

Independent evaluation of *beyondblue*

27 May 2014



This page is intentionally blank.

Contents

Executive summary.....	1
1 Background	11
2 The evaluation methodology was based on an agreed framework	14
3 How much has <i>beyondblue</i> done?.....	19
4 How well has <i>beyondblue</i> done it?	41
5 Is anyone better off?.....	56
6 Conclusions	71
7 Summary of recommendations	72
8 Acknowledgements	74
Appendix A Stakeholder consultation.....	75
Appendix B Online consumer survey – summary statistics	77
Appendix C Documents reviewed.....	82

Executive summary

Over the last four years, the focus of this evaluation, *beyondblue* has continued to build its brand profile and, with it, a growing awareness and understanding about depression. There is broad community acceptance across Australia that depression happens and can have significant life consequences.

beyondblue has now become a household name. Its profile and funding have attracted an international reputation as an enviable broad-based program to tackle the negative community perceptions of depression. Media articles involving a high profile personality suffering from depression frequently includes a reference to *beyondblue* and information about where to seek help.

While attribution of this growing acceptance solely to *beyondblue* would be naïve, the activities *beyondblue* has undertaken over the last four years have undoubtedly been a significant factor in continuing to raise awareness of depression and in encouraging people to seek help.

With the more recent addition of anxiety to its agenda, *beyondblue* has applied its same range of activities to raise awareness of anxiety. These efforts have not yet built awareness to the same level as depression; however there is reason to anticipate that this awareness will continue to increase over time.

beyondblue's strategic objective is to address the significant negative impact on the Australian community of depression and anxiety disorders. Through its broad range of activities it intends to build an Australian community that understands depression, anxiety and suicide, empowers people to seek support, and supports recovery, management and resilience. This approach is aligned with *beyondblue's* public health business model, which focuses on improving the health of the whole population across the lifespan.

This evaluation has been based on a program logic approach underpinning three evaluation questions posed by *beyondblue*:

- How much has *beyondblue* done?
- How well have they done it?
- Is anyone better off?

Sections 3, 4 and 5 of this report focus on each of these evaluation questions respectively. Section 3 (how much has *beyondblue* done?) focuses on understanding the range and scope of *beyondblue* activities. Section 4 (how well have they done it?) draws out the formative aspects of the evaluation and provides the basis for recommendations on improving future activities. Section 5 (is anyone better off?) looks more broadly at the contribution of *beyondblue's* activities to reducing the negative impact of depression and anxiety on the community.

In considering 'Is anyone better off?', the evaluation framework drew a distinction between the intermediate outcomes that *beyondblue* is achieving and the long term outcomes, which are unlikely to show measureable progress in the four-year period under review. Intermediate outcomes were closely aligned with the five Key Result Areas (KRAs) in the *beyondblue* strategic plan (Figure 1).

Figure 1: *beyondblue* KRAs



For the assessment of intermediate outcomes, the fourth KRA (reduce impact and disability) was replaced with a more measureable indicator of success: Improving prevention, early intervention and treatment. This reflects the strategies and activities currently organised by *beyondblue* under this KRA.

It is also important to note that the KRAs sit differently in relation to the second and third evaluation questions. As a result, KRA 1 is considered a measure of *beyondblue's* effectiveness and therefore considered under the question on 'how well have they done it?' The other KRAs are also considered in relation to the question 'is anyone better off?'

The evaluation drew on a range of data and information to respond to the key lines of inquiry established at the outset. This included *beyondblue* documents; evaluations of individual *beyondblue* programs and activities; academic literature; population-level data and analysis; data from *beyondblue's* Depression Monitor; a targeted on-line survey; email input from various *beyondblue* partners; and interviews with key internal stakeholders as well as external stakeholders with a strong interest and awareness of *beyondblue's* activities.

How much has *beyondblue* done?

The *beyondblue* brand has continued to increase in visibility over the period, with the scale and reach of its activities increasing since 2010, particularly among at-risk groups. This has included a focus on particular populations, namely: the Gay, Lesbian, Bisexual, Transsexual and Intersex (GLBTI) community; Indigenous Australians; and older persons. Activities specifically targeting suicide prevention in at-risk groups have been incorporated into all *beyondblue* programs.

Child, youth and family programs now cover the spectrum from perinatal to tertiary students. Of particular note was the roll-out of KidsMatter, a range of collaborative youth programs and *beyondblue's* role in the National Perinatal Depression Initiative. Additional initiatives over the evaluation period included communities affected by disaster, a continuation of programs in the workplace and a strengthened campaign to reduce discrimination in the workplace, in partnership with the Mental Health Council.

While the primary focus has continued to be depression, a more targeted approach to anxiety and suicide prevention is evident in *beyondblue's* more recent programs.

beyondblue growth has been enabled by an 85% increase in funding since 2010. Targeted funding from the Commonwealth Government for specific programs has been a major source of income, complemented by donor funding, particularly from the Movember Foundation. More broad-based fundraising activities represent a small proportion of revenue but have increased significantly (by over 250%) over the evaluation period.

beyondblue's activities have continued to be strongly supported by corporate and community organisations, with a high level of partnership activities. Most programs continue to be delivered under a commissioning model with a relatively small staff team. Staff costs comprise 15% of total expenditure.

Consumers and carers have been increasingly engaged in the design and evaluation of *beyondblue* activities.

beyondblue has undertaken a series of increasingly sophisticated national awareness campaigns over the period and 'media mentions' of *beyondblue* have grown by 83% since 2011. Marketing and communication activities have been re-branded and are increasingly delivered online. Of particular note, *beyondblue* has developed internal capabilities in information technology and social media to respond to the new ways the community accesses information.

beyondblue has begun to develop more avenues for people to receive direct help. In particular, the Info Line was expanded from a referral service into a counselling service (the Support Service) in early 2013, to provide short-term solutions focussed counselling to callers. The Support Service and its predecessor have shown considerable growth in the volume of calls and web chatting over the period. Support for bushfire affected communities has been developed and implemented using cognitive behaviour therapy and the pilot New Access program has been developed and is commencing implementation. Each is a new departure for *beyondblue*, taking it further into the role of a broker of help services.

Throughout the evaluation period *beyondblue* has continued to invest in research, culminating in a shift to evidence-to-action research. A high level of evaluation activity has also been maintained and strengthened through a revised evaluation policy and toolkit, which seek to ensure a consistent and transparent approach to evaluations.

How well have they done it?

This evaluation has found that *beyondblue* has continued to make a substantial contribution to the level of awareness and acceptability of depression within the general community. Brand recognition of *beyondblue* is extremely high. It is the organisation most commonly associated with mental health. The brand is associated with community acceptance of depression – and anxiety to a lesser, but growing, extent. There is some evidence that this growth in recognition of *beyondblue* may now be levelling off, suggesting that the nature of *beyondblue's* task may be changing to maintenance of the existing profile.

This high level of visibility is due to the breadth of *beyondblue* campaigns and marketing, and a prominent social media presence. The activities and influence of its Chair, Board and CEO have also been a significant factor in *beyondblue's* high level of visibility. Some stakeholders and individual evaluations also noted that the strength and pervasiveness of the brand may at times pose a risk to the message if it is viewed as an end in itself. This is a risk that needs constant management. The continuing challenge for the *beyondblue* brand is to optimise the balance between achieving broad recognition while also being locally and individually relevant and responsive.

In some populations, and settings lower levels of awareness of depression and anxiety persist. While there is evidence to suggest that *beyondblue* has been effective in tailoring programs for some particular settings or populations (including workplaces and men in regional areas), the challenge for *beyondblue* is to determine whether the populations they currently target continue to require the most attention. With limited resources, choosing which population to target with flexible funding to maximise the impact of *beyondblue* interventions is crucial.

With the more recent addition of anxiety to its agenda, *beyondblue* has not yet built awareness to the same level as depression. The capacity of *beyondblue* in awareness raising activities provides reason to anticipate that this awareness will continue to increase over time in proportion to the extent of focus it receives from *beyondblue*.

beyondblue's capacity to deliver programs effectively emerged as a strong theme throughout the evaluation. The findings of 21 independent evaluations of individual activities conducted during the

period demonstrated that, in general, programs were designed and implemented effectively, activities were sufficiently coordinated with partnering organisations and participants were satisfied with their experience. Improvements to programs delivered through the period indicate a willingness to learn. A number of stakeholders emphasised the ability of *beyondblue* to put a program into action efficiently and effectively. All of the funders interviewed were satisfied that *beyondblue* had delivered on its funding agreements. *beyondblue*'s ability to deliver was seen as a key factor in its ongoing success in attracting new funding for national programs.

Consumers and carers demonstrated generally high levels of satisfaction with *beyondblue* programs, as measured through individual program evaluations and the targeted survey undertaken for this evaluation. *blueVoices* members are now more involved in the planning, implementation and evaluation of *beyondblue* activities, while the involvement of community Ambassadors has also increased substantially over the evaluation period. In their survey responses, consumers and carers were strongly focused on achieving better direct contact through community events, training and education.

beyondblue has significantly improved its ability to communicate and engage with the community. There has been swift progress over the past two years to take advantage of the opportunities and possibilities presented by the advent of social media that has dramatically impacted *beyondblue*'s external environment over at least the past 10 years. *beyondblue*'s Facebook page was launched in July 2012 and the new *beyondblue* online platform in 2013. During the evaluation period *beyondblue* has developed a sophisticated model of online community engagement which underpins all of its work. Online capability can now be considered an organisational strength relative to the broader public health and health promotion sector.

Over the evaluation period *beyondblue* has crafted a unique space as an independent broker and an innovator. One of the strengths of *beyondblue* as an organisation is its ability to be innovative, to trial new programs and to use its independent status to facilitate innovation where governments might face significant barriers. This is particularly evident in the way it facilitated the National Perinatal Depression Initiative across states and territories, and in the piloting of the New Access program. Such a role necessarily involves a level of risk. However *beyondblue* would appear to be in a strong enough position to continue to take some considered risks in testing new ways of reducing the impact of depression and anxiety in the community.

Opportunities

The evaluation highlighted a number of opportunities for *beyondblue* in considering its future focus and activities. In relation to funding, *beyondblue* has recently increased its efforts to expand corporate and philanthropic support to diversify its funding sources and further expand its program of work. This fundraising activity has shown considerable success to date and will be important in the context of the changed funding arrangements from the Movember Foundation. At the same time, *beyondblue* must also be cognisant of the risk that, as fundraising efforts expand, governments may see this as an opportunity to decrease their current level of funding.

While *beyondblue* is recognised as a strong and capable facilitator, putting in place programs and activities effectively, it received more mixed reviews about the way it collaborates with some stakeholders. The *beyondblue* model places strong emphasis on collaboration as a mechanism to achieve its objectives. *beyondblue* seeks to work with partners at many levels – in the design and delivery of individual programs through to working with governments at a broad level to deliver agreed outcomes. There is good evidence that many collaborative programs have been developed and implemented successfully between *beyondblue* and other partners. At a broader sector level, however, this is not always the case. There would appear to be an opportunity to reassess some of these relationships in the future.

To some extent the development of strong collaborative relationships across the sector is made more challenging by the funding context. In an environment where funding is finite and competitive, it is perhaps understandable that relationships might reflect a competitive tension. This competitive underlay has at times been expressed in public fora and the media and limits the capacity of *beyondblue* to work collaboratively across the sector towards shared objectives. There is a real opportunity for *beyondblue* to bring a fresh approach to the sector and to play a leading role in bringing stakeholders together to share ideas and build trust. Stronger collaborative mechanisms and alliances could significantly improve the effectiveness of *beyondblue's* work.

One particular area where a more collaborative approach could be adopted is in evaluating the impact of programs or activities on the target population. *beyondblue* places a high priority on evaluating its programs: it has developed an internal evaluation policy with a highly qualified panel of evaluators and been responsive in adopting findings from evaluations. However, it has been criticised by the sector for a lack of scientific rigour in some of its evaluations, and for treating evaluation as an add-on rather than a built in component of its programs. While *beyondblue* rejects this criticism as impractical (and expensive), there is nevertheless an opportunity for *beyondblue* to increase its collaboration with experts in the field to determine whether there are more rigorous ways of designing programs, undertaking translational research activities and assessing the impact of different interventions. As an organisation at the forefront of population-level change, it is important for *beyondblue* to explore all avenues to be more intensely involved in a dynamic and high quality cycle of testing, learning and applying the results of its learnings.

In this context it is important to note that *beyondblue* has tightened its approach to funding research. Research funded by *beyondblue* has undoubtedly enhanced knowledge and continues to be an effective tool for furthering knowledge in relation to *beyondblue's* strategic priorities. The research program has undergone significant change over the evaluation period, the most significant being the development of the National Priority Driven Research program during 2011-2012, and the subsequent move to prioritising strategic evidence to action research. There still appears to be room to prioritise the research towards *beyondblue's* own needs in understanding 'what works' to make a difference to the negative impacts of depression and anxiety.

A final opportunity identified by this evaluation is for *beyondblue* to take advantage of the potential for stronger strategic alignment with governments in determining its future programs and activities. It is clear that *beyondblue* continues to enjoy strong support from all governments and that it takes an open and inclusive approach to member governments (for example through involving member governments in observing the deliberations of its Board). The bulk of *beyondblue's* funding from jurisdictions is provided to assist *beyondblue* in its mission so that decisions about priorities and campaigns are clearly the responsibility of *beyondblue*. However some governments reflected during the consultations that there is more opportunity for strategic alignment between *beyondblue* and the priorities of the jurisdictions. While the onus perhaps lies with each jurisdiction, it would also be a strategic move for *beyondblue* to lead joint consideration with jurisdictions about how alignment might be more effectively achieved.

In considering opportunities for greater alignment across jurisdictions, there is also room for member governments to consider improvements to coordination mechanisms *within* jurisdictions. Stakeholder feedback indicated that in some instances, *beyondblue* may be implementing a program that local agencies are unaware of. This reduces the opportunity for local organisations to promote or support the activity, and can result in less effective local coordination. It can also inhibit the provision of locally-tailored information. While *beyondblue* places a high priority on engaging local agencies, this may be enhanced by better internal coordination within jurisdictions, beyond the departments (or commissions) from which member representatives are drawn.

Is anyone better off?

The evaluation focused on progress towards the intermediate outcomes identified in the evaluation framework and reflected in KRAs 2, 3 and 4.

The level of help-seeking (KRA 3) has improved over the four year period – both among the general population and in people directly seeking help through *beyondblue* programs. An increase is apparent in the numbers of young people as well as adults who claim to have actually sought information. Encouraging help-seeking behaviour is now an integral part of the *beyondblue* message. Ways of seeking help have diversified since 2010 with *beyondblue* broadening its referral patterns and its own funded services so that it presents a range of avenues for seeking help in addition to the more traditional GP referral. Online programs, *beyondblue*'s own revamped support service and the piloting of the New Access service, are all aspects of this broadened help-seeking base.

In line with the increased intentions to seek help and the diversification of avenues to find it, the evaluation identified an improvement in people actually receiving early intervention and treatment across the four year period (KRA 4). *beyondblue* has contributed to this improvement through the revamping of its Support Service and by establishing or contributing to early intervention programs in new community settings, such as the national perinatal screening program, KidsMatter, aged care and workplace programs. The national perinatal screening program is an example of a program which has now been integrated in to the broader health system.

Utilisation of the primary mental health care system (including general practice, psychiatrist, psychologist and other allied health consultations) increased during the evaluation period, largely as a result of the Federal Better Access program. However some population groups, including rural and remote populations, men and older people remain more reluctant to use the service system and will require a continued focus in *beyondblue*'s programs.

The extent to which *beyondblue* activities have led to a reduction in stigma and discrimination is more difficult to determine (KRA 2). There is little doubt the efforts in stigma and discrimination have not achieved the same magnitude of change as awareness raising activities. Although there are some indications in the Depression Monitor data, there is limited other evidence available to inform this assessment. There are other measures developed internationally that could be adopted by *beyondblue* to more reliably test the impact it is having.

To some extent a conclusion about reduced stigma and discrimination must draw on the logic that underlies the public health model. However, the relationship between awareness raising and reductions in the impact of depression and anxiety continues to be debated. Against the uncertainty about the extent of change in relation to stigma and discrimination, there is a strong case for *beyondblue* to continue to evolve its approach to stigma reduction and discrimination and place a higher priority on programs and activities that target a change to levels of stigma and discrimination faced by people who admit they are experiencing a depressive or anxiety-related illness. This could also provide a focus for collaborative activities with the research sector. It will be important for *beyondblue* to justify the campaigns it chooses to deliver.

Progress towards long term outcomes

It is not possible to measure whether *beyondblue* activities over the past four years have directly resulted in an improvement in health outcomes for individuals currently experiencing, or at risk of developing, depression and anxiety.

Promisingly, more people reported use of primary mental health services for depression and anxiety during the evaluation period however there is no available data at the population level to indicate whether this translated into improved health outcomes in relation to depression and anxiety.

Conclusion

Over the four year period covered by this evaluation, *beyondblue* has delivered on its funding agreements and made progress towards its vision and mission. It has continued to increase the visibility of its brand, to improve awareness and understanding about depression and anxiety in the community, and to support individuals in seeking help. It has undertaken a wide range of activities using both flexible and specific purpose funding and has significantly enhanced its social media presence. It has developed a strong reputation for getting the job done and has developed an important role as an independent broker and innovator. While this evaluation has identified a number of ways in which *beyondblue* could increase its effectiveness, the overall conclusion is that over the last four years *beyondblue* has continued to make significant progress towards its long term objective of addressing the significant negative impact on the Australian community of depression and anxiety. Sustainability will be further enhanced by a targeted focus on strengthening partnership and collaborative efforts within the mental health sector. Opportunities for *beyondblue* to increase its effectiveness are set out in the recommendations below.

Recommendations for the Future

Recommendation 1:

The central role that the Chair, Board and CEO plays in the brand and profile raises the need for *beyondblue* to consider succession planning for the future to ensure it is able to continue a high level of visibility.

Recommendation 2:

beyondblue's strong brand and independence position it well to expand its role in developing and piloting innovative programs, including new models of service delivery that complement its awareness-raising activities.

Recommendation 3:

Could *beyondblue* take a fresh look at how it might deliver more value for the community by placing a stronger value on collaboration with other major players who share its mission of reducing the impact of depression and anxiety.

Recommendation 4:

Given the critical role evaluation plays in a dynamic cycle of organisation learning, *beyondblue's* approach to evaluation could be strengthened by closer collaboration with evaluation experts to determine the most rigorous approach to evaluation of its major programs.

Recommendation 4:

A further tightening of the criteria for prioritising research is warranted, particularly to increase the evidence base about effective interventions for behaviour change.

Recommendation 6:

There is an opportunity for *beyondblue* to work more closely with all governments to align priorities and coordinate action.

Recommendation 7:

beyondblue could enhance its effectiveness by exploring with member governments ways to increase the involvement of state-based and local organisations in the planning and implementation of its activities.

Recommendation 8:

A stronger focus on determining the impact of its activities on actual behaviour change (not just intentions) could be assisted by considering the introduction of other measures (such as the global measures trialled internationally) in addition to – or as an alternative to – the Depression Monitor. *beyondblue* could also consider collating and publishing on its website data on the long term reduction in the burden of disease.

Recommendation 9:

It is timely for *beyondblue* to prioritise the development of further activities which target a reduction in stigma and discrimination, drawing on and expanding the growing evidence base of ‘what works’ for behaviour change.

Glossary of Terms

Term	Definition
beyondblue Depression Monitor	A national community survey, undertaken by <i>beyondblue</i> , to monitor changes in awareness, knowledge, understanding and attitudes about depression, anxiety and related disorders in Australia.
beyondblue National Priority Driven Research Program (NPDR)	The NPDR Program was a national, competitive grant program undertaken over two rounds (2011 and 2012) that aims to address gaps in evidence and knowledge about depression and anxiety in priority population groups.
beyondblue Victorian Centre of Excellence in Depression and Anxiety (bbVCoE)	The bbVCoE has been a collaborative initiative by the Victorian Government and <i>beyondblue</i> since 2002, and has actively encouraged innovative, high-quality research to improve early intervention and treatment of depression and anxiety.
beyondblue Strategic Research	Evidence-to-action research that increases <i>beyondblue's</i> capacity to make a difference 'on the ground' for the Australian community. Research must support <i>beyondblue's</i> vision and mission by increasing capacity to impact across the five Key Result Areas.
Discrimination	The unjust or prejudicial treatment of different categories of people. It is important to differentiate between work <i>beyondblue</i> has done in relation to race or gender based discrimination (which have been the focus of mass media campaigns) and the work done to reduce discrimination arising from stigmatising attitudes or structural discrimination.
Help seeking	Positive steps to receive support or treatment, whether through counselling services, family and friends, a GP or other means.
Information seeking	Accessing resources that provide information on the prevalence, symptoms or diagnosis of depression and anxiety, and/or avenues for seeking help.
Specified grant	Fixed term funding tied to a specific program or activity, managed separately to, and in addition to <i>beyondblue's</i> core funding agreements.

Term	Definition
Stigma	<p>The World Health Organisation defines stigma as “a mark of shame, disgrace or disapproval which results in an individual being rejected, discriminated against and excluded from participating in a number of different areas of society.”¹</p> <p>There are different types of stigma associated with depression and anxiety, which include:</p> <ul style="list-style-type: none">• Personal stigma – a person’s stigmatising attitudes and beliefs about other people• Perceived stigma – a person’s beliefs about the negative and stigmatising views that other people hold• Self-stigma – the stigmatising views that individuals hold about themselves• Structural stigma – the policies of private and governmental institutions that restrict the opportunities of people with depression and anxiety.²

¹ World Health Organisation (2001). *The World Health Report 2001 – Mental Health: New Understanding, New Hope*. http://www.who.it/whr/2001/en/whr01_en.pdf, cited in beyondblue Position Statement - Stigma and discrimination associated with depression and anxiety (August 2012).

² beyondblue Position Statement - Stigma and discrimination associated with depression and anxiety (August 2012).

1 Background

1.1 Evaluation context

Nous Group (Nous) was engaged to conduct an independent evaluation of *beyondblue*'s activities. The evaluation will provide *beyondblue* and its funders with evidence about its effectiveness as an organisation in achieving its key result areas, mission and vision. As well as satisfying reporting requirements from government, the evaluation provides insights into directions and activities shown to be effective either by existing research literature or by analysis of the impact of current activities.

This evaluation is limited to commenting on the impact of *beyondblue* activities between January 2010 and January 2014. Inevitably there are programs that started before this period, and programs that continue after this period that are reflected in the evaluation findings. This evaluation builds on the findings of two previous independent evaluations of *beyondblue* undertaken in 2004 and 2009.

Given the large number of *beyondblue* programs and activities, the evaluation did not examine individual initiatives or activities and relies on secondary sources, such as existing evaluations of particular activities. In some cases, however, the impact of particular initiatives has been described in more detail, where the impact can be shown to have made a significant difference.

1.2 Depression and anxiety are an increasing public health challenge in Australia

Mental illness is amongst the most important health issues facing the Australian community

An estimated one in five Australians suffer from a mental illness and almost half the Australian population will experience a mental illness at some point in their lifetime.³ It is the leading cause of disability in Australia, accounting for an estimated 24% of the total years lost due to disability.⁴

Amongst the mental health conditions, depression and anxiety are most prevalent. There is evidence to suggest that the prevalence of anxiety is increasing.⁵ The impact of depression and anxiety is felt across all ages and stages of life, with profound personal, social and economic consequences.

Investment in, and attention to, mental health is increasing

Australia now spends at least \$28.6 billion per year supporting people with mental illness.⁶ The overwhelming majority of expenditure (90%) is funded by governments, with the balance funded by insurers, consumers, carers, employers, non-government organisations and other private payers.

Since the early 1990s, governments have recognised the issue and devoted increasingly focused policy efforts to addressing mental health reform. This has included the National Mental Health Strategies and COAG National Action Plan, the National Partnership Agreement, COAG's 10-year roadmap and

³ The 2007 *National Survey of Mental Health and Wellbeing* conducted by the Australian Bureau of Statistics found that an estimated 3.2 million Australians (20% of the population aged between 16 and 85) had a mental disorder in the twelve months prior to the survey.

⁴ Begg S, Vos T, Barker B, Stevenson C, Stanley L, Lopez AD, 2007. The burden of disease and injury in Australia 2003. PHE 82. Canberra: AIHW.

⁵ Op cit, n 1.

⁶ The report is publically available at https://www.medibankhealth.com.au/Mental_Health_Reform.

establishment of the National Mental Health Commission (2012). Major funding injections have accompanied this policy attention. Public awareness and a willingness to engage in a dialogue on mental health issues have also increased in recent years. This reflects the context and environment in which *beyondblue* is currently operating.

1.3 *beyondblue* is a key player within the mental health sector

beyondblue is a national, independent, not-for-profit organisation working to increase awareness and understanding of depression, anxiety and suicide prevention in Australia and reduce associated stigma. The organisation is governed by a Board of Directors, with member representatives from the Australian, State and Territory Governments.

Since its establishment in 2000, *beyondblue* has developed into a high profile and influential national organisation tackling the impact of depression and, more recently, anxiety and suicide prevention, to make a significant contribution to the Australian mental health system and the mental health of Australians.

New specific grants from the Commonwealth and strong growth in donor funding have seen *beyondblue* revenue grow by 85% since 2010 from almost \$29 million to \$53 million in 2013. The new specific grants from the Commonwealth are fixed-term and therefore the recent revenue growth may not be sustained in future.

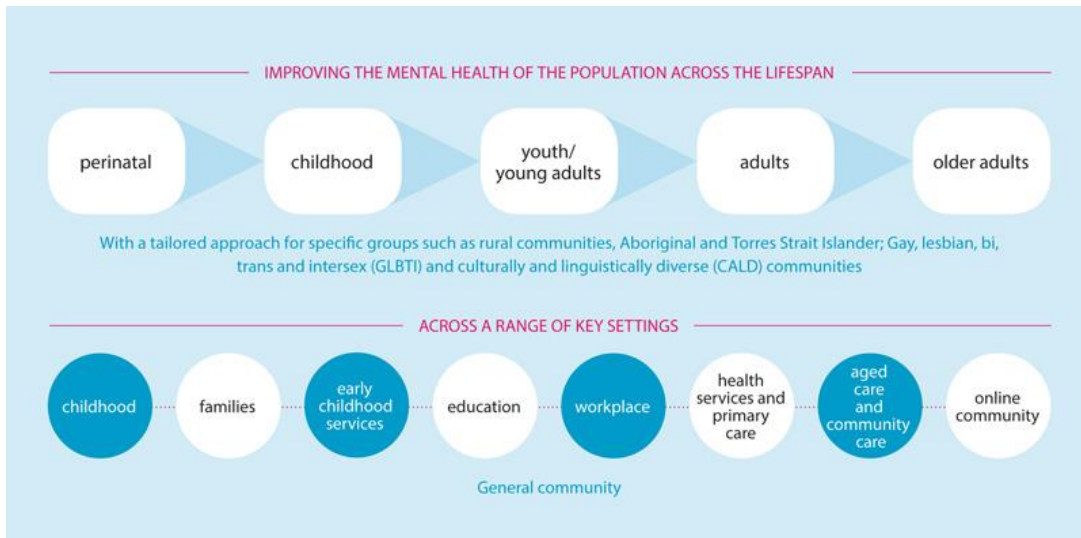
1.4 *beyondblue's* strategic objectives are underpinned by five Key Result Areas (KRAs)

***beyondblue* seeks to reduce the impact of depression and anxiety across the community**

beyondblue's vision is a community that understands depression and anxiety, empowers people to seek help, and supports recovery and resilience. In support of this vision, *beyondblue's* mission is to provide national leadership to reduce the impact of depression and anxiety in the Australian community.

beyondblue recognises the need for a public health approach to reduce the impact of depression and anxiety in the Australian community. Through programs which focus on health promotion, prevention and early intervention, *beyondblue* seeks to increase awareness and understanding of depression, anxiety and suicide prevention. It seeks to reduce the stigma associated with these illnesses and in doing so, to encourage more people to seek help. This approach seeks to improve the health of the whole population, while concurrently making a real difference to the lives of individuals affected by these conditions. Figure 2 provides a map of the *beyondblue* program areas.

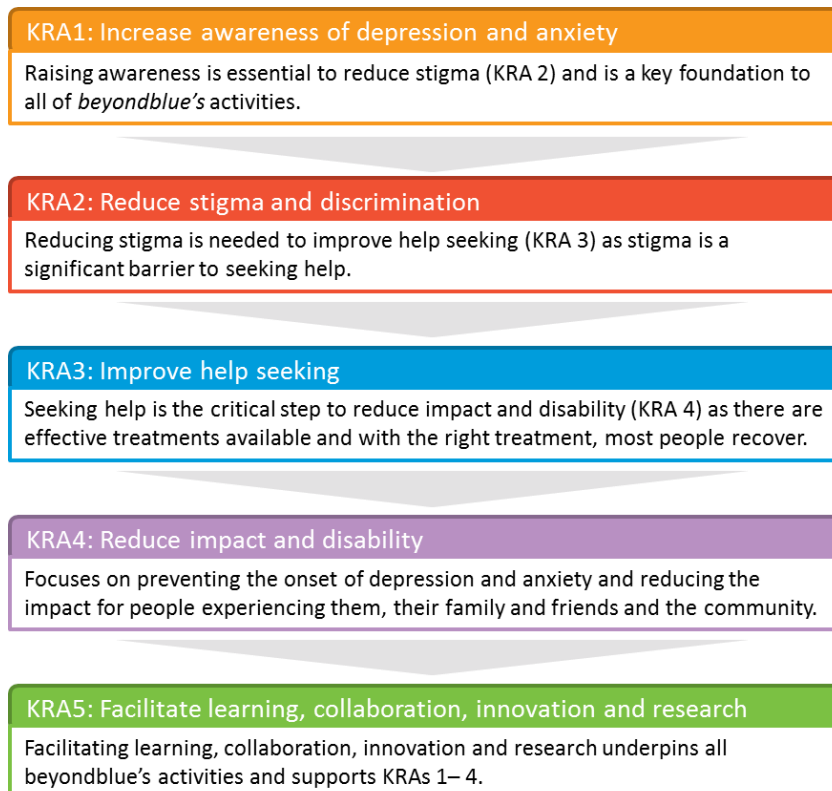
Figure 2: *beyondblue* program areas



The *beyondblue* Strategic Plan identifies five Key Result Areas

Underpinning the overarching vision and mission of *beyondblue* are five Key Result Areas (KRAs). Established in *beyondblue*'s Strategic Plan 2011–15, these KRAs guide *beyondblue* activities and decision making. The KRAs are interrelated and build on one another (Figure 3).

Figure 3: *beyondblue* five Key Result Areas



2 The evaluation methodology was based on an agreed framework

beyondblue commissioned Nous to conduct an overall evaluation of the impact of its activities over the last four years. Before commencing the evaluation, Nous consulted closely with *beyondblue* to refine the proposed method to ensure the evaluation report met *beyondblue's* needs. The agreed approach was captured in a framework that provided a reference point for each subsequent step of the evaluation.

The evaluation framework included three main elements:

- Program logic
- Key lines of enquiry
- Data collection plan

Each element is expanded upon in more detail below.

2.1 Program logic

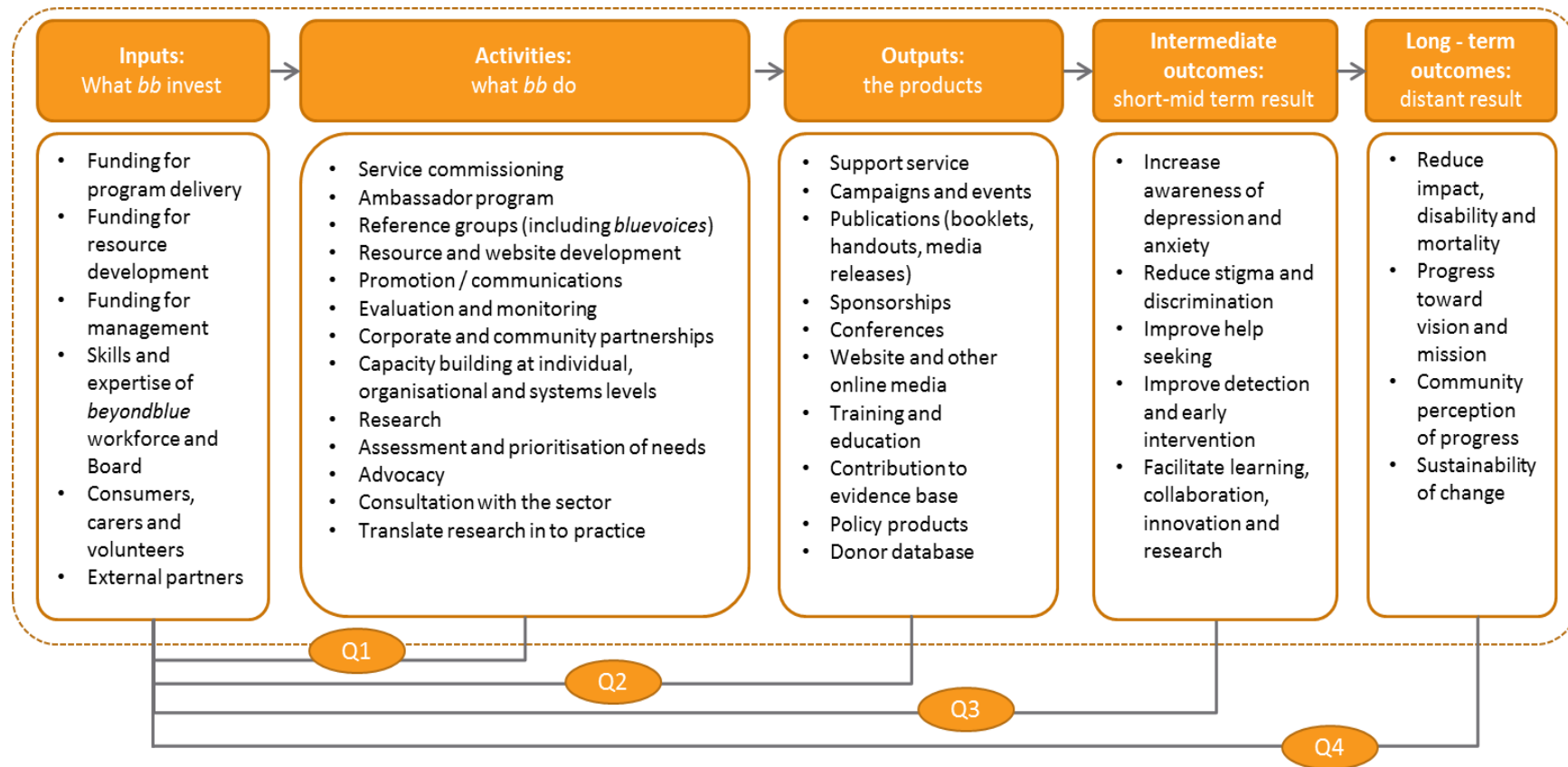
Program logic helps the evaluator articulate how an intervention will work to achieve change, and what the intended change should look like. It provides a structured way to identify and analyse the steps involved in the intervention, and the various types of outcomes the intervention seeks to achieve in the short, medium and long term.

For *beyondblue*, the problem it aims to address is the significant negative impact on the Australian community of depression and anxiety disorders. *beyondblue's* response to this problem is founded in its public health business model and has been to implement a broad range of activities that intends to build an Australian community that understands depression, anxiety and suicide, empowers people to seek support, and supports recovery, management and resilience.⁷

The program logic illustrated in Figure 4 (overleaf) articulates the links between inputs (what *beyondblue* invested), activities (what *beyondblue* did), outputs (what *beyondblue* produced) and outcomes (the short, medium and long term results achieved by *beyondblue*).

⁷ Nous Group and *beyondblue*, evaluation framework.

Figure 4: Program logic for *beyondblue*



The intermediate outcomes closely mirror the KRAs contained in the *beyondblue* Strategic Plan 2011-2015. However, during the development of the evaluation framework it was decided to replace KRA 4 (“Reduce impact and disability”) with “Improve early intervention and treatment” on the basis that an assessment of the reduction in impact and disability is captured in the assessment of progress against long term outcomes.

2.2 Evaluation questions and key lines of enquiry

Program logic models should produce testable relationships that can drive hypotheses about the intervention that is the subject of the evaluation. This emphasis on causal relationships serves two important functions:

- It allows the evaluator to explain results rather than merely observe them
- It helps the evaluator prioritise future efforts by focusing on the activities that lead to improved outcomes.

Concentrating on the relationships between specific components of *beyondblue*'s program logic helps to focus on the key evaluation questions. A series of subsidiary questions sit beneath each key evaluation question, which draw out the most important aspects of each question. As such, the following lines of enquiry were motivated by the program logic in Figure 4:

1. What activities were undertaken during the evaluation period (*how much was done?*)
2. Whether any improvements could be made (*how well was it done?*)
3. The extent to which objectives of each KRA have been met (*have behaviours and systems changed?*)
4. Whether anything is different after the evaluation period (*Is anyone better off?*)

Table 1 expands on these lines of enquiry by including the subsidiary questions that directed the inquiry phase of the evaluation. It also identifies where these key lines of enquiry have been addressed in this evaluation report.

Table 1: Key lines of enquiry and subsidiary questions

Evaluation question	Subsidiary questions	Refer to
1. How much was done?	<ul style="list-style-type: none"> • What resources have been invested in <i>beyondblue</i> activities? • What internal capabilities have been invested in <i>beyondblue</i> activities? • How have the resources and internal capabilities changed over time? • What was the extent of activities undertaken in support of each KRA? • What outputs did <i>beyondblue</i> produce in support of the outcome area? 	<ul style="list-style-type: none"> • Section 3
2. How well was it done?	<ul style="list-style-type: none"> • Did the resources invested in the activities deliver the outputs as planned? • What worked well? • What didn't work well? • What are the opportunities for improvement? 	<ul style="list-style-type: none"> • Section 4*

Evaluation question	Subsidiary questions	Refer to
3. Have behaviours and systems changed?	<ul style="list-style-type: none"> Has the community understanding of depression and anxiety changed? Have the <i>beyondblue</i> outputs been effective in changing individual behaviours? Have the <i>beyondblue</i> outputs been effective in changing community behaviours? Have the <i>beyondblue</i> outputs been effective in changing systems? 	<ul style="list-style-type: none"> Section 5.1 - 5.4
4. Is anyone better off?	<ul style="list-style-type: none"> Has the impact of depression and anxiety been reduced in the community? Will the changes endure independent of <i>beyondblue's</i> work? 	<ul style="list-style-type: none"> Section 5.5

*It is important to note that this evaluation assesses KRA 1 – whether *beyondblue* ‘increase[d] awareness of depression and anxiety’ in Section 4 - ‘how well have they done it’. This is because we have not classified awareness raising as a direct change in impact, although we discuss connections between awareness raising and behaviour change in Section 5. KRAs 2 – 5 are discussed in Section 5. As a result, the structure of the report does not entirely mirror the program logic.

2.3 Data

Nous worked closely with *beyondblue* to review all data sources that were reasonably available during the time frame. The approach to data was developed around the use of existing evaluations and other documentation provided by *beyondblue*, supplemented by qualitative analysis of the views of key stakeholders and an online survey. Given the large number of *beyondblue* programs and activities, this evaluation did not examine individual initiatives or interventions, and relied heavily on secondary sources, such as existing evaluations of particular activities.

Five main data sources were used to inform this evaluation outlined in Table 2 below.

Table 2: Data sources

Type	Description
Interviews with funders and corporate stakeholders	<p>Nous conducted 16 interviews with external stakeholders to better understand their views on each of the key evaluation questions.</p> <p>A full list of stakeholders engaged is at Appendix A.</p>
Evaluations of and reports on <i>beyondblue</i> programs	<p>Nous reviewed over 146 documents provided by <i>beyondblue</i> as part of this evaluation. The evaluations were classified by program area, and also by type of setting. This is an overall evaluation of <i>beyondblue's</i> activities, and has not reassessed individual programs. Rather, these reports were used to identify themes and patterns across the full scope of <i>beyondblue</i> activities.</p>

Type	Description
Operational data	<i>beyondblue</i> provided Nous with data on changes in the operational set up of the organisation between 2010 and 2014, including the number of FTE positions allocated to particular functions, and also volunteer numbers. In addition, web analytics, plotting changes in traffic to the <i>beyondblue</i> homepage (and mini-sites) were provided by <i>beyondblue</i> .
Data monitoring	Nous relied on primary data to assess population level changes in awareness, stigma and discrimination, help-seeking and treatment. Sources included: <i>beyondblue</i> Depression Monitor, Bettering the Evaluation and Care of Health (BEACH) reports, National Survey of Mental Health Literacy and Stigma (2011) and Australian Institute of Health and Welfare (AIHW) data.
Online survey of web users	<p>Nous hosted an online survey using SurveyGizmo software. The survey was open over the period 16 January to 7 February 2014, and received 2487 complete responses. The survey was promoted first via email through the blueVoices network, second through the Twitter and Facebook accounts (19 and 20 January respectively), and finally through a 'pop up' invitation to complete the survey for visitors to the <i>beyondblue</i> website who accessed more than two webpages.</p> <p>It is important to note that the sampling procedure for the survey produced a biased sample. Because the survey was web-based, it excluded respondents without internet access, or who lacked the computer skills to complete the survey. Given the views of web users (and especially those active on social media) may be systematically different to those of the general population, the results of the survey should be interpreted cautiously. Nevertheless, the survey proved useful to get an indication for how this (large) sample of consumers, carers and professionals felt <i>beyondblue</i> had executed its activities over the evaluation period.</p> <p>The full list of questions and summary statistics is at Appendix B.</p>
Literature	The evaluation considered literature relevant to this evaluation, particularly with respect to the assessment of impact. Documents that were published during the evaluation period were the focus. References to specific publications are provided throughout the report.

3 How much has *beyondblue* done?

beyondblue has increased the scale and reach of its activities since 2010. Recent growth has been enabled by increased Commonwealth funding for specific new initiatives. *beyondblue* has concurrently developed new internal capabilities in information technology and social media to respond to changes in the way the community accesses information.

In this section we find that:

- The scale and reach of *beyondblue* activities has expanded among at-risk groups in the community
- Growth in *beyondblue* activities was enabled by increased specified Commonwealth grants and donor funding
- *beyondblue* continues to enjoy strong corporate and community support
- Many of *beyondblue's* activities continue to be delivered under a commissioning model with a relatively small staff team
- Consumers and carers have been increasingly brought into the activities of *beyondblue*
- Marketing and communication activities have been re-branded and are increasingly delivered online
- *beyondblue* continues to invest in research and evaluation and its approach has evolved.

Each of these areas is discussed in more detail below.

3.1 The scale and reach of *beyondblue* activities has expanded among at-risk groups in the community

beyondblue's activities have grown and changed considerably from 2010 to 2014. In this section we describe the highlights and changes in *beyondblue* activity during the evaluation period.

3.1.1 *beyondblue* has expanded its role to address suicide prevention

During the evaluation period, *beyondblue* has expanded activities specifically targeting suicide prevention in at-risk groups. The focus on suicide prevention is a logical progression from *beyondblue's* previous activities in respect of depression and anxiety.

This new area of focus has been incorporated into all *beyondblue* programs. For example, *beyondblue* has specific funding allocated to the Commonwealth Taking Action to Tackle Suicide (TATS) program and funding from Movember has prioritised suicide prevention in men. Specific *beyondblue* activities targeting suicide prevention and increasing avenues for information and help-seeking during the evaluation period have included:

- **Man Therapy** - The 'Man Therapy' campaign placed a particular emphasis on suicide prevention and involved a coordinated program of national advertising, publicity and communications coordinated with the launch of a series of new resources. The interim campaign evaluation

report⁸ found that 34% of the target audience were reached and that it raised the profile of awareness and understanding of depression and anxiety amongst this group. The campaign also resulted in increased awareness of stigmatising attitudes in the community. The 'Man Therapy' campaign was also associated with a greater likelihood for those who suffered depression and anxiety to take action – those recalling the campaign are more likely to have, when required, made lifestyle changes (77% vs 16%) or sought professional help (77% vs 67%).

- **beyondblue-men Microsite** - the *beyondblue-men Microsite* was live for 52 weeks from 27 May 2012, and was funded as part of the Department of Health 'Taking Action to Tackle Suicide' suite of projects. Internal review of the *beyondblue-men* microsite demonstrates more than 3,000 visits per week from May 2012 to May 2013, well in excess of the targeted 1,200 visits per week. Half the visitors to the site completed its online depression/anxiety tests and 1% of visitors to the site took action by contacting the Support Service. The level of marketing activity directly correlated with activity on the site, with an increased level of advertising resulting in higher visitor numbers (over 4,000 per week) in the second half of the evaluation.⁹
- **Way-back support service** - *beyondblue* is currently trialling an innovative new service model providing flexible outreach services for people leaving hospital after a suicide attempt. This trial is occurring in the Northern Territory - it the first of its kind in Australia and will be independently evaluated to establish its effectiveness and possible application in other areas across Australia.
- **Information Resources** - Evaluation of the Men's Health Information Resources¹⁰ found that a range of new resources to support increased engagement with men reached 14% of adult men and were found to be relevant and useful, with users reporting higher levels of awareness and willingness to seek help.

3.1.2 *beyondblue* has placed a greater emphasis on raising awareness of anxiety as well as depression

Anxiety disorders affect around 14% of the adult population. The incidence of anxiety is considerably higher than that of depression, particularly for women.¹¹ During this evaluation period, *beyondblue* has increased attention on raising awareness of anxiety.

By leveraging its already strong profile in relation to awareness raising for depression, *beyondblue* has effectively used its existing resources and capabilities to expand its reach for anxiety. This expansion of *beyondblue's* remit is logical because of the considerable comorbidities between the two conditions.¹² This work culminated in the implementation of the major multi-media awareness-raising campaign 'Get to Know Anxiety' launched in May 2013. The campaign comprised a short film broadcast in cinemas and on YouTube, combined with print and television advertising. A series of 'real life stories' from blueVoices members were also broadcast on YouTube, together with a social media campaign on the *beyondblue* Facebook page. Evaluation¹³ of the 'Get to Know Anxiety' campaign provided additional insight into the different levels of awareness and understanding of anxiety in the community and the efficacy of the campaign. This showed that:

⁸ Ipsos Social Research Institute (2013). Quarterly Progress Report Jul-Sep 2013.

⁹ *Beyondblue* (2013). Review of the *beyondblue-men* microsite.

¹⁰ Hall and Partners / Open Mind (2013). Men's Health Information Resources Evaluation.

¹¹ Australian Bureau of Statistics (2007). Cat: 4326.0 - National Survey of Mental Health and Wellbeing: Summary of Results.

¹² Aina and Susman (2006) - http://www.jaoa.org/content/106/5_suppl_2/S9.full.pdf.

¹³ Mediacom Insight (2013). Anxiety awareness and understanding research - wave 3 report.

- Awareness of anxiety as a ‘major mental health problem’ increased over the course of the campaign - from 16.5% in Wave 1 to 20% in Wave 3 - but remained much lower than that for depression (62% in Wave 3).
- Understanding of anxiety and how to get help, remains much lower than for depression, but showed some increase over the course of the campaign – in Wave 3 50.1% of respondents would go to a doctor for help and 28% would go to family and friends (an increase from 48.4% and 20.2% in Wave 1).
- There was an increase in understanding of the role of *beyondblue* and unprompted brand recall (66.7% in Wave 1 to 73.9% in Wave 3).

These findings indicate there remains significant scope for *beyondblue* to improve the level of awareness and understanding in the community for anxiety. This is discussed in more detail in Section 5.

3.1.3 *beyondblue* has increased activities that focus on at-risk populations

beyondblue's growth since 2010 has been accompanied by more targeted activities with groups in the community identified as being at greater risk of depression, anxiety and suicide. In addition to *beyondblue*'s work in men's mental health, important new activities have been conducted with the Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) community, older people and the indigenous community.

Lesbian, Gay, Bisexual, Transgender and Intersex

The current program of activity targeting the LGBTI community was a response to data which indicated this group is three times as likely to experience anxiety and depression,¹⁴ and initial stakeholder consultations in 2009.¹⁵ *beyondblue* has subsequently delivered a program of work for the LGBTI community which has involved targeted research – including the trial of an online community,¹⁶ development of new resources, recruitment of LGBTI ambassadors, sponsorship and participation in LGBTI events including the Sydney Gay and Lesbian Mardi Gras, Midsumma and Pride Festivals.

Work with the LGBTI community culminated in the launch of the ‘Stop, Think, Respect’ campaign during September 2012. The campaign adopted a similar model to ‘Get to Know Anxiety’, using a short film screened in cinemas and on YouTube, combined with a coordination program of promotion targeted particularly at teenage boys, men and regional areas.

Evaluation¹⁷ of the campaign found it to have reached 31% of the Australian population aged 14-40, with much of the exposure via social media channels including YouTube and Facebook. The campaign was found to have been received positively. There was an increased awareness of the impact of discrimination in the community generally and, to a lesser extent, specifically for the LGBTI community. However there was some confusion created by the left-handed analogy and it was found that stakeholders would now prefer a more direct approach to confronting discrimination of the LGBTI community.

¹⁴ Australian Bureau of Statistics (2008). National Survey of Mental Health and Wellbeing: Summary of Results, 2007, ABS catalogue no. 4326.0, Canberra.

¹⁵ *beyondblue* (2010) Annual Report.

¹⁶ Establishment of the ‘In my shoes’ online community within the *beyondblue* website in 2011.

¹⁷ Painted Dog Research (2013) Final Report: Stop. Think. Respect. Campaign Evaluation.

Indigenous community

beyondblue has continued to deliver a range of activities which seek to address the high rates of depression, anxiety and suicide in Aboriginal and Torres Strait Islander communities during the evaluation period. This has included prioritising research which addresses indigenous mental health issues, involvement in stakeholder workshops, development of new resources such as the ‘stories for keeping strong’ videos and sponsorship opportunities such as AFL Northern Territory. Two recent projects are summarised below.

- The **Rites of Passage early intervention program** sought to build resilience in Aboriginal young people through youth camps designed and led by the Aboriginal community. Seventy-three participants were involved in team building activities, cultural activities and learning from elders, sporting activities, art and informal learning about social and emotional wellbeing, alcohol and other drug use and sexual health. The pilot study¹⁸ found that participants rated the camps and the program very highly, particularly “yarning with the youth worker”, making friends with peers and learning more about Aboriginal culture. The study concluded that the initiative had delivered a positive impact for the participants and built capacity within the community to initiate further social and emotional wellbeing projects.
- The recently commenced **Proppa Deadly project** involves *beyondblue* working with indigenous community radio stations across Australia to record personal stories from indigenous men and women about their social and emotional wellbeing and how they have taken action against depression and anxiety. So far this project has established agreements with 16 radio stations and audio recordings of the stories are in progress. Pending review and approval of the recordings by *beyondblue* they will then be broadcast by the stations over a six month period during 2014.¹⁹

Older persons

Addressing the high prevalence and relatively low levels of awareness, understanding and help-seeking for depression and anxiety in people over 65 years has been a focus of *beyondblue*'s activities under its older persons program area. A major activity in this area during the evaluation period was the development and implementation of a multi-year national awareness campaign targeting older people.

- ‘Depression and anxiety - it’s not part of getting older’ was launched in 2011 to raise awareness and reduce stigma in people over 65 years. Coordinated with seniors week, the campaign involved a range of traditional media including radio, local and seniors-specific newspapers, convenience advertising, and flyers in doctors surgeries.
- Evaluation²⁰ found that while the campaign advertising was successful in reaching its target audience and raising awareness of the issues, there was less positive impact on increasing understanding and reducing stigma. It was found that greater use of personal stories and messages that encourage people experiencing depression and anxiety to take action were likely to have improved the impact of the campaign. Adoption of these recommendations can be seen in more recent campaign activities. More broadly, the findings of this evaluation highlight the challenges of successfully engaging with this growing population group. This issue is further discussed in Section 5.1.1.

¹⁸ Rites of Passage: Pilot Study of an Early Intervention Program for Aboriginal Young People.

¹⁹ *beyondblue* (2014) Proppa Deadly project for Aboriginal and Torres Strait Islander people. Progress report January 2014.

²⁰ Sweeney Research (2013) Evaluation of *beyondblue*'s Older Persons National Awareness Campaign.

Other important activities during 2010-14 included the education programs for staff in residential aged care through the PEAC program (Professional Education in Aged Care), involvement in seniors events and the longstanding *beyond maturity blues* seminar series which particularly focuses on culturally and linguistically diverse seniors communities.

3.1.4 Child, youth and family programs now cover the spectrum from perinatal to tertiary students

During the evaluation period, *beyondblue* has consolidated and expanded its role in a range of key initiatives that were developed or identified in the preceding years. Of particular significance across the reporting period has been the roll-out of KidsMatter, with substantial funding commitments from government. *beyondblue* also partnered with a variety of organisations to deliver their message to young people, played a key role in the National Perinatal Depression Initiative, and has undertaken work to establish guidelines for parents of school aged children on how they can protect their child from developing depression and anxiety problems.

KidsMatter – Primary and Early childhood

KidsMatter is a mental health and well-being framework for primary schools and early childhood education and care services. KidsMatter Primary was first piloted in primary schools in 2006. It has subsequently been rolled out to over 1800 primary schools across all education sectors. KidsMatter Early Childhood was first piloted in 2009. Another pilot was undertaken in 130 centres during the evaluation period in 2012. Commonwealth Government committed \$41.3 million during the evaluation period to extend the reach of the KidsMatter program.

Youth

A range of collaborative programs were undertaken during the reporting period, aimed at engaging young people while emphasising a wellness and resilience message – keeping well, staying well.

- www.youthbeyondblue.com, *beyondblue*'s website for young people, was developed and has evolved into a key resource promoting awareness, help seeking and stigma reduction.
- The relationship with Red Frogs²¹ continued through the reporting period, providing training and support to secondary students about alcohol, schoolies weeks, and keeping well. *beyondblue* resources and initiatives, such as www.thedesk.org.au - a tertiary student resilience program, were promoted by the Red Frog teams.
- *beyondblue* continued its annual association with National Youth Week during the evaluation period. This relationship has been reviewed and future efforts targeting youth will be redirected into the *beyondblue* National Roadshow, being implemented from 2014.
- *beyondblue* supported a series of indigenous arts programs but scaled back their engagement due to the programs losing their core funding.
- *beyondblue* partnered with the Red Cross to develop Red Cross SAM (Save A Mate).
- *beyondblue* has continued to operate a child and adolescent bushfire response based on the previous *beyondblue* Community Support Training module. This was successfully employed immediately following the Tasman Peninsula fires in January 2013.

²¹ Red Frogs is a support program for young people from the ages of 15 – 25 that provides direct relief from alcohol and drug related issues that are known to cause anxiety, pain, poverty, sickness, suffering, distress, misfortune, disability, destitution, helplessness. <http://au.redfrogs.com/about>

National Perinatal Depression Initiative (NPDI)

beyondblue's role in the NPDI included undertaking community awareness activities and promotion of help-seeking behaviour; providing advice on best practice activities in perinatal depression; developing materials that support professional practice and training materials; providing a Centre of Excellence and best practice evidence on perinatal depression through research activities to enhance knowledge of perinatal depression.²² The 'just speak up' perinatal mental health website, was also developed and promoted.

During the evaluation period *beyondblue* has also invested in developing guidelines for parents of school aged children entitled 'How to Reduce Your Child's Risk of Depression and Clinical Anxiety: Strategies for Parents'. These guidelines were developed by University of Melbourne following a systematic review of research and a study of international experts' consensus about what specific actions parents can take to protect their child from such problems. These guidelines have not yet been implemented, but publication of both the guidelines and supporting literature review is expected in mid-2014.²³

3.1.5 The *beyondblue* Info Line was relaunched as the Support Service

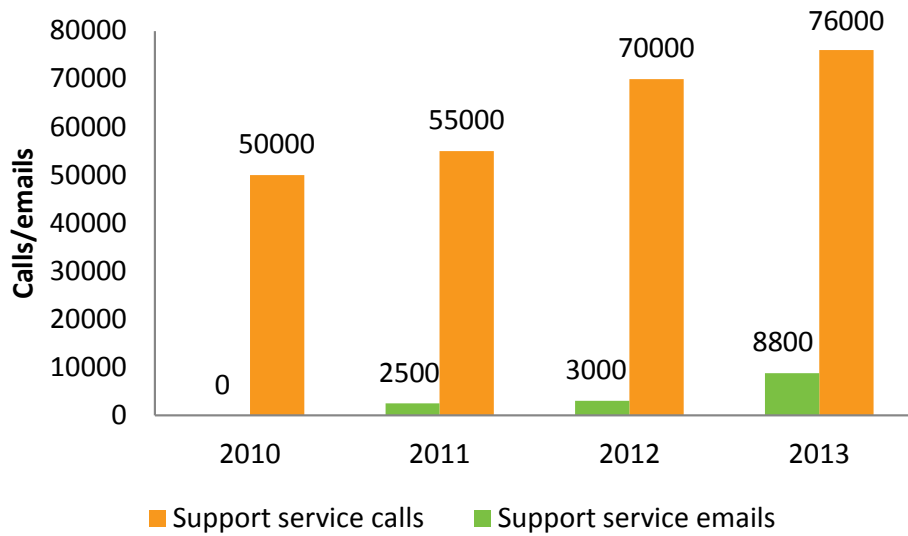
The original *beyondblue* Info Line has provided a 24-hour telephone-based information and health professional referral for depression and anxiety since 2006. This service was originally provided by On the Line and, since inception, has been part-funded by Movember. Following a review of the service in 2012, *beyondblue* identified an opportunity to expand the service to provide short-term solutions focussed counselling to caller. The new Support Service was subsequently re-launched in January 2013 with Medibank Health Solutions as the new provider. Online web chat (6 hours per day) was added to the Support Service in April 2013.

The Info Line and new Support Service have experienced substantial growth in call volumes over the evaluation period, growing by 52% from 2010 to 2013 (see Figure 5). Initial data indicate more than 80% of enquiries are utilising the counselling service, rather than the information and referral services alone.

²² *beyondblue* National Perinatal Depression Initiative Final Report 2008-2013.

²³ Internal report (2013), 'Parenting to Prevent Childhood Depression and Anxiety Project: Final Report'.

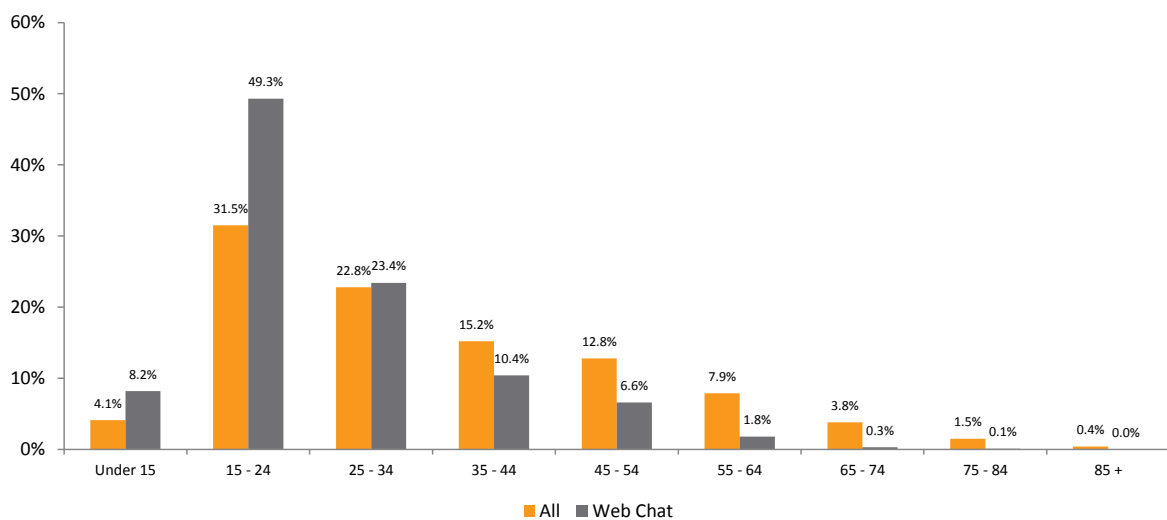
Figure 5: Info line / Support Service contacts 2010 -2013



Source: beyondblue Annual Reports 2010-13

The inclusion of web chat within the Support Service has been well received, with recent operational data indicating that web chat is replacing email as the preferred form of online communication. Web chat activity grew by 40% over the first six months of operation, to 1,772 in October 2013, while emails declined by 36% over the same period, to 532 per month.²⁴ Web chat has been particularly successful in promoting engagement with young people aged 15-24 years (see Figure 6) – a cohort with whom previous engagement has been challenging.

Figure 6: Service channel usage by age (Mar 13 – Mar 14)



Source: beyondblue Support Service Operational Data: March 2013 – March 2014

²⁴ beyondblue Support Service Operational Reports October 2013, June 2013.

3.1.6 Adult programs are targeting a growing number of more specific settings in the community

A number of key *beyondblue* adult programs target specific settings for program delivery. Many settings have already been covered in this section in the context of other program areas. Additional key setting programs over the evaluation period included communities affected by disaster, the workplace, and system reform and access.

Communities affected by disaster

Developing innovative workshops and training to assist communities affected by drought, bushfires and floods was a key activity for *beyondblue* during the first half of the evaluation period.²⁵ This was enabled by targeted funding received from the Commonwealth (Commonwealth Drought Mental Health Initiative) and Victoria (Victorian Bushfires and Victorian Disaster Response Initiative) during 2010 and 2011,²⁶ and built on previous funding and activities prior to the evaluation period. The initiative's principal focus was working with communities in disaster-affected regions to provide free Community Support Training workshops on mental health and wellbeing.

In December 2011, *beyondblue* changed its work focus in the disaster settings. While it no longer delivers the Community Support Training module, *beyondblue* has continued to operate a child and adolescent bushfire response (see Section 3.1.4 above).

Workplace programs continue to be a key component of *beyondblue* activity

beyondblue has maintained a strong focus on the workplace as a critical setting for improving mental health throughout the evaluation period. This emphasis recognises the impact of the workplace on mental health, both positive and negative, and the potential of the workplace as a health promotion setting.

beyondblue is currently undertaking two separate independent evaluations of the National Workplace Program (NWP) and key Workplace and Workforce Initiatives. As a result, consideration of workplace programs in this evaluation will be limited to the following key insights:

- **Development of e-resources.** *beyondblue* has evolved its mode of delivering workplace based programs through the development of e-learning resources. This has been a key activity over the evaluation period, with work commencing on the development of a National Workplace Program e-pilot occurring in 2010 and 2011. The Workplace Mental Health Awareness e-learning program was subsequently launched in January 2012, with new modules and programs continuing to be released throughout 2012 and 2013. The e-learning modules can be assessed on mobiles, tablets and desktop or laptop computers. The modules are available on the *beyondblue* website and designed specifically for use in the workplace. Workplace specific e-learning programs were accessed by over 11,000 workplaces during the 2011/12 and 12/13 financial years.
- **Customised programs for specific workplaces.** *beyondblue* has continued to take a targeted approach by customising programs for specific workplaces. In February 2013, as part of the Workplace program area, *beyondblue* surveyed approximately 50,000 doctors and medical students across the country as part of the Doctors Mental Health Program.²⁷ This project was in

²⁵ Community Support Training Project - Victorian bushfires (Sep 2009 – June 2010); Mental Health in Drought affected Communities Initiative (MHDI) (2009-2010); Disaster Response Initiative Community Support Training - Flood affected communities (2011).

²⁶ *beyondblue* Annual report 2010, *beyondblue* Annual report 2011.

²⁷ *beyondblue* Annual Report (2013).

response to a *beyondblue* commissioned literature review in 2010 that found there is limited Australian research examining the mental health of medical students and doctors.²⁸

- **Growth of the National Workplace Program (NWP).** *beyondblue* has taken action to increase the reach of the NWP to target sectors and industries by offering targeted subsidies. At the conclusion of the evaluation period, the NWP was on track to achieve its target of delivery of \$1.0 million of subsidised workshops. Delivery²⁹ of the NWP continues to increase, with record delivery of 189 NWP workshops in October 2013.
- **New research partnerships.** During the evaluation period *beyondblue* partnered on a number of workplace mental health research initiatives. These projects included “Hard to get a break? Hours, leave and barriers to re-entering the Australian workforce”³⁰; a systematic literature review on “Workplace mental illness and substance-use disorders in male dominated industries”³¹ and “Work and depression/anxiety disorders – a systematic review of reviews”.³²

System reform and access

System reform and access activities seek to influence the delivery of mental health care at a systems level, and improve the experience of seeking and receiving mental health care for consumers. This includes supporting health professionals and participating in system reform initiatives. Key activities for *beyondblue* in this program area over the evaluation period have included:

- **Clinical practice guidelines.** Two sets of Clinical Practice Guidelines for the treatment of Depression in Adolescents and Young Adults and Depression and Related Disorders in the Perinatal Period have been launched during 2011. Each of these Clinical Practice Guidelines was subsequently approved by the National Health and Medical Research Council (NHMRC).
- **Discrimination in the insurance industry.** *beyondblue*'s longstanding advocacy campaign to reduce discrimination in insurance policies for people with a history of mental illness was strengthened during 2013. In partnership with the Mental Health Council of Australia, *beyondblue* made a submission in relation to this issue to the Senate Inquiry on the exposure draft of the Human Rights and Antidiscrimination Bill (2012). This was followed up by a public appeal for those who feel they have been discriminated against to come forward to pursue action in the Australian Human Rights Commission.
- **New Access Pilot.** The preparatory work towards, and launching of the New Access pilot program in 2013. The New Access program provides assisted and/or guided self-help pathways for people with mild to moderate depression and/or anxiety, links clients to appropriate community networks and refers to other support services. *beyondblue*³³ has allocated a budget of \$13.5 million for this pilot program (which includes contributions from Movember and *beyondblue*.³⁴)

²⁸ Health Technology Analysts Pty Ltd (2010) 'The mental health of doctors - A systematic literature review'.

²⁹ Workplace and Workforce Board Report (December 2013).

³⁰ The Australian Institute (2013) 'Hard to get a break? Hours, leave and barriers to re-entering the Australian workforce'.

³¹ National Centre for Education and Training on Addiction (NCETA) (2012) 'Research report - Male dominated industries'.

³² The University of New South Wales and Black Dog Institute (2012) 'Final report - Work and depression/anxiety disorder - a systematic review of reviews'.

³³ Ernst & Young (November 2013) '*beyondblue* NewAccess Evaluation –Evaluation Framework'.

³⁴ Ernst & Young (November 2013) '*beyondblue* NewAccess Evaluation –Evaluation Framework'.

3.2 Growth in *beyondblue* activities was enabled by increased specified Commonwealth grants and donor funding

beyondblue revenue has increased by 85% since 2010 and this has supported considerable overall growth in *beyondblue*'s activities. During this time the relative mix of Commonwealth, State and donor funding sources which support *beyondblue*'s activities has changed. The Commonwealth has provided much of the 'new' funding via fixed-term specified grants for new programs. Donor funding has also been an increasingly important source of funds – notably the Movember Foundation contribution towards men's mental health activities has made up more than 80% of *beyondblue* donation funding.

3.2.1 *beyondblue*'s activities are supported by a mix of Commonwealth, State and donation funding

Since its establishment, *beyondblue*'s work has been enabled by a core set of five-year grant funding agreements with the Commonwealth and each Australian State and Territory Government. The core agreements specify the broad principles and objectives by which *beyondblue* then prioritise, plan and implement activities under their strategic plan.

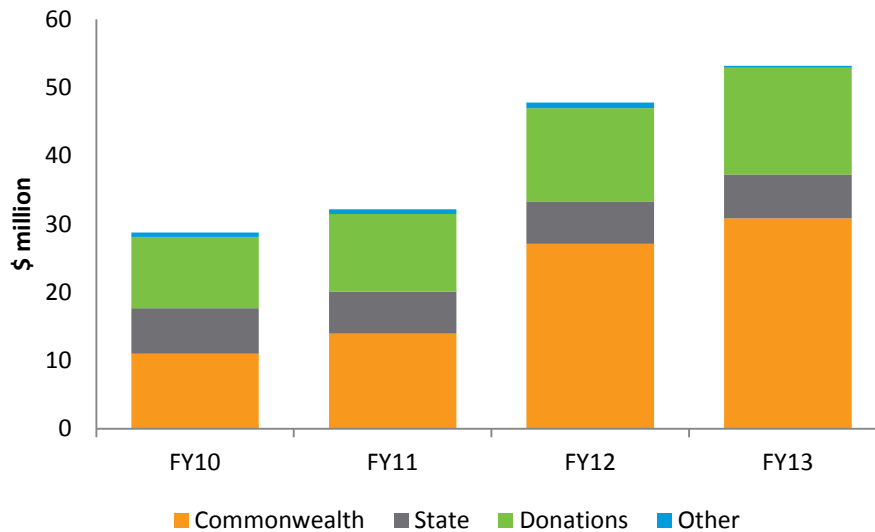
Core funding agreements are complemented by donor funding by not-for-profit, corporate and individual donor funding. More recently, *beyondblue* has also received a growing number of fixed-term specified grants from the Commonwealth for the implementation of specific new programs. *beyondblue* delivery against its funding agreements is discussed in Section 6.1.

3.2.2 Specified Commonwealth grants and increased donor funding have increased *beyondblue* revenue by 85% since 2010

While the core *beyondblue* funding grants from the Commonwealth and the States and Territories have not increased since 2010, specific grants from the Commonwealth and strong growth in donor funding have seen *beyondblue* revenue grow by 85% since 2010 (Figure 7).

During the evaluation period, the Commonwealth committed significant new funding to the KidsMatter program (\$41.3 million), Taking Action to Tackle Suicide (\$23.2 million) and MindMatters (\$19 million). Many of these new grants received will continue to support *beyondblue* work over the coming years, but do not continue beyond 2015-16. At the conclusion of financial year 2012-13, *beyondblue* held \$42.7 million in specified grant funds to support future activities in specific program areas.

Figure 7: beyondblue revenue by source of funds 2010-13



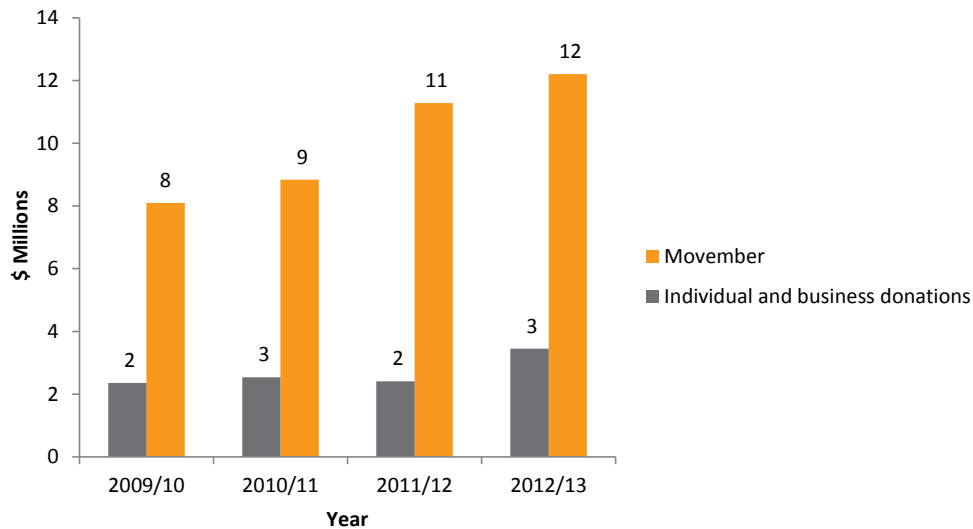
Source: beyondblue Annual Reports 2010-13

3.2.3 Movember provided almost 80% of beyondblue's donor funding but other sources of donor funding increased since 2010

Corporate, non-government and individual donations grew from 20% of beyondblue revenue in 2009-10 to 29% in 2012-13 (Figure 8). Almost 80% of the donor funding is provided by the Movember Foundation as part of its strategic partnership with beyondblue to support many of its activities related to men's mental health. This partnership will change significantly from 2014. While Movember has committed to ongoing specific purpose funding such as the Support Service, grant funding for new initiatives will be allocated via an open tender process.

Notwithstanding this important change, donor funding from other sources have increased by 250% over the evaluation period from \$1.4 million to \$3.5 million. Donors range from individuals and small community organisations to philanthropic trusts, foundations and large corporations. beyondblue has refined its data collection of donations over the past 12 months, at the same time changing processes of engagement with donors and setting targets for the next three years to grow individual and business donations.

Figure 8: *beyondblue* donor funding 2010-13



Source: *beyondblue* Annual Reports 2010-13

3.3 *beyondblue* continues to enjoy strong corporate and community support

In addition to donor support, community engagement and partnerships have been central to enabling new *beyondblue* initiatives. There is evidence of a strengthening of this support over the evaluation period in a number of areas:

- Corporate and union support for the National Workplace Program increased
- Expanding partnerships with sporting clubs and associations has targeted messaging to men, youth and Aboriginal and Torres Strait Islander populations, as well as more broadly
- *beyondblue* has been active in a range of youth programs including music festivals, surfing apparel and National Youth Week.

Corporate in-kind support is particularly effective for *beyondblue* marketing and communications activities. *beyondblue* enjoys strong support from the advertising, marketing and communications industry which has continued to provide *beyondblue* with access to significant pro-bono media exposure, advertising and community service announcements.

3.4 Many of *beyondblue*'s activities continue to be delivered under a commissioning model with a relatively small staff team

As in previous evaluation periods, the majority of *beyondblue* activities are delivered by contracted service providers. This enables *beyondblue* to operate with a relatively small staffing model and hence expenditure, however this profile has expanded during the past four years to reflect new capabilities required.

3.4.1 beyondblue continues to commission external service providers to deliver many of its activities

Many of *beyondblue's* activities are delivered through a network of contracted service partners. This has not changed over the evaluation period. Through this approach, *beyondblue* seeks to quickly access the specialist expertise necessary to implement new initiatives on a national scale.

In some cases the services are delivered under a commissioning model, where programs are developed by *beyondblue* and then implemented by the service partner, with *beyondblue* acting as contract manager. Examples of this model are the *beyondblue* Support Service, delivered by Medibank Health Solutions, or the National Workplace Training Program, delivered by Davidson Trahaire Corpsych.

In other areas of activity such as major awareness campaigns, activities are coordinated by *beyondblue* using the expertise of a team of contracted service providers with capability in areas such as communications, advertising and market research.

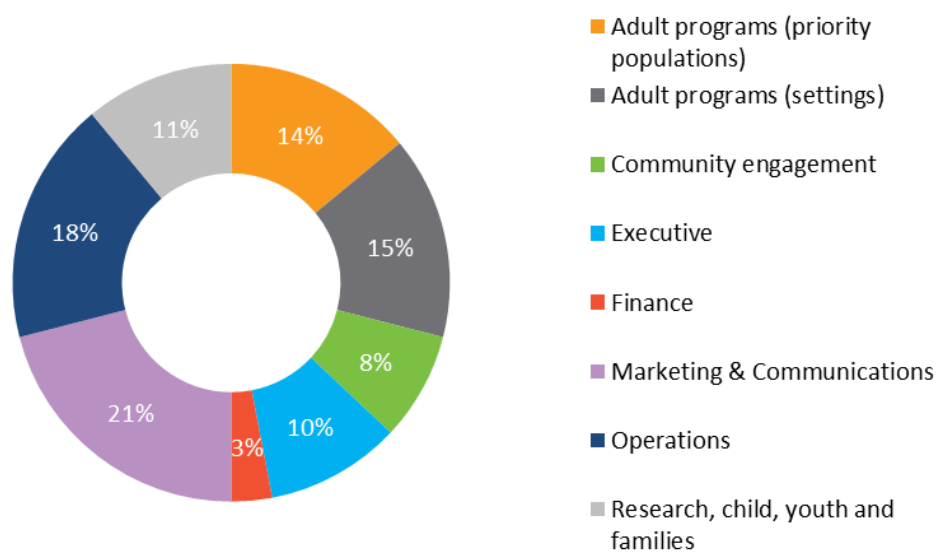
While there are benefits to this method of delivery, it does create a risk for *beyondblue's* profile and reputation if there are difficulties or inadequacies in service delivery.

3.4.2 beyondblue staffing makes up only 15% of expenditure and activities are overseen by a relatively small staff team

Consequent to *beyondblue's* commissioning model, the overall size of the internal *beyondblue* team is relatively small in contrast to the scale of its activities and profile. As at the end of the 2012-13 financial year, *beyondblue* employed 73 staff, or 69 full time equivalents and staff costs accounted for just 15% of total expenditure. This contrasts to a typical health service delivery organisation which might allocate more than 60% of its funding towards its staffing costs.

Approximately two-thirds of *beyondblue's* staff are involved in the five program areas of adult programs (settings); adult programs (populations); research, child youth and families; community engagement; and marketing and communications (Figure 9).

Figure 9: *beyondblue* staffing profile by FTE (November 2013)



Source: *beyondblue* organisation chart November 2013

3.4.3 The staffing profile has expanded in line with *beyondblue*'s changing activity profile

beyondblue staffing has grown from approximately 60 staff in 2010 up to 103 in March 2014. The areas of growth have reflected the range of new projects funded by Commonwealth and key changes in *beyondblue*'s activities during the evaluation period:

- **Information and communications technology.** *beyondblue* has increased its internal expertise in systems administration and project delivery, complemented by the establishment of a digital marketing team responsible for online content management.
- **Marketing and communications.** The capability of *beyondblue* to execute a series of sophisticated national marketing campaigns since 2010 (detailed in Section 3.6.4) has been supported with the expansion of its in-house media and communications, brand and communications, and marketing management teams.

3.5 Consumers and carers have been increasingly brought into the activities of *beyondblue*

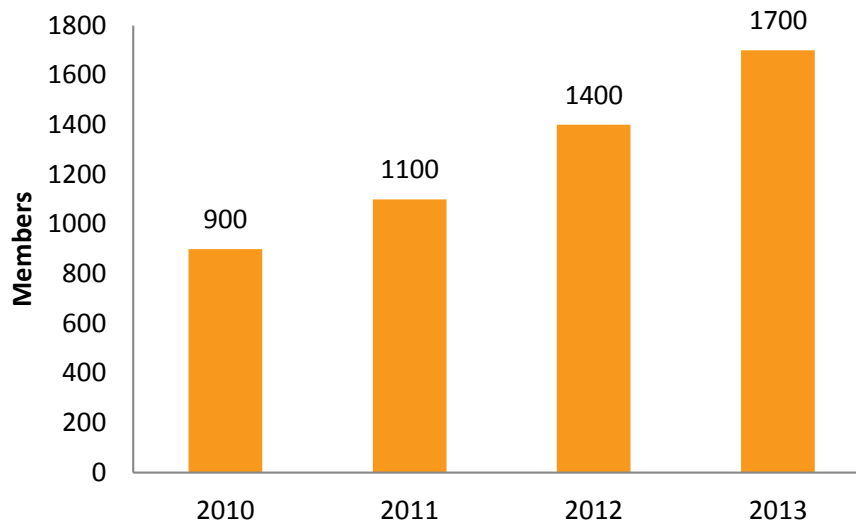
There are an increasing range of ways in which *beyondblue* involves volunteers, consumers and carers in its work. Growth in the membership and role of the blueVoices network is providing an important consumer advisory function for *beyondblue* program development. The scope of the *beyondblue* Ambassador program has been expanded. However there has been a decline in the number of general volunteers. As the level of general volunteering responds specifically to *beyondblue* activities that require volunteers, this decrease reflects that the need for general volunteers has reduced over the evaluation period.

3.5.1 blueVoices membership and involvement has increased

blueVoices members have a personal experience of depression and anxiety and contribute through sharing stories in campaigns, providing feedback on projects and research, and participating in committees and advisory groups.

Membership of blueVoices has grown to 1,700 members in 2013 from 900 members in 2010 (Figure 10). This growth has continued recently with 2,320 blueVoices members registered at February 2014. An important enabler of growth in blueVoices membership has been its recent adoption of online communication. blueVoices is now managed via an online portal rather than email correspondence.

Figure 10: blueVoices membership 2010-2013

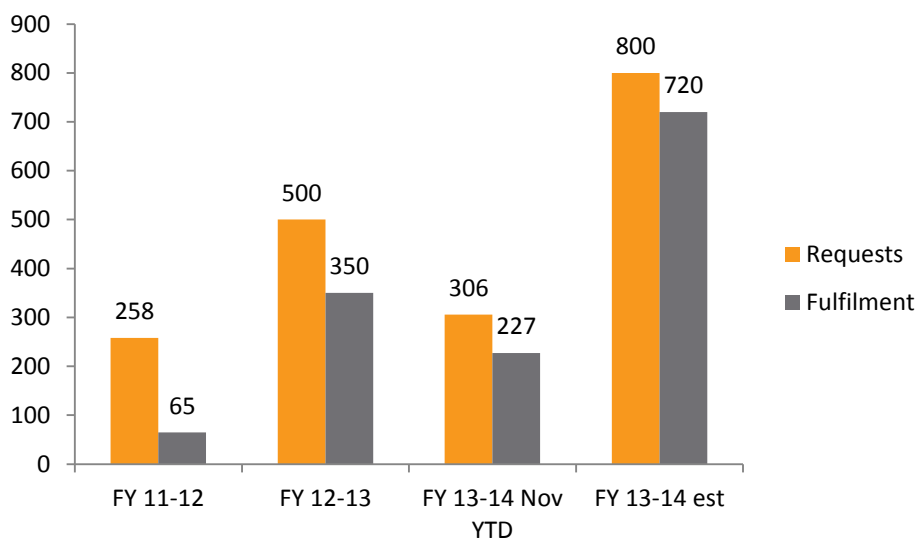


Source: beyondblue Annual Reports 2010-13

3.5.2 The beyondblue Ambassador program has expanded its role

Originally established as a program to recruit people with a personal story of depression and anxiety to speak at public forums, the beyondblue Ambassador program was expanded in 2013 to include high profile supporters of beyondblue. This was done in order to meet the growing number of speaker requests and a need to target specific population groups such as the Lesbian, Gay, Bisexual, Transgender and Inter-sex (LGBTI) community. Subsequently beyondblue now has over 200 Ambassadors involved in beyondblue events. Growth in Ambassador numbers has enabled beyondblue to fulfil more requests for speakers (Figure 11). The fulfilment rate for speaker requests has increased from 25% in 2011/12 to 74% in 2013/14 (YTD).

Figure 11: Speaker requests and fulfilment 2012 – 2014



Source: beyondblue Corporate and Community Engagement slides 2014

3.5.3 Fewer *beyondblue* activities have required general volunteers

General volunteers assist *beyondblue* at a range of events including the *beyondblue* Cups (an annual event to raise awareness of depression, anxiety and related drug and alcohol problems, with the Cup awarded to the winner of a selected game involving the Hawthorn Football Club in the Australian Football League, and in 2013 extended to include the A-league) and the Sydney Gay and Lesbian Mardi Gras. During the evaluation period the number of volunteers involved in *beyondblue* events appears to have declined, from 533 in 2011 down to 293 in 2012.

beyondblue has now adopted an 'as needed' approach to seeking general volunteers. At the time of writing this report, *beyondblue* were not taking applications for any new volunteers via its website. The change also reflects a decline in the number of community forums run by *beyondblue* which were previously accessible to volunteer involvement. Concurrently, the increasing scale and complexity of *beyondblue* campaigns and events mean they are less amenable to general volunteering.

However, there are still many within the community who would like to volunteer with *beyondblue*:

beyondblue is a great source on providing support information. However perhaps beyondblue can open the door to the volunteer program a little wider...more people get involved...[means] greater achievement can be reached!

I believe the work beyondblue does is of vital importance to the community in raising awareness of depression and anxiety. Please continue to provide the support and promote how the general community can be more involved in the work you do.

Nous online survey respondents

3.6 Marketing and communication activities have been re-branded and are increasingly delivered online

The *beyondblue* brand was refreshed in 2012. A feature of *beyondblue*'s activities between 2010-14 has been the growing emphasis on online engagement with the community in all program areas. Use of online communication has been a major element of a series of national marketing campaigns implemented by *beyondblue* since 2010.

3.6.1 The *beyondblue* brand was refreshed in 2012

The high level of recognition of the *beyondblue* brand is central to much of its work in the community. A review conducted in 2012 resulted in a refresh to the brand and the visual presentation of *beyondblue* resources. An important development in the *beyondblue* brand was the addition of a new tagline, 'Depression. Anxiety.', to the logo to give greater clarity to *beyondblue*'s work, and cement the importance of anxiety in *beyondblue*'s activities.

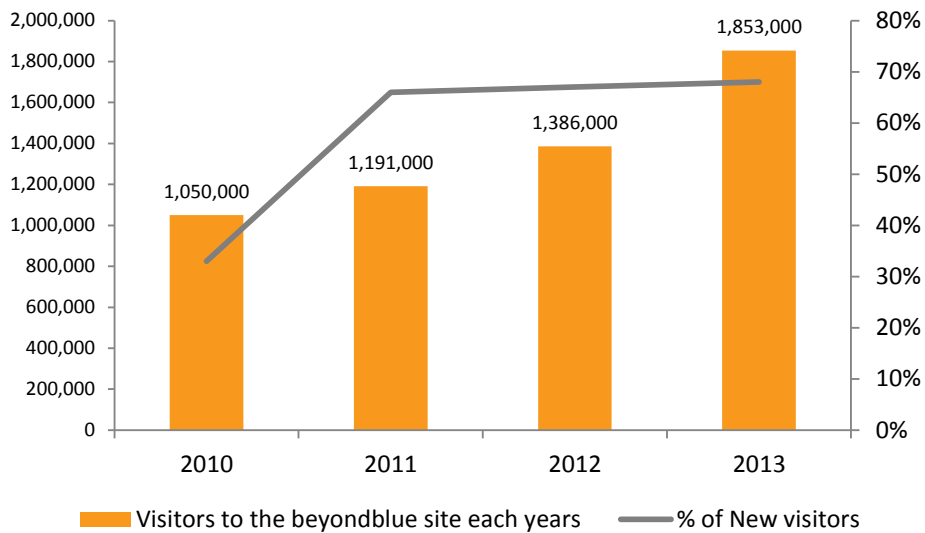
3.6.2 *beyondblue* has developed a new online communication platform

beyondblue has only recently taken full advantage of the opportunities to communicate and engage with the community via online means and social media. *beyondblue* has subsequently made rapid progress on developing a comprehensive online presence.

In 2013 *beyondblue* launched its online platforms through a new and expanded website which provides a 'user-centred' design to stream website visitors quickly to information relevant to them and offers additional interactivity through microsites, online forums and web chat. This launch resulted in a growth

in website visitors (see Figure 12). The percentage of new website visitors has also increased and remained high over the evaluation period – indicating that *beyondblue* is continuing to reach new audiences through its online platform.

Figure 12: Website hits



Source: beyondblue internal marketing data

The Shed Online (TSO) is one example of this new online capability in use. With more than 9,000 members, TSO seeks to recreate the atmosphere of the men’s shed initiative in the online environment and build links across the Australian Men’s Shed Association. By encouraging participation in online forums, TSO is intended to create a safe space where men can feel confident to discuss and exchange information. Independent evaluation³⁵ found that:

- a significant proportion of TSO participants felt that they were part of a ‘supportive environment’ (51%) and they were aware that other men experienced similar issues to them (58%). Increases in awareness and understanding of depression and anxiety, and help-seeking behaviour were also achieved; and
- in the six months prior to the evaluation, the number of website visits grew from 382 visits per day in March to 898 per day in August.

The evaluation also found that there was a significant proportion of users which accessed the site but did not feel comfortable contributing to the discussion, while for other users the partnership with AMSA and the trade-based ‘look and feel’ created some confusion as to the purpose of the forum.³⁶

3.6.3 Social media is also now a key part of *beyondblue* communications

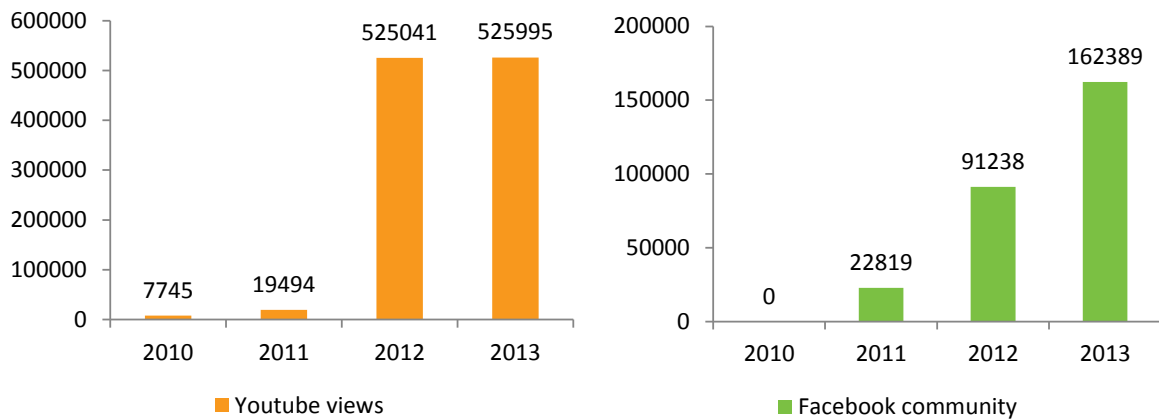
The new website has been complemented by a popular Facebook page and regular YouTube postings which have both enjoyed strong growth in activity since their introduction. Notably, YouTube views increased substantially between 2011 and 2012 (Figure 13). *beyondblue* also now communicates with the community via a Twitter account *@beyondblue* - which had 11,982 followers at the end of the

³⁵ Deloitte Access Economics (2012). Evaluation of The Shed Online.

³⁶ Deloitte Access Economics (2012). Evaluation of The Shed Online.

2012/13 financial year.³⁷ Social media has provided an important means by which *beyondblue* can interact with the community, capture feedback and provide a forum for community members to share experiences to support and learn from one another.

Figure 13: Social media – YouTube and Facebook use



Source: *beyondblue* internal marketing data

3.6.4 National awareness campaigns have been a feature of *beyondblue*'s activities

During the evaluation period, *beyondblue* has undertaken a series of increasingly sophisticated national awareness campaigns to support new programs or priorities. National awareness campaigns have involved a coordinated program of publicity, advertising, social media, events, new resources and services. The major national awareness campaigns conducted since 2010 are:

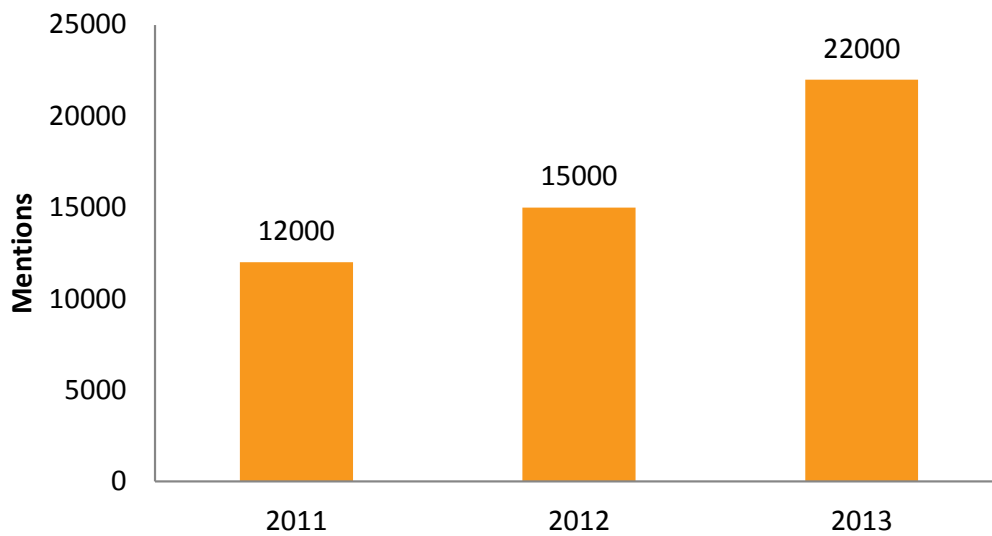
- **Man therapy (2012):** to improve Men's wellbeing and prevent suicide (refer Section 3.1.1)
- **Stop. Think. Respect (2012):** to reduce discrimination, particularly against the LGBTI community (refer Section 3.1.3)
- **Get to Know Anxiety (2013):** to raise awareness and understanding of anxiety (refer Section 3.1.2)
- **Depression and anxiety – it's not part of getting older (2011):** to raise awareness about depression and anxiety in older persons and reduce stigma (refer Section 3.1.3)
- **Just speak up (2010):** to increase awareness, decrease stigma and improve help seeking about depression and anxiety in the perinatal period (refer Section 3.1.4)

A brief summary of each of the national awareness campaigns has been provided in Section 3.1 under the relevant program area.

National awareness campaigns have contributed to increases in *beyondblue* publicity in traditional print, radio and television broadcasting. 'Media mentions' of *beyondblue* have grown by 83% since 2011 (Figure 14).

³⁷ *beyondblue* Annual Report (2013).

Figure 14: beyondblue media mentions 2011-2013



Source: beyondblue Annual Reports 2011-13

3.7 beyondblue continues to invest in research and evaluation and its approach has evolved

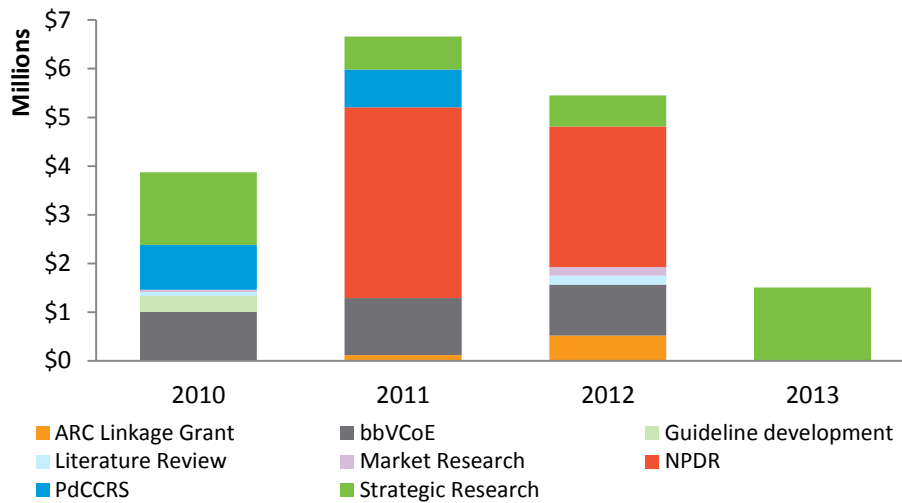
beyondblue continued to invest in research and evaluation over the evaluation period, however the approach to funding changed during this time – cumulating in a shift to evidence-to-action research, which is more aligned to beyondblue strategic and business needs. Additionally, beyondblue maintained a high level of evaluation activity throughout the evaluation period.

3.7.1 The approach to research funding has changed over the evaluation period

Research funding during the evaluation period came from eight sources (see Figure 15, below). The majority of funding was distributed through the beyondblue Victorian Centre of Excellence (bbVoCE), Strategic Research and the National Priority Driven Research (NPDR) Programs; however distribution between these sources varied over the evaluation period.³⁸

³⁸ Note: See Glossary of Terms for definitions of these funding programs.

Figure 15: *beyondblue* funding sources (2010-13)



Source: *beyondblue* database – New Funded Research (2010-2014)

From Figure 15, the following observations can be made:

- Funding sources were the most dispersed in 2010, reflecting the inclusion of some smaller grants
- The key change to *beyondblue* research funding during the evaluation period occurred in 2011 with the introduction of the National Priority Driven Research (NPDR) Program, which operated in 2011 and 2012.³⁹ Despite only operating for two years, NPDR accounted for 39% of grant money allocated over the four year evaluation period
- bbVCoE funding has remained relatively constant between 2010 and 2012. There was no allocation in 2013 as the program was under review
- All projects funded in 2013 have been designated as Strategic Research.

It is relevant to note that ARC Linkage Grants are considered by *beyondblue* on an ongoing basis – and particular proposals are supported where they have strong strategic relevance for the organisation. The evaluation period also saw the conclusion of the five year Priority-driven Collaborative Cancer Research Scheme partnership with Cancer Australia. Through the scheme, *beyondblue* had invested nearly \$4.3 million in the partnership and supported 19 projects.⁴⁰

3.7.2 *beyondblue* has invested substantially in research between 2010-13

beyondblue funded research across twelve key program areas during the evaluation period. Investment in new projects peaked in 2011, although lower subsequent expenditure on new projects may reflect the multi-year nature of research funded earlier in the evaluation period.

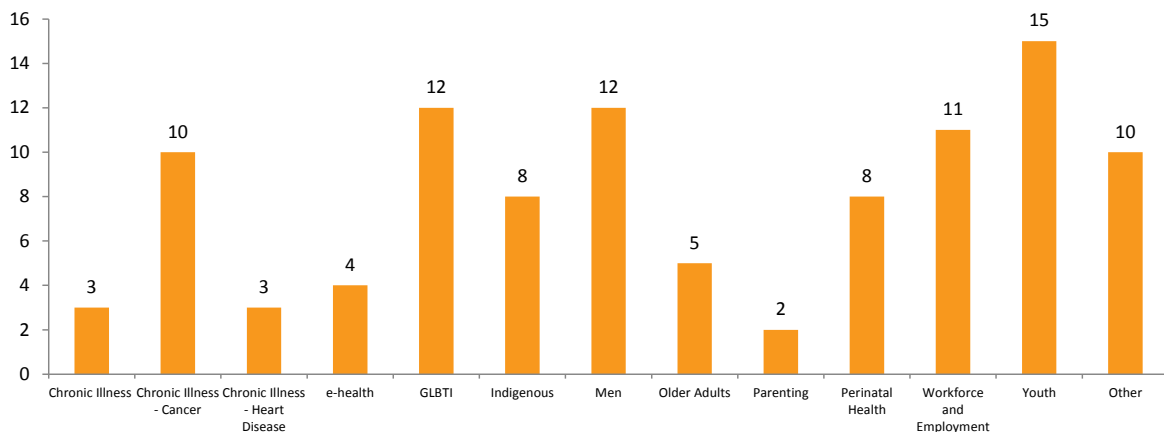
³⁹ The NPDR program provided for competitive grants of up to three years duration, with funding up to \$400,000 per grant/project. The purpose of the NPDR program was to “support research initiatives that will provide a sound evidence base to inform mental health policies and practices that will affect improved health outcomes across the target populations and settings”.

⁴⁰ <http://www.beyondblue.org.au/resources/research/research-grant-programs-2002-12>.

beyondblue funded 103 research projects during the evaluation period

beyondblue funded approximately \$17.5 million in research grants to support 103 new projects between 2010-13. These projects spanned a large number of program areas, and many projects addressed more than one program area / topic. Figure 16 below, outlines the projects by primary related program area – highlighting the focus on youth, men and LGBTI over the evaluation period.

Figure 16: Projects by primary related program area



* Other includes suicide, anxiety, treatment resistant depression, carers, consumers, substance use, women and campaigns

Source: beyondblue database – New Funded Research (2010-2014)

Notably, while only four projects identify e-health as their primary related program area, 19 projects (18%) had an e-health component. Across all projects and program areas, funding was concentrated in Victoria (51%), followed by New South Wales (26%).

Movember funded over \$3.4 million of research projects between 2010 and 2013 (within the overall \$17.5 million investment). These projects addressed both men’s mental health, and related program areas / topics including cancer, youth, suicide, older people, CALD and primary care in the context of men as a priority population.

Investment in new projects has decreased since 2011

Investment in new projects peaked in 2011 with the introduction of the National Priority Driven Research (NPDR) Program. The NPDR consisted of two competitive grant rounds undertaken in 2011 and 2012 targeting the following populations:

- **2011:** Adolescents and young adults; older people; perinatal mental health; and boys and men in these population groups
- **2012:** Indigenous populations; lesbian, gay, bisexual, transgender and intersex (LGBTI) people; and men (16 to 65 years of age).

The reduction of investment in new projects is in part due to the continuing nature of the funding to projects funded under the NPDR program, and may also be a reflection of the new 2012-2015 Research Strategy (refer Section 3.7.3 below).

3.7.3 Future funding will focus on research that advances business goals

The *beyondblue* Research Strategy 2012-2015 outlines a commitment to identifying and funding research that aligns with business goals, core programs and KRAs. Approved in June 2012, this strategy is aiming to shift the focus from academic publications to evidence-to-action research that increases *beyondblue*'s ability to have an impact across the five key result areas (KRAs) and make a tangible difference to the community.

Actions to support this strategy have included:

- all new research projects funded in 2013 were aligned with Strategic Research (workplace and youth projects)
- re-consideration of other funding partnerships to determine whether they are aligned with *beyondblue* business goals
- streamlining of staff roles to reflect the shift to larger and more strategically aligned projects that reduce the administrative burden of managing a large number of small grants.

3.7.4 *beyondblue* has maintained a high level of evaluation activity across its portfolio of programs

The *beyondblue* approach to undertaking evaluation is guided by its Evaluation Policy. This document was most recently revised in January 2013,⁴¹ and sets out the purpose and principles of evaluation, the factors for deciding when an evaluation is required, the key requirements and guidelines for commissioning external evaluations. Notably, when investment in a program is over \$500k, an external evaluation is a requirement of the program. This policy was informed by, and read in conjunction with the *beyondblue* Program Logic and Evaluation toolkit, developed in 2012.⁴² These documents seek to ensure that *beyondblue* has a consistent and transparent approach to evaluations across the organisation. In support of the Evaluation Policy, *beyondblue* has also recently established an Evaluation Panel to provide a transparent, robust and efficient process to engage the most suitable external provider.

Over the evaluation period, *beyondblue* commissioned 21 independent evaluation projects, 11 of which have been completed.⁴³ Predominately, *beyondblue* evaluations seek to assess the impact and effectiveness of specific projects. *beyondblue* has also undertaken numerous internal, formal and informal evaluations between 2010 – 2013. Many of these internal evaluations have been considered as part of this evaluation and are detailed at Appendix C.

⁴¹ *beyondblue* (2013) Evaluation Policy.

⁴² *beyondblue* (2012) Program logic and evaluation toolkit.

⁴³ *beyondblue* (2013) Evaluation Register 2010-2013.

4 How well has *beyondblue* done it?

In this section we discuss the *formative* aspects of *beyondblue*'s activities. We consider the extent to which *beyondblue* has successfully conducted the activities it set out to deliver over the evaluation period and how they might improve some of their activities in the future. We find that:

- *beyondblue* has continued to increase its brand recognition and profile
- *beyondblue* has contributed to further increases in awareness of depression and anxiety over the evaluation period, although some population groups are less advanced than others
- *beyondblue* has been responsive to changes in community needs
- *beyondblue* has improved its ability to communicate and engage with the community
- Consumers and carers are generally *satisfied* with *beyondblue* activities but would like more direct contact
- There are opportunities and risks for *beyondblue* to strengthen its donor funding support to complement Government funding
- *beyondblue* has facilitated learning, innovation and research
- There are opportunities for *beyondblue* to improve collaboration and coordination with key stakeholders.

Each of these areas is discussed in more detail below.

4.1 *beyondblue* has continued to increase its brand recognition and profile

***beyondblue* has maintained a high level of brand recognition during the evaluation period**

The strength of the *beyondblue* brand is reflected in extremely high level of recognition in the community. Data from the 2011/12 *beyondblue* Depression Monitor indicates that that 90% of the population are aware of *beyondblue* (an increase from 87% in 2010). Within this figure, unaided awareness of the organisation is at 56%.⁴⁴ In addition, data from the National Mental Health Literacy Survey indicates *beyondblue* is the most frequently recalled organisation related to mental health.⁴⁵

[beyondblue is] a visible band that I respect, would come first to mind if I were asked to name an organisation/source of information concerned with mental illness.

Online survey respondent

This reflects the extent to which *beyondblue* has maintained a consistent message and identity across the diverse range of activity types, population groups and community settings throughout the evaluation period, while also continuing to grow in scale. The major national campaigns conducted by *beyondblue* during the evaluation period are good examples of the strength of the *beyondblue* brand and consistency of message (see Section 3.6.4).

⁴⁴ *beyondblue* Depression Monitor Longitudinal Analysis Report (June 2012).

⁴⁵ Reavley, N. & Jorm, A. 'Mental Health Literacy in Australia: Is it getting better? The 2011 National Survey of Mental Health Literacy and Stigma Summary Report'.

The high level of visibility is due to the breadth of its campaigns and marketing and a high social media capability. The activities and influence of its chair, board and CEO have also been a significant factor in *beyondblue*'s high level of visibility.

While there has been substantial growth in awareness of *beyondblue* since 2004, this growth appears to be levelling out. In particular, unaided awareness has not increased since 2010.⁴⁶ This indicates that in terms of raising awareness of *beyondblue*, the organisation may have reached a ceiling, and there may be diminishing, or constant returns to existing activities.

The need to preserve and further strengthen the brand can create challenges in tailoring specific local activities and events to the individual needs and expectations of a diverse consumer group. Stakeholder feedback and survey responses suggest that in some instances, the strong emphasis on promoting *beyondblue* as a brand, and the strength and pervasiveness of the brand, can distract from the emphasis on addressing the relevant mental health problem.

The organisation seems very concerned about preserving the brand at the expense of developing and deploying creative strategies

Online survey respondent

The continuing challenge for the *beyondblue* brand is to optimise the balance between achieving broad recognition while also being locally and individually relevant and responsive.

The focus on ambassadors has been effective in communicating personal accounts of depression and anxiety

There is a body of evidence supporting that contact or direct exposure to personal accounts or people who have experienced depression can reduce exposure to stigma and discrimination within the community.⁴⁷ During the evaluation period, *beyondblue* shifted its strategy in relation to ambassadors by inviting well known individuals (whether or not they had a personal experience with depression and anxiety) to become *beyondblue* ambassadors - including high profile individuals such as John McGrath, Brad McEwen and Tom Ballard. This expanded approach, extends the reach of its ambassador program and has in turn, allowed *beyondblue* to meet more speaking requests – increasing impact and efficacy of its awareness raising activities. Online survey respondents confirmed the value of the *beyondblue* ambassadors in 'normalising' depression and anxiety.

Having ambassadors such as parliamentarians used in advertisements that have suffered depression or anxiety personally is a great advertisement to show that this illness does not discriminate.

Online survey respondent

The positive impact of *beyondblue* is supported by Depression Monitor data, which demonstrates that respondents that are aware of *beyondblue*, are less likely to have negative perceptions of people experiencing depression.⁴⁸

A high public profile raises the risks associated with negative publicity

beyondblue leverages its strong public profile to lead awareness raising activities for depression and anxiety. However, the strength of its profile also means that the impact of negative publicity or media coverage is magnified. For example, comments in 2011 by Chair of the Board, in relation to the implied

⁴⁶ *beyondblue* Depression Monitor Longitudinal Analysis Report (June 2012).

⁴⁷ Evans-Lacko, S., London, J., Japhet, S., Rüsçh, N., Flach, C., Corker, E., Thornicroft, G. (2012). Mass social contact interventions and their effect on mental health related stigma and intended discrimination. *BMC Public Health*,

⁴⁸ Wallis Consulting Group (2012) *beyondblue* Depression Monitor – overall longitudinal report

impact of homosexual marriages on children were widely reported.⁴⁹ The damaging effect of his comments (while not necessarily representative of the organisation) became associated with the *beyondblue* brand. Indirectly, this undermines the credibility of *beyondblue* in its efforts to reduce the impact of depression and anxiety through awareness raising.

4.2 *beyondblue* has contributed to further increases in awareness of depression and anxiety over the evaluation period, although some population groups are less advanced than others

At a population level, identification of mental health issues as a major health problem in Australia increased from 10% to 15% during the evaluation period⁵⁰ and it is likely the work of *beyondblue* has made an important contribution to this change. Nour's online survey indicated that, 89.3% of respondents thought that awareness of depression, and 72.8% thought that awareness of anxiety was a little better or much better in their community since 2010.⁵¹ There remain some population groups which have lower levels of awareness and knowledge of depression and anxiety, and *beyondblue* is appropriately targeting these groups. Similarly, the extent of change for anxiety and, most recently, suicide awareness are less advanced and have potential for further improvement.

4.2.1 In some populations and settings, lower levels of awareness of depression and anxiety persist

beyondblue interventions have proven to be highly effective at raising awareness at a population level. Unsurprisingly, there are different responses to these campaigns from different population groups - this is because there are a range of different factors that contribute to good mental health for different communities. No single campaign or intervention will meet the needs of the entire population.

The following key themes have emerged from the Depression Monitor:⁵²

- **Older Australians** are less aware of anxiety, and more likely to see depression as 'a normal part of ageing'. They are also more likely to believe that younger people are more likely to experience depression than the population overall
- Despite this view, **children and young people** are less likely to perceive depression as a major health problem
- **Men** are less likely than **women** to identify depression as a major problem, but anxiety is equally mentioned as a major health problem by both men and women
- Awareness of depression is lower in **culturally and linguistically diverse (CALD) groups** than the wider population
- **Men in rural populations** are more likely than women to cite depression as a major problem

⁴⁹ See - <http://www.abc.net.au/worldtoday/content/2011/s3333370.htm>.

⁵⁰ Depression Monitor - Longitudinal Analysis Report. Note that the last data collection was in 2012, so this does not reflect the whole evaluation period.

⁵¹ Nour online survey February 2014. Summary statistics are provided at Appendix B, and the method is described in Section 2.3.

⁵² Depression Monitor data.

- The community overestimates the extent of **perinatal depression** both during pregnancy, and after giving birth. Those aged **35-44 years** and those with **training in the health field** were slightly more likely than the rest of the population to mention **postnatal depression** as major health problem.

4.2.2 Tailoring awareness raising campaigns in different settings has proven effective

beyondblue targets its interventions to meet the particular needs of specific population groups.⁵³ Understanding 'what works' for each of these groups is an ongoing challenge, however, through consultation, this evaluation found that there are a number of areas where *beyondblue* has clearly demonstrated that tailoring programs has proven effective.

For example:

- ***beyondblue* workplace and workforce programs** are designed to address stigma and discrimination that is unique to the workplace setting. More than 81,000 people have attended one of 3,050 workshops held at 1,010 organisations across Australia since 2004. More than 15,500 people attended workshops in 2012/13 alone.
- ***beyondblue's* Child and Adolescent Bushfire Disaster Response** provides broad information at the community level, specific information for teachers and parents, and also delivers Trauma-Focused Cognitive Behavioural Therapy for affected children.
- ***beyondblue's* targeting of men in regional Australia** has proven highly effective over the evaluation period, with regional men more likely to cite depression as major health problem (different to the broader population trend, where women are more likely to cite depression as a major health problem).

The challenge for *beyondblue* is to determine whether the populations they currently target, continue to require the most attention. With limited resources, choosing which population to target, to maximise the impact of *beyondblue* interventions is crucial.

4.2.3 Awareness has increased for anxiety disorders, but it is too early to access impact on suicide prevention

Promisingly, evidence from individual evaluations is that awareness of anxiety by people who are aware of *beyondblue* is increasing.⁵⁴ At a population level, in 2012 people were more likely to believe anxiety is as common as depression than in 2008.⁵⁵

It is too early to assess, and there have been few attempts to measure, what the impact of shift of *beyondblue's* focus to suicide prevention has been.

⁵³ Consultation with *beyondblue*.

⁵⁴ Mediacom Insight (2013). Anxiety awareness and understanding research - wave 3 report.

⁵⁵ Wallis Consulting Group (2012) *beyondblue* Depression Monitor – overall longitudinal report.

4.3 *beyondblue* has been responsive to changes in community needs

During the evaluation period *beyondblue* has identified and responded to changes in community needs which have been identified through a combination of formal research, evaluation and stakeholder consultation, together with the increasingly rich sources of informal feedback captured through its existing activities and engagement with the community.

Important examples of *beyondblue*'s capability for responsiveness include:

- Expansion of *beyondblue*'s role to include anxiety and suicide prevention (Sections 3.1.1, 3.1.2)
- Development and implementation of the Men's and LGBTI programs (Section 3.1.3)
- Review and re-launching of the Support Service (Section 3.1.5)
- Introduction of the New Access program (Section 3.7)

beyondblue has sought to address previously unmet needs or needs which were found to have not been sufficiently addressed through existing activities or those of the broader mental health sector. *beyondblue* has improved its ability to communicate and engage with the community.

Technological and social change has dramatically impacted *beyondblue*'s external environment over at least the past 10 years. Advances in mobile computing and the pervasiveness of social media in much of the Australian community have created new opportunities to further *beyondblue*'s work.

These changes created risks to *beyondblue*'s brand and relevance, however *beyondblue* did not respond effectively to these changes until relatively recently, with the launch of its Facebook page⁵⁶ in July 2012 and the new *beyondblue* online platform in 2013.

Progress since that time has been swift and online capability can now be considered an organisational strength relative to the broader public health and health promotion sector. During the evaluation period *beyondblue* has developed a sophisticated model of online community engagement which underpins all of its work. Important examples of this transformation have been described in Section 3.6 and include:

- A 'user-centred' website design which can more effectively meet the needs of a diverse range of community groups and users
- Extensive use of social media channels in major national awareness campaigns including Man Therapy, Get to Know Anxiety, and Stop. Think. Respect
- Development of web chat for the Support Service and creation of online forums in areas such as youth mental health and the *beyondblue* website.

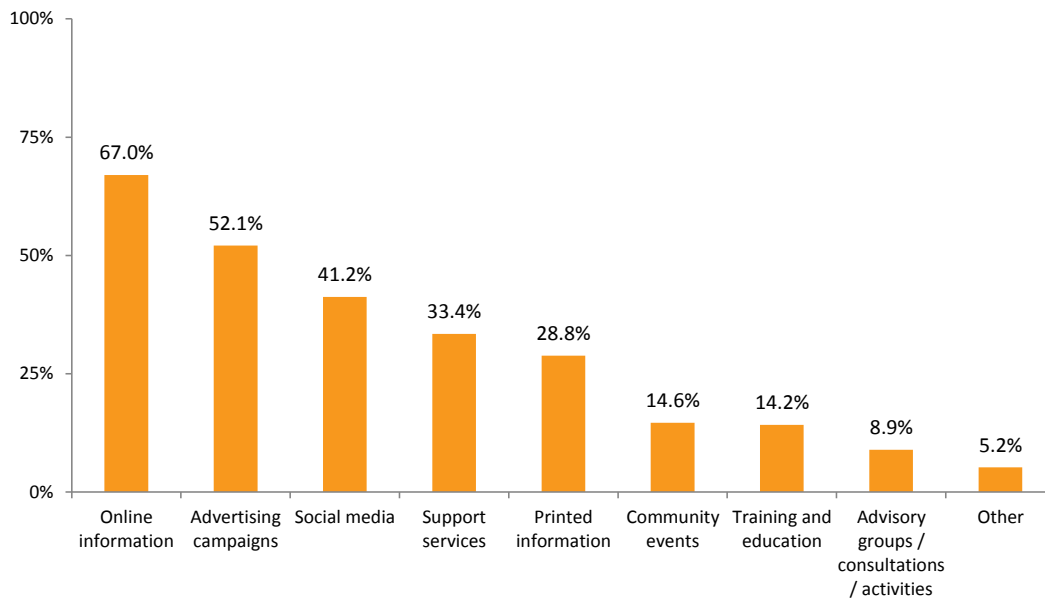
beyondblue's transition to the online environment appears to enjoy strong support from website users. Respondents to Nous' online survey ranked online information as the activity *beyondblue* does best, with social media third (see Figure 17).⁵⁷ Interestingly, this aligns with how people have engaged with *beyondblue* – 58% of survey respondents reported that they engaged with *beyondblue* via a website visit and 46% reported engagement through social media.⁵⁸

⁵⁶ Consultation with *beyondblue*

⁵⁷ Nous online survey February 2014. Summary statistics are provided at Appendix B, and the method is described in Section 2.3.

⁵⁸ Nous online survey February 2014. Summary statistics are provided at Appendix B, and the method is described in Section 2.3.

Figure 17: What activities does *beyondblue* do best?



Source: *Nous online survey February 2014*

Comments from survey respondents reflected the value of online information and dialogue:

A great resource for me personally, some of the information and awareness campaigns online really resonated with me, it has been strangely reassuring and comforting to know there are other people going through the same [thing].

Great service that I believe that helps reach out to people who feel isolated with access online, as people then can in the privacy of their homes find out more and where to seek help.

Online survey respondents

Increasing the online presence aligns well with emerging evidence on the effectiveness of treatment delivered online.⁵⁹ In addition, many of the *beyondblue* target populations are higher than average users of social media (i.e. youth) and this represents an active recognition and response to the way these populations communicate and seek help. Further discussion in respect of the changing ways in which consumers and carers are accessing information on depression and anxiety is contained in Section 5.2. While it is clear that the promotion of *beyondblue* through online and social media is likely to increase awareness across in the community, whether awareness raising through this medium has a greater impact on reductions in stigma or increases in help seeking remains unclear (see further discussion in Section 5.1). Social media has become a ubiquitous part of modern life, and in a trend dubbed 'Enterprise 2.0', the world of business has embraced it as well. But research into the ways in which business uses this form of communication and collaboration is still in its early days.

Encouraging this type of engagement may also result in more dynamic interaction between *beyondblue* and its consumers. This represents a move from the 'passive' consumption of information or broadcast materials, to a dialogue based communication with more opportunity for consumers and carers to contribute to the conversation. The risk for *beyondblue* in providing an online platform for people

⁵⁹ Wagner, B., Horn, A. B., & Maercker, A. (2013). Internet-based versus face-to-face cognitive-behavioural intervention for depression: A randomized controlled non-inferiority trial. *Journal of Affective Disorders*.

experiencing depression and anxiety, is that bringing together a group of consumers experiencing depression and anxiety may exacerbate symptoms. *beyondblue* is addressing this risk by investing in a high level of online moderation – through both moderation software tools and through “human eyes”. Notably, during the introduction of online dialogue platforms, there was clinician review of posts prior to publication and online and offline support for users as required.

Online forums both support and provide information. However they can also be a source of 'worst case scenario'. Especially when reading negative stories regarding medication.

Online survey respondent

4.4 *beyondblue* has continued to effectively plan, implement and improve individual programs

Evaluation findings and stakeholder consultations support our view that *beyondblue* is highly capable at program delivery under its public health business model. Stakeholders have particularly identified *beyondblue's* ability to consistently and reliably deliver programs which could not be efficiently delivered through the public mental health system and to pursue innovative activities which otherwise may not translate into action.

21 independent evaluations were reviewed in relation to activities conducted during the evaluation period and in general it was found that:

- Programs were designed and implemented effectively
- Activities were sufficiently coordinated with partnering organisations
- Participants/consumers were satisfied with their experience.

While there were variations in achievement of time and cost objectives between specific evaluations, there was no evidence to suggest a systematic concern with *beyondblue's* capability to efficiently and effectively implement its programs.

Based on the program evaluations considered in this review, *beyondblue* does appear to be more effective in initiatives directed at the community/consumer rather than health professional groups. An example of this issue can be seen in the evaluation of *beyondblue's* clinical guidelines,⁶⁰ for which there was less favourable feedback from general practitioners than for other initiatives targeting the general population. This may be more a reflection of the diversity of professional views on more complex clinical issues rather than the adequacy of *beyondblue's* program implementation.

beyondblue's approach to program evaluation (described in Section 3.7.4 on page 40) provides the organisation with good insights into the areas for improvement. There is evidence to suggest that *beyondblue* is responsive to these evaluation findings and more informal consumer and carer feedback. Some examples of program improvements made during the evaluation period include:

- National awareness campaigns now incorporate a greater focus on measuring efficacy (a recommendation of the last independent evaluation⁶¹)
- Support Service call management has increased their call answer rate following a review of the previous Info Line service⁶²

⁶⁰ Evaluation of clinical guidelines for the management of depression in primary care.

⁶¹ *beyondblue* Support Service Operational Reports October 2013, June 2013.

- Information resources have been revised and improved based on feedback provided by consumers.⁶³

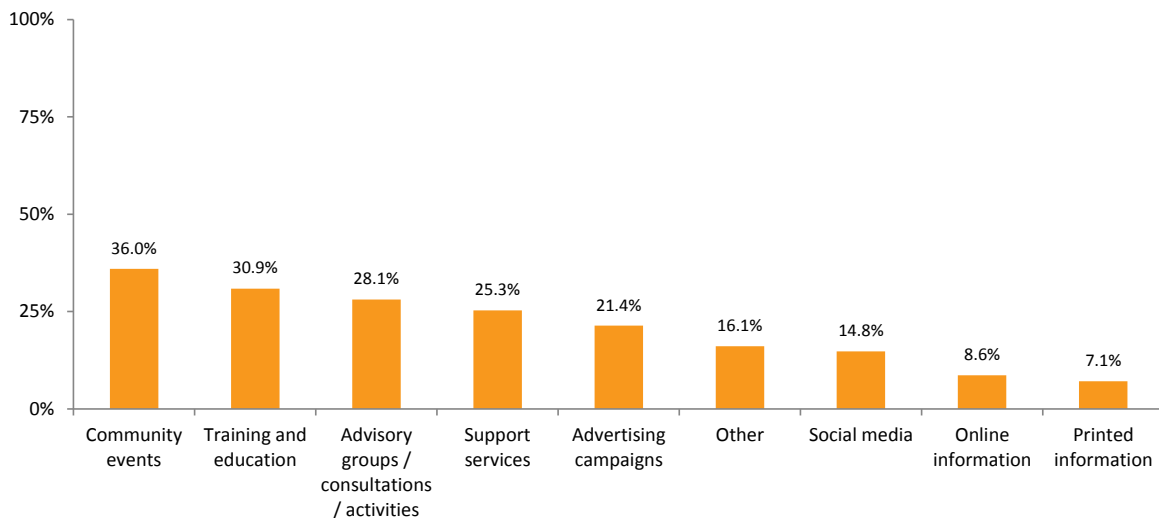
These examples are consistent with stakeholder consultations identifying that *beyondblue* has demonstrated a 'willingness to learn' and improve its activities.

4.5 Consumers and carers are generally satisfied with *beyondblue* activities but would like more direct contact

As described in Section 3.1, evaluations generally found consumers to be satisfied with *beyondblue's* activities. Nous' online survey also identified high levels of satisfaction with *beyondblue's* activities among consumers and carers. More than 70% of respondents were either highly satisfied or satisfied with their interaction with *beyondblue*.

When asked to identify areas for improvement, the highest priority was given to activities that involved direct contact (Figure 18). This is particularly noteworthy given that the respondents to an online survey are likely to represent a more technologically proficient sample compared to the general population. Despite their familiarity with online interaction, they felt that community events, training and education were the most important areas for improvement. While *beyondblue's* transition to the online environment can be regarded as a success, this finding suggests that there remains an important role for continued direct contact through community events.

Figure 18: Nous online survey – which activities do you think *beyondblue* need to improve?



Source: Nous online survey February 2014

⁶² Dunt *et al* (2009) Independent evaluation of *beyondblue*. University of Melbourne/*beyondblue*.

⁶³ *beyondblue* Annual Report 2013.

4.6 There are opportunities and risks for *beyondblue* to strengthen its donor funding support to complement Government funding

Changes to the strategic partnership with the Movember Foundation (see Section 3.2.3) will substantially reduce *beyondblue's* donor funding in the short term. However there are a range of opportunities available for *beyondblue* to increase its donor funding base. This has not been an area that *beyondblue* has actively pursued in the past. Growing corporate and philanthropic support present further opportunities for *beyondblue* to diversify its funding sources and further expand its program of work.

Recognising this opportunity, *beyondblue* has recently increased its efforts to expand corporate support. *beyondblue* seeks to grow its donor funding from the current \$3.5 million to \$10 million by 2017. The strength of the *beyondblue* brand provides the capacity to achieve this target. However, *beyondblue* must also be cognisant of the risk that, as their fundraising efforts expand, government sense of obligation or need to continue funding *beyondblue* at its current level may diminish.

4.7 *beyondblue* has facilitated learning, innovation and research

beyondblue has undertaken a number of activities to facilitate learning, innovation and research during the evaluation period. These activities have largely been successful, and *beyondblue* has capitalised on its independent position and strength as an organisation to undertake and promote innovative pilots and advocacy programs – something which is clearly valued by its stakeholders. *beyondblue* has also visibly demonstrated its contribution to the evidence base, however some stakeholders believe that evaluations could be more rigorous.

4.7.1 Activities to promote learning have been largely successful

***beyondblue* is playing a role in building research capacity within the sector**

While *beyondblue* can face challenges in aligning research to direct impact and actions, it is clear that funded research has played a key role in building research capacity within the sector. The *beyondblue* Research Impact Evaluation (2012) emphasised the role of *beyondblue* funded research in the building of expert knowledge within the sector, in building the research careers of the team, and in providing training to students and early researchers.⁶⁴

This role in capacity building was increased in 2012, with the introduction of the Early Career Researcher grants through the bbVoCE funding. Introduction of these grants was in response to a recommendation of the Research Impact Evaluation.

Facilitated learning through clinical practice guidelines has seen mixed success

Efforts by *beyondblue* to facilitate learning for general practitioners and mental health clinicians through the development and dissemination of clinical practice guidelines have faced challenges. Specifically,

⁶⁴ Powell, A., Bullen, J., Brennan, D., (2012) *beyondblue* Research Impact Evaluation. Report for *beyondblue*. Sydney: Social Policy Research Centre, University of New South Wales ("Research Impact Evaluation").

beyondblue has struggled to pitch documents appropriately and to demonstrate that they are contributing over and above the current evidence base.

In relation to the *beyondblue guide to the management of depression in primary care*, the evaluation found that while the guide may have increased awareness, knowledge and early detection for general practitioners (GPs) in training or with little experience of depression, the information contained in the guide was too basic to be of much added value for experienced GPs and mental health nurses.⁶⁵

beyondblue developed two sets of clinical guidelines over the evaluation period – targeted at perinatal and adolescent depression. In each instance the release of the new *beyondblue* guidelines raised the profile of all other existing guidelines, with increased awareness and usage of all guidelines post-launch. However, while both guidelines received positive feedback, neither was rated as the best in comparison to existing guidelines.⁶⁶

4.7.2 *beyondblue* has capitalised on its independence and brand to facilitate innovation

***beyondblue* has a more flexible risk profile than government**

As an independent, non-government organisation, *beyondblue* is able to adopt a more flexible risk profile in undertaking advocacy activities, developing programs, and awarding research grants. Additionally, *beyondblue* is not directly aligned with any professional associations, and so is not confined by a preferred evidence position or line of thinking in developing programs.

beyondblue's flexibility in risk profile and approach enables it to undertake activities that may be difficult for governments to commit to. These activities range from preventative primary health initiatives which government may be unable to resource, to the delivery of new and innovative campaigns which government may prefer to have at 'arm's length' due to political considerations.

This unique position is clearly valued by its stakeholders, who consider *beyondblue* to play an important role that is complementary to government, and can foster an environment for innovation. In this position it is important that a strong evaluation process is integrated into work to ensure that programs continue to align with the current and emerging evidence base to ensure optimal success in reducing the impact of depression and anxiety on their target communities.

***beyondblue* has provided 'seed funding' for new and innovative research**

Over the evaluation period, *beyondblue* research funding was viewed by researchers as enabling new research that would not have otherwise been possible. Specifically, 81% of survey respondents agreed that this was a very important feature of the *beyondblue* research funding.⁶⁷ *beyondblue* funding was seen as more innovative than National Health and Medical Research Council (NHMRC) funding, allowing

⁶⁵ Note: While this guide was produced by *beyondblue* in 2009, the evaluation was undertaken in 2011 and so the findings are relevant to this evaluation period. Market Access Consulting and Research (2011) *beyondblue* Evaluation of the '*beyondblue* guide to the management of depression in primary care' booklet.

⁶⁶ Adolescent depression guidelines post evaluation final report (2012); Perinatal depression guideline post evaluation final report (2012).

⁶⁷ Res Powell, A., Bullen, J., Brennan, D., (2012) *beyondblue* Research Impact Evaluation. Report for *beyondblue*. Sydney: Social Policy Research Centre, University of New South Wales ("Research Impact Evaluation").

for funding to pilot new interventions and approaches without the comprehensive evidence base or researcher track record required by the NHMRC.⁶⁸

Feedback from the Research Impact Evaluation was that researchers were often able to capitalise on the initial *beyondblue* seed funding and a successful pilot to leverage more substantial funding from the NHMRC or government departments in the future. It is important to note that while these subsequent larger projects may have the more measurable impact on depression and anxiety within the community, the project may not have received funding without the initial *beyondblue* investment.

***beyondblue* has implemented new service initiatives**

beyondblue's independence and reputation also enables the organisation to support and drive innovative new service initiatives. A range of new services have been identified in Section 3 which evidence *beyondblue*'s capability for innovation in this area:

- The new *beyondblue* Support Service, and specifically the use of online chat rooms as a means for consumers to interact with counsellors (see Section 3.1.5)
- The *beyondblue* New Access program, currently being delivered by Medicare Locals in three pilot sites, is delivering a new form of primary mental health support (see Section 3.7)
- The *beyondblue* disaster response initiative appears to be demonstrating an effective addition to public health disaster response
- Rites of Passage project delivered a new approach to building emotional resilience in Aboriginal youth.

Many examples of *beyondblue* program development reflect an 'evidence driven' rather than 'evidence based' approach, which provides a greater degree of flexibility and innovation in the way *beyondblue* responds to identified community needs.

4.7.3 *beyondblue* has continued to support research and evaluation

***beyondblue* research has contributed to a larger and more diverse evidence base**

beyondblue research has directly contributed to development of a larger evidence base. *beyondblue* research funding has resulted in 144 publications from the 2009/10 to 2011/12 financial years alone in a variety of academic journals.⁶⁹ It is likely that this figure is underestimated, as it does not capture the entire evaluation period, and only reflects researchers that responded to a request from *beyondblue* regarding their publications. In addition, during 2010 and 2011, *beyondblue* funded an annual supplement in the Medical Journal of Australia.

beyondblue research has also contributed to a more diverse evidence base. A key area in which *beyondblue* has diversified the evidence base over the evaluation period has been in e-health research. 18% (17 out of 93) research projects funded between 2010 and 2013 have been designated as e-health projects, spanning a range of program areas including chronic illness, youth, CALD, LGBTI, perinatal health and men.

⁶⁸ Powell, A., Bullen, J., Brennan, D., (2012) *beyondblue* Research Impact Evaluation. Report for *beyondblue*. Sydney: Social Policy Research Centre, University of New South Wales ("Research Impact Evaluation").

⁶⁹ *beyondblue* Annual Report (2010), *beyondblue* Annual Report (2011), *beyondblue* Annual Report (2012). Note that the *beyondblue* Annual Report (2013) did not include a count of research publications.

beyondblue funding has also extended the evidence base of the impact of depression and anxiety in previously under-researched groups, including men, older adults and LGBTI groups. This was a finding of the 2012 Research Impact Evaluation in relation to research undertaken between 2002 and 2010, and continued during the remainder of the evaluation period as a result of the priority driven approach to grant awards. It is likely that this targeted diversification of the evidence base has raised awareness of anxiety and depression in these previously under-researched groups.⁷⁰

***beyondblue* has taken action to respond to criticisms of the competitive grant process during the previous evaluation period**

A small number of researchers consulted in the Research Impact Evaluation reported challenges in their relationship with *beyondblue* during projects undertaken in the previous evaluation period. Challenges included resistance from *beyondblue* in respect of publishing some research findings, managing intellectual property rights, and a lack of transparency into decision making around funding. In 2011, in response to this feedback, *beyondblue* revised its grant management process to more closely reflect the National Health and Medical Research Council (NHMRC) approach and altered the intellectual property clause in all research funding agreements. While likely to have alleviated researcher concerns - the impact of the new process has not yet been measured.

The impact of *beyondblue*'s priority driven approach to research on the community, and the translation of research into action are discussed further in Section 5.4.

There are mixed views in respect to *beyondblue*'s approach to evaluations

There are differing views within the sector as to the merits of different evaluation methodologies. Since 2012, *beyondblue*'s approach to evaluation has been guided by its Evaluation Policy – which advocates the use of project logic models to underpin evaluations.⁷¹ This shift represents a significant maturity in *beyondblue*'s approach and has been comprehensively applied. In addition, all *beyondblue* projects representing an investment of over \$500,000 must be evaluated by an independent evaluator. In determining the extent of evaluation required, *beyondblue* will consider the following factors – public significance, influence, planning, generalisability, evidence base, funding and innovation.⁷²

beyondblue stakeholders recognise that evaluation is a key component of *beyondblue* activities, however there are differing views in respect to the quality of *beyondblue* evaluations. A subset of *beyondblue* stakeholders expressed the view that there is a lack of scientific rigour in some of the evaluations – for example the lack of Randomised Controlled Trials (RCTs) and potential for additional translational research. Other stakeholders felt the level and quality of evaluations was appropriate and was being used by *beyondblue* as an effective input to decision-making about its activities. The value of evaluations was recognised by many stakeholders – leading to the view that any program rolled out should have evaluation built in to it from the outset, and that this approach would lead to the production of more research that would translate in to different practices.

Without reviewing the quality of all evaluations, Nous notes that the lengthy time and resource investment required to undertake rigorous academic evaluations, such as RCTs, is not always consistent with the need for practical evaluations that enable *beyondblue* to be responsive and adaptive in program design and implementation.

⁷⁰ Powell, A., Bullen, J., Brennan, D., (2012) *beyondblue* Research Impact Evaluation. Report for *beyondblue*. Sydney: Social Policy Research Centre, University of New South Wales (“Research Impact Evaluation”).

⁷¹ *beyondblue* (2013) Evaluation Policy.

⁷² *beyondblue* (2013) Evaluation Policy.

4.8 There are opportunities for *beyondblue* to improve collaboration and coordination with key stakeholders

Effective collaboration is an integral component of the *beyondblue* public health business model and identified as a key result area in the *beyondblue* strategic plan. There is extensive evidence of effective collaboration across the *beyondblue* programs at a number of different levels during the evaluation period, however the stakeholder environment in which *beyondblue* exists is complex and several areas have been identified in which *beyondblue* can further improve its collaborative efforts.

***beyondblue* activities can promote collaboration at a project level**

At the individual program level, *beyondblue* activities can act as a vehicle for collaboration - ranging from partnerships with government or other mental health associations to secure specified Commonwealth grants or undertake specific campaigns, to large or ongoing projects requiring a substantial investment, to collaborations with specific communities to develop targeted resources:

- *beyondblue* partnered with the Australia Institute to promote *Go Home on Time Day* (20 November) in 2012 and 2013. This campaign seeks to highlight the impact of long working hours and workplace culture on employee mental health. In 2013, a total of 1,119 media reports mentioned *Go Home on Time Day* between 11 September and 5 December 2013⁷³
- *beyondblue*'s role in the National Perinatal Depression Initiative involved the brokering of collaboration and co-ordination across states and territories (see further Section 3.1.4)
- *beyondblue*'s long standing campaign 'Reducing discrimination in the insurance industry' has facilitated collaboration with both the insurance industry and the Mental Health Council of Australia (see further Section 3.1.6).

Similarly, *beyondblue* funded projects to promote collaboration between individual researchers and the sector. The Research Impact Evaluation⁷⁴ conducted in 2012 found that *beyondblue* funding had enabled researchers to build collaborations with other researchers, health organisations, NGOs and government departments, and that this trend has increased since the previous evaluation period.⁷⁵

beyondblue funds research and activities conducted by other organisations involved in mental health promotion, prevention and early intervention. There are further opportunities for collaboration across the research sector to build strong alliances that will improve *beyondblue*'s ability to deliver effective programs. As the largest organisation in the sector, *beyondblue* is well positioned to initiate this process.

Sometimes, the strength of the *beyondblue* brand can inhibit sector collaboration more broadly

A consequence of the strength of the *beyondblue* brand and profile, and the emphasis of the organisation on continuing to promote its brand, is that the organisation can be perceived as less collaborative. While stakeholder feedback indicates that *beyondblue* has become more willing to work collaboratively and in partnership, this remains a key area to keep improving.

[beyondblue] seems to be a "mast-head" rather than a collaborative agency.
Online survey respondent

⁷³ The Australia Institute, 'Media Coverage Report – Go home on time day: 11 September – 5 December 2013.'

⁷⁴ Powell, A., Bullen, J., Brennan, D., (2012) *beyondblue* Research Impact Evaluation. Report for *beyondblue*. Sydney: Social Policy Research Centre, University of New South Wales ("Research Impact Evaluation"). Note that this evaluation considers research funded and completed between 2002 and 2010, however researcher interviews were undertaken in 2011-12. Therefore researcher views contained in this Evaluation, and data on 2010 research projects are relevant to the evaluation period.

⁷⁵ The Research Impact Evaluation found that researchers whose work completed in 2009 or 2010 were significantly more likely than those completed in 2008 or earlier to agree their research had impacted on health sector relationships.

A number of key themes relating to collaboration emerged during Nous' stakeholder consultations, including:

- smaller organisations can feel that their recognition in or contribution to joint projects or events is overshadowed by the strength and profile of the *beyondblue* brand
- *beyondblue* can be perceived as inaccessible for smaller organisations, which may reflect *beyondblue's* national focus
- *beyondblue* is a clearly established lead agency - but they need to bring others in the sector along with them
- *beyondblue* could identify opportunities to support others to lead projects, and in doing so, help to build the capacity of the sector.

Collaboration with local agencies is important for program success and sustainability, but is sometimes overlooked

As *beyondblue* continues to grow and deliver increasingly large and complex programs at a national level, there is a risk that the capacity for meaningful engagement and collaboration with smaller organisations is diminished.

Stakeholder consultations reflected that where specific programs and campaigns are not tailored to local settings, the delivery is less effective. Stakeholders also indicated that in some instances, *beyondblue* could be implementing a program that the State funders are unaware of. This reduces the opportunity for State organisations to promote or support the activity, and can result in lower local buy-in. Stakeholder feedback also highlighted that collaboration with local state associations, peak bodies and people in public mental health could assist *beyondblue* in disseminating information and research findings more effectively.

beyondblue's activities can then take place in the local community but not with them, both diminishing the potential for sustainable change, and utilising a high level of *beyondblue* internal resources. *beyondblue* should further develop mechanisms to engage and effectively coordinate with local consumer, community, and healthcare organisations to utilise their local insights and expertise in *beyondblue's* activities.

There is scope to improve alignment with funders and other mental health organisations

As discussed in Section 3.2.1, *beyondblue* activities are supported by both State and Commonwealth funding. Funders are involved with *beyondblue* at a board level, providing visibility of *beyondblue* activities and some participation in decision making processes and strategic planning. Notably, *beyondblue* activities are predominately national, and not developed as per jurisdictional requirements.

Stakeholder feedback indicates that there is an opportunity for *beyondblue* and its funders to work more closely together to increase alignment of priorities. Enhanced clarification and coordination will minimise duplication of services and ensure *beyondblue's* activities are optimally aligned with the needs and priorities of its members. While funding agreements and work plans are already in place, there is an opportunity for further and more targeting design of an agreed program of work in each jurisdiction. Stakeholders recognised that this is a two way responsibility, and there is also the need for funders to work more closely with *beyondblue*.

This theme is also relevant to *beyondblue's* relationship with other mental health organisations. While *beyondblue* already funds research and activities conducted by other organisations involved in mental health promotion, prevention and early intervention, there exist further opportunities for collaboration within the sector to better coordinate this work. In an environment where funding is finite and competitive, there is a natural tension between organisations with similar goals. At times this is

expressed in public fora and the media. These perceptions limit the capacity of *beyondblue* to work collaboratively to further shared objectives.

As the largest organisation in the sector, *beyondblue* is well positioned to initiate a more collaborative and co-operative process and to play a leading role in bringing stakeholders together to share ideas and build trust.

5 Is anyone better off?

beyondblue's public health business model seeks to reduce the impact of depression and anxiety across the population through activities which intend to change behaviours and systems. The public health model relies on a positive correlation between mental health awareness and changes to attitudes and behaviours within the population. This model is consistent with evidence based public health approaches shown to have achieved a wide range of health outcomes, particularly in relation to non-communicable disease, the relationship between awareness raising and reductions in the impact of depression and anxiety is particularly complicated for mental health.⁷⁶

Attributing any changes in behaviour and systems to the activities of *beyondblue* since 2010 is challenging. There is limited evidence available at the population level to inform this assessment, and where positive changes are evident, the extent to which *beyondblue* is responsible for the change is unclear, because of the difficulty separating the impact of *beyondblue* from other exogenous factors.

In this section we explore the question “*is anyone better off?*” as a result of *beyondblue* activities during the evaluation period and find that:

- stigma and discrimination have reduced, but there is much more work to be done
- more people are seeking help for depression and anxiety
- access to early intervention and treatment has improved
- *beyondblue* research has contributed to the evidence base, but more time is required to determine the impact of the priority driven approach.

Each of these areas is discussed in more detail below.

5.1 Stigma and discrimination have reduced, but there is much more work to be done

For people experiencing depression and anxiety, being subjected to stigmatising attitudes or discrimination is not uncommon.⁷⁷ This can have significant impacts on health and wellbeing outcomes, because of the negative effects on employment prospects, access to housing, access to health services and treatment, access to insurance and personal relationships.⁷⁸ Because of these effects, reducing the impact of stigma and discrimination for people experiencing depression and anxiety has been a key focus for *beyondblue* over the last five years.

It is important to differentiate between work *beyondblue* has done in relation to race or gender based discrimination (which have been the focus of mass media campaigns) and the work done to reduce discrimination arising from stigmatising attitudes or structural discrimination. In relation to the latter, *beyondblue* has sought to reduce stigma and discrimination by delivering a mix of programs that facilitate personal contact with people with depression, education programs that challenge inaccurate stereotypes and protest approaches which highlight the injustices of stigma and request or demand the

⁷⁶ Jorm, Christensen and Griffiths (2005), *The impact of beyondblue: the national depression initiative on the Australian public's recognition of depression and beliefs about treatments*, Australian New Zealand Journal of Psychiatry

⁷⁷ Nicola J. Reavley, Anthony F. Jorm (2011), *Stigmatizing attitudes towards people with mental disorders: findings from an Australian National Survey of Mental Health Literacy and Stigma*

⁷⁸ *beyondblue* strategic business plan 2011 – 2015, p 7.

attitudes be suppressed.⁷⁹ In terms of the impact of *beyondblue's* work in this area over the last five years, we find that:

- Efforts in stigma and discrimination have not achieved the same magnitude of change as awareness raising activities
- *beyondblue* evolved its approach to stigma reduction and discrimination during the evaluation period
- It remains difficult to measure the impact of *beyondblue* efforts
- Stakeholders have indicated that continued direct interventions to reduce stigma and discrimination should drive *beyondblue's* future direction

Each of these areas is discussed in more detail below.

5.1.1 Efforts in stigma and discrimination have not achieved the same magnitude of change as awareness raising activities

Evidence of progress toward reducing stigmatising attitudes in the Australian community is limited. Findings from *beyondblue's* Depression Monitor indicate that there has been a decline in stigmatising attitudes across all demographics. 70.8% of Nous' online survey respondents felt that stigma and discrimination in relation to depression was a little or much better than in 2010, however this figure was only 54.7% in relation to anxiety.⁸⁰ Nevertheless, *beyondblue* has been less effective in reducing stigma than has been the case in raising community awareness about depression.

The Depression Monitor also shows that stigma remains significantly higher in certain groups.⁸¹ This is unsurprising, as broad-based national programs will inevitably have differential impacts on different parts of the population. This result is supported by Reavley and Jorm (2012), who report that in Australia, some aspects of stigma associated with depression have improved over time, and that these impacts are different across population groups.⁸² Overall, a range of research findings suggest that it is difficult to generalise about population groups and/or characteristics that are associated with higher or lower levels of stigmatising attitudes.⁸³

What is clear, is that while there have been declines in the proportion of people with stigmatising attitudes, there remains an opportunity for *beyondblue* to target some populations that are more likely to hold these views (despite the difficulty with generalisation referred to above). The Depression Monitor find the following groups were more likely in 2012 than the average (21%) to agree that people with the statement that people with depression 'can't be trusted in positions of high responsibility':⁸⁴

- Those not aware of *beyondblue* (39%)
- Those from non-English speaking backgrounds (35%)
- Those with a Year 11 education or less (33%)
- Males (27%)

⁷⁹ *beyondblue* Position Statement(2012): Stigma and discrimination associated with depression and anxiety

⁸⁰ Nous online survey February 2014. Summary statistics are provided at Appendix B, and the method is described in Section 2.3.

⁸¹ *beyondblue* Depression Monitor (2012) Overall longitudinal report

⁸² Reavley, N.J. & Jorm, A.F. (2012). Stigmatizing attitudes towards people with mental disorders: changes in Australia over 8 years. *Psychiatry Research*, Epub ahead of print: Mar 12.

⁸³ *beyondblue* Position Statement(2012): Stigma and discrimination associated with depression and anxiety

⁸⁴ *beyondblue* Depression Monitor (2012) Overall longitudinal report

- Those aged 65+ (25%)
- Those in New South Wales (25%) or Queensland (22%)
- Those from regional or rural locations (24%).

This data shows that *beyondblue* should continue to tailor stigma reduction interventions to particular populations. This aligns with *beyondblue*'s approach to awareness raising, and current stigma reduction programs targeting men, workplaces and rural areas (i.e. *beyondblue*'s workplace and workforce initiative promotes mentally healthy workplaces, in part through programs designed to destigmatise mental illness).

5.1.2 *beyondblue* evolved its approach to stigma reduction and discrimination during the evaluation period

The need for a targeted approach to stigma reduction and discrimination emerged during the evaluation period. In 2012, *beyondblue* produced a Position Statement⁸⁵ to consider the evidence base and inform the *beyondblue* response. While stigma is well-defined in the literature, there is limited evidence on translating theoretical understanding to actionable interventions that produce change. The Position Statement outlines the three major strategies employed by *beyondblue* to address stigma – described in the paper as 'educational', 'contact' and 'protest'.⁸⁶ This position represented a shift from the traditional emphasis on mass media campaigns designed to normalise the experience of depression and anxiety,⁸⁷ and a broadening of *beyondblue*'s suite of activities to combat stigma and discrimination and to emphasise contact based approaches. *beyondblue* has also modified existing programs, such as the National Workplace Program, to increase attention on stigma reduction and discrimination.

beyondblue activities to combat stigma and discrimination include:

- Establishment of the **Speaker's Bureau** – a contact based approach involving the sharing of personal stories of people who have experience of depression and anxiety.
- Initiation of digital approaches to support contact and improve help-seeking
- targeted 'stigma mindful' communication to specific audiences
- Incorporation of a stigma reduction focus in the *beyondblue* **National Workplace Program**
- facilitation of the **blueVoices online community** – to provide contact and peer support
- commissioning of the Sax Institute to conduct a **review of the evidence** for community or population level interventions that are effective for reducing stigma related to depression, anxiety and/or suicide, in order to inform planning going forward,

One other area of increased focus for *beyondblue* has been to target the stigma and discrimination of people with depression and anxiety face when seeking insurance. This is an issue when people with depression and anxiety are denied (or have to pay a premium for) insurance products that are otherwise readily available for people without mental illness. *beyondblue*, in coordination with the mental health, insurance and financial services sector brokered a Memorandum of Understanding which aims to

⁸⁵ *beyondblue* Position Statement - Stigma and discrimination associated with depression and anxiety (August 2012)

⁸⁶ *beyondblue* Position Statement - Stigma and discrimination associated with depression and anxiety (August 2012)

⁸⁷ Note: While mass media has a role in normalising depression and anxiety and reducing stereotypes, research findings suggest that contact with people with depression and anxiety is the most effective approach. *beyondblue* Position Statement - Stigma and discrimination associated with depression and anxiety (August 2012)

improve life insurance and income protection outcomes for Australian living with mental illness.⁸⁸ This action occurred largely in response to a 2010 survey conducted together with Mental Health Council of Australia (MHCA) that examined consumer experiences of insurance. *beyondblue* and the MHCA have also developed a website for mental health consumers and carers that provides information about a range of insurance and superannuation products, and recent issues and developments. While *beyondblue* has clearly worked hard to decrease stigma and discrimination when acquiring insurance, because of the paucity of data, this evaluation has not assessed whether this work has resulted in actual changes in behaviour and systems in the insurance sector. In addition, in November 2012, *beyondblue* together with the Mental Health Council of Australia commenced alternative activities to influence change – including supporting those individuals who believe they have experienced discrimination to commence legal proceedings against insurance companies and developing and promoting comparative information on mental health-friendly insurance policies and practice.

5.1.3 It remains difficult to measure the impact of *beyondblue* efforts

Historically, the primary focus of *beyondblue* has been on awareness raising⁸⁹ – and *beyondblue* can quantify their success in this endeavour convincingly. While the role of awareness raising as part of a comprehensive approach to stigma reduction rests on a logical theoretical foundation, it remains difficult to directly measure changes in stigmatising behaviour arising from increased awareness.

In addition to this difficulty, in Australia the use of measures to demonstrate impact are less progressed than in some other countries.⁹⁰ While there are large scale cross sectional population surveys of awareness and attitudinal changes in the general population, the ‘gold standard’ of measurement is to consider changes in the lived experience of people with depression and anxiety who have had a personal experience of stigma. Improving the measurement of stigma and discrimination with a focus on behavioural change measured longitudinally has been suggested by academia⁹¹ and supported by *beyondblue*,⁹² however this is a challenging and resource intensive approach. These factors need to be considered as *beyondblue* assesses a range of evaluation tools that have been trialled internationally, for possible future implementation in Australia. As such, it is hard to connect the provision of information or education with changes in stigmatising behaviour or attitudes as personally experienced by a person with depression and anxiety at this time.

5.1.4 Stakeholders have indicated that continued direct interventions to reduce stigma and discrimination should drive *beyondblue*’s future direction

Some internal and external stakeholders believe that the greatest opportunity for *beyondblue* during its next period lies in focused attention on direct interventions to reduce the impact of stigma and discrimination. While acknowledging the work that *beyondblue* is already doing in this space (discussed in Section 5.1.2), this recommendation recognises that reducing stigma is a complex issue that requires an ongoing and dedicated focus on behaviour change. It is supported by evidence that education (including information resources which challenge inaccurate stereotypes and replace them with factual

⁸⁸ MHCA and bb (2011), Mental Health, Discrimination and Insurance: A survey of consumer experiences 2011

⁸⁹ As discussed in section 4.2, *beyondblue* has been very effective in its awareness raising efforts.

⁹⁰ See Canada’s Opening Minds in High School: Results of Contact Based anti-stigma Interventions - <http://www.mentalhealthcommission.ca/English/node/20416?terminal=39>

⁹¹ Jorm (2011) The population impacts of improvements in mental health services: the case for Australia

⁹² *beyondblue* Position Statement(2012): Stigma and discrimination associated with depression and anxiety

information) and contact (interpersonal contact with people with depression/anxiety)⁹³ may be more effective than awareness raising through mass media campaigns in making a difference to the experience of stigma and discrimination in the community.

Understanding what works in stigma reduction specifically in the case of depression and anxiety, as opposed to mental illness more generally, remains a major evidence gap. While outside the scope of this evaluation, *beyondblue* has recently dedicated significant funding to address this gap. Specific areas of focus include men as a target population and the potential of digital approaches in stigma reduction.⁹⁴ In addition, there remain other opportunities for *beyondblue* to concentrate resources to understanding what works in stigma reduction to improve the efficacy of interventions, particularly through changes to the scope of data collected through the Depression Monitor.

5.2 More people are seeking help for depression and anxiety

beyondblue's success in raising public awareness about depression and anxiety has been associated with an increase in the number of people seeking help across the evaluation period. This behaviour change is evident in the Depression Monitor data and in the academic literature, which identified a clear correlation between levels of awareness and help-seeking behaviour.⁹⁵ More people now know why to seek help, where to seek help and actually do seek help. In this section we find that:

- encouraging help-seeking is now an integral part of the *beyondblue* message
- more people are seeking help for depression
- easily accessible information enables and enhances help-seeking
- some key groups continue to be under-represented in help-seeking.

Each of these areas is discussed in more detail below.

5.2.1 Encouraging help-seeking behaviour is now an integral part of the *beyondblue* message

The likelihood of help-seeking, or supporting someone experiencing depression or anxiety, is predicated on health literacy, awareness of signs and symptoms, and an understanding of the impact of depression and anxiety. Significant initiatives through the reporting period have included a greater focus on promoting effective help-seeking behaviour, and most media now includes information on where to seek help. Programs, such as the National Perinatal Depression Initiative, workplace mental health and the *beyondblue* child and adolescent bushfire response, among others, now incorporate information about how to identify depression or anxiety, personally and in others, and promote the steps to take to address concerns and seek help.

⁹³ Corrigan, P., Morris, S., Michaels, P., Rafacz, J., & Rüsch, N. (2012). Challenging the public stigma of mental illness: a meta-analysis of outcome studies. *Psychiatric Services*, 63(10), 963-973

⁹⁴ Personal communication with *beyondblue* Strategic Projects Lead.

⁹⁵ National survey of mental health literacy and stigma (2011). Reavley, N., Jorm, A.

5.2.2 More people are seeking help for depression

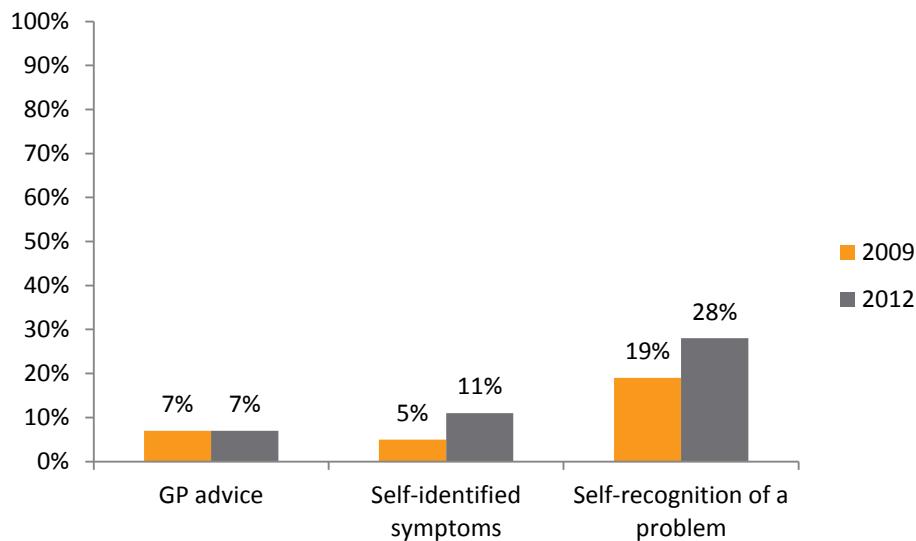
More people know why to seek help. *beyondblue* Depression Monitor data indicates that there has been a 63% increase in people seeking help because of a self-identified symptom or recognition that they were experiencing a problem. When asked “what prompted you to get help?” (Figure 19);

- 28% said self-awareness or self-recognition of a problem, up from 19% in 2009
- 11% had identified symptoms of depression, up from 5% in 2009
- GP advice remained unchanged at 7%

79.4% and 65.2% of Nous online survey respondents (referring to depression and anxiety respectively) considered that within their community things were a little or much better in relation to people’s willingness to seek help.⁹⁶

Recognition of a problem is seen as the first step in seeking help. A failure to recognise signs and symptoms of depression or anxiety is likely to delay seeking help,⁹⁷ with the concomitant risk of the depression or anxiety becoming more established and taking longer to overcome, leading to a greater burden of disease. Early intervention is seen as critical in reducing the prevalence of depression and anxiety.⁹⁸

Figure 19: Reasons why people seek help 2009 -2012



Source: Depression Monitor - Longitudinal Analysis Report Wallis Consulting Group 2012

Depression Monitor data shows that more people are actually seeking help, increasing from 35% in 2005 to 44% in 2012. Some key groups have shown particular improvement:

- Youth: 46% claim to have actually sought information in 2012, compared to 36% in 2005
- Older adults: 30% claim to have actually sought information in 2012, up from 24% in 2005

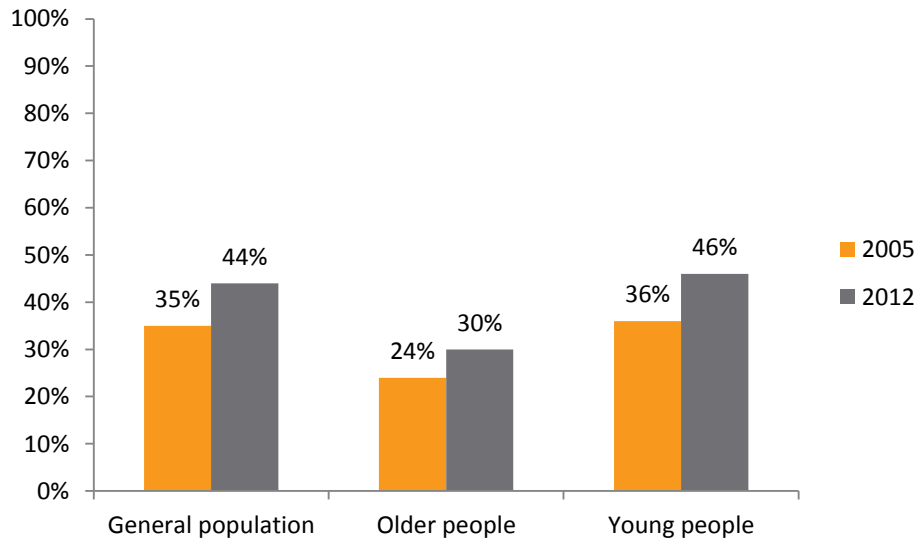
⁹⁶ Nous online survey February 2014. Summary statistics are provided at Appendix B, and the method is described in Section 2.3.

⁹⁷ National survey of mental health literacy and stigma (2011). Reavley, N., Jorm, A.

⁹⁸ www.blackdoginstitute.org.au/public/researchareas/earlyintervention

In noting that young people are shown to be more likely to seek help than older people, it may be that *beyondblue* is creating awareness and an understanding of help-seeking behaviour that will continue into the future. Figure 20 illustrates the improvements in actual help-seeking behaviour between 2005 and 2012. Data for 2010 was not available.

Figure 20: Actual help-seeking behaviour



Source: *Depression Monitor - Longitudinal Analysis Report*, Wallis Consulting Group 2012

5.2.3 Easily accessible resources enable and enhance help-seeking

The internet remains the primary source for information about depression and anxiety.⁹⁹ Depression Monitor data demonstrates that this is the continuation of a long term trend – since the survey was first conducted in 2004, the internet has been the leading source of information. The findings from the Depression Monitor are augmented by the results of the *Nous* survey, which focus more closely on changes during the evaluation period. 85.6% of respondents agreed that new ways of finding information, support and treatment about depression were a little or much better in their community since 2010. 75.9% reported this improvement in relation to anxiety.¹⁰⁰ These results suggest that information provided about depression and anxiety is assisting help seekers, but also improving the general level of understanding of depression and anxiety in the community.

beyondblue has effectively capitalised on the potential of the internet for communication and engagement (as noted in Section 3.6.2) and has developed a broad range of options for people to access information and to seek help. Facebook, Twitter and YouTube are now core platforms for disseminating *beyondblue* information, complemented by a range of online services and e-mental health programs for which *beyondblue* has either created or supports (e.g. www.youthbeyondblue.com, www.theshedonline.org.au, www.justspeakup.com.au, www.mantherapy.org.au). It is clear *beyondblue* has contributed to the range of online resources that enhance help seeking.¹⁰¹ Over the evaluation period, the number of unique visitors to the *beyondblue* website has increased and there has been

⁹⁹ *beyondblue* Depression Monitor Report (2012).

¹⁰⁰ *Nous* online survey February 2014. Summary statistics are provided at Appendix B, and the method is described in Section 2.3.

¹⁰¹ There is also a growing number of e-mental health programs available addressing panic, mood swings, and managing stress and anxiety, for which *beyondblue* provided research funding.

growth in the *blueVoices* online community, alongside the greater sophistication in the online offerings from *beyondblue* (www.beyondblue.org.au).

The intention of people to seek information from the internet has increased across all demographics since 2005, but remained relatively constant since 2010.¹⁰² However, there is an uneven distribution across age brackets - in 2012, 64% of people over 25 would seek information from the internet,¹⁰³ but only 30% of older adults identifying the internet as their primary information source.¹⁰⁴ By contrast 72% of youth (aged 18-24) seek information from the internet (compared to 49% in 2005).¹⁰⁵

At the same time, the percentage of people seeking information from *beyondblue* peaked in 2010 (increasing from 1% in 2005 to 12% in 2010), but declined slightly to 7% in 2012¹⁰⁶ – perhaps reflecting the growing number of information sources, and options for help seeking over the reporting period. The increase in web traffic to *beyondblue*'s website indicates increasing interest in *beyondblue* (in absolute terms). However the decline in relative terms suggests that those seeking help, as well as those seeking information may be turning to other sources.

There are a number of other notable characteristics of help seeking behaviour:

- Twice as many people in Victoria and NSW would contact *beyondblue* seeking information compared with people in Queensland.¹⁰⁷
- The importance of GPs as a source of information has remained relatively constant (32% would ask a GP or doctor for information in 2010, 33% in 2012).¹⁰⁸
- The proportion of people seeking information from books declined from 17% to 7% between 2005 and 2012.

While the Depression Monitor has not collected information on the use of online health services, data on the use of the *beyondblue* support service (see above) suggests that more people are now getting help online and from telephone services.

5.2.4 Some population groups are less likely to seek help

While more people are seeking help from a greater range of options, some population groups remain less likely to seek help.

Men are less likely to seek help than women. A number of reasons for this have been identified,¹⁰⁹ including:

- there is still a fear of stigma, of not being manly, and of finding it personally confronting to admit depression
- lack of social supports and community connection is a barrier to help seeking.

¹⁰² Depression Monitor - Longitudinal Analysis Report. Wallis Consulting Group (2012).

¹⁰³ Depression Monitor – Longitudinal Analysis Report (Summary of results: Older people. Wallis Consulting Group (2012).

¹⁰⁴ Ibid. Note 2005 figures were not available.

¹⁰⁵ Depression Monitor – Longitudinal Analysis Report (Summary of results: Children/Youth). Wallis Consulting Group (2012).

¹⁰⁶ Depression Monitor - Longitudinal Analysis Report. Wallis Consulting Group (2012).

¹⁰⁷ Ibid.

¹⁰⁸ Ibid.

¹⁰⁹ IPSOS (Oct 2013) Draft: *beyond* barriers strategy evaluation - quarterly progress report.

beyondblue is actively addressing these issues for men via a number of avenues including Man Therapy, Men's Sheds, and their ongoing association with sporting clubs and associations, but men remain a priority group.

Older people often do not seek help because they do not consider depression to be a serious problem. They may not recognise the correlation between depression and other diseases, and the negative impacts on quality of life. The *beyondblue*'s Older Person's National Awareness Campaign found that, where the respondent had themselves been the sufferer, only two-thirds (67%) claimed to have received help, and that the most commonly cited reason for not receiving help was due to working through it personally – the classic stoicism of older generations¹¹⁰. While *beyondblue* does collaborate in programs for older people (e.g. Council on the Aged, aged care services) this appears to be a group where further targeted awareness raising is necessary before help seeking behaviour changes.

People with less than Year 12 education, are also less likely to seek help. This group is addressed indirectly as part of *beyondblue*'s awareness raising campaigns, but is not identified separately as a priority population. Ensuring that help seeking information is accessible to people with low levels of literacy will be important to engage this group in future.

5.3 Access to early intervention and treatment has improved

beyondblue's work in relation to awareness, stigma reduction and help-seeking is likely to have contributed to changes in the range, access, utilisation and quality of primary mental health services since 2010. In this section we find that:

- There are now more opportunities for early intervention and treatment in the community
- Utilisation of the primary mental health care system has increased
- More evidence is available to support effective early intervention and treatment
- More work is needed to improve access for some population groups.

Each of these areas is discussed in more detail below.

5.3.1 There are now more opportunities for early intervention and treatment in the community

During the evaluation period new programs have been established within the mental health system to improve access to early intervention and treatment for depression and anxiety. *beyondblue* has made an important contribution to this change.

As described in Section 3.1, *beyondblue* has established or contributed to early intervention programs in new community settings including the national perinatal screening program, KidsMatter, aged care and workplace programs. The national perinatal screening program is an example of a program which has now been integrated in to the broader health system. *beyondblue* has also contributed to the introduction of new models of care in the community. New Access, the Support Service, the disaster response initiative and e-Mental health are examples of new ways in which the community can now more readily access help once they recognise they need professional help and are ready to act on it.

¹¹⁰ Sweeney Research (February 2013) "A Quantitative Research Report on: Evaluation Of *beyondblue*'s Older Persons National Awareness Campaign".

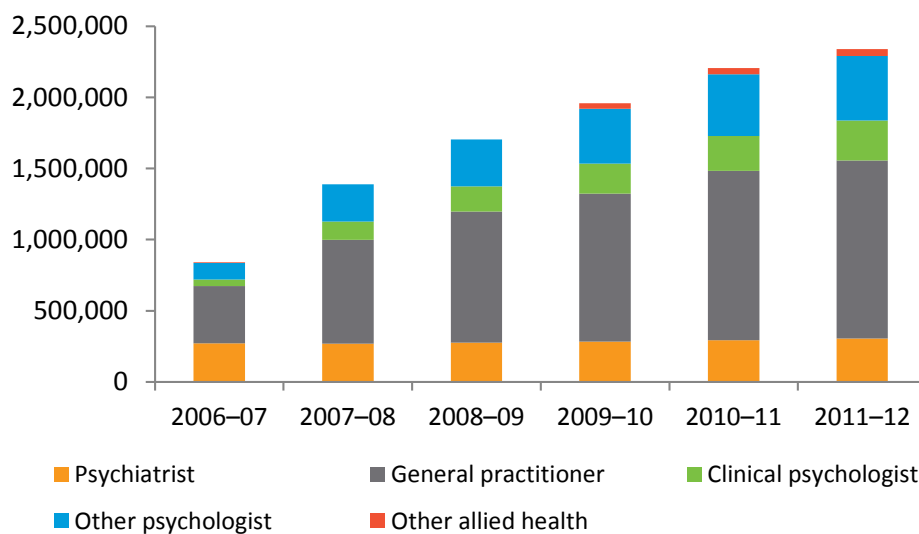
5.3.2 Utilisation of the primary mental health care system has increased

More people reported use of primary mental health services for depression and anxiety during the evaluation period. In the latest Depression Monitor report, 88% of respondents to the Depression Monitor who reported suffering depression also reported receiving help for it, compared to 81% in 2005.¹¹¹ Those who report seeking help are now more frequently 'self-aware' of their condition. The proportion of Depression Monitor respondents who report seeking help as a result of recognising they need it increased to 28% in 2012, up from 16% in 2008.¹¹²

Australian Institute of Health and Welfare analysis also reveals increases in the use of Medicare-funded primary care services¹¹³. These services include general practice, psychiatrist, psychologist and other allied health consultations. Figure 21 and Figure 22 illustrates that more people are receiving a broader range of primary mental health care services, more often. The number of Medicare-subsidised services have increased by 11% per annum between 2006-7 and 2011-12, while the number of people receiving treatment has also increased. Concurrently there has been an increase in the proportion of general practitioner consultations involving depression and anxiety.

One of the most important system changes which occurred prior to the evaluation period was the introduction of the Better Access program which significantly increased Medicare funding for psychologist consultations from 2007-08. Whiteford *et al* (2013)¹¹⁴ identified that the introduction of the Better Access program was the principal driver behind growth in primary mental health service activity. However, the observed improvement in help-seeking behaviour may have also contributed to an increased demand for these services.

Figure 21: People receiving Medicare subsidised mental health related services 2007-13



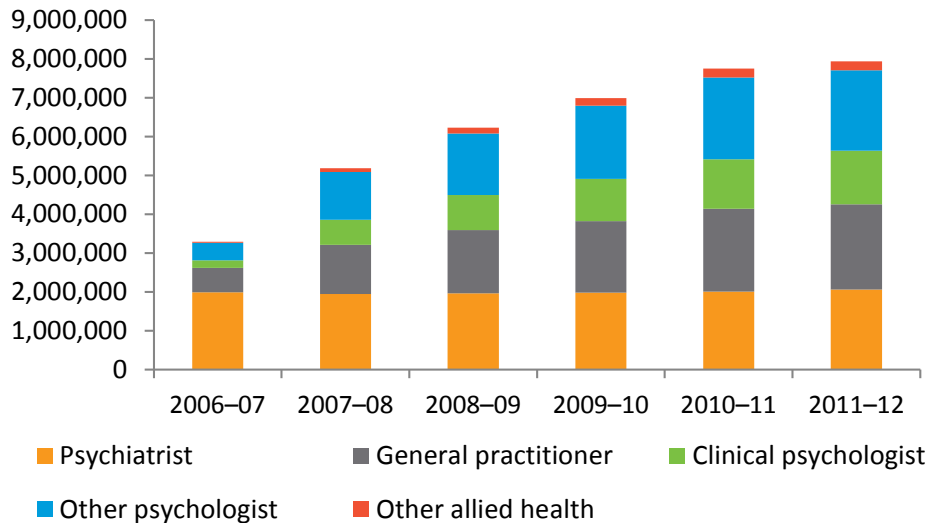
¹¹¹ Wallis Consulting Group (2012) *beyondblue* Depression Monitor – overall longitudinal report.

¹¹² Wallis Consulting Group (2012) *beyondblue* Depression Monitor – overall longitudinal report.

¹¹³ Australian Institute of Health and Welfare (2013) Mental health services in Australia.

¹¹⁴ Whiteford, H. A., Buckingham, W. J., Harris, M. G., Burgess, P. M., Pirkis, J. E., Barendregt, J. J., & Hall, W. D. (2013). Estimating treatment rates for mental disorders in Australia. *Australian Health Review*, 38, 80-85.

Figure 22: Medicare-subsidised mental health-related services, by provider type 2007-13



Source: AIHW (2013) *Mental health services in Australia*

5.3.3 More evidence is available to support effective early intervention and treatment

Mental health professionals have access to more evidence and resources to support their work with the growing number of people who seek professional help for depression and anxiety. *beyondblue* is one of many organisations who have contributed to this professional evidence base since 2010. Section 3.7.3 summarises the work *beyondblue* has contributed to the mental health system in terms of program evaluations, research and clinical practice guidelines. Professional training and education have been a continuing theme across all program areas during the evaluation.

Previous *beyondblue* research activities have been shown to impact on clinical practice.¹¹⁵ A goal of the recent changes to the *beyondblue* research strategy is to promote greater evidence to action research,¹¹⁶ which will include impacts on clinical practice in early intervention and treatment. Evidence is not available to determine whether the *beyondblue* contribution has translated into a change in the quality of treatment or its outcomes. As identified in our discussion on clinical practice guidelines under Section 4.7.1, this work appears to be predominately impacting the clinical practice for professionals with less experience in managing depression and anxiety.

5.3.4 More work is needed to improve access for some population groups

While the growth in service provision for mental health conditions in primary care is encouraging, the population groups who are accessing services at a lower rate correlate with many of the priority groups

¹¹⁵ Powell, A., Bullen, J., Brennan, D., (2012) *beyondblue* Research Impact Evaluation. Report for *beyondblue*. Sydney: Social Policy Research Centre, University of New South Wales ("Research Impact Evaluation").

¹¹⁶ *beyondblue* Annual Report (2013).

currently targeted by *beyondblue*. Analysis by AIHW indicates that the following groups remain less likely to access Medicare-funded primary mental health services:¹¹⁷

- Rural and remote populations
- Men
- Older people.

While many of the issues related to service access are outside the scope of *beyondblue*'s work, there is potential to focus on encouraging greater levels of help-seeking and explore new models of care which might provide alternatives to traditional general practice, psychologist and psychiatrist services. The New Access pilot project is an example of one *beyondblue* activity in this area.

5.4 *beyondblue* research has contributed to the evidence base, but more time is required to determine the impact of the priority driven approach

It is too early to determine the impact of the priority driven approach

There is often a time lag between research, published outputs and subsequent impact on the community more broadly. As such it is extremely difficult to measure the extent to which *beyondblue* research funding provided over this evaluation period has impacted on depression and anxiety within the community.

The *beyondblue* approach to funding research evolved over the evaluation period, and involved introduction of the national priority driven research program during 2011 and 2012 (for further detail see Section 3.7.1). While it is still too early to determine the impact of this approach, the following observations can be made:

- Projects were predominately focused on academic outputs, and were successful in building researcher reputation
- Projects were aligned with *beyondblue* identified priority populations in each funding round (2011 - adolescents and young adults, older adults, perinatal, boys and men in the above population groups; 2012 - LGBTI, Men, Aboriginal and Torres Strait Islander)
- Despite this alignment, internal feedback suggests that research has had a limited impact on program development and implementation in practice *during the evaluation period*.

More effective dissemination of findings and follow up of projects would assist to increase the impact.

Few of the stakeholders consulted for either this evaluation or the Research Impact Evaluation undertaken in 2012 were able to refer to specific *beyondblue*-funded projects.¹¹⁸ This suggests that widespread knowledge of research findings is limited. While research projects are displayed on the *beyondblue* website, there is an opportunity for *beyondblue* to do more to promote research findings within the sector more broadly. This could include seminars and research events / conferences.

¹¹⁷ Australian Institute of Health and Welfare (2013). Mental Health Services in Australia.

¹¹⁸ Powell, A., Bullen, J., Brennan, D., (2012) *beyondblue* Research Impact Evaluation. Report for *beyondblue*. Sydney: Social Policy Research Centre, University of New South Wales ("Research Impact Evaluation"); Stakeholder Consultations February 2014.

In addition, and building on the approach undertaken with the Research Impact Evaluation, *beyondblue* could implement a policy with respect to follow-up of all funded projects five years after completion to gain an update on the impact the research has had on policy and/or practice. Undertaking this type of impact assessment expressly acknowledges the lead time before research impacts, and will assist in identifying the types of research programs that are more likely to result in changes in practice. The cost of impact assessment must be balanced with the potential benefit of investment in funding projects that are more likely to translate from research to action.

Projects undertaken during the previous evaluation period show that research can make a practical impact

There is often a time lag between the completion of research projects and measurable impacts or outcomes. This is a result of the time firstly between research completion and publication, and secondly where research outputs need to be adapted before they are appropriate for distribution to consumers and carers more broadly.

For this reason, we have considered case study projects that were undertaken during the previous evaluation period, but have translated to a practical impact during 2010-2013. This demonstrates that while impact can be delayed, funding the right type of research can result in practical impacts and outcomes for target communities. In some instances, research findings can also be adapted to reach and impact on a broader audience.

Case study 1: Cardiac patients with depression in regional and rural Victoria

In 2008, *beyondblue* funded Dr Barbara Murphy of the Heart Research Centre to undertake a qualitative study on the experiences and needs of cardiac patients with depression in regional and rural Victoria. Completed in 2010, the findings of the study led to a joint initiative between the Heart Research Centre and *beyondblue* (conducted from 2012-13), which included the development, testing and evaluation of educational resources to increase consumer and health professional understanding of emotional adjustment after an acute cardiac event. An online training package for health professionals has also been produced and evaluated.

The “Cardiac Blues” patient resource is now widely distributed to the coordinators of each of the 335 Cardiac Rehabilitation programs in Australia and the 163 Coronary Care Units, 47 Cardiothoracic Units of hospitals in Australia, as well as the 61 Medicare Locals.

Case study 2: Web-based intervention for people with depression and co-morbidities

beyondblue funded Professor Richard Osborne, Deakin University, first in 2009 for a research project entitled “An Innovative E-Self-Management Support System For People With Depression And Anxiety And Co-Morbidities (Development Study)”, and again in 2010 for a follow-up study “Stepping Up ... when arthritis or pain are getting you down: an implementation and utility trial of a web-based intervention for people with depression or anxiety and co-morbid musculoskeletal conditions” (Stepping Up).

In October 2012 *beyondblue* consented to Deakin University adapting and commercialising the web-based intervention developed under the Research Funding Agreements. This enables future adaptations of the project materials to accommodate broader audiences and have the potential to greatly increase access to the materials and support *beyondblue*'s mission to improve outcomes for people affected by depression and anxiety.

5.5 Progress towards long term outcomes

Definitive progress towards *beyondblue*'s long-term outcomes is difficult to measure. Long term outcomes align with the fourth key line of enquiry in our evaluation program logic – *is anyone better off?* – and encompass whether *beyondblue* has reduced impact, disability and mortality (and hence improved health outcomes individually, socially or economically), made progress towards its vision and mission, and whether it has achieved sustainability of change. Each of these long term outcomes will be discussed in turn.

Population health outcomes are difficult to assess

It is difficult to determine whether *beyondblue* activities over the past four years have directly resulted in a measurable improvement in health outcomes for individuals currently experiencing, or at risk of developing depression and anxiety.

Promisingly, more people reported use of primary mental health services for depression and anxiety during the evaluation period,¹¹⁹ and AIHW analysis reveals increases in the use of Medicare-funded primary care services.¹²⁰ However there is no available data at the population level to indicate whether this help-seeking translated to improved health outcomes in relation to depression and anxiety. With respect to suicide prevention, *beyondblue* only expanded its remit to include suicide prevention in 2012, and so it is far too early to assess the impact of *beyondblue*'s work at this level.

Similarly the extent to which the social and economic consequences of these conditions have been impacted by the work of *beyondblue* remains unclear. In part this is a result of fragmentation in mental health service funding and delivery, which makes it challenging to estimate expenditure on mental health services and hence identify improvements across the sector generally. It is even more challenging to attribute improvements to *beyondblue* activities.

Progress towards mission and vision

beyondblue's vision is 'a society that understands and responds to the personal and social impact of depression and anxiety, and works actively to prevent it and improve the quality of life of everyone affected'. In working towards this vision, *beyondblue*'s mission is to 'provide national focus and leadership that increases the capacity of the broader Australian community to prevent depression and anxiety and respond effectively'.

The extent and breadth of *beyondblue* activities, the noted increases in awareness raising, and the associated improvements in help-seeking and access to early intervention and treatment indicate that *beyondblue* has built the capacity of the Australian community to prevent depression and anxiety and respond effectively. Activities between 2010 and 2013 have built on and strengthened the progress reported in the previous evaluation period,¹²¹ particularly in relation to anxiety and the translation of awareness to behavioural change. While *beyondblue*'s vision for society is more ambitious, the noted improvements in community capacity to identify and respond to depression and anxiety would logically suggest that progress has also been made towards this vision.

¹¹⁹ Wallis Consulting Group (2012) *beyondblue* Depression Monitor – overall longitudinal report.

¹²⁰ Australian Institute of Health and Welfare (2013) Mental health services in Australia.

¹²¹ Dunt, D., Robinson, J., Selvarajah, S. & Pirkis, J (December 2009), '*beyondblue: the national depression initiative 2005-2010: An independent evaluation report*' Centre for Health Policy, Programs and Economics, University of Melbourne.

Sustainability of change

Ultimately *beyondblue* seeks to build capacity in the community and the mental health system to identify and respond to depression, anxiety and suicide. This will enable progress towards *beyondblue*'s long term outcomes to be sustained. As noted above, there is some evidence that *beyondblue* has built this capacity, particularly in relation to depression and, to an increasing extent, anxiety. It is too early to assess whether this has been achieved in respect of suicide prevention. However, the growing strength of *beyondblue* as an organisation provides a positive indication that current progress will be built on moving forward. Sustainability will be further increased by a targeted focus on enhancing partnership and collaborative efforts within the mental health sector.

6 Conclusions

6.1 *beyondblue* has delivered against its funding agreements

Over the evaluation period, *beyondblue* operated under funding agreements with the Commonwealth, States and Territories, and the Movember Foundation. The majority of these funding agreements conclude in 2015. With the exception of Commonwealth Government agreements tied to the National Perinatal Depression Initiative and Mental Health Disaster Initiative, these funding agreements are general purpose. Notably, the Movember funding agreement specifies funding must go towards men's health activities, and while these activities are not pre-determined, all Movember funded projects must be approved by Movember.

All of the funders interviewed unanimously agreed that *beyondblue* has delivered against its State and Commonwealth funding agreements over the evaluation period. In some instances, State funders considered that *beyondblue* delivered above and beyond the requirements in the funding agreements. This reflects a clear theme that *beyondblue* can be relied on to deliver programs efficiently and effectively.

General purpose funding agreements provide *beyondblue* with a large amount of autonomy in how funds are allocated. Essentially, the funding agreements require *beyondblue* to continue and expand its core activities to meet the overarching objectives and KRAs of *beyondblue* – reducing the impact of depression and anxiety, increasing the capacity of the community to respond effectively, and reducing associated stigma and discrimination. While this latitude enables *beyondblue* to be responsive to emerging needs in its program development and delivery, it does mean that it is difficult to measure and assess precise compliance with the funding agreements, and ensure that *beyondblue* as an organisation 'stays on track'. To mitigate this, *beyondblue* develops workplans to correspond to each funding agreement, and provides ongoing progress reports to all funders.

6.2 *beyondblue* has made progress toward its mission and vision

Over the four year period covered by this evaluation, *beyondblue* has continued to increase the visibility of its brand and to improve awareness about depression and anxiety in the community. It has undertaken a wide range of activities using both flexible and specific purpose funding and has significantly enhanced its social media presence. It has developed a strong reputation for getting the job done and has developed an important role as an independent broker and innovator. While this evaluation has identified a number of ways in which *beyondblue* could increase its effectiveness, the overall conclusion is that over the last four years *beyondblue* has continued to make significant progress towards addressing its long term objective of addressing the significant negative impact on the Australian community of depression and anxiety.

7 Summary of recommendations

From the above, it is clear that *beyondblue* has established itself as an influential player in the mental health sector. Over the evaluation period, *beyondblue* has maintained a high level of visibility due to the breadth of its campaigns and marketing and a strong online capability. In addition, *beyondblue's* activities have grown and changed considerably from 2010 to 2014, demonstrating responsiveness to changing community needs.

beyondblue now faces new challenges. In addition to maintaining a strong profile and relevance, *beyondblue* will need to focus efforts on raising the profile of anxiety and suicide prevention to the same extent as achieved for depression, and continue to focus interventions on translating awareness to actual behaviour change. Targeting and sustained efforts to address stigma and discrimination have emerged as a key focus area for *beyondblue* over the next funding period. In addition, *beyondblue* will need to prioritise evidence to action based research and interventions, and collaborate with funders and other mental health organisations to optimise its contribution to the Australian mental health system and the mental health of Australians.

The following recommendations are made in relation to *beyondblue's* future activities.

Recommendation 1:

The central role that the Chair, Board and CEO plays in the brand and profile raises the need for *beyondblue* to consider succession planning for the future to ensure it is able to continue a high level of visibility.

Recommendation 2:

beyondblue's strong brand and independence position it well to expand its role in developing and piloting innovative programs, including new models of service delivery that complement its awareness-raising activities.

Recommendation 3:

That *beyondblue* take a fresh look at how it might deliver more value for the community by placing a stronger value on collaboration with other major players who share its mission of reducing the impact of depression and anxiety.

Recommendation 4:

Given the critical role evaluation plays in a dynamic cycle of organisation learning, *beyondblue's* approach to evaluation could be strengthened by closer collaboration with evaluation experts to determine the most rigorous approach to evaluation of its major programs.

Recommendation 4:

A further tightening of the criteria for prioritising research is warranted, particularly to increase the evidence base about effective interventions for behaviour change.

Recommendation 6:

There is an opportunity for *beyondblue* to work more closely with all governments to align priorities and coordinate action.

Recommendation 7:

beyondblue could enhance its effectiveness by exploring with member governments ways to increase the involvement of state-based and local organisations in the planning and implementation of its activities.

Recommendation 8:

A stronger focus on determining the impact of its activities on actual behaviour change (not just intentions) could be assisted by considering the introduction of other measures (such as the global measures trialled internationally) in addition to – or as an alternative to – the Depression Monitor. *beyondblue* could also consider collating and publishing on its website data on the long term reduction in the burden of disease.

Recommendation 9:

It is timely for *beyondblue* to prioritise the development of further activities which target a reduction in stigma and discrimination, drawing on and expanding the growing evidence base of ‘what works’ for behaviour change.

8 Acknowledgements

Nous would like to acknowledge the co-operation of *beyondblue* in completing this evaluation, and in particular the ongoing assistance provided by Dr Brian Graetz, Yvette Pollard and Carolyn Nikoloski throughout the project.

Appendix A Stakeholder consultation

The stakeholders listed in the tables below were invited to provide input to this evaluation.

Table 3: *beyondblue* Board

<i>beyondblue</i> Board	
Organisation/Individual	Role on board
Department of Health - Commonwealth	Member representative
Department of Health - Victoria	Member representative
Department of Health - Australian Capital Territory	Member representative
Department of Health - New South Wales	Member representative
Department of Health - Queensland	Member representative
Department of Health - Northern Territory	Member representative
Department of Health - Western Australia	Member representative
Department of Health - South Australia	Member representative
Department of Health - Tasmania	Member representative
The Hon Jeff Kennett AC (Chair, <i>beyondblue</i>)	Director
Kate Carnell AO (CEO, <i>beyondblue</i>)	Director
Professor Brett McDermott	Director
Professor Steve Larkin	Director
Dr Michael Bonning	Director
A/Professor Michael Baigent	Director
Professor Michael Kidd	Director
Fiona Coote AM	Director

Table 4: External stakeholders

External stakeholders	
Organisation	Stakeholder
Mental Health Council of Australia	External stakeholder
Young and Well Cooperative Research Centre	External stakeholder

Table 5: Corporate partners

Corporate partners	
Organisation	Stakeholder
Movember	Corporate partner
Norton (Symantec)	Corporate partner
Steel Blue	Corporate partner
Case IH	Corporate partner
Hays Recruitment	Corporate partner
PWC	Corporate partner
Ozmosis	Corporate partner
Kincrome	Corporate partner
Barry Plant	Corporate partner
Wiley Publications	Corporate partner
AGL Energy	Corporate partner
Canterbury Bulldogs	Corporate partner
Eastern Football League	Corporate partner
Woolworths Deer Park	Corporate partner
Wollondilly Knights Senior Australian Football Club	Corporate partner
Medibank Health Solutions	Service provider (Support Service)
Orygen Youth Health	Service provider (website moderation)
Websilk	Service provider (website development)
Marmalade	Service provider (marketing)
Davidson Trahaire Corpsych	Service provider (National Workplace Program)

Appendix B Online consumer survey – summary statistics

Question 1: Age

Table 6: Question 1

Age range	No. of responses (percentage)
10 to 19	3.5%
20 to 29	18%
30 to 39	24.6%
40 to 49	23.7%
50 to 59	19.6%
60 to 69	8.9%
70 to 80	1.5%
Non applicable ages	0.2%
Total responses	2487

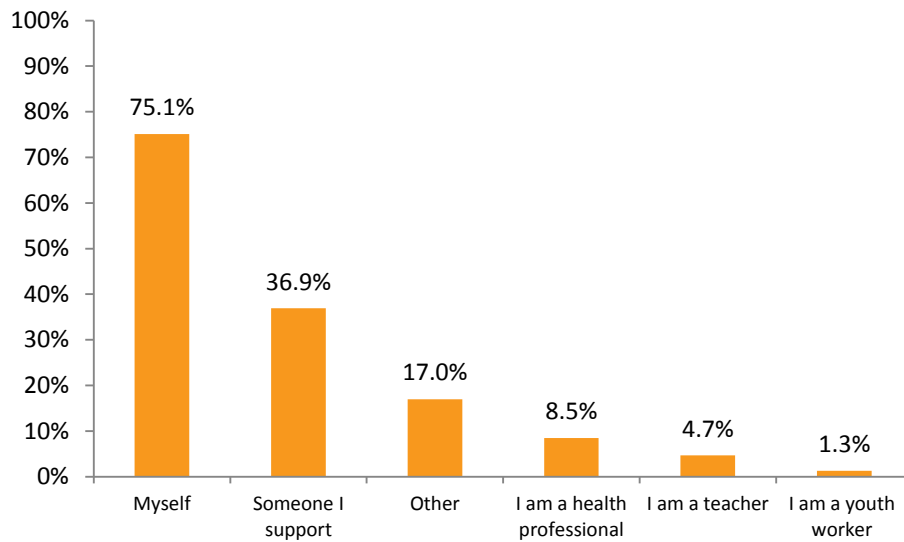
Question 2: Sex

Table 7: Question 2

Sex	No. of responses (percentage)
Female	69.4%
Male	30.2%
Intersex	0.2%
Preference not to say	0.1%
Other	0.1%

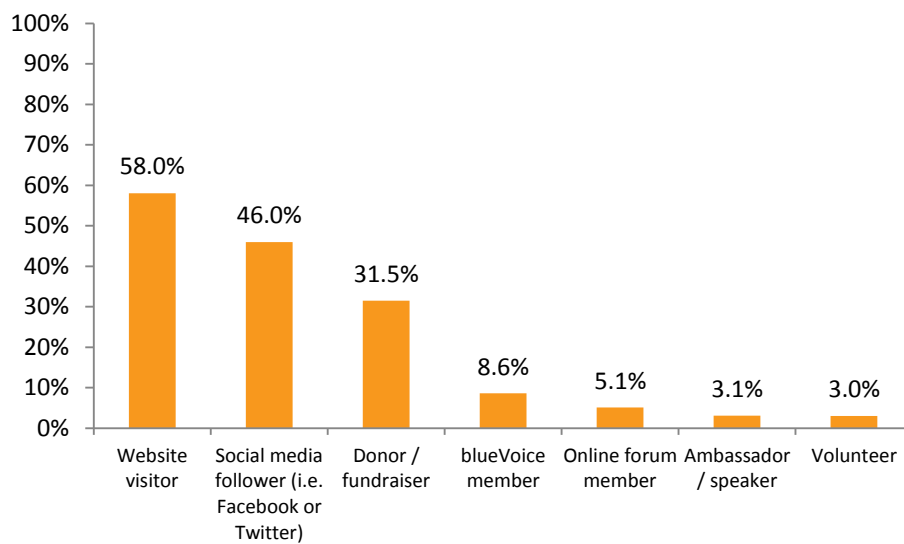
Question 3: What does your experience of depression and/or anxiety primarily relate to? (may choose more than one)

Figure 23: Question 3



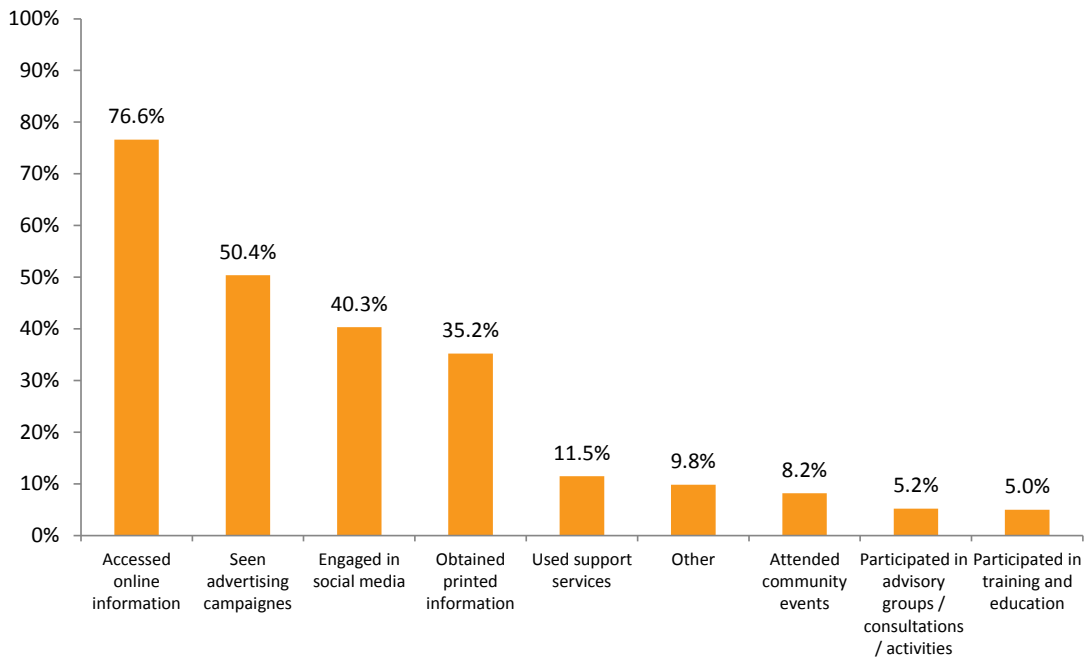
Question 4: How are you engaged with *beyondblue*? (may choose more than one)

Figure 24: Question 4



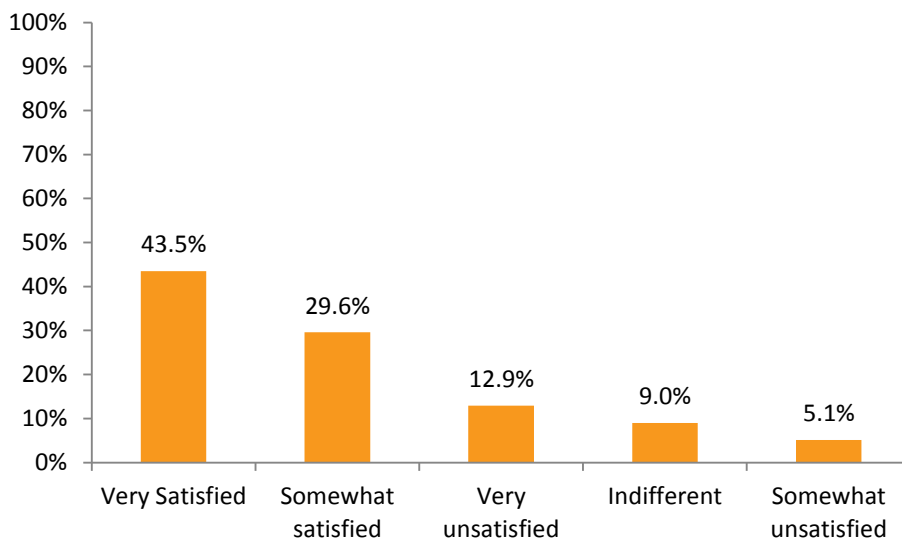
Question 5: What *beyondblue* activities or services have you participated in or used (may choose more than one)?

Figure 25: Question 5



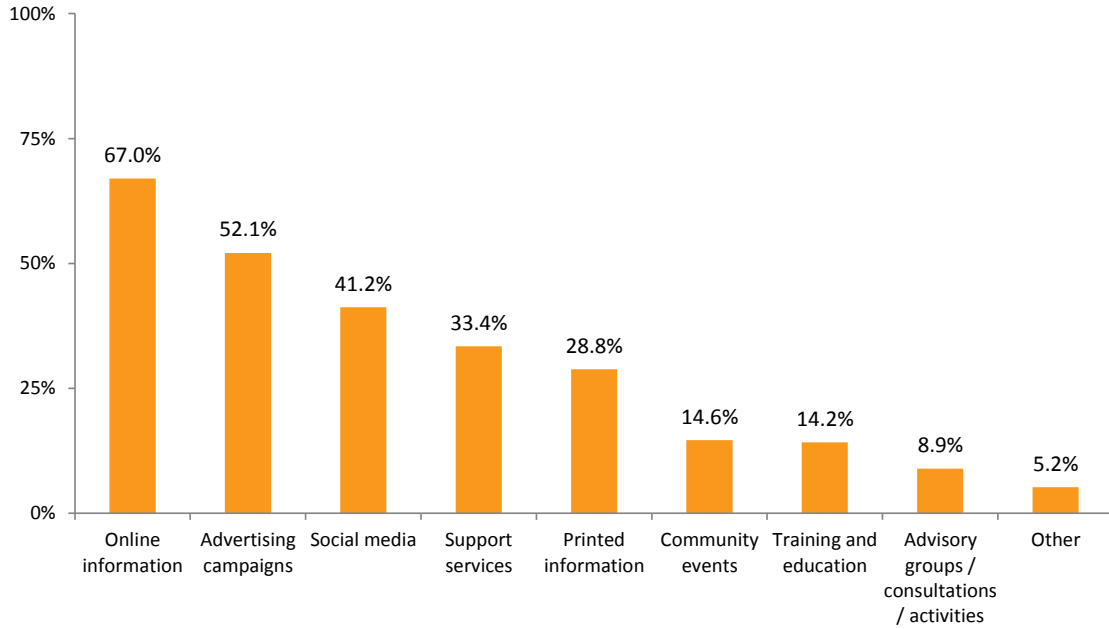
Question 6: Were you satisfied with your interactions with *beyondblue*?

Figure 26: Question 6



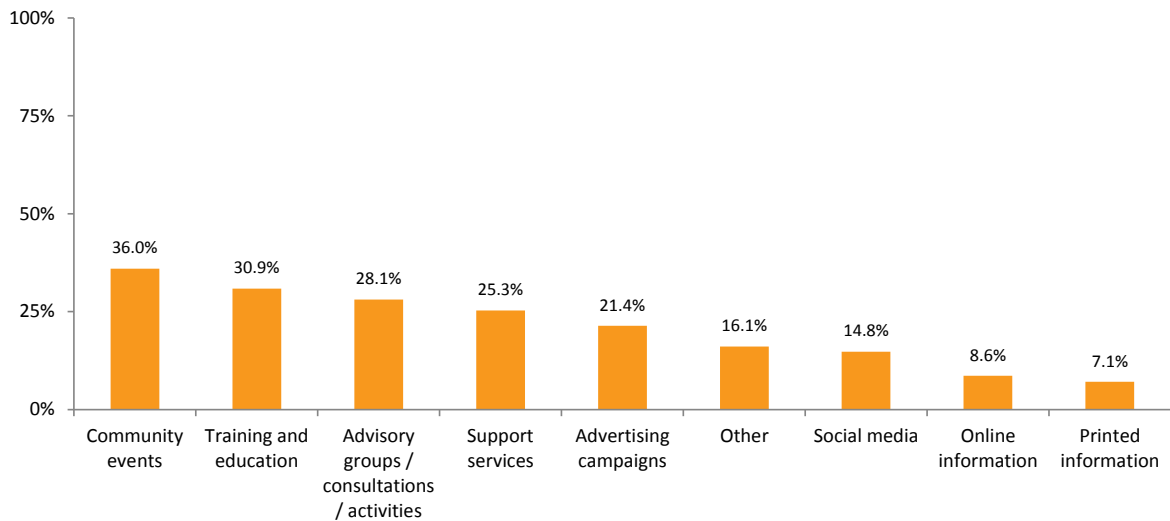
Question 7: Which activities do you think *beyondblue* does best (select up to three)?

Figure 27: Question 7



Question 8: Which activities do you think *beyondblue* need to improve? (select up to three)

Figure 28: Question 8



Question 9: *beyondblue* aims to reduce depression and anxiety in the community, and measure its progress in a number of different ways. We are interested in your views about how the community has changed in recent times. Since 2010, how have the following things changed in your community concerning depression?

Table 8: Question 9

	Much worse	A little worse	No change	A little better	Much better
Awareness of depression	1.0%	1.3%	8.4%	49%	40.3%
Stigma and discrimination of people with depression	1.5%	2.7%	25%	55%	15.8%
People are willing to seek help for depression	0.8%	2%	17.8%	62.2%	17.2%
Detection and treatment of depression by health services	1.6%	3.5%	30.5%	48.7%	15.8%
New ways of finding information, support and treatment about depression	0.9%	1.1%	12.4%	48.6%	37%

Question 10: Since 2010, how have the following things changed in your community concerning anxiety?

Table 9: Question 10

	Much worse	A little worse	No change	A little better	Much better
Awareness of anxiety	1.1%	1.6%	24.6%	52%	20.8%
Stigma and discrimination of people with anxiety	1.4%	4.2%	39.7%	44.6%	10.1%
People are willing to seek help for anxiety	0.9%	2.5%	31.4%	54.1%	11.1%
Detection and treatment of anxiety by health services	1.1%	3.5%	35.1%	48.4%	11.8%
New ways of finding information, support and treatment about anxiety	0.8%	1.4%	21.9%	50.9%	25%

Appendix C Documents reviewed

Table 10: Documents reviewed

Document name	Author	Year
Children		
KidsMatter Early Childhood evaluation report - Executive summary	Flinders University	2012
KidsMatter Evaluation final report - Executive summary	Flinders University	2009
Parenting to prevent childhood depression and anxiety project Final report 20 Dec 2013	<i>beyondblue</i>	2013
Summary of longitudinal results from the <i>beyondblue</i> Depression Monitor - Children/Youth	Wallis Consulting Group	2012
Community Engagement		
Ambassadors and speakers report - 2013	<i>beyondblue</i>	2013
Fundraising report - April 2013	<i>beyondblue</i>	2013
Fundraising report - August 2013	<i>beyondblue</i>	2013
Fundraising report - December 2013	<i>beyondblue</i>	2013
Fundraising report - February 2013	<i>beyondblue</i>	2013
Fundraising report - July 2013	<i>beyondblue</i>	2013
Fundraising report - June 2013	<i>beyondblue</i>	2013
Fundraising report - March 2013	<i>beyondblue</i>	2013
Fundraising report - May 2013	<i>beyondblue</i>	2013
Fundraising report - November 2013	<i>beyondblue</i>	2013
Fundraising report - October 2013	<i>beyondblue</i>	2013
Fundraising report - September 2013	<i>beyondblue</i>	2013
How can we best support those who care? Research Paper series: Summary Report	Hunter Institute of Mental Health	2013
Indigenous & Priority communities		
Evaluation survey results Mardi Gras 2013	<i>beyondblue</i>	2013
LEAD advisory update report - Nov 2013	VicHealth	2013
Research final report - Rites of Passage: Pilot Study of an Early Intervention Program for Aboriginal Young People	The Sax Institute	2012
Rites of Passage: Pilot Study of an Early Intervention Program for Aboriginal Young People - Final report	The Sax Institute	2012

Document name	Author	Year
Stop. Think. Respect. Campaign Evaluation - Final report	Painted Dog Research consultants	2013
Marketing & Communications		
Anxiety Awareness & Understanding Research Wave 2 Report	MediaCom Insights	2013
Anxiety Awareness & Understanding Research Wave 3 Report	MediaCom Insights	2013
Marketing & Communications Summary - June 2013	beyondblue	2013
Marketing & Communications Summary to Board (for noting) - 22 October 2013	beyondblue	2013
Men		
Beyond Barriers Strategy Evaluation - Evaluation Plan	Ipsos Social Research Institute	2013
Beyond Barriers Strategy Evaluation - Quarterly Progress Report 1	Ipsos Social Research Institute	2013
beyondblue-men Microsite Final Analytics Report	beyondblue	2013
Draft Briefing - Tune In Now - Pilot	Homelessness Australia and beyondblue	2014
Draft: Beyond Barriers Strategy Evaluation Quarterly Progress Report 2 - July to Sept 2013	Ipsos Social Research Institute	2013
Evaluation of the Shed online	Deloitte	2012
Game on: Exploring the Impact of Technologies on Young Men's Mental Health and Well being	Young and Well	2013
Man Therapy - Interim evaluation results to 30 Sept 2013	beyondblue	2013
Market research project brief: Men's help seeking behaviour - final report and presentation report	Hall & Partners	2012
Men's Health Information Resources Evaluation	Hall & Partners	2013
Men's Sheds in Australia - Effects on physical health and mental wellbeing - Executive report	Ultra Feedback	2013
Men's Sheds in Australia - Effects on physical health and mental wellbeing - Full report	Ultra Feedback	2013
Movember bi-annual report	beyondblue	2014
Proppa Deadly project for Aboriginal Torres Strait Islander people	beyondblue	2014
New Access		
1st Progress Report - NewAccess - A beyondblue program 7th Aug 2013 to 31st Oct 2013	Flinders University	2013
Evaluation of New Access - Evaluation Framework	EY Assurance Tax Transactions Advisory	2013

Document name	Author	Year
NewAccess evaluation - Project Initiation Document 19 Nov 2013	EY Assurance Tax Transactions Advisory	2013
Older Adult		
Draft - Summary of longitudinal results from the <i>beyondblue</i> Depression Monitor - Adults	Wallis Consulting Group	2012
Email with a blurb on PEAC program	<i>beyondblue</i>	2014
Evaluation of <i>beyondblue</i> 's older persons national awareness campaign - summary report	Sweeney research	2013
Indigenous and Priority Communities - Program summary to board (for noting)	<i>beyondblue</i>	2012
Summary of longitudinal results from the <i>beyondblue</i> Depression Monitor	Wallis Consulting Group	2012
Summary of longitudinal results from the <i>beyondblue</i> Depression Monitor - older people	Wallis Consulting Group	2012
Third year report - Stage 3 'beyond maturityblues' anxiety, depression and older people October 1st 2010 - September 30th 2013	COTA	2013
Operations		
Board paper - Matter Decision: Expansion of the <i>beyondblue</i> info line tender project 16 October 2012	<i>beyondblue</i>	2012
Board paper - Matter Decision: Expansion of the <i>beyondblue</i> info line tender project 17 April 2012	<i>beyondblue</i>	2012
Funding Commitments Summary 2010 to 2015 (as at 27 April 2011)	<i>beyondblue</i>	2010
Operations report - Annexure C - <i>beyondblue</i> Support Service operational report	<i>beyondblue</i>	2013
Operations summary to board (for noting) - Support Services performance activity - 16 April 2013	<i>beyondblue</i>	2013
Operations summary to board (for noting) - Support Services performance activity - 18 June 13	<i>beyondblue</i>	2013
Print Management Services <i>beyondblue</i> - October 2013 review	bluestar IQ	2013
Print Management Services <i>beyondblue</i> - September 2013 review	bluestar IQ	2013
Support Services - Operation summary report 16 April 2013	<i>beyondblue</i>	2013
Support Services - Operation summary report 20 August 2013	<i>beyondblue</i>	2013
Organisational		
Organisational Chart 2013	<i>beyondblue</i>	2013
Organisational Chart 2010	<i>beyondblue</i>	2010

Document name	Author	Year
Organisational Chart 2011	beyondblue	2011
Organisational Chart 2012	beyondblue	2012
Perinatal		
beyondblue the national depression and anxiety initiative - National Perinatal Depression Initiative (NPDI) - Final report	beyondblue	2013
Summary of longitudinal results from the beyondblue Depression Monitor - Perinatal	Wallis Consulting Group	2012
Research		
Annexure B - National Priority Driven Research Program - Steering committee membership	beyondblue	2011
Attachment A - Priority: Aboriginal and Torres Strait Islander people recommended projects	beyondblue	2011
Attachment B - Priority: Gay, Lesbian, Bisexual, Trans and Intersex	beyondblue	2011
Attachment C - Men recommended project	beyondblue	2011
Attachment D - National Priority Driven Research Program round 2 - Steering committee membership	beyondblue	2012
beyondblue Depression Monitor report	beyondblue	2013
beyondblue National Priority Driven Research (NPDR) program - Round 2 process	beyondblue	2012
beyondblue Research impact evaluation - Final report	Social Policy Research Centre, UNSW	2012
beyondblue research strategy 2012-15	beyondblue	2012
Board paper - Matter for decision	beyondblue	2011
Board paper - Matter for decision	beyondblue	2012
Funded research_2010-2014 excel document	beyondblue	2010 - 2014
National Priority Driven Research Program - 2011 Steering committee background paper	beyondblue	2011
National Priority Driven Research Program 2011 - Round 2 Steering committee background paper	beyondblue	2011
National Survey of Mental Health Literacy and Stigma	University of Melbourne	2011
National Survey of Mental Health Literacy and Stigma - December 2011	University of Melbourne	2011
NPDR flowchart	beyondblue	2011
Summary of longitudinal results from the beyondblue Depression Monitor - Comparison of the views of Males and Females	Wallis Consulting Group	2012

Document name	Author	Year
The 2011 National Survey of Mental Health Literacy and Stigma - Summary report	University of Melbourne	2012
Suicide Prevention		
Finding your way back - A resource for people who have attempted suicide	<i>beyondblue</i>	2014
Guiding their way back - A resource for people who are supporting someone after a suicide attempt	<i>beyondblue</i>	2014
System access and reform		
Mental Health in Drought affected Communities Initiative (MHDl) - Independent Evaluation Report 2010	<i>beyondblue</i>	2010
Perinatal depression guidelines post evaluation - final report	Wallis Consulting Group	2012
Workplace and Workforce		
National Mental Health Survey of Doctors and Medical Students - Research report	<i>beyondblue</i>	2013
Research report - Male dominated industries (including Appendices)	National Centre for Education and Training on Addiction (NCETA)	2012
The mental health of doctors - A systematic literature review	Health Technology Analysts Pty Ltd	2010
Work mental illness and substance use disorders in male-dominated industries: A Systematic literature review	National Centre of Education and Training on Addiction (NCETA) and Flinders University	2012
Workplace Mental Health Awareness eLearning program - data	<i>beyondblue</i>	
Youth		
National Youth Week 2013 - operational report	<i>beyondblue</i>	2013
Outback Festival Evaluation Report 2011, Wakakirri Festival Final Report, Vibe Alive Festival_ Report 2011	Outback festival manager	2011
Red Frogs 2012/13 Red Frogs Schoolies Education and University Program - Program Progress report	Red Frogs	2013
Red Frogs and <i>beyondblue</i> 2011/2012 Schools Education and Sponsorship Final Report	Red Frogs	2012
Red Frogs Final Report	Red Frogs	2013
Red Frogs Progress Report January 2013	Red Frogs	2013
Red Frogs Schoolies program 2010 report	Red Frogs	2010
Red Frogs Schoolies Education and University Program - Program Final report	Red Frogs	2013
SenseAbility School Feedback Survey 2012	<i>beyondblue</i>	2012

Document name	Author	Year
Tertiary resilience program - final report 31 March 2012	The University of Queensland	2013
Vibe alive report 2011	Vibe Australia Pty Ltd	2011
Wakakirri high - Final report 2011	DEEWR	2011
Youth Social and Emotional Wellbeing in Rural and Remote Indigenous Communities - Quarterly report December 2011	Australian Red Cross	2011
Youth <i>beyondblue</i> & National Youth Week 2012 - Brief to CEO	<i>beyondblue</i>	2012