

# Beyond Blue Evaluation 2015–2018

Final Evaluation of Beyond Blue 2015–2018



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## Main Messages

The focus of Beyond Blue aligns with key national, state and territory policy.

The literature on anxiety, depression, suicide prevention, the need for population and individual-level interventions and the capacity to intervene effectively using evidence-based methods supports the focus and design of Beyond Blue's current work and its service development efforts.

The evaluation found evidence that, against the objectives specified by the funding bodies, Beyond Blue's efforts have been appropriate and effective in a range of areas. The outcomes of these efforts are detailed in this report.

The deliberate move, in the period covered by this evaluation, from awareness raising to behaviour change, focused effort and incubation of new models of care is supported by evidence, logic and the shape of the 'market' in the mental health sector, i.e. it fills a gap.

Beyond Blue is operating in an environment characterised by a lot of firmly held opinions, patchy evidence and high competition for resources. Its emphasis on contributing to the growth of the evidence base for what works and its commitment to working, in practical ways, in partnership with others in the mental health sector, with the education sector, with industry and government and with people with lived experience are commendable.

The refocusing of effort on locations where people live, work and learn, rather than on target populations, creates scope for population-level impact. While some interventions have been adapted to be inclusive, they may leave those who are on the margins out of the picture: those who are not severely mentally ill but who are at risk of developing anxiety, depression and suicidality due to homelessness, and those who are not employed or not in the education system. Beyond Blue should consider the risks to equity that might result from a settings-based approach.

Stakeholder interviews indicated that there is very strong support for Beyond Blue's increased emphasis on working in partnership with the sector, as evidenced particularly by their recent collaboration on the suicide prevention social media campaign '#YouCanTalk'.

The governance and management of Beyond Blue in the period covered by this evaluation has developed strongly and kept pace with the organisation's growth as a whole, as well as the increased complexity and significant implementation challenges of large programs such as the National Education Initiative (NEI). The organisation has realised these achievements without becoming overly bureaucratised and thus it remains agile and focused on its mission. Business processes are seen as tools to support the organisation's mission and values not as ends in themselves.

Beyond Blue is a values-led organisation that is governed, led and staffed by people with a deep commitment to doing good. The organisation's motto of 'business head and community heart' is reflected in its internal business processes and in its statement of strategic intent. Beyond Blue has grown significantly in terms of funding levels, type and range of new initiatives and staffing levels during the period of the evaluation. During this time of significant change, morale and commitment have remained high. This is perhaps the heart of the organisation's success.

The biggest challenges the organisation will face in the near future will be issues of implementation.

Strategy has developed in recent years, with a move away from awareness raising and towards design, trialling and taking to scale, as well as divesting interventions and programs to government and industry commissioning organisations. Beyond Blue, as an incubator of innovation and change, provides an important system development and capacity building function.

The modus operandi of partnership-based policy and advocacy work with government and industry is highly regarded and effective.

There is growing inclusion of people with lived experience in all aspects of Beyond Blue's decision making, design thinking, planning, implementation and evaluation.

Industry and sector partners want to remain involved but also want to be more included and have more communication about the thinking behind strategic decisions and future directions.

There is very little criticism of Beyond Blue internally or externally. However, in this sort of organisational environment, sustainability and preparedness for unforeseeable shocks from the external environment require the building of a culture that is more reflective and self-critical. There are thus some lessons for Beyond Blue about balancing the need for quality, measurable outcomes and program fidelity in implementation with the process burden of reporting and contracting.

As the relationship between Beyond Blue and the Primary Health Networks (PHNs) matures, there will be a need to ensure that the information on local need, generated by PHNs, is prioritised and better used when addressing implementation challenges at the local level.

Siggins Miller recommends that Beyond Blue, when working with its sector partners takes care to enter into partnerships as equal players, where each partner has an equal voice, as the perception is that this is not always the case.

Siggins Miller recommends that, as large initiatives such as The Way Back are rolled out, Beyond Blue needs to recognise that broad and deep engagement with State Governments will be critical to their success.

An evaluation of NewAccess suggests that this program provides significant value for money. The results of this evaluation could be generalised to other initiatives with a similar focus.

There is also a need to consider how appropriate economic analyses can be built into evaluations commissioned in the future as this has not been systematically addressed in previous evaluations. How best to do this is reflected in this report.

## Executive Summary

### Terms of Reference

Beyond Blue's vision is for all people in Australia to achieve their best possible mental health. Beyond Blue aims to create change to protect everyone's mental health and improve the lives of individuals, families and communities affected by anxiety, depression and suicide.

The Commonwealth Government requires an independent evaluation of Beyond Blue's performance in achieving the objectives set out in the Commonwealth Government's Key Performance Indicators (KPIs) for the 2015–16 to 2018–19 funding period. This evaluation therefore examines Beyond Blue's performance in achieving the following objectives, which capture both the Commonwealth Government's KPIs for the 2015–16 to 2018–19 funding period and Beyond Blue's 2015–2020 Strategy:

- **Objective 1:** Supporting people in need.
- **Objective 2:** Driving behaviour change and empowering people with the tools to achieve their best possible mental health.
- **Objective 3:** New service innovation.
- **Objective 4:** Prevention and early intervention where people live, work and learn.
- **Objective 5:** Providing an advisory role to government on policy directions.
- **Objective 6:** Research to improve knowledge of mental health and suicide prevention and translate findings into practice.
- **Objective 7:** Promoting partnerships to improve the mental health of Australians and to prevent suicide.

In addition, the evaluation seeks to understand how Beyond Blue operates as a whole (Objective 8). This evaluation is the fourth independent evaluation of Beyond Blue since its commencement and covers the period 2015–2018.

### Methodology

Siggins Miller used a mixed methods approach to collect, collate and analyse data. Data was obtained from Beyond Blue's internal documents, peer-reviewed literature, evaluations and output data from programs and projects, and surveys and interviews with internal and external stakeholders. Data from all sources was then triangulated to answer the evaluation questions and make an overall assessment of Beyond Blue and its activities.

### Summary of main findings

#### ***Objective 1 – Supporting people in need***

Beyond Blue provides support to people who are experiencing anxiety, depression and/or suicidal thoughts through their Support Service (phone, web chat and email), online peer-to-peer forums and website. Beyond Blue also supports diverse population groups, including Aboriginal and Torres Strait Islander peoples, LGBTI people, older people and refugee men, through the implementation of targeted services, interventions and informational resources. It is clear that Beyond Blue is meeting this objective to support people in need, with approximately 170,000 people contacting the Support Service and over 900,000 people engaging with the online forums each year. Furthermore, various activities supporting the needs of diverse population groups have shown impacts. For instance, the 'Invisible Discriminator'



campaign reached 4.5 million people through social media and increased public understanding that subtly discriminatory acts impact the mental health of Aboriginal and Torres Strait Islander peoples.

Beyond Blue's suite of initiatives, services and resources for supporting people in need have been demonstrated to be both appropriate and effective. The extent, nature, penetration and reach of Beyond Blue's activities under this objective have continued to grow and develop over the period examined by this evaluation. There is evidence for the effectiveness of the Beyond Blue Support Service, with statistically significant reductions in distress following contact. There is a clear demand for the Beyond Blue Online Forums, and Beyond Blue is aware that it must keep pace with changing technology to continue to provide an online environment that is engaging, appropriate and effective in its support of users. Furthermore, meta-analyses of the peer-reviewed literature support the use of peer-support interventions in mild to moderate depression.

Beyond Blue recognises the need for a continued concentration of efforts to support diverse populations at greater risk of mental health challenges as well as the general population. For example, Beyond Blue's recently completed Reconciliation Action Plan (RAP) demonstrates a strong commitment to strengthening its response to the needs of Aboriginal and Torres Strait Islander peoples and communities, and partner organisations in the Aboriginal Community Controlled Health Services sector.

There are opportunities for Beyond Blue to further support people in need. Beyond Blue could consider how best to use new technology that would allow Beyond Blue's Support Service to integrate their offerings with those of other providers in the mental health sector. Beyond Blue could address the limitations highlighted in the Beyond Blue Online Forum research to improve engagement with the online community. Lastly, Beyond Blue's research program could include studies to address the limitations of the existing evidence base for peer-support interventions, examine why they are helpful for depression, and assess the effectiveness of such interventions for individuals with low to moderate anxiety and those at risk of suicide.

### ***Objective 2 – Driving behaviour change and empowering people with the tools to achieve their best possible mental health***

Beyond Blue strives to empower people to look after their mental health through giving them the knowledge and skills they need to recognise anxiety, depression and suicidal thoughts, as well as the confidence to act and appropriate pathways to follow. Beyond Blue also continues to work towards changing the national conversation about mental health through awareness raising, building mental health literacy and tackling the discrimination and stigma surrounding mental health conditions. The core activities within this objective are Beyond Blue's website, which provides information and tools to help people recognise and recover from anxiety, depression and suicidality, national mass media campaigns and traditional and social media. There is evidence that Beyond Blue's online resources and campaigns have successfully improved mental health literacy, reduced public stigma and promoted changes in behavioural intentions to act. The Beyond Blue website is the first port of call for many individuals taking the first step to improve their mental health; almost 12 million visits were received in 2017–2018 across all the Beyond Blue websites.

Beyond Blue has significant experience and capability in the development of evidence-based campaigns and resources that aim to promote and support behaviour change. Many of their campaigns and efforts have demonstrated effectiveness. Their approach demonstrates a commitment to using best practice in the development of behaviour change programs, meaning that the likelihood of success is enhanced from the design phase onwards. Ineffective executions are identified early and the waste of resources is minimised.

Beyond Blue's work in the development and evaluation of campaigns aligns with all elements of good practice. Other efforts under their RAP and research and evaluation activities will inform priorities, as well as the design and execution of future campaigns.

Research indicates that users of the Beyond Blue website may have a fragmented brand experience, rather than the website providing a 'single front door' experience. This highlights an opportunity for Beyond Blue to continue to invest in and develop the website and digital products to improve access and use across Australia.

### ***Objective 3 – New service innovation***

Beyond Blue is focused on developing, piloting, evaluating and scaling up new and innovative service models that meet people's needs and fill service gaps. These evidence-based initiatives are delivered by new and sustainable workforces, which allow mental health professionals to operate at a higher scope of practice and ensure that more people get the help they need. Beyond Blue's signature initiatives under this objective are NewAccess, The Way Back Support Service and Beyond Blue Connect. Beyond Blue is meeting this objective. NewAccess targets mild to moderate anxiety and depression and is currently provided across 13 Primary Health Networks in Australia, producing consistently reliable recovery rates of 65 - 70%. The Way Back Support Service aims to prevent repeat suicidal behaviour and is currently operational in 7 national sites with plans to extend the reach of this service to up to 25 sites in the future. Beyond Blue Connect is a peer support service specifically designed to meet the needs of the Greater Dandenong area, and during the period 2017–2018, 319 people accessed support through the program.

There is evidence from the literature and Beyond Blue evaluations to support the focus on low-intensity approaches and follow-up interventions post-suicide attempt. NewAccess and The Way Back Support Service programs are evidence informed in the design stage and throughout implementation. There is general high-level acceptance of the models and of Beyond Blue's role in designing and testing innovation and then taking it to scale. As The Way Back Support Service is a relatively new program, it is too early to identify its impact, but early results are promising. After more than four years of implementation in seven sites located across five States and Territories:

- Of the 11 deaths reports, seven were deaths by suicide and four were deaths by other or unknown causes.
- 6 of the 11 reported deaths were people who had been referred but did not participate.

A comprehensive effectiveness and economic evaluation is being conducted at the Hunter New England trial site and is due to be reported to Beyond Blue in September 2019.

As the Primary Health Networks (PHNs) and their needs assessments mature, the information from the community will become more important in the mix of considerations Beyond Blue must make at the priority-setting and design phase. Further support may need to be given to PHNs and service providers in 'selling' these new ways of working to traditional clinical staff, and to ensuring that contracting and reporting requirements are less burdensome and align better with the National Minimum Data Set.

There are opportunities for Beyond Blue to fund and commission further research to evaluate NewAccess for effectiveness and cost effectiveness, utilising a high-quality design that incorporates a control or comparison group to establish robust evidence. Beyond Blue could also trial Beyond Blue Connect in a range of locations and settings to test the generalisability of the experience in the Greater Dandenong community.

### ***Objective 4 – Prevention and early intervention where people live, work and learn***

Beyond Blue aims to prevent mental health conditions and enable people to get help early, through working where people live, work and learn. The key activities under this objective are the National Education Initiative, Healthy Families and Heads Up. Beyond Blue is meeting this objective. Heads Up has provided practical tools and resources to manage mental health issues in the workplace to over 14,000 registered users and 700,000 people who have accessed the website. Furthermore, Healthy Families has helped over 550,000 people access information to support the mental health and wellbeing of children and young people.

Overall, the evidence suggests that the work of Beyond Blue under this objective is appropriate and effective. Stakeholders interviewed and the documents and literature reviewed suggest that Beyond Blue has led the change in approaches to workplace mental health in Australia over the last 3–4 years. Work under this objective is evidence of a maturing organisation willing to build on experience, learn from it and move on as evidence evolves. The refocusing of effort on places where people live, work, learn and play, rather than on target populations, creates scope for population level impact. While some interventions have been adapted to be inclusive, they may leave those who are on the margins, those who are not severely mentally ill but who are at risk of developing anxiety, depression and suicidality due to homelessness, and those who are not in the education system or in employment out of the picture.

Specific Beyond Blue initiatives, such as involvement in the Mentally Healthy Workplace Alliance and delivery of the Heads Up initiative, have achieved a lot in a relatively short period of time in providing high-quality resources and tools to workplaces. Beyond Blue's way of working demonstrates a commitment and capacity to build evaluation into program design and implementation. Their National Mental Health and Wellbeing Study of Police and Emergency Services is a unique contribution to knowledge. They also have a knowledge translation plan for this research and have had extensive engagement with the Police and Emergency Services sector throughout the project. The National Education Initiative is a good example of Beyond Blue's capacity and expertise in design and implementation science, and how to work across the complex terrain of early childhood, schools, health and education. The evaluation of Healthy Families suggests it could be applied to other related topics and audiences. Under this objective, there is a need for Beyond Blue's programs to continue to be evaluated for their effectiveness, cost-effectiveness and impact on behaviour change.

#### ***Objective 5 – Providing an advisory role to government on policy directions***

Through advocacy, research and evaluation, Beyond Blue seeks to drive best practice in policy. Beyond Blue has developed a range of policy propositions and has advocated for important mental health policy reforms, including support for low intensity, prevention and early intervention services and a better insurance deal for people with mental health conditions. Beyond Blue is clearly meeting this objective. In the period covered by this evaluation, Beyond Blue provided input on over 70 issues of policy development, planning, review and enquiry to state, territory and federal agencies.

During the period covered by this evaluation, Beyond Blue has provided significant evidence-based policy advice to governments and the sector, including advice on processes outside the mental health and health sectors that impact the broader determinants of mental health. This advice is seen as useful by those who receive it, and effective by those who observe it in action. Beyond Blue's reputation for being evidence-based and concerned about the public good is integral to the organisation's success in influencing policy. Additionally, stakeholders interviewed as part of the evaluation (Appendix B) expressed positive sentiments about the fact that Beyond Blue is not totally reliant on government funding. Overall, policy and advocacy appear to be an area of great strength for Beyond Blue. Beyond Blue's policy and advocacy

efforts are recognised and valued by most stakeholders, and in the period covered by this evaluation, Beyond Blue has maintained and enhanced the effectiveness of their policy and advocacy efforts.

Key stakeholders noted opportunities where Beyond Blue could improve and build upon their existing advocacy efforts. It was noted that there are areas where people with a mental health condition are experiencing discrimination, such as employment. Therefore, there is an opportunity for Beyond Blue to partner with relevant organisations and advocate for changes in these areas. There is also an opportunity for Beyond Blue to consider whether it is within their remit to lend their weight to advocacy around severe and persistent mental illness – because of the high levels of unmet need – whilst not moving outside their own focus or infringing upon the work of others.

***Objective 6 – Research to improve knowledge of mental health and suicide prevention and translate findings into practice***

Beyond Blue has a long history of supporting mental health research in Australia and, since 2002, has invested more than \$65 million in research projects focused on depression, anxiety and suicide prevention. Beyond Blue funds a range of research, covering the spectrum from discovery to research translation, and has two broad approaches to research investment: strategic research, which includes evidence reviews and social research to assist in designing more effective programs and services; and priority-driven research, which is initiated by external researchers that focus on Beyond Blue’s research priorities. Beyond Blue is meeting this objective and, in partnership with the National Health and Medical Research Council (NHMRC), is contributing \$5 million to a Targeted Call for Research focused on anxiety, depression and suicide among elderly people in Australia and \$2.5 million to establish The Centre of Research Excellence in Childhood Adversity and Associated Depression and Anxiety.

Based on the information from all sources available to this evaluation, Beyond Blue’s research and research translation efforts appear to be appropriate and effective. Beyond Blue has continued its commitment to generating evidence about what works. Its design thinking, planning and implementation are based on evidence. Beyond Blue’s continuing commitment to commissioning research, contributing to innovation and evidence, and translating that evidence into practice (through the support and capacity building of others) adds to the work of others in the mental health sector. In particular, the partnerships established with the NHMRC, and the matched funding arrangement – which has effectively doubled the money available from those particular funding rounds for research into the high prevalence of mental illness – is a major achievement.

Informed by the Research Advisory Committee and a five-year research strategy (2015–2020), significant activity has occurred during the time period covered by this evaluation to strengthen the foundation on which Beyond Blue builds its partnerships. This was achieved through a Targeted Call for Research (TCR) and Centre of Research Excellence (CRE) program grants and partnership grants, which included strategy development and policy development grants, to guide the way of working and the focus of effort.

There are opportunities for Beyond Blue to build on their research efforts. Specifically, there is still a need to consider how to contribute to building capacity in the research community relevant to Beyond Blue’s objectives, with a particular focus on the development of early career researchers. Additionally, the dissemination of findings and research, including the results of commissioned evaluations, would benefit from further attention. Beyond Blue could consider how to communicate the results of evaluations effectively and in a timely manner, as well as the evidence base used to inform decisions, and how to improve the dissemination of research to all stakeholders.

### ***Objective 7 – Promoting partnerships to improve the mental health of Australians and to prevent suicide***

Beyond Blue strives to improve the mental health of Australians, prevent suicide, and give voice to people with lived experience of anxiety, depression and suicide through forming strong partnerships with the mental health sector, with business and the community, and with other parts of the health and human services sectors. Beyond Blue is meeting this objective and, in the time covered by this evaluation, has worked consistently with Primary Health Networks, collaborated with various organisations within the mental health sector, developed key relationships with corporate and business sectors, and engaged with the community to share experiences and perspectives to inform program design, planning and research. BlueVoices, which is Beyond Blue's reference group, has over 8500 members and in 2017–2018, there were 267 Beyond Blue Ambassadors and Speakers who spoke at 773 events around Australia to a total audience of over 47,000.

There is increasing evidence that Beyond Blue's approach to partnership development and maintenance is gaining acceptance in the mental health sector and the business community, noting there are some suggestions for how this could be improved. Within the evaluation period, some significant partnerships have led to the development of new initiatives such as The Way Back service model that is now being implemented. Beyond Blue's collaborative leadership has resulted in new and improved ways of working across the sector as evidenced by the collaboration that led to the #YouCanTalk suicide prevention social media campaign. The work with industry and business has resulted in the Heads Up workplace initiative, which also showcases Beyond Blue's effectiveness in developing and leveraging partnerships in the public interest. Additionally, the NEI showcases how Beyond Blue works effectively in partnerships in the innovation space, plays to its strengths in the roles it takes within partnerships, and works effectively with others across sectors while making sure not to compete with other wellbeing services already in those sectors.

There are opportunities for Beyond Blue to lend the weight of their reputation and standing to other parts of the mental health sector that focus on the persistently and severely mentally ill. However, it is noted that Beyond Blue should not move outside of their core business. There are also opportunities for the development of a more integrated approach to the relationships Beyond Blue has with the mental health sector and community and corporate partners; for example, creating resources for business partners to disseminate, increasing the reach of Beyond Blue, and increasing utilisation of sporting platforms, which could extend the messaging of Beyond Blue.

Further opportunities for Beyond Blue under this objective would be to create ongoing lines of communication between Beyond Blue and relevant clinical services to ensure that the demand for clinical services generated by Beyond Blue's campaigns can be appropriately planned for and managed across the sector.

Beyond Blue could also build on the existing evidence for the Speakers and Ambassadors program by evaluating its impact and by creating an engagement strategy for all Beyond Blue's stakeholders such as corporate partners, BlueVoices, volunteers, fundraisers, speakers and ambassadors, and community organisations.

### ***Objective 8 – Understanding how Beyond Blue operates***

#### ***Appropriateness***

The evidence for what works to achieve the set objectives suggests that the focus of Beyond Blue's work across all objectives is appropriate. The focus on high-prevalence mental illness is justified, contributes to filling a gap in the sector, and is aligned with the major National, State and Territory policies and strategies. Policy and advocacy is an area of great strength in the organisation and is recognised and valued by most

stakeholders. In the time period covered by this evaluation, Beyond Blue has maintained and enhanced the effectiveness of its policy and advocacy efforts. There is increasing evidence that the approach to partnership development and maintenance is gaining acceptance in the mental health sector and between Beyond Blue and other organisations. There are also some suggestions for how this could be improved.

Beyond Blue's strategic move towards becoming an incubator of innovation and evidence, and a translator of evidence into practice through the support and capacity building of others, makes a significant contribution to the mental health sector.

The move to a focus on whole populations within settings (places where people live, work and learn) versus specific populations or sub-populations is seen as appropriate by stakeholders when balanced by intentions to focus on selective prevention and promotion for Aboriginal and Torres Strait Islander people and those people who may be living on the margins for a variety of reasons (such as temporary or prolonged homelessness and unemployment). Furthermore, the increased focus on fewer, more significant projects is allowing the organisation to deepen its capacity to grow.

Beyond Blue is well governed and well managed; however, retaining staff should continue to be a focus of the organisation's People and Capability Strategy. The significant internal organisational development, capacity building and change management underway within the organisation to prepare Beyond Blue for the significant implementation challenges ahead is both necessary and aligned with good practice.

### *Effectiveness*

There has been a strong investment in monitoring and evaluation, and an equally strong use of data generated to guide improvement at the operational level – and to inform strategic thinking at Board and management levels. Beyond Blue has continued its commitment to generating evidence about what works. Its design thinking, planning and implementation are based on evidence. The process and outcome evaluations commissioned by Beyond Blue have provided advice to the organisation on how to improve and redesign initiatives as they evolve, and when and what to take to scale. Further, their openness to evidence developed elsewhere – but that is generalisable to the Australian context – has also supported effective interventions being chosen for trial in the local context.

### *Value for money*

There is some evidence that Beyond Blue's approach to high-prevalence anxiety and depression is providing value for money, but there is a need to build economic assessment into future evaluations as appropriate.

### *Recommendations*

It is recommended that Beyond Blue:

- Continue to engage in collaborative design including those with lived experience.
- Build appropriate economic analyses into commissioned evaluations in the future.
- Consider how to communicate the results of evaluations and research – and the evidence used to inform decisions – to all stakeholders effectively and in a timely manner.
- Consider ways to better engage corporate funders in the life of the organisation (including the opportunity to meet and talk with the Board and/or a six-monthly or quarterly bulletin to keep partners informed about all the activities that could be of interest to them) so they can fully understand what they are contributing to.

- Continue and strengthen internal reflection, critique and risk-assessment as a protection against unexpected shocks from the external environment and reduce the risks associated with the potential development of groupthink.
- Further develop understanding of the need for and capacity to reduce staff turnover.
- Continue and strengthen efforts to improve the diversity of the workforce, in particular, improving representation of Aboriginal and Torres Strait Islander people in the workforce.

## 1. Background

Beyond Blue engaged Siggins Miller Consultants to conduct an independent evaluation of its performance for the period 2015–2018. This evaluation is the fourth independent evaluation of Beyond Blue since its commencement in October 2000.

Over the period of the evaluation, Beyond Blue has experienced significant growth in funding, mainly due to grants gained via competitive tender processes. It has independently developed several new programs, such as NewAccess, The Way Back Support Service, and Be You – the National Education Initiative (launched 1 November), as well as modified existing initiatives. These activities are at different stages of development, implementation or maturity. This evaluation therefore takes into account both process evaluation, where activities are at an early stage of implementation (e.g. National Education Initiative) and outcome/impact evaluation for longer established services (e.g. Support Services).

### 1.1 What Beyond Blue does and how it operates

Beyond Blue’s mission is to promote good mental health. It creates change to protect the mental health and improve the lives of individuals, families and communities affected by anxiety, depression and suicide.

Figure 1 illustrates how Beyond Blue has evolved over time. Beyond Blue began in 2000 with a focus on tackling depression, and while this focus remains core to Beyond Blue business, the organisation’s scope has expanded to include anxiety conditions and suicide prevention. Now, Beyond Blue has a focus on driving behaviour change through a vision of an Australia where every person can achieve their best possible mental health.

Beyond Blue has expanded its focus beyond raising awareness to driving behaviour change through prevention and early intervention programs, new service innovation, advocacy for mental health system reform, and promoting evidence-based research and research translation. Beyond Blue has also promoted partnerships with people affected by anxiety, depression or suicide to ensure that these individuals can help identify what Beyond Blue’s priorities should be, what services Beyond Blue should provide, and for which causes Beyond Blue should advocate.

The key initiatives as described by Beyond Blue are outlined in Table 1.



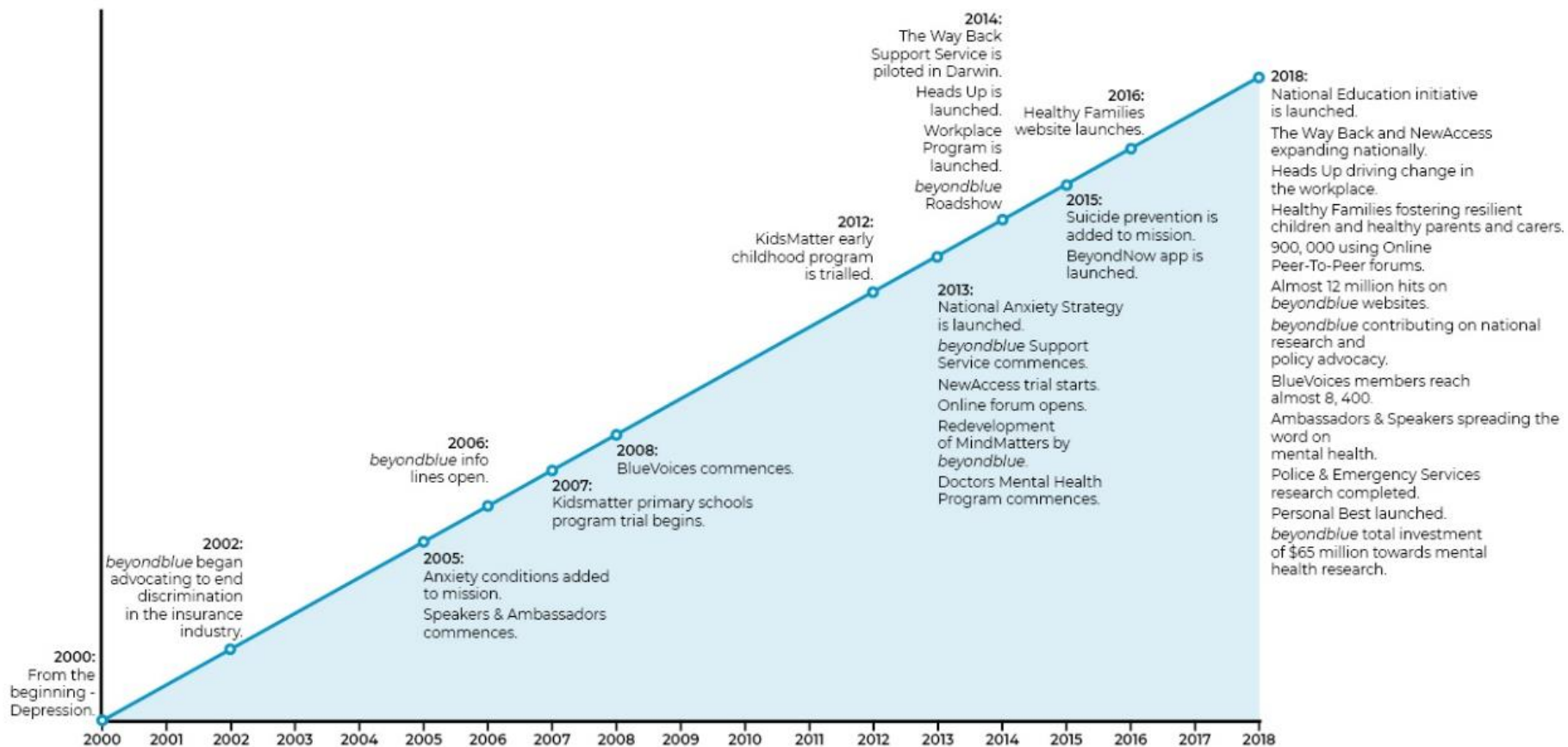


Figure 1: The evolution of Beyond Blue

Table 1: Beyond Blue impact areas and key initiatives

Activity domain	Role and signature initiatives
Prevention and early intervention where people live, work and learn	<p>Beyond Blue aims to prevent mental health conditions and enables people to get help early, by providing information and support where people live, work and learn.</p> <ul style="list-style-type: none"> <li>• <b>Heads Up</b> is facilitating the adoption of workplace mental health strategies in organisations across Australia, lifting resilience, recovery and productivity.</li> <li>• <b>BeYou – The National Education Initiative</b> will change the mental health trajectory of Australia’s children and young people, by empowering early childhood and school communities to promote mental health, intervene early, and prevent and respond to suicide.</li> <li>• <b>Healthy Families</b> provides practical resources to build children’s resilience and support mentally healthy parents and carers.</li> </ul>
New service innovation to support reform of the mental health system	<p>Beyond Blue is piloting and scaling up new service models that meet people’s needs and fill service gaps. These initiatives are delivered by new and sustainable workforces, helping to ensure that more people can get access to the cost-effective help they need.</p> <ul style="list-style-type: none"> <li>• <b>NewAccess</b> is an early intervention program providing easily accessible, free and quality coaching for people with mild-to-moderate depression and anxiety.</li> <li>• <b>The Way Back Support Service</b> is supporting people following discharge from hospital following a suicide attempt with one-on-one, non-clinical care and practical support.</li> <li>• The <b>BeyondNow</b> app enables people to develop a suicide safety plan on their phone, that they work through when they’re experiencing suicidal thoughts, feelings, distress or crisis.</li> </ul>
Driving behaviour change	<p>Beyond Blue fosters a national conversation on mental health and suicide prevention. Our vision is a society in which people understand mental health, where those affected can feel safe disclosing their conditions and seek help, knowing they will be supported by friends, family, workplace and community.</p> <ul style="list-style-type: none"> <li>• <b>Campaigns</b> – e.g. ‘Know When Anxiety is Talking’ is a national campaign to help people to recognise and take action on anxiety conditions.</li> <li>• <b>Traditional and social media</b> – ‘Traditional’ media – major newspapers and television news – remains Australia’s most trusted sources of news whether online, in print or broadcast. Beyond Blue reaches these vast audiences of millions on a daily basis through our newsroom contacts, media releases, exclusive news packages and opinion pieces. In addition, Beyond Blue has over 760,000 followers on social media.</li> </ul>
Supporting people in need	<p>Three million people experience depression and/or anxiety in any given year and Beyond Blue’s support services provide help to people when they need it most.</p> <ul style="list-style-type: none"> <li>• <b>The Beyond Blue Support Service</b> – Nearly 170,000 people a year are helped to manage their mental health through free advice and short-term counselling from trained mental health professionals. The service is entirely funded by donations.</li> <li>• <b>The Beyond Blue website</b> – Information and tools are helping people to recognise and recover from depression, anxiety and suicidal thoughts. Almost 12 million people visited Beyond Blue websites in 2017–18.</li> <li>• <b>Online peer-to-peer forums</b> – 900,000 people a year seek advice and support from others with similar experiences.</li> </ul>
Policy advocacy	<p>Through advocacy, research and evaluation, Beyond Blue seeks to drive best practice in policy and practice. For instance:</p> <ul style="list-style-type: none"> <li>• <b>Policy advocacy:</b> Beyond Blue advocated for low intensity services, a national education initiative, and after care for people who have attempted to take their own lives.</li> <li>• <b>Research:</b> Since 2002, Beyond Blue has invested \$65 million in research to identify and disseminate best practice in policy and practice.</li> </ul>
Partnering with people affected by depression, anxiety or suicidality	<p>By drawing on the wisdom and expertise of people with a personal experience of anxiety, depression and suicide, Beyond Blue designs person-centred programs, services and policy advice, which focus on hope, recovery and resilience.</p> <ul style="list-style-type: none"> <li>• <b>BlueVoices</b> is an online reference group of more than 8,500 people with a personal experience of anxiety, depression, and suicide who inform our thinking, program design, policy advice, evaluation and provide feedback.</li> <li>• <b>Speakers and Ambassadors</b> – 30 high-profile Ambassadors and 240 Speakers undertake 900 national engagements a year, lifting mental health literacy and helping to eliminate stigma.</li> </ul>

## 1.2 Terms of Reference

Beyond Blue is required to undertake an evaluation of each funding term as a requirement of its funding agreement with the Commonwealth Government. The independent evaluation has assessed Beyond Blue's performance in achieving the objectives set out in the Commonwealth Government's KPIs for the 2015–16 to 2018–19 funding period, while having regard to the Beyond Blue Strategic Plan 2015–2020 and Business Plans, and the Beyond Blue vision of an Australia in which all people can achieve their best possible mental health. The evaluation has examined Beyond Blue's performance in achieving the following objectives:

- **Objective 1: Supporting people in need** including the Beyond Blue Support Service, online forums, and resources and services for diverse population groups.
- **Objective 2: Driving behaviour change and empowering people with the tools to achieve their best possible mental health** through traditional and social media, websites and online resources; campaigns to lift mental health literacy, reduce stigma and encourage people to seek help; and campaigns and programs to support vulnerable population groups.
- **Objective 3: New service innovation** including the development of new service models that meet people's needs and fill service gaps. For example: NewAccess, The Way Back Support Service and Beyond Blue Connect.
- **Objective 4: Prevention and early intervention where people live, work and learn** including programs that facilitate the adoption of workplace mental health strategies (such as Heads Up and other specific workplace activities), as well as school and family-based initiatives to support parents and carers and build children's resilience (such as the BeYou: National Education Initiative and Healthy Families).
- **Objective 5: Providing an advisory role to government on policy directions** – including advocacy, research and evaluation to drive best practice in policy and practice, particularly in priority areas such as the reduction of discrimination and stigma, suicide prevention and mental health reform, e.g. insurance discrimination and support for lower intensity interventions.
- **Objective 6: Research to improve knowledge of mental health and suicide prevention and translate findings into practice** including investing in research projects on anxiety, depression and suicide, as well as evaluations of Beyond Blue's own projects, programs and services; funding a broad range of strategic and priority driven research covering the spectrum from discovery to research translation.
- **Objective 7: Promoting partnerships to improve the mental health of Australians and to prevent suicide** including working within the mental health sector, with business and community, and with other parts of the health and human services sectors to form strong partnerships to improve mental health and prevent suicide.

In addition, as agreed with Beyond Blue, the evaluation added an additional objective:

- **Objective 8: To understand how Beyond Blue operates**

The aim of this additional objective was to ensure the evaluation examined the key determinants of Beyond Blue's success and lessons learned.

## 1.3 Methodology

### 1.3.1 Overview of evaluation method

Siggins Miller used a mixed methods approach to collect, collate and analyse data. Data was obtained from Beyond Blue's internal documents, evaluations and output data from programs and projects, peer reviewed literature, and surveys and interviews with internal and external stakeholders. Data from all

sources was then triangulated to answer the evaluation questions. The detail of the evaluation questions, methods and data sources is presented in full detail in Appendix A.

### **1.3.2 Data sources**

#### *Document review*

All relevant documents from the review period related to Beyond Blue's planning, program development, partnership development, policy decisions, submissions and advice to government, financial investments, resource allocation (human, infrastructure and financial), reviews and reports, quality assurance, consumer and carer feedback or surveys, program evaluations, research, media presence etc. were reviewed.

#### *Literature review*

A rapid literature review (Appendix C) was performed by Siggins Miller to identify the highest quality available evidence concerning approaches to: early intervention and prevention for people with or at risk of developing anxiety and depression or at risk of suicide; increasing mental health literacy; reducing stigma and encouraging help-seeking behaviours; providing support services post attempted suicide; supporting self-help, peer support and low intensity services; and providing intervention in education and workplace settings. The following databases were searched: PSYCInfo, Cochrane Library, Campbell Collaboration, Google Scholar and PubMed, Medline and CINAHL to locate relevant systematic reviews, meta-analyses and reports. This review aimed to assist with benchmarking Beyond Blue's activities against other programs and approaches that were considered good or best practice in the literature.

#### *Environmental scan*

The evaluation examined key policy documents relevant to the strategic directions and operations of Beyond Blue during the evaluation period. This environmental scan (Appendix D) outlines the key goals, objectives and priority areas of federal, state and territory mental health policies, and provides a summary table of how Beyond Blue's programs, objectives and strategies align with these policies. Specifically, this document describes whether Beyond Blue's work adheres to, complements and/or adds value to the intentions of federal, state and territory governments.

#### *Stakeholder Interviews*

A broad range of stakeholders who had partnered with or been engaged with Beyond Blue in various capacities and roles over the period of the evaluation and were able to provide constructive feedback were identified. A total of 62 stakeholders were identified (Appendix B).

Consultations were conducted over a six-week period from 16 July to 31 August 2018, in line with the consultation plan. All stakeholders were approached and offered either a telephone interview or the opportunity to respond via an online survey. Where a stakeholder was approached and did not respond, Siggins Miller followed up several times with a phone call or email to ensure a good response rate.

A total of 56 stakeholders provided input to the evaluation. Siggins Miller conducted 54 telephone interviews and 2 stakeholders responded to an online survey. A broad cross-section of stakeholders was consulted, including Board Directors, representatives of the mental health sector, researchers and evaluators, partners and funders, people with lived experience, primary health networks and service providers.

### **1.3.3 Data Analysis**

The evaluation presents the findings of the literature and document reviews, as well as qualitative and quantitative data analysis against each of the objectives listed above based on the triangulation of data

from all relevant sources for each objective and evaluation question. This approach also takes into account program and non-program factors. In this way, no single data source is privileged and the evaluation can therefore consider the limitations of any one data source and say not just what happened but why and how. More detail about data analysis is in Appendix A.

#### **1.3.4 Program logic**

Siggins Miller worked with Beyond Blue to develop a comprehensive program logic to capture the extent, nature and scope of Beyond Blue's work as an integrated and strategically focused program of effort which aims to meet the objectives of its funding agreements with the Commonwealth, State/Territory and non-government organisations for the period 2015–16 to 2018–19, and Beyond Blue's Strategic Plan 2015–2020. The program logic represents more than the activities funded by the Commonwealth (the focus of this evaluation). The program logic provides the evaluation with useful context and illustrates to funding bodies how their investment contributes to this interdependent set of activities and strategies. It also helped to shape the questions examined by the evaluation and the interpretation of findings in the context of Beyond Blue's desired outputs and outcomes.

This program logic, which reflects current thinking, illustrates as much as possible in flat diagrammatic form how Beyond Blue is an organisation made up of a set of interdependent elements and programs of effort. It tells the story of how Beyond Blue includes in its armoury all the key elements of system development for innovation and change and its dissemination. Beyond Blue's service delivery not only provides well-utilised services for consumers, but also is able to gather information useful for service enhancement and innovation, advancing policy and advocacy efforts, and addressing unmet needs or identifying new areas of research. Its research informs new service design and policy and advocacy efforts. Its partnerships support campaigns to promote behaviour change at the individual, community and, therefore, political level. Its business development efforts support organisational growth and development, which in turn support capacity to deliver on implementation and engagement activities. In its most recent incarnation Beyond Blue is an organisation designed, led and managed with a focus on driving behaviour change at the individual, organisational and system levels. This program logic is displayed in Figure 2.

External factors that have had an impact on Beyond Blue and the work that they do:

- Wide-ranging social and economic determinants of mental health, requiring a comprehensive and coordinated approach across multiple sectors/settings.
- Low levels of mental health literacy, which limits help-seeking behaviour.
- Decades of effort to reform the mental health system, starting with the first reform framework in 1992, followed by a series of national mental health and suicide prevention plans, and establishment of the National Mental Health Commission in 2012.
- Lack of understanding of the role and value of peer interventions and their potential contribution in clinical settings.
- Belief that low intensity services are of lower efficacy compared to clinical services.
- Rapid changes in availability of enabling technologies.
- Recent shifts in policy to include support for the stepped care model of mental health, delivered through regional approaches; support for after-care following a suicide attempt; and support for mental health within education.
- Sector-wide acceptance of the use of lived experience to inform service design.

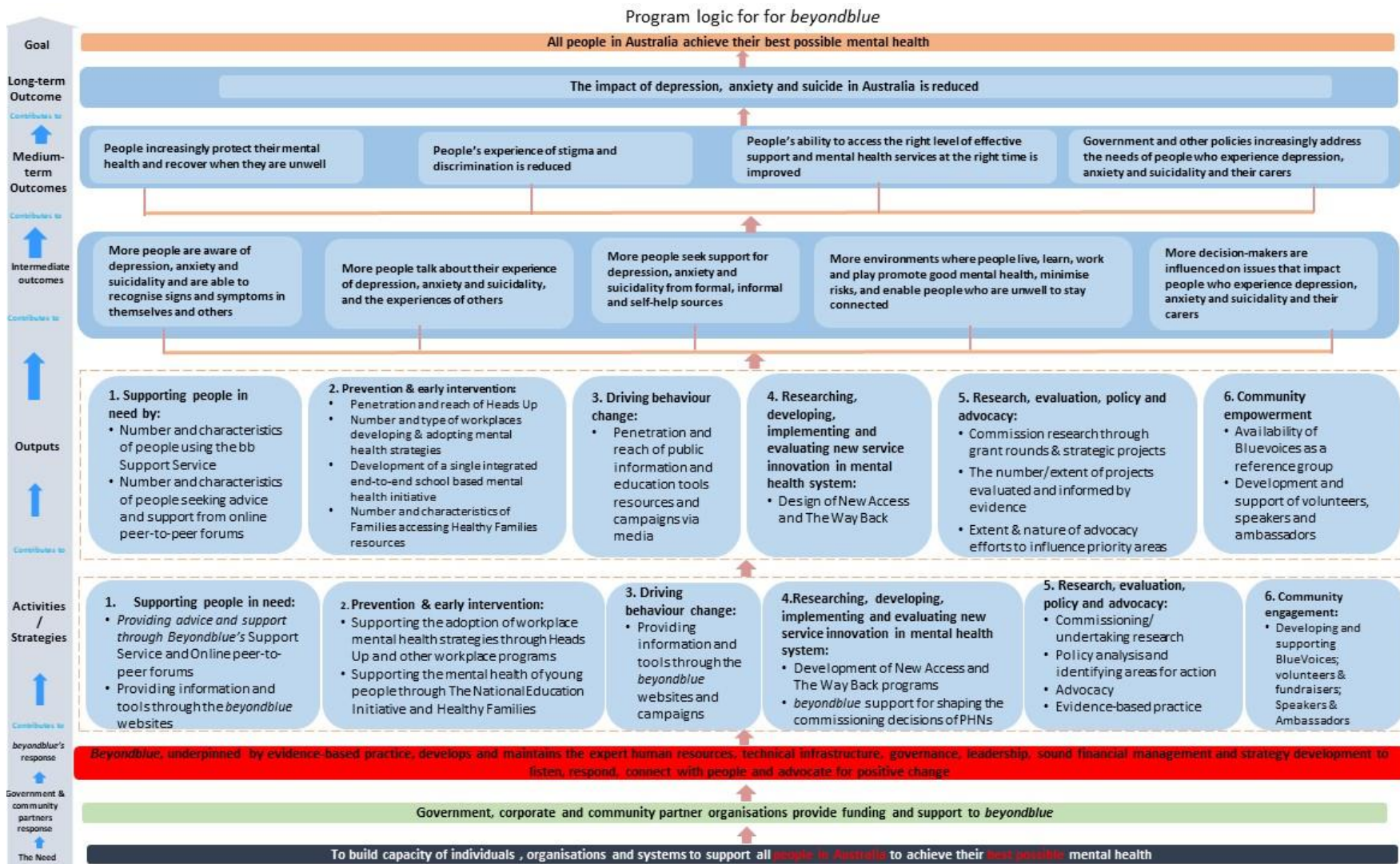


Figure 2: Program logic

### **1.3.5 Limitations**

This evaluation used a range of data sources, as noted above. Each of these data sources potentially brings with it sources of potential bias, including limitations of generalisability of findings in the literature from one setting or country to another, and potential selection bias due to the willingness or availability of stakeholders available for interview. To address and reduce the impact of these limitations, this evaluation has employed triangulation of data from all sources to build a plausible contribution analysis and to note, as necessary, any inconsistencies between sources and address them where possible.

A further overarching limitation associated with this evaluation is the absence of existing evaluations that have utilised high-quality experimental designs (such as randomized-controlled trials) to determine the effectiveness of Beyond Blue's programs and initiatives. Randomized-controlled trials are the gold standard for determining intervention effectiveness as they enable one to establish whether an intervention caused changes in the outcome. Given Beyond Blue's mission, the use of such experimental designs in evaluation research would not always be ethical or practical; other methodologies for attributing causality would be more appropriate (e.g. General Elimination Methodology, Contribution Analysis).

### **1.4 Structure of the report**

The report sets out the evaluation findings against each of Beyond Blue's objectives, listed and described above. Under each objective, the report outlines:

- Background to Beyond Blue's activities under each objective.
- The appropriateness and effectiveness of Beyond Blue's activities.
- Conclusions.
- Opportunities.

## 2. Objective 1: Supporting people in need

### Overview

With three million people experiencing anxiety and/or depression in any given year, Beyond Blue support services provide help to people when they need it most.

- The Beyond Blue Support Service – 170,000 people a year are helped to manage their mental health through free advice and counselling from trained mental health professionals. The service is entirely funded by donations.
- Online peer-to-peer forums – 900,000 people a year seek advice and support from others with similar experiences. As a direct result, 54% felt less depressed and 56% felt less anxious; 38% contacted a health professional; and 69% made a positive lifestyle change.
- Resources and services – for diverse population groups.

### 2.1 Beyond Blue activities that contribute to supporting people in need

#### 2.1.1 Beyond Blue Support Service

Beyond Blue supports people in need through the Support Service (phone, web chat and email), online forums, website content and a range of targeted activities. The Support Service provides people in Australia with free, immediate, short-term solutions-focused support and referral services for individuals and their families affected by anxiety, depression and suicidality.

The Beyond Blue Support Service has approximately 170,000 interactions with clients each year. Demand during the evaluation period (2015–2017) plateaued or decreased slightly. Ninety-five per cent of callers are first time users of the service, indicating Beyond Blue is very often the first port of call for the community when seeking help.

#### 2.1.2 Online Forums

Beyond Blue's Online Forums provide a safe and thriving platform for discussion of anxiety, depression and other related life issues. The number of users of the Beyond Blue Online Forums continued to grow over the evaluation period. In 2017 around 100,000 people per month visited the forums, making up between 25 and 30% of all unique visitors to the Beyond Blue website. An average of 7,000 posts are made per month. One in four users visiting the forums are actively seeking help for suicidal thoughts or self-harm. Over 1000 new members register for the forums every month, and those who post spend an average of 40 to 50 minutes online in a single session.

#### 2.1.3 Supporting diverse populations

As a result of unique barriers and life experiences, a variety of diverse populations generally experience mental health challenges at two to three times the incidence of the population as a whole<sup>1,2,3,4</sup>, and often have among the lowest rates of access to services<sup>56</sup> to support recovery. Beyond Blue recognises the increased needs of different populations in the Australian community. They work to ensure activities that support people with diverse backgrounds are:

- Focused on the particular person's needs as they are influenced by their background.
- Tailored and adjusted to respond to their experiences.
- Leveraging 'universal' activities to share their impact with more members of the community.



During the evaluation period, Beyond Blue implemented a range of targeted services, interventions and resources for:

- Aboriginal and Torres Strait Islander peoples – including the Invisible Discriminator Campaign and targeted resources on the Beyond Blue website.
- LGBTI people – including the Wingmen online resource which builds the confidence of gay men to support the wellbeing of other gay men.
- Older people – including the Professional Education to Aged Care (PEAC) program.
- Refugee men – including the New Roots project which promotes good mental health of males recently settled in Australia through a humanitarian visa from the Arabic, Farsi-Dari and Tamil speaking communities.

Beyond Blue's most active equity work has been for Aboriginal and Torres Strait Islanders and LGBTI Australians, reflecting the fact that these groups experience higher than average mental ill-health and shortfalls in access to quality services.

Beyond Blue reports that there is a range of reasons for choosing to focus on certain population groups. Underpinning them all is evidence that these groups have an additional need for support. For example, their work with Aboriginal and Torres Strait Islander population groups is due to well-established need and disparities in outcomes. However, in some instances, decisions have been made according to funding and contractual measures, for example, the work with refugee men was prompted by funding from Movember, whose focus is on men.

Beyond Blue works to ensure its services are inclusive. Services such as NewAccess, The Way Back Support Service and BeyondNow are provided in settings which support a broad range of individuals and needs, for example, through delivery in a number of states and territories or in regional areas, with specific design for Aboriginal and Torres Strait Islander peoples, older people in residential aged care, youth within headspace centres, and Culturally and Linguistically Diverse communities.

During the evaluation period, Beyond Blue reviewed its work with Aboriginal and Torres Strait Islander peoples. In consultation with the community, Beyond Blue focused on supporting the aspirations of Aboriginal and Torres Strait Islander peoples through advocacy, communications with non-Indigenous people via the 'Invisible Discriminator' anti-racism campaign and continued production of information resources. In 2018, Beyond Blue launched its first RAP, outlining a series of actions and deliverables to achieve over the next three years.

In particular, the RAP outlines the development of plans to engage with Aboriginal and Torres Strait Islander organisations, community members, Elders, traditional owners and traditional owner groups in each State and Territory. Additionally, and of particular relevance to this objective, is Beyond Blue's commitment to ensure representation of Aboriginal and Torres Strait Islander peoples in its online communities (e.g. Online Forums, BlueVoices) and other organisation-wide actions. This is designed to ensure that all of Beyond Blue's projects, review prioritisation processes, and approval and management systems identify opportunities to engage with Aboriginal and Torres Strait Islander peoples.

## **2.2 The appropriateness and effectiveness of Beyond Blue activities that contribute to supporting people in need**

### **2.2.1 Beyond Blue Support Service**

An evaluation of the Support Service was conducted in 2018<sup>7</sup> with the aim of determining the immediate and short-term (one month) impacts of a single session of psychological support and referral via the Beyond Blue Support Service. The methods involved consultation with Beyond Blue support service staff and two surveys of individuals who contacted the support service and met basic criteria. The evaluation findings were positive for the users of Beyond Blue's Support Service. Service users reported reduced distress and increased coping ability, acted on the advice provided by counsellors, and were satisfied with counsellors. There were statistically significant reductions in distress (a decrease of 42% from pre- to post-contact) and improvements in ability to cope (an increase of 32% from pre- to post-contact). These improvements were maintained at one month after receiving the service. The majority of Support Service users took action to improve their mental health after contacting Beyond Blue, with 76% acting within three days of contacting the service and 85% within one month of contact.

Drawing on participant feedback from the 2018 evaluation and stakeholder interviews, it is clear that Beyond Blue's Support Services are valued by organisations, the sector, and those who use them. Some stakeholders reflected on the number of telehealth health services, particularly mental health related call centres, and what might be possible if the resources currently sitting across several organisations were better linked via an integrated software platform to make best use of investment. Only one stakeholder suggested that Beyond Blue should reconsider whether they need to run helplines at all, as there are other organisations providing this service.

Beyond Blue is known for its 24/7 Support Service. Collectively, the information, research and evaluation documentation provided for this evaluation suggest that Beyond Blue's Support Services have continued to grow and diversify in both nature and target groups, with improved penetration and reach. People who use the services find them useful and formal evaluation shows that there is evidence for their appropriateness and effectiveness.

### **2.2.2 Online Forums**

A research report conducted by Hall & Partners | Open Minds in 2017<sup>8</sup> evaluated Beyond Blue's Online Forums by conducting online surveys with 1597 forum participants. When using the forums, participants reported that they were primarily seeking practical guidance, including tips, advice and factual information, and emotional support, with the majority of users feeling that these needs were being met through their use of the forum. This evaluation also compared participants' self-reported mood before and after their last use of the forums. Overall, about half (54%) of users said that they felt less depressed, and 56% said that they felt less anxious, while 6% said they felt more depressed and 5% more anxious after interacting with the forums. This report concluded that Beyond Blue's Online Forums play a vital role in the lives of people with mental health conditions and supports the appropriateness and effectiveness of this service in supporting people in need.

Further evidence for the appropriateness of Beyond Blue's Online Forums was obtained from a recent article released by the Lancet Commission (Patel et al. 2018)<sup>21</sup>. This report concluded that online communities, such as those fostered within online forums, are an opportunity to promote mental health and wellbeing and enable individuals with mental health conditions to feel less isolated and to find support from peers with shared experiences. Similarly, evidence for the appropriateness of the Online Forums was found from a literature review of peer-support interventions. Indeed, a recent meta-analysis conducted by Bryan & Arkowitz (2015)<sup>9</sup> found that peer-support interventions have a significant, moderate effect ( $d = 0.50$ ) on reducing depression symptoms among adults and are superior to no treatment. Although the research in this area is limited, this meta-analysis indicates that Beyond Blue's Online Forums are an evidence-informed initiative and are likely to be effective in reducing symptoms of depression, but further evaluation to determine their appropriateness and effectiveness is warranted.

Beyond Blue has demonstrated its ability to identify and respond to organisational challenges. Lessons have been learned and, in most cases, Beyond Blue has provided information that suggests they are responding to these lessons. For example, review of the Online Forums found that there were changes required to keep pace with the rapid community growth, including system limitations that put the future sustainability of forums at risk, including their functionality and stability. As a result, Beyond Blue developed a five-year Online Forums Strategy (2019–2023), including critical action priorities that would enable Beyond Blue to continue delivering best practice community-based mental health support services. The strategy includes removing barriers to providing adequate and timely support for users by improved functionality of the software platform, a sustainable funding model, an appropriate staffing model, a revised organisational structure, and documented processes to enable knowledge transfer to new volunteers and staff.

The Hall and Partners research conducted in 2017 found that one in four users visiting Beyond Blue's Online Forums are seeking help for suicidal thoughts. To mitigate this risk, Beyond Blue has trained moderators who manage the forum in accordance with a set of community rules that were developed utilising best clinical practice. Posts are moderated prior to being published, and content involving explicit discussions of suicide or self-harming methods are edited out. Furthermore, the forum software has an in-built escalation pathway to clinical staff at the Beyond Blue Support Service for users deemed to be at risk of self-harm. This is an example of Beyond Blue responding appropriately to support people in need.

### **2.2.3 Supporting diverse populations**

Various activities supporting the needs of diverse populations have had an impact. Evaluation of the 2016 'Invisible Discriminator' campaign indicated that the campaign reached 4.5 million people through social media, and that it increased understanding that subtly discriminatory acts are discrimination and that discrimination impacts the mental health of Aboriginal and Torres Strait Islander peoples<sup>10</sup>. Responses on social media and website analytics revealed a range of actions taken to learn more and share the message.

Evaluation of the Wingmen gay men's resource demonstrated that the initiative engaged 24,834 users between July 2017 and February 2018 and that it is a widely used resource amongst Australian gay men<sup>11</sup>. Wingmen increased users' ability to identify which members of their circle might benefit from their support (through improved ability to recognise signs and symptoms) and enhanced their sense that they were the right person to help a friend or lover in need. Wingmen also resulted in users having better conversations about mental health through providing them with practical strategies to assist in these conversations.

Finally, narratives on social media indicate increased engagement and improved community sentiment among Aboriginal and Torres Strait Islander people following promotion of the Beyond Blue RAP. However, there are no formal evaluations of the RAP at this stage.

## **2.3 Conclusions**

Beyond Blue's suite of initiatives, services and resources for supporting people in need appear to be both appropriate and effective. Specifically:

- The extent, nature, penetration and reach of Beyond Blue's services and interventions, with the objective of supporting people in need, have continued to grow and develop over the last three years.
- There is evidence for the effectiveness of the Beyond Blue Support Service, with statistically significant improvements in distress following contact.

- There is a clear demand for the Beyond Blue Online Forums and Beyond Blue is aware that it must keep pace with changing technology to continue to provide an online environment that is engaging as well as appropriate and effective in its support of users.
- Meta-analyses of the peer-reviewed literature support the use and appropriateness of peer-support interventions in mild to moderate depression.
- Beyond Blue recognises the need for a continued effort in supporting diverse populations at greater risk of mental health challenges as well as the general population.
- Through Beyond Blue's recently completed RAP, the organisation demonstrates a strong commitment to strengthening its response to the needs of Aboriginal and Torres Strait Islander peoples and communities. Through its advocacy it seeks to support Closing the Gap and additional resourcing for the Aboriginal Community Controlled Health Services sector.

## 2.4 Opportunities

- Consider strategies that will better integrate Beyond Blue's services and initiatives so that people can more readily be guided across the full suite of Beyond Blue's service offerings as well as strategies to achieve integration with the rest of the mental health sector (e.g. the Beyond Blue Support Service and Lifeline). The use of new technology to achieve integration should be a central element of the approach.
- Address the limitations highlighted in the Beyond Blue Online Forum research to improve engagement with the online community.
- Beyond Blue's research program could include studies to address the limitations of the existing evidence base for peer-support interventions, and examine why they are helpful for depression, as well as the effectiveness of such interventions for individuals with low to moderate anxiety and those at risk of suicide.
- While recognising that Beyond Blue's interventions in the big settings where people live, work and learn create scope for population-wide impacts, Beyond Blue should consider:
  - Whether additional efforts to ensure its large interventions are suitable for – and can be readily accessed by – populations in greatest need.
  - Whether its focus on Aboriginal and Torres Strait Islander people and LGBTI people should be extended to other groups, such as people from low SES backgrounds, CALD communities, regional and rural Australia, and older Australians.

### 3. Objective 2: Driving behaviour change and empowering people with the tools to achieve their best possible mental health

#### Overview

Beyond Blue empowers people to look after their mental health, giving them the knowledge and skills to recognise anxiety, depression and suicidal thinking, and the confidence and pathways to act. Beyond Blue continues to tackle stigma and discrimination.

- Website and Online Resources – Information and tools are helping people to recognise and recover from depression, anxiety and suicidality. Almost 12 million people visited Beyond Blue websites (including subsidiary websites; Heads Up, Healthy Families etc.) in 2017–18.
- Campaigns – e.g. ‘Know When Anxiety is Talking’ is a national campaign to help people recognise and take action on anxiety conditions. Dadvice is for new dads (~125,000 website visits during the campaign).
- Traditional and social media – Active engagement with the public is helping to change the conversation. Beyond Blue has over 760,000 followers on social media.

#### 3.1 Beyond Blue activities that contribute to driving behaviour change

##### 3.1.1 Beyond Blue website

The Beyond Blue website is the first port of call for many individuals taking the first steps to improve their mental health. In 2017–2018, the Beyond Blue website received over 9.2 million visits. The website provides a suite of information about anxiety, depression and suicide and a range of support services.

##### *Website traffic summary 2015–2018*

Traffic to the website has steadily increased, with 1,538,213 pageviews (monthly average) and 438,777 visitors (monthly average) in 2015 compared to 2,423,446 pageviews and 1,014,838 visitors (monthly average) in June 2018. However, the average session duration (2:52 in 2015 to 2:20 in 2018) has declined and bounce rate<sup>1</sup> (53.31% in 2015 to 70.83% in 2018) has increased, meaning that more people are viewing the site but are seeing and doing less. The number of returning visitors has increased from 49,966 in 2015 to 77,898 in 2018 (monthly average), however they are making up less of the overall audience.

<sup>1</sup> A Bounce is a single page session (that is, a user has only visited one page in their session). Bounce Rate is the proportion of single page sessions over the total amount (Bounces/Sessions).

Table 2: Website traffic summary data 2015–2018

Year	Pageviews (aggregated total)	Visitors (aggregated total)	Session duration	Bounce rate	New visitors (% of total)	Returning visitors (% of total)
2015	6,605,715	5,265,325	2:52	53.31%	89.0%	11.0%
2016	8,106,099	6,462,888	2:51	60.89%	92.2%	7.8%
2017	9,365,839	7,475,338	3:26	64.99%	91.6%	8.4%
2018 (Jan – Jun)	7,433,250	6,089,029	2:20	70.83%	92.3%	7.7%

### Traffic overview

The homepage is the most popular page on the site, with a summary of 7,817,968 pageviews, 2,850,156 users, dwelling time of 59 seconds and bounce rate of 29.9%. The most engaging page (3,449,663 pageviews and 3.5% bounce rate) is the K10 checklist, which is an anxiety and depression checklist that aims to measure whether you may have been affected by anxiety and depression during the past four weeks.

The ‘Get support’ (20,324,135 pageviews) and ‘The facts’ (20,495,975 pageviews) pillars generated over two-thirds of all pageviews from 2015 to 2018. Beyond Blue campaigns often refer individuals to their website for further information. Given that research supports the efficacy of utilising technology to assist in the care of people with mental health conditions, as well as the dissemination of information for stigma reduction<sup>12</sup>, the large number of pageviews (alongside evaluations of campaigns/programs etc.) suggests that Beyond Blue are providing a resource that is being well utilised by the community. Furthermore, the evaluation of the ‘Know when anxiety is talking’ campaign highlighted Beyond Blue’s website as the most frequently experienced touchpoint among those exhibiting a positive change on the modelled outcome.

Females in the age ranges of 25–34 (20.44%) and 18–24 (18.25%) and males in the age range 25–34 (11%) are the largest audiences.

### Trends

Anxiety and depression and mental health related searches peak in March–May and September–November. Search engine trends show that anxiety has overtaken depression as a trending topic, possibly a result of the anxiety campaign. Some other marketing campaigns appear to have also influenced website traffic, with spikes in site visits in the times of the BeyondNow and Beyond Blue Connect campaigns. News items, particularly those relating to public figures in their time of vulnerability, can also influence traffic, e.g. Buddy Franklin’s public announcement of depression.

### **3.1.2 Online resources**

Numerous online resources are available from the Beyond Blue website. For example, the SenseAbility program is an evidence-based resource designed to build resilience in high school students. The program consists of a core essential skills module and supporting modules on six senses (self-worth, control, belonging, purpose, future and humour) that are all connected to resilience and wellbeing. These modules are supported by additional resources including: e-learning for educators and other professionals, a delivery toolkit, lesson plans, a professional reading and references document outlining the research evidence underpinning the program, and a self-evaluation toolkit with validated scales for assessing student outcomes. Schools from every sector (government, Catholic, independent) across Australia have taken up the program. Educators who participated in the evaluation are using the content with all year groups, although more commonly with years 7–10. Educators value that the program can fit within their existing wellbeing framework (or equivalent), has appropriate content for all year groups, is easy for educators to deliver, and can be used flexibly.

### **3.1.3 BeyondNow**

In collaboration with Monash University and with support from the Movember Foundation, Beyond Blue developed the BeyondNow safety planning App. This App enables people at risk of suicide to create a digital safety plan. Since the App's release in March 2016, approximately 56,000 users have downloaded the App. The App is designed to prevent suicide by providing people with a specific set of strategies to use to reduce the risk of them acting on their suicide ideation. It also provides an escalation process that encourages people to identify their warning signs and take prompt and early action to assist themselves to cope, as well as access to support people and professional services if these strategies are insufficient. The BeyondNow App was evaluated in 2017 – Phase 2 (13–20 June 2017) and Phase 3 (4 September – 6 October 2017) – and encompassed the digital marketing campaigns. Findings from the evaluation included the total downloads (Phase 2: 3817; Phase 3: 5137), safety plan completion rates (Phase 2: 1456; Phase 3: 1248) and peak usage home page visits (Phase 2: 9 a.m. – 11 p.m.; Phase 3: 9 a.m. – 4 p.m.) with actual safety plan completions more likely to be completed at a different time (Phase 2: 4–11 p.m.; Phase 3: 6–11 p.m.).

### **3.1.4 Campaigns**

Beyond Blue's campaigns have focused on a range of issues, from increasing awareness of anxiety and depression to evoking long-term behaviour change. These mass media campaigns engage with the whole population through a variety of platforms, including television, radio, cinema advertising, billboards, community events and forums, digital advertising and social media.

#### *Anxiety*

To address the enormous impact that anxiety has on many Australians, Beyond Blue launched its 'Know when anxiety is talking' campaign in 2017 to assist individuals to recognise the symptoms of anxiety in themselves. At the time of concept testing, understanding of anxiety in the population was low, with only 11% nominating anxiety as a major health issue. The campaign targeted men and women with mild to moderate anxiety and encouraged them to seek help. The campaign was found to improve people's knowledge about the signs and symptoms of anxiety (i.e. their mental health literacy) and their understanding of where to seek support. In fact, nearly 100,000 individuals completed the online checklist to assess signs and symptoms of anxiety during the first period of the campaign.

The evaluation demonstrated improved anxiety literacy, via a 6% reduction (from pre-campaign measures) of people responding ‘*don’t know*’ when asked to identify anxiety symptoms. Those who had seen the campaign were more likely to know someone who had experienced anxiety and reported significantly more personal experience with anxiety. There were significant improvements in individuals seeking information and individuals having discussions about anxiety (e.g. talking with friends, seeking information about professional support). The evaluation also examined the effect the campaign had on behaviour, with significant improvements recorded in individuals encouraging friends/family to take action to address their anxiety (past and future). Further evidence of the efficacy of the ‘Know when anxiety is talking’ campaign was also supported by increased participation in online forums, increased visits to the website (males only), and suggestions that search engine trends show that anxiety has overtaken depression as a trending topic.

### *Invisible Discriminator*

Beyond Blue launched the first and second phases of its ‘Invisible Discriminator’ campaign in 2014 and 2016. This campaign focused on the impact of discrimination on the social and emotional wellbeing of Aboriginal and Torres Strait Islander people. The 2014 campaign utilised various media channels, which included television, digital, social media and out of home, as did the 2016 campaign. The primary target audience for the campaign was 25–34-year-old non-Indigenous Australians, with a secondary target audience of 35–44-year-old non-Indigenous Australians. Independently evaluated in 2015, the cultural appropriateness of the 2014 campaign was high, with a target audience reach of ~50%. Results of the campaign were compared across normative data, and the campaign was deemed to have performed ‘exceptionally well’ in terms of its capacity to attract attention and be personally meaningful to the target audience – it exceeded the top 25% database benchmark score for these metrics. However, whilst these figures were positive during the campaign, post-campaign metrics suggested that levels of discrimination returned to baseline levels. Relunched in 2016, the campaign attained comparably strong levels of reach, with around 10% lower spend. Four out of five of the target audience remembered seeing or hearing something about the campaign, which was up from one in four in 2014. An additional focus of the latter campaign was transferring awareness to behaviour, with some evidence supporting that this occurred presented in evaluation-related material provided.

### *#YouCanTalk*

The #YouCanTalk is a joint national suicide prevention campaign aimed at giving people the confidence to respond to family and friends when they need help and guide them to the right support service. Informed by a national research project (commissioned by Beyond Blue), the study aimed to understand what evidence informed and socially acceptable advice Beyond Blue could give the general public to increase the likelihood that they would ask about and support someone who may be at risk of suicide, to help them stay safe and get the help they need. The study also aimed to develop a communications framework for a future multi-media campaign using the above formative research findings and recommendations.

Utilising the results of this study, Beyond Blue, in collaboration with the Black Dog Institute, Everymind, headspace, Lifeline, ReachOut and R U OK?, launched the social media campaign #YouCanTalk in July 2018. A first of its kind campaign, it was promoted and supported with community messaging by prominent Australians (e.g. an online message from the Chair of Beyond Blue, The Hon. Julia Gillard AC). The #YouCanTalk campaign demonstrates Beyond Blue’s commitment to utilising evidence-informed practice



to inform their campaign strategies, as well as their commitment to working collaboratively with others in the mental health sector.

### *Man Therapy*

Man Therapy was a campaign developed to improve men's wellbeing and reduce suicide among men in Australia. Phase 5 of this campaign, launched in 2015, was based on a revised version of earlier campaigns, with the targets of the campaign changing from 25–54-year-old blue-collar males to 30–54-year-old blue-collar males. The campaign ran from 22 June to 19 December 2015 across regional TV, radio, and digital and social channels. Since the launch of Davo (the 'star' of the phase 5 campaign), there have been 110,648 unique visitors to the Man Therapy website. Focus groups were subsequently established to determine the appropriateness of the campaign, with most suggesting that Davo felt 'over the top' and somewhat patronising. Respondents stated that they thought Davo didn't feel natural or genuine and that he was dismissive towards the subject matter. Whilst there were some positives recorded by some attendees (e.g. his friendly nature), the campaign was retired in view of the feedback.

### *Dadvice*

Beyond Blue launched Australia's first campaign supporting the mental health of new dads. Funded by Movember, the campaign aimed to support the mental health of men during their transition to fatherhood. The 'Dadvice' campaign is a key component of the Healthy Dads program and is designed to increase understanding and prompt behaviour change at a national level. This work was informed by research, commissioned by Beyond Blue, into men's experience of psychological distress in the perinatal period. The campaign was first concept tested, which provided a strong foundation for creating a digital campaign that would resonate with new dads.

Independently evaluated and deemed effective, the Dadvice campaign generated 124,270 visits to the Dadvice pages (August 2016 – September 2017). Paid advertising was particularly effective at driving traffic to the website (2/3 of all visits), with Facebook identified as the primary driver. Dadvice was effective at driving repeat engagement, with video content, in particular, considered critical to driving this engagement and interest. Web analytics indicated that the online stress test was appropriate and effective. During the period between August 2016 and September 2017, 2965 dads subscribed to the Healthy Dads email program. The peak of those registrations aligned with the Healthy Dads campaign activity, which directed people towards the Dadvice website. Of those who registered for the email subscription service, 64% registered for the service directly from the Dadvice website landing page, with a further 28% doing so after having completed the online stress test. Engagement across each of the four videos varied between 26% and 28%, with Episode 1 – Work and sleep deprivation – generating twice as many views as the other videos (30,638 commenced viewing, with 8185 watching more than 75%).

### **3.1.5 Traditional and social media**

Beyond Blue utilises traditional and social media to increase awareness, reduce stigma and enhance help-seeking for anxiety, depression and suicide prevention. The organisation is one of the most followed not-for-profit organisations in Australia on social media, with 567,600 Facebook followers, 135,500 Twitter followers and 52,800 Instagram followers. In 2015-16 the media monitoring service, ISENTIA, recorded 7492 mentions of Beyond Blue across print, broadcast and online platforms. In the 2016-17 financial year this increased to 10,300 articles. From July to December 2017 Beyond Blue services, spokespeople and initiatives were mentioned 5249 times. From January to July 2018, 13,478

articles were recorded by a new media monitoring service (Meltwater). While this might suggest media coverage doubled in 2017-18, direct comparisons cannot be drawn due to differing analytics and methodology used by the two monitoring services.

Beyond Blue has developed innovative campaigns that have been built on social media platforms (e.g. snapchat, XBOX, Facebook, Tumblr and Twitter, InMobi network (mobile network), Plista network). A campaign running from 31 May 2015 to 15 November 2015, Brains Can Have a Mind of Their Own, was targeted toward 13 to 17-year-old Australians who were experiencing symptoms of anxiety or depression. Interviews with stakeholders, including those with lived experience, found that the campaign was viewed as having high credibility and attention-catching attributes, and that the tone, content and channels used for this campaign encouraged consideration to act, share and rethink attitudes. The accompanying research also suggested that there was an uplift on the mention of symptoms related to the brain and reduced embarrassment relating to symptoms and discussing these with parents, and that the creative campaign delivered a strong takeaway message and a high association with the Beyond Blue brand.

### **3.2 The appropriateness and effectiveness of Beyond Blue activities that contribute to driving behaviour change**

Publicly, Beyond Blue has been acknowledged as having played an important role in raising awareness of anxiety and depression in the community<sup>13</sup>. In the time period covered by this evaluation there was a conscious, strategic move to reposition Beyond Blue from a brand designed to raise awareness to one that motivated people to change their behaviour in ways that support their own mental health and that of those around them. Acknowledging that Beyond Blue as a brand is well recognised by the Australian public, further efforts to educate the public on what Beyond Blue does (e.g. driving behaviour change) may further support this strategic change and subsequent objectives.

A review of Beyond Blue internal documentation, independent evaluations and discussions with staff paints a picture of thorough processes in the design, development, monitoring and evaluation of their campaigns. Processes include the development of clear business cases based on the results and findings of earlier campaigns and achievements, the development and documentation of campaign strategy, creative concept research based on a clear enunciation of objectives, campaign tracking and campaign evaluation.

Our review of internal documentation and other information provided demonstrated that Beyond Blue has used these evaluations to design, develop and review their programs. There are examples of times when Beyond Blue changed their approach significantly based on concept testing or market research, consistent ways of working that are responsive to the results of evaluations in each iteration of a campaign, or to improve the website (its ease of use and its content). For example, recent reports (2016, 2017) showed that users of the Beyond Blue website have a fragmented brand experience. This can limit public engagement with Beyond Blue, which is key for behaviour change, fundraising, understanding Beyond Blue's scope of work, and collection of website usage data and browsing habits (beyond the site they are on). In response, in June 2018 Beyond Blue began scoping system requirements to support a 'single front door' website model to inform the development and costing of a business case for implementation.

Throughout the evaluation period, Beyond Blue has repeatedly demonstrated its commitment to ensuring that the programs, campaigns and services it delivers meet the needs of the consumer. Utilising evaluation as a key component in this process, stakeholders suggested that the sector would benefit from understanding how Beyond Blue came to some of its organisational decisions, indicating the desire for greater transparency and faster publication of research outcomes.

### **3.2.1 Examples of campaigns that have worked**

As mentioned previously, there are examples of campaigns and resources online that are prompting changes in behavioural intentions to act, share or rethink attitudes, for example, increased intentions to discuss symptoms, increased information-seeking behaviour, participation in online forums, and reductions in self-perceived stigma and self-blame.

In the diversity area, the 'Stop. Think. Respect. Left Handed' Communications Evaluation Report (June 2015)<sup>14</sup> provides evidence of a successful campaign first run in 2012 and repeated in 2015 to highlight the impact of discrimination on lesbian, gay, bisexual, transgender and intersex (LGBTI) communities. To evaluate the effectiveness of the campaign, TNS conducted a two-wave survey (pre- and post-campaign) to determine the degree to which: (1) the target audience questioned and/or changed their attitudes/behaviours towards LGBTI people, and (2) the campaign promoted acceptance and raised awareness of the impacts of discrimination on the mental health of LGBTI people. Findings demonstrated a strong and efficient reach among 14 to 17-year-olds of 32% of the target audience, with both cinema and online media contributing to this result (12% and 25% respectively, with a further 7% collectively). The creativity of the 'Left Handed' campaign was considered novel by 44% of the audience, and there was evidence of a direct linking to positive change as a result of the campaign.

The campaign Beyond Blue nominates as its 'signature' campaign from 2017 to 2020 (the Anxiety Campaign, which is an extension of the first Anxiety Campaign launched in 2013), provides a good example of the organisational intention to generate long-term commitments in the campaign space, working at the population level rather than sub-population level or through targeted efforts. It is also an example of a campaign that was developed through evidence-based approaches with in-built monitoring and evaluation and formed part of Beyond Blue's broader Anxiety Strategy 2017–2020. This strategy has these key outcomes:

- 2017: Understanding (anxiety is understood as a serious and common mental health condition; signs of anxiety are understood and recognised);
- 2018: Stigma (anxiety is seen as a health issue, not a personal weakness); and
- 2019: Action (people seek information and support to manage their anxiety).

Phase One evaluation results suggest that, for those who had seen the campaign, there were gains in anxiety literacy and identification of Beyond Blue as an organisation associated with work in the anxiety space. Additionally, those who had seen the campaign were more likely to have intentions to seek information, and to encourage someone else to take action to deal with anxiety or to participate in online discussion forums. There was also an indication that those who saw the campaign were less likely to blame themselves for experiencing anxiety.

Very few stakeholders felt able to make comments about this objective. Those that did felt that the direction that Beyond Blue was now taking with mass media campaigns was appropriate; that is, a long-term view and a greater emphasis on lower cost but perhaps more powerful (in terms of reach) social media campaigns. Those who were aware of the evaluations noted that the campaigns were contributing to behaviour change and providing resources that were being used.

### **3.2.2 Beyond Blue website and online resources**

Beyond Blue's overarching mission is that all people in Australia achieve their best possible mental health. Utilising their website and its supporting online resources, Beyond Blue aims to increase mental health literacy, improve help-seeking behaviour and reduce stigma towards mental illness through the provision of educational materials and support services.

Currently, there is a paucity of meta-analyses and systematic reviews that have examined the effectiveness of interventions aimed at enhancing mental health literacy. However, one recent review by Brijanth and colleagues (2016)<sup>15</sup> evaluated the components of effective web-based mental health literacy interventions and concluded that they are generally efficacious when they incorporate the following elements: (1) provide a structured program where participants are guided through a series of steps; (2) target specific population groups; (3) deliver evidence-based content (e.g. CBT, psychoeducation); and (4) involve experiential and interactive learning. Conversely, web-based interventions that provide generalist information using an unstructured approach are less effective. Beyond Blue's evidence-based program SenseAbility reflects this structure, with educators highlighting its ease of use and communicating the positive contribution the program has had to student wellbeing and resilience. However, the use of the self-evaluation toolkit has been limited, so there is limited student outcomes data to verify its effectiveness.

In terms of reducing stigma, there is evidence from the literature that destigmatisation interventions have a small, yet significant effect on reducing public stigma towards mental illness (i.e. an individual's attitude towards people with mental illness). Destigmatisation interventions delivered via the internet have been found to be equally effective as those delivered face-to-face. While existing review articles have not specifically examined the effects of online educational resources in addressing destigmatisation, there is emerging evidence that interventions that contain a component of education are effective (Griffiths et al. 2014)<sup>16</sup>. Together, this evidence supports the appropriateness of Beyond Blue's website and online resources to reduce stigma.

There is also evidence from meta-analyses that help-seeking interventions have a small but significant short-term effect on increasing help-seeking behaviour. However, there is a lack of evidence that help-seeking interventions delivered via the internet and those comprising educational materials cause increases in help-seeking behaviour (Xu et al. 2018)<sup>17</sup>. This evidence suggests that the provision of online educational materials may not be the best approach to driving behaviour change. Please refer to Appendix C for an in-depth review on these topics.

### **3.2.3 BeyondNow**

Melvin and colleagues (2018)<sup>18</sup> examined the feasibility and effectiveness of the BeyondNow app in a sample of 36 non-Indigenous Australians who were receiving treatment for suicide risk. Participants were asked to use the app to manage their suicide safety plan over a two-month period as an adjunct to treatment as usual. The majority of participants in this trial reported that they used the app to access their safety plan when experiencing suicidal thoughts (82%) and/or during a suicidal crisis (68%). Furthermore, the majority of participants reported that they used the app occasionally (64%) or a lot (13.6%). The app was determined to be user-friendly. Ninety-one per cent reported that it was very easy to set up and 82% found that the app was very easy to navigate. A significant reduction in the severity and intensity of suicidal ideation and a significant increase in the use of suicide-related coping skills were observed from baseline to post-intervention. However, due to the absence of a control group in the study's design, it cannot be established whether use of the BeyondNow app alone improved suicide coping and ideation over and above treatment as usual and, therefore, the incremental effectiveness of BeyondNow cannot be determined by this study.

## **3.3 Conclusions**

- Beyond Blue has significant experience and capacity in the development of evidence-based campaigns, processes and resources that aim to promote and support behaviour change.
- Many of their campaigns and efforts have demonstrated effectiveness.

- The evidence for what works is both used by and generated by Beyond Blue.
- The commitment to using best practice in the development of behaviour change programs of effort means that the likelihood of success is enhanced from the design phase onwards, and that ineffective executions are identified early and the waste of resources is minimised.
- A fragmented brand experience limits public engagement with Beyond Blue and an integrated, single, front-door website model is needed to change this.

### **3.4 Opportunities**

- Continue to invest in and develop the website and improve the digital products to enhance access and use across Australia.
- Consider priorities and directions for the design and implementation of future programs as outcomes of the RAP and research and evaluation activities are revealed.

## 4. Objective 3: New service innovation

### Overview

Beyond Blue is developing, piloting, evaluating and scaling up new service models that meet people's needs and fill service gaps. These initiatives are delivered by new and sustainable workforces, helping to ensure that more people can get the help they need.

- NewAccess is coaching Australians with mild to moderate anxiety and depression, delivering a recovery rate of 67.5% and a cost–benefit of 1.5.
- The Way Back Support Service is supporting people following discharge from hospital after a suicide attempt or suicidal crisis with one-on-one non-clinical care and practical support.
- Beyond Blue Connect is a peer support service putting people in touch with mentors in Victoria's Greater Dandenong community.

### 4.1 Beyond Blue activities that contribute to new service innovation

#### 4.1.1 NewAccess

NewAccess is a low-intensity coaching service for individuals with mild to moderate anxiety or depression. It operates within the Federal Government's stepped-care model of mental health care and provides up to six free cognitive-behavioural therapy (CBT) sessions with a trained NewAccess coach over the phone or face-to-face, with the aim of engaging people who are not currently accessing support. There are currently 21 sites providing NewAccess services across 13 Primary Health Networks within Australia.

#### 4.1.2 The Way Back Support Service

The Way Back Support Service aims to prevent suicide through the provision of non-clinical, assertive outreach, follow-up care and practical support to individuals following a suicide attempt. It seeks to address a significant gap in current services through providing a low-cost approach to suicide prevention within the stepped-care model. It is delivered in a community-based setting, with Support Coordinators providing care face-to-face, over the phone and by text messaging and email. As of October 2018, The Way Back Support Service is operational in seven sites, and Beyond Blue plans to extend the reach of this service to up to 25 sites in the future, using funding of \$37.6 million allocated to the program in the 2018–2019 Federal Budget.

#### 4.1.3 Beyond Blue Connect

Beyond Blue Connect is a peer support service that puts people in Victoria's Greater Dandenong community in touch with mentors to support their wellbeing and improve community connections. These mentors are individuals who share similar experiences to those of the person seeking help. Beyond Blue Connect is a pilot initiative that provides a low-intensity service to people with or at risk of mild to moderate depression and/or anxiety. Peer mentors support program participants through a range of avenues including phone and email support, one-on-one and group education and wellbeing sessions, online forums and a self-management toolkit. This program has been designed to meet the specific needs of the Greater Dandenong area, which has high rates of socio-economic disadvantage and cultural diversity, and a high level of mental health needs, in conjunction with lower than average levels of help-seeking and service utilisation. The pilot program launched in June 2017.

## 4.2 The appropriateness and effectiveness of Beyond Blue activities that contribute to new service innovation

### 4.2.1 NewAccess

NewAccess is based on the UK's Improving Access to Psychological Therapies (IAPT) model, which was designed to address the increased demand for psychological therapies for anxiety and depression. To date, there have been a handful of studies evaluating IAPT which support the effectiveness of the IAPT model in treating anxiety and depression and speak to the appropriateness of rolling out NewAccess in Australia as an evidence-informed initiative (Griffiths et al. 2015<sup>19</sup>; Gyani et al. 2013<sup>20</sup>). Further evidence for the appropriateness of NewAccess was obtained from a recent report released by the Lancet Commission on global mental health and sustainable development (Patel et al. 2018)<sup>21</sup>. This report supports the use of NewAccess coaches in delivering treatment services and argues that 'new opportunities should be embraced, including those offered by the innovative use of trained non-specialist individuals to deliver mental health services (p2). Similarly, it supports the stepped-care approach of the NewAccess model stating that, 'the scaling up of psychological therapies to enhance population coverage efficiently will rely on a stepped care approach' (p22).

To date, one evaluation of NewAccess has been conducted, which was performed by Ernst and Young (2015)<sup>22</sup> across three demonstration sites and over a two-year period. One thousand and ninety-six clients were included in the analysis, as they met the inclusion criteria of completing an initial assessment, plus one or two coaching sessions and a final coaching session. The evaluation found a reliable recovery rate (i.e. the number of people where pre- and post-treatment change scores exceed the measurement error of the questionnaire and their score moves below the clinical cut-off of 67.5%). The evaluation clearly demonstrated that recovery rates for both anxiety and depression were consistent regardless of how long symptoms had been present (i.e. less than three months to longer than five years). It also demonstrated that participants presenting at their first session with mild, moderate or severe symptoms showed reliable recovery and reliable improvement rates (i.e. the number of people where pre- and post-treatment change scores exceeded the measurement error of the questionnaire) equally. Those presenting with very severe symptoms were less likely to achieve recovery; however, they achieved high rates (up to 86%) of reliable improvement. Of note, 74% of participants completed treatment. This figure indicates that participants found the program valuable and accessible in a way that met their needs.

While the findings of this trial are promising, a limitation of the NewAccess evaluation is the absence of a comparison group and the shortage of follow-up data. Given the absence of a control group, it is useful to compare the NewAccess recovery rates to spontaneous remission rates for anxiety and depression. However, it is important to note that the literature on spontaneous remission rates is highly variable. Whiteford et al. (2013)<sup>23</sup> conducted a meta-analysis of the literature on untreated depression and found that 23% of untreated depression cases remit within 3 months, 32% within 6 months and 53% within 12 months. In terms of anxiety disorders, much less research has been conducted concerning spontaneous remission, although rates of lifetime spontaneous remission from generalised anxiety disorder are estimated at 20% to 25% (Durham 2007)<sup>24</sup>. Based upon these figures, it appears that the rates of reliable recovery among patients who received NewAccess are superior to rates of spontaneous remission for anxiety and depression, providing support for the program's effectiveness, although this conclusion needs to be interpreted with caution.

Another indirect means to assess the appropriateness of NewAccess is to draw upon the literature evaluating low-intensity interventions, in particular self-guided Cognitive Behavioural Therapy (CBT), as this is the treatment content provided in NewAccess. The Centre for Rural and Remote Mental Health

(2017)<sup>25</sup> conducted a rapid review of the evidence for low-intensity mental health services in Australia and determined that, for high prevalence conditions such as anxiety and depression, there is evidence for the efficacy of low-intensity CBT approaches. Similarly, the National Collaborating Centre for Mental Health (2010)<sup>26</sup> reviewed the evidence for the effectiveness of low-intensity interventions for the treatment of depression. Guided self-help (that is based in CBT) was found to have a large significant effect on reducing depressive symptoms ( $d = -0.98$ ) when compared to waitlist control. This review concluded that guided self-help has a beneficial effect for individuals with mild and sub-threshold depression across all modes of delivery. In contrast, the evidence for the efficacy of guided self-help in the treatment of anxiety is less robust, and evidence suggests that non-guided self-help may be superior (National Collaborating Centre for Mental Health 2011)<sup>27</sup>. In summary, there is an evidence base for the efficacy of low-intensity interventions in the treatment of anxiety and depression, providing a further line of evidence for the appropriateness of NewAccess.

The majority of stakeholders interviewed believe that NewAccess is fit for purpose and is seen by many as a very good model that has significant potential as a mental health intervention. Stakeholders also note that a challenge for NewAccess has been in gaining acceptability of this new service offering in addition to all forms of low-intensity services within the sector. The clinical workforce is reported to be less than accepting of the approach. Even though a formal referral and mental health plan is not required, it is important for General Practitioners and Allied Health Professionals to understand and be supportive of NewAccess as an effective treatment option if it is going to be rolled out more broadly. It is also important that these parties understand the eligibility and assessment processes as this is critical for a strong and continued referral rate in the region. Some stakeholders also suggested that, from the consumer perspective, people may not be aware of the possibility and benefits of low-intensity interventions or that intervention is needed.

#### **4.2.2 The Way Back Support Service**

The Way Back Support Service was developed and informed by an appropriate evidence base. In a recent meta-analysis, Inagaki and colleagues (2015)<sup>28</sup> found that interventions comprised of active contact with follow-up (including intensive care plus outreach, brief intervention and contact) were effective in preventing repeat suicidal behaviour for up to 12 months post-intervention (OR = 0.83). Similarly, The Black Dog Institute and Life Span reviewed the evidence regarding brief contact interventions and coordinated assertive aftercare, which are interventions similar to The Way Back Support Service. This research concluded that brief contact interventions for follow-up can be appropriate for those who have made a suicide attempt but are not ready to engage in face-to-face treatment<sup>29,30</sup>. The evidence also suggests that brief contact interventions can be effective in reducing the frequency at which individuals reattempt suicide<sup>31</sup>. Regarding coordinated assertive aftercare, the evidence suggests that these programs can be effective in decreasing the frequency of suicide attempts<sup>32,33,34,35,36,37</sup>. Together, this body of research demonstrates that The Way Back Support Service has an evidence-informed design and is an appropriate program to support individuals' post-suicide attempt.

In October 2016, Ernst and Young<sup>38</sup> conducted an evaluation of the initial trial of The Way Back Support Service that was carried out in Darwin from June 2014 to December 2015. During the trial period, the service received 122 referrals and provided care and support to 87 individuals. The available evidence obtained through this evaluation strongly supports The Way Back Support Service as an appropriate and feasible service model that meets the needs of people who have attempted suicide, or experienced a suicidal crisis, and has a role in filling a critical gap in the service system. Stakeholder interviews revealed that clients valued and appreciated the level and type of care that was provided. The small sample size and limited range of outcome measures available make extrapolation to other jurisdictions somewhat



difficult, and therefore, generalisations on scalability are tentative. The evaluators supported further development, implementation and evaluation of The Way Back Support Service in other phased locations prior to endorsing a comprehensive rollout. From the available evidence, it appears that it would be feasible to replicate the service model in other jurisdictions across Australia. The trial evaluation revealed useful qualitative feedback and insights on the model of care and service design, governance arrangements and engagement processes. It is essential that a comprehensive evaluation of the impact and outcomes of The Way Back Support Service continues to be undertaken, to inform ongoing implementation across any further Way Back Support Service sites. This is reflected in the evaluation currently underway in the Hunter Region of NSW, due for reporting to Beyond Blue in 2019, which incorporates quantitative, qualitative and economic analysis.

There is agreement among the stakeholders interviewed that The Way Back Support Service is meeting an important need in the sector, and that while it is hard to determine its value for money, some stakeholders believe it to be a very cost-effective model for preventing further hospitalisations. It was noted that it was easy to implement because of Beyond Blue's level of support, and an unintended positive consequence in some places has been that it has created better relationships within the hospital and between the hospital and community-based organisations through bringing NGO staff into the hospital. Some stakeholders also suggested that the program could broaden eligibility criteria to cover people in suicidal crisis who present at hospitals, not just those who have made an attempt.

#### **4.2.3 Beyond Blue Connect**

An evaluation of Beyond Blue Connect from June 2017 to June 2018<sup>39</sup> assessed the effectiveness of the program's design and implementation over a year-long pilot. During the evaluation period, 319 participants accessed support through the Beyond Blue Connect program, of which the majority did not have a formal diagnosis of anxiety or depression prior to engaging with the program. Due to difficulties in collecting quantitative data concerning mental health and wellbeing, only 49 participants had pre- and post-intervention assessments on such measures. Results indicated that levels of psychological distress in these participants significantly reduced from pre- to post-intervention. Qualitative interviews with program participants also revealed that they experienced increases in mental health literacy and coping skills and decreases in negative affect that they attributed to the program. Furthermore, these qualitative interviews revealed that participants' experiences with the program were very positive overall, with the following characteristics of the program reported as underpinning this positive experience: the low intensity nature of the support; the ease of access to the program; the cultural connection and understanding provided by support peers; the experience of support in a non-judgemental and safe environment; the social engagement and direction to other services. The findings of this report provide evidence of the appropriateness of Beyond Blue Connect and early indicators of its effectiveness.

The literature review also provided an indication of the appropriateness of peer support interventions in the treatment of depression that can be extrapolated to Beyond Blue Connect (Appendix C). Bryan and Arkowitz (2015)<sup>9</sup> conducted a meta-analysis on the effects of peer support interventions among adults with diagnosed depression or elevated depression scores and found that peer support interventions had a moderate effect on reducing depression scores for up to 12 months post-treatment. Given that Beyond Blue Connect is a peer support intervention, this research supports the conclusion that the program is informed by evidence and likely to be effective for individuals experiencing mild to moderate depression.

#### **4.2.4 Overall**

Initiatives under this objective clearly demonstrate how Beyond Blue is now positioning itself differently from the past and how it is differentiated from other organisations in the sector. Beyond Blue sees itself,

and is seen by others, to be in the role of trialling disruptive services that meet gaps in the system. Beyond Blue's modus operandi is that, once it has developed and trialled a service successfully, it will work as a system capacity builder and hand over the advice, support and resources. This new role extends the content focus of Beyond Blue to include suicide prevention, service delivery, and a central focus on developing and integrating new models of care.

NewAccess and The Way Back Support Service are successful examples of the developing capacity of Beyond Blue to significantly contribute to driving system change to improve care and support for individuals experiencing depression and anxiety and to contribute to preventing suicide. The goal is for Beyond Blue to exit by 2021 after ensuring the NewAccess program is embedded in the system and PHNs are realising its value from a cost perspective and early intervention benefits.

Most of the stakeholders interviewed believe that Beyond Blue is in an excellent position to develop and test innovative models of service delivery, as they have the trust of the community and high resource levels. The other element they believe sets Beyond Blue apart from organisations in this area is a commitment to robust evaluation of their services and initiatives.

PHNs that were interviewed believe that Beyond Blue provides important overarching expertise. Their ability to assist in areas such as promotion/collateral, understanding of implementation approaches, what works and what are the challenges means that they can provide important advice to PHNs and the providers so they don't repeat past mistakes of others.

There is a view that Beyond Blue should take into account what PHNs are already doing, what services are on the ground in the local area, and what the local priorities are. Furthermore, it is thought that Beyond Blue should make sure that they consult PHNs concerning future gaps and service needs and then use Beyond Blue's research and development capacity to innovate. With this in mind, some PHNs also suggest it would be good to have some transparency/visibility built into the agreements between the service provider organisation and Beyond Blue so that all parties involved in implementation are clear about their roles and the interaction between each. Towards this end, it is worth noting that Beyond Blue has instigated a national PHN NewAccess Network Meeting. The mandate of this quarterly forum is for the sector to collaborate and share learnings from their own communities with each other and Beyond Blue. This is a direct mechanism to discuss concerns, ideas, reporting etc. and has been well received and well attended since inception.

There are also some mixed views from PHNs in relation to the style of contracting and procurement used by Beyond Blue. While some PHN respondents felt that the co-design and procurement process has allowed service providers to address local needs and specify core elements in both models, others note some challenges. For example, some note that there is a tension between Beyond Blue stressing high fidelity to models and the PHN stressing adaption of models to local needs. It is also noted that Beyond Blue expects a very high level of reporting and monitoring, with some suggesting that there should be a reality check about the level of data and reporting that is actually needed to ensure program fidelity. Some PHN respondents also feel that Beyond Blue staff who developed the service contracts were 'obsessed with detail', and it took a very long time to finalise the contract. Others noted that the costs of supporting the model at the PHN and service provider levels were not transparent at initiation, and then costs increased later on. One example given was that, while the marketing and clinical governance material was provided by Beyond Blue, it still needed modification to suit local arrangements. PHNs suggest that Beyond Blue needs to be clearer about what comes with the 'service model' – i.e. what the costs actually cover.

The data systems supported by Beyond Blue are not seen to be fit for purpose from a PHN perspective. One problem noted is that Beyond Blue data systems do not capture data that PHNs are required to capture as part of the National Minimum Data Set.

### 4.3 Conclusions

- There is evidence to support the focus on low-intensity approaches and follow-up interventions post-suicide attempt.
- The design of NewAccess and The Way Back Support Service programs demonstrates Beyond Blue's commitment to building evaluative thinking in from the beginning of the design process through implementation to outcomes.
- There is general high-level acceptance of the models and of Beyond Blue's role in designing and testing innovation and then taking it to scale.
- There is some high-level evidence for the effectiveness and appropriateness of The Way Back Support Service, which is meeting an important need in the sector.
- As the PHNs mature and their needs assessments do likewise, the information from the community level will become more important in the mix of things Beyond Blue considers at the priority setting and design phase for activities at PHN level.
- Further attention may need to be given to supporting PHNs and service providers in promoting the outcomes and benefits of new service interventions to traditional clinical staff on the ground.
- There is a need to ensure that contracting and reporting requirements for NewAccess and The Way Back Support Service are less burdensome and that reporting requirements better align with the National Minimum Data Set.
- Organisations trialling novel service models need to recognise they are operating in a context where evidence is still being established.
- It is vital that Beyond Blue continues in two crucial roles: (1) analysing and providing the best available and accessible evidence to support uptake of novel services by provider organisations at the outset; and (2) ensuring a rigorous evaluation framework is developed at the start of any new initiative and modified as necessary to respond to lessons learnt during implementation.

### 4.4 Opportunities

- Where ethical and practical, fund and commission further research to evaluate NewAccess, utilising an experimental or quasi-experimental design which incorporates a control or comparison group, to establish stronger evidence for its effectiveness and cost-effectiveness.
- Work with PHNs to understand the real cost structure of the implementation of current and future 'service models'.
- Develop a communication strategy to ensure that the community, consumers and service providers have a better understanding of the benefits of low-intensity services and to support advocacy for investment and expansion of these services.

## 5. Objective 4: Prevention and early intervention where people live, work, learn and play

### Overview

Beyond Blue aims to prevent mental health conditions and enable people to get help early, by working where people live, work and learn.

- Heads Up and Beyond Blue's specific workplace activities facilitate the adoption of workplace mental health strategies in companies across Australia, lifting resilience, recovery and productivity. Since its launch in 2014, 700,000 individuals have accessed the Heads Up website, with 14,000 individuals registered as users.
- BeYou – The National Education Initiative seeks to change the mental health trajectory of Australia's children and young people, by empowering school communities to promote mental health, intervene early, and prevent and respond to suicide.
- Healthy Families provides practical resources to build children's resilience and support mentally healthy parents and families – 536,314 people accessed the Healthy Families website (August 2016 to September 2017) and approximately 56,000 checklists were completed. .

### 5.1 Beyond Blue activities that contribute to prevention and early intervention where people live, work and learn

Heads Up, BeYou – The National Education Initiative, and Healthy Families reflect the organisation's strategic focus on setting-based interventions. They represent a move away from programs targeting sub-populations to a focus on place or setting-based interventions where people live, work and learn, increasing the likelihood of population-wide interventions.

#### 5.1.1 Heads Up

Early in Beyond Blue's establishment, the workplace setting was prioritised in response to feedback from the community about the negative impact of stigma and discrimination in their workplaces. Initially, the key offering was the National Workplace Program, which has delivered mental health training to over 180,000 participants since 2004. In recent years, there has been increasing demand from workplaces for more sophisticated guidance beyond basic awareness, education and training. Beyond Blue's response was the Heads Up initiative. Heads Up was launched in May 2014, aiming to reduce the impact of depression, anxiety and suicide in the workplace. It seeks to influence businesses to implement effective workplace mental health strategies via an interactive website, a national engagement strategy and a regular marketing campaign. Heads Up also provides tools and resources on supporting yourself and colleagues and managing someone who needs mental health support.

Since its launch, 700,000 individuals have accessed the Heads Up website and over 14,000 individuals are registered as users. Beyond Blue has presented at over 500 events and conferences about workplace mental health, reaching over 50,000 stakeholders. Furthermore, Beyond Blue has engaged with over 50% of ASX 50 companies, providing advice and support on workplace mental health initiatives.

Beyond Blue also conducts specific workplace activities, for example

- The Ambulance Victoria (AV) Project – due to the complex, high-pressure nature of the work of ambulance staff and the potential to be exposed to traumatic events, Ambulance Victoria commissioned Beyond Blue to develop and deliver mental health awareness training to all staff.
- The Good Practice Framework for mental health and wellbeing in first responder organisations – provides information about the range of programs and practices that effectively promote mental health and reduce suicide risk in police and emergency services personnel.
- National Mental Health and Wellbeing Study of Police and Emergency Services – a multi-phase national research study which included surveying 21,014 people to investigate the prevalence of mental health conditions, suicide, stigma and help-seeking behaviour among current and former police and emergency service personnel in Australia.
- Health Service Guide – Beyond Blue aimed to help Victorian hospitals create mentally healthy working environments by developing and encouraging uptake of the Health Service Guide, designed to assist staff to develop and implement their own tailored workplace mental health strategy.
- The Small Business Program – identified small business as central to the success of Heads Up, given that 97% of Australians work in small businesses (Australian Bureau of Statistics 2014). In collaboration with the small business sector, Beyond Blue continues to develop resources specifically tailored to small business contexts (focusing on both self-care and creating a mentally healthy small business) and to engage with small business stakeholder groups to assist with reaching small business owners and developing content tailored to their business.

### **5.1.2 Be You – The National Education Initiative**

Beyond Blue is leading the development and implementation of a new National Education Initiative, with funding from the Australian Government of \$98 million over four years. The National Education Initiative seeks to equip Australian early learning services and schools with the skills and strategies they require to ensure that children, young people and staff can achieve their best possible mental health. This will be achieved through supporting educators to encourage positive mental health in children and young people, and to identify and address mental health issues early. It is hoped that this service will provide transformative, intergenerational change. The National Education Initiative builds upon Beyond Blue's successful existing programs, Kids Matter and MindMatters, as well as incorporating headspace's School Support and Response Ability. The National Education Initiative is an early intervention which seeks to reduce the incidence of anxiety, depression and suicide through the provision of a national, integrated approach. This involves end-to-end support, from health promotion to services, following a death in a school community. In summary, the National Education Initiative is an online platform providing a continuous professional development package, links and pathways to evidence-based tools and programs, and referral pathways to more specialist services.

The National Education Initiative is a good example of Beyond Blue providing leadership and moving themselves from investment in well-established ways of working to integrated service delivery across the school years. Beyond Blue has the responsibility of leading this initiative which includes project design, content development, website, marketing, advocacy and evaluation. The two key delivery partners are Early Childhood Australia and headspace. This very large implementation and change process began in January 2018 and launched in November 2018.

### **5.1.3 Healthy Families**

Beyond Blue launched Healthy Families in 2016, with the goal of providing parents and families with the information, knowledge and confidence to support the young people in their life. Healthy Families comprises a website that provides information to parents and caregivers on how to take care of their own mental health and wellbeing and their family's mental health and wellbeing. Healthy Families has helped over 551,135 people access information to support the mental health and wellbeing of children and young people since its launch. In 2017–2018, there were 269,715 visits to the website. In 2018, Beyond Blue also launched *Building resilience in children aged 0–12: A practical guide* as part of Healthy Families, which is intended for practitioners across a wide range of settings. The practical guide was translated into practical, evidence-based tips for parents and carers. The launch of these resources achieved significant national media coverage and resulted in almost 9000 downloads of the guide in the first week.

## **5.2 The appropriateness and effectiveness of Beyond Blue activities that contribute to prevention and early intervention where people live, work and learn**

### **5.2.1 Heads Up**

Beyond Blue has conducted some evaluations of the Heads Up initiative which can provide an indication of the program's effectiveness. There is no clear evidence yet that Heads Up is impacting outcomes as defined in the current logic model (that is, population level outcomes). This is to be expected at this early stage of the program. However, ratings of workplace mental health were higher for those employers and employees who reported that they had heard of or had engaged with Heads Up.

The 2016 independent evaluation demonstrated that after two years the Heads Up program had seen small-scale, short-to-medium term behavioural changes occurring within organisations that had engaged with Heads Up. In particular, the following changes were observed:

- Increased action by employers to raise awareness.
- Increased action by employers to reduce risk factors and enhance protective factors.
- Increased action by employers to reduce stigma.
- Some evidence of increased commitment of employers to workplace mental health.
- Some evidence of increased action by employers to support those in the workplace with a mental health condition.

The evaluation highlighted indicators that long-term behaviour change existed and could be capitalised on with continued effective marketing and engagement.

An evaluation of Heads Up marketing activity also revealed that awareness of Beyond Blue was strong, but only one-fifth were aware of the Heads Up initiative. There continues to be a need to raise awareness and encourage the use of resources on offer for workplace mental health. No economic analyses of Heads Up have been performed.

An evaluation of a Beyond Blue specific workplace activity, the Ambulance Victoria (AV) project, demonstrated the significant positive impact of the program on the knowledge and attitudes of AV staff. The program increased understanding of mental health issues and improved recognition of the signs and symptoms of mental health problems, knowledge of causes and risk factors, awareness of treatments and available support, ability to support colleagues experiencing a mental health condition, likelihood to seek help, reduction of stigma, and familiarity with self-care among AV staff.

To further investigate the appropriateness of Heads Up, a rapid literature review of workplace mental health interventions was performed (see Appendix C). A recent and thorough systematic meta-review of 481 primary studies was identified in our searches which provided a high-level summary of the current literature and supported the use of workplace mental health interventions, like Heads Up, to support employee wellbeing (Joyce et al. 2016)<sup>40</sup>. The type of activities and services provided as part of the Heads Up program overlap to some extent with interventions broadly categorised as workplace health promotion (e.g. may provide employees access to mental health services or promote healthy eating and exercise). Thus, Heads Up is a further example of an evidence-based initiative commissioned by Beyond Blue.

A report compiled by Deloitte (2017)<sup>41</sup> about similar workplace mental health approaches in the UK outlined the significant cost benefits associated with workplace mental health interventions, estimating the return on investment (ROI) calculations to range from 0.4:1 to 9:1, with an average ROI of 4.2:1. Acknowledging the conservative nature of these estimates, based on the limitations associated with their systematic review (e.g. did not assess the impact of wider workforce benefits such as turnover costs; the impact of technology over the review period; the differing countries; the exclusion of National Health Service costs), this review suggests a level of efficacy of some approaches. However, further empirical research would be needed to establish the effectiveness of these mental health promotion approaches in the Australian context.

Beyond Blue plays an important role in supporting mental health in Australian workplaces. There is a consistent view among stakeholders that Beyond Blue has led change in the approach to workplace mental health in Australia over the last 3–4 years. People noted that Beyond Blue’s workplace programs show they are good at listening and responding to identified need. For example, the rigorous survey of police and emergency service personnel, cited above, was undertaken to establish important national baseline measures and equip the police and emergency services sector with clear evidence about the issues affecting the mental health of police and emergency services personnel and the best ways to provide support. Beyond Blue, informed by the results of these surveys, intends to work with the sector to identify and implement the best ways to protect and promote the mental health of police and emergency services personnel.

Together, the information obtained from stakeholders and past evaluations indicate that Beyond Blue is providing appropriate and targeted interventions to support mental health in the workplace. Beyond Blue should continue to monitor and evaluate the outcomes of Heads Up to determine its effectiveness in the future.

### **5.2.2 Be You – The National Education Initiative**

Be You – The National Education Initiative aims to build upon and improve Beyond Blue’s Kids Matter and MindMatters initiatives. An evaluation of Kids Matter in 2015 found that Kids Matter resources have achieved widespread reach and are used extensively in schools to facilitate staff training, create policies and procedures, and to raise awareness and value of children’s mental health and wellbeing among the school community. Kids Matter resources are highly rated in terms of their usefulness, relevance, ease of understanding, clarity and volume of information. The videos are particularly valued for their flexibility and ability to present a range of real-life perspectives in an interesting and engaging format. Similarly, an evaluation of MindMatters in 2016 demonstrated that the program has been well received. Schools reported an increased capacity to support student mental health as a result of use of the redeveloped MindMatters program.

The recent Lancet Commission on global mental health (Pateel et al. 2018)<sup>42</sup> provides support for the appropriateness of the National Education Initiative. It argued that mental health requires protection by public policies and developmental efforts that engage a variety of stakeholders, including education sectors and workplaces. Furthermore, the commission determined that mental health interventions 'should target social and environmental determinants that have a crucial influence on mental health at developmentally sensitive periods, particularly in childhood and adolescence, for the promotion of mental health and the prevention of mental disorders' (p2).

Stakeholders directly involved in the National Education Initiative who were interviewed for the evaluation reported that the approach taken to implementation of the Initiative provided good evidence of Beyond Blue's expertise and capacity in both design and implementation science, and ability to work across the complex terrain of early childhood education and schools. Respondents felt that the level of confidence in Beyond Blue's past work with Kids Matter and MindMatters provided the firm foundation for them winning the tender to develop the National Education Initiative. This is also seen as evidence of a maturing organisation willing to build on experience, learn from it, and move on as evidence evolves.

In summary, there is evidence from the peer-reviewed literature for the appropriateness of the National Education Initiative. However, due to the initiative being at a very early stage of implementation, there are no output or outcome evaluations available at the present time to enable determination of effectiveness. Siggins Miller notes that Beyond Blue intends to evaluate the effectiveness of the initiative in the future.

### **5.2.3 Healthy Families**

An evaluation of Healthy Families in 2016 demonstrated the success of the website in reaching and engaging parents and carers. It appears that the Healthy Families website is meeting the needs of its users and providing appropriate information and resources to support the needs of parents and carers in relation to the mental health of their child/young person. There were some preliminary indicators that visiting the Healthy Families website encouraged intentions to engage in help-seeking behaviour. However, the evaluation failed to find a change in parents' and carers' knowledge, beliefs and attitudes about mental health as a result of visiting the website. Given that the design of this evaluation was not well equipped to measure and attribute behaviour change that occurred as a result of Healthy Families, it is recommended that future evaluations be conducted that will enable Beyond Blue to determine the website's effectiveness.

An evaluation of Healthy Dads was conducted in 2017 and concluded that the reach and awareness of the program was considered to be effective and successful. The online format was found to be effective in driving engagement and participation among new dads. The video format specifically drove engagement and interest, so there is an opportunity to optimise the video's structure to increase message resonance and awareness. The level of engagement with the website changed during the media campaign, in that there was increased traffic to the site, but the number of pages visited during this time reduced. There also appears to be a correlation between engagement with the Healthy Dads website and an increase in help-seeking and wellbeing related behaviours, providing evidence for the program's effectiveness.

These evaluations determined that there are opportunities for Beyond Blue to continue to provide dedicated information to support the mental health of children and young people via the Healthy Families website. Opportunities for the continuation of the program include: a continued focus on the integrated marketing of Healthy Dads; a potential to extend the program to other related topics and audiences; an opportunity to expand the information offering to support people to return to the website; and continuing to build the mental health literacy of parents and carers.



### 5.3 Conclusions

- Overall, the evidence suggests that the work of Beyond Blue under this objective is appropriate and effective.
- Work under this objective is also evidence of a maturing organisation willing to build on experience, learn from it, and move on as evidence evolves.
- The refocusing of effort on places where people live, work and learn, rather than on target populations, while appropriate, may leave out those who are on the margins, those who are not severely mentally ill but who are at risk of developing anxiety, depression and suicidality due to poverty and homelessness, and those who are not in the education system or in employment.
- Stakeholders interviewed and documents and literature reviewed suggest that Beyond Blue has led the change in approaches to workplace mental health in Australia over the last 3–4 years.
- The literature reviewed suggests there is a good evidence base for investing in workplace-based interventions.
- The Heads Up program and the work Beyond Blue has done to engage the Mentally Healthy Workplace Alliance to drive change, have achieved a lot in a relatively short period of time in providing high-quality resources and tools to workplaces.
- Be You – The National Education Initiative is a good example of how Beyond Blue has demonstrated their expertise and capacity in both design and implementation science, and how to work across the complex terrain of early childhood and schools.

### 5.4 Opportunities

- There is a need for Beyond Blue's programs to continue to be evaluated for their effectiveness, cost-effectiveness and impact on behaviour change.
- Beyond Blue should consider ways in which it can monitor whether or not the risks to equity that might result from a settings-based approach become evident over time.
- Building on the lessons learnt from the evaluation of the Healthy Families website (i.e. an inability to measure and attribute behaviour change to the website), future evaluations should build in a methodology that enables Beyond Blue to more rigorously assess website effectiveness.

## 6. Objective 5: Providing an advisory role to government on policy directions

### Overview

Through advocacy, research and evaluation, Beyond Blue is seeking to drive best practice in policy and practice. For instance:

- Insurance discrimination – Beyond Blue advocates for a better deal in insurance for people with mental illnesses. Blanket exclusions in travel insurance have been removed.
- Support for lower intensity interventions – Beyond Blue has highlighted the benefits of early intervention via lower intensity models, which the Australian government is driving through PHNs.

### 6.1 Beyond Blue activities that contribute to their advisory role to government on policy directions

Policy advocacy has been a major area of activity for Beyond Blue since its inception. In the period covered by this evaluation, Beyond Blue has provided input on over 70 issues to state, territory and federal agencies on processes of policy development, planning, review and enquiry. In addition to exerting significant influence on specific mental health related policy directions, Beyond Blue has ensured that the rights of people with a mental illness are heard through cross-sectoral input into senate committees in non-mental health specific areas, but where, for example, insurance discrimination for people with a mental illness was raised as an issue in the Parliamentary Joint Committee on Corporations and Financial Services in 2016.

Appendix D provides some summaries and Beyond Blue's register of policy-related activity.

Advocacy has also taken the form of:

- Proposing the incorporation of low-intensity services within the stepped care model, which is now funded by Primary Health Networks. For example, services such as NewAccess, which fills a gap in treatment for people with mild to moderate anxiety and depression.
- Proposing that Australian and State Governments embed aftercare in the service system to ensure people who have attempted to take their own lives are provided with support to get back on track, either before they leave the emergency department or soon after.
- Proposing that the Australian Government prioritise mental health education in early childhood and schools for 3–18-year-olds through a national initiative aimed at building Australia's most mentally healthy generation.
- Conducting research/surveys and consultations with industry sectors and disseminating the results, with the aim of increasing understanding of industry needs and priorities and achieving more targeted and mutually beneficial engagement.
- Developing and disseminating focused reports on particularly vulnerable parts of the population, such as LGBTQI Australians, to highlight: variations in psychological distress and resilience between vulnerable populations and mainstream communities, and variations within them; and the relationship between their mental health and wellbeing and discrimination, drug use, mainstream community engagement, and health service use.
- Using research and reports to develop mental health programs and supporting resources, for example, Heads Up, and dissemination of those to assist organisations and communities to develop appropriate responses.



- Continuing to identify and advocate for people with mental health conditions in critical areas of stigma and discrimination, such as Beyond Blue’s advocacy strategy to reduce the policies and practices by the insurance industry that negatively discriminate against people with mental health conditions. An area that Beyond Blue has been advocating in for more than a decade.

## **6.2 The appropriateness and effectiveness of Beyond Blue’s advisory role to government on policy directions**

Beyond Blue’s advisory and advocacy activities are thoughtful, thorough and evidence based. Beyond Blue began, and has remained, steadfastly bi-partisan, in a party-political sense, thus enhancing its credibility with all governments of all persuasions. Although there is no specific literature to refer to about effective advisory and advocacy in the mental health sector, key stakeholders have made comments regarding the effectiveness of Beyond Blue’s advocacy efforts.

Stakeholders most often cite Beyond Blue’s work on mental health insurance discrimination as an example of policy influence that resulted in the following outcomes:

- Raised the profile of the mental health insurance discrimination problem.
- Established a clear stated position about the nature and extent of the problem in life and travel insurance through submissions to Parliamentary and other inquiries.
- Provided advice to mental health consumers who had experienced unlawful discrimination in these areas about what steps to take to seek a remedy.
- Resulted in industry changes to travel insurance and focus on areas to change in life insurance.

Stakeholders also note that there are probably a number of other areas where people with a mental health condition are experiencing unlawful discrimination, such as employment. Beyond Blue could partner with relevant organisations in targeted areas to advocate for further changes.

Those with a direct line of sight to how Beyond Blue works with governments note that both key Board Directors and the current and previous chairs of the Board and the CEO have a very good and nuanced understanding of policy process and the way that government works. They also note that the organisation, through its leadership at governance and management levels, has positioned its advocacy in a way that is seen by governments as helpful. That is, Beyond Blue is there to offer advice and opinions as governments need it, as well as providing thoughtful and policy-leading information, and resources. Beyond Blue’s reputation for sticking to the evidence and being concerned about the public good rather than pushing its organisational position is also seen as part of the success Beyond Blue has had in recent years in influencing policy.

A number of stakeholders interviewed felt that Beyond Blue’s success in providing advice to government and advocating for system change could make a substantial contribution to improving the state of mental health services for people with severe mental illness where issues of unmet demand and a lack of coordinated, patient-centred services continue to be a significant problem.

## **6.3 Conclusions**

- During the period covered by this evaluation, there is evidence of significant evidence-based policy advice to governments and the sector, including advice on processes outside the mental health and health sectors in portfolios that impact on the broader determinants of mental health, such as discrimination in the insurance sector against people with mental health conditions.

- The style of advocacy and advice taken by Beyond Blue is seen as useful by those who receive it, and effective by those who observe it.
- Beyond Blue's reputation for being evidence-based and concerned about the public good is seen as part of the organisation's success in influencing policy. Additionally, stakeholders expressed positive sentiments about the fact that Beyond Blue is not totally reliant on government funding.
- Overall, policy and advocacy appear to be areas of great strength for Beyond Blue. Beyond Blue's policy and advocacy efforts are recognised and valued by most stakeholders, and in the period covered by this evaluation, Beyond Blue has maintained and enhanced the effectiveness of their policy and advocacy efforts.

#### **6.4 Opportunities**

- A number of stakeholders interviewed noted opportunities where Beyond Blue could improve and build upon their existing advocacy efforts, for example, in areas such as employment, where people with a mental health condition are experiencing discrimination. Therefore, there is an opportunity for Beyond Blue to partner with relevant organisations and advocate for changes in such areas.
- There is also an opportunity for Beyond Blue to consider whether it is within their remit to lend their weight to advocacy around severe and persistent mental illness – because of the high levels of unmet need – whilst not moving outside their own focus.

## 7. Objective 6: Research to improve knowledge of mental health and suicide prevention and translate findings into practice

### Overview

Beyond Blue has a long history of supporting mental health research. Since 2002, Beyond Blue has invested \$65 million in research to identify and disseminate best practice in policy and practice. Beyond Blue has invested in research projects on anxiety, depression and suicide, as well as evaluations of their own projects, programs and services. Beyond Blue has three broad areas of research and research translation:

1. Prevention of anxiety, depression and suicide.
2. Prevention of stigma and discrimination.
3. Health systems strengthening.

Beyond Blue funds a broad range of research, covering the spectrum from discovery to research translation, using two broad approaches to research investment:

- Strategic research, which includes evidence reviews and social research to assist in designing more effective programs and services.
- Priority driven research, initiated by external researchers, which focuses on one of Beyond Blue's research priorities.

### 7.1 Beyond Blue activities that contribute to research on mental health and suicide prevention and translate findings into practice

Beyond Blue has been a major funder of mental health research in Australia. In their Research Strategy (2015–2020), Beyond Blue outlined three broad areas of research and research translation: (1) prevention of anxiety, depression and suicide, (2) prevention of stigma and discrimination, and (3) health systems strengthening. Since 2000, Beyond Blue has invested more than \$65 million in research focused on depression, anxiety and suicide prevention. Beyond Blue funds a range of research using two broad approaches to research investment. The first approach is strategic research, which includes evidence reviews and social research to assist in designing more effective programs and services. For example:

- The *Building Resilience in Children Aged 0–12: A Practice Guide*, which was produced using research from the Parenting Research Centre and the Australian Research Alliance for Children and Youth (ARACY) and released by Beyond Blue in 2017.
- The National Mental Health and Wellbeing Study of Police and Emergency Services, which aims to build a picture of the mental health and wellbeing of police and emergency services personnel in Australia.
- The Wingmen project, which involved the development and dissemination of an online Toolkit for non-heterosexual men.
- Suicide prevention research, including the development of a suicide prevention information paper.

The second approach to research investment is priority-driven research, which is initiated by external researchers that focus on a Beyond Blue research priority.

The four goals that the strategy works towards are:

1. Reducing the impact of depression, anxiety and suicide by supporting people to protect their mental health and to recover when they are unwell.
2. Reducing people's experiences of stigma and discrimination.
3. Improving people's opportunities to get effective support and services at the right time.
4. Using best business practices to deliver integrated, evidence-based and cost-effective initiatives through their people and resources.

In the time covered by this evaluation, Beyond Blue moved to funding research against a clearly defined research strategy, and in 2017 developed a partnership with the National Health and Medical Research Council (NHMRC). A key achievement of entering into this partnership is that the funds available for this area of research in Australia have effectively doubled, with the NHMRC providing matching funds for two funding schemes for every Beyond Blue dollar invested. This approach is in contrast to previous periods where the focus was more on small-scale grants for investigator-driven research.

Beyond Blue and the NHMRC partnered to pursue two priority driven research opportunities. Beyond Blue and the NHMRC are each contributing \$2.5 million for A Targeted Call for Research, focused on depression, anxiety and suicide among elderly people in Australia. This research will examine the prevention, detection and management of depression, anxiety and suicide risk among elderly people in Australia in residential aged care services and the broader community. Beyond Blue and the NHMRC are also each contributing \$1.25 million to establish The Centre of Research Excellence in Childhood Adversity and Associated Depression and Anxiety.

Beyond Blue has also made themselves available to join others to apply for research funding from government research programs through Partnership Grants. This is where, annually, Beyond Blue is available to receive expressions of interest from external researchers who wish to include Beyond Blue as a partner on their funding applications to the NHMRC or Australian Research Council (ARC). Beyond Blue supports five partnership grants each year, where the research ideas fit within its strategic priorities.

Appendix D summarises the key research projects completed or underway during this evaluation period.

## **7.2 The appropriateness and effectiveness of Beyond Blue activities that contribute to research on mental health and suicide prevention and translate findings into practice**

Stakeholders are highly supportive of Beyond Blue's strong commitment to implementing programs and initiatives that have a strong evidence base. They cited, for example, the research on mentally healthy workplaces, which demonstrated the level of return on investment associated with investing in mental health to the company bottom line. Stakeholders commented on earlier work concerning the mental health of medical students and doctors, and more recent work on first responders, where they noted the valuable addition of a research translation strategy. Stakeholders also felt that research translation is a key role for Beyond Blue given their expertise, influence and networks.

Stakeholders expressed mixed opinions regarding how effectively Beyond Blue has disseminated and translated research findings. *How to speak after a suicide attempt to someone expressing suicidal ideation* was cited as a good example of the value that commissioned research has added. *Building Resilience in Children aged 0–12: A Practice Guide*, which aims to assist practitioners working with children across a broad range of settings, was also considered a good example of the impact of Beyond Blue's research and translation of research findings.

The partnerships approach with the NHMRC to fund research was seen by stakeholders as a good decision, but some concerns were also raised. Stakeholders acknowledged that this partnership had increased the available funds at a system level and that the NHMRC's well-established systems meant that the best research and researchers would be selected. However, some stakeholders noted that the low success rates of NHMRC project grants might 'tarnish' Beyond Blue's involvement or water down the Beyond Blue brand, and that Beyond Blue would have more visibility in the research field if they kept their funding separate. Others noted that the earlier practice of Beyond Blue, in which they funded research grants directly, allowed for more work in the space of conducting pilots, and enabled researchers to go on to be successful with an NHMRC or NIH grant. This direct funding made a valuable contribution towards building mental health research capacity, especially for early career researchers. Now that this capacity is gone, some stakeholders believe that this leaves a gap in the system and that the mental health sector could lose a pipeline of young researchers with new and innovative ideas.

Stakeholders suggested that the communications strategy for the evidence Beyond Blue produces is one area that could be improved. They suggested that letting the sector know how the evidence informs organisational decision making more transparently would be helpful to partners and funders alike. Currently, stakeholders think that Beyond Blue leaves the publication of research outcomes to the researchers themselves, and there is a request from some that research findings be made available on the website more quickly. Some stakeholders expressed similar views, suggesting that the evaluations of programs commissioned by Beyond Blue should also be made more publicly available and in a timely manner. It was also suggested that, wherever possible, these program evaluations should be submitted to peer-reviewed journals for publication.

### 7.3 Conclusions

- Based on the information from all sources available to this evaluation, Beyond Blue's research and research translation efforts appear to be both appropriate and effective.
- Beyond Blue has continued its commitment to generating evidence about what works, and its design thinking, planning and implementation are based on evidence.
- Beyond Blue's continuing commitment to commissioning research, contributing to innovation and evidence, and translating that evidence into practice (through the support and capacity building of others) plays a worthwhile role in the mental health sector. In particular, the partnerships established with the NHMRC and the matched funding arrangement – which has effectively doubled the money available for research about high-prevalence mental illness – is a major achievement.
- In the time period covered by this evaluation, there has been significant activity to strengthen the foundation on which Beyond Blue builds its partnerships. This was achieved through the Targeted Call for Research (TCR) and the Centre of Research Excellence (CRE) program grants and partnership grants, which included strategy development and policy development grants to guide the way of working and the focus of effort.

### 7.4 Opportunities

- There are opportunities for Beyond Blue to build on their research efforts. Specifically, there is still a need to consider how to contribute to building capacity in the research community relevant to Beyond Blue's objectives, with a focus on the development of early career researchers.
- Additionally, the dissemination of findings and research translation, including the results of commissioned evaluations, would benefit from further attention. Beyond Blue could consider how to communicate the results of evaluations effectively and in a timely manner and the

evidence base used to inform decisions, and how to improve the dissemination of research to all stakeholders.



## 8. Objective 7: Promoting partnerships to improve the mental health of Australians and prevent suicide

### Overview

Through engaging and working with and within the mental health sectors, corporate and business sectors, the community, and other parts of the health and human services sectors, Beyond Blue seeks to form strong partnerships to improve mental health, prevent suicide, and give voice to people with a personal experience of depression, anxiety and suicide. For instance:

- Primary Health Networks (PHNs) – supporting PHNs to implement effective approaches to mental health, including low-intensity services and a regional area focus, and obtaining knowledge and expertise from PHNs to inform and add value to Beyond Blue’s work.
- Mental Health Sector – collaborating with organisations within the mental health sector to achieve improved outcomes, for example, through sector roundtable discussions and coordinated campaigns.
- Corporate and community – developing relationships with corporate partners to reach new audiences as well as seek revenue diversification and with community partners to increase reach to different audiences and provide opportunities for face to face connection.
- Blue Voices/Community – engaging the community to share experiences and perspectives to inform program design, services and initiatives evaluation, and planning and research.
- Ambassadors and Speakers – providing platforms to enable well-known personalities from multiple sectors and community volunteers to share their lived experiences and stories of hope, recovery and resilience to those with anxiety and depression and their families, as well as the broader community.

### 8.1 Partnerships that improve the mental health of Australians and prevent suicide

In the time covered by this evaluation, Beyond Blue has worked consistently within the mental health sector, with business and with other parts of the health and human services sectors to form strong partnerships to improve mental health and prevent suicide.

#### 8.1.1 Primary Health Networks (PHNs)

PHNs are at the forefront of the federal government’s mental health reforms, with a significant shift towards regional commissioning for primary mental health services. The Beyond Blue PHN engagement strategy (2016–2019) was developed following delivery of the Commonwealth Government’s mental health reform package in 2015.

#### 8.1.2 Mental Health Sector

Beyond Blue collaborates with various organisations within the mental health sector to achieve improved outcomes. An example of this is a roundtable initiated by SANE Australia that took place in July 2017 and included the participation of Orygen, Beyond Blue, Black Dog Institute, Lifeline, ReachOut and MIND Australia, where the need for greater connectivity and collaboration in order to have greater impact was discussed. The session focused on exploring how collaboration among the seven participating organisations could achieve greater outcomes in preventing suicide. Topics discussed included: the current landscape, exploring collaboration, systems, leadership, modelling the system, opportunities to explore, staying connected, communication and conversation. Now the CEOs of the above organisations

get together every 3–4 months to come to terms with what each organisation is doing and areas to coordinate.

The suicide campaign #YouCanTalk was another significant example of organisations in the mental health sector collaborating and with Beyond Blue playing an important role. Seven mental health organisations are involved, including Reach Out, Black Dog Institute, headspace, Everymind, R U OK? and Lifeline.

### **8.1.3 Corporate and community partnerships**

An example of a community partnership is the partnership Beyond Blue holds with Hawthorn Football Club (HFC). Since 2006, HFC has been a supporter of Beyond Blue, dedicating an AFL game each season to the Beyond Blue Cup. The Beyond Blue Cup aims to raise community support and donations for Beyond Blue. It also encourages the community to ‘have the conversation’ about their own mental health or with those around them about their mental health. HFC advocates that if we can talk about our physical injuries, then we should be able to talk about mental health conditions without being discriminated against or stigmatised.

Beyond Blue’s Heads Up workplace initiative, supported by the Mentally Healthy Workplace Alliance has developed influential partnerships with diverse stakeholders, including the Business Council of Australia, Council of Small Business Australia (COSBOA), Workplace Health and Safety Regulators, Small Business Commissioners and many industry associations; and has engaged directly with over 50 per cent of the ASX 50 companies including BHP, Lendlease, Coles, Qantas, Computershare and NAB, to provide advice and support for their mental health initiatives. Further information on the Heads Up and an assessment of appropriateness and effectiveness is outlined in Objective 4: Prevention and early intervention.

### **8.1.4 BlueVoices/community engagement**

BlueVoices is Beyond Blue’s reference group for people who have personal experience of anxiety, depression or suicide, or support someone who does. BlueVoices members share their perspectives with Beyond Blue to inform and ensure that people’s experiences are reflected accurately. BlueVoices members work in partnership with Beyond Blue in a variety of ways, including program design, evaluation of services and initiatives, and annual organisational planning and research. The demographics of the 8583 BlueVoices member base reflect a median age  $n=37$ , a gender breakdown of females (71%), males (28%) and other (1%), and representatives from each State and Territory (NSW: 29%, VIC: 31%, QLD: 17%, SA: 8%, WA: 9%, TAS: 2%, NT: 1%, ACT: 2%).

### **8.1.5 Ambassadors and Speakers**

Another critical contributor to the lived experience at Beyond Blue is its Ambassadors and Speakers program. Ambassadors generally have a public profile (e.g. Brad McEwan, Allan Sparkes CV, OAM, VA, Mary Jo Fisher) and are derived from multiple sectors (e.g. sport/business/journalism). These ambassadors use their public profile to talk openly to others about their lived experience, providing hope and encouragement to those with anxiety and depression and their families. Speakers are volunteers, who – similarly to Ambassadors – present at a range of events to share their personal stories on anxiety, depression and recovery. Between July 2017 and June 2018, 267 Beyond Blue Ambassadors and Speakers shared their personal stories of hope, recovery and resilience at 773 events around Australia to an audience of over 47,000. A total of 69 new speakers were inducted into the program, and training sessions were held in Adelaide, Perth, Melbourne, Sydney and Brisbane. To the end of June, there were 28 high-profile Ambassadors and 239 volunteer speakers.

## **8.2 The appropriateness and effectiveness of Beyond Blue partnerships that improve the mental health of Australians and prevent suicide**

### **8.2.1 Primary Health Networks (PHNs)**

An early evaluation of the PHN engagement strategy (2016 to 2019) found that during 2016–17 Beyond Blue engaged with PHNs primarily on suicide prevention and low-intensity services – two areas for which PHNs are required to commission services – as well as offering the broad suite of Beyond Blue’s free resources. Beyond Blue is on track to achieve its objectives to be a trusted advisor to PHNs, using the expertise and guidance of PHNs to better plan and deliver Beyond Blue projects and services. In a survey of PHNs, 90% of respondents indicated that the advice they received from Beyond Blue was trustworthy and 90% also agreed that Beyond Blue is an organisation they trust.

Beyond Blue’s partnership with the PHNs has been particularly successful for the rollout of the NewAccess program. They both play a critical role, Beyond Blue supporting PHNs to implement effective approaches to mental health and PHNs providing knowledge and expertise to inform and add value to Beyond Blue’s work. The success of this partnership is evident, as there are now 13 PHNs funding the program and a PHN community of practice for sharing knowledge and learnings.

### **8.2.2 Mental Health Sector**

The effectiveness of the partnerships Beyond Blue has with its collaborators is reflected in the successful rollout of different programs. For example, in 2016 The Way Back service model was developed by Beyond Blue in partnership with the service provider, Anglicare NT, and with local stakeholders including NT Health, the Royal Darwin Hospital Crisis Assessment and Triage Team, Cowdy Ward, and an advisory group. Each organisation contributed uniquely to the project, with the strength of the partnership attributed to the clear roles each organisation played in either the development or implementation of the program. Informed by evidence-based practice, Beyond Blue acted as the innovator and funder of new services, and provided project management, evaluation and other advice to support the partners actually delivering The Way Back Support Service.

Since inception, The Way Back Support Service has been trialled in the NT, the ACT and the Hunter region of NSW. Additional sites have also been implemented utilising both state and commonwealth contributions, these include, Murrumbidgee NSW, North Coast NSW, Redcliffe QLD, Geelong VIC and Casey VIC.

Stakeholders suggest that the Commonwealth funding for The Way Back Support Service implementation clearly shows the Commonwealth’s recognition of Beyond Blue’s role in this area and support for their leadership. This is a big vote of confidence as the model also involves Beyond Blue’s negotiation with the states for a co-contribution to the service.

Beyond Blue is also working in effective partnership with Early Childhood Australia (ECA) and headspace on the development and implementation of the National Education Initiative. Beyond Blue has the responsibility of leading this initiative which includes project design, content development, the website, marketing, advocacy and evaluation, with the delivery partner ECA delivering support in early learning settings, and headspace delivering support in schools.

Stakeholders suggest that Beyond Blue is a good collaborator and partner; examples include work with Movember Foundation and SANE. They note that in the last three years Beyond Blue has taken a different direction and is now more actively collaborating with other organisations in the mental health sector. The collaboration on talking about suicide (#YouCanTalk) is given as a good example of how they have become

less 'separatist' within the sector. This was noted by stakeholders as far more effective than each individual organisation running its own communication campaigns and only getting to their 'market segment'. Beyond Blue makes strategic decisions about where and who to collaborate with and sets the terms of engagement. They also bring significant levels of resourcing to the activities they decide are priorities. While there are benefits to this, some stakeholders suggest that this makes it hard for other mental health organisations to join with Beyond Blue without feeling there is a considerable power differential. Beyond Blue could work with its partners to make explicit that this perception of fewer resources to bring to the table means less influence must be openly discussed and reduced or eliminated.

Several State Government representatives noted that Beyond Blue's engagement with State Governments was mixed. A positive is that all State Governments are represented on the Beyond Blue Board and an annual Members Day is held, both of which provide scope for collaboration and partnership. On the other hand, at times there is greater scope for Beyond Blue to partner and collaborate with State Government officials in order to ensure that the state context is recognised and opportunities to work together on shared goals are captured. As Beyond Blue rolls out its big initiatives such as The Way Back, broad and deep engagement with State Governments will be critical to success.

It was also suggested that Beyond Blue could lend their weight to advocacy around severe and persistent mental illness because of the huge levels of unmet need. This would not mean that Beyond Blue would move into this area but lend their standing to organisations already working in this area, such as SANE and Mental Health Australia, and look towards partnership opportunities.

### **8.2.3 Corporate and community partnerships**

Beyond Blue's partnership with HFC reflects a number of significant achievements in terms of reach and awareness. Awareness of the Beyond Blue Cup amongst HFC members was extremely high, with 93.7% awareness of the last round (post Cup survey of 3154 members). There were 189 media mentions in major daily and weekly media outlets across newspapers, radio and TV. The mentions in online media of Beyond Blue Cup had a potential reach of about 12.3 million. Overall, sporting organisations suggested that their partnership with Beyond Blue has evolved from just running events, and that it has become more effective. These organisations suggested that Beyond Blue could benefit from increasing the utilisation of sporting platforms to increase reach and awareness of their messages and programs, especially since those in the football industry have a strong social responsibility commitment.

Corporate partnerships are relatively new to Beyond Blue and there are still areas for improvement in the model for these partnerships. There are concerns by some corporate funders that the recent big increase in government funds might result in Beyond Blue not giving the same level of attention to corporate and philanthropic funds, and that this would be a mistake. Some of these stakeholders also noted that major corporate funders need to be given full recognition, including the capacity to talk to the Board. 'Major corporate funders should be more intimately involved in details of the partnership outcomes e.g. attending launches and workshops, getting more of a touch and feel of things they contribute to'.

It was also noted by some business partners that their customers like to think they are contributing to mental health, especially in rural areas, through the partnership with Beyond Blue. It is suggested that it would be useful for Beyond Blue to think about how they could package up some resources that their business partners could give to customers to enjoin them in the effort. It was also suggested that Beyond Blue could produce a six-monthly or quarterly bulletin to keep partners informed about all the activities that might be of interest to them.

### **8.2.4 BlueVoices/Community Engagement**

Results of annual surveys indicate that members were overwhelmingly positive about their involvement in BlueVoices and felt they were making a difference to mental health awareness through their role. Beyond Blue staff reported that BlueVoices' contributions are essential to their work, and that they could not produce quality content without this partnership. An evaluation of BlueVoices revealed that both members and staff share the desire for BlueVoices to contribute more to the organisation and support the implementation of an engagement strategy that would provide more personalised and tailored communications, leading to greater satisfaction of members and higher engagement for Beyond Blue. In addition, improvements for engaging with those individuals that haven't previously been involved with Beyond Blue and targeting specific groups that are not adequately represented by the existing member base (e.g. Aboriginal and Torres Strait Islanders and culturally and linguistically diverse populations), were areas recommended for improvement.

### **8.2.5 Ambassadors and Speakers**

Beyond Blue has secured a large number of Ambassadors and Speakers. Annual surveys of Ambassadors and Speakers show an increasing positive regard for the program. Overall, the view of the responding Ambassadors/Speakers is positive (e.g. 99% feel very or somewhat happy with their involvement in the Ambassador and Speaker Bureau). Continuous quality improvement actions, arising from the most recent feedback surveys, were targeted in 2018 at developing the buddy system and specific training, as well as continued focus on improved engagement. Event organisers who host Speakers and Ambassadors overwhelmingly provide positive feedback; however, there is a lack of available quantitative data on the impact of the Ambassadors and Speakers program.

### **8.2.6 Overall**

Those consulted believe that Beyond Blue knows how to work in a highly structured and systematic manner and that their consultation and governance process is wide, ensuring good coverage of all views. Kids Matter, MindMatters and now the National Education Initiative demonstrate that Beyond Blue understands how to work with the whole of education sector. Effectively engaging with non-government, Catholic and State schools, Beyond Blue works to ensure it doesn't duplicate or compete with any of the wellbeing services that each of the systems already operates. This approach to NEI demonstrates Beyond Blue's commitment to working with the education sector in the best way possible to deliver this initiative.

Beyond Blue holds the biggest brand awareness and a lot of power within the sector. Highly influential and with significant resources, there is a challenge for Beyond Blue in ensuring they wield this power carefully and do not encroach on or dominate other players in the sector. Maintaining focus on their mission and ensuring the organisation is transparent about where they are going, and why they are doing it, will see increased trust emanating from the mental health sector.

While Beyond Blue has made a significant contribution to the mental health system's capacity as a whole, it should acknowledge the extent to which their activities create demand, which is met by other professional services, not Beyond Blue. Acknowledgement of this flow-on effect and a collaborative approach to addressing this challenge would be appreciated by the sector.

## **8.3 Conclusions**

- There is increasing evidence that Beyond Blue's approach to partnership development and maintenance is gaining acceptance in the mental health sector and between Beyond Blue and business, noting there are some suggestions for how this could be improved.

- Some significant partnerships have led to the development of new initiatives such as The Way Back service model that is now moving to implementation.
- Collaborative leadership has resulted in new and improved ways of working across the sector, as evidenced by the collaboration that supported the successful #YouCanTalk suicide prevention campaign.
- The work with industry and business that has resulted in the Heads Up workplace initiative also showcases Beyond Blue's effectiveness in developing and leveraging partnerships in the public interest.
- The NEI showcases how Beyond Blue works effectively in partnerships in the innovation space, plays to its strengths in the roles it takes within partnerships, and works effectively with others across sectors, making sure not to compete with other wellbeing services already in those sectors.

#### **8.4 Opportunities**

- There are opportunities for Beyond Blue to lend the weight of their reputation and standing to the other parts of the mental health sector that focus on the persistently and severely mentally ill. However, it is noted that Beyond Blue should not move outside of their core business.
- The development of a more integrated strategy that covers the nature and purpose of engagement between Beyond Blue and its range of partners, including BlueVoices, the mental health sector community and corporate partners would be prudent.
- The creation of ongoing lines of communication between Beyond Blue and relevant clinical services is advisable to ensure that the demand for clinical services generated by Beyond Blue's campaigns and other efforts can be appropriately planned for and managed across the sector.
- The existing evidence for the Speakers and Ambassadors program could be enhanced by evaluating its impact.
- Beyond Blue could work with its partners to reduce the perception that fewer resources to bring to the table would mean less influence in joint projects and broader partnerships with Beyond Blue.
- When large initiatives such as The Way Back are rolled out, Beyond Blue needs to recognise that broad and deep engagement with State Governments will be critical to their success.

## 9. Objective 8: Understanding how Beyond Blue operates

### Overview

This section of the report most closely aligns with the organisation's Strategic Goal 4: *Beyond Blue uses best business practices to deliver integrated, evidence-based and cost-effective initiatives through our people and resources*. It is structured somewhat differently from the preceding sections and draws together:

- Information about governance, management structure, and processes.
- Information on budget.
- Information on staffing numbers and profiles.
- Organisational structure.
- Policy and procedures.
- Other relevant information provided to the evaluator, as well as the views of internal and external stakeholders.

### 9.1 Is what Beyond Blue focuses on appropriate?

Beyond Blue advocates for all Australians to achieve their best possible mental health (their vision).

The most recent National Survey of Mental Health and Wellbeing conducted by the Australian Bureau of Statistics (2008)<sup>43</sup> indicates that nearly 1 in 2 Australians (45%) will experience a mental health disorder in their lifetime, and 1 in 5 Australians will experience a mental health disorder in a given year. Anxiety and depression are among the highest prevalence mental health conditions, alongside substance use disorders. Currently, 2.3 million Australians (14.4% of the population) have anxiety and almost 1 million (6.2%) have depression. Furthermore, 4.2 million Australians (26.3% of the population) will experience anxiety and 2.4 million (15%) will experience depression at some stage during their lifetime. Suicidal behaviours are much less common, with 2.3% of Australians reporting suicidal ideation in the last 12 months. However, 75,000 Australians attempt to take their own life each year with 3128 dying by suicide in 2017 (ABS 2008<sup>43</sup>; 2017<sup>44</sup>). Furthermore, Aboriginal and Torres Strait Islander suicide rates are approximately twice that of non-Indigenous Australians (Australian Human Rights Commission, 2015)<sup>2</sup>.

Mental health disorders exist on a continuum from mild to severe. It has been estimated that, of the individuals diagnosed with a mental health disorder in a given year, approximately 54% will have a mild disorder, 28% will have a moderate disorder and 18% will have a severe disorder. In addition to the 20% of the population experiencing a mental health disorder each year, it is also estimated that a further 23% will experience some indication of mental ill health or risk factors for mental illness, without meeting the criteria for mental illness (Leitch et al. 2016)<sup>45</sup>.

In Australia, the burden of disease attributable to mental health disorders is substantial. It is estimated that mental health disorders are responsible for 12.1% of the total burden of disease and are the largest contributor to the non-fatal burden of disease, attributing 23.6% to this burden (Australian Institute of Health & Welfare 2016)<sup>46</sup>. The financial costs of mental health disorders to the Australian economy is also large. Lee and colleagues (2017)<sup>47</sup> estimated that the annual cost to Australian society associated with high-prevalence mental health disorders (including anxiety and depression) is \$12.8 billion/year and the total productivity loss is estimated at \$11.8 billion/year. Suicide is estimated to cost the Australian economy \$1.6 billion annually (KPMG 2013)<sup>48</sup>. Given these prevalence rates and costs, it is evident that Beyond Blue's focus on depression, anxiety and suicidal ideation is important as they are public health issues that must be addressed.

In response to community need and changes to the funding environment, Beyond Blue recognised that it had to change, having grown substantially over the period covered by this evaluation. In the face of significant success (e.g. winning of the National Education Initiative tender), coupled with the need to develop a sustainable and ongoing business model, Beyond Blue has been proactive in its approach to change. The changes that have been made or are being progressively implemented by Beyond Blue, indicate that it is an organisation managing both growth and (as importantly) development in a mature and effective manner. This is evidenced by the documents we have reviewed and the views of the stakeholders interviewed, which confirm strong governance and management practices that support data-informed decision making, as well as the organisation's commitment to authentic partnerships with those in the mental health sector, governments at all levels and with business, and its commitment to ongoing and improving communication with stakeholders.

### **9.1.1 What makes Beyond Blue tick?**

Siggins Miller's observations, and the views of stakeholders, staff and Board Directors, suggest that Beyond Blue is a unique organisation. The 'community heart and business head' approach, lived every day and embedded in all thinking, planning and delivery, creates a virtuous cycle that supports staff commitment and morale, a sense of ownership and responsibility for success at all levels from the Board down and stakeholder support, and attracts significant levels of business, philanthropic and government investment.

In addition, the strong sense of shared purpose at all levels has developed a high-performance culture which supports innovation and promotes openness to change, based on evidence for what works and what doesn't. It is unusual to find a mission and value-based organisation that is ready to let go of key programs when better ways of working are identified. It is also unusual, in Siggins Miller's experience, to find an organisation where the reality of the way it works is such a close match to the rhetoric of the organisation. Earlier sections of this report support these assertions by outlining the development and expansion of new and innovative services. For example, the National Education Initiative, The Way Back Support Service and NewAccess.

Beyond Blue is also an ambitious organisation, but its ambitions are not at the expense of others. Its ambitions are to lift the performance and horizon of the sector in the public interest. In a highly competitive sector Beyond Blue demonstrates generous and inclusive leadership. In particular, over the last three years the style of leadership at the governance and management level has been well aligned with the evidence for what works in health and human services sectors where the key predictor of successful leadership is a deep concern for others, rather than the charismatic leadership style often promoted in popular thinking and portrayed in corporate sector-based studies (Alimo-Metcalfe & Alban-Metcalfe 2005)<sup>49</sup>.

## **9.2 Is Beyond Blue efficient?**

In 2017–18 Beyond Blue staff costs accounted for 20.6% of total revenue. Beyond Blue's staffing profile continues to be relatively small in contrast to the scale of its activities and profile. In 2017–18, Beyond Blue's actual staffing totalled 146.12 FTE, up from 96.34 FTE in 2015–16. At the time of the previous Beyond Blue report in 2012–13, staff costs accounted for 13.6% of total revenue and these costs increased steadily from 2012–13 to 2015–16 and have remained at 20–21% from 2015–16 to 2017–18. Notably, the total revenue of Beyond Blue remained relatively steady (fluctuation of less than 7.5% per year) from 2012–13 to 2016–17 (see Figure 3). Funding increased substantially, by 21.4%, in the period from 2016–17 to 2017–18.



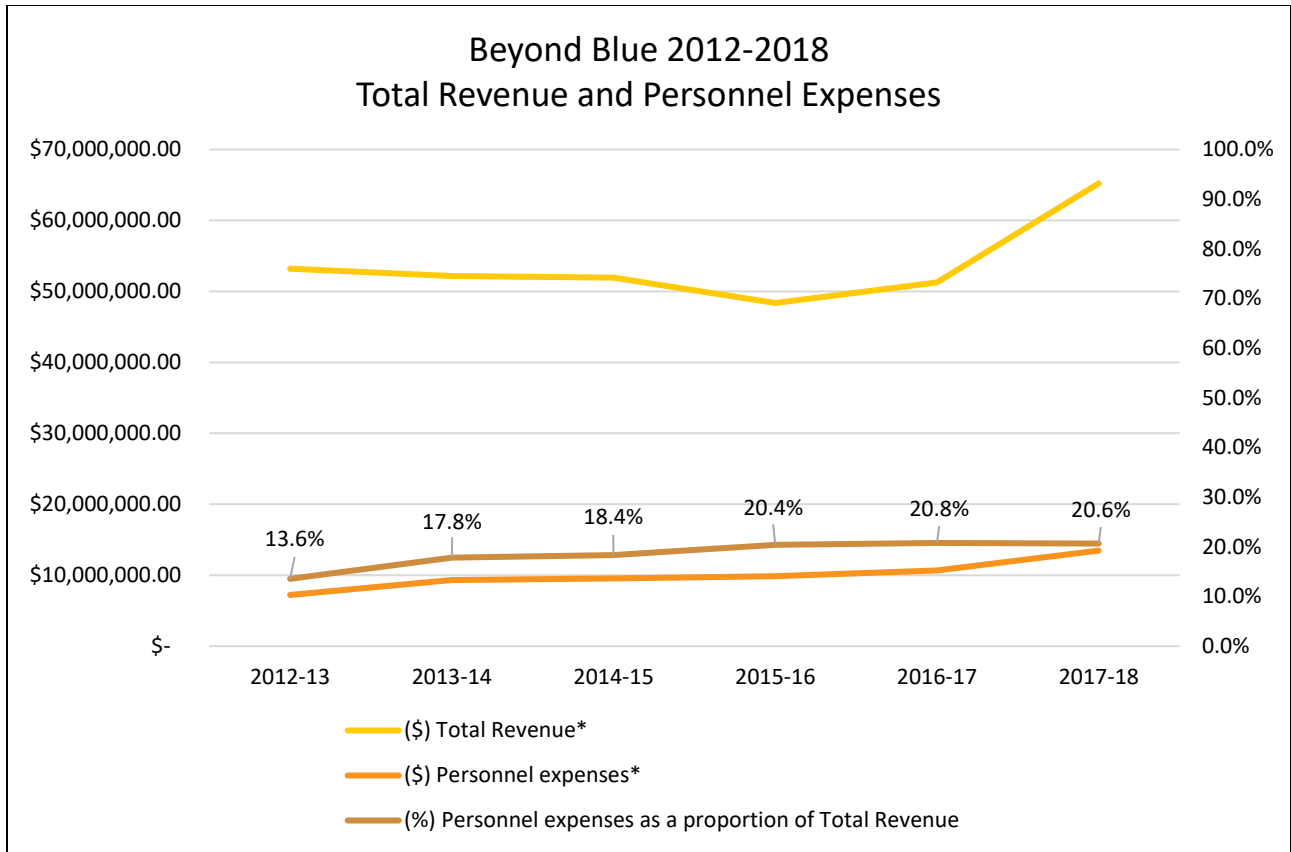


Figure 3: Total revenue and personnel expenses 2012–13 to 2017–18

### 9.2.1 Staffing

The main programs serviced by each of the areas are described below in Table 3.

Table 3: Main program groups and program responsibilities

Program groups	Programs
Services and Service Innovation	NewAccess; Suicide Prevention; TWBSS; Support Services; Forums; Beyond Blue connect/Peer Programs; BlueVoices
Education and Families	Educational Transition; National Education Initiative (NEI); Families
Workplace Partnerships and Engagement	Workplace Subject Matter; Workplace Engagement; Workplace Strategy; Ambassadors and Speakers; Corporate and Community Partnerships; Events and Volunteers
Strategy & Policy	Policy and Government Relations; Evaluation & Research; Strategy and Planning; Integration, Diversity, Stigma & Discrimination
Marketing, Communications & Funding	Marketing & Campaigns; Media & Communications; Customer Experience & Digital; Fundraising
Corporate Services	The Corporate Services Team provides strategic and technical advice to each of the teams, the CEO, the Executive Team and the Board, and Board Sub-committees. The Corporate Services team is a key enabler of the business through supporting people, systems and processes.

Board & Executive	The Board and the Executive Team are core components of the governance structure. The Board provides strategic oversight and guidance and financial and risk-based review, whilst the Executive Team is responsible for the execution of strategic initiatives and plans endorsed by the Board.
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Twenty per cent of Beyond Blue staff are under the corporate services and executive groups, and the remaining 80% of Beyond Blue staff sit within groups delivering a wide range of initiatives and programs that are outward facing, in line with the Beyond Blue strategic plan (see Figure 4). The Australian Charities and Not-for-Profits Commission points out that, across the charity and not-for-profit sector, there is no one size fits all standard ratio or percentage to measure reasonable spending on administration. However, some analysis from the USA suggests that not-for-profit organisations should spend at least 65% of total funding on programs, and organisations which spend 75% or higher on programs can be considered to be highly efficient<sup>50</sup>. This guidance covers a very large and diverse sector in the USA, but based on this, Beyond Blue can be considered efficient.

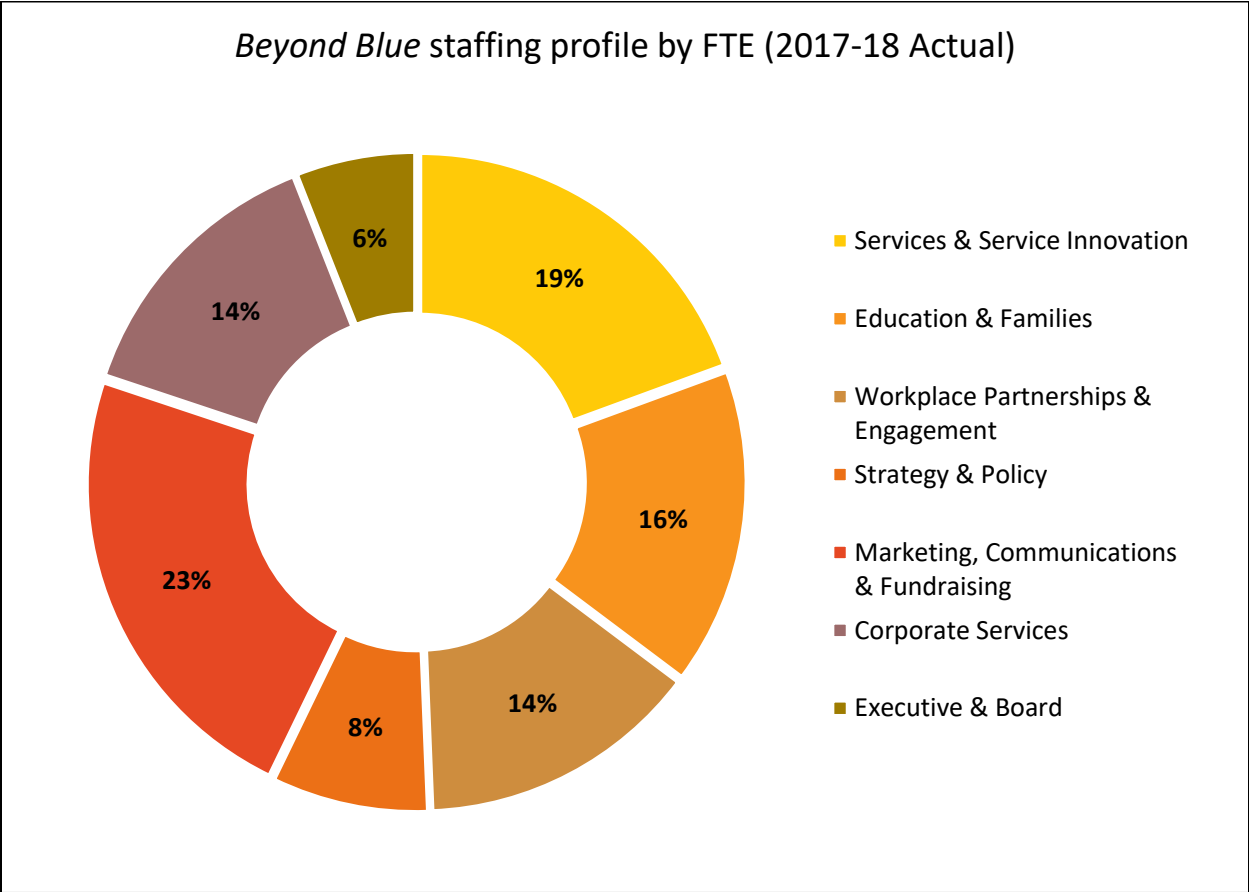


Figure 4: Beyond Blue staffing 2017–2018

### **9.2.2 Does what Beyond Blue provides constitute value for money?**

International economic analyses have indicated that the economic and health returns on investment for scaled-up treatment of depression and anxiety in people aged 15 years and older are substantial in high-income countries such as Australia, with a benefit to cost ratio of 5.3 to 1.0 for depression and 4.0 to 1.0 for anxiety (Chisholm et al. 2016)<sup>51</sup>. At the domestic level, KPMG (2018)<sup>52</sup> has recently provided a number of economic analyses on the return on investment for a variety of mental health initiatives that were recommended to be rolled out nation-wide. Overall, the cost of their recommended initiatives was approximately \$4.4 billion, which would generate savings estimated at between \$8.2 billion and \$12.7 billion. Some of these recommended initiatives mapped directly onto Beyond Blue's programs and services. They include: 'Provide community-based assertive outreach to people who have attempted suicide'; 'Invest in prevention and early intervention'; 'Use e-health as an enabler to deliver early intervention services'; 'Work with employers to improve workplace mental health and well-being'; and 'Trial a peer paid workforce'. KPMG reported that return on investment could not be calculated for all of the initiatives that they recommended due to an absence of existing research trials and data; however, we have reported the findings relevant to Beyond Blue's services, where available. KPMG estimates that the return on investment per person for an assertive outreach program targeting individuals who have attempted suicide is 0.1 in the short-term and 1.8 in the long-term. It is assumed that the indicative costs are \$4000 per person for this assertive outreach program. They also estimated that providing CBT as an early intervention to adolescents, with an assumed cost of \$488 per person, would yield a return on investment of 1.1 in the short-term and 9.1 in the long-term. Providing CBT-based online programs is estimated to cost \$561 per person and would yield a short-term return on investment of 1.60 (long-term estimates could not be calculated at this stage).

The NewAccess Evaluation<sup>22</sup> reported a return on investment of 1.5. This means for every \$1 invested there was a reduction in the burden of mild to moderate depression and anxiety. This ratio could be applied to other Beyond Blue programs for similar conditions, but the return on investment for programs targeting more severe conditions, such as severe depression and suicidal ideation, is not known. In addition, measurement of outcomes and the perspective of the 'return' also need to be consistent before applying the ratio (e.g. a societal perspective includes time off work, patient out-of-pocket costs and healthcare costs; a healthcare perspective may be costs to government-funded health care or the total cost of health care including any MBS/PBS gap payments). Therefore, any future programs should include an appropriate design for an economic evaluation.

## WHAT IS ECONOMIC EVALUATION?

An economic evaluation can take a number of forms. Return on Investment (ROI) or a cost-utility analysis (CUA) converted to Net Health Benefits (NHB) would be the most suitable for high-level appraisal. ROI focuses on direct costs; CUA includes health outcomes such as quality of life (measured on a utility scale where 0=dead and 1=full health). A range of multi-attribute utility instruments is available to estimate quality of life on this scale – such as the EQ-5D and the AQoL. NHB is a process where quality of life is converted into a monetary unit and can be combined with costs, and thus includes health benefits.

The design of a program where an evaluation is required should include a comparator where the same outcomes are measured. The comparator can be a matched cohort, randomised control group, or a set of data collected pre-intervention. In the context of the programs that are designed and developed by Beyond Blue, which focus on high-prevalence mental health issues, the data to be collected should include a measure of anxiety-depression (such as the K10 or K6), a quality of life instrument (e.g. the EQ-5D or the AQoL-6D) and – most importantly for estimating the return on investment – information on the use (and cost) of health services. The use of health services might be collected from administrative data (Medicare items) or from State Health departments under the Public Health Act. These require patient consent and Medicare/PBS data have their own approval and ethics process. Alternatively, patient questionnaires may be used – preferably online surveys or an app that records GP, specialist and other health professional visits. Additional information may include ambulance call-outs, ED visits, and admissions to hospital. Depending on the agreed design of the study to develop a comparator group, pre- and post-intervention analysis of these data will demonstrate the size of any effect on use of healthcare services. Standardised costs can be applied to the health services used (e.g. an ED visit non-admitted was \$437 in 2014–15, and for ED visits for a psychiatric illness the cost was \$577).

### **9.2.3 Board structure, membership and functioning**

Beyond Blue's high-profile and skilled Board Directors continue to contribute to its ongoing success, keeping Australians' mental health on the national agenda. Externally facing, each Board Director contributes to the collective profile of the Board, utilising their individual areas of expertise, lived experience and/or high public profile. Overall, it was suggested in interviews that, as Beyond Blue's directions and activities continued to grow, the Board would need to focus on ensuring its members collectively covered the full range of skills and experience needed against a backdrop of increasing risk, which inevitably comes with organisational growth and diversity.

The Board comprises a strategically focused group who understand the difference between governance and management. Stakeholders acknowledge the 'growing pains' Beyond Blue is likely to be going through and caution the organisation to effectively handle their own growth. Through reviewing key Beyond Blue documents and processes, Siggins Miller concluded that clear strategies targeted towards improving business functions and capacity, coupled with the constructive and effective relationship the board has with the CEO, have for the most part successfully enabled the navigation of this significant period of change to date.

Beyond Blue has two official Board committees: the Audit, Finance and Risk committee and the Nomination and Remuneration committee. Board committees play a critical role in assisting Beyond Blue to fulfil its corporate governance responsibilities. The Australian Institute of Company Directors (AICD) considers board committees such as those of Beyond Blue to be common and prudent within the not-for-

profit sector.<sup>53</sup> Siggins Miller notes that the documents they reviewed indicate that there are sound governance processes, policies and procedures, and templates that support Board and management intentions to ensure that the information and decisions put before the Board align with the organisation's vision, mission and strategic goals.

#### **9.2.4 Organisational structure**

Beyond Blue epitomises the best of both the not-for-profit mission and values-based sector, and the commercial sector. Its value statement of 'Community Heart. Business Head' can be seen to inform its organisational and business process transformation activities in recent years. Utilising a business case approach, the organisation has been able to balance the opportunity for innovation with disciplined assessments about what the organisation should take on. Stakeholders interviewed for the evaluation from mental health/community service organisations and the business sector saw this as a key way to avoid 'strategic drift' within Beyond Blue.

The organisation's vision and mission cascade through each level of the organisation's documentation, right through to the implementation plans of specific projects. At each stage, the reason behind what they were doing, why they were doing it and how they were going to implement it are all clearly linked to the organisation's goals at one level or another. These overarching, driving goals of the organisation are:

- **Goal 1** – Beyond Blue reduces the impact of depression, anxiety and suicide by supporting people to protect their mental health and to recover when they are unwell.
- **Goal 2** – Beyond Blue reduces people's experiences of stigma and discrimination.
- **Goal 3** – Beyond Blue improves people's opportunities to get effective support and services at the right time.
- **Goal 4** – Beyond Blue uses best business practices to deliver integrated, evidence-based and cost-effective initiatives through our people and resources.

During the evaluation period, a corporate restructure was undertaken to better align groups' functions (both internal support functions and client-facing functions) with the changing focus of the organisation. This was supported by the appointment of a Chief Financial Officer, who had the appropriate levels of skill and experience to manage the current significant and predicted continued growth.

Corporate services support those groups that conduct service design and delivery, and the research and evaluation sections of the organisation (i.e. providing information to enable these groups to construct their group plans: budgets/financial, staffing and IT support). This ensures that senior group managers have the information and support to meet their accountabilities and performance objectives.

In addition, the development of key corporate strategy documents for each of the major internal support functions – finance, IT, people and, importantly, business improvement – reflect a significant change in approach by the organisation. This move to a more proactive, planned approach to organisational improvement is seen as a key enabler of increased organisational capacity to deliver on the organisation's strategic goals. These changes are clearly reflected in the business unit plans reviewed by Siggins Miller (e.g. Beyond Blue's People and Capability Strategy [2018–20], Beyond Blue's IT Strategy, the review of the Financial Management Framework, and the Beyond Blue Performance Framework).

The existence and thoroughness of these plans demonstrate an impressive integrated hierarchy of planning that begins at the strategic level, is reflected in the organisation's overall business plan(s), and then permeates through every level of the organisation, right through to the individual business cases for

specific initiatives, ensuring that the organisation's overall vision, mission and values permeate thinking and action at every level of the organisation. The other result of this work is improved, targeted and more timely information being provided to decision makers in Beyond Blue. Siggins Miller notes that Beyond Blue's Goal 4, *'Use best business practices to deliver integrated, evidence-based and cost-effective initiatives through our people and resources'*, has found expression in the operationalisation of efficient and integrated planning, delivery, evaluation and reporting of what the organisation does, which is overseen by the Portfolio Governance Group (PGG). This group provides oversight of all proposed investments, ensuring that all projects align to the organisation's strategic goals and resource capacity.

The intention to establish a Beyond Blue Performance Framework, currently in draft, reflects the organisation's commitment to ensuring that their practices, across all areas of their business, align with the organisation's goals and business improvement practices. The framework reflects the need for all of Beyond Blue's activities to be evaluated at an enterprise, group and individual project level, and details what success looks like under each of the key internal activity domains and external orientated activities. The performance framework is designed to be reflected in all business groups' future operational plans.

In addition to internal structures, Beyond Blue takes a community-centred approach to ensure relevance and demand by utilising an online reference group, BlueVoices, to support the design, delivery and evaluation of services they deliver. Reflecting the organisation's commitment to engage those with lived experience, this group is made up of 8000+ individuals living with anxiety, depression and suicidal ideation, and their families. Integral to the organisation's operationalisation of its goals (including co-design and implementation of all initiatives), and reflecting Beyond Blue's commitment to evidence informed practice, a critical piece of work undertaken during the evaluation period was the evaluation of BlueVoices. This evaluation outlined several recommendations for improving Beyond Blue's interaction with this group, in line with best practice. In response, Beyond Blue has made a strong commitment and undertaken numerous subsequent actions to address these findings. This is evidenced in the supporting documentation on BlueVoices provided to this evaluation, which ensures that this group has an increasing role in all activities within Beyond Blue.

### **9.2.5 Where Beyond Blue fits into the system**

Our environmental scan of federal, state and territory policies demonstrates that Beyond Blue is aligned with a number of priorities such as increasing public awareness and education, supporting populations in need, building the capacity of workplaces and educational settings, improving mental health services, improving use of technology and digital mental health, commitment to monitoring and evaluation, commitment to consumer and carer participation, and expansion of the mental health evidence base and dissemination of information. The major focus of most jurisdictional strategy and policy remains on severe and complex mental illness. This means that Beyond Blue's focus on high-prevalence, low-intensity mental illness can be seen to fill a gap in the system, where they add value through services and developments that are funded by governments, philanthropic efforts, and their own revenue generation.

### **9.2.6 Progress reports to the Commonwealth**

Siggins Miller reviewed progress reports provided by Beyond Blue to the Commonwealth Government over the last three years. These progress reports paint a picture of an organisation that is both delivering on what was promised in return for funding from the Commonwealth Government, as well as meeting its accountability requirements. However, we note that these progress reports focus primarily on the positive achievements of the organisation. As such, there may be some benefit for both the funding body and the

organisation to include a requirement for reporting on emerging risk and mitigation strategies. It should also be noted that as all States and Territories are represented on the Beyond Blue Board that they also have access to all Board papers.

### **9.2.7 What are the risks to Beyond Blue?**

As noted throughout this report, Beyond Blue demonstrates or expresses a clear intention to move to best practice in all levels of the organisation. At a time of rapid growth and development when major long-term projects, such as the NEI, are breaking new ground across sectors, the most significant risk lies in implementation challenges. Beyond Blue has taken steps to strengthen implementation capacity, as noted above.

The other risk, paradoxically, is the very high level of positivity and confidence expressed by most internal stakeholders interviewed. Unshakable confidence in the appropriateness and effectiveness of what an organisation does can lead to a lack of appropriate and constructive internal reflection, resulting in complacency<sup>54</sup>. We note, however, that the current chairperson of the Board, who is characterised as promoting deep reflection and critical thinking at Board level, provides a useful safeguard against complacency.

Some stakeholders interviewed for the evaluation stated that a level of zealousness and an overemphasis on detail sometimes emerged at the level of staff who interact with service providers, and this made the interaction adverse rather than promoting the sorts of partnerships where people will over-deliver rather than just delivering on the bare minimum required by a contract. Senior management will need to monitor how Beyond Blue's passion and commitment are translated into practice by those staff who are sector facing and promote discussion and supervision that maintains standards but also encourages flexibility and responsiveness in interactions. This will become increasingly important as Beyond Blue pursues its new role as an organisation which develops, tests and advocates for new models of care and support that focus on addressing system gaps and unmet need to be implemented by relevant service providers.

### **9.2.8 Organisational challenges**

Beyond Blue's growth throughout the evaluation period has driven a need for increased FTE, with Beyond Blue recording a 52% increase in staffing over this period (2015–2016 FTE = 96.34 to 2017–2018 FTE = 146.12). Through a period of increased change, from 2016 to 2018, employee engagement scores have consistently increased with regard to work–life balance, career development opportunities, training opportunities, ethical business practices, respected management, recognition of staff achievements, and effective internal communication. Engagement with staff, evidenced by the most recent staff survey, is generally positive amongst employees, with most indicating that they are proud to work for Beyond Blue (98.55%) and believe the work they do is both impactful (94.89%) and meaningful (88.32%). Results such as job satisfaction (78.83%) and work–life balance (75.35%) were rated less highly, although still demonstrate overall improvements over the period of the evaluation 2016–18, and rate higher than a comparator.

An observed challenge for the organisation is the high rate of employee turnover (33%). Whilst there are no single comparable turnover benchmarks for an organisation like Beyond Blue, the not-for-profit sector rates (e.g. community services; 23%)<sup>55</sup> and more broadly the Australian workforce turnover rates (18%)<sup>56</sup> highlight the importance of improving this metric. Of note, Beyond Blue is a changing organisation that is adapting to new and increased service provision. Given the suggested relationship between organisational

change and staff turnover, this could have contributed to the high turnover rate<sup>57</sup>. However, in a knowledge-based organisation like Beyond Blue, maintaining tacit knowledge is of critical importance<sup>58</sup>, thus retaining staff should continue to be a focus of the organisation's People and Capability Strategy. Additionally, given the issues raised by internal and external stakeholders in earlier sections of this report, Aboriginal and Torres Strait Islanders' mental health continues to be a challenge and a priority of the organisation. These views, alongside our observations, reinforce the priority Beyond Blue has given to increasing representation of Aboriginal and Torres Strait Islander people in the employee metrics (2% by 2020) of their workforce strategy.

## 9.3 Conclusions

### 9.3.1 Appropriateness

- The evidence for what works to achieve the objectives set suggests that the focus of Beyond Blue's work across all objectives is appropriate.
- The focus on high-prevalence mental illnesses is justified and contributes to filling a gap in the sector.
- How Beyond Blue works and what it focuses on are aligned with the major National and State and Territory policies and strategies.
- Beyond Blue is well governed and well managed. However, retaining staff should continue to be a focus of the organisation's People and Capability Strategy.
- Policy and advocacy are areas of great strength in the organisation, which is recognised and valued by most stakeholders. In the time period covered by this evaluation, they have maintained and enhanced the effectiveness of their policy and advocacy efforts.
- There is increasing evidence that the approach to partnership development and maintenance is gaining acceptance in the mental health sector and between Beyond Blue and other organisations, while there are some suggestions for how this could be improved.
- The strategic move towards an incubator of innovation and evidence and a translator of evidence into practice through the support and capacity building of others to deliver the service fills a previously unoccupied niche in the mental health sector.
- The increased focus on fewer more significant projects is allowing the organisation to deepen its capacity, as well as to grow.
- The significant internal organisational development, capacity building and change management to prepare Beyond Blue for the substantial implementation challenges ahead, given its growth over the last three years, is both necessary and aligned with good practice.
- The move to a focus on whole populations within settings (places where people live, work and learn) versus specific populations or sub-populations is seen as appropriate when balanced by intentions to focus on selective prevention and promotion for Aboriginal and Torres Strait Islander people and those people who may be living on the margins for a variety of reasons, such as temporary or prolonged homelessness, unemployment or being out of the education system.



### 9.3.2 Effectiveness

- There has been a strong investment in monitoring and evaluation and an equally strong use of data generated to guide improvement at the operational level and to inform strategic thinking at Board and management level.
- Beyond Blue has continued its commitment to generating evidence about what works, and its design thinking, planning and implementation are based on evidence.
- The process and outcome evaluations commissioned by Beyond Blue have provided advice to the organisation about how to improve or redesign initiatives as they evolve and when and what to choose to take to scale.
- Openness to evidence developed elsewhere, but generalisable to the Australian context, has supported effective interventions being chosen for trial in the local context.

### 9.3.3 Value for money

- There is some evidence that what Beyond Blue does in high-prevalence anxiety and depression is providing value for money, but there is a need to build economic evaluation into future evaluations as appropriate.
- The fact that Beyond Blue is able to fund service development programs and research using both philanthropic sources and their own funds – that is, they are not totally reliant on government funding – was viewed positively by stakeholders.

## 9.4 Opportunities

- Beyond Blue should continue to engage in collaborative design, including with those with lived experience.
- Beyond Blue could consider building appropriate economic analysis into commissioned evaluations.
- It could further consider how to communicate effectively and in a timely manner the results of evaluations and the evidence base used to inform decisions, and how to improve dissemination of research to all stakeholders.
- Consideration could also be given to ways of better engaging corporate funders in the life of the organisation (including the opportunity to meet and talk with the Board and/or producing a six-monthly or quarterly bulletin to keep partners informed about all the activities that could be of interest to them) so they can understand what they are contributing to.
- Beyond Blue should continue to strengthen internal reflection, critique and risk assessment as a protection against unexpected shocks from the external environment and to reduce the risks associated with the potential development of groupthink.
- It could further develop understanding and capacity to reduce staff turnover.
- Beyond Blue should continue to strengthen efforts to improve the diversity of their workforce, in particular increasing representation of Aboriginal and Torres Strait Islander people employees in their workforce.
- To ensure Beyond Blue can continue to evolve its strategy and interventions to achieve maximum impact, it should:
  - Continue to maintain mechanisms to scan the external environment, both nationally and internationally, for new and emerging research and practice.

- Seek to better use the data and insights from their website online forums and programs to identify future projects and opportunities.

## References

- <sup>1</sup> Leonard, W., Lyons, A., & Bariola, E. (2015). A closer look at Private Lives 2: Addressing the mental health and well-being of lesbian, gay, bisexual and transgender (LGBT) Australians. Monograph Series No. 103. The Australian Research Centre in Sex, Health & Society, La Trobe University: Melbourne.
- <sup>2</sup> Australian Human Rights Commission. (2015). Resilient Individuals: Sexual Orientation, Gender Identity & Intersex Rights National Consultation Report 2015.
- <sup>3</sup> Australian Bureau of Statistics. (2008). National Survey of Mental Health and Wellbeing: Summary of Results, 2007. Cat. no. (4326.0). Canberra: ABS.
- <sup>4</sup> Australian Bureau of Statistics (2015). Australian Aboriginal and Torres Strait Islander Health Survey: First Results, 2012-13, Cat. no. (4727.0.55.001). Canberra: ABS.
- <sup>5</sup> Australian Institute of Health and Welfare. (2017). Rural & remote health (web report). Canberra: AIHW.
- <sup>6</sup> Australian Bureau of Statistics (2015). Cultural and Linguistic Characteristics of People Using Mental Health Services and Prescription Medications, 2011. Cat. no. (4329.0.00.001). Canberra: ABS.
- <sup>7</sup> ARTD Consultants (2018). beyondblue Support Service Research Report.
- <sup>8</sup> Hall & Partners | Open Mind (2017). Online Forums 2017: A Research Report for beyondblue.
- <sup>9</sup> Bryan & Arkowitz. (2015). Meta-Analysis of the Effects of Peer-Administered Psychosocial Interventions on Symptoms of Depression. *American Journal of Community Psychology*, 55, 455–471.
- <sup>10</sup> TNS. (2016). Invisible Discriminator: Campaign tracking and evaluation research.
- <sup>11</sup> Where To. (2018). Wingmen evaluation report.
- <sup>12</sup> Naslund et al. (2017). Digital technology for treating and preventing mental disorders in low-income and middle-income countries: a narrative review of the literature. *Lancet Psychiatry*, 4, 486–500.
- <sup>13</sup> Yap, Reavley & Jorm (2012). Associations between awareness of beyondblue and mental health literacy in Australian youth: Results from a national survey. *Australian and New Zealand Journal of Psychiatry*, 46(6), 541–552.
- <sup>14</sup> TNS. (2015). 'Stop.Think.Respect.Left Handed'. Communications Evaluation Report.
- <sup>15</sup> Brijnath et al. (2016). Do web-based mental health literacy interventions improve the mental health literacy of adult consumers? Results from a systematic review. *Journal of Medical Internet Research* 18(6), 1–13.
- <sup>16</sup> Griffiths et al. (2014). Effectiveness of programs for reducing the stigma associated with mental disorders. A meta-analysis of randomized controlled trials. *World Psychiatry*, 13, 161–175.
- <sup>17</sup> Xu et al. (2018). Effectiveness of interventions to promote help-seeking for mental health problems: systematic review and meta-analysis. *Psychological Medicine*, 1–10.
- <sup>18</sup> Melvin et al. (2018). Evaluating the feasibility and effectiveness of an Australian safety planning smartphone application: A pilot study within a tertiary mental health service. *Suicide and Life-Threatening Behavior*, 1–13.
- <sup>19</sup> Griffiths et al. (2015). Recovery and reliable change rates for patients scoring severe on depression, anxiety or impaired functioning in a psychological therapies service: IAPT. *Mental Health Review Journal*, 20(1), 28–35.
- <sup>20</sup> Gyani et al. (2013). Enhancing recovery rates: Lesson from year one of IAPT. *Behaviour Research and Therapy*, 51, 597–606.
- <sup>21</sup> Patel et al. (2018). The Lancet Commission on global mental health and sustainable development.
- <sup>22</sup> Ernst & Young. (2015). Beyondblue NewAccess Demonstration Independent Evaluation.
- <sup>23</sup> Whiteford et al. (2013). Estimating remission from untreated major depression: a systematic review and meta-analysis. *Psychological Medicine* 43(8), 1569–1585.
- <sup>24</sup> Durham. (2007). Treatment of generalized anxiety disorder. *Psychiatry* 6(5), 183–187.
- <sup>25</sup> The Centre for Rural and Remote Mental Health (2017). Low Intensity Mental Health Services – A Rapid Review.
- <sup>26</sup> National Collaborating Centre for Mental Health (2010). Low-Intensity Psychosocial Interventions. In *Depression: The Treatment and Management of Depression in Adults*. (Chapter 7).
- <sup>27</sup> National Collaborating Centre for Mental Health (2011). Low-Intensity Psychological Interventions. In *Generalised Anxiety Disorder in Adults: Management in Primary, Secondary and Community Care*. (Chapter 6).
- <sup>28</sup> Inagaki et al. (2015). Interventions to prevent repeat suicidal behaviour in patients admitted to an emergency department for a suicide attempt: A meta-analysis. *Journal of Affective Disorders*, 175, 66–78.

- 
- <sup>29</sup> Wittouck et al. (2010). A comparative follow up study of aftercare and compliance of suicide attempters following standardized psychosocial assessment. *Archives of Suicide Research*, 14, 135–145.
- <sup>30</sup> Kapur et al. (2010). Postcards, green cards and telephone calls: therapeutic contact with individuals following self-harm. *British Journal of Psychiatry*, 197, 5–7.
- <sup>31</sup> Milner et al. (2015). Letters, green cards, telephone calls and postcards: systematic and meta-analytic review of brief contact interventions for reducing self-harm, suicide attempts and suicide. *The British Journal of Psychiatry*, 206, 184–190.
- <sup>32</sup> Hvid et al. (2011). Preventing repetition of attempted suicide - II. The Amager Project, a randomised controlled trial. *Nordic Journal of Psychiatry*, 65(5), 292–298.
- <sup>33</sup> Hvid & Wang. (2009). Preventing repetition of attempted suicide - I. Feasibility (acceptability, adherence, and effectiveness) of a Baerum-model like aftercare. *Nordic Journal of Psychiatry*, 63(2), 148–153.
- <sup>34</sup> Boudreaux et al. (2013). The Emergency Department Safety Assessment and Follow-up Evaluation (ED-SAFE): method and design considerations. *Contemporary Clinical Trials*, 36(1), 14–24.
- <sup>35</sup> Miller et al. (2017). Suicide prevention in an emergency department population: The ED-SAFE Study. *JAMA Psychiatry*, 74(6), 563–570.
- <sup>36</sup> Lahoz, Hvid & Wang. (2016). Preventing repetition of attempted suicide - III. The Amager Project, 5-year follow-up of a randomized controlled trial. *Nordic Journal of Psychiatry*, 70(7), 547–553.
- <sup>37</sup> Boudreaux et al. (2016). Improving Suicide Risk Screening and Detection in the Emergency Department. *American Journal of Preventive Medicine*, 50(4), 445–453.
- <sup>38</sup> Ernst & Young. (2016). The Way Back Support Service Northern Territory. Final Evaluation Report for beyondblue.
- <sup>39</sup> Hall & Partners (2018). Beyondblue Connect: An evaluation of the pilot program.
- <sup>40</sup> Joyce et al. (2016). Workplace interventions for common mental disorders: a systematic meta-review. *Psychological Medicine*, 46: 683–697.
- <sup>41</sup> Monitor Deloitte. (2017). Mental health and employers: The case for investment. Supporting study for the independent review.
- <sup>42</sup> Pateel et al. (2018). The Lancet Commission on global mental health and sustainable development.
- <sup>43</sup> Australian Bureau of Statistics. (2008). National Survey of Mental Health and Wellbeing: Summary of Results, 2007. Cat. no. (4326.0). Canberra: ABS.
- <sup>44</sup> Australian Bureau of Statistics. (2018). Causes of Death, Australia 2017, Cat no. (3303.0). Canberra: ABS.
- <sup>45</sup> Leitch et al. (2016). Implementing a Stepped Care approach to mental health services within Australian Primary Health Networks.
- <sup>46</sup> Australian Institute of Health and Welfare (AIHW) 2016. Australian Burden of Disease Study: Impact and causes of illness and death in Australia 2011. Australian Burden of Disease Study series no. 3. BOD 4. Canberra: AIHW.
- <sup>47</sup> Lee et al. (2017). Cost of high prevalence mental disorders: Findings from the 2007 Australian National Survey of Mental Health and Wellbeing. *Australian & New Zealand Journal of Psychiatry*, 51(12), 1198–1211.
- <sup>48</sup> KPMG. (2013). The economic cost of suicide in Australia.
- <sup>49</sup> Alimo-Metcalfe B & Alban-Metcalfe J (2005). Leadership: time for a new direction? *Leadership* 1(1), 51.
- <sup>50</sup> Big Nonprofit Spending: Where the Dollars Go? USA Charities Review Council, 2016.
- <sup>51</sup> Chisholm et al. (2016). Scaling-up treatment of depression and anxiety: a global return on investment analysis. *Lancet Psychiatry* 3, 415–424.
- <sup>52</sup> KPMG. (2018). Investing to Save: The Economic Benefits for Australia of Investment in Mental Health Reform.
- <sup>53</sup> Australian Institute of Company Directors. (2013). Good Governance Principles and Guidance for Not-For-Profit Organisations.
- <sup>54</sup> Büschgens, Bausch & Balkin. (2013). Organizational culture and innovation: a meta-analytic review. *Journal of Product Innovation Management*, 30(4), 763–781.
- <sup>55</sup> ACOSS. (2008). Australian Community Sector Survey Report. Australian Council of Social Services. Paper 154.
- <sup>56</sup> Australian HR Institute. (2018). Turnover and retention.
- <sup>57</sup> Morrell, Loan-Clarke & Wilkinson. (2004). Organisational change and employee turnover. *Personnel Review*, 33(2), 161–173.
- <sup>58</sup> Droege & Hoobler. (2003). Employee Turnover and Tacit Knowledge Diffusion: A Network Perspective, *Journal of Managerial Issues*, 15(1), pp. 50–64.