health Network, 2016), and Territorians' emergency department visit rate is the second-highest in Australia. The

young Territorians aged 15 to 24 are described as the most over-represented population in mental health services (Northern Territory Primary Health Network, 2016). In addition, rates of homelessness, child removals, adult and youth incarceration, and domestic and family violence consistently exceed the national average (Zhao, You, Wright, Guthridge, & Lee, 2013). Homicide rates related to domestic and family violence (DFV) are alarmingly high, and significantly more DFV victims and survivors experience mental health challenges due to the abuse they have suffered (Australian Institute of Health and Welfare, 2018b). For instance, the NT reported over 20 times the rate of alcohol-related family violence than other Australian states (Miller et al., 2016). Aboriginal women were 80 times more likely to be hospitalised for assault than non-Indigenous women (AIHW, 2012). Moreover, it has been long documented that a significant proportion of the Aboriginal population in the NT experience trauma and disadvantages (Northern Territory Government Department of Health, 2016).

From a service provision perspective, the NT is unique. For instance, the community mental health sector has struggled to retain qualified staff. Thus, the loss of knowledge, leadership skills, and cross-organisational relationships significantly impact staff attrition in these industries (Northern Territory Mental Health Coalition, 2017). In addition, the Northern Territory Council of Social Services (NTCOSS) noted that professionals interacting with individuals with mental health challenges often lack appropriate training, experience, and expertise to recognise the early warning signs of such challenges (Northern Territory Council of Social Service (NTCOSS), 2019). The NT only minimally uses peers in psychosocial support, with no history of financial support being provided to an independent lived experience advocacy body in the same way that has occurred in other jurisdictions, national policies and reforms (Australian Health Ministers' Advisory Council, 2013). However, the "Northern Territory Mental Health Strategic Plan 2019-2025" (Northern Territory Government, 2019) proposes implementing and promoting strengths-based recovery-oriented models of care designed and informed by people with lived experience of mental health challenges. The Territory has no professional body that specialises in supporting the capacity building of the local peer workforce. Thus it is difficult to determine the exact number of voluntary and employed peer workers (Northern Territory Primary Health Network, 2018).

Consequently, the Darwin Peer-Led Education Pilot (PLEP) was the first of its kind in the NT, bridging the gap in providing peer support. The PLEP implemented a peer-led education and recovery program for individuals with psychosocial support needs in Darwin and upskilled local facilitators to deliver the program. This pilot project showed high demand for peer education and recovery approaches and a significant positive impact on individuals' mental health journies. For instance, participants reported improved symptom management skills, enhanced coping skills, decreased self-reported level of psychological distress, developed knowledge of their mental health needs, and increased perceived level of self-awareness, empathy, self-care, and compassion (Tari-Keresztes et al., 2020; Tari-Keresztes, Smith, & Gupta, in press). The PLEP also empowered the local peer workforce and became the birthplace for the NT's first lived-experience advocacy body initiated voluntarily by peers connected with the project (Northern Territory Lived Experience Network, 2020).

Empowering people with psychosocial support needs to obtain employment

There is no universally accepted definition of recovery in the mental health context (Australian Government Department of Health, 2010). However, underpinning principles provide guidance for a holistic approach, empowerment and focus on recovery (Department of Health and Human Services, 1999). In this case, recovery is about assisting individuals in realising their full potential despite their ongoing symptoms via providing a range of support, including clinical and non-clinical approaches. As part of this, accessing support from a worker who shares a lived experience of mental health or related challenges is vital. This is known as peer support (Centre of Excellence in Peer Support Mind Australia, 2011; Druss et al., 2010), underpinned by the values of human rights, dignity, lived experience, and reciprocity (Grant, Simmons, & Davey, 2018). Peer workers provide support by drawing on their own lived experience of the aforementioned challenges (Stratford et al., 2017). This approach focuses on strengths and positive aspects of individuals' ability (Repper & Carter, 2011), develops responsibility and active role in recovery (Beales & Wilson, 2015) and promotes hope in recovery (Kaine, 2018; Leamy, Bird, Le Boutillier, Williams, & Slade, 2011).

A number of studies described that various supported employment models were successful in helping individuals living with mental health challenges to gain employment (Becker, Drake, & Bond, 2011; Bond, 1992; Bond, Drake, & Campbell, 2016). For instance, Individual Placement and Support (IPS) which is based on eight core principles, including (1) focus on competitive employment), (2) zero exclusion, (3) IPS programs are integrated with mental health treatment teams, (4) attention to participant preferences, (5) personalised benefits counselling, (6) rapid job search, (7) systematic job development, and (8) time-unlimited and individualised support (IPS Employment Centre). IPS was developed in the USA and implemented internationally, including in Australia. It is an effective, evidence-based approach to enhance vocational outcomes and obtain employment in this population (Becker et al., 2011; Killackey et al., 2019; Scanlan, Feder, Ennals, & Hancock, 2019). IPS is more effective than traditional vocational rehabilitation in supporting young people with mental ill-health in gaining competitive work, and it is also cost-effective (Orygen, 2020). However, the IPS program is currently being delivered nationally in the Australian youth mental health sector from 50 selected headspace locations (Australian Government Department of Social Services, 2021). This model has a limited uptake in the adult mental health sector (Stirling, Higgins, & Petrakis, 2018).

A literature review (KPMG, 2020) about IPS trials and adaptations revealed that programs, especially those implemented for individuals living with mental health challenges, benefited from incorporating additional support that has been added to the IPS model or other employment support programs. One of them was the incorporation of peer interaction. This was enabled by peer mentors who were responsible for the Follow-Along support. Their involvement provided benefits by enabling participants to feel supported, safe, and understood. Participants were also encouraged toward their education, employment, and mental health treatment (Cohen, Klodnick, Stevens, Fagan, & Spencer, 2020; Ellison et al., 2015). Peer interaction in group settings stimulated communication and collaboration and improved job readiness through enhanced skills relating to job interviews, preparing job applications, contacting employers, and finalising job offers (Corrigan, 1995; Ellison et al., 2015).

Compared to receiving social security benefits, competitive employment was also positively associated with improved mental health and wellbeing, such as higher empowerment and recovery

scores due to being connected to the community and a sense of need fulfilment (Lloyd, King, & Moore, 2010). Employment benefits also include self-reliance, respect from others, income, and integration into the community (Drake & Wallach, 2020).

Evaluation aim and objectives

The primary aim of the evaluation of the Program was to assess the appropriateness and effectiveness of the Program in empowering people with ongoing mental health concerns to participate in employment.

The evaluation objectives include:

- Identifying challenges, opportunities and current issues associated with the implementation of the Program;
- Providing evidence-based recommendations for the subsequent phases of the Program (second and third year);
- Assessing the area of Program impact; and
- Enabling the development of a conceptual framework that provides a complex picture of the Program, including both parties' perspectives, namely Participants' and Employers/Workplaces'.

To support the aim and objectives, the evaluation explored:

- Sociodemographic background of the Program Participants involved in the evaluation;
- Current issues, challenges, and opportunities associated with the Program planning and implementation;
- Challenges and opportunities associated with the training facilitated/delivered to Employers and workplace staff members;
- Challenges and opportunities associated with the pre-employment workshops delivered to Program Participants;
- The perceived impacts of the Program on (a) Program Participants' employment, mental health and relationship with others; and (b) Employers' and workplace staff members' knowledge about mental health difficulties, and experience with employing someone with ongoing mental health concerns
- Program Participants' satisfaction with the program

The main evaluation questions were the following:

- What is Program Participants' mental health journey background?
- What kind of previous work experience and qualifications do Participants' and Advisory Board members have?
- What are the primary reasons for participants to partake in the Program?
- How do Advisory Board members describe their role in the Program?
- What are the main barriers Participants' face in securing a job?
- What are the opportunities and challenges associated with the Program?
- Does this program align with the current health priorities at the national and Territory level?

- How could the relationship between Program Participants and Peer Educators be described?
- What do Participants' experiences with the pre-employment workshop look like?
- What are the main areas of program impact?

Chapter 2: Engagement of the evaluation team with the project

Initial Engagement

In May 2020, TeamHEALTH invited Menzies to evaluate the three-year Two Ways Mentoring Program's pilot phase (first year). The first meeting was held on 19 October 2020. TeamHEALTH, Advisory Board members and Menzies representatives (JS and NTK) established a framework for moving forward with the project. Menzies also presented the findings of their recent Peer-Led Education Pilot (PLEP) evaluation to stimulate discussions about the evaluation scope.

Composition of the Evaluation Team

- Prof James Smith, Father Frank Flynn Fellow (Harm Minimisation), Menzies
- Dr Noemi Tari-Keresztes, Research Fellow, Menzies
- Dr Himanshu Gupta, Research Fellow, Menzies

Sustained Engagement

A Menzies evaluation team member (NTK) has attended all Advisory Board meetings throughout the project in an observer capacity. This approach and sustained engagement supported (1) building trust and rapport with key stakeholders; (2) adopting a meaningful partnership approach; and (3) increasing the evaluation team's understanding of the project to develop and implement the appropriate evaluation approach.

The suitable evaluation approach was co-designed in collaboration with the Lead Agency and Advisory Board members applying a Participatory Action Research (PAR) approach.

Table 1 presents an outline of engagement and key activities during the pilot project.

Table 1 – Engagement activities of the Menzies evaluation team

Dates of Engagement	Participants	Activity (purpose)
13/5/2020	TeamHEALTH representatives Menzies evaluation team	Development of the finalised Project Outline
19/10/2020	TeamHEALTH representatives Advisory Board members Menzies evaluation team	Project overview, Menzies presentation, development of a framework for moving forward with the project, Term of Reference
9/02/2021	TeamHEALTH representatives Advisory Board members Menzies evaluation team	Project progress update (brochures, program promotion, referral, identification of individuals to participate in the program,

		planning, consultation and networking, evaluation process and design established)
19/05/2021	TeamHEALTH representatives Menzies evaluation team	Discussion about the evaluation progress update
19/05/2021	TeamHEALTH representatives Advisory Board members Menzies evaluation team	Project progress update (networking, professional development for Peer Educators, contacting employers, peer workshops, individual outreach with participants, activity work plan, another peer educator new program manager), Menzies update about the ethics approval,
18/08/2021	TeamHEALTH representatives Advisory Board members Menzies evaluation team	Project progress update (project timeline, organisation MoU's, service manual, employment barriers and updates, development of education modules)
21/09/2021	TeamHEALTH representatives Advisory Board members Menzies evaluation team	Project progress update (new peer educator, increased referrals, networking, joining TEMCHO ILC board, training sessions with employers and workplace staff members, potential program expanded into Katherine), Menzies report deadline updated
6/10/2021-28/10/2021	Menzies evaluation team	Conducting interviews with Program Participants, Lead Agency representatives, Advisory Board members
04/11/2021-9/11/2021	Menzies evaluation team	Conducting interviews with Employers and workplace staff members
7/12/2021	TeamHEALTH representatives Advisory Board members Menzies evaluation team	Project progress update (Two Ways Mentoring Program presentation, awards, networking, lived experience group, new program manager, new peer educator, and an appointment of a program coordinator, progress reports), Menzies update about the evaluation
11/2021-01/2022	Menzies evaluation team	Data analysis and evaluation report writing

Chapter 3: Two Ways Mentoring Program

Program aims and objectives

The Two Ways Mentoring Program was developed to empower people with ongoing mental health concerns to participate in employment. It had two components (1) delivering peer-led mentoring to individuals with psychosocial support needs; and (2) training and education to non-mental health organisations to assist them in attracting and supporting the employment of these people (see Appendix A).

The Program objectives included:

- Improving the capacity and capability of Program Participants living with ongoing mental health concerns on their journey to recovery, to gain and then maintain meaningful employment.
- Build capacity of program participants to self-manage their ongoing mental health concerns and improve holistic wellbeing.
- Develop and provide Employers and workplace staff members involved in the program with education on supporting and employing people with ongoing mental health concerns.
- Assist Program Participants, Employers and workplace staff members in developing support plans to ensure management of their ongoing mental health concerns in the workplace to optimise their work performance.
- Increase social connectedness and links for Program Participants to supportive network within their community.
- Destigmatise negative stereotypes of people living with ongoing mental health concerns and reshape the narrative of the positive impact these individuals can have on the community.

Pre-employment workshop series

The project applied a staged approach to achieving aims and objectives. This included the following stages: (1) pre-program, (2) program recruitment, (3) program intake, (4) pre-employment individual and Employer/workplace staff training, (5) job trial, (6) participant and Employer/workplace staff support, and (7) program closure. However, the intention was to recruit participants on a rolling basis and repeat these stages throughout the following stages of the project.

As part of the Program Participants' pre-employment training and support, Peer Educators organised a pre-employment workshop series in order to empower Participants, build their capacity, job readiness, employment skills and peer support. The workshop had the following activities facilitated by the Peer Educators: introduction, ice breakers, art activity, mapping participants' interest, discussion about work history, and word search activity. In addition, external instructors were involved in the following activities: meditation class, workers' rights, self-care and health, cooking lesson, krav maga, workplace visit, resume building, and mock interviews.

Two workshop series were delivered in the pilot phase, including 23 participants. In the second half of the pilot, referrals to the program significantly increased due to the community's increased awareness of the Program.

Training to non-mental health organisations

Providing training and education to Employers and workplaces staff members was the program's second component. This component aimed to increase the awareness of mental health issues in the community, destigmatise negative stereotypes of individuals living with ongoing mental health concerns and support Employers and workplace staff members in attracting and employing people with these challenges.

The Two Ways staff engaged with local organisations and delivered various information sessions to promote the Program. They targeted several organisations such as the Aboriginal community, employment and health service providers, essential services, agencies supporting industry skills capacity, government agencies, and football governing bodies. Three of them were very interested in learning how to best attract, hire and maintain the employment of people living with ongoing mental health concerns. Thus, Peer Educators provided mental health training to these organisations in the pilot phase to destigmatise mental health, promote better management of mental health concerns in the workplace, teach skills for dealing with a crisis at work and promote the employment of people with mental health concerns. These workplaces belonged to the education sector, hardware industry and public sector. Other local organisations also expressed their interest in learning more about building capacity for the community and the social inclusion of people with ongoing mental health concerns. These include training organisations, domestic and family violence services, alcohol and other drugs rehabilitation centres, community mental health services, and agencies supporting family members living with mental health and related challenges. Thus, the Peer Educators will potentially deliver training to these organisations in the following phases of the project.

Chapter 4: Evaluation Methodology

Recruitment of Program Participants

Program Participants were recruited by TeamHealth staff using a purposive sampling method. Enrolment in the Program was by self-nomination and referral, including existing TeamHEALTH service users and other services. They completed an Application Form and participated in a targeted interview with the TeamHEALTH project team. The program was promoted through brochures, information sessions and social media sites. The Program supported people with ongoing mental health concerns in the Darwin region. The following inclusion criteria were applied to the recruitment of the Program:

- At least 18 years of age; [1]
- Living in NDIS classified service areas of Darwin Urban, Darwin Remote and Katherine[2]
- Have diagnosed ongoing mental health concerns; and
- Unemployed (or are dissatisfied with their employment and wish to change or progress).

Data collection

The evaluation involved Program Participants, Lead Agency representatives, including Peer Educators, Advisory Board members, and Employers/workplace staff members. The data collection was conducted between October 2021 and November 2021.

The TeamHealth Peer Educators organised and scheduled the interviews with the Program Participants at the TeamHealth community housing facility in Coconut Grove. This place was familiar to the Participants since they had the pre-employment workshops in the same building. Peer Educators introduced the evaluation team member (NTK) to the Program Participants at the commencement of each interview. Then, the intent of the evaluation was explained to Program Participants, and the Information Sheet (Appendix B) was provided to them. It was also explained that participation in the evaluation was voluntary. A Consent Form (Appendix C) was also provided for those who agreed to be involved. One Program Participant required assistance from a support person who was their Peer Educator.

Representatives recruited into the evaluation from the Lead Agency included staff nominated from the Project Team, such as the Project Manager and Peer Educators. The evaluation team also invited Advisory Board members to participate in the evaluation. After discussing with the Lead Agency, local stakeholders and lived experience representatives from the Advisory Board were selected purposively for individual interviews by the evaluation team. The Advisory Board consisted of representatives from the disability sector, employment agencies, mental health peak bodies, primary health agencies, Aboriginal community and employment services, and agencies supporting industry skills capacity. The Lead Agency informed the evaluation team about the Employers and workplace staff members who participated in the Program. These people were also invited to participate in the evaluation.

The evaluation applied a mixed-methods approach, including individual and group interviews and surveys. Data collection was carried out by an evaluation team member who already had

[1] In the subsequent phases of the pilot, individuals under 18 years might be involved if they reach the legal working age

[2] In the pilot phase the program was implemented in the Greater Darwin region only

experience in undertaking mixed-methods research relating to social and emotional wellbeing in the NT. Data collection included: (a) semi-structured individual interviews with key stakeholders in the project, (b) group interviews with employers and workplace staff members who already participated in the education session delivered by the Peer Educators; (c) administrative data collected and shared by TeamHEALTH, such as satisfaction survey, sociodemographic data, and data from K10+[3], AUDIT[4] and DUDIT[5] widely used validated tools. The administrative data collected by TeamHEALTH informed the evaluation by providing detailed information about Program Participants' sociodemographic background and mental health journey, supporting a deeper understanding of the target population.

Ten Program Participants and ten Employer/workplace staff members were involved in the project's pilot phase. NTK conducted individual, semi-structured face-to-face interviews with selected (a) Lead Agency representatives, including Peer Educators (n=3), (b) Advisory Board members (n=5), and (c) Program Participants (n= 7). A group interview was also carried out in person with Employer/workplace staff members (n=4), and one such representative preferred an individual interview (n=1) over the phone.

TeamHEALTH provided Program Participants with a $50 Woolworths Essential voucher to acknowledge their time completing their individual interviews. This could not be used to purchase alcohol, tobacco, or gambling products. During the data analysis processes, Program Participants were denoted as Program Participants and allocated a number to protect their anonymity in presenting evaluation findings. Table 1 below summarises the evaluation Participants' sociodemographic information (n=7).

In the data analysis process, Lead Agency representatives, including Peer Educators, Advisory Board members and Employers/workplace staff members, were denoted as Implementation Team and Workplaces and allocated a number to protect their anonymity (n=13).

Program Participants were asked about their mental health journey, experiences with the Program and pre-employment workshop, and program impact on their employment, mental health and wellbeing and relationships with others. Peer Educators received questions about their background, including their mental health journey and previous work history, challenges and opportunities with the current Peer Educator role, training facilitated to Employers and workplace staff members, pre-employment workshop and perceived program impact on Program Participants. Advisory Board members' interviews included discussing their background and overall experience in supporting the project, highlighting the learnings, challenges and opportunities regarding recruitment, project management, and program implementation. The interviews conducted with Employers and

[3] Kessler Psychological Distress Scale (K10) is a 10-item questionnaire intended to yield a global measure of distress based on questions about anxiety and depressive symptoms that a person has experienced in the most recent 4 week period (Kessler et al., 2003). K10+ contains additional questions to assess functioning and related factors (Department of Health and Aging, 2003)

[4] Alcohol Use Disorder Identification Test (AUDIT) is a 10 items screening tool that covers areas such as amount and frequency of drinking, alcohol dependence and problem caused by alcohol(Babor, de la Fuente, Saunders, & Grant, 1992)

[5] Drug Use Disorders Identification Test (DUDIT) is a 11 items screening tool involving questions about level of drug use, harmful use and dependence according to the ICD-10 and DSM-4 diagnostic systems (Berman, Bergman, Palmstierna, & Schlyter, 2005)

workplace staff members asked them about their background, information about the business and industry they are involved with, previous experience with employing someone with psychosocial support needs, and experience with the education delivered by the Peer Educators (see Appendix D for the interview guides).

Interviews were audio-recorded with Participants' permission and transcribed verbatim by a professional transcription service. No identifying information was used for the analysis and presentation of the results to ensure anonymity. After each interview, the evaluation team contacted the participants and provided feedback on their interview transcripts. This was an important form of member-checking to ensure the accuracy of the details shared.

Table 1 – Sociodemographic characteristics of evaluation Participants involved in the Two Ways Mentoring Program (n=7)

Sociodemographic variable	Frequency (N)
Age	
20-29	4
30-39	1
40-49	2
50-59	-
60-69	-
70-79	-
Gender	
Male	4
Female	3
Transgender	-
Intersex	-
Other	-
Country of birth	
Australia	5
Other	2
Main language spoken at home	
English	6
Other[6]	1
Aboriginal and Torres Strait Islander	
No	4
Aboriginal	2
Torres Strait	-
Aboriginal & Torres Strait Islander	1
Unknown	-
Highest level of education	
Less than Year 10 or equivalent	-
Year 10 or equivalent	2
Year 12 or equivalent	3
Vocational Qualification	2
Bachelor's degree	-
Postgraduate degree	-

[6] Additional two participants mentioned that they use English and another language at home

Other (please specify)	-
Current employment status	
Employed	1
Self-Employed	-
Domestic duties	-
Student	-
Unemployed	5
Unable to Work	1
Retired	-
Other (please specify)	-
Housing situation[7]	
Owner / Mortgagee	2
Public Rental (affordable housing)	1
Private Rental	1
Unstable housing situation	2
Other (please specify)	
Relationship/marital status	
Single	7
Relationship	-
Married / De facto	-
Other (please specify)	-
Have you ever served in the Australian Defence Force[8]	
Yes	1
No	5
Sexuality:	
Straight/heterosexual	7
Gay/lesbian	-
Bisexual	-
Other (please specify)	-
Number of children[9]	
0	6
Satisfaction with relationship to family	
1 (not at all)	
2	1
3	2
4	1
5 (completely satisfied)	3
Satisfaction with relationship to friends	
1 (not at all)	-
2	-
3	4
4	-
5 (completely satisfied)	3

[7] One participant did not provide this demographic data
[8] Same as above
[9] Same as above

Data Analysis

Individual and group interviews were analysed with NVivo (computer-assisted qualitative data analysis software), applying a framework analysis. This approach was chosen to explore the interview data (Ritchie & Lewis, 2003). It allowed us to incorporate both pre-existing theoretical constructs (a deductive approach) as well as emerging data-driven themes (an inductive approach) to inform the development of the analytic framework. This approach suited the evaluation objectives and allowed the team to explore previously identified areas (Tari-Keresztes et al., 2020) and identify further themes (Parkinson, Eatough, Holmes, Stapley, & Midgley, 2016). The satisfaction surveys/feedback forms and the K10+, DUDIT and AUDIT were analysed manually because of the small sample size (n=25). For the same reason, the results were presented with a short overall description instead of representing descriptive statistics.

Ethics Submission

A vital part of conducting research and evaluation with a high level of integrity involves obtaining ethics approval from a certified Human Research Ethics Committee (HREC). Thus, the Menzies evaluation team prepared an ethics application to undertake this evaluation project. The ethics application was submitted to the NT Department of Health and Menzies School of Health Research HREC on 3 March 2021. Conditional approval was received on 31 March 2021 (HREC Ref. No. 2021-4002). A letter of response addressing ethics concerns was submitted on 20 April 2021, with full ethics approval obtained on 5 May 2021 (see Appendix E).

Chapter 5: Results

This chapter presents the evaluation findings. For the purposes of reporting, we have divided the interviewees into two groups:

- Program Participants – this group includes individual Program Participants with ongoing mental health concerns
- Implementation Team and Workplaces – this group includes Lead Agency representatives, including Peer Educators, Advisory Board members, and Employers/workplace staff members

Program participants' involvement in the Program

Participants' background information

Mental health journey and reasons for Program participation

Program participants were asked about their mental health journey and motivations for participating in the Program. These conversations revolved around substance use and different types and forms of mental health challenges and experiences such as depression, schizophrenia, and anxiety.

The majority of participants were recommended or referred by someone to participate in the Program. In many cases, the recommendations or referrals came from service providers that participants were seeking help from. Service providers included doctors, support workers, and Aboriginal community-controlled organisations.

> *"So I was diagnosed with anxiety and schizophrenia in 2018, and I've been taking some medications for the past three years now. I was also allocated a support worker from [a mental health organisation], and the Two Ways program was recommended to me."* (Program Participant 5)

> *"I was diagnosed with autism at the age of nine and depression at the age of 11. As of earlier, yeah, around earlier this year, my mental health was in a really bad place. So I was recommended by a doctor to sign up for [a mental health organisation]."* (Program Participant 6)

Instances where other conditions (e.g. endocrine ailments) and incidents (e.g. trauma) that led to mental health issues were also described by a few participants:

> *"My mental health journey started in 2007 or 2008 when an incident happened. A serious incident happened where I was hospitalised, and a series of events happened, and I was diagnosed with a mental illness."* (Program Participant 4)

> *"Yeah, basically, since a child, so, I grew up – it was rough when I grew up. And my father struggled with, I think now, mental health issues. Basically, he was an alcoholic – really bad. And he'd come home and do damage to the house. And then, so later on, as I grew up, I wanted to become more manly, and it wasn't like – I'll quickly jump*

forward – it wasn't until I tried to have children that I found out why I was so soft, and that's because I've got Klinefelter's, which is having an extra female chromosome. So, I'm soft, and not having testosterone in your body and not knowing about it for such a long time is one of the things that doesn't help with mental health—like, not having testosterone. So, I joined the Army Reserve, and I was bullied quite extensively in the Army Reserve, not just as a way to break people down, but because I wasn't as good as the other men in [physically]. So, the thing is, I got – consequently got picked on a lot." (Program Participant 7)

The reasons for participating in the Program ranged from using the spare time to having an interest in gaining relevant skills and securing employment:

"I also wanted to participate because I wasn't working at the time, and my support worker and I did an assessment on what things I needed to focus on in my life and one of the things I needed to focus on was the use of my time, and we thought that the program would be a good use of my time." (Program Participant 4)

"Not really. I just didn't have anything to do, so I thought I'd jump in." (Program Participant 1)

"[The reason for participating was] learning." (Program Participant 2)

Skills, qualifications, and work experience

The next set of conversations explored participants' skills, qualifications, and previous and current professional experience. The majority of participants had worked previously, either paid or voluntarily. However, most of them were working in voluntary roles and looking for paid employment opportunities during their participation in the Program.

"Yes, I did do delivering catalogues for only $50 a week, and I did that for about a month, but because I have arthritis, I had to give it up, and it wasn't much work anyway. [Currently] I'm volunteering at [an organisation], which is another network very similar to TeamHEALTH, and I'm going to be volunteering at an animal rescue shelter." (Program Participant 3)

"Yeah, before this job now, I had a job a year before that, but my first initial – when I started my mental health journey was in 2007, and my work experience was in a florist and with food, and working in aged care, and in childcare, and in retail." (Program Participant 4)

"Yeah, I used to work in the government for two years under a contract, under the [name redacted]. It was some admin in the hospital, and I'm currently doing Cert IV in Business Administration online. I'm [currently] a volunteer admin at [name redacted] in Casuarina, and that's keeping me busy while I'm looking for work. (Program Participant 5)

"So currently I'm working as a cleaner and previously I was a pizza delivery driver." (Program Participant 6)

Barriers to finding employment

Many participants described issues relating to compromised mental health (e.g. anxiety, a lack of confidence) as the main barriers to finding employment. In other cases, the inability to engage in education/training to gain a qualification, lack of relevant work experience and/or qualification jeopardised participants' chances of securing a job.

"I suffer from extreme anxiety and social anxiety, so it's very hard talking to a person, especially a stranger." (Program Participant 3)

"Sometimes I experienced anxiety and depression, so that prevents me from doing [applying for jobs]." (Program Participant 5)

"Well, my biggest challenge usually when it comes to finding jobs is that just lack of experience. There are some jobs that I technically do have qualifications for; it's just that, yeah, I don't have enough experience for them." (Program Participant 6)

"So, that's one of my challenges, would be body type or body image, regardless of what people say to me, I still struggle with body image. Even when I was skinny." (Program Participant 7)

"I haven't got a strong literacy background. And so if I don't know a word now, I'll Google it, find the meaning to it and like, when I was writing 'volunteer' before, I think it's double-E R E or something. So English, I still struggle with English. Not as bad with Maths, though. I used to really, really struggle with Maths." (Program Participant 7)

Relationship with Peer Educators

In general, participants described a positive relationship with their Peer Educators regarding the level of support they needed and received.

"[Mentor 1] was great, but since I've switched to [Mentor 2] she's great too, and both have helped me to, I guess – [Mentor 1] helped me to hand out my resume for the first time and [Mentor 2] is looking for jobs that I like which is great." (Program Participant 3)

"We haven't known each other much long, but she [Mentor] is very supportive, and she helps me find work. She [Mentor] sends me job offers like she texts me if she finds anything from Seek." (Program Participant 5)

"Like she [Mentor] was never negative at all. She's supportive where she's gone above, probably above and beyond, where I didn't expect at the time. Like, she'd call me up during the week and say, "Hey, listen. I was just looking at some jobs," because she's involved with a lot of employers outside or through her job, "and they're looking for someone who's got your qualifications, so would you be interested in trying there?" (Program Participant 7)

"She's [Mentor] made me feel supported and understood, and when I've been concerned of anything or anything is troubling me, she reassures me and makes me see things from another point of view, helps give me confidence in myself and my abilities." (Program Participant 3)

"[The Mentor maybe helped me in] cutting down cigarettes…[supported me to] cook food." (Program Participant 2)

Pre-employment workshops

Participants were asked about their overall experience with the pre-employment workshops. The conversations explored their expectations from the workshops, workshop content, and challenges and opportunities associated with their participation.

The majority of participants had attended at least a few workshops. Overall, all of them had had a positive experience in terms of the activities and content, albeit to varying degrees. The main skills that participants learned from the workshops were life skills, confidence building, writing resumes, job interview skills, cooking and healthy eating, and an opportunity to engage in physical activity. Participants were also happy to recommend future workshops to others. Interestingly, none described any challenges associated with their participation in the workshops.

"Yeah, this [workshop] was pretty positive. It was nice to interact with other people. It was really nice…building confidence and interacting with other people. Just give it a go and see what it's about." (Program Participant 1)

" I guess the most useful one for everybody was building the resume. And all of them introduced different concepts so renting and living, and it explains how to – what rules and what not to do when you're renting a property. And one was, I guess, health and food issues which I already know, but I found it helpful as well." (Program Participant 4)

"I think they [workshops] were comprehensive for the weeks that they had. They made good use of it. Also, I think there was one week where they had to improvise because things didn't go to plan also, but it was a good mix of subjects like life skills and also things to do with the community and also work-related. Oh yeah, yoga and also – what is that called? The healthy living, teaching us how to eat healthy and what serves. How to read product labels. We had different exercises on identifying food groups and how many serves of each food group to eat each day and stuff like that. It [workshops] increased my confidence because, before that, my confidence was down. It increased it in the way that I was able to socialise while I was here because I was socialising myself a lot, and I just felt more ready to put myself out there." (Program Participant 4)

"Yoga, there were some preparation for how to write a CV or prepare yourself for an interview. If there's the opportunity, I might want to try it [workshops] again." (Program Participant 6)

Program impact

Participants described how well the Program dovetailed with their expectations around employment, psychosocial support, and its impact on their overall health and wellbeing. The

Program helped participants come a step closer to achieving their goals, especially around building resumes, finding voluntary work or paid employment, building confidence, and improving overall health and wellbeing.

> *"And it has helped a lot, the program, and by coming into this program, I feel like I'm ready. I'm going to get ready to get a job. I still struggle when trying to, I guess, send out my resume. I'm glad to have that support where they can actually do it for me because, in my mind, I'd probably say I'm not good enough for it. I would [recommend the Program] because it's a great opportunity and for anyone struggling with their mental health. It's great to have like the support, and coming here is a great way, I guess, to make relationships and to, I guess, build your confidence in building a resume."* (Program Participant 3)

> *"I actually have gained, from the Two Way program after completing the Two Way program, I gained the confidence and also the direction to find a job, and now I've got a casual job."* (Program Participant 4)

> *"I definitely know I feel a lot more positive with a lot of things in my life now than I did prior to – like when I first started the course. I can see that. And I know I've got a lot of people to thank, even without them being acknowledged in this. I'd rather go to the person and say – like I want to go and see [name redacted] at [name redacted] and say, "Look, you know, this is where I am now. Thank you," sort of thing. I know a couple of other people in the group that were in [name redacted]. Maybe they didn't come to this group, but I know what their life journeys are now too, and they're all been affected in a positive way as well…Probably the only thing I didn't mention was how well organised for a pilot program; I thought it was like, in regards to if I couldn't get here, transport could be organised. I'd never seen that before. They [Program organisers] were both like, you know, not just supportive one-on-one, but supportive of the whole group."* (Program Participant 7)

Implementation Team and Workplaces involvement in the Program

Implementation Team and Workplaces' background information

This group included Lead Agency representatives, including Peer Educators, Advisory Board members, and Employers/workplace staff members. They were asked to share their background information such as mental health journey (for mentors), involvement in the Program, and the reasons for joining the Program in their relevant roles.

Some participants in this group had lived experience of mental health challenges which motivated them to join and support the Program and help others. Others had previously worked in the disability sector, primary healthcare settings, and customer service and recruitment environments and were invited to benefit the Program and Program Participants through their experience.

> *"I've got my own experiences with mental health issues. I have done for over the last 20 years. So, before this, I was working in disability as a support worker, but I knew I more always wanted to get into mental health because I could identify more with that*

side of it, having experienced it myself. So, I have a long history with anxiety, depression, obsessive-compulsive disorder, and panic disorder. It runs right through my family as well, so there's a lot of it that I'm aware of, and just felt that I could better help people in an area that I could understand. So, when I saw this role, I've often wanted to be more in – I'm actually doing my training and assessment. I've always wanted to do more in the training side and education development. So, this very much appealed to me, because all I ever really want to do is just help people with what I'm going through. So, that's why. (Implementation Team and Workplaces 6)

"I've been in the industry for about two years now, and prior to that, I've come from customer service and recruitment background. I was nominated to sit on the board because we work with people with a number of barriers to employment, including mental health. So hopefully, we can help out with some of the customers there as well." (Implementation Team and Workplaces 8)

Implementation Team and Workplaces' role in the Program

Implementation Team and Workplaces' group participants were asked to describe their role in the Program as Peer Educators, Advisory Board members, Lead Agency representatives, and Employers/workplace staff members. The conversations revolved primarily around capacity building, creating professional connections, and sustaining them with Program participants, colleagues, and involved stakeholders.

"For me, it's more about building capacity, as far as employment. So, we are focused on coming back into society as far as participating somehow - whether it be study, whether it be volunteering, whether it be actual employment, or just in some capacity that gives people a sense of purpose, a sense of something to achieve, something that they can sink their teeth in and get involved in. It can be - the outcomes can be social as well, so they might make friends and networks. Of course, if you're becoming more independent and you're developing skills and whatnot, that it helps with your confidence. On the flip side of that, I guess the other part of our role is to be out in mainstream society. So, we go to employers and other organisations, and we just try to use our experiences as far as destigmatising mental health in the workplace and just trying to explain that it's part of being a human. That it's experienced by so many, and it's just a part of life, and it's not to be something that should be hidden or kept away. It should be talked about; it should be part of a normal conversation in the workplace, even as far as work health and safety. It should be part of that as well, keeping your staff well. As far as people that are well, just talking to them in general about keeping well, because you don't know in the future who may come across these concerns in the future. So, it's just raising awareness, basically, so that we can all just freely talk about it. (Implementation Team and Employers 6)

"… it's about creating those connections and those relationships on a level that is very much equal. I think, a lot of the time, there's a lot of intimidation when you walk into a room, and you feel like 'this person, they have all these qualifications -'they're a doctor, they're this, they're that, they might be a psychiatrist, whatever - but you don't feel like you have any sort of personal connection with them. You don't feel like they

understand you or your issues. And the difference with peer work is they see you for what you are, and you see them for what they are, and that is that they might have all these struggles, they might have all these barriers, but they're just people. And I think that peer work is so important because they see that we're just people too." (Implementation Team and Workplaces 3)

Opportunities associated with the Program

These participants described the existing and future opportunities associated with the Program. Some mentioned the professional development opportunities that were available to them and what they would like to see in the future.

> *"Well, as I said, I think the actual official training is very important. So, for me personally, that's something I would like to continue. I think you always need to continue. It's forever changing and updating, and whatnot. So, as I said, my study and qualifications lay more around disability. But as part of that, mental health does go into it."* (Implementation Team and Workplaces 5)

> *"Well, one of the main things that I have been wanting to do - which actually, unfortunately, has been cancelled twice because of COVID - is my mental health first aid facilitator course. So that was supposed to help to obviously be able to then provide - I guess, by cost - extra accredited training to employers, which obviously is going to be the goal going forward, but COVID has negatively impacted that. So I guess that would probably be one of the major training things that I would like to do. Other than that, I would think that more sort of professional development would be around, probably, cultural awareness, furthering my knowledge around indigenous issues, but also around gender identity/sexual identity; I'd like to further my knowledge in those areas. Because I think that having more understanding of that, alcohol and other drug use, gambling, all these other factors in someone's life, I feel would give me more knowledge to be able to better do my job. So I guess those would be the opportunities I'd be looking for in the future."* (Implementation Team and Workplaces 3)

Creating employment opportunities, breaking stereotypes around mental health, and reducing stigma around mental health were some of the opportunities identified by participants through this Program.

> *"Well, it's definitely important to enable them [Program participants] to experience employment, to upskill and to break down the stigma around psychosocial disability, I think is really important. Not everyone - everyone has different needs and views about where they want to move into, but I think yeah, definitely the more exposure they can have to employment opportunities, training and education. But I think flipside that a lot of businesses and organisations also need to get that exposure."* (Implementation Team and Workplaces 7)

> *"I think it's a great way for them to break down the barriers. There is a bit of a gap in the market at the moment for people with mental health, and yes, we do have the Disability Employment Services where we look after people with various disabilities, but*

specific to mental health, there is a gap there." (Implementation Team and Workplaces 8)

"It's important that they stay connected to the community, isn't it? If they are sitting at home, nobody's expecting them today to work, then to me, it's like long-term unemployment. People can just spiral into a bad place and get worse and worse. So, I think employment's an important part of the social day-to-day life." (Implementation Team and Workplaces 4)

"Because for many people, mental health may come and go, but it may do so frequently, and it's a journey that affects their lifetime. And employment, when we are successful in gaining employment, it doesn't mean that our additional needs go away or change. The fact of the matter is that each of us is affected by mental health, and it's only really a matter of situation or issue or incident that increases our needs for support at any given time. And actually, that's, I suppose, something I've been thinking about recently in relation to Two Ways. We're currently working on strengthening our intake and exit procedures, and what does exit mean from Two Ways? Do you ever not need employment support? So they're some of the discussions we're having at the moment about really refining that process for this program because in the beginning stages it's like increasing referrals, getting participants to join and getting them into employment, but then we need to just focus on our process around from there, like what do we do then? (Implementation Team and Workplaces 1)

Participants also discussed how well the Program aligned with current health priorities at the Territory or national level.

"Well, I think it [Program] aligns very well with the priorities of people with psychosocial - like in the disability sphere. We all know that NDIS, while it's really important and necessary for people to get those kinds of supports, of itself, by itself, is not enough and people with psychosocial disabilities like if you really look at it, every second or third person will have some sort of psychosocial challenge in their life, whether it be depression, anxiety or some more intense conditions or extreme conditions. I think it aligns very much with priorities and engaging this group of people and to break the stigmas nationally, I think as well, to really get them into the community and get them having the same opportunities as anybody else with other abilities. (Implementation Team and Workplaces 7)

"So currently there is quite a movement within the Territory and nationally of course with the Lived Experience Movement and advocacy, and that's what Two Ways is about, peer education, peer support, increasing the voice of those with that lived experience. So Two Ways sits very much within that but also mental health in the workplace. The spotlight has grown significantly globally within the last 18 months. Not only are people so desperate for help, as in from the employers' point of view, but they also want to be in this space. There's increased capacity, and want to put greater value on this within workplaces. You know the pandemic has escalated the need to support people with their mental health, the lockdown experience, the change in our ways of working. It's like this hugely changing environment for our workplaces across the globe, so we're very well placed to support people with that.

So they – I think the two – it's like the two levels is how I always see the Two Ways program. It is that participant focus and support skill-building, capacity building and supporting them in their journey to employment and maintaining it, but the employers and what they need and how they can build their skills and ability to support people. So it's really equally important investment in both levels, I think." (Implementation Team and Workplaces 1)

Participants also described the differences between the national and the Territory needs within the psychosocial support space and the opportunities to address them through peer work programs such as the Two Ways program.

"Look, absolutely. I think the needs for Territorians are a lot different to the national view. We have a higher percentage of Aboriginal and Torres Strait Islander peoples, and often, their psychosocial conditions are kind of hidden at times, misunderstood; there's a whole range of conditions that I'm not sure, like if FASD would be considered a psychosocial. But there's a whole lot of areas that the Northern Territory are still yet to address, and I feel that the Northern Territory is really behind the eight ball in doing that. And a lot of it's around our mental health services in the Territory. We are right behind the eight ball there. There's some fantastic programs and services and access to professionals and specialists in other states, yet here we are lacking in attracting the workforce to assist these people. So yeah." (Implementation Team and Workplaces 7)

Challenges associated with the Program

Participants were asked to describe any challenges they faced in the Program and in their respective roles in the Program. Finding the candidates with appropriate skills, issues with retaining the employees, having appropriate resources, and finding the employers for participants with ongoing mental health concerns were described as the main challenges associated with the Program.

"Probably attendance. Like say, I'm the sort of person I think it was in my, the way I was brought up as a child, that if you commit to something, you should obviously go there every session. And that's difficult with COVID, obviously, but in the beginning of the program, [name redacted] couldn't get another facilitator to help her. And when she did, she had to shuffle in with the times. So, I found that at the time very frustrating because twice I'd left home to come go to the workshop, and I get a message halfway there saying it was cancelled today. So, that made me think, is it really worth me getting excited about doing something, and then to get that message." (Implementation Team and Workplaces 5)

"I think the challenges are definitely getting businesses online and involved, and although I don't understand why because with such a shortage of workers in the Territory, I think, is another challenge. And again, I suppose that goes back to maybe an awareness campaign around that. They may already have done that; I'm not sure." (Implementation Team and Workplaces 7)

"Okay. The usual Territory ones: obviously staffing, just turnover. There's been – throughout the life of the program, there's been a few managers involved now. Also, having the right people in the jobs. But then other challenge is resource creation, so perhaps skill level to deliver all the needs of the program. (Implementation Team and Workplaces 1)

Increasing the understanding of mental health challenges in workplaces is vital in identifying the appropriate workplaces, roles and responsibilities for people living with psychosocial support needs. Thus, stigma, sense of mistrust, inappropriate work arrangements, misunderstanding, and lack of training were identified as barriers in employing people living with psychosocial support needs.

"But yeah, so I think the challenges and the barriers are around stigma, around the workforce not fully understanding what responsibilities they're taking on, a bit of trepidation from employers around more "Are we prepared for this? Have we got the right mix of people?" It's good to get the mental health first aid training, but in some organisations, bigger organisations like here, pockets will get that training but not everyone. So I think it's about trying to encourage all staff because if they're interacting with each other, they need to be aware of safety and ensuring that there's no further harm done. Yeah." (Implementation Team and Workplaces 7)

"When [name redacted] said to me, "Would [name redacted] be an employer for people with these barriers?", I was like, "You know what, I don't know that we can." We deal with vulnerable people on the front line as it is, including people with these barriers. Unless the barrier is very well managed, I can't have people who are vulnerable themselves, dealing with vulnerable people, servicing them. Certainly, somebody who has the barrier under control, like maybe medication, whatever, no problem. But if somebody is quite anxious, that customer service and dealing with very confidential information, dealing with vulnerable people, indigenous people, I can't see how I could employ people who are also vulnerable themselves. (Implementation Team and Workplaces 4)

"Well, as I said, particularly because I had that lived experience. I think once you've been unemployed for a while, there's a couple of challenges: one is the participant might be scared declaring some of the challenges that they have with their health, which employers may look at as unfavourable, therefore not providing them with opportunity, so I think that's one thing. I think another challenge, of course, is once they do get that role, if there's not much flexibility in their working arrangements, they can burn out, so the sustainability of that role is greatly reduced." (Implementation Team and Workplaces 2)

"Probably the first barrier that comes to mind is attracting the right candidate. Not everyone identifies with particular barriers, especially with psychosocial, so they may have a mental illness and may not like to disclose that they've got that. So that would be a barrier to finding the right person to apply for the program." (Implementation Team and Workplaces 8)

Program impact

Participants in this group were asked to describe the Program impact on participants' employment, psychosocial support, and overall health and wellbeing. Positive impacts were described by them. The Program helped to generate meaningful conversations between mentors and mentees, build relationships, find paid/voluntary work for Program participants, build their confidence, and improve their overall health and wellbeing.

> *"Looking back on some of the participants, I think some of the pathways that they've taken or ideas they've had or even the courage to apply for jobs, has just come from that little bit of encouragement and support from us, and even just again, having that buddy that they can - you know, we'll just keep checking on them, if that didn't work, "That's okay, well how about we try this now?" And I think just from that gentle encouragement. Yeah, I don't think that some of them would be maybe as far along as what they've come. Of course, you'd love to see them all out there being employed, but it is a difficult road. But still, it is a journey, because they do have to find that confidence, and they do have to realise that they can do it themselves, and that they do have what it takes. Yes, it might be awkward, and yes, it's scary, and it's hard when you first get a job. You do have lots to learn. But you can do it."* (Implementation Team and Workplaces 6)

> *"So I guess from their [participants'] perspective, it's like you'd ask them, and they'd say that I've changed their lives and that I've been such a key role in their confidence and in their livelihood. Even just using [name redacted] and [name redacted] as examples, they both told me that before they met me, they were suicidal, and now they're both working, they're both confident, they're both independent. And I would say that a lot of that comes down to the very meaningful conversations that I've had with them, around coming away from this thought process of helplessness sand of anger and of frustration towards the world and towards their diagnoses.* (Implementation Team and Workplaces 3)

Mental health awareness training for Employers and workplace staff members

The training delivered to Employers and workplace staff members aimed to raise the awareness of mental health challenges to support individuals living with mental health challenges to find employment in a supportive environment. It included discussions about mental health, stress management, suicide, appropriate language about mental health, communication about suicide, help-seeking, illness management, breaking down stigma, unpacking own prejudices, and debunking myths about mental health issues. Organisations sharing their first-hand experiences and word of mouth referrals can increase awareness of the broader community.

> *"So the training is all about mental health: like what is mental health? What does mental illness look like? How do you talk about suicide? How do you talk to someone who's in mental distress at work? How do you support mental wellness in the workplace? How do you deal with conflict in the workplace? How do you manage someone who might be struggling? What supports are available? … And then we also go into perceived myths and breaking down those myths, de-stigmatising mental illness, answering questions..."* (Implementation Team and Workplaces 3)

> *"So,… we went to the [name redacted], and the [name redacted] has reached out to us, saying that they've heard great things about it, and they would like to do it."* (Implementation Team and Workplaces 6)

> *"Well, I know that we spoke about suicide…that's probably one of the big ones that people don't like to face or to talk about… and also… information…outside in the community… what's available out in the community…" (Implementation Team and Workplaces 9)*

Stress management and increasing awareness of people's prejudices were also significant parts of the training provided to Employers and Workplaces.

> *"…having a chat about workplace practices, making sure that we're all good. Making that we don't get stressed out with work and stuff like that."* (Implementation Team and Workplaces 13)

> *"…we did a questionnaire to check our own prejudices about different things."* (Implementation Team and Workplaces 12)

Peer Educators ' lived experience of mental health challenges provided an open and trusted platform for Employers and workplace staff members to openly ask about mental health issues. Also, it helped to break down stigma and stereotypes about individuals living with mental health challenges.

> *"Yeah, I think just getting out there and meeting people, face-to-face, and especially - like, I don't put things in people's faces about my experiences or anything like that. But we do introduce ourselves as lived experience workers, and we're just here to - you know. They do kind of go, "Oh, okay," and so I will just say, "That means I've had, and do have still to this day, mental health concerns," or whatever else it is I say, "And please feel free to openly ask me any questions, and I will answer them."* (Implementation Team and Workplaces 6)

> *" I think they definitely come prepared. They definitely know what they're talking about… I think, said that they have their own challenges, so it was good on a personal note, that you got to see people living with challenges and leading a so called normal life…I found it very interesting and on the broader spectrum of people that so called look normal on the outside and the challenges that they accept and face every day and work with is amazing. It was really good, and I thought it was great… They were great…they were open and honest, and it was just really good to hear."* (Implementation Team and Workplaces 9)

Everyone was interested, curious, and asked questions. However, the extent of their learning often depended on their knowledge about mental health challenges and previous experience with individuals living with mental health conditions. There were some workplaces where the information delivered seemed new for the staff, while other sites already understood difficulties associated with mental health issues.

" The first one at [name redacted] was fantastic as far as, they were very interactive, they were very curious, they wanted to know more, asked lots of questions… The staff [at another place] probably weren't that interested. Some were, but others - yeah. It was just - they had to sit there and listen. Leadership, yes. They I guess, were a little bit more aware, but I still don't think they had a huge awareness and understanding, or even any way of - I don't think they probably - this is my assumption. But I'm assuming they've never had to deal with it, or they've never even - not that they haven't had to, but they haven't. Yeah, I got the feeling that it was new information. But they were quite interested in it." (Implementation Team and Workplaces 6)

"It was different. So I would say that [name redacted] staff had a lot more knowledge already… they were really curious…so it prompted a lot of questions from them." (Implementation Team and Workplaces 3)

In addition, at a workplace, the implemented policies, procedures, professional development sessions and training are vital in keeping the staff safe, satisfied, physically and mentally healthy.

"…we have lots of training courses. There's online courses… Depending on what level of work… If you want to progress up the ladder, then, of course, there's more training courses that you do…. Obviously, we have lots of policies and procedures. We have the safety side of things… We make sure that with social media, there's lots of policies and procedures around social media and what we're allowed to do and what we're not allowed to do. Obviously, COVID-19's a big thing at the moment… with COVID-19, we've had a lot of extra mental health concerns and struggles for people to learn to deal with and things like that…I must admit the last 12 months has been all-around best care for our team, and the focus has been around that, so hence why we got the [Peer Educators] to come in a month or two ago – to have a chat to our team…" (Implementation Team and Workplaces 9)

"[we have] Work, safety and health…A lot of reminders about that. Especially if something happens in [name redacted], then you'll get bombarded by places you can go and things you can do." (Implementation Team and Workplaces 12)

" … also as the [name redacted] and I'm also the first aid officer and the work health safety contact as well as the emergency person to go to. So, in the event of fire, whatever, incident. And I've had a number of courses that I've been required to take for that. And, of course, first aid courses outside of the workplace. And, yeah, many online courses that need to be updated each year. And there are also mental health ones within that." (Implementation Team and Workplaces 11)

Informal practices in the workplace also support staff's mental health. It includes flexibility, caring for and supporting each other, having lunch breaks, taking holiday leave, working in various sites, and maintaining a work-life balance. Forming small workplace teams makes it easier to look after each other, significantly contributing to mental health.

"There's probably nothing formal [policy relating to mental health], but there is a lot of care. So, therefore, if something happened you are allowed to take time to settle down and get over it or whatever." (Implementation Team and Workplaces 12)

"Most of us have one of these at their desk, how to stay mentally healthy at work. Go home on time, take a lunch break, set realistic deadlines, take your holiday leave, allocate time to do the things that you enjoy. We all look out for each other. I mean, it's very easy for us to get busy." (Implementation Team and Workplaces 11)

"It's a small office, so we can all keep on each other pretty well… [Also] We normally all get opportunities to get out of the office every now and then, so that's always fun." (Implementation Team and Workplaces 13)

"…They say, "Hey, you haven't taken a lunch break. Go to lunch" or, you know." (Implementation Team and Workplaces 11)

"In my experience having been in a couple of different offices…There's not really formal rules necessarily… if they want those formal practices in place they can put them in. But I guess everyone was saying we have such a small workplace that we do manage to just look out for each other. It's just not necessarily formalised in.." (Implementation Team and Workplaces 10)

Also, the awareness of people in senior and leadership roles and their understanding of mental health significantly impacts workplace mental health. If they are supportive and open, it creates a safe and non-judgemental space. However, strategies to support people in these high(er)-level positions must also be implemented. Plans to keep Peer Educators' safety and mental health at the forefront during the training delivery and information sessions are also crucial and need prioritisation.

"The one piece of feedback that we got that they really liked was that [name redacted] doesn't really have any support and didn't really have any self-care strategies, so we were just discussing that and I was very open in the sense that just because he is [in a leadership role], doesn't mean that [this person] is not going to struggle. And so they said that they'd like us to sort of focus more on providing more options for more senior people that might not be able to de-brief in the workplace. But besides that, the overall feedback was good." (Implementation Team and Workplaces 3)

"I mean, it depends at what level work you're at to what you sort of know, but definitely our [co-ords] and leaders are great and awesome in supporting their team members with any challenges that they do have." (Implementation Team and Workplaces 9)

"They were very involved in it, and by the end of it, they were already making plans on how to include it in their meetings, and [name redacted] was saying, "Please, anybody talk to me at any time, I'm very open to this." (Implementation Team and Workplaces 6)

"…the issue was that they didn't provide staff, and so [we] were put in a situation where there was aggression and violence and things being thrown around, and also multiple

men who had just gotten out of jail and were quite high risk, and were put in a room with us by ourselves." (Implementation Team and Workplaces 3)

The feedback about the training was very positive. However, it showed that the timeframe for training delivery, the COVID-19 situation, and staffing all presented some challenges. Above that, some Employers and workplace staff members highlighted some parts in the training where they did not feel confident, indicating that further activities and support were required in the future. They also expressed that other businesses and organisations could benefit from this training.

" … what I had planned for them to talk about, they talked about that in the meeting. It was good that they had sort of like – we had communicated previously about what we would like them to talk about and they had obviously done their homework and had a little program done for us. They knew exactly – yeah, they spoke about everything that I felt that would be good for them to talk about, and they spoke about a little bit… I think it was good. Definitely companies and businesses out there would benefit definitely about employing people or supporting people within the workplace." (Implementation Team and Workplaces 9)

"The time that we get [presented some challenges]: sometimes, as I said, there was pressure to somehow put a two-hour training session into half an hour, so things like that. And then COVID has been a big one - cancellations, staffing - because if I'm sick, or if it falls on a day where I have bad pain, everything sort of caves. It's getting to the point where we're sort of confident now that we can do it by ourselves, but there's still only two of us…the [Employers and workplace staff members'] attitudes, mostly, were pretty good. There was only a couple of ones where the feedback said that they might not have felt more confident in things, and I think that's just a matter of maybe incorporating more activities into the training, to sort of practice. But yeah, I would say that the actual information, itself, has been received quite well." (Implementation Team and Workplaces 3)

Employers and workplace staff members shared some examples of how the training helped them in their work. They also emphasised that they would welcome "refresher training" to keep the knowledge alive and help it sink.

"We often deal with people who are in very difficult circumstances, and often they will have mental health issues that are underlying the situation they're in. It's difficult for us because none of us have an formalised training in dealing with that sort of thing. So, I think it's something that all points all of us have probably felt, "I wish I was equipped with more tools to be able to assist this person a bit better", and I feel like the training helped us with that. So, for example, the language around suicide in particular…" (Implementation Team and Workplaces 10)

"I'd be happier with a refresher…I'd be more than happy for them to come back… I'm keen to have a refresher. To make sure that I don't forget…I will put my hand up for more training." (Implementation Team and Workplaces 11)

Results collected by Peer Educators: Feedback forms and screening tools

After the pre-employment workshop series, Peer Educators asked Program Participants to fill in a feedback form (Appendix F). Employers and workplace staff members were asked to do the same after participating in the mental health training delivered by the Peer Educator. The total sample size, including Employers/workplace staff members and Program Participants, was limited (n=25) in the pilot phase. The form comprised 5-point Likert scales (from "strongly agree" to "strongly disagree") relating to participants' satisfaction with different workshop components such as key learning, useful elements, support, facilitation, and impact. Some open-ended questions followed the feedback form items, so participants had the opportunity to elaborate on their answers or provide additional feedback.

Program participants

Program Participants expressed a strong agreement with most of the workshop components. They were satisfied with the workshops, facilitators, venue, and the support they received. They enjoyed the comfortable and happy atmosphere. They also expressed their satisfaction with the workshop facilitators, delivery, and content.

Learning resume building skills, job interview skills, and appropriate having peer support were highly acknowledged by participants. Interaction with peers with lived experiences of mental health provided participants with a sense of belonging and comfort during the workshops. It offered them a platform to voice their opinions and issues freely and in a non-judgmental way. Overall, the workshop series helped Participants learn day-to-day life skills, which, in turn, helped them combat their struggles with mental ill-health to some extent.

Employers and workplaces

Overall, participants in the Employer and workplaces group were satisfied with the Two Ways training, facilitators, venue and support. They indicated that they enjoyed the training. They learned useful information that assisted them in understanding different aspects of mental health and the prevalence of mental health issues in the Darwin community. The training was considered an excellent opportunity to raise awareness of mental health challenges and to break down stigma.

The information was easy to follow and enabled them to make conversations around mental health at their workplace in a more comfortable way than before attending the training. Training facilitators made them feel confident and comfortable during the workshops. They also indicated that the training helped them build better relationships with their peers.

Screening tools data

Peer Educators collected some data from Program Participants, using the K10+ (Department of Health and Ageing, 2003; Kessler et al., 2003), AUDIT (Babor et al., 1992) and DUDIT (Berman et al., 2005) screening tools (Appendix G). Data collected using these tools was limited (n_{k10+}=4, n_{AUDIT}=2, n_{DUDIT}=2) in the pilot phase of the project.

K10+ mean score was 28. The minimum score was 24, and the maximum was 33. Applying the standard cut-points of the scale, the results indicated that these participants had experienced a high level of distress and they are likely to have moderate mental health disorders. The screening tool included additional questions to assess functioning and related factors. These items were measures of disability associated with the problems referred to in the preceding ten items of the

scale. Answer categories were the following: (1) 0-6 days, (2) 7-12 days, (3) 13-18 days, (4) 19-24 day, (5) 25=30 days. The first item was associated with the days when the participants were totally unable to work. Usually, this was between 7 to 12 days, but one participant reported 25-30 days. In most cases, between 0 to 6 days, participants had to cut down on what they did. They had the same amount of time to visit doctors or other health professionals. They also reported physical health problems impacting their feelings in the last four weeks on 13-18 days.

AUDIT mean score was 12, indicating harms associated with moderate risk alcohol consumption. The minimum score was 5, and the maximum was 19. The latter is an indicator of moderate-severe alcohol use disorder. DUDIT mean score was 17, which did not indicate dependence on drugs. The minimum score was 0, and the maximum was 17.

Chapter 6: Conclusion

This chapter summarises the main findings and provides a conceptual framework about the "Two Ways Peer Mentoring Model" that was developed based on the study findings to summarise the Program's pilot phase. It also includes recommendations for planning and implementing the Program in its following stages and the future more broadly.

Conceptual framework

Based on Program Participants', Implementation Team and Workplaces' perspectives and observations, Figure 1[10] (the conceptual framework) provides insights into Program Participants' (1) sociodemographic background, (2) mental health journey, (3) skills, qualification and work experience, (4) reason for participation in the Program, (5) barriers to finding a job, (6) relationship with the Peer Educators and other Peers, (7) experiences with the pre-employment workshop, and (8) perceived Program impact. It also presents findings of the (1) Implementation Team's roles and responsibilities, (2) opportunities and challenges associated with the Program, (3) Program impact, and (4) experiences associated with the training delivered to Employers and Workplaces. We consider this framework a valuable tool to support the further planning and implementation of the Program.

Main findings

The Program supported Participants to improve their confidence, self-advocacy, and job-readiness skills to secure paid jobs, job trials, placements and volunteer positions. It also contributed to their personal recovery, satisfaction, connectedness and overall health and wellbeing. Participants' self-confidence and self-management improved, so they were ready to seek jobs, write a resume and participate in job interviews with some support. Self-advocacy was the most commonly required support from the Peer Educators after the pre-employment workshops. However, if someone needed more help with the job interviews or employers' inquiries, the Peer Educators helped by applying a person-centred approach throughout the program. The delivery of mental health training for various workplaces by the Peer Educators was well received. It raised general awareness and supported breaking down the stigma around mental health issues.

Recommendation and supporting evidence

Supporting evidence	Recommendation
Program Participants and Implementation Team and Workplaces reported the Program to be successful in providing mentoring for the unmet needs of both employers and people with ongoing mental health concerns in gaining and maintaining meaningful employment.	Provide sustained support for the ongoing implementation of the Program, including (1) service expansion (e.g. further NDIS service areas such as Darwin Remote and Katherine), (2) regular data collection, (3) development of a monitoring and evaluation framework, (4) maintain a close relationship with the collaborators, and (5) applying for further

[10] On pp 42

	funding.
The stigma around mental illness and the perception that people with complex mental health challenges have little recovery chances exist in the community. However, Employers and Workplace staff members expressed interest in mental health training. They also emphasised the importance of formal and informal workplace practices and the role of senior staff.	Continue to raise greater awareness about mental health challenges and the meaning of personal recovery within workplaces such as training organisations, domestic and family violence services, alcohol and other drugs rehabilitation centres, community mental health services, and agencies supporting family members living with mental health and related challenges. Consider focusing on people in leadership and senior roles.
Evidence-base about the impact of supported employment exists, and demand for make the Program sustainable was identified.	Expand the Program further by utilising existing supported employment models, such as the Individual Placement Model (IPS) and its adaptation, building pathways with Employers, developing collaboration with relevant organisations and peer programs to enhance the Program impacts over the long term.
The evaluation assessed the program's pilot phase only, supporting the implementation of the subsequent phases and providence evidence about the Program impact. However, external evaluators will not be involved in the further stages, where potentially more data and implications will be seen.	Build monitoring and evaluation capacity among TeamHEALTH staff and partner organisations to improve data collection that can inform continuous quality improvement. This includes (1) developing capacity in-house to undertake regular K10+, AUDIT, and DUDIT reviews of clients after the first assessment with a clinician, (2) improving the quality and quantity of the data collected via feedback forms, and (3) applying additional measurement tools
Lead Agency representatives and Advisory Board members expressed interest in and/or advised various professional development opportunities to support the program further.	Remain committed to maintaining strong communication strategies between the project team and key collaborators to ensure continued interest, engagement and support for further improvement. This may include providing professional development opportunities for project team members and key collaborators relating to disability, mental health, alcohol and other drugs (AOD), gambling and sexual identity
Program Participants showed significant	Keep utilising a person-centred approach in

improvement in their self-confidence, self-management, and self-advocacy skills, resulting in less support in direct communication with the employer and more self-advocacy support. However, some participants needed help in contacting employers.	supporting people with psychosocial support needs in seeking, securing and maintaining meaningful employment. This involves the assessment of each participants' individual support needs
Multisectoral Advisory Broad provided strong support for the Program. Other areas of support were identified, such as further organisations to be invited, employers to build pathways with.	Consider expanding the key stakeholder group for enhanced coordination and broadening the Program's potential impact. Such stakeholders may include legal services, Police and charity organisations.
The Two Ways Peer Mentoring framework includes information collected in the pilot phase only.	Use the conceptual framework to support the implementation of the subsequent phases and future iteration of the Program. For instance, (1) assess participants' background, motivation, and needs to maximise the program impact on individuals with ongoing mental health concerns, (2) develop collaboration with peer networks to provide professional development for the Peer Educators, (3) adjust the mental health awareness training to the Employers and workplaces needs, and (4) develop professional networks to provide broader support for the project.
Peer Educators play a vital role in the Program for both the Participants and Employers/Workplaces. While their own lived experience of mental health and/or related challenges and Recovery Experience is acknowledged, their safety, professional development, and own mental health and wellbeing need to be a continuous priority.	Keep focusing on Peer Educators's recovery capital, individual support, external and internal supervision, professional development training, and opportunity to foster a strong connection with in-house and other local peer workforce and peer networks. This requires clinical supervision, flexible working arrangement, regular supervision, and adaptation of approaches that value lived experience in the workplace.

Figure 1 - Two Ways Peer Mentoring Model - conceptual framework

INDIVIDUALS LIVING WITH PSYCHOSOCIAL SUPPORT NEEDS (Program Participants group)

Program Participants' background			Motivation to participate		Relationship characteristics		Two Ways Mentorship Program	
Sociodemographic background	*Mental health journey*	*Skills, qualification and work experience*	*Reason for participation*	*Barriers to finding employment*	*With Peer Mentors*	*With other Peers*	*Pre-employment workshop elements & approaches*	*Perceived program Impact*
• Age, gender, country of birth, main language spoken at home, Indigenity, highest level of education, employment status, housing situation, relationship status, sexuality, number of children, military service, satisfaction with family and friends *(refer to Table 1)* • Screening tools data *(refer to pp 35-36)*	• Various mental health issues (e.g. depression, anxiety, schizophrenia) • Substance use • Psychosocial support needs • Trauma • Other physical health conditions	• Previous paid work experience • Previous unpaid (e.g. volunteer) work experience • Qualification and employment status *(refer to Table 1)*	• Gaining relevant skills • Securing employment • Using spare time • Referrals (e.g. from service providers)	• Mental health condition • Lack of confidence • Lack of relevant qualification • Lack of relevant work experience • Lack of transport • Literacy and numeracy level • Lack of appropriate education/training • Lost identity documents • Engagement level • Housing • Digital literacy level • Inability to engage in education/training • Access to technology • Motivation	• Positive relationship • Mutuality • Reflection • Trust, rapport • Reassurance • Making feel understood • Developing confidence • Recovery support • Formed by peer values • Role-modeling • Peer support • Individualised support – job related and psychosocial support • Supporting healthy habits • Information sharing (e.g. job-related) • Providing guidance • Keeping contact (mentor and mentees)	• Connectedness • Socialising • Friendship • Networking • Support • Engagement • Community • Interactions • Group support	• Lifeskills • Job-related skills such as resume writing, mock interviews • Renting concepts • Information about public transport and increasing confidence with public transport • Healthy eating • Cooking • Physical activity • Personal Hygiene • Yoga and meditation • Breathing exercise • Peer support • Provided transport • Person-centred approach • Guest speakers • Workplace visits • Self-defence • Self-management skills • Job readiness assistance	• Securing paid job • Job trials, placements • Volunteer positions • Job readiness • Improved job interview, resume building, and job-seeking skills • Personal growth • Identified career direction and pathway • Personal strengths • Increased confidence • Satisfaction • Pleasure • Improved illness management skills • Increased connectedness • Experience of peer learning • Increased overall health and wellbeing • Achieving goals • Improved relationship skills • Felling positive • Support to get pre-requisites for employment • Improved self-advocacy skills

PEER MENTORS

EMPLOYERS AND WORKPLACES (Implementation Team and Workplaces group)

Implementation Team' background	Two Ways Mentorship Program			Training for Employers and Workplaces		
Composition and roles	*Opportunities*	*Challenges*	*Program impact*	*Training elements and topics*	*Employers and workplaces' attitude*	*Role of Peer Mentors*
• Multisectoral Advisory Board • Lived experience representation • Networking • Identifying career pathways • Identifying potential employers • Measurement tools • Develop MOUs • Connection for referrals • Regular meeting • Info sessions • Capacity building • Creating professional connection • Developing networks • Developing skills • Peer Mentor – peer work	• Further professional development (e.g. disability, MHFA, cultural awareness, gender/sexual identity, AOD, gambling) • Creating employment • Breaking down stereotypes • De-stigmatising mental health issues • Complementary programs – collaborating • Adapting models • Job trainer • Raising awareness • Ther locations • Ongoing support – sustain the Program • Alignment with health priorities, NT unique context • Further pre-workshop elements (music and activity for wellness, confidence building, computer transport, career mapping) • Approach changes – building self-independence, self-advocate, capacity	• Retain staff • Appropriate staff • Appropriate resources • Stigma • Identifying the appropriate employers • Flexible work arrangements • Participants' health • Sustainability of the role • Peer Mentors – safety and own mental health and wellbeing • Improved relationship skills • Open conversations about mental health	• Created employment pathways • Participants' courage to apply • Participants' confidence • Participant' recovery • Workplaces equipped with tools to handle complex situations • Raised awareness at workplaces • Interest in learning about mental health at workplaces • Reputation (word of mouth) • Improved self-advocacy • Changes in the Program approach	• Mental health • Stress management • Appropriate language • Communication about suicide • Help-seeking • Available services in the community • Illness management • Breaking down prejudices and myths (mental health) • De-stigmatise mental health issues	• Interested • Curious • Satisfied • Improved understanding of mental health • Open-minded • Influence of previous knowledge and experience with mental health challenges • Implemented policies and procedures at the workplace • Implemented informal practices at the workplace • Importance of small, supportive teams • Role of people in senior, leadership roles • Recommend to other businesses • Interest in	• Authentic • Role modelling • Raising awareness • Creating a platform for open talk • Creating safe space and trust • Increasing understanding

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Appendix A: Two Ways Mentoring Program (Flyer)

Through a mentally healthy workplace, employers can improve the quality of life of employees and their families.

Workplaces that are inclusive of people with a mental health condition can positively influence community attitudes towards mental health.

Managed by the
Australian Government Department of Social Services.
Visit www.dss.gov.au

Contact Us

Head Office Address: Level 1, Building 4, 631 Stuart Highway, Berrimah NT 0828
Phone: 1 300 780 081
Website: www.teamhealth.asn.au
email: teamhealth@teamhealth.asn.au
Postal Address: PO Box 1747, Berrimah, NT 0828

TeamHEALTH Mental Health Supports Manager
Alan Graham: alan.graham@teamhealth.asn.au
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TeamHEALTH Two Ways Peer Educator
Ella Arslan: ella.arslan@teamhealth.asn.au
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Team HEALTH

Two Ways
Workforce Mentoring Program

For people with psychosocial disabilities

Supporting your mental health journey

What is Two Ways?

Originally funded by the NDIS' Information, Linkages and Capacity Building (ILC) Project, Two Ways is managed by the Australian Government Department of Social Services. The program delivers training and education to non-mental health organisations in order to assist them in attracting and supporting the employment of individuals with a psychosocial disability.

Further, the program delivers tailored peer-led mentoring to employers and individuals with a psychosocial disability who wish to be employed and are facing barriers to accessing or sustaining career and work placement pathways.

People living with a psychosocial disability deserve the same opportunities as everybody else; with employment being a significant factor in providing individuals with a sense of purpose, pride, motivation, and connection to their community.

There is an untapped pool of skilled and willing workers living with and managing their psychosocial disability who are wanting to actively participate in the workforce.

End the stigma!

Our Objectives

- Improve the capacity and capability of program participants living with a psychosocial disability on their journey of recovery to gain and then maintain meaningful employment.
- Build capacity of program participants to self-manage their psychosocial disability and improve holistic wellbeing.
- Develop and provide employers, involved in the program, with education on supporting and employing people with psychosocial disabilities.
- Assist program participants and employers in developing support plans to ensure management of their psychosocial disability in the workplace to optimise their work performance.
- Increase social connectedness and links for program participants to supportive networks within their community, (including other support programs, family/ carers, friends, peers, employers, and colleagues)
- Destigmatise negative stereotypes of people living with a psychosocial disability and reshape the narrative of the positive impact these individuals can have on the community.

Appendix B: Participant Information Sheet

Postal: PO Box 41096, Casuarina NT 0811 Australia
Location: John Mathews Building (Bldg 58)
Royal Darwin Hospital Campus, Rocklands Dve, Casuarina NT 0810
Ph: (08) 8946 8600 Fax: (08) 8946 8464
Website: menzies.edu.au
ABN: 70 413 542 847

PARTICIPANT INFORMATION SHEET – PROGRAM PARTICIPANTS AND MENTORS
(Individual interview)

Evaluation of the TeamHEALTH Two-Way Mentorship Program

This is yours to keep

What is the project about? This project involves the evaluation of the **Two-Way Mentorship Program** being delivered by TeamHEALTH. The program aims to build workplace capacity and confidence through peer-facilitated training and provides individual peer-led mentorship for people with a psychosocial disability. This project has been funded by a Linkages and Capacity Building (ILC) grant through the National Disability Insurance Scheme (NDIS).

Who will undertake this evaluation project? The evaluation will be co-led by Professor James Smith and Dr Noemi Tari-Keresztes based in the Wellbeing and Preventable Chronic Diseases Division, at Menzies School of Health Research (Menzies). Other investigators include Dr Himanshu Gupta, Ms Tessa Wallace, Dr Oliver Black, and Mr Jahdai Vigona.

What does the evaluation involve? This evaluation will involve individual interviews with program participants, Mentors, Lead Agency Representatives, Advisory Board members, and Employers about their perceptions and experiences of the program. It will also include a short survey with program participants and administrative data collected and shared by TeamHEALTH about program participants' background such as sociodemographic and data from K10, AUDIT and DUDIT widely used validated tools. This information will be presented descriptively at a collective level to describe the characteristics of the cohort. It will not be linked to individual interview data in anyway. It is envisaged these findings will help to build an evidence-base about the effectiveness of the program and support further implementation.

What will happen during the project? This participant information sheet relates to an invitation to participate in an individual interview. You have been identified as a *Program Participants or Mentor*. We would therefore like to invite you to participate in an individual interview. It is anticipated these will last between 45-60 minutes.

If you agree to participate, we will ask questions about your experience with the program, what worked well and why, and what could be improved. It is important that we accurately record the discussions, and the information that people share. We plan to audio-record the interview with your consent to do so. A final report will be publicly available upon project completion. You will not be identifiable in the research reporting.

Benefits and Risks: If you choose to participate, you will be assisting to build an evidence-base about a peer-led mentoring program for people with identified psychosocial support needs. There are no specific risks for you to be a part of this project. If you choose not to participate, it's OK.

Ethics Committee Clearance: This project has been approved by the Human Research Ethics Committee of the NT Department of Health and Menzies School of Health Research

Who can I contact if I have a question or want more information? If you have any questions about the project, please contact Professor James Smith at Menzies on 0455 088 501 or via email at james.smith@menzies.edu.au

If you have any concerns or complaints regarding the ethical conduct of the study, you are invited to contact Ethics Administration, Human Research Ethics Committee of the NT Department of Health and Menzies School of Health Research on (08) 8946 8600 or email ethics@menzies.edu.au

Appendix C: Consent Form

menzies school of health research

Postal: PO Box 41096, Casuarina NT 0811 Australia
Location: John Mathews Building (Bldg 58)
Royal Darwin Hospital Campus, Rocklands Dve, Casuarina NT 0810
Ph: (08) 8946 8600 Fax: (08) 8946 8464
Website: menzies.edu.au
ABN: 70 413 542 847

CONSENT FORM – PROGRAM PARTICIPANTS AND MENTORS
(Individual interview)

Evaluation of the TeamHEALTH Two-Way Mentorship Program

This means you can say NO

I have talked to _____ at _____ about this project. I would like to be part of this project.

	Please circle	
I have read and understand what is written on the Participant Information Sheet.	Yes	No
I understand what this project is about including the purpose, procedures, benefits and risks associated with my participation.	Yes	No
I understand that this project will involve administrative data about program participants such as sociodemographic and data from K10, AUDIT and DUDIT widely used validated tools collected by the Lead Agency	Yes	No
I understand who I can contact if I have any questions regarding the project or ethical conduct.	Yes	No
I am happy for my words to be used in project outputs such as reports, presentations, frameworks, education programs, conferences, journals, or on websites.	Yes	No
I understand my information will not be used in reports, conferences, journals or on websites in such a way that I could be identified.	Yes	No
I understand that I can choose not to answer questions.	Yes	No
I understand that I am free to withdraw at any time during my participation in the individual interview without any negative consequences.	Yes	No
I understand that in the event I pass away, my information will still be used for analysis purposes.	Yes	No
I understand that the information I provide may be used in future research projects relating to mental illness or social and emotional well-being	Yes	No
I am happy for the information that I share in the interview as part of this project to be audio recorded.	Yes	No

Signed: _____

Full name: _____

Date: _____

Name of Witness: _____

Signature of Witness: _____

Name of Interpreter (if applicable): : _____

Signature of Interpreter (if applicable): _____

If you have any concerns or complaints regarding the ethical conduct of the study, you are invited to contact Ethics Administration, Human Research Ethics Committee of the NT Department of Health and Menzies School of Health Research on (08) 8946 8600 or email ethics@menzies.edu.au

If you have any questions about this form, the project or about the use or exclusion of any particular information you provide, please contact Professor James Smith at CDU on 0455 088 501 or via email at james.smith@menzies.edu.au

Appendix D: Interview Guide

1. Program Participant - Individual interview

Background

- Can you please explain a little bit about your mental health journey and why you have decided to participate in this peer-led mentorship program? You can share as little or as much as you want.

Current issues, challenges and opportunities associated with the TeamHEALTH two-way mentorship program

- Please describe your skills, qualifications and work experience for me. How would you describe your previous employment? What has your work history looked like?
- Do you have a job now? What does that entail? Did you get this job through the two-way mentorship program?
- What are the main challenges and barriers you have faced when trying to secure employment? (probe: skill development; mental health status)
- What were your main reasons for participating in the TeamHEALTH two-way mentorship program?
- What supports do you need in place to secure and maintain employment?
- What are your personal strengths? What do you think you are good at and why? What is your ideal job and why?
- Do you have a mentor? How is your relationship with him/her? What support does your mentor provide?
- Are you participating in any other support programs? If so, what are they?

Challenges and opportunities associated with the pre-employment workshops

- Have you participated in the pre-employment workshop series? Why?
- How many times did you attend? What was your overall experience? Did you enjoy it? Was it helpful? Why?
- What were your expectations about the workshop? Were your expectation of the workshop met? If so, why? If not, why not?
- How satisfied were you with the content of the program? Which element was the most helpful and why?
- Would you change anything in the program? Are there any areas for improvement? If so, what are they, and why?
- What knowledge and skills did you learn during the workshop?
- How did the workshop impact your confidence in finding a job? Please share your experience.
- How helpful was the workshop in building relationships and connections with your peers?
- Did it help you to secure employment? If so, how?

Two-way mentorship program impact and further impact

- How well do you think the two-way mentorship program supported people with ongoing mental health concerns to secure employment? Can you please give me some examples of how you were supported in this program?
- What changes would you make to the program?
- Please describe your experience with job hunting. How did the program support you to find a job?
- Have you done any voluntary or paid job trials through the program? How was your experience of this?

- How is your current job? Do you like it? What is the working environment like? (probe: supervisor, management, colleagues, physical space)
- Please explain how has your mentor has supported you. What qualities have you valued in your mentor relationship?
- Could you please tell me if you have experienced any changes in your life (relationship, mental health, etc.) as a result of your participation in the program? If so, what were they?

Other:
- Would you recommend this program to others? Why?
- Do you have any other feedback you would like to share?

2. Mentors- Individual interview

Background
- Can you please explain a little bit about your mental health journey and why you have decided to join this peer-led mentorship program and become a mentor/peer educator? You can share as little or as much as you want.

Current issues, challenges and opportunities associated with the Two-way mentorship program/Mentor role
- Please describe your skills, qualifications and work experience. How would you describe your previous employment? What has your work history looked like?
- Have you worked previously in any peer role?
- How did you become a peer worker?
- Please describe with your own words what a peer worker needs to do in general? How does this work in this project?
- Can you please give me some examples of what you need to do, what is your role, responsibility as a peer educator/mentor in this project?
- How can someone be a good peer worker? What strengths do they need? What professional development you would need to improve further?
- What kind of support do you need in this role? How well supported do you feel in this role?
- What are the main challenges and barriers for you in this role?
- How would you describe your strengths? In what are you good at? What about the limitations?
- You have a mentee. How is your relationship with him/her? What can you support him/her in?
- How is your relationship with the employers? And with other staff members in the workplace?
- From your perspective, what are the participants' main areas where they need to be supported?

Challenges and opportunities associated with the training facilitated to Employers
- Have you delivered/facilitated any training module for employers? What was that? How was your experience of that? What were the challenges you faced?
- Please describe the content of the training for employers. What topics were included?
- How would you describe the employers' attitude to the training?

Challenges and opportunities associated with the pre-employment workshops
- Please describe your experience with the pre-employment workshop. Can you give me some examples of how the workshop supported the participants, what challenges you faced, and what was the most useful element of the workshop.
- Are there any additional elements you would suggest including in the workshop in the future? What would be that?

Two-way mentorship program impact and further impact

- How would you describe the impact of your support on participants' employment?
- Please describe the two-way mentorship impact on participants' employment.
- Did the mentorship process impact participant relationships and/or their mental health and wellbeing? If so, in what ways?

Other:
- Do you have any other feedback you would like to share?

3. Advisory Board members - Individual interviews

Background
- Please introduce yourself in a couple of sentences. You can share as much or as little as you want. Could you please describe your background, your position, how long you have been working in this position, and why you have been nominated to sit on the Advisory Group.

Background, current issues, challenges and opportunities associated with the Advisory Group in the two-way mentorship program
- How did you become a member of the Advisory Board? Were you invited? If so, in what capacity? Why did you accept the invitation to be a member of the Advisory Group of the two-way mentorship project?
- How engaged did you feel on the Advisory Board? Have you been attending the meetings regularly?
- Do you think this project is important for people with ongoing mental health concerns? Why/why not?
- How well does the program align with current health priorities at a territory or national level?
- What do you think about the mix of expertise and experience on the Advisory Board? Is it the right mix? Are there any skillsets/expertise/experience missing?
- How has the Advisory Board supported the planning and implementation of the project? Please describe this for me.
- What has worked well in the Advisory Board? Why?
- What doesn't work so well in the Advisory Board? Why?
- What could be done better regarding the contribution of the Advisory Board? How?
- How well is the project managed by TeamHEALTH as the Lead Agency?
- What do you think are the main challenges and barriers to the project? Why?
- How well do you think the program was planned and implemented? Why?
- Do you think the program reached the intended targeted population? In what ways could have this been improved?
- What did you like the most/the least in supporting this project?
- Overall, do you consider the two-way mentorship to have been successful so far? Why?
- Do you have any recommendations regarding the project beyond the pilot phase?

Other:
- Have you received any feedback from participants or mentors, or anyone else regarding the program that you wish to share?
- Do you have any other feedback you would like to share?

4. Lead Agency representatives - Individual interviews

Background

- Please introduce yourself in a couple of sentences. You can share as much or as little as you want. You could explain to us, for example, your background, what is your position, how long you have been working in this position.

Current issues, challenges and opportunities associated with the TeamHEALTH two-way mentorship program/Lead Agency

- Do you think this project is important for people with ongoing mental health concerns? If so, why?
- How well does the program align with current health priorities at a territory or national level?
- Please describe the challenges and opportunities associated with program management.
- What has been the most challenging situation in managing the project to date?
- What worked well in the program? Why?
- What didn't work well in the program? Why?
- Please describe the challenges and opportunities associated with the program.
- What do you like most/least in managing this program?
- How satisfied are you with the contribution of the Advisory Group in providing direction for the project? Why?
- In what ways did the Advisory Group support the two-way mentorship program? How so?
- What do you think about the mix of expertise and experience on the Advisory Group? Is it the right mix? Are there any skillsets/expertise/experience missing?
- Please share your experience with the program planning and implementation. What challenges did you face?
- Do you think the program reached the intended targeted population? How do you think this could be improved beyond the pilot phase?
- Please share your experiences with the recruitment process (program participants). (probe: key learnings)
- How well have you felt supported by TeamHEALTH from an organisational perspective?
- What was your greatest learning throughout the project?

Other:

- Have you received any feedback from participants or mentors, or anyone else regarding the program that you wish to share? How will you use this information?
- Do you have any other feedback you would like to share?

5. Employers – Group Interview

Background

- Please introduce yourself in a couple of sentences. You can share as much or as little as you want. Please tell us a bit about your background, current position, and how long you have been working in this position.
- In what industry does your company operate? What is your company size? How many employers do you have?
- What professional development sessions do you currently offer for your employees?
- What workplace practices, programs do you have in place?
- Please describe the current employment pathways within your organisation.

Previous experience with employing people with ongoing mental health concerns?

- Have you ever employed someone with ongoing mental health concerns (before this program)? What was your experience? What challenges and barriers did you face?

Current issues, challenges and opportunities associated with employing people with ongoing mental health concerns?

- Why was your organisation interested in the two-way mentorship program? Do you think this program is important? If so, in what ways?
- What are the strengths associated with employing someone with ongoing mental health concerns in your organisation?
- What are the barriers and challenges associated with employing someone with ongoing mental health concerns in your organisation?
- What supports does your organisation need when employing someone with ongoing mental health concerns?
- What is the understanding of mental health among staff in your organisation?
- What does an ideal workplace look like for someone with ongoing mental health concerns?

Challenges and opportunities associated with the training facilitated/delivered to Employers

- Please describe your organisation's experience with the employer education training/workshop. What kind of training/workshop did you have? How did you find that?
- Could you please give me some examples of how the training/workshop supported your workplace, what challenges you had to face, and what the most useful element of the workshop was considered to be.
- Please describe the content of the training/workshop. What topics were included?
- How many training sessions/workshops did you attend? Did you enjoy it? Was it helpful? Why?
- What were your expectations about the training sessions/workshops? Did the workshop meet your expectations? If so, in what ways. If not, why not.
- How satisfied were you with the content in the program? Which element was the most helpful? Why?
- Would you change anything in the program? Would you include any additional content? (probe: skills, knowledge)
- Are there any areas for improvement within the training sessions/workshops? If so, what are they, and why?
- What knowledge and skills did you learn during the training/workshop?
- How did the training sessions/workshops help your organisation in employing someone with identified psychosocial support needs?
- How helpful were the training sessions/workshops in improving your/staff knowledge about ongoing mental health concerns?
- What workplace practices need to change in your organisation as a result of the training?
- What professional development sessions/workshops do you think your organisation could introduce in the future to provide an optimal workplace for someone with ongoing mental health concerns?

Two-way mentorship program impact and further impact

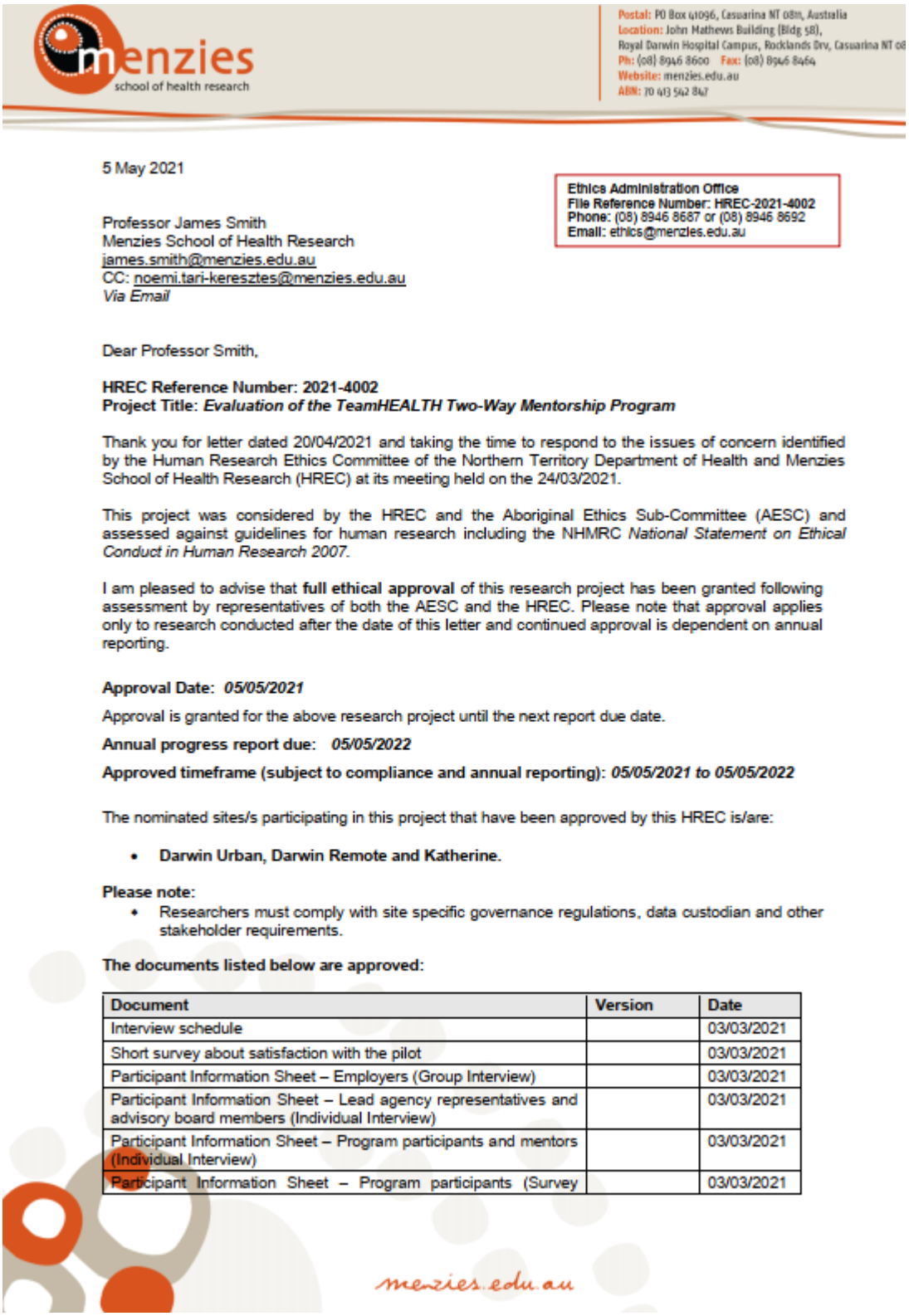
- Please share your experience with employing someone with ongoing mental health concerns through the two-way mentorship program. In what role did you employ them? What are their responsibilities?
- What skills, knowledge, or experience does this role require?
- How did the employee (with ongoing mental health concerns) cope and manage with their workplace responsibilities?
- What strengths and limitations did they bring to their work?
- How can you and your workplace better support them?
- Did they participate in an employment trial? If so, how was that?
- What was the most challenging situation your organisation has faced so far in relation to employing someone with ongoing mental health concerns?

- What positive experiences have there been through the employment of someone with ongoing mental health concerns?
- Please describe your experience with the mentor and the quality of mentorship. Are you satisfied with the support that has been provided?
- How can the mentor better support your organisation and the employee?

Other:

- Have you received any feedback from participants or mentors, or anyone else regarding the program that you wish to share?
- Do you have any other feedback you would like to share?

Appendix E: Ethics approval



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5 May 2021

Ethics Administration Office
File Reference Number: HREC-2021-4002
Phone: (08) 8946 8687 or (08) 8946 8692
Email: ethics@menzies.edu.au

Professor James Smith
Menzies School of Health Research
james.smith@menzies.edu.au
CC: noemi.tari-keresztes@menzies.edu.au
Via Email

Dear Professor Smith,

HREC Reference Number: 2021-4002
Project Title: *Evaluation of the TeamHEALTH Two-Way Mentorship Program*

Thank you for letter dated 20/04/2021 and taking the time to respond to the issues of concern identified by the Human Research Ethics Committee of the Northern Territory Department of Health and Menzies School of Health Research (HREC) at its meeting held on the 24/03/2021.

This project was considered by the HREC and the Aboriginal Ethics Sub-Committee (AESC) and assessed against guidelines for human research including the NHMRC *National Statement on Ethical Conduct in Human Research 2007*.

I am pleased to advise that **full ethical approval** of this research project has been granted following assessment by representatives of both the AESC and the HREC. Please note that approval applies only to research conducted after the date of this letter and continued approval is dependent on annual reporting.

Approval Date: *05/05/2021*

Approval is granted for the above research project until the next report due date.

Annual progress report due: *05/05/2022*

Approved timeframe (subject to compliance and annual reporting): *05/05/2021 to 05/05/2022*

The nominated sites/s participating in this project that have been approved by this HREC is/are:

- **Darwin Urban, Darwin Remote and Katherine.**

Please note:
- Researchers must comply with site specific governance regulations, data custodian and other stakeholder requirements.

The documents listed below are approved:

Document	Version	Date
Interview schedule		03/03/2021
Short survey about satisfaction with the pilot		03/03/2021
Participant Information Sheet – Employers (Group Interview)		03/03/2021
Participant Information Sheet – Lead agency representatives and advisory board members (Individual Interview)		03/03/2021
Participant Information Sheet – Program participants and mentors (Individual Interview)		03/03/2021
Participant Information Sheet – Program participants (Survey		03/03/2021

study)		
Consent form – Employers (Group Interview)		20/04/2021
Consent form - Lead agency representatives and advisory board members (Individual Interview)		20/04/2021
Consent form - Program participants and mentors (Individual Interview)		20/04/2021
Consent form - Program participants (Survey study)		20/04/2021
Study protocol	1	02/03/2021
Response to Conditional Approval		20/04/2021

APPROVAL IS SUBJECT TO the following conditions being met:

1. The Coordinating Principal Investigator will **immediately report anything that might warrant review** of ethical approval of the project.

2. The Coordinating Principal Investigator will notify the Human Research Ethics Committee of the Northern Territory Department of Health and Menzies School of Health Research (HREC) of any event that requires a **modification or amendment to the protocol or other project documents** and submit any required amendments in accordance with the instructions provided by the HREC. These instructions can be found on the Menzies' website.

3. The Coordinating Principal Investigator will submit any necessary reports related to the **safety of research participants (e.g. protocol deviations, protocol violations)** in accordance with the HREC's policy and procedures. These guidelines can be found on the Menzies' website.

4. The Coordinating Principal Investigator will **report** to the HREC **annually** and notify the HREC when the project is completed at all sites using the specified forms. Forms and instructions may be found on the Menzies' website.

5. The Coordinating Principal Investigator will notify the HREC if the project is **discontinued at a participating site before the expected completion date** and provide the reason/s for discontinuance.

6. The Coordinating Principal Investigator will notify the HREC of any plan to **extend the duration of the project past the approval period listed above** and will submit any associated required documentation. The preferred time and method of requesting an extension of ethical approval is during the **annual progress report**. However, an extension may be requested at any time.

7. The Coordinating Principal Investigator will notify the HREC of his or her **inability to continue as Coordinating Principal Investigator**, including the name of and contact information for a replacement.

8. The safe and ethical conduct of this project is entirely the responsibility of the investigators and their institution(s).

9. Researchers should immediately report anything which might affect continuing ethical acceptance of the project, including:

    - Adverse effects of the project on participants and the steps taken to deal with these;
    - Other unforeseen events;
    - New information that may invalidate the ethical integrity of the study; and
    - Proposed changes in the project.

10. Approval for a further twelve months, within the original proposed timeframe, will be granted upon receipt of an annual progress report if the HREC is satisfied that the conduct of the project has been consistent with the approved protocol. Report templates are available on the Menzies ethics webpage.

11. Confidentiality of research participants should be maintained at all times as required by law.

12. The Patient Information Sheet and the Consent Form shall be printed on the relevant site letterhead with full contact details.

13. The Patient Information Sheet must provide a brief outline of the research activity including: risks and benefits, withdrawal options, contact details of the researchers and must also state that the Human Research Ethics Administrators can be contacted (telephone and email) for information concerning policies, rights of participants, concerns or complaints regarding the ethical conduct of the study.

14. You must forward a copy of this letter to all Investigators and to your institution (if applicable).

This letter constitutes ethical approval only. This project, including amendments to the research protocol or conduct of the research which may affect the site acceptability of the project, cannot proceed at any site until separate site specific assessment or research governance authorisation has been obtained from the CEO or Delegate of the institution under whose auspices the research will be conducted at that site, if not already obtained. Please forward this approval letter to the relevant research governance office.

Should you wish to discuss the above research project further, please contact the Ethics Administrators via email: ethics@menzies.edu.au or telephone: (08) 8946 8687 or (08) 8946 8686.

The Human Research Ethics Committee of the Northern Territory Department of Health and Menzies School of Health Research wishes you every continued success in your research.

Yours sincerely,

Dr. Bianca Middleton
Deputy Chair – Chair Fast Track Committee
Human Research Ethics Committee
of the Northern Territory Department of Health
and Menzies School of Health Research
http://www.menzies.edu.au/ethics

This HREC is registered with the Australian National Health and Medical Research Council (NHMRC) and operates in accordance with the NHMRC *National Statement on Ethical Conduct in Human Research (2007)*. NHMRC Reg no. EC00153

Appendix F: Feedback Form

TeamHEALTH Two Ways Workshops

Performance Feedback

Please circle the face that best describes how you feel

I was satisfied with the Two Ways Workshops/Facilitators/Venue/Support

Please list what you were or were not satisfied with

I enjoyed the Two Ways Workshops

Please list what you enjoyed the most about the workshops

Which workshop did you like the most and why?

Was there anything you didn't like about the workshops? If so, please elaborate.

I learnt useful skills which will assist me in gaining employment

Please list what skills you learnt in the program

1

TeamHEALTH Two Ways Workshops

Performance Feedback

Which skills did you find the most useful

I feel more comfortable about participating in the workforce

Please list any comments you wish to add

My facilitators made me feel confident and comfortable during the workshops

Please list any comments about the show you wish to add about the facilitators

Do you believe that participating in these workshops might help you build a relationship with your peers?

Please explain why/why not

Is there any other feedback which you would like to provide

2

Appendix G: Screening tools (K10+, AUDIT DUDIT)

K10+ Assessment Tool

Name			
Date		Score	

In the last four weeks…	None of the time	A little of the time	Some of the time	Most of the time	All of the time
1. About how often did you feel tired out for no good reason?					
2. About how often did you feel nervous?					
3. About how often did you feel so nervous that nothing could calm you down?					
4. About how often did you feel hopeless?					
5. About how often did you feel restless or fidgety?					
6. About how often did you feel so restless you could not sit still?					
7. About how often did you feel depressed?					
8. About how often did you feel that everything was an effort?					
9. About how often did you feel so sad that nothing could cheer you up?					
10. About how often did you feel worthless?					

"plus"	0 to 6 days	7 to 12 days	13 to 18 days	19 to 24 days	25 to 30 days
11. In the last four weeks, how many days were you totally unable to work, study or manage your day to day activities because of these feelings?					
12. [Aside from those days], in the last four weeks, how many days were you able to work or study or manage your day to day activities, but had to cut down on what you did because of these feelings?					
13. In the last four weeks, how many times have you seen a doctor or any other health professional about these feelings?					

14. In the last four weeks, how often have physical health problems been the main cause of these feelings?					

Scoring:

The K10 Total score is based on the sum of K10 item 01 through 10 (range: 10-50). Items 11 through 14 are excluded from the total because they are separate measures of disability associated with the problems referred to in the preceding ten items.

Questions 3 and 6 are not asked if the preceding question was 'none of the time' in which case questions 3 and 6 would automatically receive a score of one

Questions 1 to 10

None of the time	A little of the time	Some of the time	Most of the time	All of the time
1	2	3	4	5

Screening Tool Domain – DUDIT

Client – Because drug use can affect your health and can interfere with certain medications and treatments, it is important that we ask some questions about your use of drugs. Your answers will remain confidential within the Substance Misuse Service, so please be honest. In event that these results need to be shared as part of your care plan, we will discuss with you why sharing is necessary, seek your consent to share and ask you to sign a Release of Information Form. You may refuse at any time to have these results shared.

For each question in the chart below, please X in one box that best describes your answers

Male ( ) Female ( ) Age ( )	0	1	2	3	4	Score
1. How often do you use drugs other than alcohol?	Never	Once a month or less often	2-4 times a month	2-3 times A week	4 times a week or more	*Objective: Frequency per week/month*
2. Do you use more than one type of drug on the same occasion?	Never	Once a month or less often	2-4 times a month	2-3 times A week	4 times a week or more often	*Objective: Poly-drug use*
3. How many times do you take drugs on a typical day when you use drugs?	0	1-2	3-4	5-6	7 or more	*Objective: Frequency per day*
4. How often are you heavily influenced by drugs	Never	Less often than once a month	Every month	Every week	Daily or almost daily	*Objective: Heavy use*
5. Over the past year, have you felt that your longing for drugs was so strong that you could not resist it?	Never	Less often than once a month	Every month	Every week	Daily or almost daily	*Objective: Craving*
6. Has it happened, over the past year that you have not been able to stop taking drugs once you started?	Never	Less often than once a month	Every month	Every week	Daily or almost daily	*Objective: Loss of control*
7. How often over the past year have you taken drugs and then not done something you should have done?	Never	Less often than once a month	Every month	Every week	Daily or almost daily	*Objective: Priorisation of drug use*
8. How often over the past year have you needed to take a drug the morning after heavy drug use the day before?	Never	Less often than once a month	Every month	Every week	Daily or almost daily	*Objective: 'Eye opener' or Hair of the dog*
9. How often over the past year have you had guilt feelings or a bad conscience because you used drugs?	Never	Less often than once a month	Every month	Every week	Daily or almost daily	*Objective: Guilt feelings*
10. Have you or anyone else been mentally/physically hurt because you used drugs?	No	Yes, but not over the last year	Yes, over the last year			*Objective: Harmful use*
11. Has a relative or a friend, a doctor or a nurse, or anyone else, been worried about your drug use or said to you that you should stop using drugs?	No	Yes, but not over the last year	Yes, over the last year			*Objective: Concern from others*

Total DUDIT Score -

DUDIT Scoring Guidance

Feel free to show the form to the person you are interviewing and fill it out together.

Questions 1 to 9 are scored 0, 1, 2, 3 or 4.

Questions 10 and 11 are scored 0, 2 or 4.

The maximum score is 44.

A client with 25 points or more is probably heavily dependent on drugs.