



The Embrace Suicide Prevention Pilot: Lessons learned from a mental health resource co-design project led by multicultural communities.



ACKNOWLEDGEMENTS

Mental Health Australia, R U OK? and Suicide Prevention Australia, known collectively in this project as 'The Consortium', alongside Evaluation Partner Verian, acknowledges Aboriginal and Torres Strait Islander Peoples and communities as the Traditional Custodians of the land on which we live and work and pay our respects to Elders past, present and emerging.

We acknowledge those with lived experience of mental health concerns or suicide and humbly thank people with these experiences for sharing their stories to benefit others.

In this project, we give our heartfelt thanks and gratitude to the organisations, facilitators and co-design participants from multicultural communities across Australia who gave us their time and insights throughout. It is very much appreciated.

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IMAGE PREVIOUS PAGE: National Suicide Prevention Conference Project Roundtable, 2023.
From left: Khanh Le, Maria Calocerinos, Losalina Makaniue, May Jouni, Efrosini Costa, Constantina Karamitos.

EXECUTIVE SUMMARY

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

– Embrace Pilot Project Evaluation Final Report

Key learnings from the Pilot:

- 1. Simply translating resources is not enough.** Existing resources in English are rarely immediately applicable both in the way people talk in their language as well as the messaging and imagery needed for increased engagement and resource impact.
- 2. It’s essential 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.
- 3. The safe space created, and the support provided was important** in enabling participants to feel comfortable discussing sensitive topics and participate safely. Go to where the community feels safe - not where is most convenient/cost effective for project managers or funding organisations.
- 4. Co-design will always need more time** - allow space for flexibility in your plans to add workshops and review points if needed and multiple design/translation iterations.
- 5. Use a mix of activities that encourage people to express themselves** through different means, such as drawing, group brainstorming etc. Visual cues (such as video) assist participants to more easily understand the concepts discussed and should be used from EOI (Expressions of Interest) to implementation. No lengthy documents setting out participation requirements that are translated without in language context.
- 6. It is 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 from day one, allowing additional budget should the process require additional participant or facilitator time due to the agile nature of the work.
- 7. Consider diversity within diversity when recruiting for community participants.** Perhaps further in language workshops for young people, people with disabilities, people who identify as LGBTIQ for example, may be more effective to deliver into deeper insights throughout the process rather than be follow up considerations.

The full evaluation report can be found at <https://embracementalhealth.org.au/>

The co-designed R U OK? resources in Arabic, Hindi and Vietnamese alongside other in language resources can be found at <https://www.ruok.org.au/other-languages>

DOCUMENT PURPOSE AND AUDIENCE

This document is intended to be a resource for organisations looking to engage with multicultural communities in conversations about mental health and, more specifically, are considering taking a co-design approach to community led resource or program development. It is not intended to be an exhaustive reference document detailing mental health or suicide prevention policy, data or research when it comes to multicultural communities.

In each section you will find a description of the project phase alongside community facilitator reflections, snapshots of evaluation data/insights and commentary from the Embrace Pilot Consortium.

PROJECT BACKGROUND

The pilot project aimed to:

- 1. Expand** use of the Framework for Mental Health in Multicultural Australia (the Framework) for improving culturally responsive and inclusive practices within suicide prevention organisations, services, and program design.
 - As part of this, R U OK? and Suicide Prevention Australia implemented the Framework within their organisation (suicide prevention context).
- 2. Test** an approach for effective Culturally and Linguistically Diverse (CALD) community engagement and resource co-design to equip CALD communities (i.e., help givers) to prevent suicide.
 - R U OK? has implemented a series of co-design workshops with three different community groups (Hindi, Vietnamese, and Arabic speaking) to develop resources that start meaningful conversations and contribute to suicide prevention within these communities.

SUMMARY OF PILOT APPROACH

1. Implemented the Embrace Framework for Mental Health in Multicultural Australia (the Framework) for improving culturally responsive and inclusive practices within suicide prevention organisations, services, and program design.
2. Put out an Expression of Interest (EOI) for in language co facilitators nation-wide (seeking leads in three different language groups and communities).
3. Workshop planning with co facilitators, R U OK? Staff and a co-design consultant.
4. Co facilitators recruited community participants with R U OK? support.
5. Workshop 1 – ‘Introduction to R U OK?’ workshop
 - Discussing the context for that community in relation to mental health and suicide, to understand the starting point.
6. Workshop 2 – ‘Make’ workshop
 - Build on participant views about their community needs to develop resource ideas together.
7. Workshop 3 – ‘Review’ workshop
 - Present draft resources and refine using workshop feedback.
8. Resource Testing workshop
 - Involving community participants who had no prior involvement in the co-design process.
9. Evaluation of the consortium and co-design process undertaken by Verian with consortium members, facilitators and workshop participants.
10. Case studies developed, and final resources published.
11. Sector roundtable and oral presentation on the project at the National Suicide Prevention Conference featuring lessons learned from community facilitators and consortium members.

BEFORE GETTING STARTED



R U OK? Community Manager,
Maria Calocerinos

“In our more than 15 years of existence, R U OK? is now a known movement by schools, workplaces and communities across Australia. Almost a household name. In English! With 51% of people living in Australia born overseas or have a parent born overseas, and 22.8% using a language other than English at home, how does R U OK? translate? What can we do better when it comes to supporting every person living in this country to build the skills and confidence to have conversations about life’s ups and downs with the people in their world? In any language. This project was a great opportunity to look at how we can better support the communities we serve.”

The biggest lesson for me was that we, as a society and mental health sector, are guilty of having an English first approach and leaning on translations to present information in other languages – without deeper thought about that community’s context or preferred communication format and tone. I was humbled to be part of the support team for the facilitators on this project. While I couldn’t speak the language of participants, I felt an amazing connection to these people and communities – and left the process with a greater appreciation for their challenges, resilience and commitment to caring for others.

I see this as just a start to R U OK?’s work with multilingual communities in this country.”

- R U OK? Community Manager

Consortium reflections:

- Look internally before getting started. Are you the right organisation? Both in terms of cultural and resource readiness.
- Do you have the right mechanisms in place to support this project? This could include access to lived experience ambassadors and a co-design consultant to sense check your project methodology. You may also want to access or set up a Steering Group, Lived Experience Advisory and/or Multicultural Advisory Group. Having good governance from the start is essential.
- Is the community or language group ready to engage in this project? Do you have a shared understanding of the co-design or co production process?
- Ensure that co-design principles are embedded in all aspects of planning – and check as you go. It can be easy to default existing English driven review and signoff processes. Are you holding true to in language co-design processes?
- While organisations successfully implemented the Framework independently, it would have been helpful to include and update co facilitators as this progressed to support wider learning.



RECRUITMENT AND WORKSHOP PLANNING

The below outlines the recruitment process for engaging community members to lead the process alongside R U OK?:

1. Expressions of Interest (EOIs) were released via R U OK?, Embrace and Suicide Prevention Australia (SPA)'s networks to gauge public interest in participating in the Pilot's co-design process as a co-facilitator.
2. 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).
3. Successful applicants from three settings with different connections into the community joined the team as co-facilitators including:
 - Hindi co-facilitator – connected with health system.
 - Arabic co-facilitator – part of school community.
 - Vietnamese co-facilitator – community centre focused on social services.
4. Unsuccessful applicants were notified and given the option to be involved in future engagement opportunities.
5. Co-facilitators led participant recruitment leveraging their community connections. This 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.

What the evaluation told us:

Participants told us when recruiting facilitators, they should:

- Have deep knowledge of cultural sensitivities around mental health and suicide prevention and how to broach this appropriately.
- Be bilingual and have deep understanding of the cultural context relevant to that specific language group.
- Have excellent listening skills.
- Be warm, genuine, and approachable.
- Demonstrate their genuine care and commitment to action (not just talk)
- Display interest and curiosity in understanding that community.
- Take on feedback.



Community facilitator insights:

- It's so important for the community lead on a project like this to have existing trusted relationships with the community you're trying to engage, particularly when it comes to sensitive conversations about mental health.
- Really appreciated this being community driven by the start as well as having R U OK? staff and expertise to lean on
- If doing a co-design process in community its crucial recruitment focuses on access to volume and diversity of participants
- Would have loved to have some extra training before the workshops such as mental health or suicide intervention training – it's not a must have but would have been useful in hindsight.

Images from workshops throughout the project co facilitated by Khanh Le (Ethnic Community Services Co-operative), Losalina Makaniue (Ethnic Community Services Co-operative), Vinay Nair (Stridenetwork), May Jouni (Lurnea High School), Zena Hayek (Lurnea High School), Constantina Karamitos (Lurnea High School), Maria Calocerinos (R UOK?) and Kim Borrowdale (R U OK?).

Consortium reflections:

- The EOI Process needed clearer explanation of criteria and process – also a workflow in place for people not invited to join the co-design (current workflow is staying in touch but could be more strategic).
- Ensure all involved have a shared understanding of project governance from roles and responsibilities of the Steering Group to Lived Experience Leadership.
- Agree that there is a future opportunity to offer co-facilitators mental health literacy etc. training prior due to subject matter.
- It's not essential but it was a bonus to have expressions of interest from people who not only want to lead the community process but had a personal interest in continuous learning themselves.



Images from workshops throughout the project co-facilitated by Khanh Le (Ethnic Community Services Co-operative), Losalina Makaniue (Ethnic Community Services Co-operative), Vinay Nair (Stridenetwork), May Jouni (Lurnea High School), Zena Hayek (Lurnea High School), Constantina Karamitos (Lurnea High School), Maria Calocerinos (R UOK?) and Kim Borrowdale (R U OK?).

Co-design OF WORKSHOPS

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.

The three workshops designed were:

1. **Discover** - relationship building and understanding of group's mental health literacy.
2. **Make** - create something together that will inspire your community to have R U OK? conversations.
3. **Test and close out** - check what has been created and get feedback from group.
4. **Testing workshop** - this will be with new participants who have not had any involvement in the project (and who could be the potential users of the resource) to test the resources created.

Documents created included:

- Welcome sheet- this was the information sheet for all participants that included details of the co-design workshops. Has been translated into Arabic and Vietnamese.
- How we care for each other sheet- this is the sheet that outlined the duty of care everyone had to each other has been translated into Arabic and Vietnamese.
- Consent form to participate in pilot.
- Planning meetings with all the bilingual co facilitators and their project leads, were planned and attended by co facilitators and Community Development Manager.
- Bilingual facilitators were involved early in the project and helped to guide the process.
- Planning meetings with each facilitator was planned for their respective workshops.
- The outlines for the workshops were decided at these planning meetings.

What the evaluation told us:

- 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.
- 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.

Community facilitator insights:

- It is important that participants of all workshops (incl. the testing workshop) have a vested interest and understanding of the topic of mental health in multicultural communities. A more involved EOI form could be beneficial at all stages of recruitment rather than just to recruit us as facilitators.
- It is vital to pay attention to ensure that the participants understand the content and purpose of the forms used throughout – even if it is simply the expense reimbursement forms. Sending out forms by email is not enough. It might be beneficial to reiterate the information in these forms with each of the participants to affirm understanding as self-care can be a crucial component of these co-design workshops.
- Too many forms can be overwhelming for all involved- so be as succinct as possible.

Consortium reflections:

- It's so important to let the co-design process lead you to not be tempted to make assumptions about where the process is heading. We went into this pilot assuming we were testing whether R U OK? Ready basic workshops would be helpful for multicultural communities. We quickly realised these communities needed more familiarisation with R U OK? and basic mental health literacy before they could engage in that workshop presentation. This was most clear in Vietnamese group but partly true for others. Common comment was value seen in small group discussions about the very same concepts raised in the R U OK? Ready workshop but it is more about knowing their literacy and mental health literacy levels and chunking down that information to see whether that draws out the conversation – as the conversation was happening, just in a less structured PPT and discussion way.
- More time needs to be factored into timeframes for translations and testing of translations. R U OK? could have had documents translated first and then asked bilingual facilitators to review and to make any changes as required.

RESOURCE DEVELOPMENT



“The resources these groups created were both creative and impactful – from a beautiful social media video narrated in Arabic to a conversation guide with Bollywood inspired conversations scenes in Hindi and a collection of thoughtful Vietnamese posters role modelling help giving in community settings – these community groups really considered what their peers would most relate to – in look and feel and words and phrases.”

- R U OK? Community Manager

Once the workshops were complete, the R U OK? team developed creative briefs based on learnings from each session and consulted with the facilitators on whether or not these accurately reflections community recommendations.

These creative briefs were on occasion taken back to the wider group for clarification as were some initial designs. The designs themselves were undertaken by R U OK? inhouse supported by an external translation agency.

What the evaluation told us:

- 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 campaigns or national communications in a health context.
- The resources developed resonated strongly with other members of the community, with the realistic language and relevant imagery and symbolism landing effectively.
- 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.

Community facilitator insights:

- Mental health / crisis / illness does not translate across cultures (in some cultures stress / social determinants are more likely to be accepted as a problem rather than mental ill health).
- Make sure you ask for feedback from a wide demographic.
- Provide opportunity for participants to prepare for workshop via pre-reading as well as opportunity to reflect and provide feedback post workshop as the allocated 60 mins was not enough time.
- A meeting with the translator (not just the organisation) will help confirm the key messages. Having a meeting with the translator will ensure that the translation considers the acceptable slang in the Australianised version of the language.
- It was good that R U OK? managed the resource development process however in hindsight it would have been useful for the creative partners / agencies to meet with the co-facilitators to get a true sense of the project before the testing workshop.

Consortium reflections:

- It was interesting to learn from each community group which communication channels and formats resonated most as well as messaging and imagery. For example, the Arabic co-design group emphasised use of audio and social media whereas the Vietnamese and Hindi co-design group pictured posters and brochures in physical settings frequented.
- As R U OK? predominantly develops English we wonder if, for future projects, it would be more appropriate to partner with a culturally driven creative agency rather than seeking a Hindi illustrator mid project for example. This is something the R U OK? is looking into with cultural consultants as part of a broader internal systems review.
- A strong and robust translation process is needed - that include community review - as we consistently received feedback in this pilot on some of the agency translations seemingly translated literally from English rather than how someone with that language may speak or read.

EVALUATION AND KNOWLEDGE SHARING

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 delivery of the Pilot Project?



The evaluation methodology consisted of:

• Rapid literature scan

- o 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.

• Community qualitative research

- o 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.
- o The groups were moderated in-language by bilingual moderators from the same cultural background as the participants, via Cultural Partners.

• Stakeholder qualitative research

- o The third and final phase of the evaluation consisted of one-on-one interviews with stakeholders involved in the co-design process, resource testing, Framework implementation and consortium.
- o 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.

What the evaluation told us:

- “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
- “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
- 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 fear. I knew I could reach out to anyone if I needed to.”
- Hindi community participant
- 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
- “They’re here for real change, not just talk.”
- Arabic community participant
- “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

Community facilitator insights:

- It was good to meet with the evaluators ahead of evaluation to work through the methodology and give feedback on what may improve cultural safety in relation to interviews. The fact that the evaluator could adapt some of the processes while still maintaining evaluation integrity was great.
- Bilingual Co-facilitators from other communities can be a great resource so make sure that you keep in touch with them during the co-design process.
- Understand what co-design is not so that you can identify biases in your approach.

Consortium reflections:

- As noted by the facilitators, we had to be agile in terms of evaluation methodology and really learn and adapt along the way to ensure we met requirements of evaluation integrity and cultural safety and comfort of participants. Sometimes this meant having small group sessions rather than one to one interviews. Other times it meant redoing evaluation documentation, so phrasing was simplified.
- It was fantastic to meet with the co facilitators and have them so keen to drive the evaluation methodology review and reframing where appropriate.
- It was amazing to hear of the unanticipated benefits participants experienced as part of this project, namely personal healing, wellbeing and confidence to have R U OK? conversations with friends and family.
- We look forward to sharing lessons learned via a sector roundtable symposium at the National Suicide Prevention Conference as well as gathering of all facilitators to acknowledge project success and share what we've learned together.

FUTURE AMBITIONS

As noted, everyone involved in this project from the consortium and facilitators to host organisations and participants has shown a desire to continue working with each other – in whatever form appropriate. This may be through phase two of this funding stream or independent work by community or charitable organisations involved.

Community facilitator insights:

- Participants identified several ideas throughout the process that could not be actioned due to limited resources or these ideas not being key to the pilot research project at this time. For example, diving deeper into communities within communities such as having a youth co-design group, a disability co-design group etc.
- Would love to continue to work closely with any interested participants to find ways to bridge the gaps identified and identify future collaboration opportunities.
- It would be good to take some time to reflect on the process and catch up again in the future to share any further insights.
- Let's look for even more creative ways in which the resources could be promoted in communities using local communication channels and preferred media.

Consortium reflections:

- This is just the beginning of engagement with these communities. There is an interest and need – and we have a responsibility to support these three communities with next steps however we can.
- There are lots of organisational lessons we have learned – and are still learning – when it comes to our readiness to engage on a wider and deeper level with multicultural communities. R U OK? for example, engaged a cultural strategist mid project, to look at just this and is keen to deliver on its strategic intent in this area.

