Embrace Suicide Prevention Pilot Project Evaluation
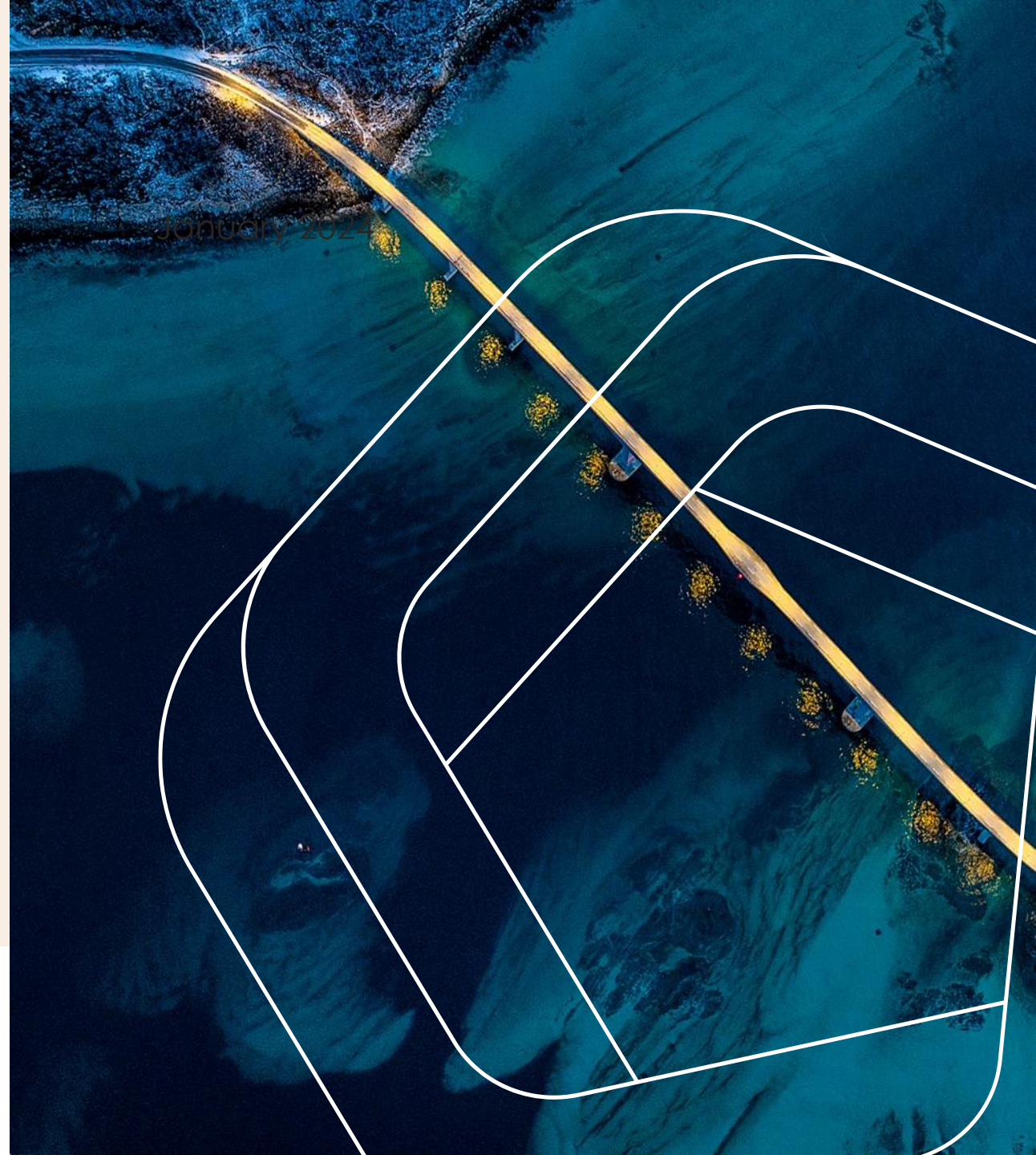
Final report

Verian Australia | Isabella Hall, Dr Bianca Kahl

January 2024

verian

Contents

1
Background and methodology

Background to the Pilot Project

The facts about suicide in Australia are stark, and confronting. Every day, eight people will end their life and approximately four times this number will attempt to do so*. And some, including members of culturally and linguistically diverse (CALD) communities, experience greater risk factors than others.

The Embrace Multicultural Mental Health Project (Embrace), led by Mental Health Australia, shines a spotlight on the need to account for cultural diversity around mental health and provide support, access and resources that improve outcomes in CALD communities. The Framework for Mental Health in Multicultural Australia (the Framework), a free national resource provided by Embrace, provides a structured approach for mental health organisations and individual practitioners to evaluate and improve their cultural responsiveness.

Mental Health Australia, R U OK? and Suicide Prevention Australia have formed a consortium to test the Framework through the Embrace Suicide Prevention Pilot Project (the Pilot).

Objectives of the Pilot Project

The overarching goal of the Pilot is to **further inform best practice and increase sector and community capacity to prevent suicide in CALD communities** throughout Australia.

Specifically, the project is piloting:

1. Expanded use of the Framework for improving culturally responsive and inclusive practices within suicide prevention organisations, services, and program design.
   o   As part of this, R U OK? is implementing the Framework within their organiastion (suicide prevention context).

2. An approach for effective CALD community engagement and resource co-design to equip CALD communities (i.e., help givers) to prevent suicide.
   o   R U OK? has implemented a series of co-design workshops with 3 different community groups (Hindi, Vietnamese, and Arabic speaking) to develop resources that start meaningful conversations and contribute to suicide prevention within these communities.
   o   The implementation of the Framework as mentioned above is intended to support R U OK's engagement with the three selected communities.

Evaluation objectives

Verian (formerly Kantar Public) was engaged as the evaluation partner of the Embrace Suicide Prevention Pilot Project.

The key questions to answer through the evaluation were:

1. What is national and global best practice in suicide prevention programs in CALD communities?

2. Was the R U OK? resource co-design implemented as intended?

3. Did the co-design process and resulting resources achieve the intended outcomes?

4. How was the Framework implemented?

5. How effective was the consortium in the delivery of the Pilot Project?

Answering these evaluation questions will help to inform future efforts and resources intended to guide Framework implementation and community engagement in other mainstream suicide prevention organisations.
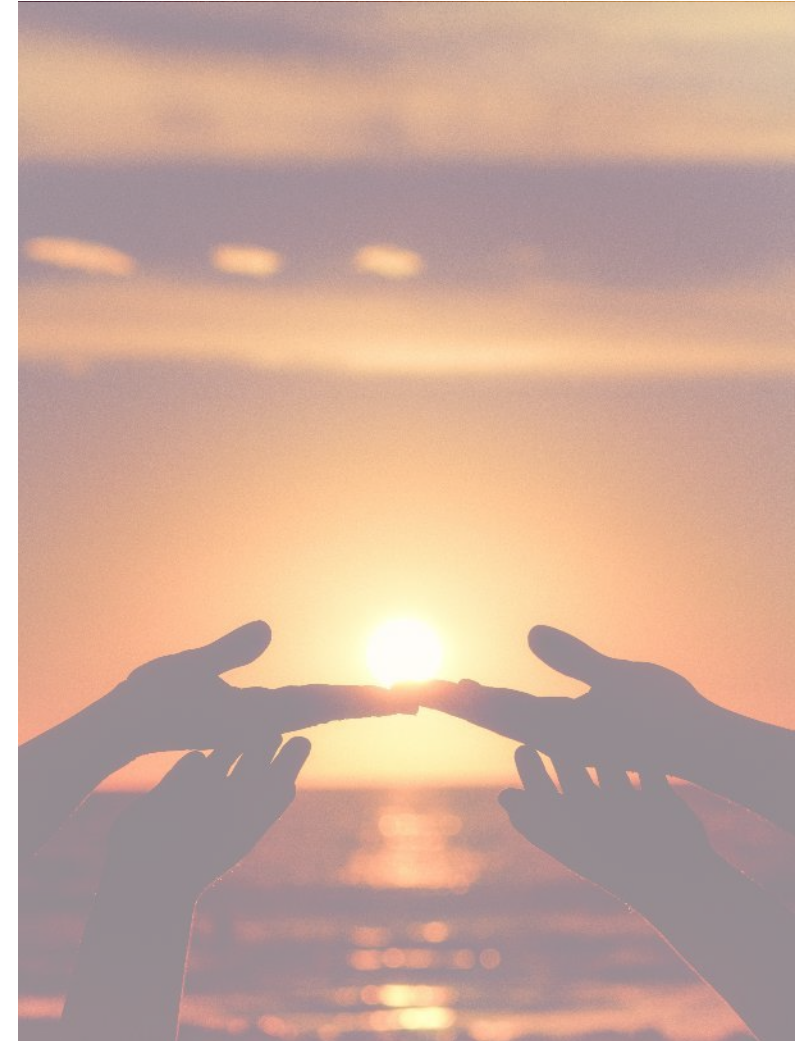
Evaluation methodology

1

Rapid literature scan

The first phase of the evaluation involved a rapid literature scan to identify and summarise the available literature on suicide prevention programs in CALD communities.

This scan sought to better understand national and global best practice in suicide prevention programs in CALD communities, to, in turn, inform the development of the Pilot.

More detail on slide 8.
Note: The full report delivered is available as a separate document.

2

Community qualitative research

The second phase involved focus groups with community members who had participated in the R U OK? co-design workshops to understand their response and barriers and enablers to effective co-design.

- 3 x focus groups (1 with each community group)
- 15 participants in total
- 90 minutes each
- The groups were moderated in-language by bilingual moderators from the same cultural background as the participants, via Cultural Partners.

More detail on slide 9.

3

Stakeholder qualitative research

The third and final phase of the evaluation consisted of n=13 stakeholder interviews.

- One-on-one interviews with stakeholders involved in the co-design process, resource testing, Framework implementation and consortium.
- This included stakeholders from Embrace, R U OK?, Suicide Prevention Australia and the co-facilitators of the co-design workshops that R U OK? engaged for the Pilot.

More detail on slide 10.

Detailed methodology: rapid literature scan

Rapid review of available literature

The rapid literature scan provides an overview of the available evidence specific to suicide prevention in CALD populations, from peer-reviewed journals as well as relevant grey literature including evaluations and reports. Searches were conducted using multiple databases:

- Open access peer reviewed journals, via the Director of Open Access Journals
- Google scholar
- Google search (for grey literature)
- Stakeholders from Mental Health Australia, R U OK?, and Suicide Prevention Australia provided Verian with relevant sources, and these were included where the inclusion criteria were met

Keywords: The searches used keywords and terms related to suicide prevention and CALD communities, including combinations of:

"suicide prevention" AND "CALD"/ "culturally and linguistically diverse"/ "multicultural"/ "cultural diversity"/ "ethnic minorities"/ "refugee"/ "migrant" / "world view" / "explanatory models of mental health" AND "report"/ "evaluation"/ "intervention"/ "program"

Inclusion criteria: The criteria used to determine the eligibility of literature to be included in this review are:
- Reports, evaluations, systematic literature reviews, literature reviews, meta-analyses, and empirical research on suicide prevention in CALD communities (specifically articles that review evidence)
- Published in English
- Articles published 2013 or later

A total of 11 articles were included in the evidence review. Eight of these articles provide a review of programs/ interventions. The remaining three articles reviewed summarise recommendations for CALD suicide prevention programs based on consultations with CALD communities.

Summary of recommended guidelines: In addition to the primary evidence review, a summary was also provided of the recommended principles outlined in guidelines, factsheets and handouts focused on suicide prevention in CALD communities (15 documents included).

Detailed methodology: community qualitative research

Qualitative focus groups with community co-design participants

- Participation in the community focus groups was voluntary and participants gave informed consent to participate.

- Each participant was provided with a $50 e-gift card to thank them for their time.

- Groups were moderated in-language by bilingual moderators from the same cultural background as the participants.

- The co-facilitator of the workshops was present in these focus groups where it was felt to be important to ensure participants felt comfortable and safe having the discussion. The co-facilitators were only observers of these sessions and were not involved in the discussion.
    - This is noted as a limitation of this methodology, as having the facilitator present may have introduced some bias since the co-facilitators were involved in the running of the workshops. However, it was deemed necessary to ensure the safety of participants.

- Ethical research practices were embedded across all aspects of the research program, to ensure safety discussing sensitive topics, such as in design of the discussion guide, and the protocol followed by moderators. All moderators were trained in sensitive interviewing techniques and had extensive experience conducting focus groups about sensitive topics.

- Note that the evaluation (through the community qualitative research) assessed the effectiveness of the co-design process itself, not the effectiveness of the developed resources. Further evaluation is necessary to assess the impact of the co-designed resources in the community and to understand the extent to which the resources have enabled people to be better equipped to prevent suicide.

- The discussion guide was developed in collaboration with the consortium and the bilingual workshop co-facilitators.

Discussion guide structure

- Introductions and rapport building
- Perceptions of the co-design workshops – expectations, experience, what worked well, what worked less well, usefulness as means of developing resources for their community
- Impact of the co-design workshops – learnings for participants, impact on knowledge, skills and confidence, any other unintended impacts
- Desired improvements to the workshops
- Thank and gradual close, sharing of support service contact details

Detailed methodology: stakeholder qualitative research

Qualitative interviews with stakeholders

- N=13 interviews were conducted with stakeholders from Mental Health Australia, R U OK?, Suicide Prevention Australia and the co-facilitators of the co-design workshops.

- Participants were recruited by Verian. Participation in the stakeholder interviews was voluntary and participants gave informed consent to participate.

- Participants did not receive any incentive or monetary compensation to participate.

- Interviews were conducted one-on-one by moderators from Verian over the phone or Microsoft Teams.

- Interviews were between 30-90 minutes duration each, depending on how many aspects of the discussion guide were relevant to the participant.

- The discussion guide was developed in collaboration with Mental Health Australia.

- The key evaluation questions that these stakeholder interviews informed, and relevant stakeholders were:

Question	Relevant Stakeholders
Was the R U OK? resource co-design implemented as intended?	• R U OK? staff involved in resource co-design process • Bilingual community co-facilitators
How was the Framework implemented?	• R U OK? staff involved in implementation of the Framework
How effective was the consortium in delivery of the Pilot Project?	• Embrace, SPA and R U OK? steering group members

Discussion guide structure

- Introductions
- Implementation of the R U OK? Resource Co-Design – key steps, stakeholders involved, adjustments, what worked well, challenges, learnings
- Response to the resources through the resource testing workshop – impressions, what worked well, what did not work well, perceived impacts on participants, learnings
- Implementation of the Framework – process, ease of implementation, challenges, usefulness, relevance, impact on co-design process, learnings, desired improvements
- Effectiveness of consortium in delivery of the Pilot – perceived effectiveness, benefits, challenges, limitations, learnings
- Thank and close

2

Summary of learnings from the rapid literature scan - best practice in suicide prevention programs in CALD communities

Key evaluation question addressed: What is national and global best practice in suicide prevention programs in CALD communities?

Summary of best practice in suicide prevention programs in CALD communities, from available literature

1.

Overall, it's crucial that suicide prevention programs that target CALD communities are both culturally responsive and culturally appropriate.

2.

Throughout the program design process, it's important that culturally specific factors relevant for the target CALD group are carefully considered. As CALD groups are so diverse, a homogenous approach should not be taken when designing and implementing programs.

3.

Program developers must consult with individuals from the target CALD groups during program design and implementation, to ensure culturally specific factors are considered. Co-design principles should be relied upon.

4.

Suicide prevention activities should make services and supports more inclusive by considering intersectionality during the development and implementation of programs.

5.

It is important to consider the consumer's life stage and experience of significant events that could aid tailoring of programs, such as their experience upon arrival to Australia (for example, as a humanitarian entrant), when having a child etc.

6.

Community review of data collection tools and questions is essential to ensure they are culturally relevant and appropriate.

7.

Multi-faceted programs might be beneficial when developing interventions, especially where an impactful, evidence-based intervention, or series of interventions, are adapted to the target CALD population. For example, the inclusion of roleplays (or demonstrations) is highly valued within training programs and can be tailored in terms of content to suit the target audiences.

8.

Language is a critical consideration for suicide prevention programs targeting CALD communities. Services, supports and programs must be provided in-language at a literacy level suitable for the target audience, and with culturally appropriate and relevant language.

Summary of best practice in suicide prevention programs in CALD communities, from available literature (cont.)

9.
Consideration should be given to faith and religious systems to ensure programs are culturally responsive and appropriate as these impact conceptualisations of mental health and suicidality. In some cases, consultation with faith or religious leaders may be appropriate during program design and implementation, to ensure these factors are considered.

10.
Co-design, community consultation and co-delivery/ facilitation is critical to ensuring programs are culturally responsive and appropriate. Involvement of bilingual workers who understand cultural stigma around mental health and suicide are important to overcome opponents in the community to these programs/services because of the associated taboos.

11.
All suicide prevention activities should be trauma-informed, as well as informed by lived experience of suicidality within the target population, in this case, their cultural group.

12.
Program developers must account for the unique risk and protective factors experienced by the target CALD group, i.e., acculturation difficulties, such as language barriers, culture shock, employment difficulties, and financial stress – all of which can increase suicide risk. Stigma is also prevalent given cultural norms and shame associated with suicide.

13.
As well as consideration for the program participants it would be worthwhile including a module on teaching self-care in training programs to ensure the wellbeing of the help-giver is also protected.

14.
Consider developing programs that cultivate social and community connection as these are known to be mental health and suicide protective factors in CALD communities.

15.
Help-giving training programs targeted to key members of the community such as religious, spiritual, and cultural leaders, teachers, GPs, and other service providers that commonly work with CALD communities is recommended. Building capacity within communities and in natural touchpoints (such as faith settings) contributes to ongoing sustainability as the necessary knowledge and skills related to suicide prevention are embedded in the community.

3
Co-design process: implementation and outcomes

Key evaluation questions addressed:
Was the R U OK? resource co-design implemented as intended?
Did the co-design process and resulting resources achieve the intended outcomes?

3a
Implementation of the co-design process

The co-design process was implemented as intended. It ran smoothly overall, with the team's strong communication and ability to quickly adapt to changes as needed contributing to this. Community participants, co-facilitators and R U OK? all reported positive experiences of the co-design process.

The implementation of the co-design workshops involved 7 key steps

1. Expression of interest and engagement of co-facilitators

- EOI released via R U OK?, Embrace and SPA's networks to gauge public interest in participating in the Pilot's co-design process as a co-facilitator.
- Applications submitted to R U OK? and screened against selection criteria:
  - Including the ability of the co-facilitator to recruit a diverse range of members of the community to participate, communities with lower levels of English proficiency, and the size of the community (i.e., geographic location and population density of the language groups).
- Successful applicants from three settings with different connections into the community joined the team as co-facilitators.
  - Hindi co-facilitator – connected with health system
  - Arabic co-facilitator – part of school community
  - Vietnamese co-facilitator – community centre focused on social services
- Unsuccessful applicants were notified and given the option to be involved in future engagement opportunities.

2. Workshop planning with co-facilitators and co-design consultant

- R U OK? engaged a trauma informed lived experience co-design consultant who provided practical expert advice on how to apply best practice approaches when planning the co-design process.
- Concepts for the three workshops were then developed, with strong involvement from the co-facilitators.
- R U OK? used its ambassador network to review the methodology of the co-design process from a lived experience perspective.

3. Recruitment of community participants led by co-facilitators

- Co-facilitators led participant recruitment, by leveraging their community connections.
- Recruitment was supported by R U OK? who provided:
  - Information for participants about what the process would involve.
  - Self-care plans.
  - Support and information about how the co-facilitators should engage with participants.
  - Guidance on following best practice when talking to people about suicide.
  - Support on preparing participants for the content in the workshops.

The implementation of the co-design workshops involved 7 key steps (cont.)

4. Workshop 1

- Introduction to R U OK?
- Exploratory discussion to understand the context for that community in relation to mental health and suicide, to understand their starting point.
- Trust and rapport building.
- Ice breaker activities to help participants to get to know each other and share more personally in a safe way.
- Self-care exercises at the end so even if heavy topics were discussed, participants weren't left in an emotional state.

5. Workshop 2

- 'Make' workshop – built on participant views about their community's needs to develop resource ideas together.
- Practical and creative workshop where participants were provided with different materials like paper, pens, images, and examples to generate ideas.
- There was the same overarching idea for all workshops, but the approach differed between groups – e.g. a lot of people in the Hindi group were professionals who worked in offices or students, so they were most comfortable brainstorming together and writing things on the whiteboard. The Vietnamese and Arabic groups were more artistic and wanted to draw their ideas.

6. Workshop 3

- Presented the draft resources that had been developed based on their (participants') input.
- Participants provided feedback.
- Resources were refined using this feedback after the workshop.

7. Resource testing workshop

- Tested the revised resources (updated using the feedback from workshop 3) with groups of people from communities that had not been involved in the co-design process. These participants were recruited via the co-facilitators' networks, like with the co-design workshops.
- The purpose was to understand if the resources resonated and were impactful with communities with a fresh perspective, without the bias of having been involved in the workshops.
- Validation of barriers to help-giving for this community, how they talk about these topics, and additional information gained about media consumption.

Demographic breakdown of the co-design and testing workshops

	Co-design workshops	Testing workshop
Arabic Group		
Total participants	**8**	**7**
Females	6	4
Males	2	3
18-29	1	1
30-39	1	3
40-49	2	1
50-59	4	1
60-69	0	1
70+	0	0
Hindi Group		
Total participants	**5**	**7**
Females	5	4
Males	0	3
18-29	1	1
30-39	1	3
40-49	2	2
50-59	1	1
60-69	0	0
70+	0	0
Vietnamese group		
Total participants	**9**	**6**
Females	8	4
Males	1	2
18-29	1	0
30-39	2	0
40-49	2	4
50-59	1	0
60-69	1	2
70+	2	0

3b
Outcomes of the co-design process

The co-design process achieved its intended primary outcome of developing culturally appropriate and relevant resources. The co-design process also had positive benefits on participants' knowledge, skills, self-efficacy, and for some, their general wellbeing.

The co-design process successfully achieved its objective of developing culturally relevant resources – the primary outcome

The co-design process was effective in developing resources that were considered culturally appropriate and relevant for Vietnamese, Hindi and Arabic speaking communities in Australia.

Participants felt this had been achieved because of the co-design process and that the draft resources had effectively incorporated their input.

Community participants valued the co-design as important to ensure the resources were useful and would recommend others participate in the future. They shared that they felt productive and empowered, and that their time had been well spent on something that they could see having real impact in their communities.

The resources were well received throughout the testing process.

This testing stage was very important to ensure the resources resonated with people in the communities who were not involved in co-design.

> **"**
> *It has to continue, the Pilot was outstanding. If they continue, it will be an amazing learning program for the community. I was encouraged personally to speak about these topics myself, I felt connected to my community more and more.*
> *- facilitator*

> **"**
> *I am very grateful to have participated in a workshop like this, it was very unique and something that I have never experienced before.*
> *- Vietnamese community participant*

> **"**
> *I think the way the process was done meant that the recommendations the co-design groups produced were representative of their communities because the people then who tested it really related to the comments people had made and the resources being designed. I think that for me was the biggest indicator of a successful process, that the testing participants who had nothing to do with the process at all really related to the ultimate resource.*
> *- facilitator*

The resources developed resonated strongly with other members of the community, with the realistic language and relevant imagery and symbolism landing effectively

> *They said **they could see themselves and other members of the community in those resources**. Different ages, different settings, they could see themselves and others in it.*
> *- facilitator*

> ***The participants felt that they would be able to use those resources, that it would be helpful** to support people in their community and get people to open up and talk about it. They felt like it was very **fit for purpose**.*
> *- facilitator*

Resource testing participants related to the resources and could see themselves and other members of their community reflected in them, implying that the co-design process was effective in developing culturally relevant resources. This is particularly significant given a common theme noted across all groups was that participants don't see or hear themselves represented in anything in a health context.

- The Vietnamese resource testing group provided highly positive feedback.
  o They felt that the resource was fit for purpose and that they would be able to use it to get people to start talking.
  o The key elements that contributed to its effectiveness were that it was in-language, the imagery was relevant to them (e.g. specific cultural elements like lotus flowers were used), and the language used was realistically the way they would speak in their community.
  o There were minor areas of improvement in relation to making some of the wording even more conversational and warm.

- The Arabic resource testing group also had a very positive response.
  o The resources resonated and were considered fit for purpose.
  o They were very happy with the messaging and translations, with only minor changes suggested.

- The response to the Hindi resources was mostly positive, with need for further work.
  o Participants appreciated the co-design process and recognised the need for it.
  o They responded very well to the Bollywood concept and addressing stigma, as well as the messaging, but they felt it needed to be toned down. There were also some changes needed to the translations.
  o This feedback validated the importance of the testing workshops before release of the resources.

Note: this feedback on the resources is based on interviews with stakeholders involved in the resource testing workshops (R U OK? and co-facilitators), not the community members directly *(additional research with the resource testing community members was out of scope for this evaluation)*.

Community members exposed to the resources expressed a positive impact, though long-term impact cannot yet be assessed

From the resource testing workshops there were indications of positive impact on participants in terms of awareness and understanding of mental health and suicide risk in their community, as well as confidence engaging in help-giving behaviours.

- Key learnings that participants took from the resources were:
  - That they can actually help their friends, family and colleagues who may be struggling.
  - It's not only services that can provide support.
  - Everyone has struggles and worries, so asking people if they are ok is important for everyone, not just crisis situations.
- Crucially, there were some indications that participants would convert these learnings into action.
  - For example, in the Arabic group one participant mentioned they were going to check in with their neighbour as a result of the resources.

*They learnt about R U OK? and learnt about how to have that conversation. And what supports are out there as well. The Vietnamese group said there's a lot of suffering in our community, **it was affirmation of the importance of the message being in the community.***
- facilitator

These findings suggest that if the resources were distributed more widely there would be positive impacts on these communities. However, there is a need to measure long-term impact following the dissemination in the community and opportunity for wider exposure.

Note: this feedback on the resources is based on interviews with stakeholders involved in the resource testing workshops (R U OK? and co-facilitators), not the community members directly (*additional research with the resource testing community members was out of scope for this evaluation*).

Though not the primary purpose of the co-design process, it also had substantial benefits on participants' knowledge, skills, self-efficacy, and for some, their general wellbeing.

Most participants had limited awareness of R U OK? prior to the workshops, and mental health literacy was low

R U OK? and the co-facilitators found that most participants in the co-design workshops had a low base level of mental health literacy when starting the process.

- This was particularly the case for the Arabic and Vietnamese groups, while the Hindi group had a higher level of mental health literacy, so their experience differed.

- This was related to the mix of participants recruited. For example, the Hindi group included participants with a health background.

There was also limited awareness of R U OK? amongst participants (in comparison to the very high awareness levels at a national level – 87% in Sep-23).

This low awareness of R U OK? and low mental health literacy reinforces the importance of targeted communications to CALD communities in Australia, through relevant resources such as those co-designed through this process.

> "
>
> Many years before the 'R U OK' workshop **I just thought that if you were mentally ill you just need to take medicine and they just need to find things to do to be happy** and surround people that makes you happy.
>
> *- Vietnamese community participant*

Positively, the co-design workshops increased participants' knowledge and understanding of mental health and suicide prevention

Community co-design participants reported having a much better understanding of mental health and people living with mental ill health as a result of participation in the workshops.

In particular, the workshops increased understanding of the role everyone can play in suicide prevention.

There was a common belief that it's difficult to help a person with suicidal tendencies to make a significant change and recovery, but the workshops created a better understanding of how they could intervene, prompting motivation to engage in help-giving behaviours.

Participation in the workshops also expanded knowledge of the support available from mental health services and how to access this.

For example, participants in the Arabic group felt that not many people from the broader Arabic community have knowledge about the availability and role of mental health services to assist them, so there was a sense of helplessness.

> **"**
>
> *I had some understanding before the workshop, but I feel like now I have a **better understanding about mental illnesses and that now helps me understand my husband**.*
> - Vietnamese community participant

> **"**
>
> *I didn't know that we could help people who attempted suicide several times, but now we became **more proactive in wanting to help**.*
> - Arabic community participant

> **"**
>
> *The first workshop was 10 days after **someone I knew committed suicide, I didn't know what to do except to call the police**, however, the police don't talk to you about suicide the way you needed to, but after the workshops I learnt that there were more than 50 services you can contact and talk to them for more help.*
> - Arabic community participant

The co-design workshops also increased participants' skills and confidence engaging in R U OK? conversations

- Participants shared that before the workshops, they did not know what to do if they saw a person in their community who appeared troubled. However, they felt that they could now approach someone to have that conversation with confidence rather than hesitance.

- Part of this was attributed to increased self-efficacy, confidence in their own skills, as well as understanding that the person they approached was more likely to accept the conversation than reject them, which was the assumption previously and a barrier to engaging in these conversations.

While not the primary objective of the workshops, this format of delivering information and driving conversation was effective in increasing skills and confidence and is worth considering for deeper engagement with communities as part of the dissemination process.

" "

After the workshop, I can say I feel more self-confident and want to go out and talk about this to more people.
- Vietnamese community participant

I learnt the effective way to talk to my teenage sons, to ensure they were ok and to shift their thinking from the dark to a more hopeful and enlightened way.
- Arabic community participant

From this workshop I am more aware about how to approach people with mental illness, I feel I know how to talk to them and ask them whether they are okay or not.
- Vietnamese community participant

I feel like I have more self-belief because now I know more about mental health, and I am willing to talk about it with people around me.
- Vietnamese community participant

With this increased knowledge and self-efficacy, motivation and likelihood to engage in help-giving behaviours also increased

- With the increased knowledge and skills, most participants felt empowered and a sense of responsibility to discuss issues surrounding mental health and suicidality and a willingness to share what they learnt with people around them.

- Some shared that they had family members who were experiencing mental ill health with whom they intended to put what they had learnt in the workshops into practice.

- Many participants developed an increased passion for the Pilot's goals, and a desire to become advocates in their communities.

To convert people from intention (likelihood) to action, ongoing engagement to support these participants to establish and maintain an advocate role in their communities will be essential.

> "
>
> *I feel like there is nothing to be afraid about because at the end of the day **we just want to help them and share with them what we learnt**. I feel like I am more comfortable to ask them how I could be of any help to them so they can feel better going through these hardships.*
> - Vietnamese community participant

> *We may be able to change the life of a person from someone who felt useless to another person who would become a better and happier person who would be an important part of their community's advancement.*
> - Arabic community participant

Wellbeing for some participants also improved, due to the safe space the workshops created for sharing, and a reduction in stigma

" "

*Before the workshops, I found it difficult to tell anyone about my problems at home, but **now I feel more at ease to talk to my relatives**.*
- Arabic community participant

*At first I was hesitant about sharing my experiences with mental health but after hearing other people share their experiences during the workshop and talking to the facilitator, **I now feel more confident to talk about mental illness.***
- Vietnamese community participant

*I was subject to lots of life pressures but because of the nature of our community being closed, I did not let anyone know about my problems. When they heard my story in the workshop they were surprised, but **felt closer to each other because I learnt that it's not only me who goes through this**.*
- Arabic community participant

- Coming together with other people from the community to discuss mental health and suicide prevention in a safe space had benefits for participants' wellbeing, which was a new experience for most.

- For example, the Arabic group discussed how the workshops allowed a space for them to talk about their sadness due to recent suicides in their community. They learnt from this that sharing experiences of mental ill health was beneficial and described a sense of relief afterwards.

- Some participants described feeling more empowered and hopeful in other aspects of their lives because of the experience, for example in relation to finding work, or reducing their alcohol consumption.

- The act of sharing within the groups and a deeper understanding of mental health also contributed to reduced stigma among participants. They felt more open to talk about topics considered 'taboo'.

- The experience also contributed to stronger connections within the community, for example with some participants staying connected and seeing each other socially, because they felt they had found people they could trust and have these conversations with.

3c
Enablers to effective co-design: what worked well?

Summary: what worked well and enabled an effective co-design process?

1. **In-depth collaboration with bilingual facilitators in trusted positions** within the communities enabled the community's unique needs to be understood in the design of the workshops and for trust to be established with participants.

2. **Ensuring inclusion of lived experience** across the whole co-design process.

3. **Participant-led approach** to ensure the project and outputs were relevant and authentic to the communities it aimed to serve.

4. **Facilitator behaviour and skills** - active listening, respectful approach, demonstrated commitment to action, knowledge of cultural sensitivities around mental health.

5. **The safe space created and the support provided** was important in enabling participants to feel comfortable discussing sensitive topics and participate safely.

6. **The workshop content was relevant to participants and the format and range of activities** effective in extracting what was needed to develop useful resources.

7. **The ongoing communication contributed to a smooth co-design process** as it helped to set expectations and maintain engagement and enabled the team to adapt as needed.

In-depth collaboration with bilingual facilitators enabled the community's unique needs to be understood in the design of the workshops and for trust to be established with participants

Commitment to the community led approach, through in-depth collaboration with the co-facilitators and having the trusted co-facilitators lead the delivery of the workshops in-language, was key to success.

They were acknowledged as trusted advisors and brought into the team to guide the planning and implementation process.

- Co-facilitators were pleased with their level of input and consultation.
- One co-facilitator commented that the level of collaboration and respect for the expertise of the co-facilitators was notably high.

The trust and relationships they held within the communities were essential to engaging with participants and enabling them to feel comfortable.

Continuing to engage with in-language facilitators in trusted positions within the communities to lead the co-design process is essential going forward, to ensure the unique needs of the communities are understood. There is opportunity to build up a network of similarly skilled and connected people who could help to scale the process.

> *Having the in-language facilitators and people who were already in a trusted position within those communities was so important. Even if I spoke Vietnamese, just me coming in with no connection I don't think would have been as effective because they were talking about such deep issues and struggles, like migration issues, coming from war-torn countries, overseas students locked down in Australia and couldn't get home… big heavy topics. As much as they said they don't really talk about it, they all opened up really easily and I think that had a lot to do with the trusted facilitator and space.*
> *- facilitator*

> *The co-facilitators roles went above expectations, they became part of the team and contributed in such a valuable way that really helped to build the project to be really ethical and responsive to the community's needs.*
> *- facilitator*

Ensuring inclusion of lived experience in the co-design process was also important for its effectiveness

Including lived experience perspectives in the planning and design of the workshops was felt to be crucial to ensuring the safety of the community participants and a deep understanding of what was needed within the communities in relation to mental health and suicide prevention.

- R U OK? involved its ambassador network to review the methodology of the co-design process from a lived experience perspective.

- They also ensured in the recruitment phase that some people with lived experience were recruited to participate in the co-design workshops.

While R U OK? was confident they effectively included lived experience perspectives based on the feedback received from the ambassador network, stakeholders felt there would be value in planning the inclusion of lived experience perspectives at the start of the process using the mechanisms already available, such as Embrace's lived experience group.

It is important that lived experience is valued and embedded at each stage of the co-design process, from the planning to the workshops themselves, and its evaluation.

> *Lived experience was really important as well. So, we looked at making sure that lived experience was key in all of this… there was lived experience in the room throughout this whole process.*
> *- facilitator*

A key success factor was the participant-led approach to ensure the project and outputs were relevant and authentic to the communities it aimed to serve

"

The conversation was very open, they could talk about anything they wanted, how to promote this in the community, how they feel if someone is speaking about that in the community.
- facilitator

There was unanticipated sharing moments where participants were very willing and open to share personal stories from their community. I didn't realise they would feel comfortable enough to do that, it shows the need in the community for more information to families.
- facilitator

This process continued with all sessions which was great. There was a continuity of processes that made us comfortable to attend the sessions.
- Hindi community participant

- A key strength of the co-design process was the participant-led approach; this was valued more than projects where health experts are viewed as dictating the terms and expected outcomes. This aligns with the consensus that empowering people to feel ownership over their behaviour leads to better outcomes.

- There was a clear structure, which made it more purposeful and easier to follow for participants.

- However, participants also had significant input and influence over the project direction and outcomes, with the facilitators creating an environment for open conversation, and building that sense of ownership.

Continuing to structure the workshops to allow for participants to input into the direction of the project and for conversation to be open and flexible is essential to ensuring the resulting outcomes and resources are relevant and beneficial to that community.

Effectiveness was related to facilitator behaviour and manners - active listening and a respectful approach were essential

1. Warm, genuine, and respectful approach

The facilitators developed rapport and trusting connections that allowed participants to feel comfortable sharing their perspectives and talking about topics that they considered highly sensitive.

This was helped by the warm, respectful, and genuine approach from the facilitators.

2. Actively listening and genuine interest in understanding the community

The facilitators were excellent listeners, allowing participants to guide the conversation, and showed genuine interest in understanding participants' perspectives and their communities.

Participants overall felt heard and that their opinions were important and respected. They were able to see that their input was actively being implemented in the development of the resources, which reinforced the genuine interest and helped maintain engagement.

> **"**
>
> *If they don't trust, they won't open up. **The way they gained trust is through their treatment of participants and communication, they listened to them, they created a highly positive environment, positive communication, connecting, working together**. It wasn't a reading from PowerPoint, it was real knowledge.*
> *- facilitator*
>
> *They were not robots, **they approached us as people with so much understanding and kindness** and not as a person who was coming to do their job and leave, they were **good listeners.***
> *- Arabic community participant*

> **"**
>
> *The whole group was very respectful. She was noting down everything we were saying and it was very **obvious from the output that they brought to us in the third session that they listened to everything we have said**.*
> *- Hindi community participant*
>
> *I really think that **the workshops succeeded because the facilitators were interested to learn about our culture** and how we deal with mental health issues.*
> *- Arabic community participant*

Facilitators demonstrated commitment to action, as well as demonstrated knowledge of cultural sensitivities around mental health that enabled positive engagement

3. Demonstrated commitment to action, "not just talk"

Participants felt that the facilitators were serious about making real positive change, not just talking, which made them more engaged with the process overall.

This was helped by the passion the facilitators displayed for the topic – they weren't there just to do a job.

4. Deep knowledge of cultural sensitivities around mental health

The R U OK? facilitators were felt to demonstrate cultural awareness and sensitivity when broaching the topic of mental health and suicide prevention, and it was evident that they had a lot of knowledge on the topic.

- For example, the Hindi participants noted they were pleasantly surprised with the wealth of knowledge on the topic that R U OK? brought and the experience working with other communities, which made them more motivated to contribute.

A deep understanding of the relevant cultural backgrounds of each community group was also a key enabler, reinforcing the importance of the role of the co-facilitators.

> **"**
>
> *They're **here for real change**, not just talk.*
> *- Arabic community participant*

> **"**
>
> *I asked a lot of questions and was **happy to see the wealth of knowledge** she had on the topics presented.*
> *- Hindi community participant*

The safe space created, and the support provided, was important in enabling participants to feel comfortable discussing sensitive topics and participate safely

Community participants felt that the environment created for the workshops was safe and free from judgement, which enabled them to express themselves freely. Contributing factors included:

1. The connections co-facilitators made – The conversations co-facilitators had with participants prior to the workshops helped to make them feel more comfortable attending.

2. Warm, respectful and sensitive approach from the facilitators – Ensured participants were comfortable, informed and could ask any questions throughout.

3. Small group of participants from the same cultural background - There was a sense of belonging, connection and relief reported amongst participants in being able to participate in the workshops with people from the same local community and cultural background. They felt they could better understand each other's feelings and thoughts due to their similar backgrounds and cultural beliefs, which made it more comfortable for them to engage with the sessions openly.

4. Provision of support resources in-language – R U OK? ensured participants had support not only from the facilitators but also access to additional support avenues in-language.

5. Location of the workshops – For example for the Vietnamese group the workshops were held at the Ethnic Community Services Cooperative office in Marrickville, a well known and trusted location for the participants. Two of the Hindi workshops were held online as the participants all had high levels of digital literacy and the ability to participate in the comfort of their own home was appreciated.

6. Incorporating social elements to create familiarity and a comfortable environment - For example, the discussion and bonding over lunch during the Vietnamese workshops and inclusion of culturally appropriate food like noodles, pho, and rice paper rolls, worked well to achieve this.

> *It's nice to know that there are **other people in our Vietnamese community that are experiencing similar situations**.*
> *- Vietnamese community participant*

> *I felt very protected and safe, I knew I wouldn't be judged. **I didn't feel like I needed to hide anything, or there was anything to be scared of.** I knew I could reach out to anyone if I needed to.*
> *- Hindi community participant*

The workshop content was felt to be relevant and the format and range of activities effective in extracting what was needed to develop useful resources

Content:

- The content was interesting to participants, and they learnt a lot from the R U OK? information.
- The exploratory nature of discussions allowed participants to discuss their own experiences and feel that the conversation was relevant to them personally.
- The Vietnamese group felt there was sometimes too much material which could be overwhelming.

Use of visuals and video:

- Use of visual and video content, rather than just talking, made it easier for participants to understand the content and helped to avoid overwhelm.

Different forms of expression:

- Community participants and facilitators found that the range of activities worked well to allow participants to express themselves in different ways.
- Creative and interactive tasks were most appealing, such as the drawing task/ cutting out pictures.

Face-to-face vs. online format:

- The Hindi group appreciated having the 2nd workshop face to face for collaborative exercises.
- Conducting the others online was effective for them as they still felt connected and participate from the comfort of their own homes.
- However, they all had high levels of digital literacy, which enabled the success of this format.

> *We were brainstorming the Indian mindset and the main inhibitions. Where is mental health in our culture, why we don't share. We discussed migration and this additional layer of complexity in our ability to open up. Also focused on aspects like work, domestic, parenting, **we're all coming from our own experiences and our own examples**.*
> *- Hindi community participant*

> *The PowerPoint presentation was visual which was great. **For these things you have to use the five senses, not just listening. You need to involve them in working in something**, which they did, you have to ask and they answer. This worked very well because they (the participants) wanted to speak and be heard*
> *- facilitator*

> *In the second workshop for the Arabic group, **participants liked the application and transference of their ideas and thoughts about the ideas of helping someone else as a drawing on a paper** and the collection of those drawings in one drawing.*
> *- facilitator*

> *There was no disturbance and we had the **freedom to talk and discuss as long as we wanted and they had a whiteboard** to put our main points on it to discuss. I think it was a good in that way.*
> *- Hindi community participant*

The ongoing communication contributed to a smooth co-design process as it helped to set expectations and maintain engagement, and enabled the team to adapt as needed

Community:

- Community participants appreciated the communication throughout the co-design process.

- The Hindi participants liked how they were kept up to date and felt the email information about the material and what was to be covered in the workshops was extensive and transparent.

- The Hindi participants also noted that the communication about R U OK? in the first workshop worked well to align their expectations.

> **"**
>
> *The **sequence was amazing**. First the foundation was laid, then the reminder emails sent out and then after the workshops there was follow up emails to see if everything was alright.*
> *- Hindi community participant*
>
> *We resonated with the topic well because the introduction given about R U OK? Day allowed us to easily for us to understand what their expectation was from us and the group as a whole. Also the resources that they gave us to look through before the workshops were clear and very effective. **We knew what we were in for.***
> *- Hindi community participant*

Co-facilitators:

- Co-facilitators noted the communication with R U OK? helped the project run smoothly, and appreciated R U OK?'s availability and flexible means of communication (e.g. WhatsApp, email).

- This ongoing communication also allowed the team to adapt as needed to ensure the project ran smoothly. E.g. when it became apparent in the first workshop that participants had limited awareness of R U OK? and low mental health literacy, they shifted to have more contextual conversations.

- For the co-facilitators, the National Suicide Prevention Conference was appreciated as a key point of collaboration and communication. It provided useful background information to better understand the Pilot and the broader purpose of the project, rather than acting in isolation.

> **"**
>
> *I think it was well aligned and at beginning I felt like it would be quite huge, onerous and unmanageable but it wasn't, and that was probably because of R U OK?. **They were flexible, had very good communication, and kept us up to date with what was happening and what we needed to do. It was much more manageable than I expected.***
> *- facilitator*

3d
Opportunities for improvement

Summary: what are the opportunities for improvement?

1. Given time was a key barrier, there would be value in an additional workshop and sharing of the final developed resource. *(Note that the intention is to share the final resources once production is finalised)*

2. Future co-design implementation would benefit from building in more flexibility to timings to allow the team to easily adapt, rather than being bound by hard deadlines.

3. Clearer communication before the workshops and upfront about the purpose of the workshops and participant's role to contribute to creating a resource for their community (rather than an educational focus), as well as about R U OK? as an organisation.

4. While the workshops were considered a strong starting point to develop resources for these communities, there would be benefit in further co-design and development of additional resources with different community groups to better consider intersectionality.

5. Consider further collaboration and communication between co-facilitators from the different cultural backgrounds to share learnings and maintain connection back to the broader purpose of the project.

A key barrier was limited time - desire for an additional workshop to maximise impact was expressed

> "

More sessions would be great to go deeper *because the topic is so big and this community is really suffering in relation to this.*
- facilitator

*During the workshops I **felt quite confused because they were giving us a lot of information**. It would be good if they could just highlight some points that they will be discussing today and focus on that during the workshops.*
- Vietnamese community participant

***The number of workshops should be more, there were things that we continued discussing it through WhatsApp on our phone due to the limited time** of the workshop, at times we needed to stop the activity and leave before the school gate shuts.*
- Arabic community participant

- There was largely a consensus across participants and the facilitators involved that there would be benefit in an additional workshop to allow more time for mental health conversations and participant sharing and to increase the learning potential.
  - This was linked to the newness of the topic of mental health and suicide prevention to many of the participants and limited awareness of R U OK?.
- A few participants did not feel that the number of workshops was enough and did not capture wholly what they wanted to share or learn.
  - Some felt that there was too much material put forward in just the three workshops and they would benefit from an additional workshop to spread this out and avoid overwhelm.
- There was also interest in an additional shorter workshop at the end to share the final resource developed.
- The duration of each workshop itself (around two hours) was thought to be appropriate, however, the Arabic group felt rushed at the end of each workshop to leave the premises due to the school gates closing and this impacted their concentration.
  - It was proposed that future workshops be conducted outside the school in a community centre.

Future co-design implementation would benefit from an additional workshop and sharing of the final developed resources.

For true co-design there needs to be flexibility with timings across the process to adapt to what's being uncovered through the co-design process

- Time restraints were somewhat challenging with the development of resources, to be able to adapt to participant input and feedback, while meeting deadlines for resource creation (based on the contractual arrangements). While there was some flexibility to extend timeframes, it still took longer than anticipated. *Note: Co-design workshops began in early June and finished by end of August. Resources were created and then tested with community participants in November.*

- There were also challenges with the time required for ensuring accurate and relevant translations in language.

  - The co-facilitators spent much more time than expected reviewing and revising the R U OK? documents due to issues with the translation and context relevance.

  - This experience highlighted the importance of translations that are not only linguistically accurate but also culturally and contextually relevant and building in time for in-depth review of these.

Overall, not having enough time is a barrier to best practice co-design, as there is a need to be flexible not just in the actual workshops but also the design and planning process. There was flexibility built into the Pilot, although future co-design implementation would benefit from building in even more flexibility to timings to allow the team to easily adapt, rather than being bound by hard deadlines.

> ❝❞
>
> *We had to spend a lot of extra time ensuring the translations were accurate and contextually relevant for Vietnamese-speaking participants. **This was not initially expected but became an essential part of our role in the project.***
> - facilitator
>
> ***You can put a time on co-design but it always needs more time.** It's challenging because you try as hard as you can to estimate how long the co-design will take but you don't know where it's going to lead because it's led by the co-design approach.*
> - facilitator

There's also potential for clearer alignment of expectations and delivery in terms of the education vs. co-design contribution

> " "
>
> *I feel like there are **still some things that we have yet to learn about talking about mental health and helping people** with mental health issues.*
> *- Vietnamese community participant*
>
> *R U OK? provided a sample template on how people should look after themselves and what their co-design process was… maybe **from a multicultural perspective that probably doesn't make much sense to people what co-design is… because it's not a concept that's necessarily talked about… maybe a video would be more suitable**.*
> *- co-facilitator*

- There were indications that some participants expectations of the workshops went beyond co-design, to deeper education.
  - E.g. while there were clear educational benefits from the workshops, a few participants in the Vietnamese group were concerned that the workshops didn't provide them with enough information about mental health and still felt they needed to know more to be able to effectively discuss this in their community.
- For some community participants, this contributed to the desire for an additional workshop.
  - However, this was not the only contributor, with facilitators also believing there would be benefit in an additional workshop to maximise impact of the developed resources.
- There was also still some misunderstanding about what R U OK? does as an organisation.
  - E.g. some of the Vietnamese participants felt the initial resources provided in the session were ineffective because they lacked information about how to contact R U OK? by phone. They held the view that R U OK? offered (or should offer) a hotline, like Lifeline.
- A potential improvement to the recruitment process that was suggested was to provide a video to potential participants to explain what co-design is and what's involved. This would more easily explain co-design and ensure participants are familiar before consenting.

There would be benefit in clearer communication before the workshops and upfront about the purpose of the workshops and participant's role to contribute to creating a resource for their community (rather than an educational focus), as well as about R U OK? as an organisation.

Consideration of intersectionality during the co-design process is an element that could be improved moving forwards for greater impact

As identified in the rapid literature scan, one of the best practice principles is that suicide prevention activities should make services and supports more inclusive by considering intersectionality and the experience of significant life events.

It was felt that there was good diversity within the groups but that this could be improved.

- E.g. the Arabic group said the workshops were not enough to fully explore the views of the different groups within the Arabic community and that more workshops were needed with other Arabic community members with different life experiences.

- The Arabic group also expressed interest in running the workshops with young people (students at the school), as there was a clear need to support this demographic.

Therefore, while the workshops were considered a strong starting point to develop resources for these communities, there would be benefit in further co-design and development of additional resources with different community groups to better consider intersectionality.

> "
>
> *I couldn't say they could be improved but in my opinion this is a very initial type of tapping into the space of mental health for our community and this is a great start.*
> *- Hindi community participant*
>
> *We can always do better in terms of the diversity within the diversity. Some groups had better LGBTIQ representation than others, some groups had different age groups more represented than others, different country represented more than others. I was quite pleased with the diversity within the groups, but I think looking forward we need to do a bit of a briefing of what voices we might need to hear more from, or what groups specifically to work with within the community.*
> *- facilitator*

In the future there may be benefit in further collaboration and communication between co-facilitators after each workshop and upon completion

> *"*
>
> *Involve the co-facilitators a bit more, get them interacting with each other, sharing ideas, not just passively through a WhatsApp channel, but you know, get them together for a meeting to talk about different things… build the skills of the co-facilitators as speakers… give them a little bit of training on what the co-design process is, you know, get them to attend personal development*
> *- facilitator*

While the initial collaboration of co-facilitators at the beginning of the project was received very positively, it was felt by one stakeholder interviewed that there was potential for even greater impact through further collaboration.

- E.g. this stakeholder held the view that it would have been beneficial for all the co-facilitators to regroup after each workshop to debrief and discuss outcomes. However, it is noted that this may not be feasible due to co-facilitator availability and time commitment.

It was also shared by one stakeholder that they were interested in receiving training in co-design and presenting to strengthen these skills and therefore have more impact in their role.

There may be benefit in further collaboration between facilitators from the different cultural backgrounds to share learnings and maintain connection back to the broader purpose of the project, as well as further training in co-design and presentation skills.

3e
Learnings moving forward

Key learnings moving forward: co-design process

1.

The Pilot has reinforced the importance of co-design with multicultural communities given the different cultural barriers and understanding of mental health and suicide prevention. Simply translating resources is not enough.

2.

It's essential to ensure the process is community led by ensuring bilingual facilitators in trusted positions within their community are part of the team and lead the co-design workshops. This should be a collaborative process throughout workshop design, planning, implementation and evaluation.

There is opportunity to build up a network of similarly skilled and connected people who could help to scale the process.

> **"**
>
> ***If it's funded well, I think this process is a really great one to follow and will help to deepen engagement with communities and support suicide prevention initiatives.*** *I think it's a great process and would really encourage other organisations to follow a similar process.*
> *- facilitator*

> **"**
>
> *We can't produce something in English and think we can translate it in 20 languages. That's not going to speak to all communities. That's a huge thing that has come out of this project, that **the most effective way to connect with communities around suicide prevention and mental health is to develop with communities and create something that looks like, speaks to and has been designed for that community.** As soon as you do that you're immediately saying to that community that we really value and hear you, and know you. This changes things, they are more likely to pick it up and read it.*
> *- facilitator*

Key learnings moving forward: co-design process (cont.)

3.

All facilitators involved are crucial to the success of the co-design workshops, something that's important to consider when scaling and bringing in other facilitators. Facilitators should:

a. Have deep knowledge of cultural sensitivities around mental health and suicide prevention and how to broach this appropriately

b. Be bilingual and have deep understanding of the cultural context relevant to that specific language group

c. Have excellent listening skills

d. Be warm, genuine, and approachable

e. Demonstrate their genuine care and commitment to action (not just talk)

f. Display interest and curiosity in really understanding that community

g. Take on feedback positively and ensure this is implemented

4.

It is recommended to keep the same timeframe of each workshop, but to add an additional workshop, to allow more time for mental health conversations and avoid overwhelm. Also consider holding another shorter workshop once the resources are finalised to share back with the groups.

6.

Continue to structure the workshops to allow for participants to input into the direction of the project and for conversation to be open and flexible. This is essential to ensuring the resulting outcomes and resources are relevant and beneficial to that community.

5.

Optimise the expression of interest phase and recruitment of community participants further to ensure all have a clear understanding of what the process will involve and the overall purpose (i.e. what is co-design, clarify primary purpose as design of relevant resources rather than education).

7.

Maintain the mix of activities that allow people to express themselves through different means, such as drawing, group brainstorming etc. Also continue to use visual cues (such as video) to assist participants to more easily understand the concepts discussed.

Key learnings moving forward: co-design process (cont.)

8.

Future co-design implementation would benefit from building in more flexibility to timings, particularly in the timeframe for production of resources. There is also need to build in more time specifically for reviewing translations to ensure it reflects the community and how they converse.

9.

Consider the different needs of communities within the language groups and organise workshops accordingly. There would be benefit in further co-design and development of additional resources with different community groups to better consider intersectionality.

10.

Collaboration between R U OK?, the co-facilitators and relevant experts was a key strength of the Pilot. There may also be benefit in further collaboration between co-facilitators to share learnings and maintain connection back to the broader purpose of the project, as well as further training in co-design and presentation skills.

11.

While not the primary objective of the workshops, this workshop format of delivering information and driving conversation is effective in increasing skills and confidence. This reinforces the value of R U OK's educational workshop approach and is a consideration for deeper engagement with communities as part of the dissemination process.

12.

It is very important that lived experience is valued and people are fairly paid for their time participating in the co-design process. This should be factored into the work, as was effectively done in the Pilot.

Key learnings from the evaluation of the co-design process

- The planned evaluation methodology for the community research was adapted following discussions with the bilingual workshop co-facilitators. Initially the methodology to evaluate the co-design process was intended to be in-depth-interviews with workshop participants over the phone, conducted in-language by bilingual moderators. This was to provide a private forum for them to express their opinions about the co-design process.

- Before proceeding with this methodology for evaluation, there was a meeting with the consortium and the bilingual workshop co-facilitators who provided valuable feedback based on their expertise, knowledge and experience with the participants.

- As a result of this, the methodology was adjusted from interviews to focus groups, where the co-facilitator who had been involved in the running of the workshops was present as an observer. Two of these groups were run in-person and the other online (as participants in this group were comfortable with conducting it online; this is how their co-design workshops had also been conducted).

- Reasons for adjusting the methodology:
  - Participants would be more comfortable and safer discussing sensitive topics in a group with their peers, rather than one-on-one with somebody they hadn't already built rapport with.
  - Having the workshop co-facilitator present was important to ensure the safety of participants as this was a trusted person who could provide support to participants if needed.

- While this methodology had limitations in that having the co-facilitator present may have introduced some bias since the co-facilitators were involved in the running of the workshops, the priority was to ensure the safety of participants, so this limitation was accepted.

- The discussion guides were also reviewed by the co-facilitators and consortium and adjusted as needed to ensure they were culturally appropriate.

Key learnings:

- The importance of ensuring community review (in this case via the co-facilitators) of evaluation methodology and research materials to ensure they are culturally relevant and appropriate.

- The need for flexibility to adapt to changes, particularly as a result of what is revealed through the co-design process. Building in flexibility to timelines and clear ongoing communication enables this.

4

Implementation of the Framework for Mental Health in Multicultural Australia

Key evaluation question addressed: How was the Framework implemented?

The Framework for Mental Health in Multicultural Australia

What is the Framework?

- The Framework was developed to improve the cultural responsiveness and inclusivity of mainstream mental health services. It is designed to build capacity amongst services and individuals to work effectively with people and communities from CALD backgrounds.

- Despite the Framework's focus on mental health services, it has been found useful and transferable in different contexts including within Primary Health Networks and adjacent organisations.

How does this relate to the co-design process?

- An objective of the Pilot was expanded use of the Framework for improving culturally responsive and inclusive practices within suicide prevention organisations, services, and program design. Therefore as part of the Pilot, R U OK? is implementing the Framework within their organisation. This supported the implementation of the co-design process.

Additional context

- As the Framework is a tool for continuous quality improvement, implementation within R U OK? is ongoing. In the context of this report, "implementation" refers to the initial mobilisation, self-reflection and planning, and completion of the four core service modules through at least action planning.

- As the Framework is currently targeted for mental health service providers, a goal of the Pilot for Embrace is to inform how it can be implemented in the context of suicide prevention. This was acknowledged and guidance was given to approach it from the context of R U OK? and to note where there were challenges in doing this. This will help to inform implementation guidance and future efforts to make the Framework more inclusive.

The implementation of the Framework within the R U OK? organisation built a strong foundation for inspiring conversations and actions.

Summary of R U OK?'s process of implementing the Framework

Introduction to the Framework

Members of the Embrace team met with the R U OK? team to provide an overview of the Framework, including the purpose of the Framework and how it can be implemented.

This was considered an integral step to be able to build an understanding of the Framework and get started.

Completing the Framework modules as a team

The R U OK? team completed the modules during their weekly staff meetings to facilitate discussion and identify opportunities to improve cultural capabilities. The team member leading the implementation would then enter the responses into the online portal afterwards.

It was important that the team could implement the Framework in a way that ensured efficiency and maximised impact in their team.

Through these conversations, the R U OK? team identified several opportunities to grow the cultural capabilities of the organisation.

Framework implementation and action to grow cultural capabilities is ongoing

The implementation of the Framework is governed by the executives and management team at R U OK?, with strong commitment across the organisation.

The R U OK? team continues to work through their identified actions within the broader organisation, and plan for the future, including integration into strategy planning.

> " "
> *Initially we met with [Embrace team member], **she talked me through what the Framework is.***

> " "
> *We went through the modules in staff meetings. That seemed like the most efficient way to get everyone involved in the implementation of the Framework, and more about what actions we needed to put in place.*

> " "
> *It's really the executive of R U OK? and the board that will make sure things are implemented, and I think there's ownership from the team as well... people really want to make sure we're doing this.*

The Framework was helpful in assessing R U OK?'s cultural responsiveness and a good reminder of best practice in working with CALD communities

- The Framework was valuable in providing an in-depth view of R U OK? as an organisation.

  o It enabled R U OK? to delve into every part of the organisation, ensuring that consideration of CALD communities is not thought of as a separate siloed piece of work.

- Given R U OK? already had knowledge and experience working with CALD communities, they had considered most of the information before, however it was helpful as a reminder of best practice and structured way of assessing current cultural responsiveness.

- Overall, R U OK? did not experience difficulties in implementing the Framework itself and found it easy to identify opportunities to improve cultural capabilities within the organisation.

  o The ease of implementation was helped by a strong level of commitment and genuine interest and intent from the R U OK? team.

- R U OK?'s implementation of the Framework:

  o Validated the approach that was chosen for the co-design process and reiterated the importance of engaging with the community in a culturally sensitive and appropriate manner.

  o Led R U OK? to establish a multicultural advisory committee which is investigating other opportunities, such as communication engagement strategies.

The Framework was beneficial to R U OK? in building capacity to work effectively with CALD communities by providing a measure of current cultural responsiveness and outlining best practice, which inspired conversations and actions.

" ""

*It's [the Framework] given us the **opportunity to discuss them**, and think them through, and put together some actions.*

It was good to have a model that we could follow that could serve many purposes.

*I don't think that [implementation] is the difficult part because **the team are really on board**, management are on board, the board is on board.*

*There are a whole range of initiatives that have been established because we started to do that work... **it definitely made us think as an organisation what else we can be doing**, so it was valuable.*

The team approach that R U OK? took to implementation was effective for their organiastion – it enabled deeper engagement, discussion, and time efficiencies

The R U OK? team found that the most effective method for them to implement the Framework was to complete the modules as a team during their weekly staff meetings, and then have the team member leading the implementation input this into the online portal afterwards.

- This was the most efficient way to get everyone involved in the implementation and what actions needed to be put in place, rather than having team members go through the modules individually.

- The approach of going through the modules in weekly team meetings was also effective in encouraging discussion, sharing ideas, and ensuring the wider team's voices were heard.

- This structured team approach requires sufficient time as it involves bringing multiple staff members together multiple times. R U OK? recommended that other organisations allow a long period of time so that it can become more entrenched in the team and organisation. One stakeholder felt that 18 months from start to finish would be ideal.

Bringing the whole organisation on the journey is key. Other smaller organisations may benefit from a similar approach to R U OK? of bringing the whole team together to complete the modules and should do so over an extended period to allow it to become more entrenched. For larger organisations, forming a working group with representation across the organisation is a recommended approach based on implementation within PHNs and other large mental health service providers.

> *For it to be effective it has to be a team approach. The team are very busy so it needs to be structured and over a longer period of time so it can be more entrenched.*
>
> *(learning) Bring your team along for the journey from the beginning!*

There is opportunity to increase the Framework's relevance to health promotion– the case studies as a result of the Pilot will be valuable resources

"

*It was helpful but I think they need to do more work to make it a really valuable exercise for health promotion organisations. Because these organisations are busy and under-resourced so **if it's not very relevant to them it becomes more work**.*

*A lot of the resources were for direct service delivery… so **a lot of the resources in the modules weren't relevant to us** [as a health promotion organisation].*

*It **would be really great to know how other health promotion services have implemented it**… to have that information available so you can just check against it… is what we are recommending best practice?*

While the Framework was relevant to R U OK? in the context of suicide prevention, they found that many of the modules and resources weren't relevant to them as a health promotion organisation.

To expand utility to health promotion organisations in the future, there is opportunity to:

- Advise on the most relevant modules and resources for health promotion organisations and consider creating additional resources that are targeted towards these organisations.
  - o Example topics include how to effectively engage with multicultural communities, conducting best practice co-design process, and ensuring resources aren't just translated but also culturally relevant.

- Provide examples of how other non-service delivery organisations have implemented the Framework e.g. case studies.
  - o A goal of the Pilot was to produce supplementary guidance on how other organisations (outside of mental health service providers) can use the Framework through case study examples. The evaluation findings therefore validate this need.

- Provide support in implementation from someone who is knowledgeable about health promotion and can advise from this perspective.

Therefore, adapting the Framework to make it more inclusive of and relevant to non-service delivery organisations would be beneficial in expanding its utility.

Improving the user experience of the online portal for the Framework will facilitate more seamless completion of the modules

The online portal to access and complete the modules presented some user experience challenges. The key challenges expressed:

- Somewhat clunky and not intuitive to navigate

- Modules sitting as links instead of being embedded, having to go through several links to get to what you need.

- Some repetition – noted that the same sets of resources were repeated.

Improving the user experience will facilitate more seamless completion of the modules and will increase engagement with the platform.

- It was noted that presenting the materials in more of a training format/ online learning platform would be helpful.

Ensuring the modules are simple and accessible, including using plain language, is important for engaging organisations and contributing to a positive user experience.

> **"**
>
> *I didn't find the portal very user friendly.*
>
> *It almost needs to be like an online learning platform… like when you do a course and it walks you through and shows you the resources.*

> **"**
>
> *It could have been simplified in terms of language and style… it's kind of what we've learned from this Pilot about how we would usually articulate things… and not thinking about the simplicity that's needed for this sort of thing.*

Ongoing communication and availability of support enables successful implementation of the Framework

- The conversations between R U OK? and Embrace were helpful in building an understanding of the Framework and how to go about implementing it, an enabler to smooth implementation.

  o In particular, the meeting with the project officer and R U OK? early on where there was a presentation about the Framework was helpful in resolving confusion about how to start the process and approach the modules.

- Outside of the initial introductory meeting, R U OK? was offered ongoing support in implementation of the Framework, such as through regular meetings or attendance at working group meetings.

  o While the offer of additional support to R U OK? was recognised, providing greater clarity about the type of support available was also desired. E.g. the level of support in terms of time commitment that's possible, where the expertise is coming from, what else is available beyond what is already in the portal and modules etc.

- R U OK? was highly motivated and understood the importance of implementing the Framework. However, it was noted that other organisations that are less motivated may require increased communication to convey the importance of the work as well as to build enthusiasm and motivation.

  o Increased one-on-one support to other organisations by the Embrace Project may not be feasible given the scale. However, ensuring this adhoc support is available if needed and there is some level of ongoing communication is an enabler to smooth implementation of the Framework.

Upfront guidance about how to get started with implementing the Framework, as well as ongoing communications can assist in maintaining motivation. The availability of adhoc support where needed can also help to reduce any challenges and avoid attrition.

Key learnings moving forward: Framework implementation

1.

The Framework is beneficial in building capacity to work effectively with CALD communities by providing a measure of current cultural responsiveness and clarifying best practice.

2.

Adapting the Framework to make it more inclusive of non-service delivery contexts would be beneficial in expanding its utility. Advise on the most relevant modules for health promotion organisations and consider creating additional resources to support these organisations. Case study resources from the Pilot to demonstrate how health promotion organisations have implemented the Framework will also be valuable.

3.

Ongoing communication and availability of support enables successful implementation of the Framework. Upfront guidance about how to get started with implementing the Framework, as well as ongoing communications can assist in maintaining motivation. The availability of adhoc support where needed can also help to reduce any challenges and avoid attrition.

4.

Leadership and management buy-in is a key enabler to successful implementation of the Framework, as was demonstrated positively via R U OK?'s implementation. Building motivation and understanding of the importance of strengthening cultural capabilities in initial conversations with not just on-the-ground staff but also leadership is important to facilitate successful adoption.

5.

The process for completing the Framework modules needs to be flexible and suit the organisation's needs. R U OK? found the most effective and efficient approach was to complete the modules as a team as part of their team meetings to enable discussion and deeper engagement. Other smaller organisations may benefit from a similar approach and are recommended to do so over an extended period of time to allow it to become more entrenched.

6.

Improving the user experience of the online portal will facilitate more seamless completion of the modules.

5
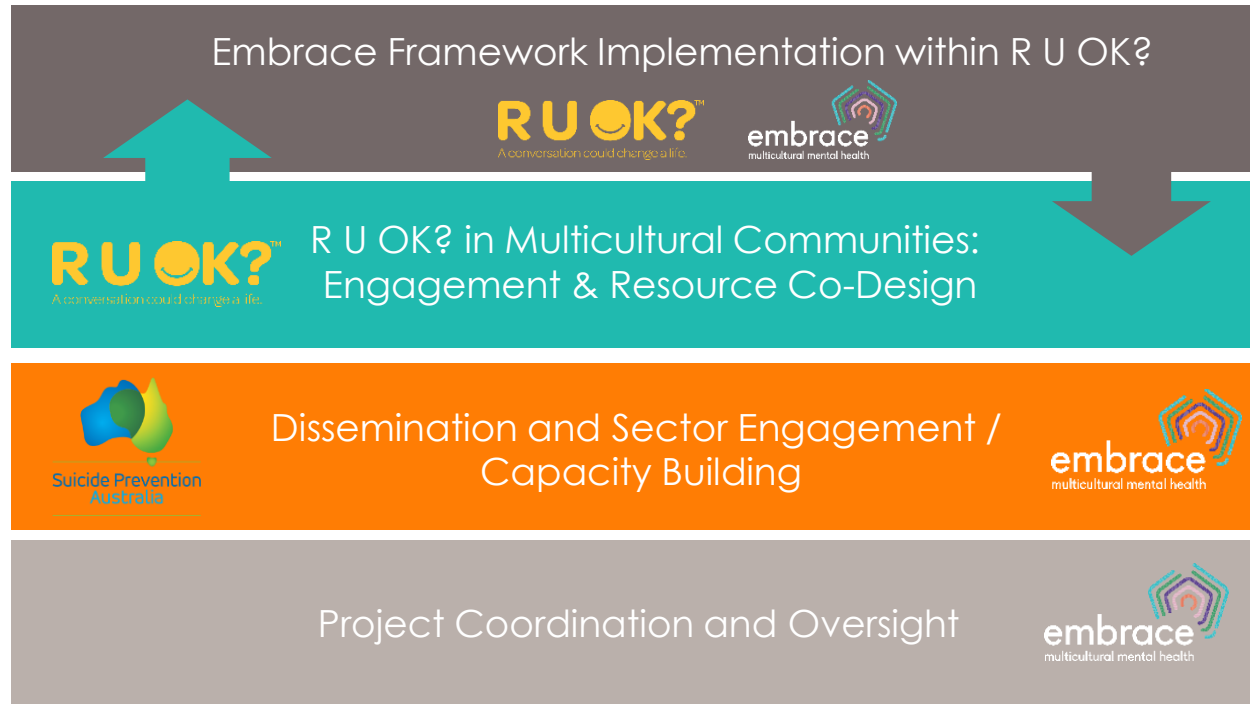# Effectiveness of the consortium approach in delivery of the Pilot

Key evaluation question addressed: How effective was the consortium in delivery of the Pilot Project?

The consortium is ongoing (dissemination of findings and resources has not yet taken place) and therefore the full impacts may not yet be realised, however the findings in this section provide an overview of the consortium's effectiveness to this point in time.

Summary of consortium approach – phase 1

Key Activity Workstreams

Embrace Framework Implementation within R U OK?

R U OK? in Multicultural Communities: Engagement & Resource Co-Design

Dissemination and Sector Engagement / Capacity Building

Project Coordination and Oversight

Key Outputs & Outcomes

- Expanded guidance to increase the use and effectiveness of the Framework in suicide prevention

- Co-designed, in-language CALD community resources to have conversations about mental health and suicide

- A case study for CALD community resource co-design to inform and build capacity within mainstream suicide prevention

- Co-located / linked resources on SPA and Embrace resource portals to foster increased knowledge and collaboration

The consortium approach was beneficial in enhancing the credibility and resources available for the project, and overall was considered effective

- Members of the consortium felt as though it had been effective in terms of achieving the goals and objectives of the Pilot, but there was room to improve the consortium approach to increase its effectiveness.

- The success of the Suicide Prevention Pilot Project was attributed to the collaboration between the three influential organisations, as well as the passion and dedication of each consortium member.

- There was a shared sentiment among members that each organisation involved, including Mental Health Australia, Suicide Prevention Australia, and R U OK?, brought different skill sets to the table, allowing them to work effectively within their respective areas.

- Strong coordination and project management from the consortium contributed to the success of the project. The secretarial role of Embrace was seen as valuable by all.
  - Members of the consortium felt that having a dedicated project manager, who brought specific personal and professional experience, was essential for the Pilot's progress.
  - The project manager played a crucial role in keeping the team on track and managing time effectively.

The key benefit of the consortium approach was bringing together influential organisations in this space, which enhanced the credibility of the project and provided opportunity for shared resources and learnings.

> "
>
> *I feel like it has been effective in that we are **achieving our objectives**… we are achieving what we set out in the workplan.*
>
> *We had **three influential organisations** working together on the project, all with a different lens.*
>
> *I think **everyone was open with what they were doing**… if they came up to any blockers, they wanted help to maneuver those.*

Giving clarity to the roles and responsibilities of consortium members at the very start of the process is key to success

- Members of the consortium identified the need for clarity around roles, responsibilities, and deliverables from the very start of the project. While some members felt that the designated roles were clear, others felt that additional clarity was needed at the start of the Pilot process.

  - o The lack of clarity for some presented a challenge in terms of understanding and executing specific responsibilities within the consortium.

- However, this challenge was overcome relatively early in the process through implementation of the shared work plan that gave visibility to the different aspects of the project.

Aligning on clear scope and expectations for the project upfront as well as clearly defining the roles, responsibilities and deliverables of all organisations from the start is important. A shared work plan is beneficial in documenting this, as was effective throughout the Pilot.

> "
>
> *If it was to happen again, I would suggest a brainstorm at the beginning of the process… I feel as though there needed to be an **understanding of how the committee was going to work, what everyone's roles and responsibilities were, what each of us could do to really make that happen**, and how we wanted to work as a consortium.*
>
> *If I could do things again, we would have been **more proactive in having conversations upfront, about set up of governance and methodology**.*

Taking a flexible and agile approach that allows for reflection and pivoting as needed works well and contributed to the effectiveness of the Pilot

- The time for mobilisation was longer than anticipated, which caused some delays. The project also required more time than initially scoped for some tasks.

- There were also some staffing and resourcing challenges experienced across the partner organisations in the consortium.
  - One reason for this was because more was time required than initially scoped.
  - Staff turnover and contractual changes from partner organisations also led to some instability in the team dynamics and project continuity.

- Overall, it was felt that the team overcame these challenges effectively through willingness to adjust timelines and plans based on learnings and needs, and reallocate resources as needed. This flexibility to pivot was crucial to the success of the Pilot and consortium approach.

Moving forward, there would be benefit in explicit alignment around an agile approach that allows for reflection and pivoting as needed. Part of this involves more planning at the scoping stage and timelines that build in more flexibility to adapt to changes, including a realistic timeframe for mobilisation.

> "
>
> *Funding models can essentially run counter to best practice in terms of the tight timelines. The nature of the funding sometimes makes it difficult to pivot, and I think we've had the benefit in this Pilot of actually being able to iterate and revise initial expectations.*
>
> *You need to be realistic about the time it takes to mobilise and so I think that would be the one thing I'd really recommend to consider.*
>
> *You need to build in [flexibility to change and pivot], and sort of approach it from a mindset of continuous improvement.*

Continuing to ensure multicultural lived experience perspectives in the consortium is important

- The importance of ongoing lived experience input was acknowledged early on in the Pilot by the consortium members.

  o It was agreed at this early stage that regular lived experience representation in monthly steering group meetings would not be the most effective use of representatives' time as many of the meetings would be focused on status updates and administrative items.

  o Instead, the consortium agreed that lived experience representatives could be invited to select meetings, as relevant, and/or the Embrace Lived Experience Group and any other lived experience resources across the consortium would be consulted as needs arose.

  o Lived experience input was included as a standing agenda item as an opportunity to highlight and discuss where input was needed and share any relevant insights gleaned across the consortium's respective lived experience networks.

- It was felt by some that there would be benefit in increased involvement of the lived experience groups to consult throughout the process in a more collaborative way, such as sense checking approach, ensuring appropriate sensitives had been included etc.

- There was also desire expressed for more inclusion of multicultural perspectives in the consortium itself.

Therefore, moving forwards it will be important to continue to incorporate multicultural lived experience perspectives in the consortium. However, consider how this can be done in an even more collaborative way. For example, having dedicated CALD lived experience representatives with a well-defined scope of work, including a regular cadence for meeting, to ensure ongoing oversight and input (vs. raising and scheduling as needed) at the governance level.

Future projects would also benefit from increased collaboration across the partner organisations within the consortium

- There was felt to be opportunity for increased collaboration through the consortium.
  - For some the collaboration was felt to be limited by a 'top-down' approach where organisations reported on what they had done and how this aligned with agreed timings and deliverables.
- However, there was interest in more collaborative conversation about how to improve the approach and collective problem solving when facing challenges.
  - In particular, there was interest in increased collaboration from the consortium to devise innovative approaches to communicating the lessons and outcomes of the project.

- To do this, clearer understanding of the purpose and intended outcome of the consortium, and what each of the organisations were doing and what they could offer would be beneficial, as well as establishing a more collaborative culture upfront.
  - A method of fostering a more collaborative culture that could be beneficial moving forward is to build in checkpoints for the specific purpose of reflecting on what is working well and would could be even better, to prompt this discussion.

"

Opportunities to get more involved in what others were doing...

*[Would have liked to see] okay, this is what we are doing, **how can we leverage off that? What is it that we can do? How can we spin off?** How can we improve on this?*

"

*I wonder if there was **more a collaborative approach to how we set up, how we conducted**... to have a **better flow of information and better engagement**.*

Key learnings moving forward: consortium approach

1.

There is value in bringing together influential organisations to work together in relation to suicide prevention in multicultural communities, particularly given the lack of available resources and research currently available. The key benefits are aligned objectives and leveraging of key strengths to maximise impact, opportunity for shared resources and learnings, and enhanced credibility in this space.

2.

Strong project management was a key success factor of the Pilot and is important given the multiple organisations involved.

3.

Giving clarity to the roles and responsibilities of consortium members at the start of the process is key to success. A shared work plan is beneficial in documenting this, as was effective throughout the Pilot.

4.

The flexibility to pivot that was demonstrated in the consortium was crucial to the success of the Pilot and consortium approach. There would be benefit in explicit alignment around an agile approach that allows for reflection and pivoting as needed. Part of this involves more planning at the scoping stage and timelines that build in more flexibility to adapt to changes, including a realistic timeframe for mobilisation.

5.

Moving forward, it will be important to continue to incorporate multicultural lived experience perspectives in the consortium. Consider how this can be done in an even more collaborative way. E.g. dedicated CALD lived experience representatives to ensure ongoing oversight and input.

6.

Future projects would also benefit from increased collaboration across the partner organisations within the consortium through less of a 'top-down' hierarchical approach and actively implementing a more collaborative culture, e.g., collective problem-solving, brainstorming, sharing learnings.

6

Summary of learning and recommendations

The Pilot achieved its short-term outcomes – it is recommended to scale this co-design approach to reach more communities, with some optimisations

The co-design process was effective in developing resources that were considered culturally appropriate and relevant, and in positively impacting the community participants knowledge, skills, and behavioural intent.

1. Co-design implementation

Continue:

- Community-led approach with bilingual facilitators in trusted positions within their community.
- Collaboration between the lead organisation (R U OK?) and co-facilitators to share learnings and connect back to broader purpose of the project.
- Engage facilitators with deep knowledge of cultural sensitivities around mental health and suicide prevention and the relevant cultural context, excellent listening skills, warm, genuine, approachable nature, who show genuine care and commitment to action.
- Structure the workshops to allow for participants to input into the direction of the project and for conversation to be open and flexible.
- Use a mix of activities that allow people to express themselves through different means, e.g. drawing, and of use visual cues.
- Ensure lived experience is valued and people are fairly paid for their time participating in the co-design process.
- Involve the co-facilitators in evaluation design and implementation.

Considerations:

- Add an additional workshop, to allow more time for mental health conversations and avoid overwhelm, and consider holding another shorter workshop to share the final resources with the groups.
- Optimise the EOI phase and recruitment of participants to ensure all have a clear understanding of what the process will involve and the overall purpose.
- Build in more flexibility to timings, particularly in the timeframe for production of resources and for reviewing translations.
- Ongoing connection with the communities after the co-design workshops. There are opportunities for co-design participants to access training and support to become advocates in their communities.
- Value in further co-design and development of additional resources with different community groups to better consider intersectionality.
- Increased collaboration between co-facilitators and further training in co-design and presentation skills.

The Framework and consortium approach were beneficial to achieving these outcomes, and there are opportunities to have greater impact

2. Framework implementation

The Framework was beneficial to R U OK? in building capacity to work effectively with CALD communities by providing a measure of current cultural responsiveness and reinforcing best practice. There are opportunities to have an even larger impact in other contexts:

- Adapting the Framework to make it more inclusive of non-service delivery contexts. Case study resources from the Pilot to demonstrate how non-service delivery organisations have implemented the Framework will also be valuable.

- Ongoing communication and availability of adhoc support to facilitate a structured and smooth implementation process. Value in increasing communication and clarifying the available support.

- Leadership and management buy-in is a key enabler to successful implementation of the Framework, as was demonstrated positively in R U OK?'s implementation. Building motivation and understanding of the importance of strengthening cultural capabilities in initial conversations with not just on-the-ground staff but also leadership is important to facilitate successful adoption.

- Improving the user experience of the online portal will facilitate more seamless completion of the modules.

3. Consortium approach

There is value in bringing together influential organisations to work together in relation to suicide prevention in multicultural communities, particularly given the lack of available resources and research currently available. The key benefits are aligned objectives and leveraging of key strengths to maximise impact, opportunity for shared resources and learnings, and enhanced credibility in this space. Much of this benefit of the consortium will come in the dissemination of resources.

For the remainder of the consortium for the Pilot and future consortium approaches:

- Consider how to maximise the value of this increased reach and credibility through innovative approaches to sharing the Pilot's learnings.

- Set clear expectations and defined roles at the beginning and look for opportunities for greater collaboration.

- Continue to incorporate multicultural lived experience in the consortium. Consider how this can be done in an even more collaborative way. E.g. dedicated CALD lived experience representatives to ensure ongoing oversight and input.

- Take an agile approach that allows for reflection and pivoting as needed. Part of this involves more planning at the scoping stage and timelines that build in more flexibility to adapt to changes, including a realistic timeframe for mobilisation.

Embrace Suicide Prevention Pilot Project Evaluation

Final report

January, 2024

For any queries please contact:
Isabella.Hall@veriangroup.com
Bianca.Kahl@veriangroup.com

verian