



# Impact Evaluation of MH101®

June 2020

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Blueprint for Learning is the learning and development partner of Te Pou

Part of the Wise Group.

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## Acknowledgements

The MH101<sup>®</sup> impact evaluation is mainly based on the feedback provided by workshop participants who responded to an online survey and agreed to take part in an interview. We thank all participants for taking the time to provide us with feedback.

## About Malatest International

Malatest International is a private research and evaluation company based in Wellington and Auckland, New Zealand. We provide high-quality research, programme evaluation and skilled advisory services to public, private, academic and not for profit sectors

## Executive Summary

MH101<sup>®</sup> is a one-day mental health literacy programme provided by Blueprint for Learning under contract to the Ministry of Health. MH101<sup>®</sup> workshops have been developed to give attendees greater confidence to:

- Recognise mental illness or distress
- Relate better to those experiencing mental illness or distress
- Respond in an appropriate way by providing practical tools and ideas.

MH101<sup>®</sup> has been designed for frontline government and social sector agency staff, but is also targeted to anyone who may work alongside vulnerable populations such as those working in schools and tertiary institutes and other community-based organisations (e.g., Citizens Advice Bureau, kaupapa Māori agencies and family/whānau based services).

## The evaluation

This impact evaluation focuses on how any changes in confidence, understanding and behaviour were maintained six months after the workshops. It is a repeat of the 2016 evaluation (also conducted by Malatest) and compares changes in workshop participation, usefulness and impact between 2016 and 2019.

Data were sourced from pre- and post-workshop surveys completed by participants who attended MH101<sup>®</sup> from July to November 2019. These surveys were administered by the MH101<sup>®</sup> team. A follow-up survey was sent to this cohort six months after the workshops. Quantitative data were analysed to compare results between the 2016 and 2019 cohorts.

A cross-section of 29 workshop participants was interviewed to gain more in-depth understandings of their experiences of the workshop and reflections on changes to their attitudes and behaviours.

The evaluation timing aligned with an extensive review of MH101<sup>®</sup> content being completed by Blueprint.

### People who attend MH101<sup>®</sup> were very positive about the experience

Most of those interviewed were very positive about the MH101<sup>®</sup> workshop. Two-thirds of survey respondents (62%) strongly agreed and 34% agreed they would recommend the workshop to their colleagues. Approximately three-fifths (57%) strongly agreed and a further 35% agreed they would recommend the workshop to everyone.

Since the workshop:

- Most respondents (83%) had referred to the MH101<sup>®</sup> workbook and most of those found it useful
- Just under half had referred to the website and two-thirds of those found it useful

- Two-thirds of respondents noted that the most useful types of follow-up support could include a more advanced workshop (e.g., MH201), debriefing kits, website tools and resources and follow-up or refresher MH101® workshops.

### **Workshop participants had increased confidence in recognising mental health issues**

The MH101® workshop introduced participants to the signs and symptoms of anxiety disorder, depression, psychosis and substance use disorder. Since the workshop, most participants became more confident about recognising the signs and symptoms of these mental health issues. Fewer were confident about recognising signs of psychosis compared to other mental health issues.

Comparing responses over time demonstrated an increase in participants' confidence in recognising different forms of mental illness following the workshop. Increases in confidence were largely maintained six months later.

### **The workshop helped participants to understand and relate better to people experiencing mental health issues**

The MH101® workshop aimed to give participants a better understanding of the experiences of people with mental illness to reduce stigma and discrimination towards mental illness. One of the ways the workshop does this is through having at least one workshop facilitator with personal experience of mental illness or addiction and recovery. The facilitators relate their personal experiences as examples during the workshop. Most survey respondents (90%) found the incorporation of the facilitators' personal experiences very useful (56%) or useful (35%).

### **Almost all participants felt more confident talking about mental health issues**

Almost all (90%) respondents strongly agreed (29%) or agreed (61%) they were more confident talking about mental health issues since the workshop. Confidence in knowing what to do was maintained six-months after the workshops.

### **Since the workshop many had initiated conversations about mental health issues**

Since the workshop, two-thirds of survey respondents had initiated a conversation with someone whose mental health they were concerned about. Most of these conversations were because they were concerned the person was showing signs of depression or anxiety disorder. Many agreed what they learned at the workshop had helped them initiate and navigate these conversations.

### **Workshop participants had changed the way they interacted with people experiencing mental illness**

Consistent with the findings of the 2016 evaluation, interviewees and survey respondents said that the most common change in the way they responded to people experiencing mental illness was to listen more. Participants said they had learned not to try and fix things for people and were instead more willing to listen and then offer support. They would also give the person more time to think and talk and would keep calm. Several participants said they had become less judgemental. The workshop had provided them with the tools, knowledge and framework to have the appropriate conversations.

### **Participants were more confident about seeking professional help**

Around two-thirds of respondents were confident they knew appropriate professional help options, when it was appropriate to recommend professional help options, and how to contact professionals. Over one-half (54%) of respondents agreed they had made more effective use of referrals to professional help options since the workshop.

Respondents' confidence in knowing when and how to contact mental health professionals increased substantially after the workshop and was maintained six-months later. No major differences were observed between the 2016 and 2019 survey respondents.

### **Many participants lacked confidence about knowing what to do when someone was suicidal**

Around one-half (48%) of respondents said they were confident about knowing what to do when someone may be suicidal; a statistically significantly lower proportion compared to 2016 respondents (57%). Almost one-half said learning about suicide in the workshop was very useful. A similar proportion of 2019 respondents compared to 2016 respondents agreed that since the workshop they had intervened when someone was suicidal.

### **The workshops had improved participants' self-help**

Most participants said since the workshop they did more to keep themselves well and were recommending self-help strategies to others. Almost all thought learning about mindful rest and self-care in the workshop was useful.

Three-quarters of respondents were confident they knew how people could look after their mental health. Most respondents said they were using more strategies to keep themselves well and three-quarters were suggesting self-help strategies to others more often.

Participants' confidence in their knowledge of self-help strategies and when to use them increased substantially after the workshop and decreased slightly six-months later.

### **Most considered learnings from the workshop had been useful at work**

Almost all participants (81%) said what they learned in the workshop had been useful to them at work and most (82%) had shared what they learned with their colleagues.

Just over half (59%) were very confident or confident dealing with the 'client' mental health issues they faced at work, similar to the proportion who were confident in dealing with staff mental health issues at work (58%).

Most (89%) said there were policies in their workplace to allow people experiencing mental illness to receive appropriate support. Two-thirds (67%) strongly agreed or agreed since the workshop they were providing more support around mental illness to people at work.

## Conclusion

The MH101® workshops:

- Were very positively received by participants.
- Increased participants' awareness and confidence in recognising and responding to mental health issues.
- Made a difference to how participants responded to mental health issues in their workplaces.
- Made a difference to participants' personal lives through improved self-care and the support they provided to family members and friends.
- Benefitted participants from all ethnic groups.

In comparison to 2016:

- Very high levels of overall satisfaction with the workshop content were maintained.
- The 2019 respondents showed participants had similar levels of confidence to 2016 respondents in recognising mental illness and providing support.
- The 2019 respondents were less confident than 2016 respondents in dealing with client mental health issues at work and in supporting someone who might be suicidal. Differences may reflect differences between years in the proportions of frontline staff attending the workshops.
- The 2019 respondents also found it less useful to hear about the facilitators' personal experiences of mental illness than 2016 respondents and were less likely to agree they had shared their MH101® learnings with colleagues.
- Comparisons between Māori, Pacific and other ethnic groups demonstrated the workshops were effective for participants from all ethnic groups.

The very positive responses to the six-month survey suggest few recommendations for the MH101® team to consider. The main areas to consider are developing follow-up support. The drop-off in confidence following the post- survey and participants' suggestions:

- Offer an opportunity to provide feedback sessions where participants can reflect on their experiences.
- Offer more advanced content and information to maintain and further improve participants' confidence and knowledge.
- Encourage employers to offer follow-up feedback and discussion sessions for employees who have attended MH101.

## 1. Background

### 1.1 MH101<sup>®</sup> workshop

MH101<sup>®</sup> is a one-day mental health literacy programme provided by Blueprint under contract to the Ministry of Health. MH101<sup>®</sup> workshops have been developed to give attendees greater confidence to:

- Recognise mental illness or distress
- Relate better to those experiencing mental illness or distress
- Respond in an appropriate way by providing practical tools and ideas.

MH101<sup>®</sup> has been designed for those working on the frontline of government and social sector agencies, but is also suitable for anyone who may work alongside people with experience of mental illness and/or addictions, such as those working in schools and tertiary institutes and other community-based organisations (e.g., Citizens Advice Bureau, kaupapa Māori agencies and family/whānau based services).

The workshops are free to attend and are filled on a first-come first-served basis. In the five months over which the evaluation was focussed, 76 workshops were held with 1,477 participants.

### 1.2 Evaluation scope and purpose

This is an impact evaluation with a focus on how any changes in understanding and behaviour are sustained six months after the workshop. It is a repeat of the 2016 evaluation, also undertaken by Malatest International, and compares changes in workshop participation, usefulness, and impact between 2016 and 2019.

This evaluation took place during a time when the Blueprint team were undergoing a review of the workshop content, delivery and terminology used in the workshop<sup>1</sup>. The workshops and surveys administered during the evaluation period used language such as “mental illness” and this evaluation report uses the same terminology for consistency. However, MH101<sup>®</sup> content has since been updated to align with best practice and uses language, such as ‘mental health challenges’ and ‘mental distress’.

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<sup>1</sup> Blueprint for Learning. (2019, August). *MH101<sup>®</sup> content and delivery review report*. Wellington, New Zealand.

## 1.3 Information services

### 1.3.1 Surveys

Everyone who attended a MH101® workshop between July and November 2019 was invited to complete a pre- and post-workshop online survey as part of Blueprint’s business-as-usual monitoring. All those who completed the post-workshop survey were asked if they consented to being followed up in approximately 4-6 months by evaluators, and about two-thirds consented. Workshop participants were initially divided into five waves depending on when they attended the workshop (Table 1).

A sixth wave was created after missing pre- and post-workshop survey data from 29 commercial workshops were identified, which were not included in previous data extracts from the Blueprint team. These data were missing due to transitional challenges during the changeover in Blueprint’s data management system. The follow-up survey was extended in May 2020 to include the 488 respondents from the missing dataset who had indicated they could be contacted to complete the survey.

**Table 1: Summary of follow-up survey data collection**

	Date of workshop attendance	Number who consented to follow-up contact	Date of follow-up survey	Number who completed follow-up survey	Response rate
Wave 1	Jul 2019	104	Nov 2019	68	65%
Wave 2	Aug 2019	101	Dec 2019	67	66%
Wave 3	Sept 2019	64	Jan 2020	44	69%
Wave 4	Oct 2019	41	Feb 2020	28	68%
Wave 5	Nov 2019	24	Mar 2020	13	54%
Wave 6	Sept-Nov 2019	488	May 2020	53	52%
Total		822		475	58%

A copy of the follow-up survey questionnaire is provided in Appendix 1. The follow-up survey was completed by 475 people: 58% of those who consented to follow-up (n = 822) and 30% of all workshop participants between 1 July and 30 November 2019 (n = 1,477). However, not all respondents answered each survey question – therefore, sample sizes are included in each chart to display variations in the number of responses.

Some questions included in the follow-up survey were the same as questions asked in the pre- and post-surveys to allow us to track trends in responses over time. Slight changes were made to other questions to leave them comparable but to respond to changes in the pre- or post-workshop surveys. The 428 people who completed all three surveys were included in the timeseries analysis.

**Table 2: Response numbers to all surveys and percentages of workshop participants responding**

Year	Total workshop participants	Responses to the pre-survey	Responses to the post-survey <sup>2</sup>	Responses to the follow-up survey	Number who responded to all 3 surveys
2016	499	322 (65%)	396 (79%)	252 (51%)	214 (43%)
2019	1,477 <sup>3</sup>	1,325 (90%)	1,215 (82%)	475 (32%)	428 (30%)

The characteristics of pre-workshop survey and follow-up survey respondents are summarised in Table 3. The profile of pre-workshop participants and those responding to the six-month follow-up was broadly similar with the exceptions that slightly higher proportions of females, government employees and NGO employees completed the follow-up survey. Even though the follow-up survey was completed by a relatively small proportion of workshop attendees the profile of attendees is broadly similar.

<sup>2</sup> This includes only those who indicated they were willing to be contacted by Malatest about the follow-up survey.

<sup>3</sup> The number of July to November 2019 workshop participants was identified as 1,477. This was based on matching the pre- and post-survey datasets using the names participants recorded in free-text fields, so matching is not perfect. This total participant figure was supported by the Blueprint team.

**Table 3: Characteristics of workshop participants responding to the first survey compared to those who completed the six-month follow-up survey, for 2016 and 2019**

Characteristics	Pre- workshop participants		Six-month follow-up survey	
	2016 (n=322-396)	2019 (n=1,325) <sup>4</sup>	2016 (n=214)	2019 (n=475)
Type of organisation <sup>5</sup>				
• Government	39%	58%	42%	63%
• NGO	50%	18%	49%	21%
• Education	-	7%	-	6%
• Other	-	19%	-	19%
• Private	11%	8%	9%	5%
Gender				
• Male	19%	27%	17%	26%
• Female	81%	69%	83%	74%
• Other	-	1%	-	1%
Age				
• Under 20	-	1%	-	1%
• 20 to 29	10%	25%	8%	24%
• 30 to 39	16%	22%	18%	23%
• 40 to 49	27%	21%	28%	22%
• 50 to 59	27%	18%	27%	18%
• 60 plus	20%	11%	20%	13%
Ethnicity <sup>6</sup>				
• Māori	14%	19%	21%	19%
• Pacific	6%	12%	8%	13%
• Asian	3%	8%	1%	9%
• New Zealand European	66%	64%	77%	65%
• Other	11%	9%	12%	9%

### 1.3.2 Interviews

A sample of workshop participants was also invited to take part in an in-depth telephone interview between October and November. The sample was selected from participants in workshops at the start of the evaluation period to avoid participant burden. Interviewed participants were selected to represent the diversity of workshop participants and ensure representation of frontline staff, Māori and Pacific participants, those who attended a rural workshop and those who work with youth.

<sup>4</sup> Forty participants (3%) did not provide gender or age information, so percentages do not add up to 100%.

<sup>5</sup> In 2019, respondents could select more than one organisation type. Therefore, percentages do not add up to 100%.

<sup>6</sup> Based on total count ethnicity – respondents are counted in each ethnic group they identify.

Because of the small numbers, all those who indicated they attended a rural workshop were invited to be interviewed.

Interviews were completed with 29 workshop participants. Details of participants are summarised in (Table 4). Some participants fell into more than one category.

**Table 4: Characteristics of interview participants**

Characteristics	Number of participants	Characteristics	Number of participants
Type of organisation <ul style="list-style-type: none"> <li>• Kaupapa Māori</li> <li>• Government</li> <li>• NGO</li> <li>• Youth</li> </ul>	4 6 7 4	Gender <ul style="list-style-type: none"> <li>• Male</li> <li>• Female</li> </ul>	7 22
Age <ul style="list-style-type: none"> <li>• 20 to 29</li> <li>• 30 to 39</li> <li>• 40 to 49</li> <li>• 50 to 59</li> <li>• 60 plus</li> </ul>	5 7 7 6 4	Ethnicity <sup>7</sup> <ul style="list-style-type: none"> <li>• Māori</li> <li>• Pacific</li> <li>• Asian</li> <li>• New Zealand European</li> <li>• Other</li> </ul>	6 8 1 9 5

## 1.4 Notes for reading this report

Survey questions asked for responses on five-point scales (which included two positive responses, one neutral and two negative responses). Positive and negative responses have frequently been grouped in the text, but charts and tables detail all responses. Respondents to the six-month follow-up survey were able to skip questions they did not want to answer and/or select “don’t know” as an answer. “Don’t know” responses were removed from the denominator for analysis, unless where explicitly noted otherwise. Therefore, numbers of people responding to questions in tables and charts may be less than 475. Percentages of 5% or less are not labelled on the graphs due to lack of space.

Charts demonstrating changes over time are based on 428 participants who completed all three surveys so numbers may differ slightly from six-month responses. Names and identifying information have been changed in case studies and quotes to ensure anonymity of respondents.

Appendix 2 provides summaries of responses to follow-up survey questions between the 2016 and 2019 cohorts as well as comparisons between ethnic groups in the 2019 cohort. Full results of statistical testing are also provided.

<sup>7</sup> Based on total count ethnicity.

## 2. MH101<sup>®</sup> workshop and resources

### Key messages

Most of those interviewed were very positive about the MH101<sup>®</sup> workshop, although three interviewees noted some aspects of the workshop (like organisation) could be improved.

Two-thirds of survey respondents (62%) strongly agreed and 34% agreed they would recommend the workshop to their colleagues. Approximately three-fifths (57%) strongly agreed and a further 35% agreed they would recommend the workshop to everyone.

Since the workshop:

- Most respondents had referred to the MH101<sup>®</sup> workbook and most of those found it useful
- Just under half had referred to the website and two-thirds of those found it useful
- Two-thirds of respondents noted that the most useful types of follow-up support could include a more advanced workshop (e.g., MH201), debriefing kits, website tools and resources and follow-up or refresher MH101<sup>®</sup> workshops.

### 2.1 Workshop

Most interview participants were very positive about the MH101<sup>®</sup> workshop. Three interviewees were more neutral, saying they found the content good, but some aspects of the organisation could be improved.

Suggestions for improvement included spreading out the workshop over two days to allow a more relaxed pace, and to ensure that the venue was large enough for the number of participants. Several interview participants felt the venue for their workshop was hot and cramped which made it more difficult for them to focus.

*It's quite a bit of content for one day and it's quite deep heavy content. At the end of the day, I was quite shattered by the end of it.*

*It was hot, and I don't think they knew how to use the air conditioner. I was falling asleep. There were about 20-something people all in this little room.*

Almost all 2019 respondents (96%) strongly agreed (62%) or agreed (34%) they would recommend the workshop to their colleagues (compared with 98% of 2016 respondents)

The majority (93%) strongly agreed (57%) or agreed 35% they would recommend the workshop to everyone, compared with 92% of 2016 respondents.

*I'm a registered nurse with experience... I have recommended the course for employees of the organisation I work for.*

Several interview participants said they found the workshops a good opportunity to network with others in similar fields. Some suggested it would be good to have a way to keep in touch with their workshop cohort.

*It would be useful to have a list of people who have actually done the workshop so you can talk mutually about it with different organisations, you know? But of course you've got your confidentiality issues on that, I know.*

Most respondents agreed or strongly agreed that:

- They understood the learning objectives of the workshop (97%)
- The 'Recognise, Relate, Respond' framework was useful (96%)
- The workshop was delivered at the right level for them to retain and use the information (93%)
- The workshop content was relevant to people with a range of disabilities (87%)
- The workshop content was relevant to people with diverse cultural backgrounds and spiritual beliefs (88%).

#### Case study: Culturally responsive content suited staff from kaupapa Māori organisations

Pania worked in a kaupapa Māori organisation, and attended MH101<sup>®</sup> as she works directly with clients. Pania said she valued having a mix of facilitators who could provide different perspectives on mental health from their own cultural backgrounds.

*We had a Māori presenter as well as a Pākehā lady, so we had two. She gave her perception of what she'd do, and he gave his perception using the Tapa Whā model, and marae models that we are used to. Him being [someone with mental health issues] and working through his problems, it also helped because it made it more authentic.*

For Pania, it was very important to include tikanga Māori ways of thinking about and working with mental health. She thought MH101<sup>®</sup> did a good job of incorporating opportunities to talk about this through the scenarios presented.

*There were some cool scenarios where they let us try and extract information in a friendly environment. There is a way that we can put some Māori tikanga in there, we're really good at whakawhanaungatanga, korero, and whakapapa and making connections so we should see what we are naturally good at first, and then go through the form with the person – as opposed to giving the form and struggling.*

Pania said it was also valuable having time to network and connect with other people working in the same field. In particular, she said it was great to be able to talk about the kind of issues clients faced, and to deepen her understanding of the way mental health can affect Māori and others alike.

*Even ethnically it was quite interesting, because we deal mainly with Māori clients, and hearing they have similar problems was something that we didn't expect. Mental health doesn't choose ethnic, if you've got it, you've got it really. It was just a different way of dealing with ethnic beliefs.*

Overall, Pania said MH101® was a valuable workshop which helped her understand what some of the people in her life were dealing with. She suggested that in future, it might be helpful to integrate some more cultural content into the content and format, although the cultural responsiveness of the facilitators was already good.

## 2.2 Resources

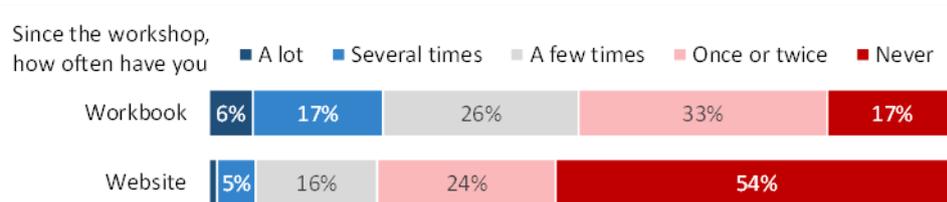
The MH101® workshop is based around a workbook which contains both information and exercises. Workshop participants are encouraged to keep the workbook and refer to it after the workshop.

*I thought it was good to get some info [from the workbook] about places, different organisations, to get free counselling. Info that you could either pass onto someone who could benefit or for yourself.*

Workshop participants could sign up to receive a regular e-newsletter from Blueprint which includes further education about mental health and reminders from the course. The MH101® website ([www.mh101.co.nz](http://www.mh101.co.nz)) also provides further information including tools and resources around mental health.

*I did download the mental health awareness week [resources]. I used some of the references to get resources for my team. We were given the website, so I did go and download the resources for my colleagues and for the workplace.*

Since the workshop, most (83%) respondents had referred to the workbook at least once, including about one-half (49%) who had used it at least a few times in the last six months. Just under half (46%) of respondents had referred to the website although most (40%) had only referred to it 'once or twice' or 'a few times' (Figure 1).



**Figure 1: Frequency that workshop attendees used MH101® resources since the workshop (n = 449-460)**

Two-thirds (68%) of those who had used the website thought it was 'useful' or 'very useful' and over three-quarters (79%) who had used the workbook said it was 'useful' or 'very useful'.

*I enjoyed learning new things and I feel grateful for the booklet as you can always look back if you forget about a certain topic.*

Survey respondents noted that in terms of follow-up support, a more advanced workshop (e.g., MH201) (69%), a debriefing kit (67%), website tools and resources (62%) and follow-up or refresher MH101® workshops (57%) would be the most useful. The least useful types of follow-up support included email prompts (37%) and apps (45%).

*A more advanced [workshop] would be cool - and looking at some videos of real examples (acting of course) to see if we notice symptoms and what we could suggest to do.*

### Case study: Resources helped participants remember what they learned

Greg worked in education. He had never attended an MH101® workshop before but had attended other mental health workshops over the years. The MH101® was offered to all school staff and he and his colleagues were strongly encouraged to attend. He decided to go along to the workshop, thinking that he would probably learn something he could use to look after his team.

*I'm not a manager but for me, being part of a team means looking out for my colleagues.*

Greg thought the MH101® workshop was a valuable experience. The facilitators were excellent and offered complementary perspectives that made Greg and other participants reflect more on the subject matter. He found the workshop was more focussed and clearer compared to other mental health workshops he had attended.

*They were good presenters, complementary and different, but they worked well as a team. Bearing in mind that we were talking at times about things that were quite serious subject matter, they discussed things calmly. There were stories, moments of humour... I thought the pace was good. We got lots done but it wasn't rushed.*

He thought the workbook in particular was an excellent resource. There was a significant amount of content that was not covered in depth during the workshop, but which made for useful reading afterwards that helped reinforced everything he had learned on the day. He also appreciated having the workbook as he could always refer to it.

*There were lots of things in the workbook that we either touched on or pointed out, but we didn't go through on the day. I set aside time afterwards to read the whole thing, which was really good, because there was so much in there that was useful, and it reinforced some of the things we'd talked about. Having the workbook is really handy because you can go back to it.*

Greg thought the workbook made for easy reading and had referred to it frequently since the workshop. It allowed him to grow his confidence to recognise mental distress or mental health issues in the workplace.

### 3. Recognising mental health issues

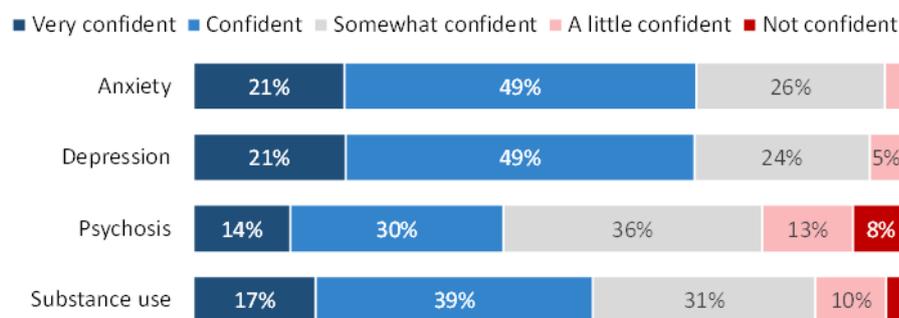
#### Key messages

Since the workshop, most participants were more confident about recognising signs of depression, anxiety, substance use disorder and psychosis. Fewer were confident in recognising signs of psychosis than other mental health issues.

Comparing responses over time demonstrated an initial increase in participants' confidence in recognising different forms of mental illness that was largely maintained six months later.

The MH101® workshop introduces participants to the signs and symptoms of depression, anxiety disorder, substance use disorder and psychosis. The aim is not to make a diagnosis but to be more aware if someone's behaviour suggests they may be experiencing a mental health issue.

Six months after the workshops, almost three-quarters (70%) were very confident (21%) or confident (49%) recognising signs of depression and anxiety disorder. Approximately one-half of respondents to the six-month survey were confident they could recognise substance use disorder (56%) and psychosis (43%) although 8% were not confident recognising psychosis (Figure 2). There were no statistically significant differences between different ethnic groups and their confidence in recognising the signs of mental illness (Appendix 2: Table 9).



**Figure 2: Self-reported confidence recognising signs of depression, anxiety disorder, substance use disorder and psychosis (n = 473-474)**

Comparing responses over time, and between the 2016 and 2019 workshop waves, demonstrated an initial substantial increase in confidence in recognising different forms of mental illness (Figure 3 and Figure 4). Rates were very similar in the follow-up survey between the two cohorts and were not statistically significant.

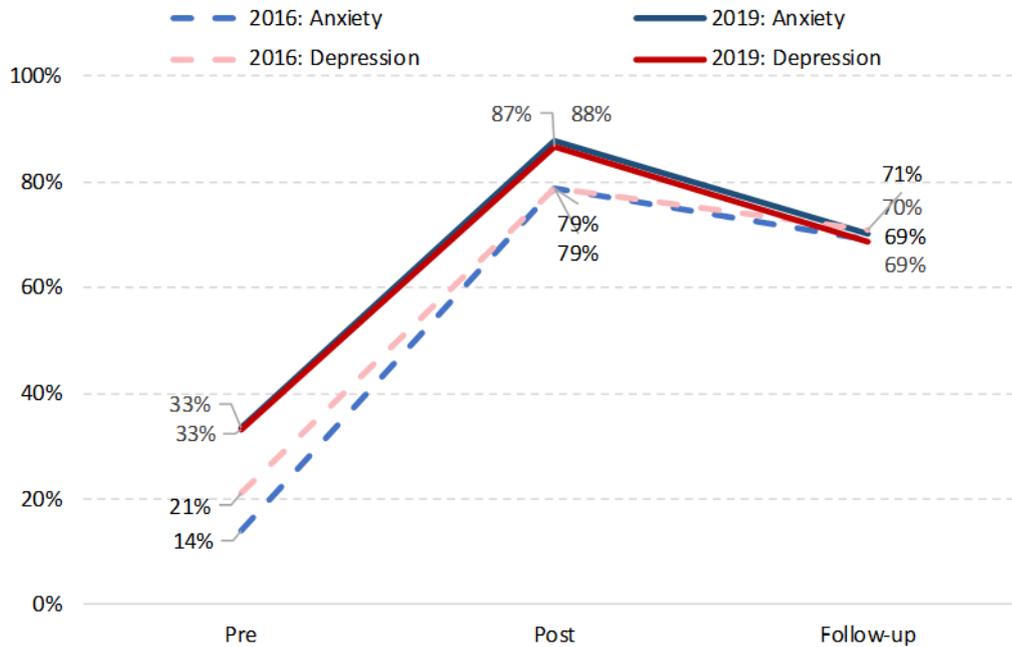


Figure 3: Comparison of percentage of 2016 and 2019 respondents who were very confident or confident recognising different anxiety and depression (2016 n = 214; 2019 n = 428)

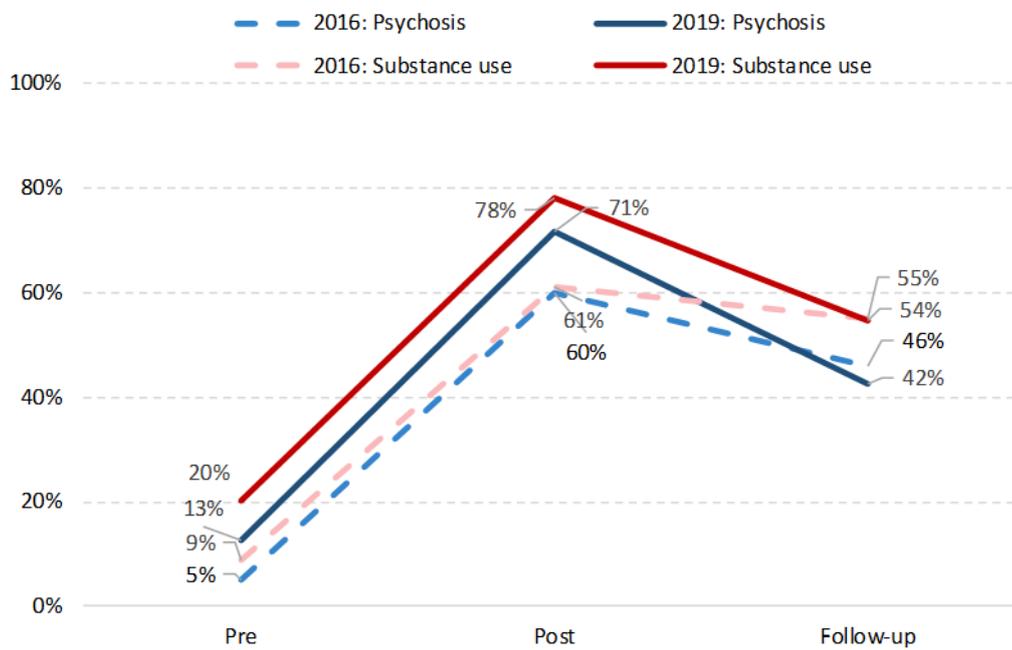


Figure 4: Comparison of percentage of 2016 and 2019 respondents who were very confident and confident about recognising signs of psychosis and substance use (2016 n = 214; 2019 n = 428)

All but one respondent said learning about signs of major mental illnesses in the workshop was useful.

*I now have a much better understanding of the various mental health issues and the support that can be provided.*

Consistent with the findings of the 2016 evaluation, several interview participants said it had helped them take mental illness more seriously and lessened their judgment of others.

*I have become more tolerant. Sometimes we do start judging other people, but now I will probably be going deeper into understanding why they are doing that. Looking under the surface.*

### Case study: Recognising mental illness

Alex attended MH101<sup>®</sup> because her workplace offered it as an optional workshop for all staff, and she wanted 'to immerse myself as much as I can and learn as much as I can'. Alex felt the course was a great entry to learning about mental illness and said it was good to go over such a broad scope of issues. She really valued the information about self-care strategies and thought that it would be good to delve deeper into them if there was time.

Alex felt she had learned a lot about risk factors for mental health issues and was more aware of what to look for in recognising them. This was particularly important for her as she wanted to be able to make sure her children stayed safe and healthy.

*Some of this touched home in terms of the teenage years being quite a difficult time and where the risk is, mental illness like depression and anxiety increases quite a lot. Learning about... in terms of parenting and communication, how I can pre-empt some of that or what I can do now to set my kids up for success, [that] was something that connected with me.*

Alex said she was much more confident in recognising mental health issues after completing MH101. She felt especially confident that she would recognise signs of mental illness in family or friends, as MH101<sup>®</sup> helped her review past experiences and learn from them. However, she was less confident that she would know how to talk to someone about their mental health.

*With people close to me, really confident, because you can see the change in behaviour, or the change in interaction and how they are present, but I'm not sure if I'd be so confident coming across people and knowing how to help straight away.*

Alex had also become more confident in recognising changes in her own mental health and taking steps to ensure she stays well. She found it easier to recognise when she was starting to struggle and to take steps to look after herself. Alex said the Te Whare Tapa Whā model was especially valuable in understanding her wellbeing.

*It's been really helpful in particular maintaining wellbeing and how important it is. It's given me a lot more awareness on my mood and how that fluctuates, and the things that I can do when I'm feeling low to not necessarily get out of the low straightaway because I feel like you have to ride it out a bit, but the things that I can do in those times to help.*

## 4. Relating to people experiencing mental health issues

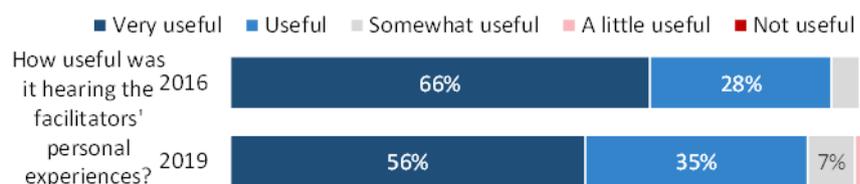
### Key messages

Participants said the workshop had helped them understand and relate better to people experiencing mental health issues.

Most respondents (90%) said hearing the facilitators' personal experiences of mental illness was useful or very useful. There was a small but statistically significant reduction in the proportion of 2019 respondents, compared to the 2016 respondents, who found it more useful to hear about the facilitators' personal experiences of mental illness.

The MH101® workshop aims to give participants a better understanding of the experiences of people with mental illness to reduce stigma and discrimination towards mental illness. One of the ways the workshop does this is by having at least one workshop facilitator with personal experience of mental illness or addiction. The facilitators relate their personal experiences as examples during the workshop.

Most respondents (90%) said hearing the facilitators' personal experiences of mental illness was very useful (56%) or useful (35%) (Figure 5). There was a small but statistically significant reduction in the proportion of 2019 respondents, compared to the 2016 respondents, who found it more useful to hear about the facilitators' personal experiences of mental illness. (Appendix 2: Table 7). There were no ethnic group differences (Appendix 2: Table 10).



**Figure 5: 2016 and 2019 comparison of usefulness of hearing the facilitators' personal experiences of mental illness (2016 n = 250; 2019 n = 472)**

Compared to 2016 interviewees, no 2019 interview participants felt there was too much emphasis on personal stories. A very small number of participants felt the facilitation could have been better, but for a range of reasons, and most participants said facilitation was excellent.

There were positive comments on the usefulness of hearing about the facilitators' personal experiences with mental illness made in response to open-ended survey questions. Participants said the facilitators helped them gain a stronger understanding and relate more to experiences of mental illness.

*I enjoyed the stories from the facilitators they were raw and real, and I think our journeys should be told to keep it real.*

*Excellent course. I thought it was good having the facilitator share his own battle with depression and anxiety.*

In interviews, participants had different opinions about how much the workshop had increased their understanding and awareness of mental health. Many said they now understood more about mental health. However, a few participants considered they already knew a lot and had hoped the workshop would be more in-depth. Most participants said the workshop had helped them relate to people experiencing mental illness.

Several survey respondents said since the workshop they had taken more care to listen to their work colleagues.

*While I was sitting in the workshop thinking of ways that I could better support my friend experiencing mental health problems it helped me realise and reflect on my own mental wellbeing too. It is such an eye opener and I thoroughly enjoyed it. Thank you!*

*I was aware of the importance of listening and guiding them towards professional help (not trying to give them answers or solve problems myself).*

These changes were more often the case for people who did not work with or know people experiencing mental illness.

*This was a very useful training and has completely changed the way I take care of myself, enabling me to be able to care for those people I work with as well as my family.*

*It was a good course but not very fitting for me as mental health is my line of work.*

In response to the survey, almost all respondents:

- Strongly agreed (48%) or agreed (42%) that people with mental illness can recover sufficiently to lead a happy and productive life
- Strongly agreed (33%) or agreed (59%) they would feel comfortable talking to someone with a mental illness
- Strongly agreed (25%) or agreed (59%) they understand what it is like to experience a mental illness
- Strongly agreed (53%) or agreed (45%) they understand how their reactions can impact on the thoughts, feelings and behaviours of someone experiencing mental distress.

These results aligned with the 2016 survey results.

### Case study: Relating to people experiencing mental health issues

Holly worked in the Human Resources department of a government agency. She chose to attend MH101<sup>®</sup> because she knew that co-workers and other people around her could be affected by mental health issues. Holly enjoyed MH101<sup>®</sup> and found the facilitators excellent.

*The two facilitators were really good, dealing with the different questions that we asked them. They had a good grasp of the content so you kind of respected what they were saying.*

Holly reported that after MH101, she felt more confident recognising the symptoms of depression in herself and others. She also felt better equipped to use tools and self-care strategies to manage depression.

*I think the main things I got out of it were, the triggers and how to identify when people are going into states of depression. I found that really interesting.*

Holly also said as a result of MH101<sup>®</sup> she felt more confident reaching out to friends and family to find out if they were experiencing mental health issues and more comfortable checking in with them when they seemed to be having a hard time.

*I'm more willing to reach out to them and say are you okay? Because normally you kind of just, oh they're just having a bad day, but now you can see that it's probably a bit more than that. I'm more willing to reach out and check that they're actually okay.*

Holly said the MH101<sup>®</sup> workshop made her more aware of mental health issues and she had been able to use what she learned already to understand what a family member was going through with anxiety. Holly found that they were able to have a more open conversation after MH101<sup>®</sup> as she had learned about ways to talk about mental health.

*Before, I'd get all stunned mullet and think oh, do I need to go and seek some professional help for her or...? So, I think it's just opening up the dialogue for her.*

Holly had also been able to use what she learned to support a friend who has a mental health condition. She said the self-help strategies she learned have helped her keep herself healthy while she supports the people in her life. Overall, Holly thought there was nothing that could be improved about MH101<sup>®</sup> and she was hoping to attend the course again as a refresher.

## 5. Responding to mental health issues

### Key messages

**Increased confidence:** Almost all (90%) respondents strongly agreed (29%) or agreed (61%) they were more confident talking about mental health issues since the workshop. Confidence in knowing what to do was maintained six months after the workshops. Participants were less confident about knowing when it was appropriate to intervene (knowing when to have a courageous conversation).

**Initiating a conversation:** Since the workshop, two-thirds of participants had initiated a conversation with someone whose mental health they were concerned about. Most of these conversations were because they were concerned the person was showing signs of depression or anxiety. Many agreed what they learned at the workshop had helped them initiate conversations.

**Taking action:** Consistent with the findings of the 2016 evaluation, interviewees and survey respondents said that the most common change in the way they responded to people experiencing mental illness was to listen more. Participants said they had learned not to try and fix things for people and were instead more willing to listen and then offer support. They would also give the person more time to think and talk and would keep calm. Several participants said they had become less judgemental. The workshop had provided them with the tools, knowledge and framework to have the appropriate conversations.

In interviews, many participants described how they had talked with clients, colleagues, friends and whānau to talk about mental health issues and to provide support. The workshop provided participants with the tools, knowledge and framework to have the appropriate conversations.

**Suicide:** Around one-half of respondents were confident they knew what to do when someone was suicidal, a statistically significantly lower proportion compared to 2016 respondents. Almost all respondents found it at least somewhat useful to learn how to talk to someone about suicide and several noted the workshop gave them confidence to talk to someone they thought might be suicidal.

**Seeking professional help:** Around two-thirds of respondents were confident they knew appropriate professional help options, when it was appropriate to recommend professional help options, and how to contact professionals. Over half (54%) of respondents agreed they had made more effective use of referrals to professional help options since the workshop.

Respondents' confidence in knowing when and how to contact mental health professionals increased substantially after the workshop and was maintained six-months later, similar to 2016 respondents.

The MH101® workshop helps participants develop confidence to know how to respond to people experiencing mental health issues by teaching participants to know what to do and when to do it, to

support clients, family, friends, colleagues and other people with mental illness. The workshop includes a specific activity on how to talk with someone who may be suicidal.

### 5.1 Confidence responding to people experiencing mental health issues

Almost all (90%) respondents strongly agreed (29%) or agreed (61%) they were more confident talking about mental health issues since the workshop, similar to 92% of 2016 respondents.

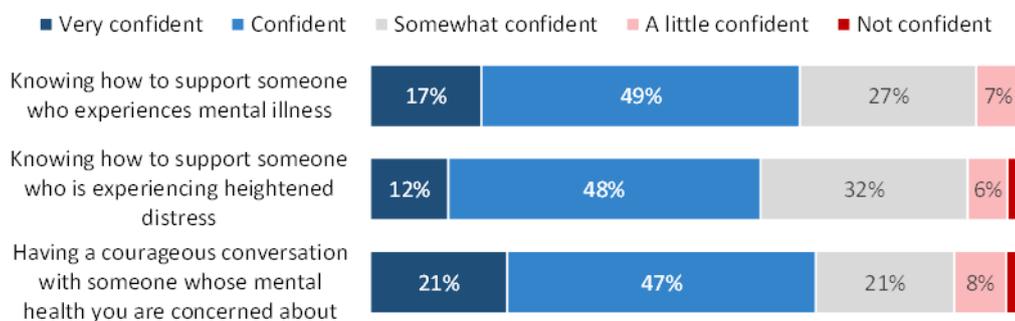
Below are some examples of common responses to the question “What difference did the workshop make?”.

*I felt more confident asking others about their mental wellbeing and offering some support, including referrals to appropriate support services.*

*The language I choose to use when identifying someone who is experiencing mental health. Being more mindful of identifying and responding. Ensuring the people I work with feel supported.*

*I am more aware of mental health issues. I know it’s okay to ask for help and if someone is asking for help I can pick up on the signs.*

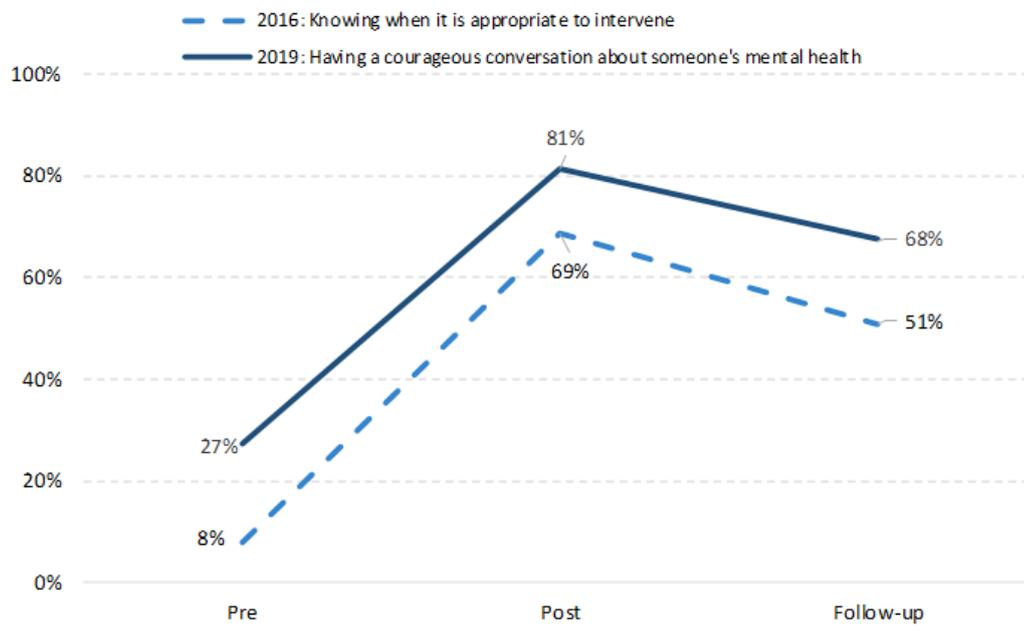
Two-thirds were very confident or confident they knew how to support someone who experiences mental illness (66%) or was in heightened distress (60%). Two-thirds were also very confident or confident about having a courageous conversation with someone whose mental health they were concerned about (68%) (Figure 6).



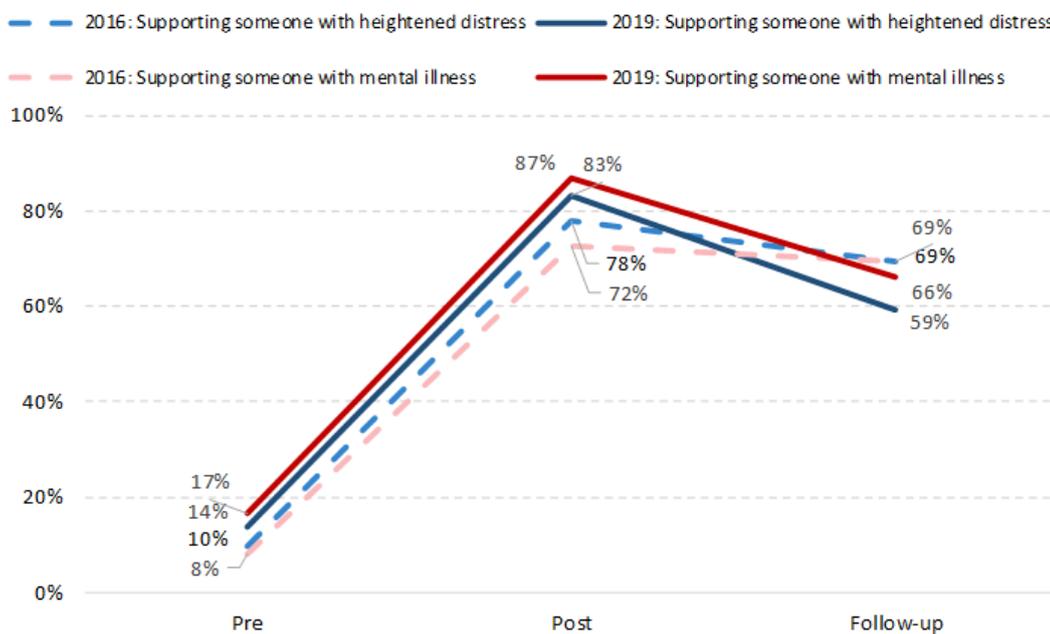
**Figure 6: Confidence knowing how and when to respond to someone experiencing poor mental health (n = 474-475)**

In 2016, participants were asked about knowing when it was appropriate to intervene. In 2019, the question was changed to align with the pre- and post-workshop surveys. In response to both questions, respondents’ confidence increased substantially after the workshop and decreased six-months later but still remained substantially higher than before the workshop (Figure 7 and Figure 8)<sup>8</sup>.

<sup>8</sup> The 2016 survey item wording for this question changed for the 2019 surveys. We have shown the timeseries for both questions in Figure 7. However, they are not comparable due to marked differences in the wording, so we have not tested them for statistical differences.

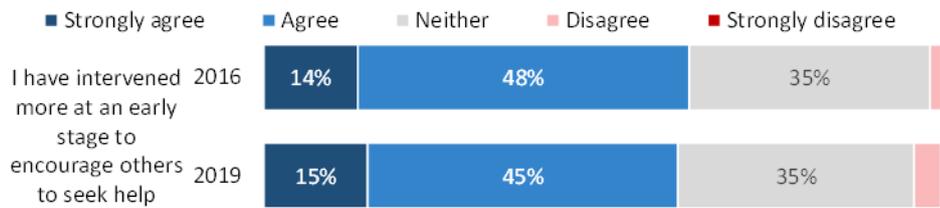


**Figure 7: 2016 and 2019 summary of respondents who were very confident or confident knowing when to respond to someone with poor mental health (2016 n = 214; 2019 n = 428)**



**Figure 8: 2016 and 2019 comparison of respondents who were very confident or confident knowing how to respond to someone experiencing poor mental health (2016 n = 214; 2019 n = 428)**

Two-thirds (60%) of respondents strongly agreed or agreed that since the workshop they had intervened more at an early stage to encourage people to seek help for their mental distress or illness before it got more serious (Figure 9). More Pacific respondents said they had intervened earlier compared to non-Pacific respondents (Appendix 2: Table 11).



**Figure 9: Comparison of proportion of 2016 and 2019 respondents who intervened at an earlier stage since the MH101® workshop (2016 n = 233; 2019 n = 434)**

### Case study: Personal and professional benefits

Talia had previously attended a MH101® workshop as part of her role at an NGO and had been so impressed that she wanted to refresh her knowledge by attending again. She said it was 'one of the most valuable workshops I have ever attended'. After the first workshop she had attended, she frequently suggested people in her life should attend.

*The presenters were so knowledgeable, the information was so valuable that I thought I should have a wee refresher... It's that valuable. You've got to keep this stuff in your mind.*

Talia said that what she learned during MH101® had been very useful in her job, as she trains others who benefit from the knowledge that she can share about mental health issues. She also recommended that many of them do the workshop themselves.

*The knowledge I learned from these courses - I share my knowledge very freely with the support workers. With the learnings I've got from the MH101® workshop, I can have conversations with my support workers about this and it creates a curiosity for them to explore more... It helps me to coach them around where our boundaries are and the value of offering other services.*

Talia found that applying what she learned from MH101® at work made her more aware that people she works with might be dealing with anxiety or depression. She felt more confident that she knew how to respond appropriately if someone told her they were struggling with their mental health.

*Especially anxiety, anxiety depression those two. Gave me more courage to extend an offer of support to somebody. More confidence to listen more to what somebody is saying. I'm more curious and confident to explore something that somebody is telling me. Create a conversation that might lead to something that might be helpful.*

Talia had also used what she learned during MH101® in her personal life. She said that she had talked to three friends about depression since the workshop, and by using the approaches that were discussed at MH101®, she was able to have an open and empowering conversation with them.

*There's been conversations where like for example one lady and I said 'How are you?' and she said 'Fine' and I said 'But how are you?' and she just opened right up. She said it's because I asked twice... It was difficult but it was made not difficult very quickly probably because of the training the MH101® training. More compassion and more understanding.*

For Talia, MH101<sup>®</sup> was such a valuable course that she encouraged everyone she could to attend. She had also referred other people to the website to check out the resources available. Talia believed that *'everyone that goes to one of these courses could end up saving a life because of the course'*.

## 5.2 Initiating a conversation with someone about their mental health

Almost two-thirds (62%) of respondents said since the workshop six months ago they had initiated a conversation with someone whose mental health they were concerned about. Of these respondents:

- Two-thirds (69%) had initiated between one and four such conversations and one-tenth (13%) had initiated at least ten of these conversations.
- Most (84%) said the other person responded very positively (17%) or positively (66%) to them raising these concerns and only 1% said the person responded negatively.
- Most initiated these conversations because they were concerned the person was showing signs of depression (83%) or anxiety (76%) although almost one-half (44%) were concerned the person was showing signs of suicidal thinking (Table 5). Fourteen respondents detailed other signs, including signs of eating disorder, stress, heightened emotions and sleeping issues.
- Many respondents said that what they learned at the workshop had helped them initiate and appropriately navigate this conversation.

*I was more confident in initiating conversations, I recognised that people who are struggling would actually more times than not, be open to having those conversations and appreciate my recognition and support.*

*I wasn't afraid of their response and understood I wasn't responsible for fixing them but helping them navigate the support available.*

**Table 5: Aspects of mental wellbeing workshop participants had initiated conversations about in the past six months (2016 n = 169; 2019 n = 277)<sup>9</sup>**

Aspect of mental wellbeing they were concerned about	Percentage (2016)	Percentage (2019)
Depression	75%	83%
Anxiety	71%	76%
Suicidal thinking	37%	44%
Substance use	32%	30%
Psychosis	15%	12%

<sup>9</sup> Respondents could select more than one response.

### 5.3 Taking action and responding to people

Consistent with the findings of the 2016 evaluation, interviewees and survey respondents said the most common change in the way they responded to people experiencing mental health issues was to listen more. Participants said they had learned not to try and fix things for people and were instead more willing to listen and then offer support. They would also give the person more time to think and talk and would keep calm. Several participants said they had become less judgemental.

*[I have] become brave to have the conversation when people don't look at their best and also become a better listener.*

The workshop gave participants tools and a framework to use when having conversations about mental health.

*When I ask questions, I know the right questions to ask.*

#### Case study: Responding to people

Georgina attended MH101<sup>®</sup> because at work she often meets people experiencing mental health issues. She really enjoyed the workshop and said it was very well organised and delivered at a good pace. Georgina suggested that a good resource to help people remember what they had learned would be online videos that could be accessed through the website.

Georgina felt that MH101<sup>®</sup> gave her a better understanding of mental health and cleared up some of her assumptions. In particular, she felt that her understanding of depression and anxiety had improved a lot, describing herself as 'about 80% more confident than before I did the course'.

*I feel better equipped as in I had a lot of assumptions. I thought I was empathetic with people, I was kind but then after hearing that I thought no I'm not, I'm still assuming that they should be okay but I should actually be listening.*

Since the workshop, Georgina had used what she learned to support a workmate who was going through a hard time. Georgina said she felt that she had done the right things to support her workmate by sitting and listening instead of trying to fix things. She was more confident in knowing whether to suggest seeing a professional.

*My colleague... she was going through a lot of anxiety and cried a lot ... and what I used instead of giving advice, I just listened and let her talk.*

Georgina said the self-help and self-care strategies she learned during the workshop were useful in supporting a family member. She listened to what he had to say and used what she had learned at MH101<sup>®</sup> to suggest some self-care strategies that he could use to help him care for himself.

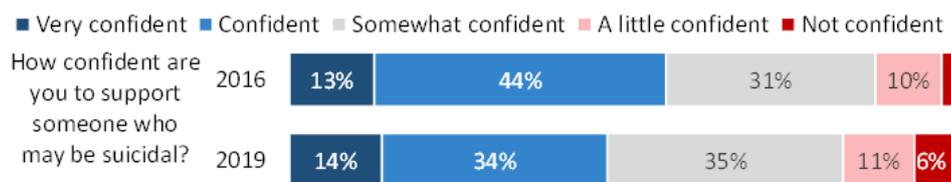
*I didn't react, I paused and thought and then played a movie in my head what I would do, what's the best thing to do and to see what we can do. I also shared with him the [Te] Whare [Tapa] Whā, the four things that we had to make sure we are okay inside and out.*

The strategies she learned also helped her keep herself healthy while she supported the people in her life.

*They can see the change in myself, they said I don't look so highly strung. I'm actually doing it and it really helps.*

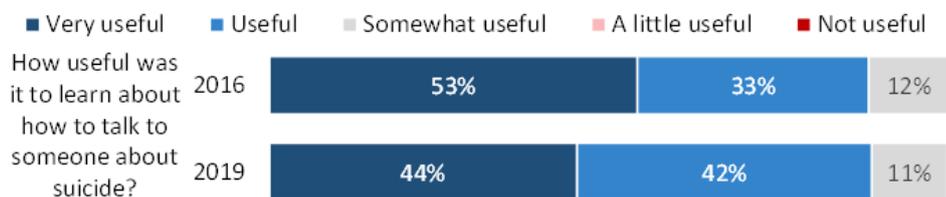
## 5.4 Suicide

In 2019, around one-half (48%) of respondents said they were very confident (14%) or confident (34%) about knowing what to do when someone may be suicidal and 83% of 2019 respondents were at least somewhat confident (Figure 10). This was a lower proportion compared to those who said they were very confident or confident (57%) in 2016. Statistical testing showed these differences were significantly different (Appendix 2: Table 6) and that Māori respondents were more confident to support someone who might be suicidal compared to non-Māori respondents (Appendix 2: Table 9).



**Figure 10: 2016 and 2019 comparison of confidence to support someone who may be suicidal (Six-month follow-up 2016 n = 252; 2019 n = 475)**

Talking about suicide is a life skill that can be useful both in and outside of work. Respondents found learning how to talk to someone about suicide as part of the workshop useful, with almost one-half (44%) saying it was very useful and almost all (97%) saying it was at least somewhat useful (Figure 11). New Zealand European respondents thought it was more useful compared to non-New Zealand European respondents (Appendix 2: Table 10).

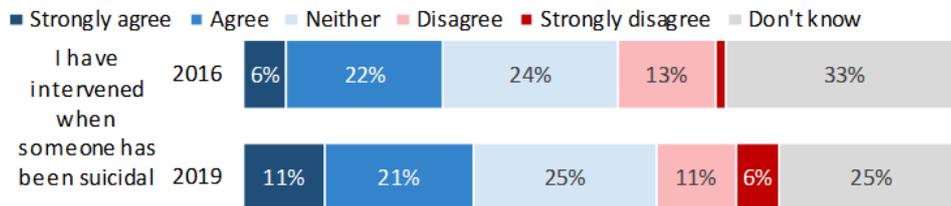


**Figure 11: 2016 and 2019 comparisons of usefulness of learning to talk to someone about suicide (Six-month follow-up 2016 n = 249; 2019 n = 469)**

Two-thirds of 2019 respondents (32%) strongly agreed or agreed that since the workshop they had intervened when someone was suicidal, similar to 28% of 2016 respondents<sup>10</sup> (Figure 12). Statistical

<sup>10</sup> "Don't know or not applicable" responses were maintained in analysis of this question because of the large proportion of 2016 (33%) and 2019 (25%) respondents who chose this option.

testing showed Pacific respondents were more likely to agree they had intervened, compared to non-Pacific respondents (Appendix 2: Table 11).



**Figure 12: 2016 and 2019 comparison of respondents who said (since the workshop) they had intervened when someone has been suicidal (Six-month follow-up 2016 n = 252; 2019 n = 467)**

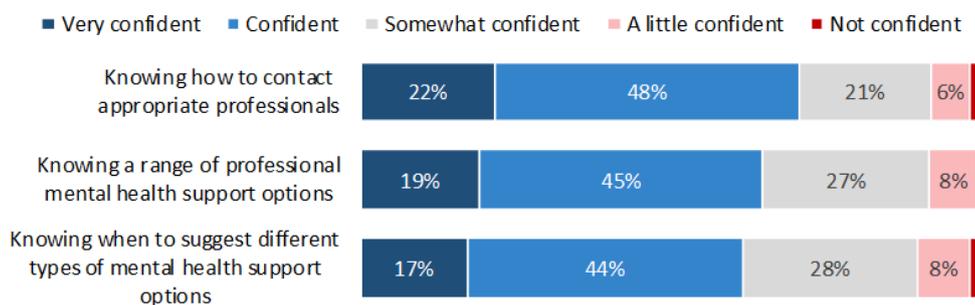
Several respondents said what they learned in the workshop had given them confidence to talk to someone they thought might be suicidal.

*It gave me the confidence and skills to view the signs and provide some assistance and refer to supports or offer strategies. Great to know it doesn't increase likelihood of suicide by talking about it.*

### 5.5 Accessing professional support

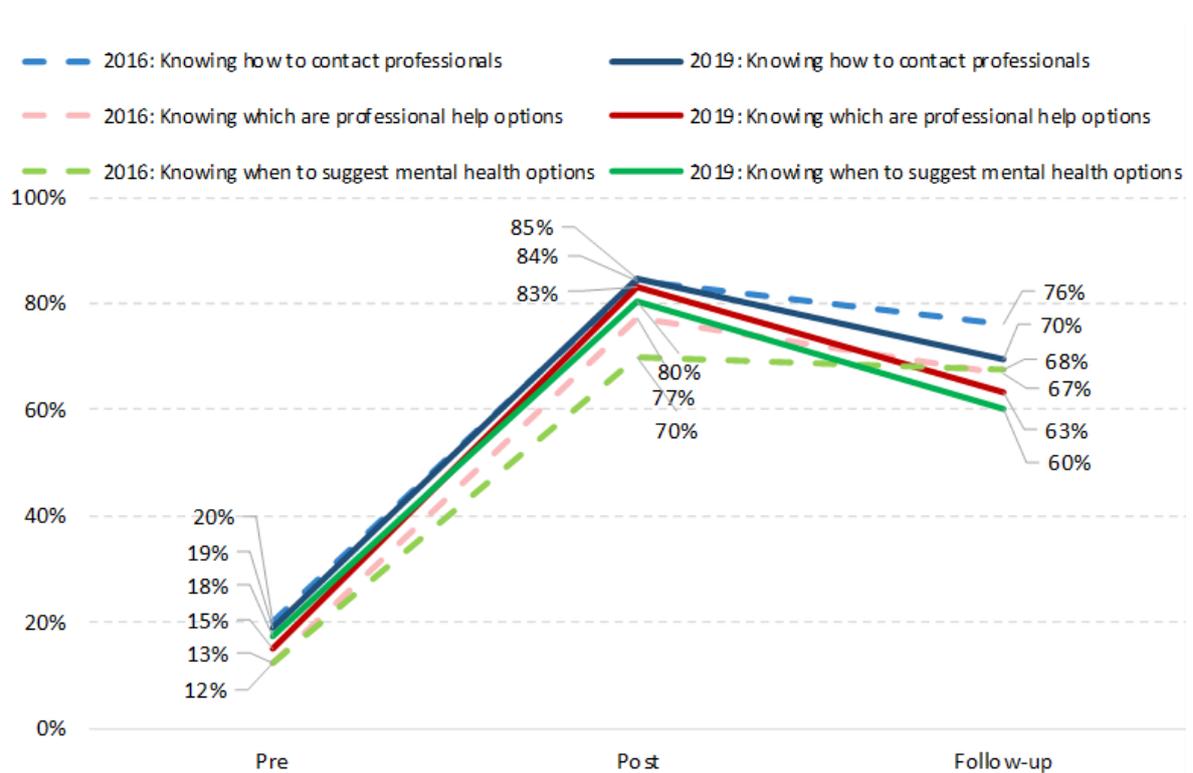
Around two-thirds of respondents were confident or very confident they knew of a range of professional help options (64%), when it was appropriate to recommend professional help options (61%) and how to contact them (70%) (Figure 13).

Over one-half (54%) of 2019 respondents agreed they have made more effective use of referrals to professional help options since the workshop, similar to 58% of 2016 respondents. More Pacific respondents agreed they had made effective use of referrals compared to non-Pacific respondents (Appendix 2: Table 11).



**Figure 13: Knowledge of when and how to access professional support (n = 474-475)**

Respondents' confidence in knowing when and how to contact mental health professionals increased substantially after the workshop and was mostly maintained six months later. No meaningful differences were observed between the 2016 and 2019 workshops (Figure 14) or between ethnic groups.



**Figure 14: 2016 and 2019 comparison of percentage of respondents who were very confident or confident knowing when and how to access professionals (2016 n = 214; 2019 n = 428)**

Interviewed participants said they appreciated the information about professional support available in the workbook. Several participants had referred to the workbook or website since the workshop to find information about services such as counselling. Many of those interviewed were already aware of support options such as police but had learned more about the appropriate time to seek their involvement.

## 6. Self-help strategies

### Key messages

Most participants said since the workshop they did more to keep themselves well and were recommending self-help strategies to others. Almost all thought learning about the signs of several major mental illnesses, how lenses and filters impact behaviour, and mindful rest and self-care in the workshop was useful.

Three-quarters of respondents were confident they knew how people could look after their mental health. Most respondents said they were using more strategies to keep themselves well and three-quarters were suggesting self-help strategies to others more often.

The MH101® workshop teaches participants strategies and tools to be more aware of, and ways to maintain, their own mental health. Workshop participants are also encouraged to share these self-care strategies with others (including clients, colleagues, family and friends) to support mental wellbeing across the community.

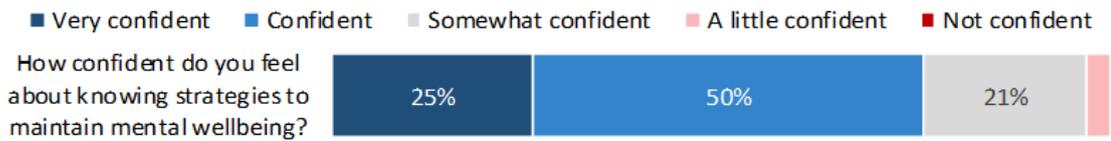
In 2016 and 2019, respondents had similar views on the usefulness of workshop content (Appendix 2: Table 7). Almost all or most respondents agreed it was useful or very useful to learn about the following:

- The signs of several major mental illnesses (94%)
- How lenses and filters impact our behaviour (92%)
- Mindful rest and self-care (91%)
- Stress/vulnerability continuum (91%)
- The impact of Adverse Childhood Experiences (90%)

Te Whare Tapa Whā (86%) – More Māori respondents thought it was useful to learn about Te Whare Tapa Whā compared to non-Māori respondents.

*Loved the stress-vulnerability continuum... I would love to have a copy of that slide, it was awesome. It's not in the booklet. Everything that was taught is relevant.*

Three-quarters of respondents were very confident or confident they knew a range of strategies that people could use to maintain their mental wellbeing (75%) (Figure 15). New Zealand European respondents were more confident in knowing strategies to maintain mental wellbeing compared to non-New Zealand European respondents (Appendix 2: Table 9).



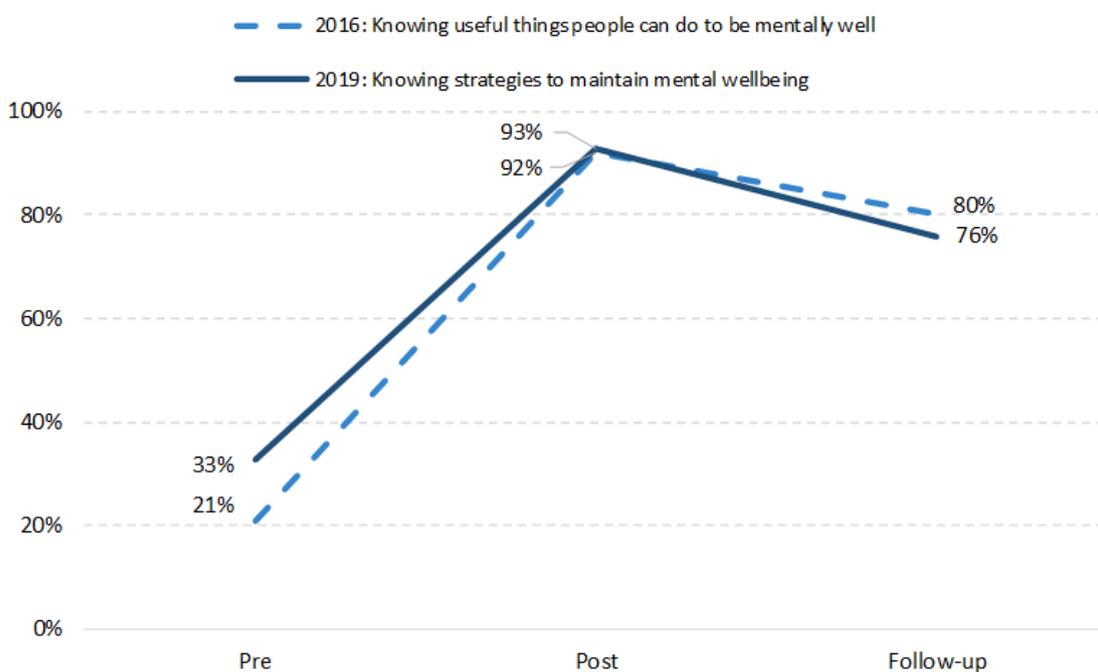
**Figure 15: Knowledge of self-help strategies (n = 475)**

A few survey respondents noted the impact of the COVID-19 lockdown had prompted them to use information and strategies they learned in the workshop. They had also provided this information to family members and colleagues.

*Living in lockdown due to COVID-19, I found I made use of some of the helpful self-help information for my own wellbeing and passed these on to my family and work team. During a recent Skype meeting I was able to pick up the body language of one of my team members that I phoned later to discover she was dealing with [mental health issues]. I have reached out to her on a regular daily basis to keep her talking and trying to be as supportive as possible.*

*[The workshop] has proved very helpful in this complex COVID-19 environment and capacity to understand-adapt-act.*

Respondents' confidence in their knowledge of self-help strategies increased substantially after the workshop and decreased slightly six months later (Figure 16). These trends were largely similar between the 2016 and 2019 respondents and there were no statistically significant differences.



**Figure 16: 2016 and 2019 comparison of percentage of respondents who were confident or very confident about their knowledge of self-help strategies (2016 n = 214; 2019 n = 428)**

Similar proportions of 2016 and 2019 follow-up survey respondents reported using self-help strategies and providing more support to close ones (Appendix 2: Table 11). In 2019:

- Most respondents agreed that since the workshop they were doing more things to keep themselves well (81%). A statistically significantly larger proportion of 2016 respondents agreed they were doing more things to keep themselves mentally well than 2019 respondents (Appendix 2: Table 8). Fewer New Zealand European respondents reported doing this compared to non-New Zealand European respondents (Appendix 2: Table 11).

Some interviewed participants said they had shared self-help or self-care strategies or techniques with people in their personal or professional lives.

*Yes, I've talked about it [self-help] with my colleagues and some of them already do it, so it was really good. Other people that heard what we were talking about, they were asking questions about it.*

- Three-quarters agreed that they had been suggesting self-help strategies to others more often (75%)
- Most participants said what they learned in the workshop had been useful for their personal life (84% - the same proportion in 2016)
- Approximately three-quarters agreed that since the workshop they had provided more support around mental illness to friends and family (79%). A higher proportion of Māori respondents said they were doing this compared to non-Māori respondents (Appendix 2: Table 11).

*I do relate some of my new skills in general conversations with friends and family.*

#### Case study: Improved awareness and self-care in the workplace

Laura attended the MH101® workshop voluntarily as her workplace provided staff with an open invitation to the event. Laura's role in her workplace involved supporting colleagues with mental health issues, mentioning '*[there is] lots going on for some people. Mental health [is] becoming much more prevalent*'.

Laura felt the facilitators for MH101® were fantastic and great at delivering the subject matter in a light, engaging way. She appreciated the casual atmosphere as it was more engaging, which suited her staff who liked to have a laugh. Learning how to respond to mental health issues resonated with Laura. Previously, she worried about intervening whenever she thought someone was going through a mental health issue, because she worried about having a negative impact. However, the workshop helped her understand the key learning of '*don't be scared the help you give will be wrong*'.

*About the "remaining human" side of things, everyone's got something going on. Be willing to ask the questions "are you okay" and be prepared for the follow up.*

Since the workshop, Laura has noticed that people come up to her at work, saying they have noticed things about their colleagues, asking if they should check in. The workshop created a more open environment in her workplace.

*Rather than sitting back and listening and not knowing how to help my friend who was struggling to understand, I shared the course booklet and shared suggestions about where to go. I grabbed some extra workbooks to keep around the office so people could read them.*

Laura has noticed an increase in uptake of self-care practice within her workplace, noting it has had a positive effect on her workplace's mental health awareness and self-care.

*I have been pushing the work budget for self-care to staff. [We] have always had it but since the workshop [we are] trying to get more of the group that don't tend to use it to start. They can use it for any kind of instruction. More people are taking it up since the workshop.*

## 7. Supporting mental health at work

### Key messages

Many respondents (81%) said what they learned in the workshop had been useful to them at work and most (82%) had shared what they learned with their colleagues.

Just over half (59%) were very confident or confident dealing with the 'client' mental health issues they faced at work, similar to the proportion who were confident in dealing with staff mental health issues at work (58%).

Most (89%) said there were policies in their workplace to allow people experiencing mental illness to receive appropriate support. Two-thirds of respondents (67%) strongly agreed or agreed since the workshop they were providing more support around mental illness to people at work.

Blueprint is funded by the Ministry of Health to provide open MH101<sup>®</sup> workshops for frontline government and social agency staff not trained in mental health or addiction but who, as part of their job, come into contact with people who may be experiencing mental health issues (including both clients and colleagues).

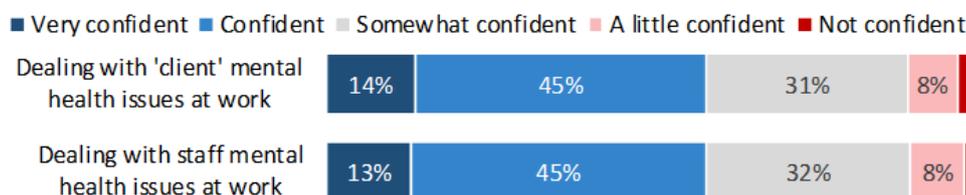
Most respondents (81%) said what they learned in the workshop had been very useful (38%) or useful (43%) to them at work (compared to 87% in 2016). A larger proportion of 2016 respondents agreed they had shared what they learned at MH101<sup>®</sup> with their colleagues (Appendix 2: Table 8).

In 2016 and 2019, respondents reported similar workplace behaviours around providing support for mental health and perceptions of workplace policies. More 2019 respondents agreed there were

policies in their workplace allowing people experiencing mental illness or distress to receive appropriate support (Appendix 2: Table 8).

*My new workplace has given me opportunities to be open and discuss my concerns, thoughts and issues directly and I've even started our once a week "check-in check-out" start-up meetings where we can all air out anything and everything anyone wants to express.*

In 2019, almost three-fifths (59%) of respondents were confident, and most respondents (89%) were at least somewhat confident, about dealing with the sorts of 'client' mental health issues they faced at work. Very similar trends were observed about confidence to deal with staff mental health issues they faced at work (Figure 17). Māori respondents said they were more confident in dealing in client mental health issues compared to non-Māori respondents (Appendix 2: Table 9).



**Figure 17: Confidence to deal with client and staff mental health issues in the workplace (n = 473)**

### Case study: Improved awareness and self-care in the workplace

Tipene attended MH101® with his colleagues from the government agency call centre where he works. His work often involves talking to clients who are experiencing difficult times and who might have mental health issues which are made worse by their current situations.

*We deal with a lot of clients who have mental health issues, so it was a way for me to be able to identify them and relate with them but also to be able to look after my own mental health as well.*

Tipene found MH101® very useful in helping him better relate to his clients. He said it helped him understand where clients were coming from and become better at interacting with them. In particular, Tipene said he felt more equipped to respond to clients who were feeling suicidal. This was important for Tipene as he has had several clients who mentioned having suicidal thoughts.

*I've got different approaches on how to approach situations like for instance suicidal calls. It's not as daunting as it used to be because we've been given steps to try to see if we can find out, you know, what the main cause is behind why they're feeling the way they are. And sometimes just asking them what their plans are, it helps them to come back and realise oh, maybe it's not a good idea, what I'm doing.*

Tipene said the way he works with suicidal clients has changed, and he felt more confident talking to clients to find out more about their situation before deciding whether to seek professional help.

*If they are still going through it then we call through to the police. We feel a bit better if we've got a bit more information to give them. Before, we'd just call the police and that would be it.*

Tipene found MH101® really valuable and said it improved the way he worked with all clients. He felt more confident in his knowledge of mental health issues and more aware of how to respond to them in his clients.

*Being able to learn more about triggers and the tones in their voice, it does make it a lot easier for us to recognise what's going on. It means we can ask certain questions that will usually give us an idea of what's going on.*

Comparisons between 2016 and 2019 respondents showed that respondents' confidence to deal with client mental health issues in the workplace increased significantly after the workshop and decreased six months later. The 2019 respondents showed a statistically significant decrease at six months compared to 2016 respondents, (Figure 18) (Appendix 2:Table 6). Reasons for this difference might be a larger proportion of 2016 respondents in frontline roles compared to 2019 respondents. However, this cannot be confirmed since respondent role was not asked in the 2019 surveys.

Two-thirds of respondents (67%) strongly agreed (14%) or agreed (53%) since the workshop they were providing more support around mental illness to people they interacted with at work. However, some respondents said that they did not interact with clients enough at work to fully benefit from, or embed, what they had learned in the workshop.

*In my role, I have had no callouts since attending the workshop and therefore no exclusively mental health calls for support.*

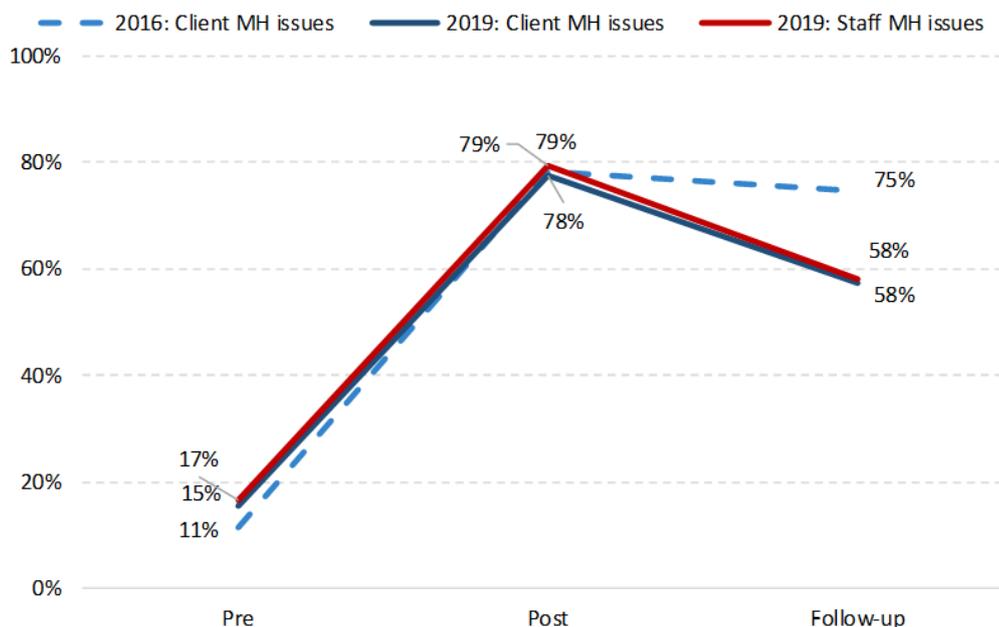


Figure 18: 2016 and 2019 comparison of percentage of respondents who were confident or very confident about dealing with client and staff mental health issues in the workplace (2016 n = 214; 2019 n = 426)

## 8. Overview

Respondents to the six-month survey were very positive about the MH101<sup>®</sup> workshops, the way the workshops were facilitated and about what they had learnt through attending the workshops.

How useful workshop participants said they found different parts of the workshop depended somewhat on their job and personal situation including whether they had client-facing roles, what proportion of their clients had mental health issues and if they knew someone close to them with mental illness.

The MH101<sup>®</sup> workshops aimed to increase participants ability to recognise, relate and respond appropriately to those experiencing mental illness or distress.

Six months after the workshops, there were differences in levels of confidence between recognition and different ways to respond to and support people with mental health issues (Appendix 2: Table 6). Key differences in the proportions of people who were very confident or confident in aspects of mental health were:

- Approximately three-fifths (59%) were confident in dealing with client mental health issues in the workplace
- Respondents were more confident recognising the signs of the higher prevalence mental health issues (anxiety and depression) than they were in recognising substance use disorder or psychosis
- If they were to intervene approximately two-thirds were confident in knowing when it is appropriate to recommend professional help options, appropriate professional supports and how to contact them
- Three-quarters of respondents were confident they knew useful things people could do to be mentally healthy.

Tracking levels of confidence between the pre-workshop surveys, post-workshop and six-month follow-up surveys demonstrated substantial increases in confidence following the workshop, which were largely maintained at six-months. The largest decreases in confidence were in the aspects of mental health recognition (specifically psychosis and substance use disorder) and knowing how to support those experiencing heightened distress.

Comparing findings between 2016 and 2019 workshop survey respondents indicated that 2019 respondents:

- Were statistically significantly less confident than 2016 respondents to support client mental health issues and support someone who might be suicidal
- Found it slightly less useful than 2016 respondents to hear about the workshop facilitators' personal experiences of mental illness
- Were less likely to agree they had shared what they learned at MH101<sup>®</sup> with their colleagues.

Overall, however, there were no other key differences between the cohorts in how they responded to survey questions. This, along with comments from interviewees and survey respondents, may reflect more up to date resources and content delivered as part of the workshop.

Information about the aspects of mental health recognition and support that 2019 participants were least confident about may be useful in reviewing the content of the workshops or in considering the kinds of post-workshop support and/or workbook and website content that might be most useful to participants.

## 8.1 Respondent suggestions for change

Respondents were very positive about the MH101<sup>®</sup> workshop, although some had suggestions for potential changes.

- Cultural responsiveness: A few participants commented that they thought the facilitators could have had a better understanding of Te Whare Tapa Whā and could have done more to encourage participants to share their own cultural experiences and worldviews during the workshop.
- Course duration: A small number of people thought it would be more suitable to spread out the large amount of content over two days, to better enable information absorption and retention. This could also allow the course to go more in-depth.
- Course venue: Several participants said they thought the venue for the workshop was too small, too hot or too crowded, which made it difficult to focus. A larger, air-conditioned learning environment would enable people to move around, have discussions and learn better.
- Follow-up: Many people interviewed thought a follow-up course that provided more advanced and in-depth information in the future would be useful.

Blueprint's concurrent review of MH101<sup>®</sup> is addressing respondents' suggestions for changes with many of these having been implemented.

## 8.2 Conclusion

The MH101<sup>®</sup> workshops:

- Were very positively received by participants
- Increased participants' awareness and confidence in recognising and responding to mental health issues
- Made a difference to how participants responded to mental health issues in their workplaces
- Made a difference to participants' personal lives through improved self-care and the support they provided to family members and friends
- Benefitted participants from all ethnic groups.

The very positive responses to the six-month survey suggest few recommendations for the MH101<sup>®</sup> team to consider. The main areas to consider are organisation, developing follow-up support and potentially providing more advanced content and information to maintain and further improve participants' confidence. The drop-off in confidence six months after the workshop indicate there may also be opportunities to provide feedback sessions where participants can reflect on their experience.

## Appendix 1: 2019 MH101<sup>®</sup> six-month follow-up survey

**Thank you for agreeing to complete the survey.** The survey will take approximately 10-15 minutes to complete and there is space at the end of the survey for general comments. All information submitted in this survey will be kept confidential. At the end of the survey we ask for your name but you only need to provide this if you wish to go in the draw for the \$100 Prezzy card. Your name will not be linked to your survey responses. If you have any questions, please contact [Name] at Malatest International by emailing [Malatest email] or calling [Malatest 0800 number]. For further information about MH101<sup>®</sup> please contact [Name] at Blueprint by emailing [Blueprint email].

**Please answer all the questions below by ticking the box or circling the option that most applies to you.**

### Attitudes and beliefs around mental health

1) How much do you agree with the following statements?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
A person with a mental illness can lead a happy and productive life						
I feel comfortable talking to someone with experience of mental illness or distress						
I have an understanding of what it is like to experience a mental illness						
I understand how my own reactions can impact on the thoughts, feelings and behaviours of someone experiencing mental distress						

### Confidence recognising and responding to mental health issues

2) How confident do you feel about recognising the signs of the following? For more info about these options please see below the table for definitions.

	Very confident	Confident	Somewhat confident	A little confident	Not confident	Don't know
Anxiety disorder						
Depression						
Psychosis						

	Very confident	Confident	Somewhat confident	A little confident	Not confident	Don't know
Substance use disorder						
<ul style="list-style-type: none"> <li>• Anxiety disorder: A sustained period of anxious or phobic behaviour, characterised by symptoms of anxiety or panic</li> <li>• Depression: A sustained period of ongoing sadness and loss of enjoyment in life, characterised by pervasive negative thoughts and feelings</li> <li>• Psychosis: Ongoing misinterpretation or misperception of reality, characterised by hallucinations, delusions and/or disordered thinking</li> <li>• Substance use disorder: Ongoing use of alcohol or drugs in a way which causes negative impact on self and others</li> </ul>						

3) How confident do you feel about each of the following?

	Very confident	Confident	Somewhat confident	A little confident	Not confident	Don't know
Knowing a range of strategies to maintain mental wellbeing						
Knowing a range of ways to support someone who experiences mental illness						
Knowing a range of ways to support someone who is experiencing heightened distress						
Having a courageous conversation with someone whose mental health you are concerned about						
Supporting someone who may be suicidal						
Knowing when to suggest different types of mental health support options						
Knowing a range of professional mental health support options						
Knowing how to contact appropriate professionals						
Dealing with mental health issues amongst clients or customers in your workplace						
Dealing with mental health issues amongst staff in your workplace						

4) How useful were the following topics covered in the workshop?

	Very useful	Useful	Somewhat useful	A little useful	Not v	Don't know
Te Whare Tapa Whā						
Stress/vulnerability continuum						
Learning signs of several major mental illnesses						
Mindful rest and self-care						
How to talk to someone about suicide						
Hearing the facilitators' personal experiences of mental illness						
Understanding lenses and filters and how they impact on our behaviour						
Learning about the impact of Adverse Childhood Experiences						

### Changes since the MH101® workshop

5) How much do you agree with the following statements

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know/NA
I understood what the learning objectives of the workshop were						
The 'Recognise, Relate, Respond' framework was useful						
The workshop was delivered at the right level for me to retain and use the information						
The workshop content was relevant to people with a range of disabilities						
The workshop content was relevant to people with diverse cultural backgrounds and spiritual beliefs						

6) Because of the workshop, how much do you agree with the following statements?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know/NA
I am doing more things to keep myself mentally well (i.e. self-help strategies)						
I am suggesting self-help strategies to others more often						
I am more confident talking about mental health issues						
I have intervened more at an early stage to encourage people to seek help for their mental distress or illness before it got more serious						
I am providing more support around mental illness to people I interact with at work						
I am providing more support around mental illness to friends and family						
I have made more effective use of referrals to professional help options						
I have intervened when someone has been suicidal						

### Supporting people experiencing mental illness or distress at your workplace

7) Since you completed the MH101® workshop, how useful has what you learned in the workshop been for you in your:

	Very useful	Useful	Somewhat useful	A little useful	Not useful	Don't know
Job or workplace						
Personal life						

8) How much do you agree with the following statements?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
I have shared what I learned at the MH101® workshop with my colleagues						
My workplace (including colleagues, policies, management etc.) is understanding of people experiencing mental health issues						
There are policies in place at my workplace that allow people experiencing mental illness or distress to receive the appropriate support						

9) Since you completed the MH101® workshop, have you initiated a conversation with someone whose mental wellbeing you were concerned about (i.e. someone who was struggling mentally, who you thought was suicidal or needed support)?	Yes	No	Don't Know
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10) How many times have you initiated a conversation like this since the MH101® workshop?						If you selected 'No' or 'Don't know' skip to Q14
11) What aspects of their mental wellbeing were you concerned about? (Select all that apply) If you have had more than one conversation like this, think about the most recent time you intervened. (Please circle or highlight your answer below)						
Signs of anxiety	Signs of depression	Signs of psychosis	Signs of substance use	Signs of suicidal thinking	Other – please specify:	



12) How did the other person respond to you raising concerns? If you have had more than one conversation like this, think about the most recent time you intervened. (Please circle or highlight your answer below)				
Very positively	Positively	Neither positively or negatively	Negatively	Very negatively

13) What differences did attending the workshop make to how you responded in this situation(s)?
Please record your answer here:

## MH101® workshop and resources

14) How much do you agree with the following statements?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
I would recommend the workshop to other people I work with						
I would recommend the workshop to everyone						

15) Since the workshop, how often have you referred to the:

	A lot	Several times	A few times	Once or twice	Never	Don't know
Blueprint website						
MH101® workbook						

16) How useful is the:

	Very useful	Useful	Somewhat useful	A little useful	Not useful	Don't know or haven't used it
Blueprint website						
MH101® workbook						

17) Which of the following types of follow-up training or support would you want?

	Yes	Maybe	No	Don't know
E-learning opportunities				
Email prompts (with take home messages)				
Debriefing kit (i.e., that can be used in the workplace)				
Quarterly newsletters or useful tips mailer				
Website tools and resources				
Apps				
More advanced workshop (e.g., MH201)				
Follow-up or refresher MH101® workshop				

18) Do you have any other final comments about MH101®?

Please record your answer here:

19) If you want to go in the draw to win a \$100 Prezzy card, please provide your name and contact details below:

Name:

Contact email address:

Contact phone number:

**Thank you for taking our survey. Your response is very important to us.**

## Appendix 2: Comparison with 2016 results

Independent sample t-tests were run to determine if there were differences between:

- 2016 and 2019 respondents' answers to survey questions
- The ways respondents from different ethnic groups responded to questions about their confidence to recognise aspects of mental illness and to provide support.

Table 6 to Table 11 show statistically significant differences between group means in bold (where  $p < 0.05$ ). Negative significant differences are shaded red and positive differences are shaded green. Darker shades of red and green indicate significant differences with larger effect sizes.

### Comparisons between 2016 and 2019

Statistical testing showed that 2016 respondents:

- Were more confident in dealing with client mental health issues ( $M = 3.83$ ,  $SD = 0.75$ ) than 2019 respondents ( $M = 3.57$ ,  $SD = 0.95$ ), a statistically significant difference,  $M = 0.26$ , 95% CI [0.13, 0.38],  $t(615.50) = 4.01$ ,  $p < 0.01$ ,  $d = 0.17$  (Table 6)
- Were more confident in supporting someone who might be suicidal ( $M = 3.55$ ,  $SD = 0.91$ ) than 2019 respondents ( $M = 3.39$ ,  $SD = 1.05$ ), a statistically significant difference,  $M = 0.17$ , 95% CI [0.19, 0.31],  $t(575.62) = 2.23$ ,  $p = 0.03$ ,  $d = 0.17$  (Table 6)
- Thought it was more useful to hear about workshop facilitators' personal experiences ( $M = 4.55$ ,  $SD = 0.75$ ) than 2019 respondents ( $M = 4.40$ ,  $SD = 0.83$ ), a statistically significant difference,  $M = 0.15$ , 95% CI [0.04, 0.27],  $t(557.63) = 2.53$ ,  $p = 0.01$ ,  $d = 0.29$  (Table 7)
- Were more likely to agree they were doing more things to keep themselves mentally well ( $M = 4.13$ ,  $SD = 0.76$ ) than 2019 respondents ( $M = 3.96$ ,  $SD = 0.87$ ), a statistically significant difference,  $M = 0.16$ , 95% CI [0.04, 0.29],  $t(578.41) = 2.61$ ,  $p = 0.01$ ,  $d = 0.19$  (Table 8)
- Were more likely to agree they had shared what they learned at MH101<sup>®</sup> with their colleagues ( $M = 4.15$ ,  $SD = 0.75$ ) than 2019 respondents ( $M = 3.94$ ,  $SD = 1.02$ ), a statistically significant difference,  $M = 0.21$ , 95% CI [0.08, 0.34],  $t(653.01) = 3.18$ ,  $p = 0.02$ ,  $d = 0.23$  (Table 8).

2019 respondents were more likely to agree there were policies in their workplace allowing people to receive appropriate support ( $M = 4.04$ ,  $SD = 1.07$ ) compared to 2016 respondents ( $M = 3.83$ ,  $SD = 1.17$ ), a statistically significant difference,  $M = 0.21$ , 95% CI [-0.39, -0.04],  $t(471.62) = -2.44$ ,  $p = 0.02$ ,  $d = 0.20$  (Table 8).

**Table 6: Summary of responses on a five-point scale and mean differences for six-month survey questions about confidence in providing different aspects of mental health support**

	Percentage who were confident or very confident			Mean scores (1 – Not confident, 5 – Very confident)		
	2016 (n=250-252)	2019 (n=473-475)	Change	2016	2019	Change
Dealing with client mental health issues	75%	59%	-14%	3.83	3.57	-0.26
Recognising signs of depression	71%	70%	-12%	3.89	3.84	0.05
Recognising signs of anxiety disorder	69%	70%	-15%	3.79	3.86	0.08
Recognising signs of substance use disorder	55%	56%	-18%	3.58	3.55	-0.03
Recognising signs of psychosis	46%	43%	-24%	3.30	3.27	-0.03
Knowing what to do if a person is showing signs of mental illness	69%	66%	-14%	3.70	3.75	0.05
Knowing what to do if a person is showing signs of heightened distress	69%	60%	-18%	3.72	3.61	-0.11
Knowing what to do with someone who may be suicidal	57%	48%	-15%	3.55	3.39	-0.17
Knowing how to contact appropriate professionals	76%	70%	-11%	3.91	3.79	-0.13
Knowing which are appropriate professional help options	67%	64%	-15%	3.74	3.71	-0.02
Knowing when it is appropriate to recommend professional help options	67%	61%	-14%	3.76	3.64	-0.12
Knowing useful things people can do to be mentally healthy	80%	75%	-15%	4.05	3.96	-0.09

**Table 7: Summary of responses on a five-point scale and mean differences for six-month survey questions about usefulness of different workshop content**

	Percentage who noted 'useful' or 'very useful'			Mean scores (1 – Not useful, 5 – Very useful)		
	2016 (n=250-252)	2019 (n=457-472)	Change	2016	2019	Change
Te Whare Tapa Whā	80%	86%	6%	4.01	4.08	0.07
Stress-vulnerability continuum	89%	91%	2%	4.31	4.19	-0.12
Learning signs of several major mental illnesses	93%	94%	1%	4.45	4.36	-0.09
Mindful rest and self-care	92%	91%	-1%	4.42	4.33	-0.09
How to talk to someone about suicide	86%	87%	1%	4.33	4.23	-0.10
Hearing the facilitators' personal experiences of mental illness	94%	90%	-4%	4.55	4.40	-0.15
Understanding lenses and filters and their impact on behaviour	92%	92%	0%	4.39	4.32	-0.07
Learning about the impact of Adverse Childhood Experiences	88%	90%	2%	4.30	4.31	0.01

Table 8: Summary of responses on a five-point scale and mean differences for six-month survey questions about changes to behaviours

	Percentage who agreed or strongly agreed			Mean scores (1 – Strongly disagree, 5 – Strongly agree)		
	2016 (n=219-252)	2019 (n=412-469)	Change	2016	2019	Change
I am doing more things to keep myself mentally well	83%	81%	-2%	4.13	3.96	-0.16
I am suggesting self-help strategies to others more often	79%	75%	-4%	3.86	3.83	-0.03
I am more confident talking about mental health issues	92%	90%	-2%	4.14	4.11	-0.03
I have intervened more at an early stage to encourage people to seek help for their mental distress or illness	62%	61%	-1%	3.44	3.38	-0.06
I am providing more support around mental illness to people at work	69%	67%	-2%	3.57	3.54	-0.03
I am providing more support around mental illness to friends and family	77%	79%	2%	3.83	3.71	-0.12
I have made more effective use of referrals to professional help options	58%	54%	-4%	3.17	3.11	-0.07
I have intervened when someone has been suicidal	28%	32%	4%	2.18	2.39	0.21
I have shared what I learned at MH101® with my colleagues	87%	82%	-5%	4.15	3.94	-0.21
My workplace is understanding of people experiencing mental health issues	85%	87%	2%	4.04	4.03	-0.01
There are policies in my workplace that allow people experiencing mental illness or distress to receive appropriate support	80%	89%	9%	3.83	4.04	0.21

## 2019 ethnic groups

Since total count ethnicity data were gathered, comparisons could only be made between Māori and non-Māori, Pacific and non-Pacific, and New Zealand European and non-New Zealand European respondents (Table 9 to Table 11).

### Māori respondents:

- Were more confident in dealing with client mental health issues (M = 3.79, SD = 0.99) than non-Māori respondents (M = 3.52, SD = 0.93), a statistically significant difference, M = 0.27, 95% CI [-0.50, -0.04],  $t(127.18) = -2.33$ ,  $p = 0.02$ ,  $d = 0.29$  (Table 9)
- Were more confident in supporting someone who might be suicidal (M = 3.68, SD = 1.05) than non-Māori respondents (M = 3.32, SD = 1.04), a statistically significant difference, M = 0.36, 95% CI [-0.60, -0.11],  $t(132.92) = -2.93$ ,  $p < 0.01$ ,  $d = 0.34$  (Table 9)
- Thought learning about Te Whare Tapa Whā was more useful (M = 4.40, SD = 0.90) than non-Māori respondents (M = 4.00, SD = 1.17), a statistically significant difference, M = 0.40, 95% CI [-0.62, -0.18],  $t(167.63) = -3.56$ ,  $p < 0.01$ ,  $d = 0.35$  (Table 10)
- Had intervened more at an early stage (M = 3.66, SD = 1.20) compared to non-Māori respondents (M = 3.32, SD = 1.31), a statistically significant difference, M = 0.34, 95% CI [-0.62, -0.06],  $t(142.71) = -2.37$ ,  $p = 0.02$ ,  $d = 0.26$  (Table 11)
- Were providing more support around mental illness to friends and family (M = 3.91, SD = 1.05) compared to non-Māori respondents (M = 3.32, SD = 1.13), a statistically significant difference, M = 0.25, 95% CI [-0.49, -0.01],  $t(142.19) = -1.98$ ,  $p = 0.05$ ,  $d = 0.22$  (Table 11).

### Pacific respondents:

- Thought learning about Te Whare Tapa Whā was more useful (M = 4.30, SD = 0.69) than non-Pacific respondents (M = 4.05, SD = 1.18), a statistically significant difference, M = 0.25, 95% CI [-0.45, -0.04],  $t(119.47) = -2.35$ ,  $p = 0.02$ ,  $d = 0.22$  (Table 10)
- Had intervened more at an early stage (M = 3.84, SD = 0.88) compared to non-Pacific respondents (M = 3.31, SD = 1.33), a statistically significant difference, M = 0.52, 95% CI [-0.78, -0.26],  $t(105.74) = -4.01$ ,  $p < 0.01$ ,  $d = 0.41$  (Table 11)
- Were providing more support around mental illness to people at work (M = 3.79, SD = 0.88) compared to non-Pacific respondents (M = 3.50, SD = 1.19), a statistically significant difference, M = 0.29, 95% CI [-0.54, -0.04],  $t(96.05) = -2.26$ ,  $p = 0.03$ ,  $d = 0.25$  (Table 11)
- Had made more effective use of referrals to professional help options (M = 3.66, SD = 1.43) compared to non-Pacific respondents (M = 3.03, SD = 1.47), a statistically significant difference, M = 0.63, 95% CI [-0.95, -0.30],  $t(92.34) = -3.85$ ,  $p < 0.01$ ,  $d = 0.44$  (Table 11)
- Had intervened when someone had been suicidal (M = 3.21, SD = 1.43) compared to non-Pacific respondents (M = 2.27, SD = 1.75), a statistically significant difference, M = 0.94, 95% CI [-1.34, -0.54],  $t(89.01) = -4.67$ ,  $p < 0.01$ ,  $d = 0.55$  (Table 11).

New Zealand European respondents:

- Were more confident in knowing a range of strategies to maintain mental wellbeing (M = 4.05, SD = 0.77) than non-New Zealand European respondents (M = 3.79, SD = 0.87), a statistically significant difference, M = 0.26, 95% CI [-0.42, -0.11],  $t(298.10) = -3.28$ ,  $p < 0.01$ ,  $d = 0.33$  (Table 9)
- Thought learning about how to talk about suicide was more useful (M = 4.30, SD = 0.83) than non-New Zealand European respondents (M = 4.11, SD = 0.98), a statistically significant difference, M = 0.19, 95% CI [-0.37, -0.01],  $t(288.16) = -2.11$ ,  $p = 0.04$ ,  $d = 0.21$  (Table 10)
- Were less likely to agree they were doing more things to keep themselves mentally well (M = 3.90, SD = 0.81) compared to non-New Zealand European respondents (M = 4.09, SD = 0.98), a statistically significant difference, M = -0.19, 95% CI [0.01, 0.36],  $t(281.32) = 2.07$ ,  $p = 0.04$ ,  $d = 0.21$  (Table 11)
- Were less likely to agree they had intervened more at an early stage (M = 3.23, SD = 1.37) compared to non-New Zealand European respondents (M = 3.66, SD = 1.08), a statistically significant difference, M = -0.43, 95% CI [0.21, 0.66],  $t(404.07) = 3.77$ ,  $p < 0.01$ ,  $d = 0.34$  (Table 11)
- Were less likely to agree they had made more effective use of referrals to professional help options (M = 2.95, SD = 1.55) compared to non-New Zealand European respondents (M = 3.41, SD = 1.18), a statistically significant difference, M = -0.47, 95% CI [0.22, 0.72],  $t(414.67) = 1.88$ ,  $p < 0.01$ ,  $d = 0.33$  (Table 11)
- Were less likely to agree they had intervened when someone had been suicidal (M = 2.08, SD = 1.73) compared to non-New Zealand European respondents (M = 2.99, SD = 1.61), a statistically significant difference, M = -0.91, 95% CI [0.60, 1.22],  $t(354.39) = 5.72$ ,  $p < 0.01$ ,  $d = 0.54$  (Table 11).

**Table 9: Summary of responses on a five-point scale and mean differences for six-month survey questions about confidence in providing different aspects of mental health support – by ethnicity<sup>11</sup>**

	Percentage who were 'confident' or 'very confident'			Mean scores (1 – Not confident, 5 – Very confident) <sup>12</sup>		
	Māori (n=89-90)	Pacific (n=61)	NZ European (n=309-311)	Māori	Pacific	NZ European
Dealing with client mental health issues	69%	62%	59%	3.79 (3.52)	3.62 (3.56)	3.55 (3.62)
Recognising signs of depression	75%	66%	71%	3.91 (3.82)	3.79 (3.85)	3.85 (3.84)
Recognising signs of anxiety disorder	75%	70%	71%	3.93 (3.85)	3.93 (3.86)	3.88 (3.84)
Recognising signs of substance use disorder	63%	59%	56%	3.64 (3.53)	3.62 (3.54)	3.55 (3.55)
Recognising signs of psychosis	51%	48%	43%	3.33 (3.26)	3.44 (3.25)	3.29 (3.24)
Knowing what to do if a person is showing signs of mental illness	67%	70%	67%	3.74 (3.75)	3.75 (3.75)	3.78 (3.70)
Knowing what to do if a person is showing signs of heightened distress	65%	69%	61%	3.61 (3.61)	3.69 (3.60)	3.63 (3.56)
Knowing what to do with someone who may be suicidal	64%	57%	46%	3.68 (3.32)	3.61 (3.36)	3.33 (3.49)
Knowing how to contact appropriate professionals	71%	70%	71%	3.83 (3.77)	3.80 (3.78)	3.80 (3.76)
Knowing which are appropriate professional help options	66%	70%	65%	3.76 (3.70)	3.80 (3.70)	3.75 (3.65)
Knowing when it is appropriate to recommend professional help options	62%	70%	60%	3.64 (3.64)	3.77 (3.62)	3.65 (3.62)
Knowing useful things people can do to be mentally healthy	68%	69%	79%	3.83 (3.99)	3.80 (3.98)	4.05 (3.79)

<sup>11</sup> Appendix 2: Table 10 displays data from the 462 follow-up survey respondents (97% of all follow-up survey respondents) for whom ethnicity information (either Māori, Pacific or New Zealand European) were available from the workshop surveys.

<sup>12</sup> Mean scores for non-Māori, non-Pacific, and non-New Zealand European respondents are shown in brackets.

**Table 10: Summary of responses on a five-point scale and mean differences for six-month survey questions about usefulness of different workshop content - by ethnicity**

	Percentage who noted 'useful' or 'very useful'			Mean scores (1 – Not confident, 5 – Very confident)		
	Māori (n=88-89)	Pacific (n=60-61)	NZ European (n=296-310)	Māori	Pacific	NZ European
Te Whare Tapa Whā	90%	87%	86%	4.40 (4.00)	4.30 (4.05)	4.02 (4.19)
Stress-vulnerability continuum	93%	92%	91%	4.30 (4.17)	4.16 (4.20)	4.19 (4.20)
Learning signs of several major mental illnesses	92%	90%	94%	4.36 (4.36)	4.28 (4.37)	4.40 (4.29)
Mindful rest and self-care	89%	92%	91%	4.36 (4.32)	4.33 (4.33)	4.33 (4.33)
How to talk to someone about suicide	82%	82%	88%	4.22 (4.24)	4.11 (4.25)	4.30 (4.11)
Hearing the facilitators' personal experiences of mental illness	90%	92%	91%	4.47 (4.38)	4.46 (4.39)	4.43 (4.35)
Understanding lenses and filters and their impact on behaviour	91%	90%	91%	4.37 (4.31)	4.26 (4.33)	4.32 (4.32)
Learning about the impact of Adverse Childhood Experiences	91%	90%	90%	4.42 (4.29)	4.34 (4.31)	4.30 (4.34)

**Table 11: Summary of responses on a five-point scale and mean differences for six-month survey questions about changes to behaviours – by ethnicity**

	Percentage who agreed or strongly agreed			Mean scores (1 – Not confident, 5 – Very confident)		
	Māori (n=89-90)	Pacific (n=61)	NZ European (n=309-311)	Māori	Pacific	NZ European
I am doing more things to keep myself mentally well	78%	90%	84%	4.03 (3.95)	4.10 (3.94)	3.90 (4.09)
I am suggesting self-help strategies to others more often	76%	83%	72%	3.86 (3.82)	3.87 (3.82)	3.82 (3.84)
I am more confident talking about mental health issues	92%	95%	84%	4.13 (4.10)	4.07 (4.11)	4.14 (4.04)
I have intervened more at an early stage to encourage people to seek help for their mental distress or illness	57%	73%	75%	3.66 (3.31)	3.84 (3.31)	3.23 (3.66)
I am providing more support around mental illness to people at work	67%	69%	72%	3.61 (3.52)	3.79 (3.50)	3.49 (3.63)
I am providing more support around mental illness to friends and family	78%	85%	80%	3.91 (3.66)	3.93 (3.68)	3.64 (3.84)
I have made more effective use of referrals to professional help options	53%	57%	64%	3.36 (3.05)	3.66 (3.03)	2.95 (3.41)
I have intervened when someone has been suicidal	38%	57%	56%	2.72 (2.31)	3.21 (2.27)	2.08 (2.99)
I have shared what I learned at MH101® with my colleagues	90%	81%	83%	3.96 (3.94)	3.95 (3.94)	3.97 (3.88)
My workplace is understanding of people experiencing mental health issues	89%	90%	88%	4.01 (4.03)	4.08 (4.01)	4.09 (3.91)
There are policies in my workplace that allow people experiencing mental illness or distress to receive appropriate support	89%	90%	91%	4.00 (4.05)	4.11 (4.03)	4.08 (3.97)

## Other outcome indicators

**Table 12: Summary of responses about initiating conversations about someone whose mental wellbeing respondents were concerned about**

Since MH101® have you initiated a conversation with someone whose mental wellbeing you were concerned about?	2016 (n=252)	2019 (n=445)
<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	67%	62%
<ul style="list-style-type: none"> <li>• No</li> </ul>	31%	38%
How many times have you initiated a conversation like this since the MH101® workshop?	2016 (n=164)	2019 (n=277)
<ul style="list-style-type: none"> <li>• 1-4 conversations</li> <li>• 5-9 conversations</li> <li>• 10+ conversations</li> </ul>	68%	69%
<ul style="list-style-type: none"> <li>• 5-9 conversations</li> </ul>	18%	17%
<ul style="list-style-type: none"> <li>• 10+ conversations</li> </ul>	14%	13%
Percentage who said the other person responded positively or very positively	84% (n=169)	84% (n=276)