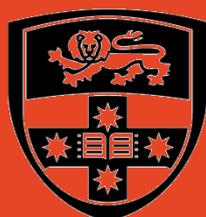


# **Independent Evaluation of 'Supporting Community Connection': Community Engagement Education Package (CEEP) Trials**

**Final Report – November 2019**

**Project Team:**

**Dr Justin Scanlan and Dr Nicola Hancock, Faculty of Health Sciences**



THE UNIVERSITY OF  
**SYDNEY**

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## LIST OF ABBREVIATIONS

Abbreviation	Meaning
CALD	Culturally and Linguistically Diverse
CEEP	Community Engagement Education Package
CHIME	Connectedness, Hope and optimism, Identity, Meaning, Empowerment (framework for different aspects of mental health recovery)
ILC	Information Linkages and Capacity Building (program of the NDIA)
LAC	Local Area Coordinator (key role within the NDIS)
LGBTIQA+ /	Lesbian, Gay, Bisexual, Transgender, Intersex, Queer / Questioning, Asexual
LGBTI	/ Aromantic, plus (diverse genders and sexualities)
NDIA	National Disability Insurance Agency (agency responsible for oversight of the NDIS)
NDIS	National Disability Insurance Scheme
PHN	Primary Health Network
TICPOT	Trauma Informed Care and Practice Organisational Toolkit

## EXECUTIVE SUMMARY

This report summarises the independent evaluation of the ‘Supporting Community Connection’: Community Engagement Education Package (CEEP) trials developed and delivered by the Mental Health Coordinating Council. This trial program incorporated the design and delivery of 6 stand-alone but related modules designed to increase the capacity of community members (community workers, volunteers and peers) to provide support to individuals living with mental health conditions to connect with their communities. The project was funded by the National Disability Insurance Agency through a New South Wales Information, Linkages and Capacity-building Jurisdictional Grant.

In keeping with a commitment to co-design, pre and post surveys were developed collaboratively with the CEEP Monitoring and Evaluation Working Group. Participants involved in the trials were invited to provide feedback via these surveys. Surveys were completed prior to the training; after the training as well as for each separate module within the CEEP trials. The University of Sydney research team independently analysed data and prepared this report of findings.

Data were collected from participants trialling the face to face delivery of modules via a 2-day workshop structure in either Sydney or Dubbo in Western NSW. Additionally, people trialling the modules via the online platform rather than face to face were invited to complete an online survey. A total of 56 individuals provided 342 surveys (52 pre-surveys, 44 post surveys and between 36 and 45 surveys for each of the six modules). Only 9 of the 342 surveys were from people who completed the modules online (7 x pre-surveys and 2 x post surveys).

### Key findings

- The majority of feedback was very positive – both in terms of the overall program and each individual module
- Main learning goals identified were: (a) to learn about better ways to support / interact with people living with mental health conditions; and (b) better knowledge of supports and services
- The vast majority of participants identified that the education met their learning goals

**89%**  
of participants agreed  
that the modules met  
their learning goals

**3.8 / 5**  
Average rating for  
“quality of resources”  
used in the modules

#### Participant comments, overall program quality

“Creating and understanding trauma informed supports community organisations will gain much knowledge and understanding of understanding and offering support to people experiencing isolation and psychological disabilities.”

“Covers important aspects clearly, gives a voice to lived experiences through videos”

“Very informative, easy to understand and flow. Good use of visuals. Great videos! Clear language. Easy to read. Great participant engagement.”

## ILC Outcomes supported by CEEP

The originally-stated goals of CEEP were:

**Primary:** People living with, or at risk of developing, psychosocial disability participate in and benefit from the same community activities as everyone else.

**Secondary:** People living with, or at risk of developing, psychosocial disability are connected and have the information they need to make decisions.

In co-design workshops, these goals were **refined** into the following statement of purpose:

**“How can Community Workers and others help people living with mental health conditions to have more fulfilling lives?”**

### Did CEEP achieve this outcome / statement of purpose?

Yes. Participant feedback suggests that the modules incorporated within the CEEP Trials were helpful in support them to develop their knowledge and skills in working with individuals with mental health conditions to access community supports and connections.

To develop the modules further, participants suggested that the addition of more practical, applied examples and interactive activities would be useful to further develop their ability to apply the content learnt from the modules.

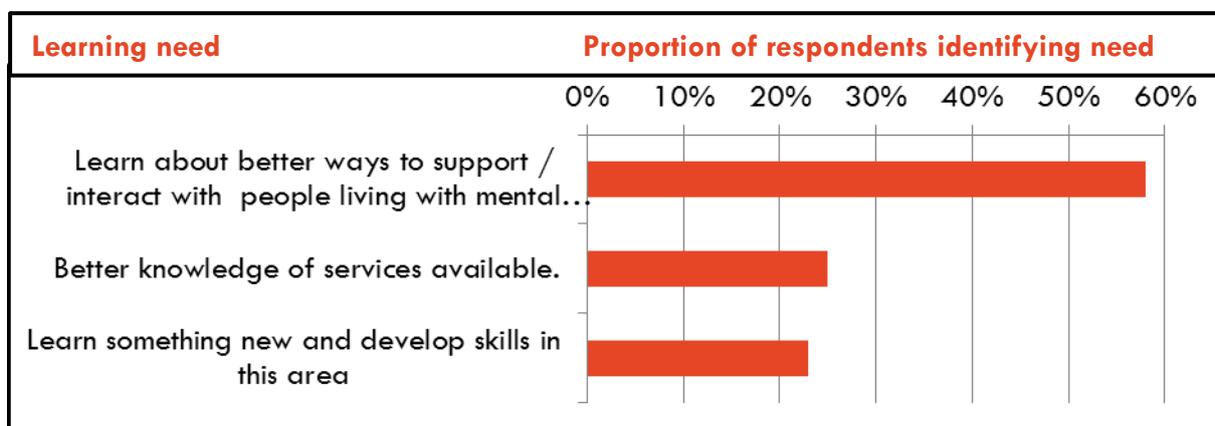
### Overall feedback

Participant insights are captured in detail within the report but are summarised here and recommendations based upon participant feedback are presented below.

Overall, feedback was very positive and participants felt that the modules were comprehensive and relevant, and that the presenters did an excellent job. They valued the increased understandings they gained, particularly practical ‘how to’ knowledge and confidence. However, participants provided valuable insights about what improvements could be made to enhance the relevance and usefulness of the whole package as well as individual modules both in terms of content and delivery. Across all modules, participants suggested closer targeting towards the intended audience. Modules were too simple for those with experience of the mental health sector but had too much assumed knowledge and too much content for those without prior experience. The interactive aspects of the modules were the most favourable element of all modules and participants wanted more of this. This is important to reflect upon, given the lack of data in these trials for delivery of modules online.

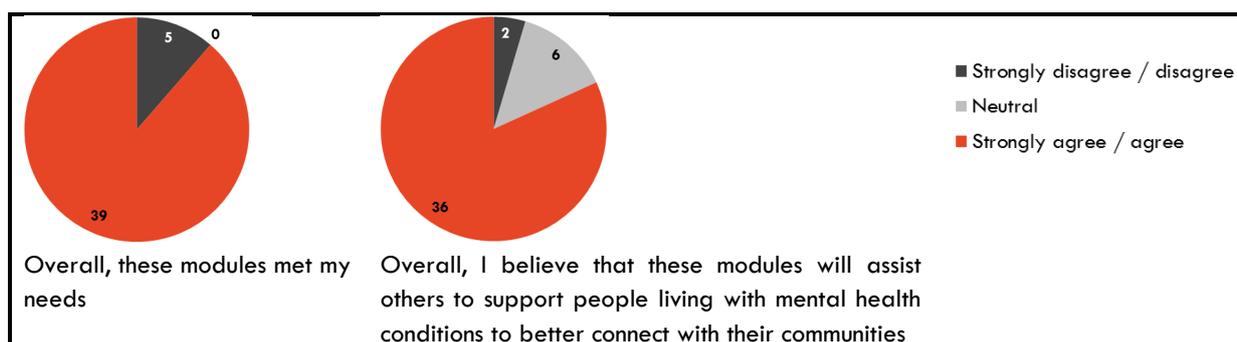
### Learning goals of participants

The majority of participants identified the desire to learn more about how to support or interact with individuals living with mental health conditions. The second most common learning goal was to gain better knowledge about services available.



### Value of CEEP

The vast majority of participants identified that their engagement with CEEP met their learning goals (89%) and believed that CEEP would be helpful for others (82%).

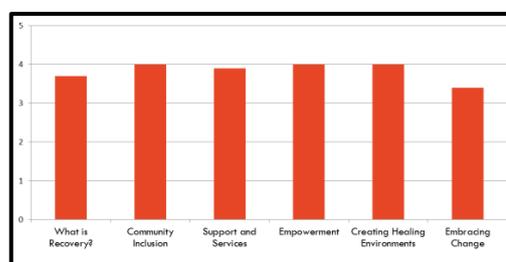


### Perceptions of most useful and least useful modules for future participants

The two modules considered most valuable were: “Creating Healing Environments” and “What is Recovery?”. The module considered potentially least valuable was “Embracing Change”.

### Quality of resources in individual modules

Participants rated the overall quality of learning resources used in each module on a 5-point scale. Ratings were generally very high with average scores range from 3.4/5 for “Embracing Change” to 4.0/5 for “Creating Healing Environments”, “Empowerment” and “Community Inclusion”



## Overall recommendations

While participant feedback was very positive, some suggestions for continuing improvement of CEEP are listed below.

1. **Re-consider or reflect on the target audience** and adjust modules accordingly. Modules had some incorrect assumptions about prior learning/understandings of those without any/much prior engagement with mental health services. Assuming your target audience is a lay audience, modules need to be carefully reviewed in light of comments contained in this report to provide background knowledge, remove jargon and acronyms well known and commonly used in mental health. The pace for some modules will need to slow down, with either content removed or time extended. Alternatively, for some participants with a depth of mental health experience, the modules did not provide a great deal of extended learning. There is a need to define specifically whether these are for those with/without knowledge and experience in mental health and tweak modules in either direction to best meet that one target audience rather than trying to meet the needs of all.
2. Over time **add diversity to the 'breadth' of people living with mental illness of psychosocial disability being both portrayed in videos and being used in examples.** Suggestions around enhancing diversity of representation include: cultural diversity; cognitive diversity / neurodiversity; gender diversity and diversity of sexuality.
3. **Further testing / trialling of CEEP resources accessed on-line** rather than face to face / workshop is needed, particularly given the value participants in these trials placed on interactive elements of the workshop delivery.
4. In relation to workshop delivery, data suggests that **training for those who are delivering the modules in managing group dynamics** and building group participation activities into the delivery of modules will be important in further roll out of CEEP
5. Maintaining and **further extending the interactive elements of the modules** with small group activities, role plays, exploration of case studies and greater opportunities for discussion.
6. Building on 5, add a **greater focus on the practical application of the knowledge taught.** Intentionally translate the theory / information into practice, building participant confidence in putting what they have learnt into action. Participants wanted to do role plays for example and to explore more case studies to get a practical understanding of how to put this knowledge into practice. A take-away practical 'toolbox' was also suggested.

## BACKGROUND

The Supporting Community Connection: Community Engagement Education Package (CEEP) trials were designed and delivered by the Mental Health Coordinating Council with funding provided by the National Disability Insurance Agency (NDIA) through a New South Wales Information, Linkages and Capacity-building (ILC) Jurisdictional Grant.

The development process for the CEEP trials was grounded in the principles of co-design. Individuals with lived experience of mental health conditions but who were ineligible for or chose not to take up funded NDIS packages were involved in all stages of the development of the trials.

The overall purpose of the CEEP trials was to design and evaluate a package of educational materials that could be used by non-mental health community workers, volunteers and peers to support them in developing knowledge, skills and attitudes to support individuals living with mental health conditions who do not have a funded NDIS package to access community supports and services.

The trial education package included six modules:

1. What is Recovery?
2. Community Inclusion
3. Supports and Services
4. Empowerment
5. Creating Healing Environments
6. Embracing Change

Modules were designed to be flexible – individuals could access resources online or could attend sessions delivered by trainers from the Mental Health Coordinating Council. While designed to stand alone, the modules can also be combined and delivered together.

Two face to face programs were delivered as part of the trials. One targeted individuals from the Sydney Metropolitan area and one targeted individuals from Western New South Wales (delivered in Dubbo). Each program included the delivery of all six modules and was completed over two days.

## EVALUATION PROCESS

The method of evaluation also involved a process of co-design. The University of Sydney researchers developed draft proposals for the evaluation that were then reviewed by the CEEP Monitoring and Evaluation Working Group and then refined together. The evaluation process involved seeking information and feedback from individuals who participated in the trials. Information and feedback was gathered via: (1) a survey completed before engaging with the learning resources / workshops (pre-survey); (2) a survey completed after the individual had completed all of their desired modules (post-survey); and (3) individual surveys completed in relation to each module (individual module surveys).

## Survey content

The survey included both closed (quantitative) and open ended (qualitative) questions. The questions included in each of the surveys are summarised below:

### Pre-survey

This survey contained questions in relation to:

- Demographics (age, gender identity, role [e.g., community worker, volunteer or peer])
- Whether the person had previously assisted a person living with a mental health condition to access community supports
- If the individual had previously provided support, then they were asked to comment on factors that made providing that support easier, factors that made establishing connections with community more difficult and things that would have helped in the process. These questions were designed to explore the kinds of factors that can support or hinder community members in supporting individuals with living with mental health conditions to access community supports.
- What they were hoping to gain from the program.

### Post-survey

This survey contained questions in relation to:

- Whether the modules met their needs
- Whether the modules would be likely to be helpful for others to develop their ability to support individuals living with mental health conditions to access community supports
- Modules completed
- Other modules / topics that they think should be added
- Which module they believed would be most helpful for others
- Which module they believed would be least helpful for others

### Individual module surveys

There were six “module surveys” developed – one for each module. Each asked the same set of questions:

- Most useful components of the module
- Least useful component of the module
- Whether other elements needed to be added
- Rating of the quality of resources used in the module
- Suggestions for improvement
- Comments on method of delivery

Copies of each of the surveys used in this evaluation are included in Appendix 1 to this report.

## Survey completion

Paper-based surveys were provided to participants in the face to face workshops. The pre-survey was completed at the beginning of Day 1 and the Post-survey was completed at the end of Day 2. Individual module surveys were completed at the conclusion of each module. For

individuals who were accessing the resources online, surveys were accessible online through the survey platform REDCap. To allow for matching between pre- and post-surveys, participants provided a “unique code” (made up of the first two letters of their mother’s name, the day of the month of their birthday and the first two letters of the street they lived in). Data from paper-based surveys were entered into spreadsheets by an independent person and the spreadsheet and scanned copies of the original surveys were provided to the evaluation team.

## **Data analysis**

Quantitative data were analysed descriptively with means and percentages provided where relevant. Qualitative data from open ended questions were initially thematically coded. The frequency and/or percentages of participants reporting each of the themes was then calculated.

## RESULTS AND DISCUSSION

A total of 342 surveys were returned. The vast majority of surveys were returned by individuals who attended the face-to-face workshops. Only seven online versions of the pre-survey were completed and only two online versions of the post-survey were completed. There were no online completions for any of the module surveys. The low response from individuals accessing the CEEP resources via the online platform means that it is not possible to evaluate the usefulness of these resources when accessed as online-only or blended learning. Table 1 summarises the information about numbers of surveys completed.

**Table 1.** Numbers of surveys returned, by type and location.

Survey	Sydney workshop	Western NSW workshop	Online	Total
Pre-survey	26	19	7	52
Module survey: What is Recovery?	24	17	0	41
Module survey: Community Inclusion	26	16	0	42
Module survey: Supports and Services	26	19	0	45
Module survey: Empowerment	21	19	0	40
Module survey: Creating Healing Environments	22	20	0	42
Module survey: Embracing Change	20	16	0	36
Post-survey	23	19	2	44
<b>Total</b>	<b>188</b>	<b>145</b>	<b>9</b>	<b>342</b>

### Demographics of participants

The demographic characteristics of participants are summarised in Table 2. The majority of participants were female and almost half were aged over 50. Participants occupied a range of “roles” targeted by the training and the vast majority (88%) of them had previously supported someone living with mental health condition to engage with their community.

**Table 2.** Demographic characteristics of participants

	<b>Sydney (n = 31<sup>†</sup>)</b>	<b>Western NSW (n = 23)</b>	<b>Unknown (n = 2)</b>	<b>Total (n = 56<sup>‡</sup>)</b>
<b>Gender</b>				
Female	23 (74%)	14 (61%)	1 (50%)	38 (68%)
Male	8 (26%)	9 (39%)	1 (50%)	18 (32%)
<b>Age</b>				
Under 20	0 (0%)	2 (9%)	0 (0%)	2 (4%)
20-29	4 (13%)	4 (17%)	1 (50%)	9 (16%)
30-39	8 (26%)	2 (9%)	1 (50%)	11 (20%)
40-49	5 (16%)	2 (9%)	0 (0%)	7 (13%)
50-59	8 (26%)	8 (35%)	0 (0%)	16 (29%)
60-69	5 (16%)	5 (22%)	0 (0%)	10 (18%)
70 or over	1 (3%)	0 (0%)	0 (0%)	1 (2%)
<b>Role<sup>§</sup></b>				
Community worker (non-mental health)	14 (48%)	8 (35%)	n/a	22 (42%)
Volunteer	10 (35%)	1 (4%)	n/a	11 (21%)
Peer	8 (28%)	11 (48%)	n/a	19 (37%)
Other <sup>¶</sup>	8 (28%)	7 (30%)	n/a	15 (29%)
<b>Previously supported someone living with mental health condition to engage with their community</b>				
Yes	25 (86%)	21 (91%)	n/a	46 (88%)
No	3 (10%)	2 (9%)	n/a	5 (10%)
Missing	1 (3%)	0 (0%)	n/a	1 (2%)
<b>Role when supporting others<sup>§</sup></b>				
Worker	15 (52%)	8 (35%)	n/a	23 (44%)
Family Member	12 (41%)	11 (48%)	n/a	23 (44%)
Friend	13 (45%)	11 (48%)	n/a	24 (46%)
Other	7 (24%)	2 (9%)	n/a	9 (17%)
<b>Surveys completed</b>				
Both Pre and Post	21 (68%)	18 (78%)	0 (0%)	39 (70%)
Pre only	8 (26%)	5 (22%)	0 (0%)	13 (23%)
Post only	2 (6%)	0 (0%)	2 (100%)	4 (7%)

**Notes:**

<sup>†</sup> For the variables other than gender, age and surveys completed, the total number of respondents with data available was 29.

<sup>‡</sup> For the variables other than gender, age and surveys completed, the total number of respondents with data available was 52.

<sup>§</sup> Participants could select more than one option, so totals do not add up to 100%.

<sup>¶</sup> "Other" roles included: person with lived experience / consumer / NDIS participant (n = 5); mental health worker / clinician (n = 5); carer (n = 1); community member (n = 1); government worker (n = 1); TAFE teacher (n = 1); MHCC communications officer (n = 1).

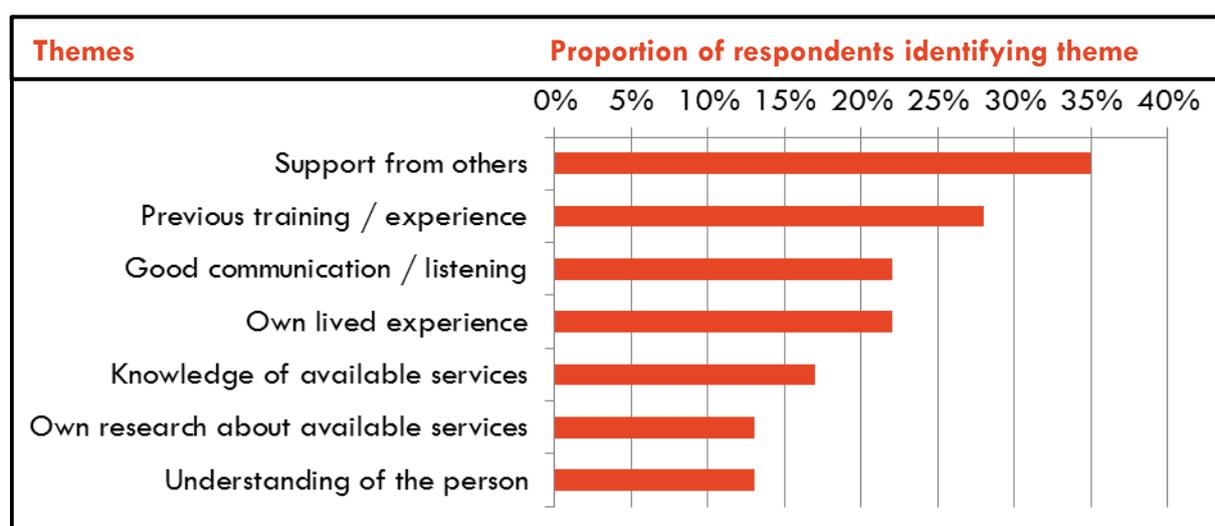
## Pre-survey findings

As noted above, the pre-survey identified that the majority of participants had previously supported a person living with a mental health condition to connect to their community. As can be seen, most frequently, this support was provided to a friend or family member. Participants' experiences of providing this support were explored further by asking three additional questions: (i) What helped you provide this support?; (ii) What made providing this support difficult?; and (iii) What would have been helpful to support you to do this better?

### What helped you provide this support?

Participants reported a range of factors that assisted them to provide support to connect the person living with a mental health condition with their community. Previous experience (e.g., training, work experience or the individual's own lived experience) were commonly cited. Additionally, support from others, good communication and listening and knowledge of services were all identified as being helpful. Responses are summarised in Figure 1 and Table 3a below. Example comments for each theme are presented in Table 3b.

**Figure 1.** Commonly reported responses to the question: "What helped you to provide this support?"



**Note:** only themes with more than one respondent are included in the graph above. All themes listed in table below.

**Table 3a.** Responses to the question: "What helped you to provide this support?"

What helped you to provide this support?	Sydney (n = 26)	Western NSW (n = 20)	Total (n = 46)
Support from others	7 27%	9 45%	16 35%
Previous training / experience	9 35%	4 20%	13 28%
Good communication / listening	6 23%	4 20%	10 22%
Own lived experience	7 27%	3 15%	10 22%
Knowledge of available services	5 19%	3 15%	8 17%
Own research about available services	4 15%	2 10%	6 13%
Understanding of the person	4 15%	2 10%	6 13%
Looking after myself as well	1 4%	0 0%	1 2%

What helped you to provide this support?	Sydney (n = 26)		Western NSW (n = 20)		Total (n = 46)	
NDIS funding	1	4%	0	0%	1	2%

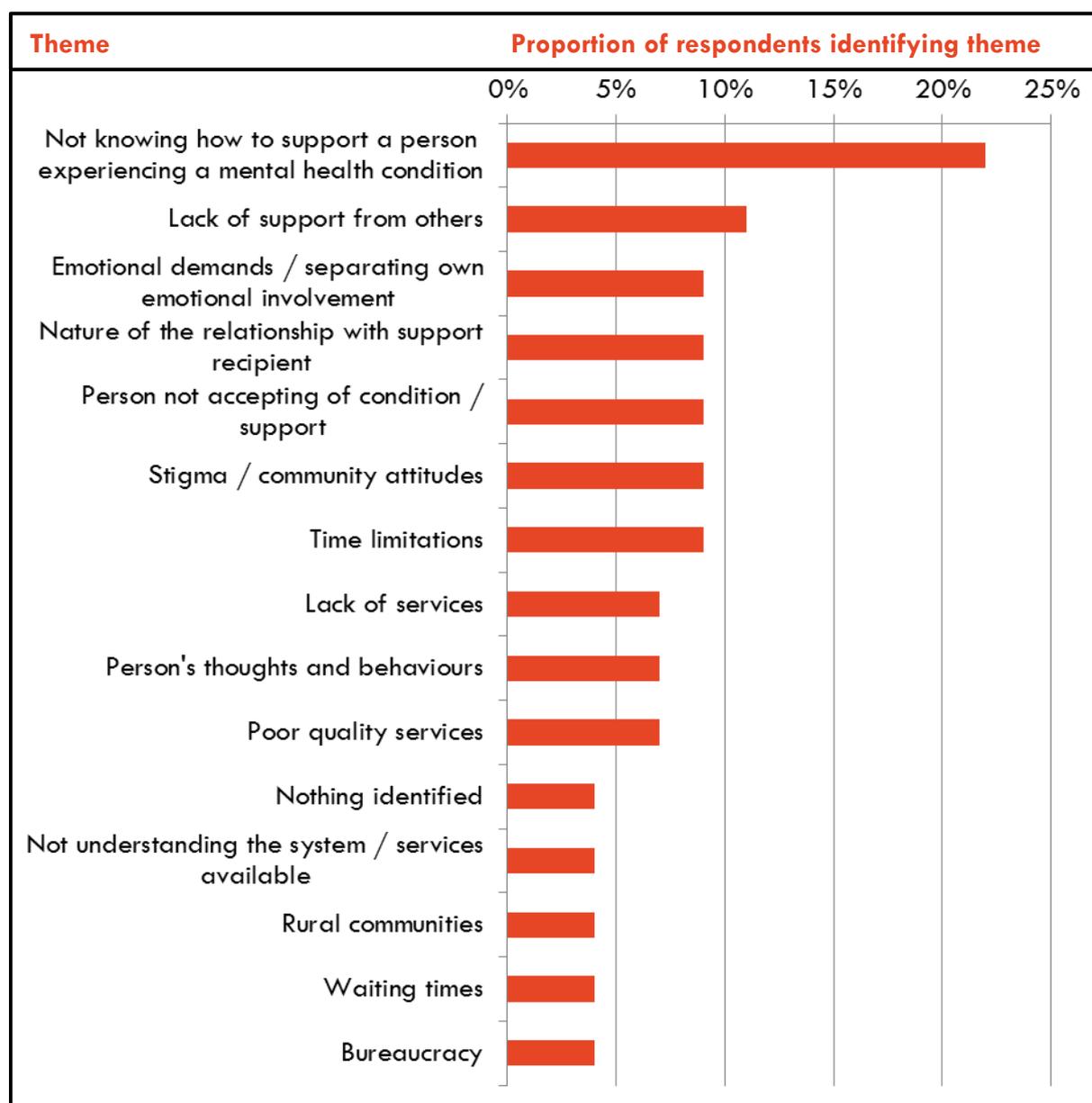
**Table 3b.** Example comments for themes: “What helped you to provide this support?”

What helped you to provide this support?	Example comments
Support from others	Colleague, family members; Support of university lecturers, my volunteer peers; Networking with other workers; Community connections; Community organisations advocating on my [family member’s] behalf; friends;
Previous training / experience	training from work; years...of [counselling work with] regular ... training to maintain skills; Working with people and organisations in mental health;
Good communication / listening	Always listening to the person; Listen[ing],giv[ing] choices; Communication at all times; Patience; Talking first rather than simply acting; being able to listen without interrupting; Listened to them, being there; Being natural, open, honest and willing to listen
Own lived experience	My understanding gained from lived experience; My own experience of mental ill health
Knowledge of available services	Having the knowledge of the system; My own experience of... the mental health system; Knowledge of services around;
Own research about available services	Trying to find resources online or referrals; Considerable reading; Googling websites
Understanding of the person	Understanding of situational issues that created this impact; Understanding, wanting to help these people close to me
Looking after myself as well	Looking after myself as well
NDIS funding	NDIS funding to arrange therapy and support workers;

### What made providing this support difficult?

Participants identified a wide range of factors that made the process more difficult (summarised in Figure 2 and Table 4a below). The most common type was related to individuals' perceptions that they lacked knowledge on how best to support a person living with a mental health condition. Other commonly-reported challenges were lack of other supports, emotional demands, lack of time and stigma / poor community attitudes and acceptance of individuals living with mental health conditions. Example comments for each theme are presented in Table 4b.

**Figure 2.** Commonly reported responses to the question: "What made providing this support difficult?"



**Note:** only themes with more than one respondent are included in the graph above. All themes listed in table below.

**Table 4a.** Responses to the question: “What made providing this support difficult?”

<b>What made providing this support difficult?</b>	<b>Sydney (n = 25)</b>		<b>Western NSW (n = 20)</b>		<b>Total (n = 45)</b>	
Not knowing how to support a person experiencing a mental health condition	7	28%	3	15%	10	22%
Lack of support from others	2	8%	3	15%	5	11%
Emotional demands / separating own emotional involvement	2	8%	2	10%	4	9%
Nature of the relationship with support recipient	2	8%	2	10%	4	9%
Person not accepting of condition / support	2	8%	2	10%	4	9%
Stigma / community attitudes	3	12%	1	5%	4	9%
Time limitations	2	8%	2	10%	4	9%
Lack of services	2	8%	1	5%	3	7%
Person's thoughts and behaviours	3	12%	0	0%	3	7%
Poor quality services	2	8%	1	5%	3	7%
Nothing identified	1	4%	1	5%	2	4%
Not understanding the system / services available	1	4%	1	5%	2	4%
Rural communities	1	4%	1	5%	2	4%
Waiting times	1	4%	1	5%	2	4%
Bureaucracy	1	4%	1	5%	2	4%
Fatigue	1	4%	0	0%	1	2%
Language barriers	1	4%	0	0%	1	2%
Person's trauma	1	4%	0	0%	1	2%
Challenging family situation	1	4%	0	0%	1	2%
Person receiving support experienced relapse	0	0%	1	5%	1	2%
Distance	0	0%	1	5%	1	2%

**Table 4b.** Example comments for themes: “What made providing this support difficult?”

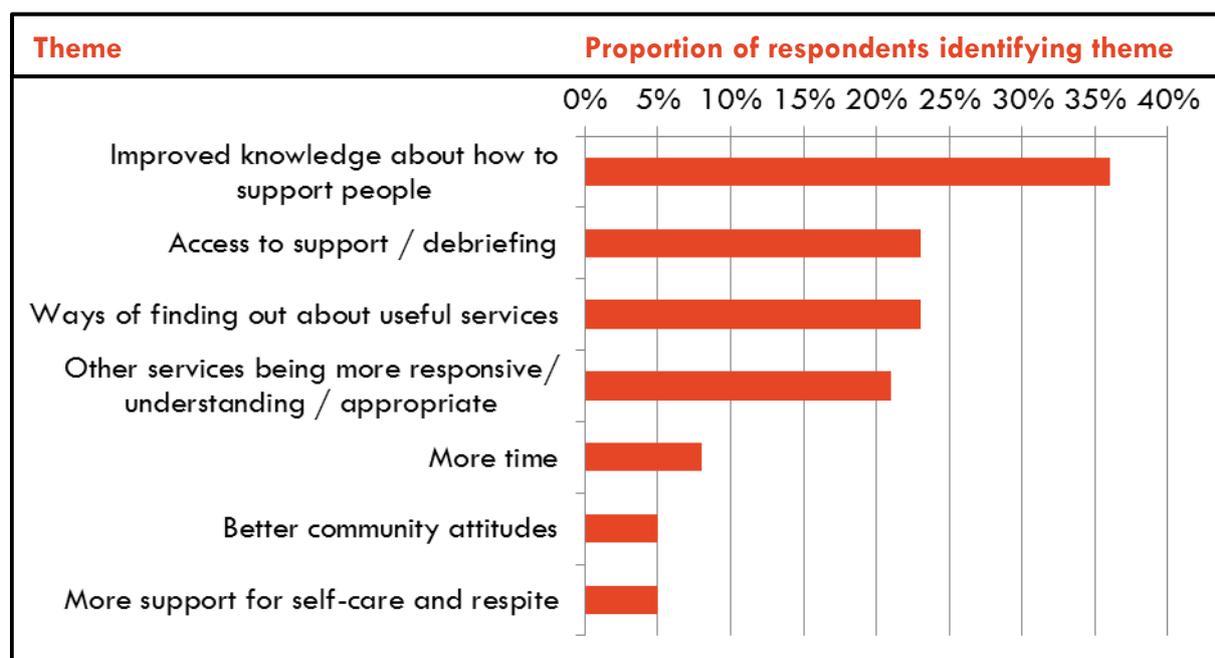
<b>What made providing this support difficult?</b>	<b>Example comments</b>
Not knowing how to support a person experiencing a mental health condition	Not really knowing the right approach; resistance from family member; Lack of background knowledge; It's been a while since I worked in direct 1:1 support for person living with mental health; needing to learn where and how to provide support; Lack of qualifications in Mental Health/training in this sector; Feeling like I didn't know the "best" way to approach; Not... knowing best course of action; Lack of knowing how to handle it
Lack of support from others	lack of formal support; Lack of industry support from peers; Lack of support for me & the person I was caring for; Not Have Professional Supports

<b>What made providing this support difficult?</b>	<b>Example comments</b>
Emotional demands / separating own emotional involvement	Separating emotional involvement to focus on professionalism; to try not to be too emotional, or blaming myself; Dealing with my own emotions; Listening to similar stories to my own
Nature of the relationship with support recipient	Personal relationship; being close to the person; That it was a friend
Person not accepting of condition / support	The person not accepting the condition; Reluctance to engage or listen to new ideas/concepts
Stigma / community attitudes	Community attitudes; stigma; lack of understanding in the community
Time limitations	strapped for time; large caseload; Only being able to meet once a week; Time restraints; Shortness of time and resources
Lack of services	Lack of services; Lack of actual resources in the community; [lack of] access to services/programs to engage in
Person's thoughts and behaviours	Challenging thoughts and behaviours; Sometimes the participant fail to attend; Psychosocial disabilities of the client; Side effects of medication
Poor quality / unhelpful services	Lack of supportive and affirming services free of stigma; The service was not helpful
Not understanding the system / services available	Not understanding Australian healthcare; Trying to understand what services do
Rural communities	Being [in a] rural community
Waiting times	Time delay for student to see counsellors; Not having enough practitioners to help long waiting times
Bureaucracy	Bureaucracy
Fatigue	Fatigue
Language barriers	Language barriers
Person's trauma	Trauma of participant
Challenging family situation	[Working with] families who create barriers for individuals
Person receiving support experienced relapse	Just when you thought it was good - relapse occurred
Distance	Long journey

### What would have been helpful to support you to do this better?

Participants identified that more knowledge in terms of how to support people living with mental health conditions would have been useful to help them in the process of assisting individuals connect with their community. Access to support and debriefing for the support person was also commonly identified, as was access to information about useful services. Responses to this question are summarised in Table 5 below.

**Figure 3.** Commonly reported responses to the question: “What would have been helpful to support you to do this better?”



**Note:** only themes with more than one respondent are included in the graph above. All themes listed in table below.

**Table 5a.** Responses to the question: “What would have been helpful to support you to do this better?”

What would have been helpful to support you to do this better?	Sydney (n = 23)		Western NSW (n = 16)		Total (n = 39)	
Improved knowledge about how to support people	9	39%	5	31%	14	36%
Access to support / debriefing	6	26%	3	19%	9	23%
Ways of finding out about useful services	5	22%	4	25%	9	23%
Other services being more responsive / understanding / appropriate	7	30%	1	6%	8	21%
More time	2	9%	1	6%	3	8%
Better community attitudes	1	4%	1	6%	2	5%
More support for self-care and respite	1	4%	1	6%	2	5%
Appropriate space	0	0%	1	6%	1	3%

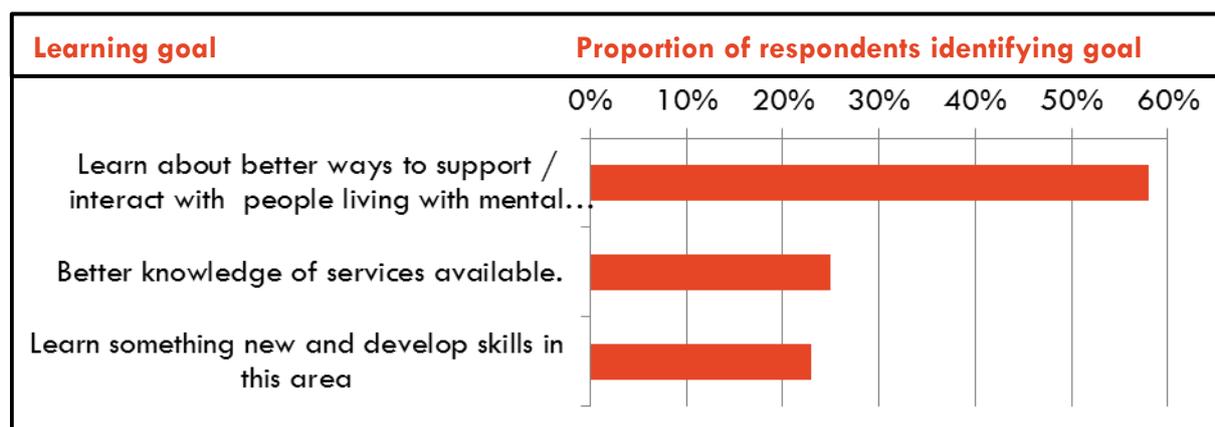
**Table 5b.** Example comments for themes: “What would have been helpful to support you to do this better?”

<b>What would have been helpful to support you to do this better?</b>	<b>Example comments</b>
Improved knowledge about how to support people	Being more knowledgeable on how to provide help; Continually refresher of approaches or best practice to work with people with mental health; More professional knowledge; Some advice or a best practice to follow; Training around how to help friends and family in crisis; More information; information and how to adapt the information to best suit the person
Access to support, debriefing and acknowledgement	Understanding my lived experience may have contributed to negative responses in the beginning; Not knowing what support I needed to help me & them live better lives; Peer person to debrief; to have been acknowledged in my caring role & to be supported; Support to work with families who create barriers for individuals; Debriefing; More phone support; Someone listening to my experience and acknowledging my experiences and lived experience
Ways of finding out about useful services	Direct line, who do you contact. Support details in the local area. No "one stop shop"
Other services being more responsive/ understanding/appropriate	NDIA recognising comorbidity to both be supported; Support by residential staff to work together; If inclusive and helpful mental health programs existed so people could safely explore the community and have supports when needed; mental health services appropriate for the person
More time	More time; More time with meetings
Better community attitudes	Community understanding; understanding from others
More support for self-care and respite	More breaks (time for myself - self-care); Taking care of my own self-care
Appropriate space	Appropriate space

## Participants' learning goals

Participants were also asked about what they were hoping to gain from accessing the CEEP modules. The majority of respondents indicated that they wanted to learn about how to better support individuals living with mental health conditions. Additionally, large proportions of participants also identified the desire to learn more about services available. These results are summarised in Figure 4 and Table 6a below. Example quotes related to learning goals are presented in Table 6b.

**Figure 4.** Commonly reported learning goals



**Note:** only themes with more than one respondent are included in the graph above. All themes listed in table below.

**Table 6a.** Learning goals of participants

Learning goal	Sydney (n = 26)		Western NSW (n = 22)		Total (n = 48)	
Learn about better ways to support / interact with people living with mental health conditions	17	65%	11	50%	28	58%
Better knowledge of services available.	6	23%	6	27%	12	25%
Learn something new and develop skills in this area	7	27%	4	18%	11	23%
To find out if the training is LGBTI [diverse genders and sexuality] affirming.	1	4%	0	0%	1	2%
How lived experience can support recovery	0	0%	1	5%	1	2%
To see that consumers are being listened to in training package	0	0%	1	5%	1	2%
To help people access resources to live a "normal" life	0	0%	1	5%	1	2%
Creating a network to support people	0	0%	1	5%	1	2%
De-escalation techniques	0	0%	1	5%	1	2%
How community services will be educated about the needs of people with mental health conditions.	0	0%	1	5%	1	2%
Learn about recovery	0	0%	1	5%	1	2%

**Table 6b.** Example quotes: Learning goals

<b>Learning goal</b>	<b>Example comments</b>
Learn about better ways to support/interact with people living with mental health conditions	How to provide similar support as a professional without going against what a professional might say; More knowledge on how to approach them & how/where to connect them; current approaches to work with persons living with mental health; How to guide people to access services and aid their recovery; How to respond mental health clients with respectful way. Better understanding of how they feel. Learn skills to talk to them in a sensible way; Better ways to speak/listen to someone struggling with health issues; Learn as much as I can to be able to know how to deal with people with mental problems; How to support people better & creating healing environments so our clients/loved ones can get better the holistic way.
Better knowledge of services available.	Understanding of systems & resources available; What resources might be available for teenagers struggling with mental health issues; Learning more about... services that are not NDIS funded
Learn something new and develop skills in this area	Upskilling and updating; to add to my current knowledge base; Just all general info on mental health would be great; More education around the topic
To find out if the training is LGBTI [diverse genders and sexuality] affirming.	Is this LGBTI [diverse genders and sexuality] affirming.
How lived experience can support recovery	How the lived experience can assist in recovery
To see that consumers are being listened to in training package	That consumers are being listened to and if it [training package] meets my expectations
To help people access resources to live a "normal" life	To [help] myself & the person/people live a 'normal'... life
Creating a network to support people	Creating a network that could assist with supporting individuals
De-escalation techniques	De-escalation techniques
How community services will be educated about the needs of people with mental health conditions.	How will this be implemented & got out there. How will you ensure that people know about this?
Learn about recovery	Learning more about recovery

## Post-survey findings

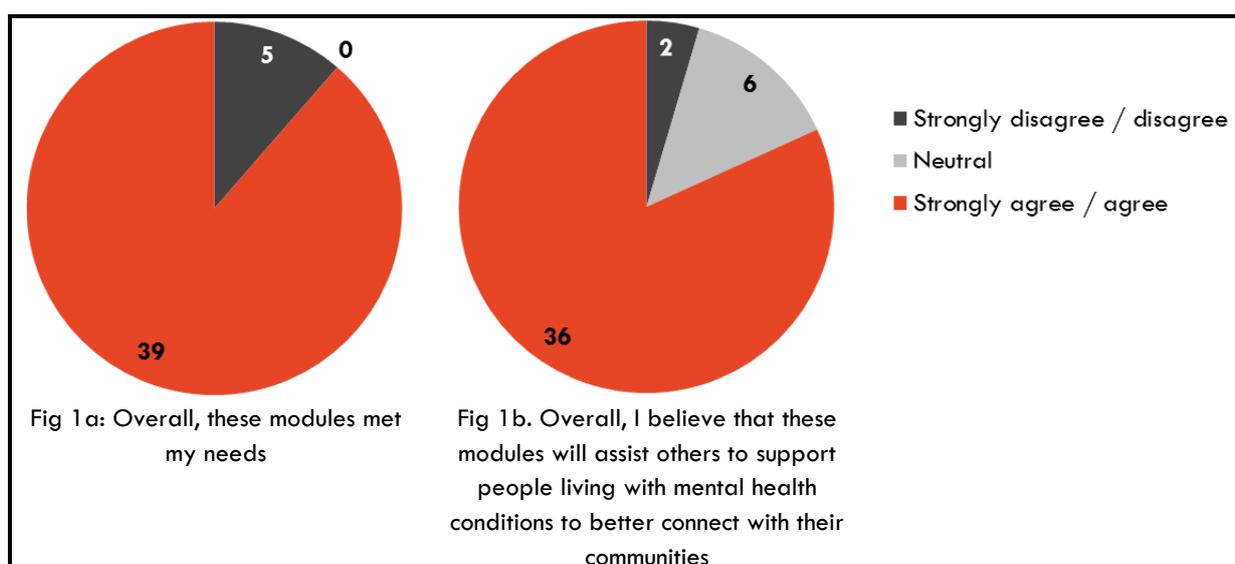
### Overall satisfaction

Respondents reported overall very positive experiences in their comments to the final survey, with the vast majority (89%) indicating that the modules met their needs. The majority (82%) also indicated that they believed that the modules would be useful in assisting others to provide support to individuals living with mental health conditions to better connect with their communities. These results are presented in Table 7 and Figure 5.

**Table 7.** Overall perception of the modules

	Overall, these modules met my needs	Overall, I believe that these modules will assist others to support people living with mental health conditions to better connect with their communities
<b>Ratings</b>	<i>n</i> (%)	<i>n</i> (%)
Strongly disagree	2 (5%)	2 (5%)
Disagree	3 (7%)	0 (0%)
Neutral	0 (0%)	6 (14%)
Agree	22 (50%)	15 (34%)
Strongly agree	17 (39%)	21 (48%)
<b>Mean rating</b>	<b>Mean (S.D.)</b>	<b>Mean (S.D.)</b>
<b>Overall (n = 44)</b>	4.1 (1.0)	4.2 (1.0)
Community worker (n = 19)	4.1 (0.9)	4.2 (0.8)
Volunteer (n = 8)	4.4 (0.5)	4.4 (0.5)
Peer (n = 16)	4.4 (0.5)	4.4 (0.6)
Other (n = 9)	4.1 (0.9)	4.1 (1.3)

**Figure 5.** Overall perception of the modules:



Participants were invited to give an explanation / reason for their ratings for these two questions. Their responses are summarised in Table 8 below.

**Table 8.** Overall comments on the program

<b>Type of comment</b>	<b>Category</b>	<b>Example quote</b>
Positive comments (n = 21)	Informative / well presented (n = 13)	The contents of the modules are comprehensive and relevant. The speakers are great! Thanks for your presentations; Creating and understanding trauma informed supports community organisations will gain much knowledge and understanding of understanding and offering support to people experiencing isolation and psychological disabilities.; Very informative, easy to understand and flow. Good use of visuals. Great videos! Clear language. Easy to read. Great participant engagement.
	Useful takeaway knowledge (n = 7)	I will walking away understanding & implementing a lot of what I have learnt in the last 2 days; Covers important aspects clearly, gives a voice to lived experiences through videos
	Meeting a community need (n = 1)	Bravo for starting this trial! & look forward to hearing about your progress.
Negative comments (n = 11)	Too basic (n = 1)	Very basic level. Didn't learn much.
	Too complex (n = 1)	Not sure if the training is a one size fits all. Revisit you learning outcomes. Are you pitching for lay people, then use the words & language associated with this.
	Provide framework (n = 1)	Why not hand out the framework on day 1 - first!
	Psychosocial disability focus (n = 1)	I wish this wasn't based on people with a psychosocial disorder or create better visibility of high functioning or episodic people
	More practical / applied information (n = 3)	It needs a bit more wrap up focus after, a "so what?" explaining how all that then informs how we then assist others to better connect with their communities.
	Too much information (n = 3)	Overall I think too many slides for each module Not so much the modules, but the amount of information covered each day was overwhelming. Embracing change model is confusing.
	Clarity of explanation (n = 1)	I have some concerns about the clarity and explanation... Having said that, for those who have not had prior knowledge. It provides a reasonable introduction...

Type of comment	Category	Example quote
Neutral comments (n = 6)	Timing should be reconsidered (n = 3)	Not every model should go as long as they did. Module 4 needs more time. Module 2 needs more time I felt certain topics were touched on would have been helpful to be more in-depth
	Some content already known (n = 1)	Some of the content I had already covered in other training, but will be very useful for people living with mental health conditions
	Community needs more knowledge (n = 2)	General lack of awareness of issues by non-mental health agencies

### Overall suggestions for improvement

The final two questions asked participants if they would suggest adding any modules or suggest changes to the program. Suggestions are summarised below:

#### Additional module suggestions

- Suicide prevention (x 2)
- Step by step on how to access NDIS [National Disability Insurance Scheme], Primary Health Networks and others
- Building networks, engaging with services with a view to working/volunteering. Links to, for example peer support cert IV.
- More NDIS information
- Focus on different age groups would have been useful
- Mindfulness
- Working with teens who experience mental health
- A module relating to "rights" - encompassing changes to improve rights of people with mental health
- More emphasis on active listening & person - centred support to overcome the tendency towards caretaking in the helping industries.

#### Suggestions on timing / delivery

- Changing order. NDIS should be first, so much was mentioned about NDIS before it was defined.
- Perhaps split embracing change into two units, i.e. separate NDIS from non-NDIS
- Combine 'Community Inclusion' and 'Supports and Service' and streamline.
- Maybe a little more time on services & supports

### **Suggestions to improve current sessions**

- More focus on practical ways of supporting the individual (x 5)
- Small groups / more opportunity for discussion and working on case studies (x 3)
- More videos to give more insight into lived experience (x 2)
- More role plays / practice
- More case studies
- Some prompts on screen, ideas etc.
- Reduce the post it note exercises. Perhaps show video first?
- Slides often very wordy. Maybe some more images to personalise the content
- How to connect to my community
- Suggestions for who to contact if the package was triggering for you - counselling etc.
- Toolbox of resources to take away.
- Longer, more detailed modules with examples, stories and specific scenarios
- Define jargon

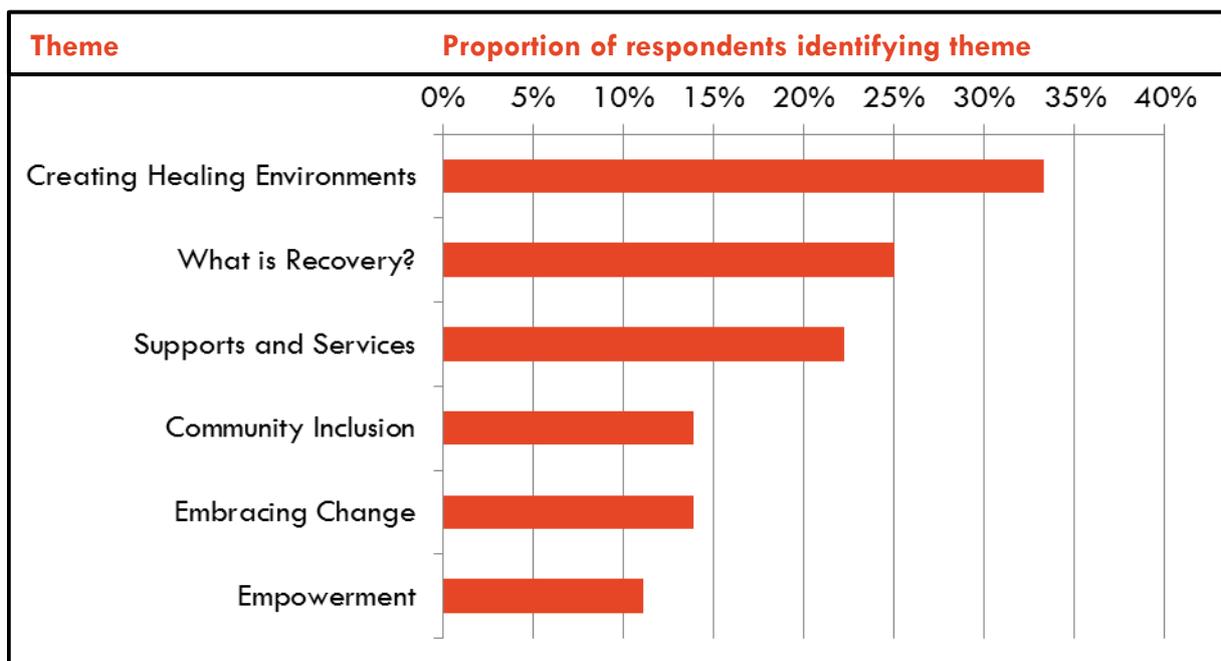
## Individual module feedback

Participants provided feedback about individual modules in two ways. Firstly in the post-survey, they identified which module they believed would be most useful for others and which module they believed would be least useful. Secondly, participants completed individual module feedback surveys which included questions related to the most useful elements, least useful elements, comments on if any elements were missing and suggestions for the future. Participants were also asked to “rate the overall quality of resources used to deliver this module”.

### Ratings of most useful module

A total of 36 participants identified a module (or modules) that they believed would be most useful for future participants. Modules most commonly identified were “Creating Healing Environments”, “What is Recovery” and “Supports and Services”. Results are summarised in Figure 6 and Table 9, with participants’ comments / explanations included in Table 9.

**Figure 6.** Proportion of participants identifying each module as “most useful” for future participants (n = 36)



**Note:** only themes with more than one respondent are included in the graph above. All themes listed in table below.

**Table 9.** Modules identified as potentially most useful for other participants

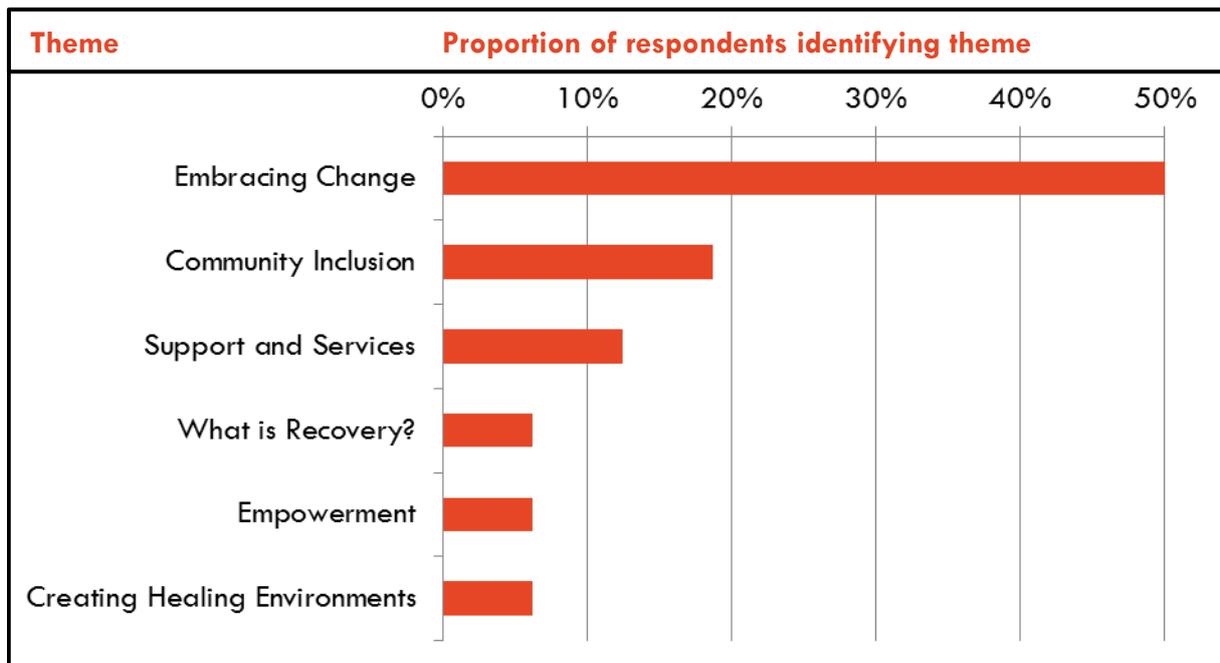
<b>Module</b>	<b>n<sup>†</sup></b>	<b>Comments / Explanation</b>
Creating Healing Environments	12	Practical & memorable; All modules were useful but supports and services and creating healing environments are very important; The trauma informed approach was great. Very helpful, as was TICPOT [Trauma-Informed Care and Practice Organisational Toolkit].; Because of the sensitive nature of mental health (creating healing environments for clients); Explores trauma & therefore focusing on human rights & approaches to everyday interventions with everyone; It makes you think what trauma really is & how deeply it can impact a person or group of people; More practical; Many live with different kind of trauma and therefore this module will help to reflect & help
What is Recovery?	9	Understand concept of recovery vs medical concept; It unpacks the definition of Recovery to explain why setbacks are 'normal'; It explains the basis of the opportunity for a person with a mental health concern to regain functionality and a place of value in their life; This is a big shift for many people; Recovery is complex
Supports and Services	8	Practical & memorable; All modules were useful but supports and services and creating healing environments are very important; Need to link support and services to specific regions - e.g. like GP forum at Dubbo Zoo - linked services I was one of the baristas from flying doctors; Some services I didn't know about; More practical take out from course to work.
Community Inclusion	5	Community is untapped; Would be very beneficial for people who are working indirectly with the community
Embracing Change	5	Because there is a lot to learn about this changing area of health care; This module contains the info about the "National Psychosocial Support (NPS)" info - which is practical and important to know; To understand what the NDIS and mental health system looks like
Empowerment	4	Because it is not something that every knows about & is really important to the person with psychosocial disability; Much needed to assist people advocate; Perhaps one area well-meaning others may overlook/discount

† Number of people who identified that this module was likely to be the most useful for others.

### Ratings of least useful module

A total of 16 participants identified a module / modules that they felt may be least useful for participants in the future. The module most commonly identified was “Embracing Change”. Feedback from this question as well as the individual module feedback suggested that some participants found this module quite complex, especially when they were not familiar with the NDIS system. Alternatively, some participants stated that this module needed “more detailed information” about the service system. This highlights the very diverse needs of potential users of CEEP resources. It should also be noted that 7 of the 8 people who rated “Embracing Change” as the potentially least useful module attended the workshop that was held in Western New South Wales (Dubbo). Comments suggest that this module may have been “overtaken” by some participants and these ratings may be more reflective of the group dynamics rather than the content of the module. Results and participants’ comments / explanations are summarised in Figure 7 and Table 10.

**Figure 7.** Proportion of participants identifying each module as “least useful” for future participants (n = 16)



**Note:** only themes with more than one respondent are included in the graph above. All themes listed in table below.

**Table 10.** Modules identified as potentially least useful for other participants

<b>Course</b>	<b>n<sup>†</sup></b>	<b>Comments / Explanation</b>
Embracing Change	8	<ul style="list-style-type: none"><li>• Not useful</li><li>• Might be too deep</li><li>• Needs work</li><li>• It was very confusing for someone outside mental health &amp; disability sectors - assumed knowledge of NDIS and the past systems which I don't have.</li><li>• Get rid of embracing change it allowed people to vent &amp; overwhelmed lay people</li><li>• Changing space - government issues ongoing - consistent programs &amp; services desperately needed.</li><li>• NDIS is here and people need to learn to work it not just object.</li><li>• Only because it was confusing</li></ul>
Community Inclusion	3	<ul style="list-style-type: none"><li>• Just was too generic, not culturally appropriate</li><li>• To some extent, it is a function of the other parts.</li></ul>
Support and Services	2	<ul style="list-style-type: none"><li>• Is incomplete, no contacts</li></ul>
What is Recovery?	1	<ul style="list-style-type: none"><li>• Was useful but I think it should have been [shorter] maybe 15 minutes long.</li></ul>
Empowerment	1	<ul style="list-style-type: none"><li>• Although this is an important module, it would be beneficial to focus less on the descriptions, and more on resources/actions/broader topics.</li></ul>
Creating Healing Environments	1	<ul style="list-style-type: none"><li>• As I feel this would be best directed for therapeutic sessions</li></ul>

<sup>†</sup> Number of people who identified that this module was likely to be the least useful for others.

### **Most useful aspects of individual modules**

Individual feedback about the most useful aspects of each module is summarised in each of the individual module sections following. However, at a broad level, participants often described the following aspects of the modules as being helpful:

- video resources
- learning from the lived experience of trainers, individuals in videos and other participants
- practical information provided
- opportunities for discussion, interaction and small group activities.

### Least useful aspects of individual modules

Similarly, individual feedback on these questions is summarised in the individual module sections following. However, some broad-level issues identified included:

- too many acronyms and/or jargon being used that assumes greater mental health specific knowledge
- content being either too simple or too complex (often related to the background of individual participants)
- the need to manage the contributions of individual participants to ensure that small numbers of participants did not “dominate” the overall flow of the session and that personal sharing did not preclude the delivery of information.

### Parts that were missing or could be extended

Apart from more specific information or more opportunities to role play / practice strategies presented in the modules, participants also frequently suggested that more opportunities for interactive activities and discussion would be valuable.

### Ratings of the quality of resources used for each module

Participants were asked to rate, on a scale of 1 to 5, the quality of resources used in each of the modules. While it is difficult to say for certain, judging by the pattern of some responses, it appears that at least some participants were using this question to rate the overall quality of the module (including the delivery and group dynamic) rather than focusing exclusively on the quality of resources used. The overall ratings are summarised in Table 11. Resources for all modules were rated quite high, although the ratings for the “Embracing Change” resources was lowest, especially from the Western New South Wales workshop. As noted above, this might have been influenced by the group dynamic during that module in the Western NSW workshop.

**Table 11.** Overall ratings of the quality of resources used in each module

Module	Sydney		Western NSW		All respondents	
	n	Mean (SD)	n	Mean (SD)	n	Mean (SD)
What is Recovery?	24	3.7 (0.8)	17	3.7 (0.9)	41	3.7 (0.8)
Community Inclusion	26	3.7 (1.0)	16	4.4 (0.5)	42	4.0 (0.9)
Support and Services	26	3.9 (1.0)	19	3.9 (0.8)	45	3.9 (0.9)
Empowerment	20	4.0 (0.8)	19	4.0 (0.9)	39	4.0 (0.8)
Creating Healing Environments	22	4.0 (0.8)	20	4.0 (1.0)	42	4.0 (0.9)
Embracing Change	19	3.6 (0.9)	16	3.1 (1.2)	35	3.4 (1.1)

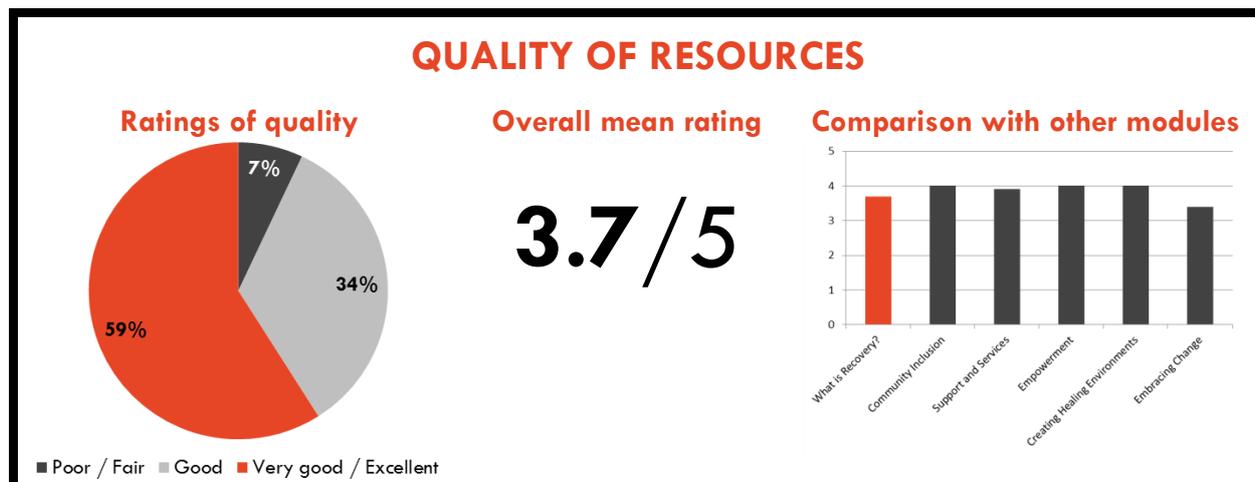
### **Suggestions for changes for the future**

Suggestions for changes to individual modules are included in individual sections following. Overall, many participants suggested that little needed changing but the most common suggestions for changes, as also noted above, included more opportunities for interaction and group discussions.

### **Comments on the mode of delivery**

The question related to “mode of delivery” was intended to explore and compare participants’ experiences of engaging with CEEP resources either in the context of a face to face workshop in comparison to online or blended delivery. As almost all feedback came from participants who participated in face to face workshops, this comparison was not possible. However, feedback did suggest that participants valued the face to face delivery format.

## WHAT IS RECOVERY? Individual module results summary



### Overall summary for this module

This module had positive scores for the quality of resources, but was the second lowest rated module overall. Participants particularly valued the introduction to what recovery means including the use of CHIME [Connectedness, Hope and optimism, Identity, Meaning, Empowerment] to frame recovery. They also valued the part of the module that focused on positive language and moving beyond diagnostic labels. Suggestions for improvement were diverse with no consistent themes across participants. In this module, there were some comments saying content could be condensed, however these comments came from those with prior mental health experience, and those with less prior knowledge wanted more time for further explanation, information, feedback and reflections across a range of areas. Some comments are consistent with other modules and these include suggestions to reflect a greater diversity of people with mental illness (cognitive diversity), more time for participation, group discussion and feedback, more use of videos and stories, reducing the use of acronyms and better management of dominating participants.

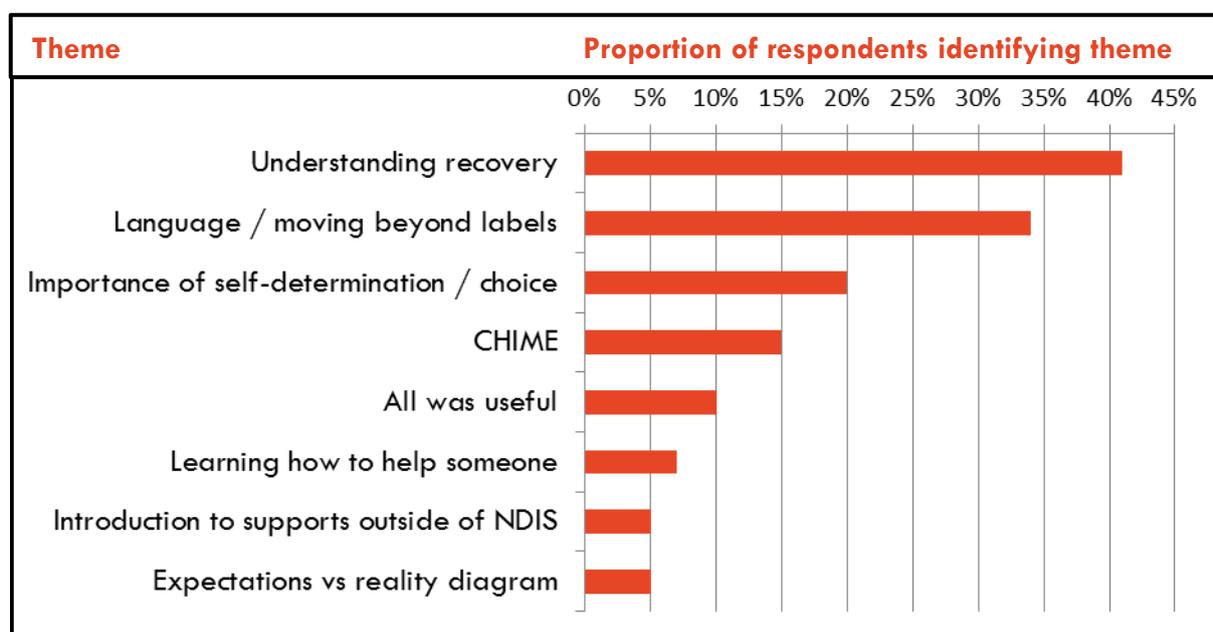
On the following pages, details results are presented. Participants were asked to respond to four questions:

- What parts of this module do you think will be most useful for people?
- What parts of this module do you think will be least useful for people?
- What is missing or do you think there should be more of in this module?
- What do you think would improve this particular module for others in the future?

Data from each of these questions are presented below. Themes identified by more than one participant are firstly summarised in a bar chart showing the proportions of individuals identifying this theme. Following this, all themes (and the proportion of respondents identifying the theme) are presented in a table.

## Detailed results

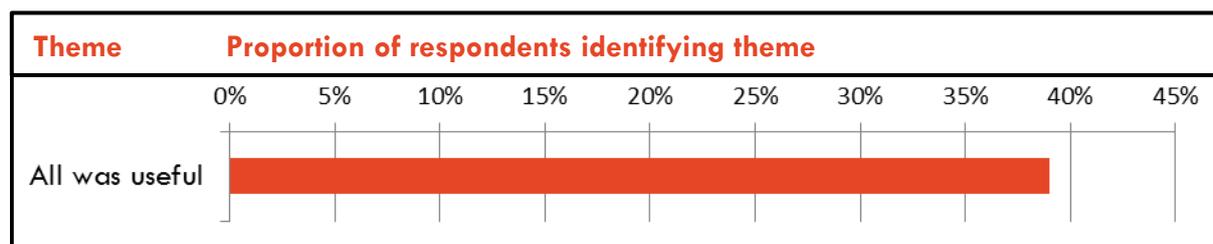
### What parts of this module do you think will be most useful for people?



Note: only themes with more than one respondent are included in the graph above. All themes listed in table below.

What parts of this module do you think will be most useful for people?	Sydney (n = 24)	Western NSW (n = 17)	Total (n = 41)
Understanding recovery	8 33%	9 53%	17 41%
Language / moving beyond labels	11 46%	3 18%	14 34%
Importance of self-determination / choice	4 17%	4 24%	8 20%
CHIME [Connectedness, Hope and optimism, Identity, Meaning, Empowerment]	5 21%	1 6%	6 15%
All was useful	2 8%	2 12%	4 10%
Learning how to help someone	1 4%	2 12%	3 7%
Introduction to supports outside of NDIS	1 4%	1 6%	2 5%
Expectations vs reality diagram	0 0%	2 12%	2 5%
Learning from lived experience	0 0%	1 6%	1 2%
Hope	0 0%	1 6%	1 2%
Learning from lived experience	0 0%	1 6%	1 2%
Very visual - simple diagrams	0 0%	1 6%	1 2%
Connecting to community	0 0%	1 6%	1 2%
Introduction to supports outside of NDIS	0 0%	1 6%	1 2%
Rights	0 0%	1 6%	1 2%
Video content was good	0 0%	1 6%	1 2%
Ways to communicate most effectively	1 4%	0 0%	1 2%
When to step back	1 4%	0 0%	1 2%

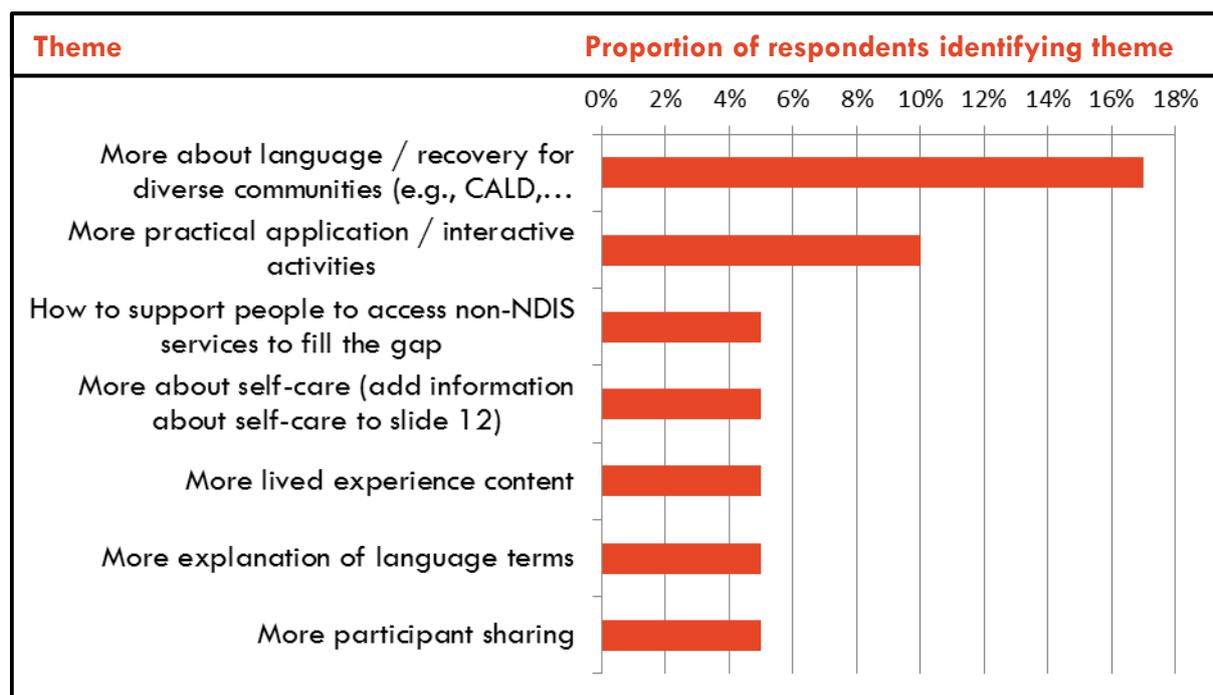
## What parts of this module do you think will be least useful for people?



Note: only themes with more than one respondent are included in the graph above. All themes listed in table below.

What parts of this module do you think will be least useful for people?	Sydney (n = 24)		Western NSW (n = 17)		Total (n = 41)	
All was useful	10	42%	6	35%	16	39%
Too many acronyms	1	4%	0	0%	1	2%
Need more about what NOT to say/do	1	4%	0	0%	1	2%
Participants dominating/misunderstanding	1	4%	0	0%	1	2%
"Being authentic" is not relevant to this module	1	4%	0	0%	1	2%
More detail about people without NDIS package	1	4%	0	0%	1	2%
Need to recognise some people do not have family/friends	1	4%	0	0%	1	2%
Section on rights is not applied, so might not be useful in practice	1	4%	0	0%	1	2%
Slides could be more visually distinctive	1	4%	0	0%	1	2%
Too much time discussing definition of recovery	1	4%	0	0%	1	2%
Not enough time to participate verbally/discuss	1	4%	0	0%	1	2%
Goals section not necessary	0	0%	1	6%	1	2%
More condensed	0	0%	1	6%	1	2%
Show more cognitive diversity in videos	0	0%	1	6%	1	2%
Less on rights	0	0%	1	6%	1	2%

## What is missing or do you think there should be more of in this module?

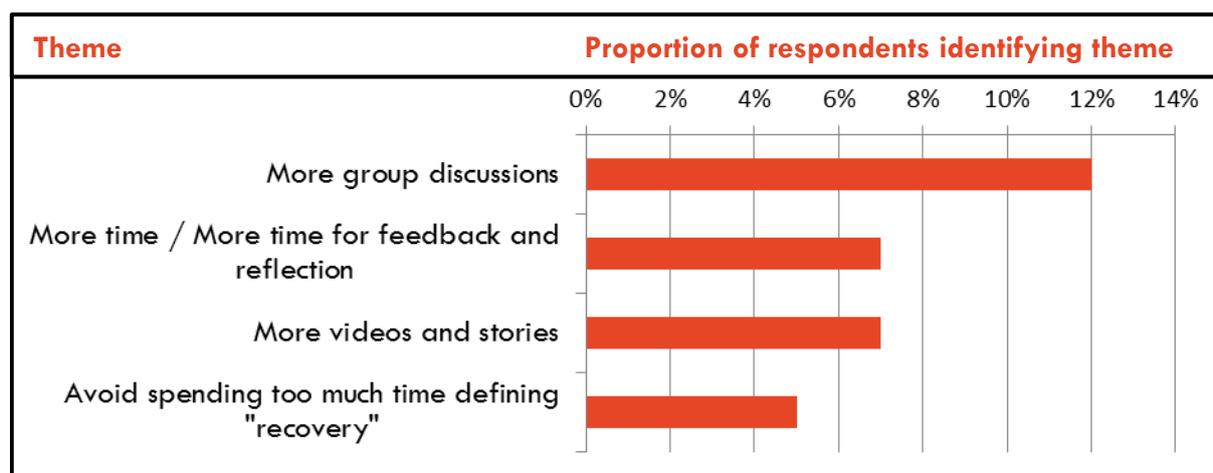


Note: only themes with more than one respondent are included in the graph above. All themes listed in table below.

What is missing or do you think there should be more of in this module?	Sydney (n = 24)	Western NSW (n = 17)	Total (n = 41)
More about language / recovery for diverse communities (e.g., CALD [Culturally and Linguistically Diverse], LGBTIQA+ [diverse genders and sexuality], Aboriginal and Torres Strait Islander peoples)	5	2	7
More practical application / interactive activities	3	1	4
How to support people to access non-NDIS services to fill the gap	1	1	2
More about self-care (add information about self-care to slide 12)	0	2	2
More lived experience content	2	0	2
More explanation of language terms	2	0	2
More participant sharing	2	0	2
Add that it can be challenging to listen to others' experiences and feelings	0	1	1
Discussion of boundaries	0	1	1
Family can mean friends! Many people have trauma around "family"	0	1	1
How to support people not willing to take medication or accept support	0	1	1
More about difficulties faced my people living with mental health conditions	0	1	1
More about trauma and recovery	0	1	1
More time to breathe and review	0	1	1

<b>What is missing or do you think there should be more of in this module?</b>	<b>Sydney (n = 24)</b>		<b>Western NSW (n = 17)</b>		<b>Total (n = 41)</b>	
More videos	0	0%	1	6%	1	2%
"Rights" section could be a module by itself.	1	4%	0	0%	1	2%
How to start recovery not addressed	1	4%	0	0%	1	2%
Information about Recovery for CALD [Culturally and Linguistically Diverse] communities	1	4%	0	0%	1	2%
Lived experience of support - what worked	1	4%	0	0%	1	2%
More about mental health conditions	1	4%	0	0%	1	2%
More about the non-linear process of recovery - reframing "steps back" as a normal part of the process	1	4%	0	0%	1	2%
More about what "a fulfilling life" is	1	4%	0	0%	1	2%
More about what recovery means	1	4%	0	0%	1	2%
More about why people sometimes choose not to be in NDIS	1	4%	0	0%	1	2%
Address broader social and political factors impeding on recovery	1	4%	0	0%	1	2%
Examples / application of language	1	4%	0	0%	1	2%
Handout about language	1	4%	0	0%	1	2%
More about roles of workers / carers	1	4%	0	0%	1	2%
More explanation of NDIS	1	4%	0	0%	1	2%

## What do you think would improve this particular module for others in the future?

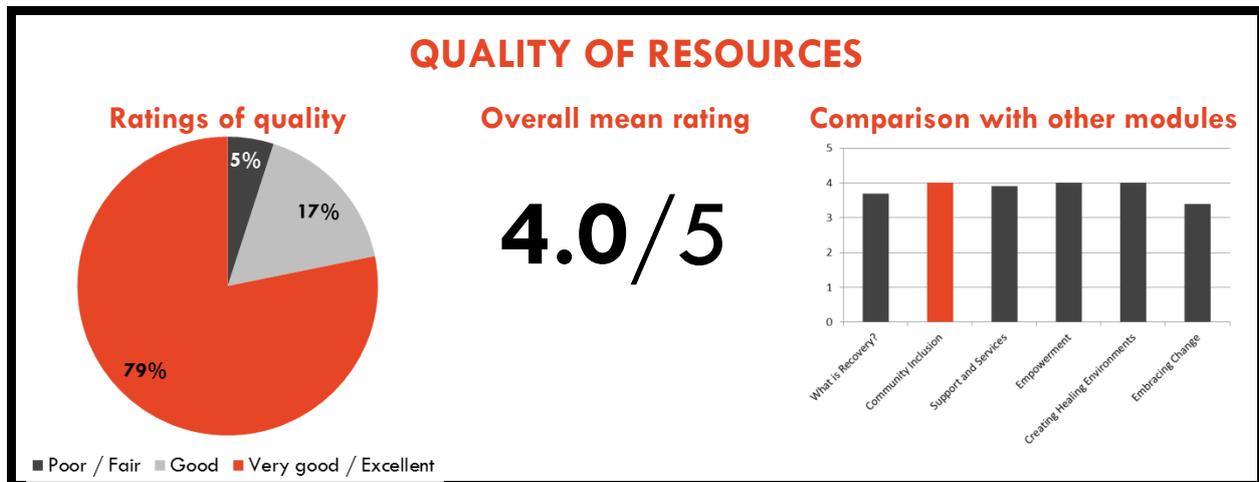


Note: only themes with more than one respondent are included in the graph above. All themes listed in table below.

What do you think would improve this particular module for others in the future?	Sydney (n = 24)		Western NSW (n = 17)		Total (n = 41)	
More group discussions	4	17%	1	6%	5	12%
More time / More time for feedback and reflection	0	0%	3	18%	3	7%
More videos and stories	3	13%	0	0%	3	7%
Avoid spending too much time defining "recovery"	2	8%	0	0%	2	5%
Making the process clearer	0	0%	1	6%	1	2%
More links to research	0	0%	1	6%	1	2%
More confident trainer	0	0%	1	6%	1	2%
Continue to involve the community	1	4%	0	0%	1	2%
Specific examples of inclusion	1	4%	0	0%	1	2%
How to promote community connections when individuals are isolated	1	4%	0	0%	1	2%
How to promote motivation	1	4%	0	0%	1	2%
Knowing where to go next	1	4%	0	0%	1	2%
More consumer participation	1	4%	0	0%	1	2%
More information about NDIS	1	4%	0	0%	1	2%
Smaller groups	1	4%	0	0%	1	2%
Specific examples for language	1	4%	0	0%	1	2%
Use of microphone	1	4%	0	0%	1	2%
Continue use of post it notes	1	4%	0	0%	1	2%

## COMMUNITY INCLUSION

### Individual module results summary



### Overall summary for this module

In terms of quality of resources, this was one of the three highest rated modules. The parts of the module that focused on the importance of community connection, loneliness and identifying the desires of each individual were most valued. Participants believed the module could be further enhanced by increasing the practical application and engagement of participants with interactive discussion and activities including asking for the lived experiences of participants and having more case studies. They also suggested more practical information about how to act on their learning – how and where to find information and local services, how to make referrals and what is involved in a ‘warm referral’. Removal of acronyms was mentioned again. There is a breadth of further individually identified suggestions in the 4 data tables for this module.

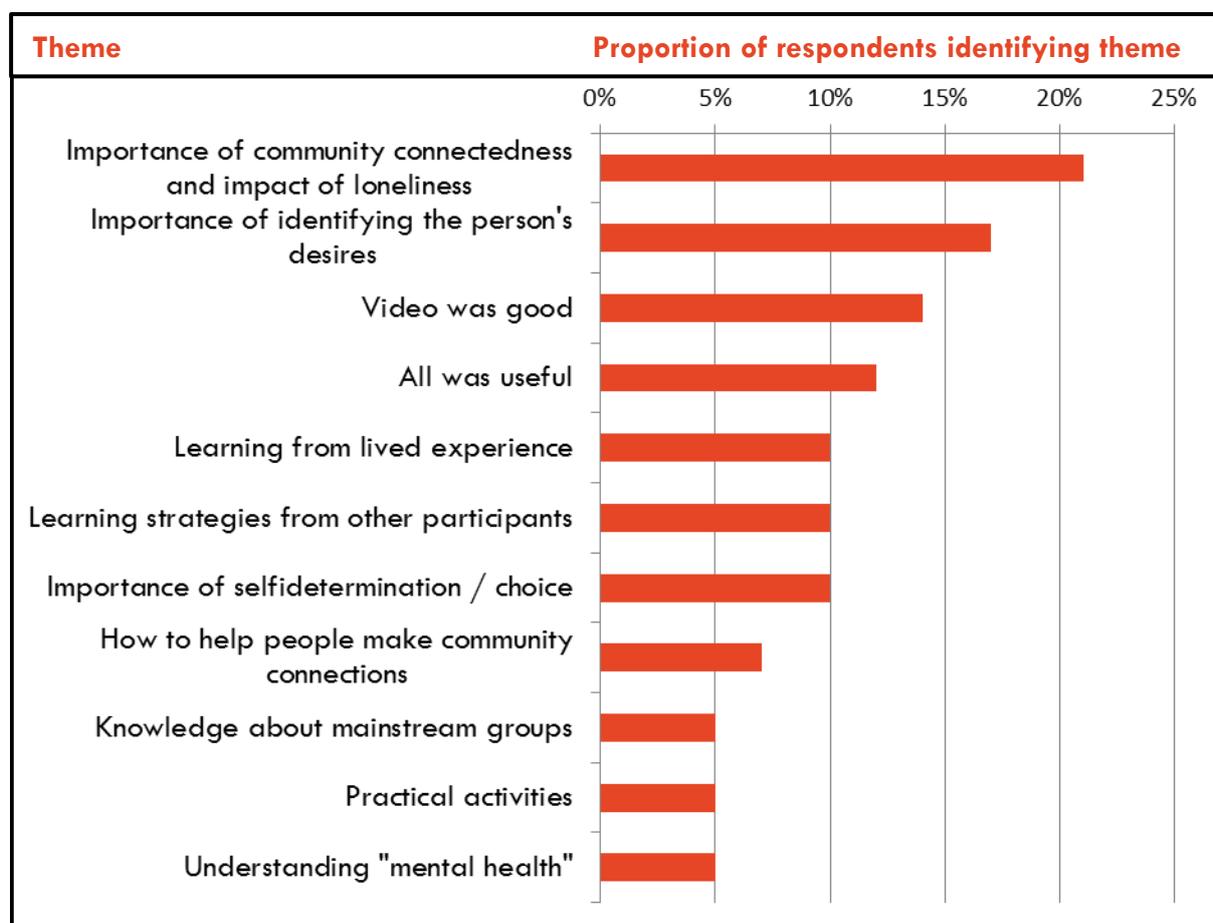
On the following pages, details results are presented. Participants were asked to respond to four questions:

- What parts of this module do you think will be most useful for people?
- What parts of this module do you think will be least useful for people?
- What is missing or do you think there should be more of in this module?
- What do you think would improve this particular module for others in the future?

Data from each of these questions are presented below. Themes identified by more than one participant are firstly summarised in a bar chart showing the proportions of individuals identifying this theme. Following this, all themes (and the proportion of respondents identifying the theme) are presented in a table.

## Detailed results

### What parts of this module do you think will be most useful for people?

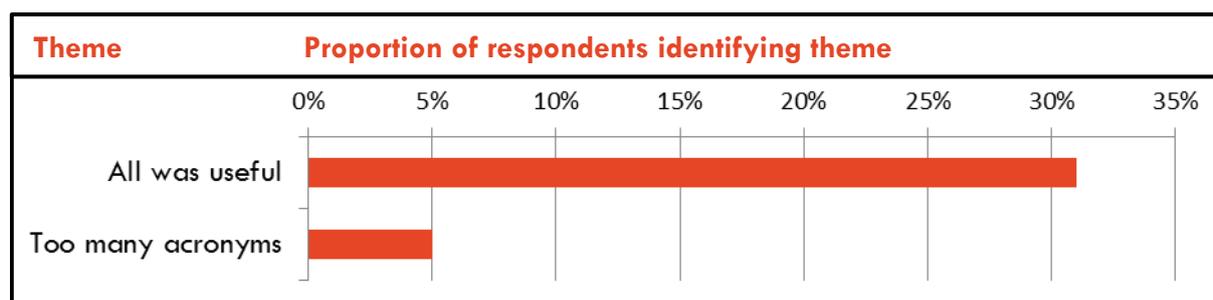


**Note:** only themes with more than one respondent are included in the graph above. All themes listed in table below.

What parts of this module do you think will be most useful for people?	Sydney (n = 26)		Western NSW (n = 16)		Total (n = 42)	
Importance of community connectedness and impact of loneliness	7	27%	2	13%	9	21%
Importance of identifying the person's desires	7	27%	0	0%	7	17%
Video was good	4	15%	2	13%	6	14%
All was useful	1	4%	4	25%	5	12%
Learning from lived experience	2	8%	2	13%	4	10%
Learning strategies from other participants	1	4%	3	19%	4	10%
Importance of self-determination / choice	4	15%	0	0%	4	10%
How to help people make community connections	1	4%	2	13%	3	7%
Knowledge about mainstream groups	1	4%	1	6%	2	5%
Practical activities	1	4%	1	6%	2	5%
Understanding "mental health"	0	0%	2	13%	2	5%
Building community capacity through education	0	0%	1	6%	1	2%
How to listen and validate a person	0	0%	1	6%	1	2%

<b>What parts of this module do you think will be most useful for people?</b>	<b>Sydney (n = 26)</b>		<b>Western NSW (n = 16)</b>		<b>Total (n = 42)</b>	
Easy to understand	0	0%	1	6%	1	2%
What is community inclusion/connection.	0	0%	1	6%	1	2%
Overcoming barriers	0	0%	1	6%	1	2%
Slide (12) Slide (13) Slide (15)	0	0%	1	6%	1	2%
Fish cartoon ('Building individuals & community capacity' slide). This is brilliant.	1	4%	0	0%	1	2%
Good background information	1	4%	0	0%	1	2%
Importance of outreach	1	4%	0	0%	1	2%
Important role of peers	1	4%	0	0%	1	2%
Useful conversations	1	4%	0	0%	1	2%
Case studies were helpful	1	4%	0	0%	1	2%

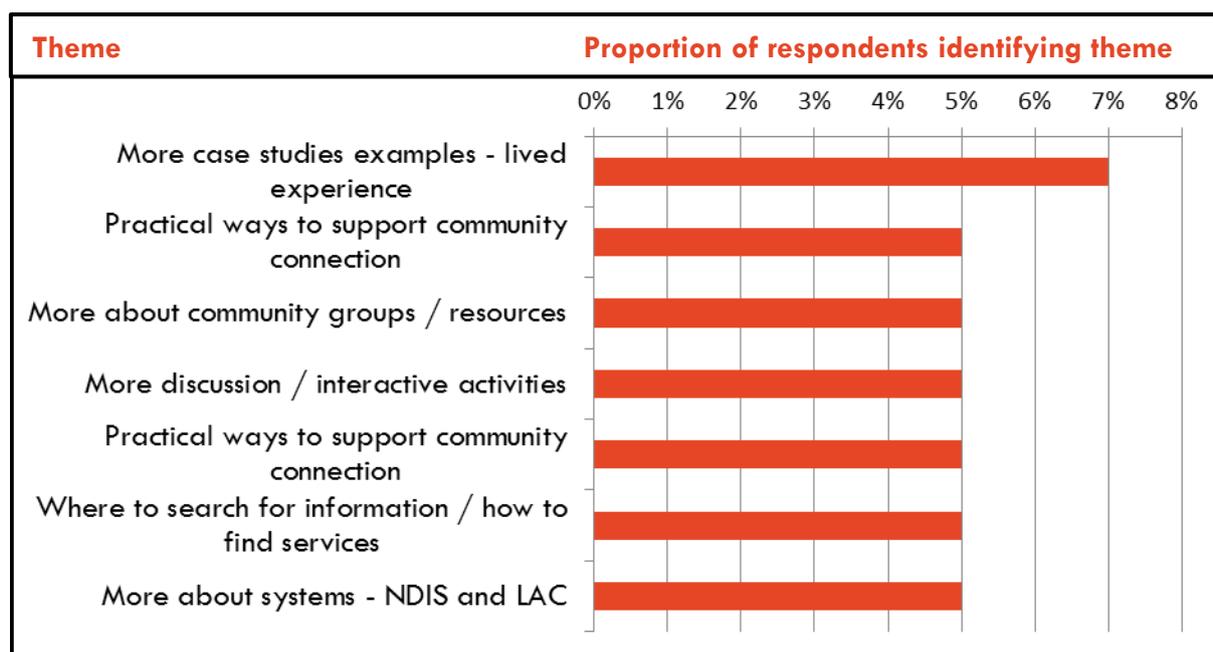
## What parts of this module do you think will be least useful for people?



Note: only themes with more than one respondent are included in the graph above. All themes listed in table below.

What parts of this module do you think will be least useful for people?	Sydney (n = 26)	Western NSW (n = 16)	Total (n = 42)
All was useful	6	7	13
Too many acronyms	1	1	2
Expand slide (7) on how to do picture (3)	0	1	1
Focus on the uniqueness of individuals	0	1	1
more interactive activities	0	1	1
More practical application activities - how to help someone	1	0	1
Ask for/include lived experiences in the room/participants	1	0	1
Case study needs to be different depending on the prior experience of participants	1	0	1
Don't push progressive language/models - accept terms will still be used	1	0	1
Intro wasn't useful	1	0	1
Need more focus on what is current practice - not just what should be	1	0	1
need to recognise time limitations of support people/workers	1	0	1
quotes about 'empowering' too vague	1	0	1

## What is missing or do you think there should be more of in this module?

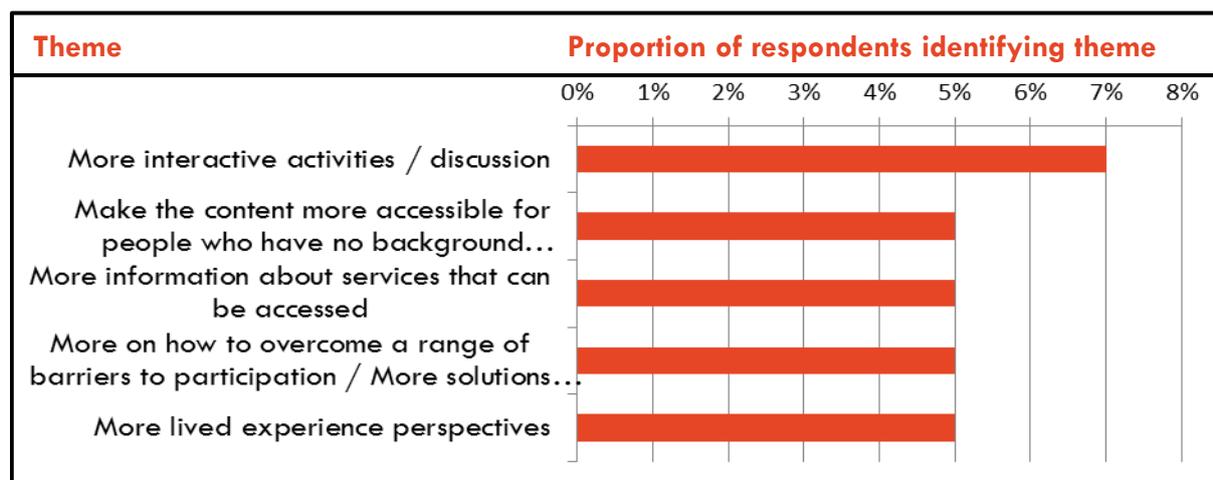


Note: only themes with more than one respondent are included in the graph above. All themes listed in table below.

What is missing or do you think there should be more of in this module?	Sydney (n = 26)	Western NSW (n = 16)	Total (n = 42)
More case studies examples - lived experience	2	1	3
Practical ways to support community connection	2	0	2
More about community groups / resources	2	0	2
More discussion / interactive activities	2	0	2
Practical ways to support community connection	2	0	2
Where to search for information / how to find services	2	0	2
More about systems – NDIS and LAC [Local Area Coordinators]	2	0	2
Involve the local council in the training	0	1	1
More information about who makes up "the community" e.g., shopkeeper	0	1	1
Regional situational stress	0	1	1
Risk taking and dignity of risk	0	1	1
Explain difference between alone vs lonely	0	1	1
Information about making referrals for mental health supports	1	0	1
Intersectionality - barriers are not always about mental health problems	1	0	1
More about "working with vulnerable people"	1	0	1
More about making useful referrals	1	0	1
More about the "characteristics" of people who live with mental health conditions	1	0	1
More information on "warm referral" processes	1	0	1

<b>What is missing or do you think there should be more of in this module?</b>	<b>Sydney (n = 26)</b>		<b>Western NSW (n = 16)</b>		<b>Total (n = 42)</b>	
The negative impacts of community / exclusion	1	4%	0	0%	1	2%
Ways of managing time constraints	1	4%	0	0%	1	2%
Examples of community connections	1	4%	0	0%	1	2%
How to advocate within NDIS system	1	4%	0	0%	1	2%
More about different approaches to supporting individuals living with mental health conditions	1	4%	0	0%	1	2%
More about language / recovery for diverse communities (e.g., CALD [Culturally and Linguistically Diverse], LGBTIQ+ [diverse genders and sexualities], Aboriginal and Torres Strait Islander peoples)	1	4%	0	0%	1	2%

## What do you think would improve this particular module for others in the future?



Note: only themes with more than one respondent are included in the graph above. All themes listed in table below.

What do you think would improve this particular module for others in the future?	Sydney (n = 26)	Western NSW (n = 16)	Total (n = 42)
More interactive activities / discussion	1 4%	2 13%	3 7%
Make the content more accessible for people who have no background knowledge - especially re NDIS	2 8%	0 0%	2 5%
More information about services that can be accessed	2 8%	0 0%	2 5%
More on how to overcome a range of barriers to participation / More solutions for the case studies	2 8%	0 0%	2 5%
More lived experience perspectives	2 8%	0 0%	2 5%
How to overcome your own concerns about stigma	0 0%	1 6%	1 2%
Look at the mental health of people in aged care	0 0%	1 6%	1 2%
More time	0 0%	1 6%	1 2%
Accept transitional models - no such thing as illness could be too much for people not familiar with mental health language & models	1 4%	0 0%	1 2%
Barriers and how they affect people	1 4%	0 0%	1 2%
Explore diversity areas more	1 4%	0 0%	1 2%
Give a definition of "community"	1 4%	0 0%	1 2%
How to promote an inclusive community (e.g., CALD [Culturally and Linguistically Diverse])	1 4%	0 0%	1 2%
More examples	1 4%	0 0%	1 2%
More guidance and practical activities	1 4%	0 0%	1 2%
More ideas for places / groups people can connect to.	1 4%	0 0%	1 2%
More information on addressing gaps in the case studies	1 4%	0 0%	1 2%
More on the importance of outreach engagement	1 4%	0 0%	1 2%
More videos	1 4%	0 0%	1 2%
Less telling us what we should think and more asking us what we do and challenging each other	1 4%	0 0%	1 2%

## SUPPORT AND SERVICES

### Individual module results summary



### Overall summary for this module

The quality of resources in this module was rated fourth highest of the six modules. The elements most valued included gaining a greater knowledge of the range of services and supports available including those beyond mental health services. Understanding the importance of turning a cold referral into a warm referral, and the value and availability of peer support were also noted as useful parts of the module. In terms of areas for improvement, participants again flagged the overuse of acronyms, the need for more interactive activities and group discussions. In this module participants particularly highlighted the value of having an area specific focus on the groups and services available. In this module, the differing needs for those with and without prior mental health experience was highlighted with some saying the topics were too basic while others said the information needed to be more accessible for those without prior knowledge.

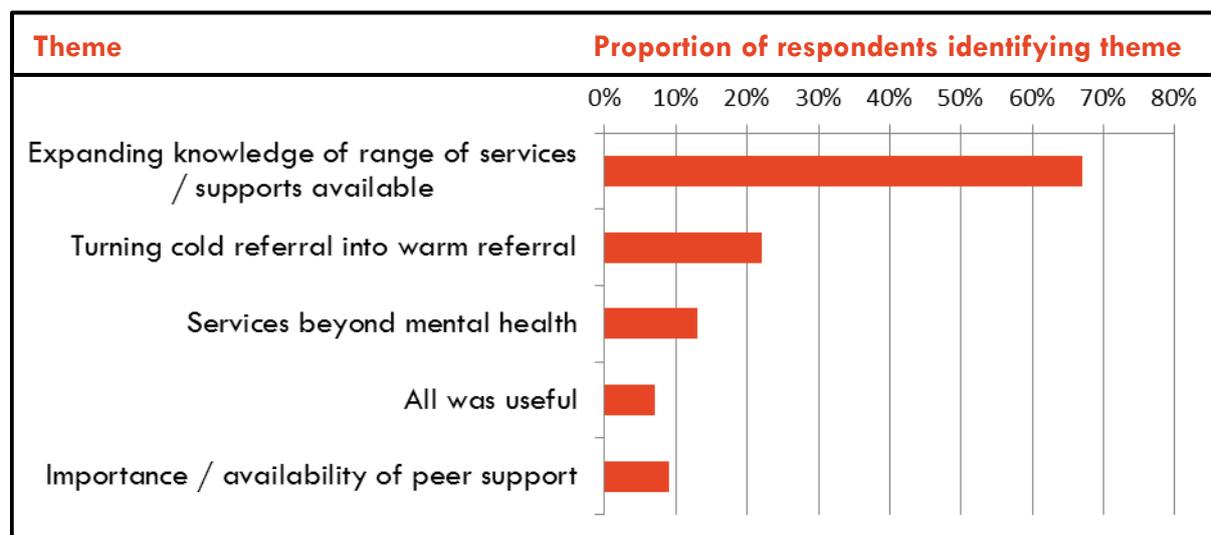
On the following pages, details results are presented. Participants were asked to respond to four questions:

- What parts of this module do you think will be most useful for people?
- What parts of this module do you think will be least useful for people?
- What is missing or do you think there should be more of in this module?
- What do you think would improve this particular module for others in the future?

Data from each of these questions are presented below. Themes identified by more than one participant are firstly summarised in a bar chart showing the proportions of individuals identifying this theme. Following this, all themes (and the proportion of respondents identifying the theme) are presented in a table.

## Detailed results

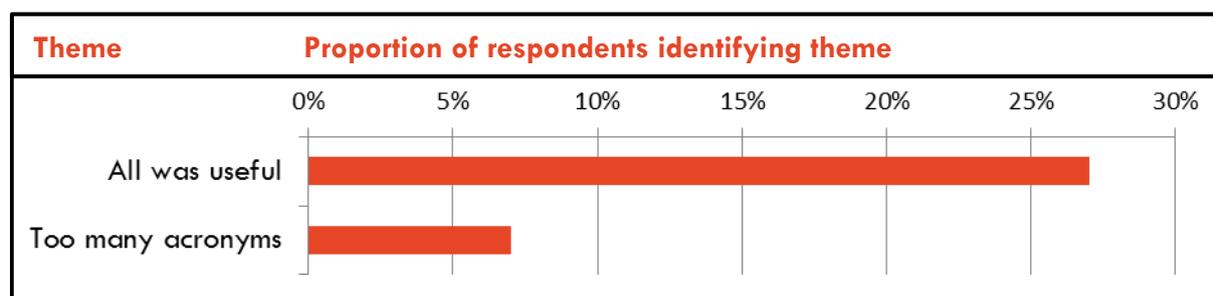
### What parts of this module do you think will be most useful for people?



Note: only themes with more than one respondent are included in the graph above. All themes listed in table below.

What parts of this module do you think will be most useful for people?	Sydney (n = 26)		Western NSW (n = 19)		Total (n = 45)	
Expanding knowledge of range of services / supports available	18	69%	12	63%	30	67%
Turning cold referral into warm referral	3	12%	7	37%	10	22%
Services beyond mental health	6	23%	0	0%	6	13%
All was useful	1	4%	2	11%	3	7%
Importance / availability of peer support	1	4%	3	16%	4	9%
Overcoming barriers to access	0	0%	1	5%	1	2%
Thinking about the kinds of questions people might ask	0	0%	1	5%	1	2%
Information on people missing out on NDIS	0	0%	1	5%	1	2%
It's great to see local people in the videos, it makes you relate more.	0	0%	1	5%	1	2%
Useful, practical information	0	0%	1	5%	1	2%
Not just hospital and pills	0	0%	1	5%	1	2%
Helpful activity	1	4%	0	0%	1	2%
Learning from lived experience	1	4%	0	0%	1	2%
Helpful video	1	4%	0	0%	1	2%

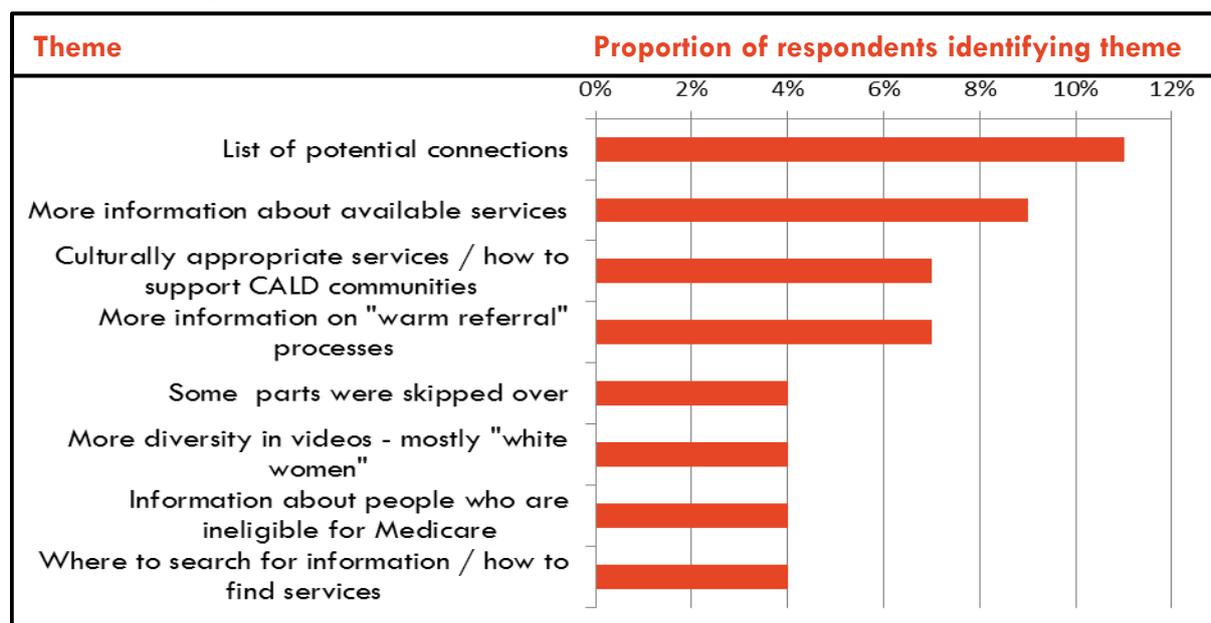
## What parts of this module do you think will be least useful for people?



Note: only themes with more than one respondent are included in the graph above. All themes listed in table below.

What parts of this module do you think will be least useful for people?	Sydney (n = 26)		Western NSW (n = 19)		Total (n = 45)	
All was useful	9	35%	3	16%	12	27%
Too many acronyms	2	8%	1	5%	3	7%
"Gripe session" about NDIS	0	0%	1	5%	1	2%
More about local services	0	0%	1	5%	1	2%
need to show where to search	0	0%	1	5%	1	2%
Not covering the fact that NDIS has indeed replaced some services	0	0%	1	5%	1	2%
Stuff about building capacity seemed too "high level"	0	0%	1	5%	1	2%
Too much focus on NDIS (e.g., making referrals) - this is supposed to be for people outside of NDIS	0	0%	1	5%	1	2%
more stats	0	0%	1	5%	1	2%
get participants to give examples of warm referrals	1	4%	0	0%	1	2%
More about young people with mental health issues	1	4%	0	0%	1	2%
reframe/don't separate mainstream and mental health services	1	4%	0	0%	1	2%
More practical application activities	1	4%	0	0%	1	2%

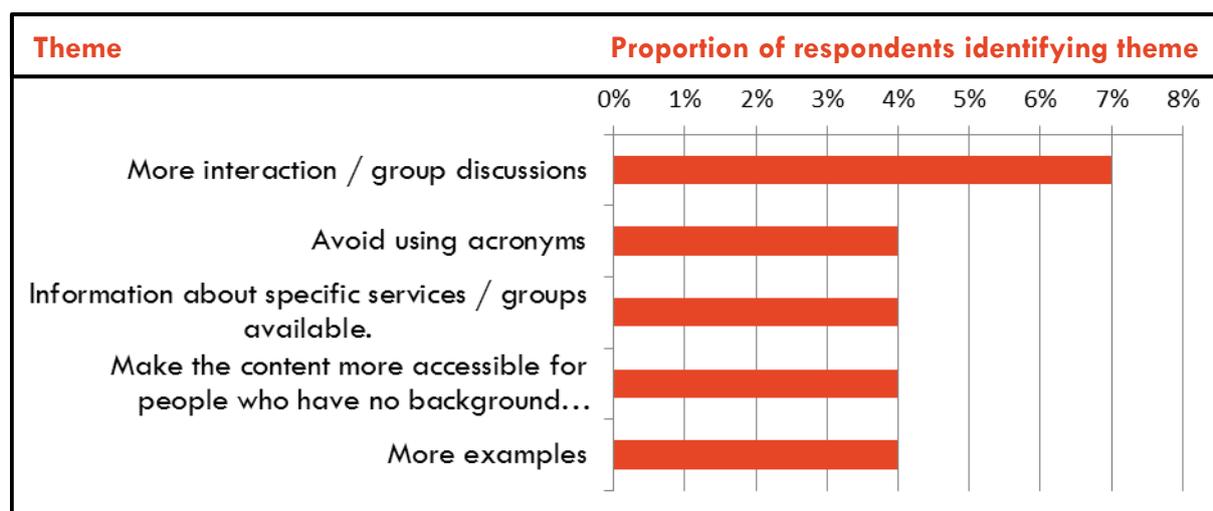
## What is missing or do you think there should be more of in this module?



Note: only themes with more than one respondent are included in the graph above. All themes listed in table below.

What is missing or do you think there should be more of in this module?	Sydney (n = 26)		Western NSW (n = 19)		Total (n = 45)	
List of potential connections	0	0%	5	26%	5	11%
More information about available services	2	8%	2	11%	4	9%
Culturally appropriate services / how to support CALD [Culturally and Linguistically Diverse] communities	3	12%	0	0%	3	7%
More information on "warm referral" processes	3	12%	0	0%	3	7%
Some parts were skipped over	1	4%	1	5%	2	4%
More diversity in videos - mostly "white women"	2	8%	0	0%	2	4%
Information about people who are ineligible for Medicare	2	8%	0	0%	2	4%
Where to search for information / how to find services	2	8%	0	0%	2	4%
More time	0	0%	1	5%	1	2%
Suggestions for courses for further learning	0	0%	1	5%	1	2%
The what if's. What do I do if a person says this.	0	0%	1	5%	1	2%
More about connection-making events	0	0%	1	5%	1	2%
"Electronic" help examples	1	4%	0	0%	1	2%
Examples of community connections	1	4%	0	0%	1	2%
Explanation of funded packages that are already NDIS approved	1	4%	0	0%	1	2%
More group discussions / interaction	1	4%	0	0%	1	2%
More information about how services work	1	4%	0	0%	1	2%
Information about people who are ineligible for NDIS	1	4%	0	0%	1	2%
More case studies	1	4%	0	0%	1	2%
Practical ways to support community connection	1	4%	0	0%	1	2%

## What do you think would improve this particular module for others in the future?



Note: only themes with more than one respondent are included in the graph above. All themes listed in table below.

What do you think would improve this particular module for others in the future?	Sydney (n = 26)		Western NSW (n = 19)		Total (n = 45)	
More interaction / group discussions	3	12%	0	0%	3	7%
Avoid using acronyms	1	4%	1	5%	2	4%
Information about specific services / groups available.	1	4%	1	5%	2	4%
Make the content more accessible for people who have no background knowledge - especially re NDIS	2	8%	0	0%	2	4%
More examples	2	8%	0	0%	2	4%
Make it specifically tailored for community / region.	0	0%	1	5%	1	2%
More time / better time management in the course.	0	0%	1	5%	1	2%
A few examples of success stories	1	4%	0	0%	1	2%
How to minimise the number of services involved while at the same time ensuring all needs are met.	1	4%	0	0%	1	2%
Maybe targeting all residents of Australia rather than Australian citizens only	1	4%	0	0%	1	2%
More information on "warm referrals"	1	4%	0	0%	1	2%
More resources for further learning	1	4%	0	0%	1	2%
Provide information about online resources for young people	1	4%	0	0%	1	2%
Target this training to non-mental health sector workers and schools	1	4%	0	0%	1	2%
Topics are too basic for clinicians / workers	1	4%	0	0%	1	2%
More practical role plays / practice	1	4%	0	0%	1	2%
More specific focus on care coordination	1	4%	0	0%	1	2%

## EMPOWERMENT

### Individual module results summary



### Overall summary for this module

The quality of resources in this module was rated as one of the three equal highest. Participants valued the parts of the module focused on self-determination, choice, decision making and advocacy. The video content in this module was particularly valued. Some participants suggested this module was too repetitive, long and limited in terms of knowledge gained for people with prior experience. In contrast, those without prior experience suggest areas for further explanation or depth including human rights and wanted more time or less content for the time available. The most common suggestion for improvement, as with other modules was to increase opportunities for small group, interactive activities.

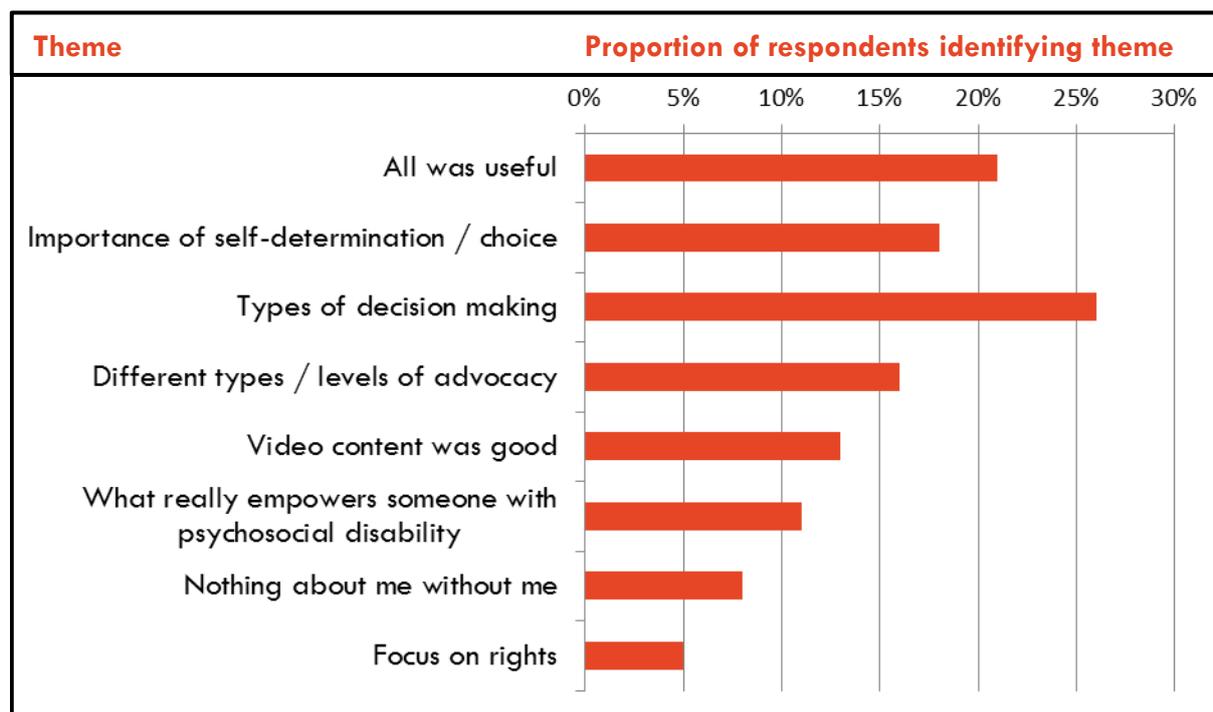
On the following pages, details results are presented. Participants were asked to respond to four questions:

- What parts of this module do you think will be most useful for people?
- What parts of this module do you think will be least useful for people?
- What is missing or do you think there should be more of in this module?
- What do you think would improve this particular module for others in the future?

Data from each of these questions are presented below. Themes identified by more than one participant are firstly summarised in a bar chart showing the proportions of individuals identifying this theme. Following this, all themes (and the proportion of respondents identifying the theme) are presented in a table.

## Detailed results

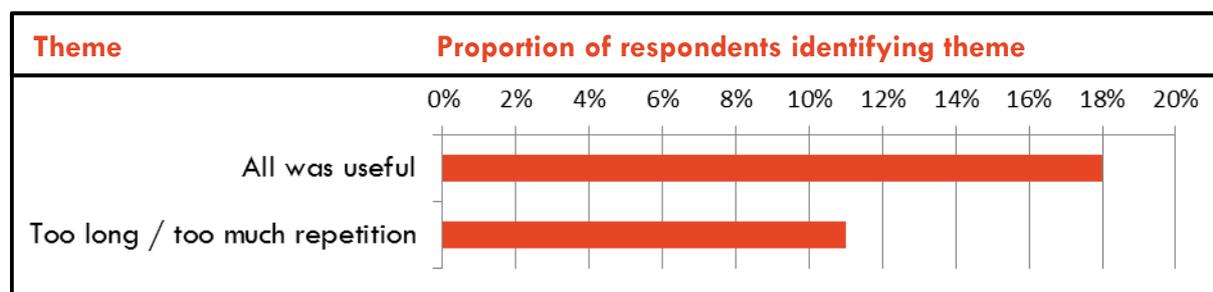
### What parts of this module do you think will be most useful for people?



**Note:** only themes with more than one respondent are included in the graph above. All themes listed in table below.

What parts of this module do you think will be most useful for people?	Sydney (n = 21)		Western NSW (n = 17)		Total (n = 38)	
All was useful	4	19%	4	24%	8	21%
Importance of self-determination / choice	3	14%	4	24%	7	18%
Types of decision making	4	19%	6	35%	10	26%
Different types / levels of advocacy	3	14%	3	18%	6	16%
Video content was good	2	10%	3	18%	5	13%
What really empowers someone with psychosocial disability	3	14%	1	6%	4	11%
Nothing about me without me	3	14%	0	0%	3	8%
Focus on rights	1	5%	1	6%	2	5%
The first activity	0	0%	1	6%	1	3%
Slide 6	0	0%	1	6%	1	3%
Importance of identifying the person's desires	1	5%	0	0%	1	3%
Ways of assisting people	1	5%	0	0%	1	3%

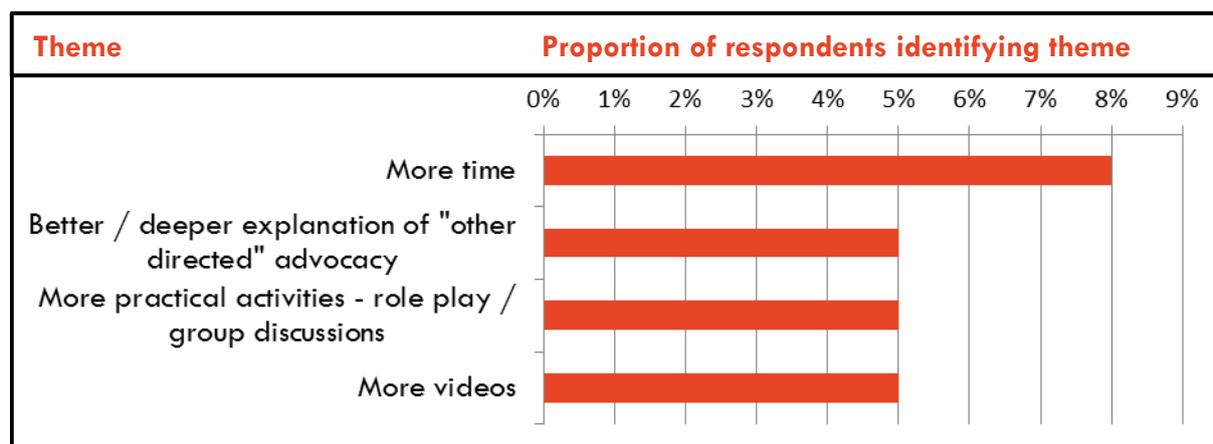
## What parts of this module do you think will be least useful for people?



**Note:** only themes with more than one respondent are included in the graph above. All themes listed in table below.

What parts of this module do you think will be least useful for people?	Sydney (n = 21)		Western NSW (n = 17)		Total (n = 38)	
All was useful	3	14%	4	24%	7	18%
Too long / too much repetition	3	14%	1	6%	4	11%
change in language/intended audience in different parts	0	0%	1	6%	1	3%
no new information for me	0	0%	1	6%	1	3%
structure flow of this module not clear	0	0%	1	6%	1	3%
the political content was not necessary (section 6)	0	0%	1	6%	1	3%
more explanation/depth on human rights needed	1	5%	0	0%	1	3%
more participant involvement	1	5%	0	0%	1	3%
more practical application needed	1	5%	0	0%	1	3%

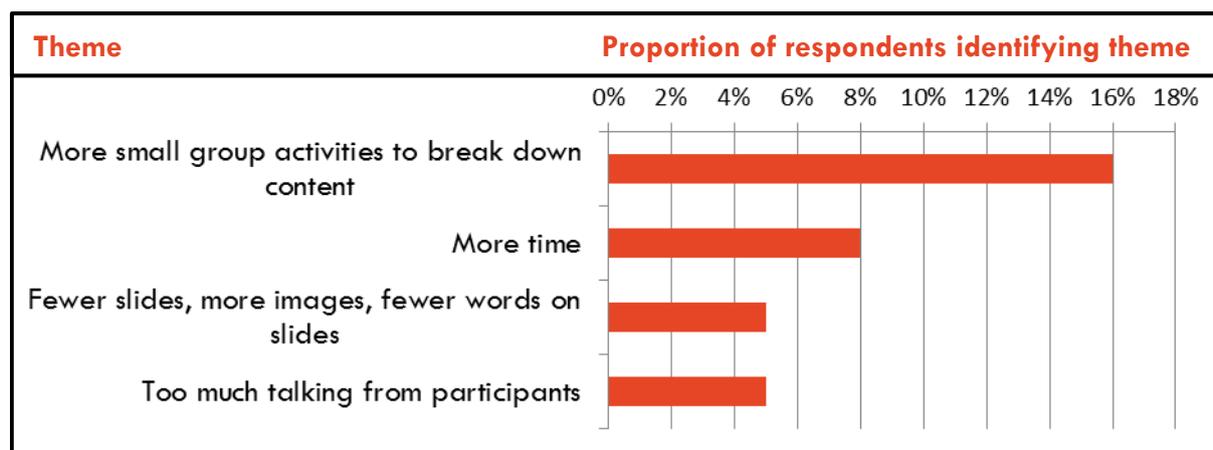
## What is missing or do you think there should be more of in this module?



Note: only themes with more than one respondent are included in the graph above. All themes listed in table below.

What is missing or do you think there should be more of in this module?	Sydney (n = 21)		Western NSW (n = 17)		Total (n = 38)	
More time	3	14%	0	0%	3	8%
Better / deeper explanation of "other directed" advocacy	1	5%	1	6%	2	5%
More practical activities - role play / group discussions	1	5%	1	6%	2	5%
More videos	0	0%	2	12%	2	5%
Merge recovery and advocacy in conclusion	0	0%	1	6%	1	3%
More examples	0	0%	1	6%	1	3%
Demonstrations	0	0%	1	6%	1	3%
Explain more about what the impacts of "doing too much"	0	0%	1	6%	1	3%
Link to ILC and community inclusion and connection	0	0%	1	6%	1	3%
more about advocacy outside of the health system	0	0%	1	6%	1	3%
Advocacy to access mental health services	0	0%	1	6%	1	3%
More from the lived experience perspective	0	0%	1	6%	1	3%
Deeper exploration of the power dynamics of supported decision making.	1	5%	0	0%	1	3%
Impacts / outcomes of different types of decision making	1	5%	0	0%	1	3%
More examples from the speaker	1	5%	0	0%	1	3%
More explanation on rights - "Their rights" according to who	1	5%	0	0%	1	3%
Better explanation on digital literacy - wasn't explained - what's the link	1	5%	0	0%	1	3%

## What do you think would improve this particular module for others in the future?

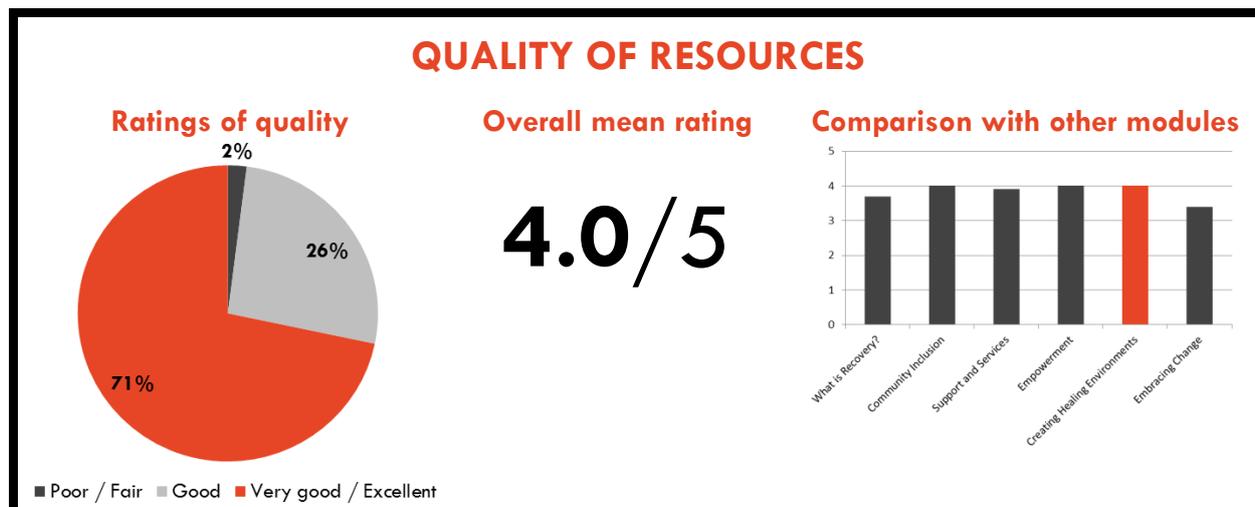


Note: only themes with more than one respondent are included in the graph above. All themes listed in table below.

What do you think would improve this particular module for others in the future?	Sydney (n = 21)		Western NSW (n = 17)		Total (n = 38)	
More small group activities to break down content	3	14%	3	18%	6	16%
More time	2	10%	1	6%	3	8%
Fewer slides, more images, fewer words on slides	1	5%	1	6%	2	5%
Too much talking from participants	0	0%	2	12%	2	5%
Consider the cross over between aged care, mental health and disability	0	0%	1	6%	1	3%
More information on what is empowerment	0	0%	1	6%	1	3%
More visual aids - videos and diagrams	0	0%	1	6%	1	3%
Reduce amount of information about types of decision making	0	0%	1	6%	1	3%
Examples of alternative pathways for advocacy	1	5%	0	0%	1	3%
Less repetition	1	5%	0	0%	1	3%
How to try shared and supported decision making before going to substitute	1	5%	0	0%	1	3%

## CREATING HEALING ENVIRONMENTS

### Individual module results summary



### Overall summary for this module

This module was one of the three most highly rated modules. Participants valued the parts of the module focused on trauma – its importance, how to support people and what trauma informed care is. Participants suggested that there should be more detail about how to act on what they had learnt and to include information on carer fatigue and vicarious trauma. There were a wide range of individual suggestions about how to improve the module further, and again, it appeared that those without prior knowledge felt that some jargon, acronyms and content needed explaining further. As with all modules there were several suggestions relating to increasing the interactive and discussion-based time. This module was the one most people suggested that more overall time was needed. Importantly some participants from a Sydney workshop flagged the need to provide a content warning because content could be a trigger for participants. In one workshop, there were clearly participants who dominated, and it was suggested that rules were needed to better manage this.

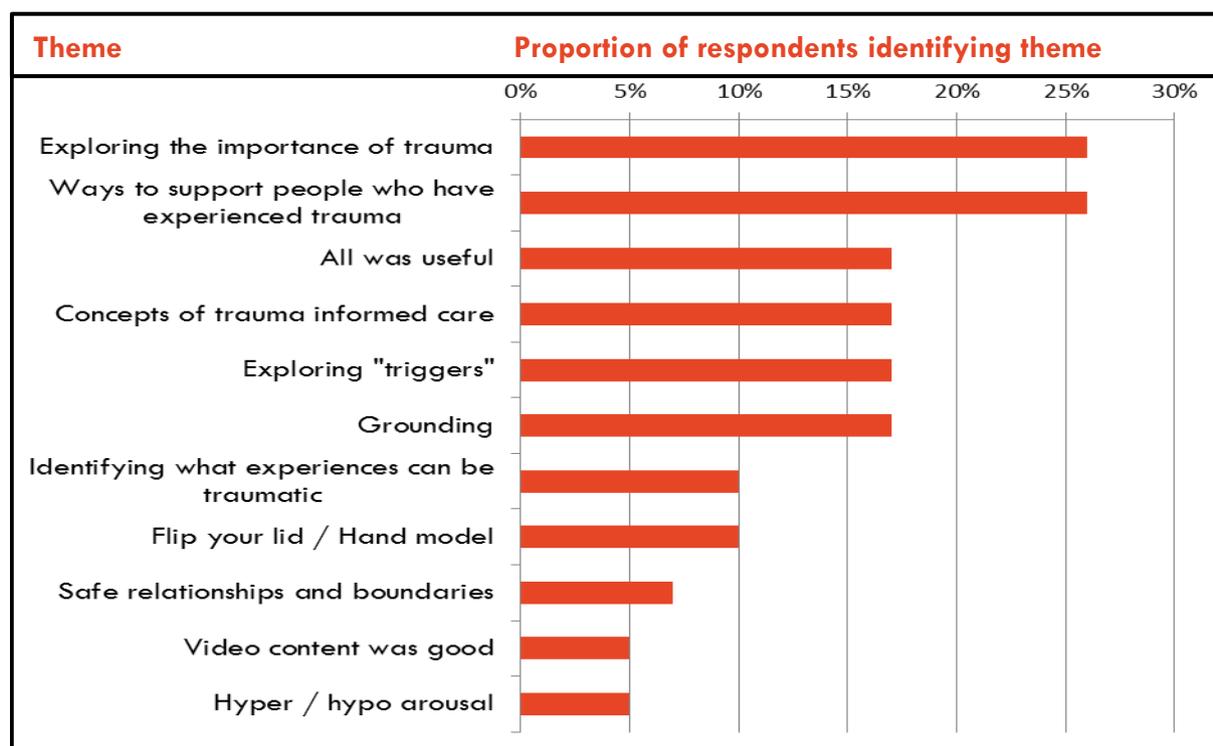
On the following pages, details of results are presented. Participants were asked to respond to four questions:

- What parts of this module do you think will be most useful for people?
- What parts of this module do you think will be least useful for people?
- What is missing or do you think there should be more of in this module?
- What do you think would improve this particular module for others in the future?

Data from each of these questions are presented below. Themes identified by more than one participant are firstly summarised in a bar chart showing the proportions of individuals identifying this theme. Following this, all themes (and the proportion of respondents identifying the theme) are presented in a table.

## Detailed results

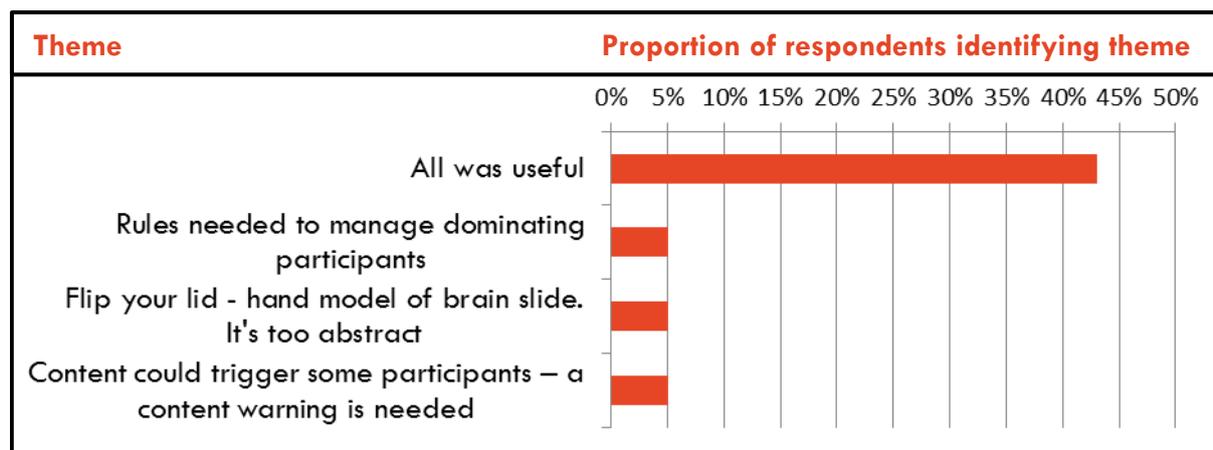
### What parts of this module do you think will be most useful for people?



Note: only themes with more than one respondent are included in the graph above. All themes listed in table below.

What parts of this module do you think will be most useful for people?	Sydney (n = 22)	Western NSW (n = 20)	Total (n = 42)
Exploring the importance of trauma	8 36%	3 15%	11 26%
Ways to support people who have experienced trauma	7 32%	4 20%	11 26%
All was useful	2 9%	5 25%	7 17%
Concepts of trauma informed care	3 14%	4 20%	7 17%
Exploring "triggers"	5 23%	2 10%	7 17%
Grounding	1 5%	6 30%	7 17%
Identifying what experiences can be traumatic	3 14%	1 5%	4 10%
Flip your lid / Hand model	2 9%	2 10%	4 10%
Safe relationships and boundaries	0 0%	3 15%	3 7%
Video content was good	0 0%	2 10%	2 5%
Hyper / hypo arousal	1 5%	1 5%	2 5%
Know change is occurring	0 0%	1 5%	1 2%
Learning from lived experience	0 0%	1 5%	1 2%
Slides 3, 4, 6, 7, 8, 9, 10, 11, 14, 16, 18, 19	0 0%	1 5%	1 2%
Signs of trauma	1 5%	0 0%	1 2%
"Windows of tolerance" slide	1 5%	0 0%	1 2%
Presented in a tangible and relatable way.	1 5%	0 0%	1 2%
"TICPOT" [Trauma Informed Care and Practice Organisational Toolkit] slide	1 5%	0 0%	1 2%

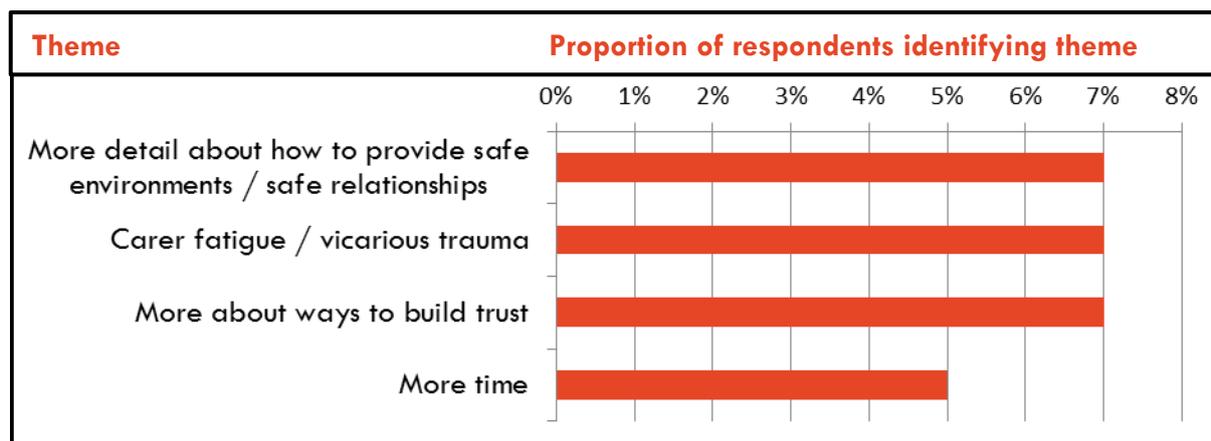
## What parts of this module do you think will be least useful for people?



Note: only themes with more than one respondent are included in the graph above. All themes listed in table below.

What parts of this module do you think will be least useful for people?	Sydney (n = 22)		Western NSW (n = 20)		Total (n = 42)	
All was useful	8	36%	10	50%	18	43%
Rules needed to manage dominating participants	0	0%	2	10%	2	5%
Flip your lid - hand model of brain slide. It's too abstract	1	5%	1	5%	2	5%
Content could trigger some participants – a content warning is needed	2	9%	0	0%	2	5%
Some slides missed	0	0%	1	5%	1	2%
Slide 15 was brushed over, slide 17 less info	0	0%	1	5%	1	2%
Too much content	0	0%	1	5%	1	2%
Too much content on trauma and triggers	0	0%	1	5%	1	2%
More clarity on community access needed	0	0%	1	5%	1	2%
Don't think grounding is useful	1	5%	0	0%	1	2%
Give participants the checklist	0	0%	1	5%	1	2%
Jargon needs explaining	1	5%	0	0%	1	2%
Safety circle should be discussed more with example	1	5%	0	0%	1	2%

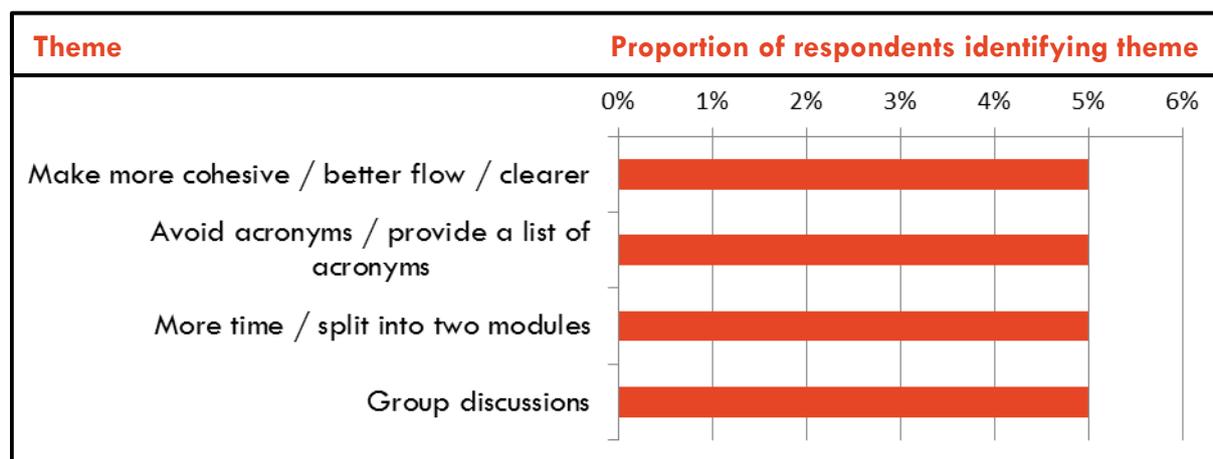
## What is missing or do you think there should be more of in this module?



Note: only themes with more than one respondent are included in the graph above. All themes listed in table below.

What is missing or do you think there should be more of in this module?	Sydney (n = 22)		Western NSW (n = 20)		Total (n = 42)	
More detail about how to provide safe environments / safe relationships	2	9%	1	5%	3	7%
Carer fatigue / vicarious trauma	3	14%	0	0%	3	7%
More about ways to build trust	3	14%	0	0%	3	7%
More time	2	9%	0	0%	2	5%
12 expand more, 13 add some examples	0	0%	1	5%	1	2%
Add refugees to slide 18	0	0%	1	5%	1	2%
Also focus on male victims of domestic violence	0	0%	1	5%	1	2%
Maybe touch on how trauma can lessen the connections in the brain and how these need support and learning to rebuild or build these	0	0%	1	5%	1	2%
More about grounding strategies	0	0%	1	5%	1	2%
More about workplace, absenteeism and drought - how this can be isolating	0	0%	1	5%	1	2%
More time for sharing of personal experiences	0	0%	1	5%	1	2%
Supports for people who may be triggered by content	0	0%	1	5%	1	2%
Vagal nerve - polyvagal theory may help explain body function	0	0%	1	5%	1	2%
More interactive	0	0%	1	5%	1	2%
Better linkage to other modules	1	5%	0	0%	1	2%
List of resources for further learning	1	5%	0	0%	1	2%
More examples	1	5%	0	0%	1	2%
Resources for people who may have been triggered	1	5%	0	0%	1	2%
Information about PTSD	1	5%	0	0%	1	2%
Less discussion of individual experiences given the short time frame	1	5%	0	0%	1	2%
More detail about the unique needs of each person	1	5%	0	0%	1	2%

## What do you think would improve this particular module for others in the future?



Note: only themes with more than one respondent are included in the graph above. All themes listed in table below.

What do you think would improve this particular module for others in the future?	Sydney (n = 22)		Western NSW (n = 20)		Total (n = 42)	
Make more cohesive / better flow / clearer	1	5%	1	5%	2	5%
Avoid acronyms / provide a list of acronyms	2	9%	0	0%	2	5%
More time / split into two modules	1	5%	1	5%	2	5%
Group discussions	2	9%	0	0%	2	5%
Slide 17 is this for consumers - would non mental health people know what to do?	0	0%	1	5%	1	2%
Examples of creating a safe environment	0	0%	1	5%	1	2%
How life events (divorce, family breakdown) can cause trauma	0	0%	1	5%	1	2%
More focus on the learning outcome - "Healing from trauma or self-care"	0	0%	1	5%	1	2%
More information on trauma informed care vicarious trauma to support a safe environment	0	0%	1	5%	1	2%
More lived experience perspective	0	0%	1	5%	1	2%
Perhaps Stephen Porges model	0	0%	1	5%	1	2%
RICH model - I like this - respect information hope	0	0%	1	5%	1	2%
Try to cater for the diverse background of participants in terms of previous knowledge	0	0%	1	5%	1	2%
Information on PTSD / complex PTSD	0	0%	1	5%	1	2%
More videos	0	0%	1	5%	1	2%
Before offering grounding strategies 1. validate their experience 2. ask if it's okay to offer suggestions	1	5%	0	0%	1	2%
More information	1	5%	0	0%	1	2%
More practical skills for "toolbox"	1	5%	0	0%	1	2%
More readings and references for further learning	1	5%	0	0%	1	2%
Role play scenarios	1	5%	0	0%	1	2%
Shorter	1	5%	0	0%	1	2%
Use of microphone	1	5%	0	0%	1	2%

## EMBRACING CHANGE

### Individual module results summary



### Overall summary for this module

In both qualitative comments and quantitative ratings, this module was deemed least potentially useful of all 6 modules. The Western NSW delivery of this workshop received particularly low ratings and comments suggested that this may have been related to some challenges experienced in managing the contribution of some participants. The least helpful aspects of this module related mostly to the overwhelming amount and complexity of information provided, particularly for lay people without mental health specific background knowledge or experience. This module had a lot of assumed mental health specific knowledge in it, acronyms, and the distinction between pathways within and outside of the NDIS was confusing. Some information was out-of-date. The module needs to be simplified, given more time, and more information needs to be provided about what each service provides. Again, in this module participants from non-Sydney workshops asked for locally relevant information about services available. The aspects most valued were gaining information about a range of services and an understanding of system changes. They valued the resources – handouts, flowcharts, diagrams, change maps.

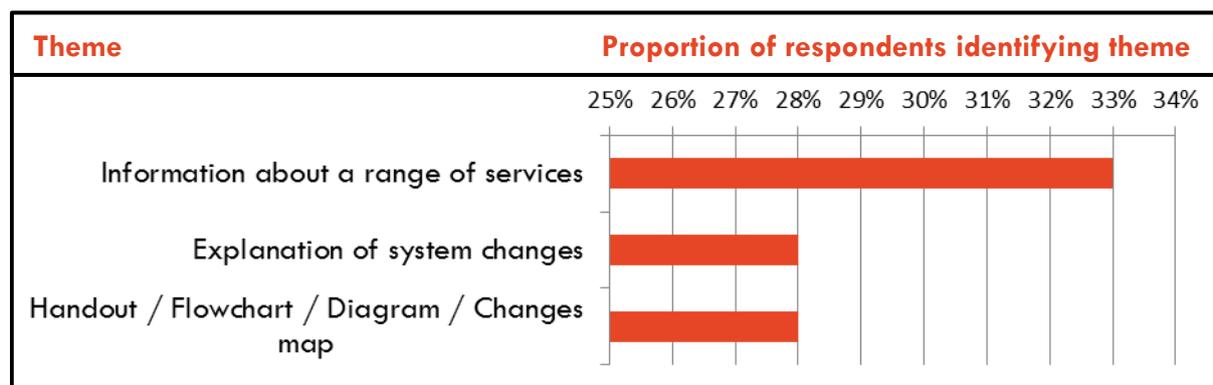
On the following pages, details results are presented. Participants were asked to respond to four questions:

- What parts of this module do you think will be most useful for people?
- What parts of this module do you think will be least useful for people?
- What is missing or do you think there should be more of in this module?
- What do you think would improve this particular module for others in the future?

Data from each of these questions are presented below. Themes identified by more than one participant are firstly summarised in a bar chart showing the proportions of individuals identifying this theme. Following this, all themes (and the proportion of respondents identifying the theme) are presented in a table.

## Detailed results

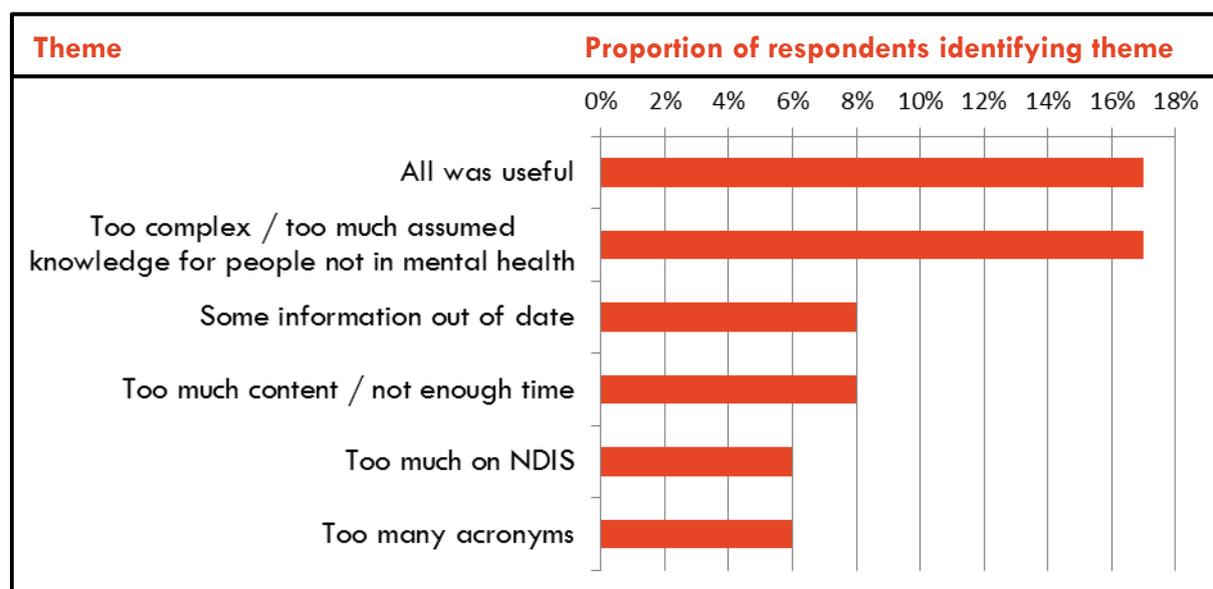
### What parts of this module do you think will be most useful for people?



**Note:** only themes with more than one respondent are included in the graph above. All themes listed in table below.

What parts of this module do you think will be most useful for people?	Sydney (n = 20)		Western NSW (n = 16)		Total (n = 36)	
Information about a range of services	10	50%	2	13%	12	33%
Explanation of system changes	5	25%	5	31%	10	28%
Handout / Flowchart / Diagram / Changes map	6	30%	4	25%	10	28%
Sharing of information	0	0%	1	6%	1	3%
Ways to navigate services	0	0%	1	6%	1	3%
Making the language understandable	0	0%	1	6%	1	3%
All was useful	1	5%	0	0%	1	3%
How to contact services	1	5%	0	0%	1	3%
Information about how different parts of the system work together	1	5%	0	0%	1	3%
Learning about ways to change	1	5%	0	0%	1	3%
Ways to improve communication between service providers	1	5%	0	0%	1	3%
Learning about characteristics of change	1	5%	0	0%	1	3%

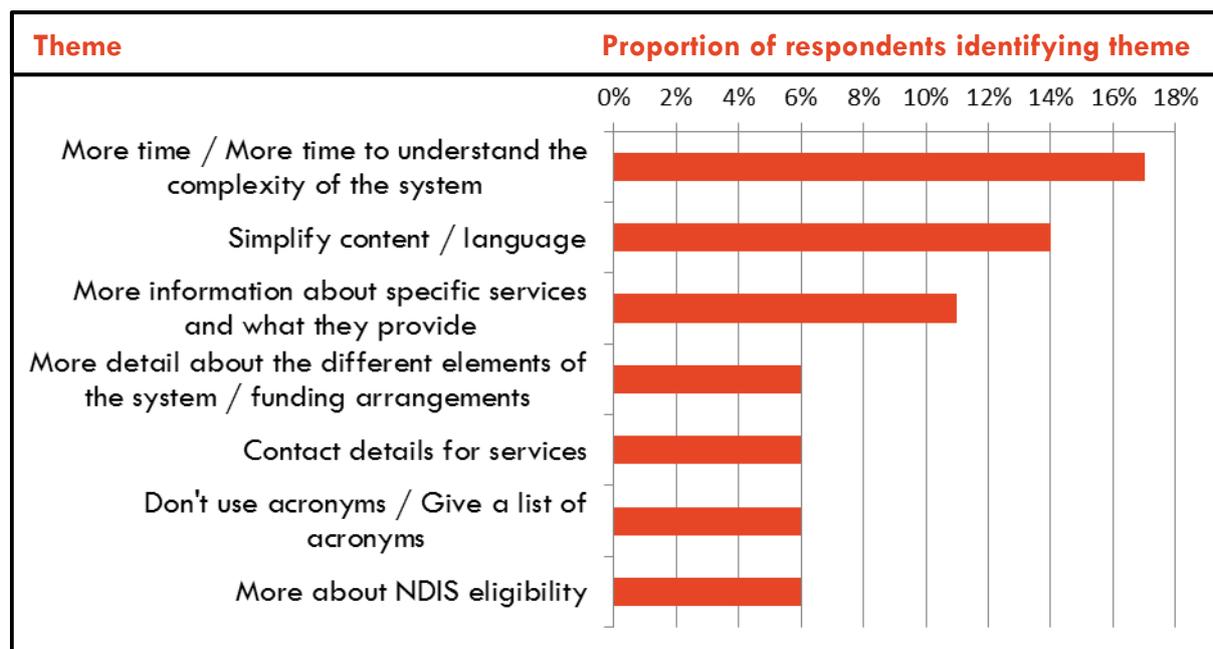
## What parts of this module do you think will be least useful for people?



Note: only themes with more than one respondent are included in the graph above. All themes listed in table below.

What parts of this module do you think will be least useful for people?	Sydney (n = 20)		Western NSW (n = 16)		Total (n = 36)	
All was useful	4	20%	2	13%	6	17%
Too complex / too much assumed knowledge for people not in mental health	1	5%	5	31%	6	17%
Some information out of date	2	10%	1	6%	3	8%
Too much content / not enough time	2	10%	1	6%	3	8%
Too much on NDIS	0	0%	2	13%	2	6%
Too many acronyms	1	5%	1	6%	2	6%
Typo on Slide 5 – “menal”	0	0%	1	6%	1	3%
Confusing module - separate within and outside of NDIS pathways.	0	0%	1	6%	1	3%
Found it frustrating that on many occasions at questions were asked but answers could not be given due to yet to be released announcements etc.	0	0%	1	6%	1	3%
Need to recognise the risk of support networks also being traumatised	1	5%	0	0%	1	3%
some parts not relevant - embracing change	1	5%	0	0%	1	3%
Too much focus on COS	1	5%	0	0%	1	3%
Video not as good as in other modules	1	5%	0	0%	1	3%
Perhaps provide participants with a FAQ sheet regarding changes and programs	1	5%	0	0%	1	3%

## What is missing or do you think there should be more of in this module?

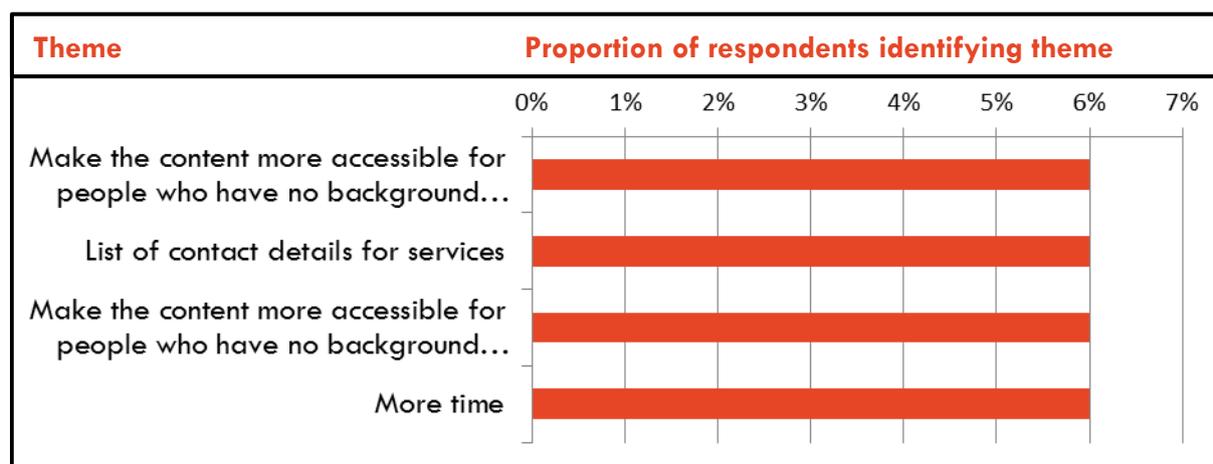


Note: only themes with more than one respondent are included in the graph above. All themes listed in table below.

What is missing or do you think there should be more of in this module?	Sydney (n = 20)		Western NSW (n = 16)		Total (n = 36)	
More time / More time to understand the complexity of the system	4	20%	2	13%	6	17%
Simplify content / language	0	0%	5	31%	5	14%
More information about specific services and what they provide	1	5%	3	19%	4	11%
More detail about the different elements of the system / funding arrangements	0	0%	2	13%	2	6%
Contact details for services	1	5%	1	6%	2	6%
Don't use acronyms / Give a list of acronyms	0	0%	2	13%	2	6%
More about NDIS eligibility	2	10%	0	0%	2	6%
Supports available for people not on NDIS package	0	0%	1	6%	1	3%
Slide 5 was confusing	0	0%	1	6%	1	3%
Information about suicide prevention	0	0%	1	6%	1	3%
More activities and discussion	0	0%	1	6%	1	3%
Not all health support services have any real understanding of NDIS/structure	0	0%	1	6%	1	3%
Remote services left out	0	0%	1	6%	1	3%
Information about how to access community services	0	0%	1	6%	1	3%
More depth of explanation	0	0%	1	6%	1	3%
Tell people about local connection opportunities	0	0%	1	6%	1	3%
Explain NDIS earlier	1	5%	0	0%	1	3%
Contact points to refer people for NDIS	1	5%	0	0%	1	3%

<b>What is missing or do you think there should be more of in this module?</b>	<b>Sydney (n = 20)</b>		<b>Western NSW (n = 16)</b>		<b>Total (n = 36)</b>	
Create a decision tree to help the broader community (and to be used in the course)	1	5%	0	0%	1	3%
Expand mapping document to include pathways to access services	1	5%	0	0%	1	3%
Information about changes for people under 18	1	5%	0	0%	1	3%
Real life examples	1	5%	0	0%	1	3%
Use diagram earlier	1	5%	0	0%	1	3%
Explanation about "psychosocial disability" vs "mental illness"	1	5%	0	0%	1	3%
FAQ sheet to cover some more of the detail	1	5%	0	0%	1	3%
Information about diagnoses	1	5%	0	0%	1	3%
More information	1	5%	0	0%	1	3%
Start from the perspective of people with no understanding of mental illness	1	5%	0	0%	1	3%

## What do you think would improve this particular module for others in the future?



Note: only themes with more than one respondent are included in the graph above. All themes listed in table below.

What do you think would improve this particular module for others in the future?	Sydney (n = 20)		Western NSW (n = 16)		Total (n = 36)	
Make the content more accessible for people who have no background knowledge - especially re NDIS	0	0%	2	13%	2	6%
List of contact details for services	2	10%	0	0%	2	6%
Make the content more accessible for people who have no background knowledge - especially re NDIS	2	10%	0	0%	2	6%
More time	2	10%	0	0%	2	6%
Content is too basic	0	0%	1	6%	1	3%
Create a step by step guide to make the process less overwhelming	0	0%	1	6%	1	3%
Forum to ask questions after the training	0	0%	1	6%	1	3%
Less bland information and statistics	0	0%	1	6%	1	3%
Make sure content remains up to date	0	0%	1	6%	1	3%
Make sure the content is current - most people should already be in NDIS	0	0%	1	6%	1	3%
Up to date resources (map had services that had stopped)	0	0%	1	6%	1	3%
Add an overview of NDIS	1	5%	0	0%	1	3%
Handout with programs listed	1	5%	0	0%	1	3%
Less jargon	1	5%	0	0%	1	3%
More information	1	5%	0	0%	1	3%
PHN [Primary Health Network] slide = it is SNPHN not NSPHN (Sydney North)	1	5%	0	0%	1	3%
Explain job opportunities created by NDIS	1	5%	0	0%	1	3%
Explain terms and programs	1	5%	0	0%	1	3%

# **APPENDIX 1**

## **Surveys used in the project**

# CEEP Trial Evaluation – Pre-Questionnaire

This questionnaire is designed to collect information from CEEP Trial participants to assist in ensuring the CEEP materials are optimally designed to meet the needs and expectations of participants.

Your responses are anonymous and cannot be linked back to you.

This evaluation is being conducted by an independent team of researchers from The University of Sydney, Faculty of Health Sciences (Dr Nicola Hancock and Dr Justin Scanlan).

This survey will generally take about 5 to 10 minutes for most people. However, it may take longer if you wish to provide detailed feedback.

## CREATE YOUR UNIQUE CODE HERE:



First two letters of your mother's name		Day of the month of your birthday		First two letters of the street you live in	

**This unique code is designed to enable the linking of your responses from the pre-questionnaire and the post-questionnaire while protecting your anonymity.**

### Example unique code:

This person's

- mother's name is **EZ**merelda,
- their birthdate is **25<sup>th</sup>** May 1979 and
- they live on **FR**ancis Street.

<b>E</b>	<b>Z</b>	<b>2</b>	<b>5</b>	<b>F</b>	<b>R</b>
First two letters of your mother's name		Day of the month of your birthday		First two letters of the street you live in	

Please write your age: \_\_\_\_\_ years

Please write your gender / gender identity: \_\_\_\_\_

Which location are you accessing the CEEP Trial?

- Sydney  Dubbo / Western NSW

Do you identify as (tick all that apply):

- Community Worker (non mental health)  
 Volunteer  
 Peer  
 Other. Please specify: \_\_\_\_\_

(please turn over for the next questions)

**Have you previously supported someone living with a mental health condition to engage with their community before?**

No

Yes



**If yes, in what capacity was this? (select all that apply)**

Worker

Family member

Friend

Other

**What helped you provide this support?**

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**What made providing this support difficult?**

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**What would have been helpful to support you to do this better?**

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**What are you hoping to learn from this package?**

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**Thank you for completing this survey.**

# CEEP Trial Evaluation – Post-Questionnaire

This questionnaire is designed to collect information from CEEP Trial participants to assist in ensuring the CEEP materials are optimally designed to meet the needs and expectations of participants.

Your responses are anonymous and cannot be linked back to you.

This evaluation is being conducted by a team of independent researchers from The University of Sydney, Faculty of Health Sciences (Dr Nicola Hancock and Dr Justin Scanlan).

This survey will generally take about 5 to 10 minutes for most people. However, it may take longer if you wish to provide detailed feedback.

## WRITE YOUR UNIQUE CODE HERE:



First two letters of your mother's name		Day of the month of your birthday		First two letters of the street you live in	

**This unique code is designed to enable the linking of your responses from the pre-questionnaire and the post-questionnaire while protecting your anonymity.**

**NOTE:** If any of these details have changed since the first time you did this questionnaire, please use the same details you used in your original questionnaire.

### Example unique code:

This person's

- mother's name is **EZ**merelda,
- their birthdate is **25<sup>th</sup>** May 1979 and
- they live on **FR**ancis Street.

<b>E</b>	<b>Z</b>	<b>2</b>	<b>5</b>	<b>F</b>	<b>R</b>
First two letters of your mother's name		Day of the month of your birthday		First two letters of the street you live in	

**Please write your age:** \_\_\_\_\_ years

**Please write your gender / gender identity:** \_\_\_\_\_

### Overall questions:

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Overall, these modules met my needs	<input type="checkbox"/>				
Overall, I believe that these modules will assist others to support people living with mental health conditions to better connect with their communities	<input type="checkbox"/>				

**Please explain the reasons for your ratings above.**

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Please tick which specific modules you completed (tick all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> What is Recovery      | <input type="checkbox"/> Embracing Change              |
| <input type="checkbox"/> Community inclusion   | <input type="checkbox"/> Creating Healing Environments |
| <input type="checkbox"/> Supports and Services | <input type="checkbox"/> Empowerment                   |

Are there other modules that you would suggest we add?

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Overall, what do you think would improve the package going forwards?

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If you did more than one module, what module do you think might be most useful for others (choose one only)?

- |   |  |
|---|--|
| <input type="checkbox"/> What is Recovery                         | <input type="checkbox"/> Embracing Change              |
| <input type="checkbox"/> Community inclusion                      | <input type="checkbox"/> Creating Healing Environments |
| <input type="checkbox"/> Supports and Services                    | <input type="checkbox"/> Empowerment                   |
| <input type="checkbox"/> None - I don't think any would be useful | <input type="checkbox"/> N/A - I only did one module   |

Why do you think this module will be useful for others?

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If you did more than one module, what module do you think might be least useful for others (choose one only)?

- |  |  |
|--|--|
| <input type="checkbox"/> Recovery  | <input type="checkbox"/> Embracing Change              |
| <input type="checkbox"/> Community inclusion                             | <input type="checkbox"/> Creating Healing Environments |
| <input type="checkbox"/> Supports and Services                           | <input type="checkbox"/> Empowerment                   |
| <input type="checkbox"/> None – I think they will all be equally helpful | <input type="checkbox"/> N/A - I only did one module   |

Why do you think this module will be least useful for others?

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**Thank you for completing this survey.**

# CEEP Trial Evaluation – Module Questionnaire

## What is Recovery

When answering the questions below, only think about the module titled What is Recovery

What parts of this module do you think will be most useful for people? Why?

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What parts of this module do you think will be least useful for people? Why?

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What is missing or do you think there should be more of in this module?

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How would you rate the overall quality of resources used to deliver this module?

Poor     Fair     Good     Very good     Excellent

Please comment on your rating above

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What do you think would improve this particular module for others in the future?

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How was this module delivered?

Face to face     Online     Mix of face to face and online

Please comment on whether this was an effective method of delivery

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**Thank you for completing this survey.**

# CEEP Trial Evaluation – Module Questionnaire

## Community Inclusion

When answering the questions below, only think about the module on Community Inclusion

What parts of this module do you think will be most useful for people? Why?

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What parts of this module do you think will be least useful for people? Why?

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What is missing or do you think there should be more of in this module?

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How would you rate the overall quality of resources used to deliver this module?

Poor     Fair     Good     Very good     Excellent

Please comment on your rating above

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What do you think would improve this particular module for others in the future?

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How was this module delivered?

Face to face     Online     Mix of face to face and online

Please comment on whether this was an effective method of delivery

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**Thank you for completing this survey.**

# CEEP Trial Evaluation – Module Questionnaire

## Supports and Services

When answering the questions below, only think about the module on Supports and Services

What parts of this module do you think will be most useful for people? Why?

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What parts of this module do you think will be least useful for people? Why?

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What is missing or do you think there should be more of in this module?

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How would you rate the overall quality of resources used to deliver this module?

- Poor     Fair     Good     Very good     Excellent

Please comment on your rating above

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What do you think would improve this particular module for others in the future?

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How was this module delivered?

- Face to face     Online     Mix of face to face and online

Please comment on whether this was an effective method of delivery

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**Thank you for completing this survey.**

## CEEP Trial Evaluation – Module Questionnaire

### Empowerment

When answering the questions below, only think about the module on Empowerment

What parts of this module do you think will be most useful for people? Why?

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What parts of this module do you think will be least useful for people? Why?

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What is missing or do you think there should be more of in this module?

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How would you rate the overall quality of resources used to deliver this module?

Poor     Fair     Good     Very good     Excellent

Please comment on your rating above

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What do you think would improve this particular module for others in the future?

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How was this module delivered?

Face to face     Online     Mix of face to face and online

Please comment on whether this was an effective method of delivery

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**Thank you for completing this survey.**

# CEEP Trial Evaluation – Module Questionnaire

## Creating Healing Environments

When answering the questions below, only think about the module on Creating Healing Environments

What parts of this module do you think will be most useful for people? Why?

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What parts of this module do you think will be least useful for people? Why?

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What is missing or do you think there should be more of in this module?

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How would you rate the overall quality of resources used to deliver this module?

Poor     Fair     Good     Very good     Excellent

Please comment on your rating above

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What do you think would improve this particular module for others in the future?

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How was this module delivered?

Face to face     Online     Mix of face to face and online

Please comment on whether this was an effective method of delivery

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**Thank you for completing this survey.**

# CEEP Trial Evaluation – Module Questionnaire

## Embracing Change

When answering the questions below, only think about the module on Embracing Change

What parts of this module do you think will be most useful for people? Why?

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What parts of this module do you think will be least useful for people? Why?

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What is missing or do you think there should be more of in this module?

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How would you rate the overall quality of resources used to deliver this module?

Poor     Fair     Good     Very good     Excellent

Please comment on your rating above

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What do you think would improve this particular module for others in the future?

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How was this module delivered?

Face to face     Online     Mix of face to face and online

Please comment on whether this was an effective method of delivery

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**Thank you for completing this survey.**