



# MH101<sup>®</sup> Impact Evaluation

December 2024



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Final report, December 2024

## Acknowledgements

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# Executive summary

## Background

Increasing mental health and addiction literacy can assist communities to support people experiencing mental distress, through appropriate support and referrals to early intervention, treatment, and recovery services. Additionally, countering stigma and discrimination can result in greater recognition of mental health problems, increased help-seeking and increased support and inclusion of people who experience mental distress. MH101<sup>®</sup> workshops aim to give participants greater confidence to recognise, relate and respond to people experiencing mental health challenges. Te Whatu Ora – Health New Zealand, (and previously the Ministry of Health), has funded the development and implementation of MH101<sup>®</sup> since 2009.

MH101<sup>®</sup> learning outcomes include:

- using Te Whare Tapa Whā<sup>1</sup> to support mental wellbeing
- recognising signs of good mental health and of mental health challenges
- relating to what people with mental health challenges are experiencing and
- responding supportively to people experiencing mental distress.

## Aims and objectives

The aim of the evaluation is to identify the impact of MH101<sup>®</sup> over the period from July 2023 and September 2024. Blueprint for Learning seeks to understand to what extent people attending a workshop have maintained and used any increased confidence and knowledge around the learning outcomes, any reduction in stigma and discrimination because of attending the workshop, and opportunities for programme development and improvement.

## Method

A mixed methods impact evaluation approach was adopted to gather workshop participants' feedback on their knowledge, confidence and ability to provide support for people experiencing mental health and addiction challenges three to twelve months after taking part in the training. Data collection involved a follow up survey (210 participants, response rate 4 percent), three online focus groups (20 participants), two interviews with managers (3 participants), one wānanga (10 participants) and one in person focus group (12 participants) with organisations engaging with the programme. Wānanga can be defined as “seminars”, “discussions”, “thought spaces”, or “meeting places” and serve to ground research in

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<sup>1</sup> Te Whare Tapa Whā represents the four cornerstones (or sides) of Māori health and wellbeing, including: Taha tinana (physical health), Taha wairua (spiritual health), Taha whānau (family health) and Taha hinengaro (mental health). This model was developed in 1982 by Mason Durie following a hui of Māori health workers at the time, to challenge a Western biomedical view of health as primarily focussed on the physical dimension (Rochford, 2004).

language, aspirations, ethics, and tikanga of people involved (Mahuika & Mahuika, 2020; Smith et al., 2019).

## Key findings

Evidence of the impact of MH101<sup>®</sup> was positive, showing that most participants retained their knowledge and confidence around each of the learning outcomes three to twelve months after they had attended a workshop. Most participants were still using their learning to actively support their own and others' wellbeing and felt that doing so was making a positive difference. Focus group discussions illustrated how MH101<sup>®</sup> can create sustainable behaviour change, from small shifts in self-care and communication style to supportive referral to mental health services, that promote individual, whānau and community wellbeing. Hearing facilitators' personal experiences of mental health challenges in a safe and discussion-based learning environment contributed to this outcome. Two thirds of learners had a meaningful and positive conversation with someone they were concerned about, and most experienced a positive result. Impact on standardised measures of discrimination and stigma was small, which likely reflects the low levels of stigma and discrimination among MH101<sup>®</sup> attendees (pre-workshop).

Since Māori and Pasifika people, whānau and communities are MH101<sup>®</sup> priority groups, this evaluation sought to prioritise engagement with Kaupapa Māori and Pasifika organisations using the programme. Participants reinforced the relevance of MH101<sup>®</sup> kaupapa for Māori and Pasifika communities experiencing persistent mental health inequities and support needs in Aotearoa. Wānanga participants provided important insight into opportunities for enhancing the impact of MH101<sup>®</sup> by integrating tikanga Māori and Rongoā Māori. Both wānanga participants and those working within a Pasifika service offered suggestions for improving cultural representation within the workshop delivery. This could include exploration of other models of wellbeing relevant to communities served, such as Te Wheke and the Fonofale model.

The wānanga is a traditional Māori approach for knowledge learning exchange and was suggested as a method for ensuring that facilitators recognise and include the knowledge and experience of their whānau and communities that MH101<sup>®</sup> learners bring with them. This was linked to a broader sectorial journey of growing mātauranga Māori within support programmes and the need to elevate the application of models such as Te Whare Tapa Whā. To support this, participants suggested incorporating more iwi or regionally-specific information to make the workshops more relevant and accessible within their motu or rohe. Kaimahi expressed a desire to 'see themselves' in the content and facilitations, and work with facilitators and tāngata to bring more relevant and personalised examples to their role as kaimahi.

## Conclusion

Overall, the programme is well positioned to enable the vision outlined in Kia Manawanui Aotearoa for New Zealanders having a better understanding of mental wellbeing, being able to support themselves and each other, and to get help in the places they already visit (Ministry of Health, 2021). The impact of MH101<sup>®</sup> could be strengthened by exploring opportunities for enhanced cultural responsiveness in delivery and placing greater emphasis on reducing stigma and discrimination.

## Recommendations

Key recommendations for Blueprint from this impact evaluation are to:

- continue to use targeted recruitment strategies and oversampling in future evaluation to improve engagement with priority groups, including Māori and Pasifika learners, rainbow communities, people living in rural communities and men
- consider how MH101<sup>®</sup> delivery could be developed alongside Māori and Pasifika facilitators and communities
- explore the role of MH101<sup>®</sup> in the reduction of stigma and discrimination in future evaluation.

## Background

Community knowledge of mental distress and illness, addiction and suicidal behaviours is often limited. Lack of knowledge and confidence contributes to stigmatising attitudes and limits the support that people might otherwise provide or receive. Mental health literacy has been defined as “knowledge and beliefs about mental disorders which aid their recognition, management or prevention” (Jorm et al., 1997, p. 184). Increasing mental health and addiction literacy can assist communities to support people experiencing mental distress, through appropriate interventions and referrals to early intervention, treatment, and recovery services (Jorm, 2000, 2012; ten Have et al., 2010). Using methods that counter stigma and discrimination can result in:

- greater recognition of mental health problems
- increased help-seeking and
- increased support and inclusion of people who experience mental distress (Lien et al., 2021; McBride, 2015).

## Mental Health 101 (MH101<sup>®</sup>)

MH101<sup>®</sup> is a mental health and addiction literacy programme developed and provided by Blueprint for Learning. It was developed to increase knowledge about mental health, mental illness, addiction, gambling harm and suicide prevention and to counter stigma and discrimination associated with mental illness in New Zealand. MH101<sup>®</sup> workshops aim to give participants greater confidence to **recognise** mental illness or distress; **relate** better to those experiencing mental illness or distress and **respond** in an appropriate way by providing practical tools and ideas. The programme has a dual focus on maintaining personal wellbeing and supporting others. The programme logic detailing the links between project activities, expected outcomes and impact is included in Appendix A.

MH101<sup>®</sup> targets community members who are: 18 years and older, likely to have contact with people experiencing mental distress and well-placed to respond in their day-to-day work or lives. Target groups include government, non-government and private organisations involved in wellbeing mahi in a broad sense, encompassing health, education, community work and social welfare. MH101<sup>®</sup> also aims to reach communities and groups who are prioritised in relation to mental health and wellbeing equity and suicide prevention. These groups include Māori and Pasifika people, rainbow communities, people living in rural communities and men.

MH101<sup>®</sup> learning outcomes are to:

- recognise signs of good mental health and of mental health challenges

- use Te Whare Tapa Whā<sup>2</sup> to support mental wellbeing
- relate to what people with mental health challenges are experiencing
- respond supportively to people experiencing mental distress.

Engagement with people who have firsthand experience is an effective means of increasing empathy and addressing prejudice, stigma and discrimination (Dovidio et al., 2017; Lien et al., 2021; McBride, 2015). A unique aspect of the MH101<sup>®</sup> programme is the use of a co-facilitation model (Postelnik et al., 2022). This involves workshop facilitation by a person with lived experience of mental health or addiction challenges in partnership with a facilitator with clinical experience in mental health services. Facilitators talk about their experiences and link them to the learning outcomes during the workshop. MH101<sup>®</sup> facilitates contact with lived experiences as a key method for supporting MH101<sup>®</sup> attendees to better relate to friends, whānau, clients, and colleagues who experience mental health issues.

MH101<sup>®</sup> workshop format and delivery draws on other evidence-based adult education principles, prioritising: active interaction, practice and roleplaying, storytelling and responding to feedback (Salas et al., 2012; Te Pou, 2019). A variety of activities, videos and teaching tools cater for different learning styles of participants, i.e., visual, auditory, and kinaesthetic (movement based). Questions stimulate reflection and thinking about the topic rather than information being presented lecture-style. MH101<sup>®</sup> was delivered as a one-day face-to-face training until April 2020. Delivery mechanisms shifted during COVID-19, and the programme was adapted to be delivered over three days in two-hour online workshop sessions. MH101<sup>®</sup> online workshops provide the same content and engagement with lived experience and adult learning principles adapted for the online environment. Online delivery has proven popular and evaluation results demonstrate learners' self-rated confidence and understanding against the programme learning outcomes are comparable to results from face-to-face learners. Due to the success of online delivery, MH101<sup>®</sup> is now available both through the traditional in-person method and via an online course.

Te Whatu Ora – Health New Zealand, and previously the Ministry of Health, have funded the development and implementation of MH101<sup>®</sup> since 2009. During the evaluation period, MH101<sup>®</sup> was funded to provide 120 MH101<sup>®</sup> workshops per year, and a maximum of 3,000 people access the training per year. MH101<sup>®</sup> is also available for purchase on a cost neutral basis.

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<sup>2</sup> Te Whare Tapa Whā represents the four cornerstones (or sides) of Māori health and wellbeing, including: Taha tinana (physical health), Taha wairua (spiritual health), Taha whānau (family health) and Taha hinengaro (mental health). This model was developed in 1982 by Mason Durie following a hui of Māori health workers at the time, to challenge a Western biomedical view of health as primarily focussed on the physical dimension (Rochford, 2004).

## Previous MH101<sup>®</sup> evaluation

Evaluation is carried out at three timepoints, pre-workshop, post-workshop and follow up (generally 3-6 months later) (see Appendix B-D for questionnaires). Every learner who completes a workshop is invited to rate their knowledge and confidence around each of the learning outcomes before and after the training<sup>3</sup>, and other key factors related to their experience of workshop, content, and delivery. Post-workshop results are reviewed by the programme team weekly, summarised every six months, and used internally to inform programme planning. Exploration of post-workshop evaluation data from 762 MH101<sup>®</sup> participants who completed the programme in 2019 showed high satisfaction with the co-facilitation model (Postelnik et al., 2022). The personal stories shared by facilitators were perceived as bringing the workshop content to life and providing important insights into people's experiences and well-being journey.

Recent impact evaluation showed that most learners experience substantial increases in knowledge and confidence following the workshop, which is retained three to six months later (Blueprint, 2023; Malatest International, 2020). The most recent impact evaluation found that most were still using their learning to actively support their own and others' wellbeing and felt that doing so was making a positive difference<sup>4</sup>. Almost three quarters of learners go on to have meaningful conversations with someone they are concerned about. Key recommendations for Blueprint were to:

- use targeted recruitment strategies and oversampling in future evaluation to improve engagement with priority groups, including Māori and Pasifika learners, rainbow communities, people living in rural communities and men
- include measurement of stigma and change in future evaluation
- consider how MH101<sup>®</sup> could be developed to offer additional support for Māori and Pasifika learners
- scope redevelopment options for follow up to support learners to put their learning into practice
- consider how MH101<sup>®</sup> could complement initiatives aimed at managers and leaders such as Leading Wellbeing at Work by encouraging critical reflection on the ways that our environment, including our workplace, shapes wellbeing.

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<sup>3</sup> We increase our ability to measure change by asking participants to gauge their confidence and knowledge level both pre- and post-workshop in the same post-workshop survey. This enables comparison of the average change across the same set of participants and avoids the complications that occur when those answering a pre-workshop question about confidence level may not be the same people answering a post-workshop question (see Sufi et al., 2018).

<sup>4</sup>The 2023 impact evaluation involved participants who had completed MH101<sup>®</sup> between 2020 and 2022. Data collection involved a follow up survey (393 participants, response rate 14 percent) and six focus group discussions (23 participants).

## Aims and objectives

The aim of the current evaluation is to identify and explore the impact of MH101® between July 2023 and September 2024. Blueprint for Learning seeks to understand to what extent people attending a workshop (learners) have maintained and used any increased confidence and knowledge around personal wellbeing and supporting others experiencing mental health and addiction challenges, including any reduction in stigma or discrimination linked to attending the workshop.

### Key evaluation questions

1. What recommendations from the 2023 evaluation, if any, have been incorporated into the programme?
2. To what extent have MH101® attendees, particularly MH101® priority groups, utilised their learnings, e.g., changed their behaviours, from the MH101® workshop?
  - a. How well have attendees maintained their increased knowledge and confidence in relation to the learning outcomes, including around their own wellbeing?
  - b. In what ways, if any, have attendees applied their learnings, e.g., changed their behaviours, from MH101®?
    - i. How have workplace implementation factors affected attendees' motivation and ability to apply their learnings?
  - c. To what degree does the delivery of MH101® affect attendees' motivation and ability to utilise their learnings, e.g., change their behaviours?
    - i. How did the workshop facilitation affect attendees' motivation and ability to learn?
    - ii. How well were adult learning principles integrated into workshop delivery?
3. To what extent has applying their MH101® learnings reduced attendees' stigma and discrimination?
  - a. How much has attendees' measured stigma and discrimination reduced?
  - b. How does the facilitators' use of storytelling add value to attendees' awareness of their own stigma and discrimination?
  - c. How has experiencing the dynamic of co-facilitation affected attendees' response to people experiencing mental distress?

## Evaluation approach

A mixed methods impact evaluation approach was adopted. Learners' feedback was gathered on their knowledge and confidence in relation to learning outcomes 3 to 12-months after taking part in MH101® training. This included their ability to maintain their own wellbeing and provide support for people experiencing mental health and addiction challenges.

## Data sources, data collection and analysis

### Surveys

All learners who attend a MH101<sup>®</sup> workshop are invited to complete pre-workshop, post-workshop and follow up surveys 3 to 12 months after their training (refer Appendix B-D)<sup>5</sup>. The response rate for the follow-up survey was 4 percent and a total of 210 participants took part (Table 1).

Table 1. Survey response rates

Attended MH101 <sup>®</sup>	Post-workshop survey	Agreed to be contacted for follow up	Follow-up survey
<b>2, 645 (100%)</b>	1,556 (59%)	842 (54%)	210 (25%)

The pre-workshop survey included the California Assessment of Stigma Change (CASC) (Corrigan et al., 2015), adapted for use in the Aotearoa New Zealand context (Gordon et al., 2018). The CASC measures attitudes, beliefs, and behaviours related to stigma towards someone who is experiencing mental health challenges, across 4 subscales for attribution, personal empowerment, recovery orientation and care seeking defined as follows.

Attribution (nine-item scale) comprises items exploring blame, pity, danger, help, fear, avoidance, coercion, and institutionalization. Items are presented in response to a brief vignette about Harry, “a 30-year-old man with schizophrenia” Research participants respond to individual items (e.g., “I would feel that Harry is a danger”) on a 10-point Likert scale (1 = not at all, 10 = definitely). Total scores range from 10 to 90, with higher scores representing more stigmatizing views towards people with mental illness.

Personal empowerment contains three items assessing views on self-efficacy. A sample item is, “I see people with mental health challenges as capable people,” to which participants answered using a 10-point scale of agreement (1=strongly disagree to 10 = strongly agree). Total scores range from 3 to 30, higher scores representing better views of empowerment regarding people with mental illness.

Recovery orientation consists of three items exploring personal confidence in and hope for people experiencing mental health challenges. A sample item is “People with mental health challenges can live the life of their choice” to which research participants answered using a 10-point scale (1 =strongly agree to 10 = strongly disagree). Total scores range from 3 to 30, lower scores representing better views of recovery.

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<sup>5</sup> Attendees at both Te Whatu Ora funded and paid workshops were included.

Care seeking contained 6-items exploring willingness to seek psychological support. Participants were asked about their level of agreement (1=strongly agree to 10 = strongly disagree) with statements like, “I would speak to a counsellor or psychiatrist if I was experiencing mental health challenges.” Scores range from 6 to 60, lower scores representing more willingness to seek out support.

Post-workshop, participants were invited to rate their knowledge and confidence around each of the learning outcomes before and after the training, and other key factors related to their experience of workshop, content, and delivery.

The MH101® follow up survey included some repeated measures derived from the pre- and post-workshop survey (including the CASC) and new content relevant to the evaluation questions. This included: self-assessment (rating) of knowledge and confidence in recognising and responding to mental health challenges, attitudes and beliefs around mental health, and action taken to support personal wellbeing and respond to people in distress. Participants were asked open ended questions around their experiences putting their learning into practice, and the usefulness of resources provided. The survey also sought feedback on workshop design and delivery including format, content, resources and follow up.

Participants who completed the pre-workshop, post workshop and follow up surveys (i.e. all 3 data points) were included for analysis. The responses between the post-workshop and follow up surveys were matched using participant email addresses. The bulk of the survey data were summarised using descriptive tables and charts, crossed by key interest groups and variables relevant to the evaluation questions. CASC subscale scores were calculated and means compared. Open-ended questions were coded and analysed in relation to the evaluation questions using a qualitative descriptive method (Sandelowski, 2000), supported by MAXQDA software.

### **Focus groups and wānanga**

All learners who completed the MH101® follow up survey were asked if they would like to participate in a focus group to explore their experience of MH101® in more depth. Those who were interested were contacted by e-mail and invited to join one of three general focus groups held at given times via Zoom or Teams. Nineteen learners took part in these general focus groups. These groups were facilitated by a contractor external to Te Pou and Blueprint. A copy of the focus group Participant Information Sheet and Consent Form is provided in Appendix E and F. Focus group data were analysed descriptively in relation to the evaluation questions (Sandelowski, 2000).

One wānanga (10 participants) and one in person focus group (involving 12 participants) and a manager's interview (two participants) were held with a range of staff recruited from

two social support agencies to explore contextual factors influencing uptake and impact of MH101® in a kaupapa Māori and a Pasifika organisational setting. The wānanga and focus group were facilitated by a kairangahau Māori (Māori researcher) and a Pasifika researcher (two contractors external to Te Pou and Blueprint). The kairangahau and Pasifika researcher supported the organisational and participant engagement process, including adapted Participant Information Sheets, Consent Forms and topic guides to increase cultural relevance and responsiveness. The wānanga were conducted in person in the offices of the social support agencies, with staff and kairangahau gathered into a single room. The wānanga, in alignment with a kaupapa Māori approach, started with whakawhanaungatanga (personal introductions and establishing relationships) and then sharing kai. The wānanga encouraged active discussion, co-construction of knowledge and feedback between facilitators and participants, about the impact of the workshop. The emphasis was on reciprocal teaching and learning among kairangahau and participants. Staff could speak openly to the group about their experiences and thoughts but were also given the opportunity to privately write down their thoughts. Kairangahau also took part in a sense making session and had input into analysis and reporting of the wānanga.

# Results

## Implementation of previous evaluation findings

Key recommendations from the most recent evaluation were for Blueprint to:

- use targeted facilitator recruitment strategies and oversampling in future evaluation to improve engagement with priority groups, including Māori and Pasifika learners, rainbow communities, people living in rural communities and men
- include measurement of stigma and change in future evaluation
- consider how MH101<sup>®</sup> could be developed to offer additional support for Māori and Pasifika learners
- scope redevelopment options for follow up to support learners to put their learning into practice
- consider how MH101<sup>®</sup> could complement initiatives aimed at managers and leaders such as Blueprint's Leading Wellbeing at Work workshop by encouraging critical reflection on the ways that our environment, including our workplace, shapes wellbeing.

The previous recommendations have been implemented, as defined below.

### Targeted recruitment strategies

Ensuring priority groups are better represented in evaluation continues to be a priority for Blueprint. To ensure Blueprint is constantly working towards this goal, a range of measures have been introduced to increase facilitator capacity and skills to better support priority group engagement and attendance at workshops, which in turn would increase evaluation participation rates. These measures include:

- Supporting facilitators to continually upskill their te reo Māori through 1:1 pronunciation sessions with Blueprint staff, creating videos emphasising correct pronunciation and the sharing of te reo Māori resources
- In recent facilitator recruitment, Blueprint have targeted networks that promote to Māori and Pasifika and have successfully increased the pool to include 13 facilitators who whakapapa Māori and 5 who have Pasifika heritage
- Introduced in 2023, all Māori facilitators are invited to attend regular hui, supported by Waharoa (Blueprint and Te Pou Māori leads team). The hui include: whakawhanaungatanga and support and guidance around cultural issues in Blueprint mahi. A group for Pasifika facilitators is currently being developed offering support and guidance from Wise Group Ringa Huti Punga (Pasifika Equity Lead)
- Blueprint continues to show a strong commitment to maintaining relevant workshop content and delivery for Māori through active facilitator development. Initiatives have included the second Blueprint Facilitator Symposium, with sessions on Neurodiversity Awareness, Tikanga Māori in Practice, Tā Tātou Haerenga (Te Pou and Blueprint's Te Tiriti responsiveness framework) and post workshop debriefing

- Targeted recruitment strategies were incorporated into the current impact evaluation approach to improve the representation of Māori and Pasifika learners. Wānanga were held in person with kaupapa Māori and Pasifika services to explore the impact of MH101® for Māori and Pasifika communities.

To support rainbow communities, MH101 for rainbow communities and allies was developed to provide MH101® in a rainbow-safe, supportive learning space facilitated by rainbow-identifying facilitators. The workshop has been run in-person, and more recently online which has proved popular and likely offering a safer space for participants. Blueprint's rainbow-identifying facilitators have a rainbow flag next to their profile on the website to clearly identify members of the community.

Rural MH101 continues to run as both an online and in person workshops, with networks continuing to be engaged. Blueprint also supports rural communities with attendance at relevant events, including rural conferences and the National Fieldays.

### **Measurement of stigma and change**

Given that countering mental health stigma and discrimination is a key objective of the programme, the current evaluation was strengthened by the addition of standardised measure of sigma change - the California Assessment of Stigma Change (CASC) (Corrigan et al., 2015).

### **Additional support for Māori and Pasifika learners**

The wananga held with Māori and Pasifika participants provided rich feedback about how MH101® could be more inclusive and supportive of these communities. Work is ongoing with the support of Waharoa to ensure that not only our workshops, but also our processes of engagement with Māori and Pasifika are inclusive and culturally appropriate.

### **Follow up support for learners**

After attending MH101®, all participants receive access to Blueprint's post workshop e-learning which aims to embed and refresh content from the training. One recommendation from the 2023 Addiction 101 Impact Evaluation was to shorten the timeframe in which participants receive access to the post-workshop e-learning. Both Addiction 101 and MH101® began sending the e-learning 2 weeks after workshop attendance in 2024. Facilitators were also tasked with encouraging workshop participants to complete the e-learning. Because of these measures, MH101® e-learning completions have doubled.

## Initiatives aimed at managers

With the addition of a Blueprint Commercial Lead role, a more robust promotion of Leading Wellbeing at Work alongside MH101® provides an opportunity for organisations to ensure that entire workplaces have a structured and consistent approach to the wellbeing of their staff.

## Participant profiles

This section describes the MH101® learners who took part in the follow up survey (210 respondents).

### Follow up survey participants

Survey participants were mostly women (81 percent), of New Zealand European heritage (61 percent) and aged between 25 and 64 years (88 percent), see Table 2. Nearly one quarter of participants were Māori (23 percent) and fewer were Pasifika (11 percent). MH101® learners of Māori and Pasifika heritage made up a much larger percentage of the total respondents when compared to the registration data from the same period.<sup>6</sup> Survey participants were proportionately representative of MH101® learners by gender, age, workplace type, and access mode (online, in-person).

Table 2. Survey participant characteristics

Characteristics of participants (210 total participants)	Number (%) of participants
<b>Gender</b>	
Woman/Wahine	170 (81.0%)
Man/Tāne	39 (18.6%)
Non-binary	1 (0.5%)
<b>Age</b>	
Under 25 years	9 (4.3%)
25 to 44	72 (34.5%)
45 to 64	119 (56.7%)
65 and over	10 (4.8%)
<b>Ethnic background</b>	(Multiple responses allowed)
Māori	50 (23.8%)
Pasifika	22 (10.5%)
Asian	18 (8.6%)
New Zealand European/Pākehā	128 (61.0%)
Other ethnicity	21 (10.0%)

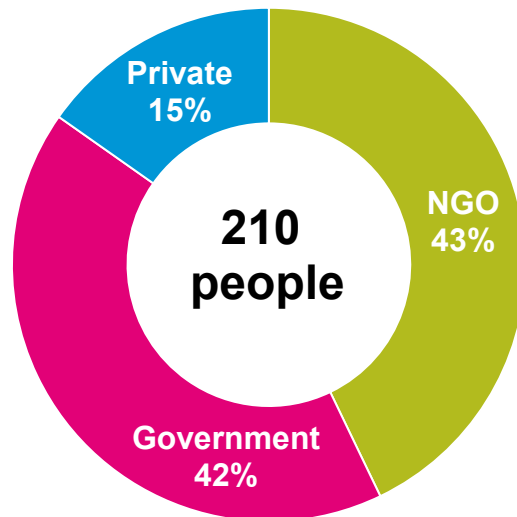
<sup>6</sup> Registration data from the evaluation period suggests that around 12 percent of those who attended MH101® were Māori and 4.5 percent were Pasifika.

### *Workplace type*

There was equal representation of participants who worked within government and non-government organisations (NGOs, 42 percent, and 43 percent respectively), and a smaller proportion worked in private companies (15 percent), see

Figure 1. Across the sample of learners, social services (28 percent) education (23 percent) and health (20 percent) sectors were the most represented.

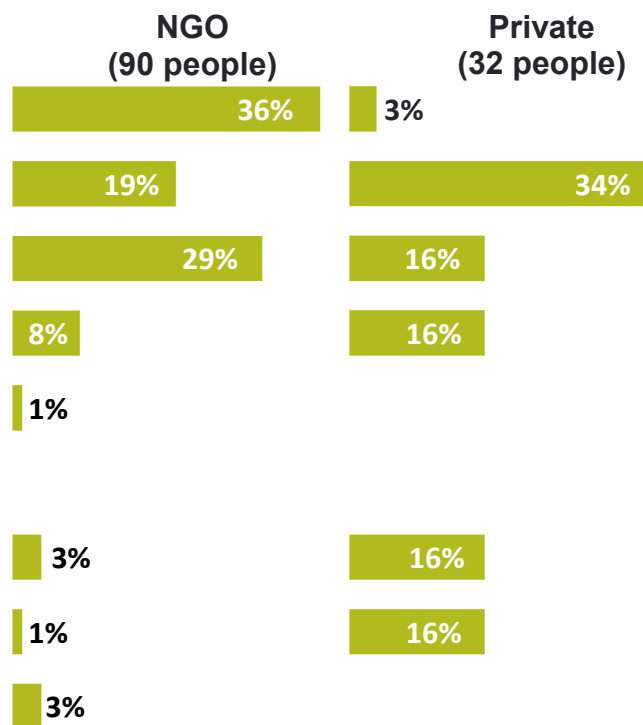
Figure 1. Organisation type



A range of sector groups were represented within each of the organisation types (

Figure 2). Government organisations tended to be engaged in social services and welfare (28 percent), education (23 percent) or health (14 percent) mahi. NGOs were largely based in the social services (36 percent), health (29 percent), or education (19 percent) sectors. Private organisations tended to be based in the education sector (34 percent), health, industrial or rural sectors (16 percent each).

Figure 2. Organisation types by sector group\*



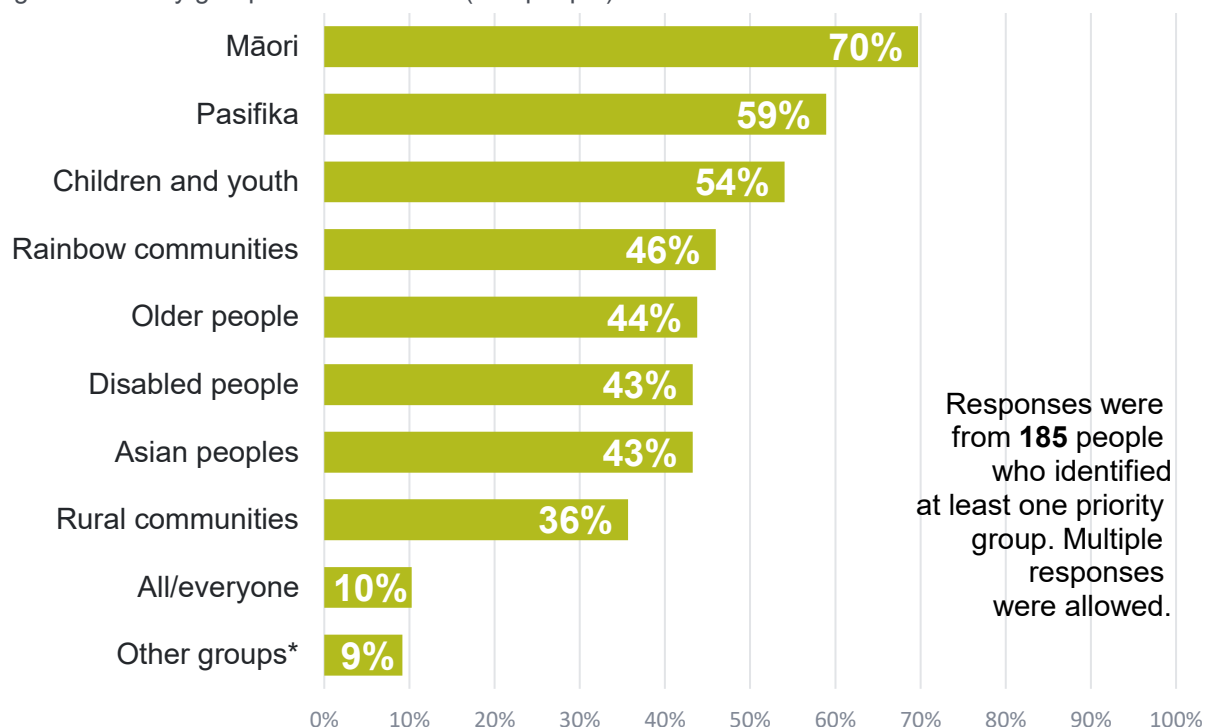
\*Other sector groups included: government (non-specified), justice, defence and military, cultural sector, employment support, disability sector, transport sector, research and data, and other unspecified groups.

**Priority groups served at work**

Most participants (88 percent) worked in an organisation designed to serve at least one priority community within their sector (

Figure 3). Around two thirds of participants indicated that they work directly with Māori or Pasifika. Work with Māori and Pasifika was based across social service, health and education settings.

Figure 3. Priority groups served at work (210 people)



\*Responses to Other included: Refugees and migrants, people of certain ethnicity (eg. Indian, Muslim, African, Middle Eastern), people of European descent, all the Ashburton community, people in prison, people severely at risk, people accessing addictions, adult mental health, heartland or social services in the community, neurodivergent students, and tertiary education provider.

### *In-person or online access*

About half (46 percent) of learners included in the impact evaluation had attended MH101<sup>®</sup> training in 2023, and half (54 percent) in 2024, see Table 3. The majority (81 percent) had attended in-person workshops, compared to online (19 percent) over the evaluation period, which is representative of the programme delivery during this period.

Table 3. Year attended MH101<sup>®</sup> by mode of delivery

Year attended MH101 <sup>®</sup>	In-person	Online	Total
2023	80 (47%)	17 (43.6%)	97 (46%)
2024	91 (53.2%)	22 (56.4%)	113 (54%)
<b>Total</b>	<b>171 (100%)</b>	<b>39 (100%)</b>	<b>210 (100%)</b>

Significance testing (Cohen's d) showed small or negligible difference between in-person and online workshop participants' confidence in recognising and responding to people experiencing mental health challenges or their engagement in meaningful conversations at follow up (see Appendix I). Results for in-person and online workshop learners are therefore analysed together in the following sections.

## Focus group participants

Nineteen participants took part in four focus group discussions guided by the evaluation questions. Four focus group participants were men, and fourteen were women, and one individual identified as non-binary. Most participants worked in health or social service sectors, five participants work in government, three participants worked in private or corporate businesses, and three participants were either students or worked in academia. Wānanga participants were employed within a social service specialising in supporting either whānau Māori or Pasifika communities.

## Opportunities for enhanced cultural safety

In-depth engagement with feedback from Māori and Pasifika learners was prioritised in this impact evaluation, through the wānanga held within Māori and Pasifika services who had undertaken MH101<sup>®</sup> training. Feedback from these services was broadly positive and aligned with the following sections of this report, however wānanga participants also provided important insight into opportunities for enhancing the impact of MH101<sup>®</sup> by integrating tikanga Māori, Rongoā Māori, and improving cultural representation within the delivery of the workshops. Enhancing facilitator confidence in Te reo Māori, pronunciation and karakia were suggested focus areas.

“I'll be honest, tikanga could have been a bit sharper. Pronunciation as well. But also in terms of the way that they delivered and connected with us as people.” - Wānanga participant

“[For kaupapa Māori organisations] ensuring tikanga is embedded in content is vital. Our ways of working. You know I mentioned [in the workshop] that Rongoā was something that we rely heavy on. And the response I received, I could clearly tell that this whaea just didn't know what I was talking about, and that's all cool. But instead of glazing over it, it might have been an opportunity for her to learn as well, have a korero.” - Wānanga participant

The wānanga approach was suggested as a method for ensuring that facilitators recognise and include the knowledge and experience of their whānau and communities that MH101<sup>®</sup> learners bring with them. This knowledge and experience could include other models of wellbeing relevant to communities served, Te Wheke and Fonofale models were specifically mentioned. This was linked to a broader sectorial journey of growing mātauranga Māori within support programs and the need to elevate the application of models such as Te Whare Tapa Whā. To achieve this, participants suggested incorporating marae-based settings and regional-specific information to make the workshops more relevant and accessible. Kaimahi desired the opportunity to work with facilitators and tāngata to bring more relevant and personalised examples to their kaimahi that connect with their motu and

rohe. Participants also discussed the need for easily accessible resources, such as a QR code directory of mental health services, including kaupapa Māori services.

For some, greater acknowledgment of the deep role of spirituality in understanding and responding to mental health challenges within some communities would be useful. It was held that MH101<sup>®</sup> workshop engagement with wairua was 'light touch' and could be deepened as relevant to some services and contexts. It was acknowledged that wairuatanga (spirituality) can be difficult to talk about from a Pākehā perspective.

"I think it's recognising that we use spiritual background to support the mental health issues of our service users. So for example, one of our service users says that his voices are the voices of God. That's what he thinks, and that's what he says. And that's his belief. Where of course, we encouraged him to go to church... Again, that's the example that we I'm trying to say is that we encourage this, the spirit, the spiritual background." - Wānanga participant

The importance of Māori and Pasifika learners and organisations seeing themselves in the MH101<sup>®</sup> materials, resources and facilitators was stressed.

"Some more Polynesian videos. Examples like more related to 'Poly problems', if that makes sense." Wānanga participant

This included facilitators who can speak into cultural contexts and communities from a personal perspective. It was often the personal stories and links with whānau and communities that conveyed the learning more effectively than the content per se.

"To be honest with you, I don't remember anything that was in the training. But. I remember [facilitator] and her story." - Wānanga participant

"But for me personally as a brown young, Samoan woman. It was very empowering just to hear [facilitator] experiences from that point of view, and I mean we have a lot of facilitators that do come from a European background. We can learn from them as much as we can. But the difference between having a brown person and a Caucasian person that we can't relate to them, you know? So that's a massive thing. And it was a very much a point of difference when [facilitator] walked into the room and we were able to relate to her because we were able to have the same kind of background as her." – Wānanga participant

Feedback suggested that MH101<sup>®</sup> is recognised as a programme that is developing cultural safety. For example, one wānanga participant offered her experience of the shift in cultural awareness within the programme, since being part of MH101<sup>®</sup> learning 5 years ago.

“Because previously for me it wasn't presented well... it wasn't culturally there... but now there was acceptance to it, that understanding that actually, medical or clinical like Western medicine, works hand in hand with having a holistic view.” Wānanga participant

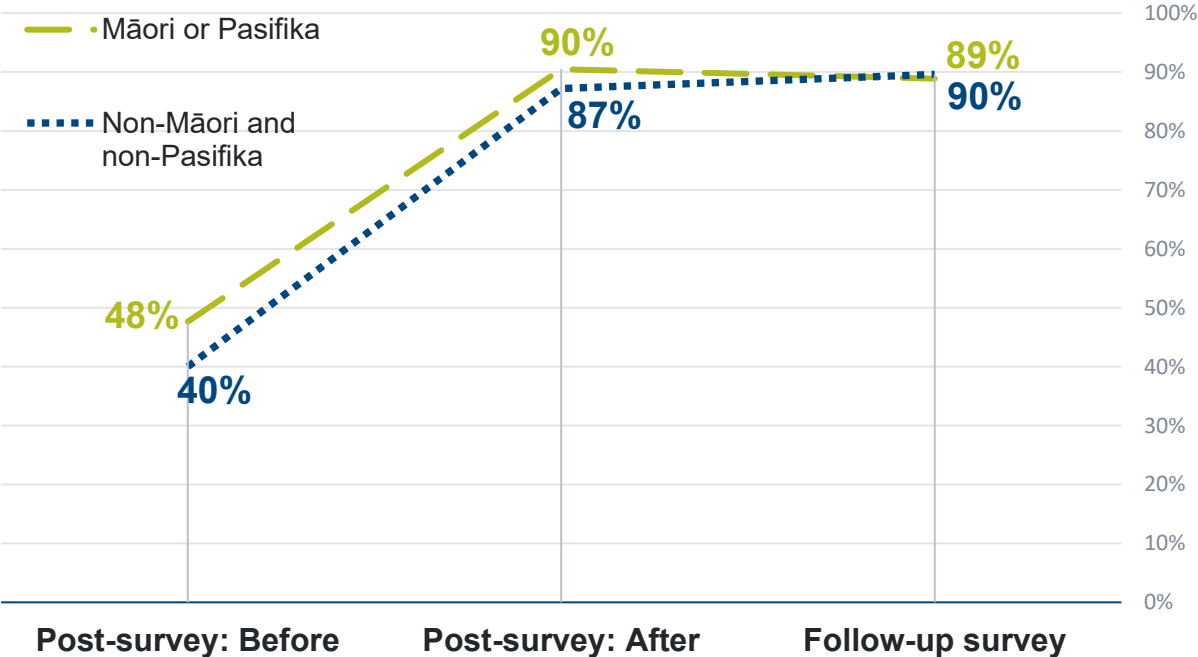
## Knowledge and confidence in recognising and responding to mental health challenges

This section describes how well participants maintained any increased knowledge and confidence in understanding, supporting, and relating to the experiences of people with mental health and addiction challenges.

### Confidence in recognising signs of mental distress was sustained

Self-ratings of confidence in recognising and responding to mental health challenges were similar, on average, between the post-workshop and follow up survey, indicating that confidence had been sustained (Figure 4). This was true for Māori and Pasifika learners (63 people) as well as non-Māori and non-Pasifika participants (125 people).

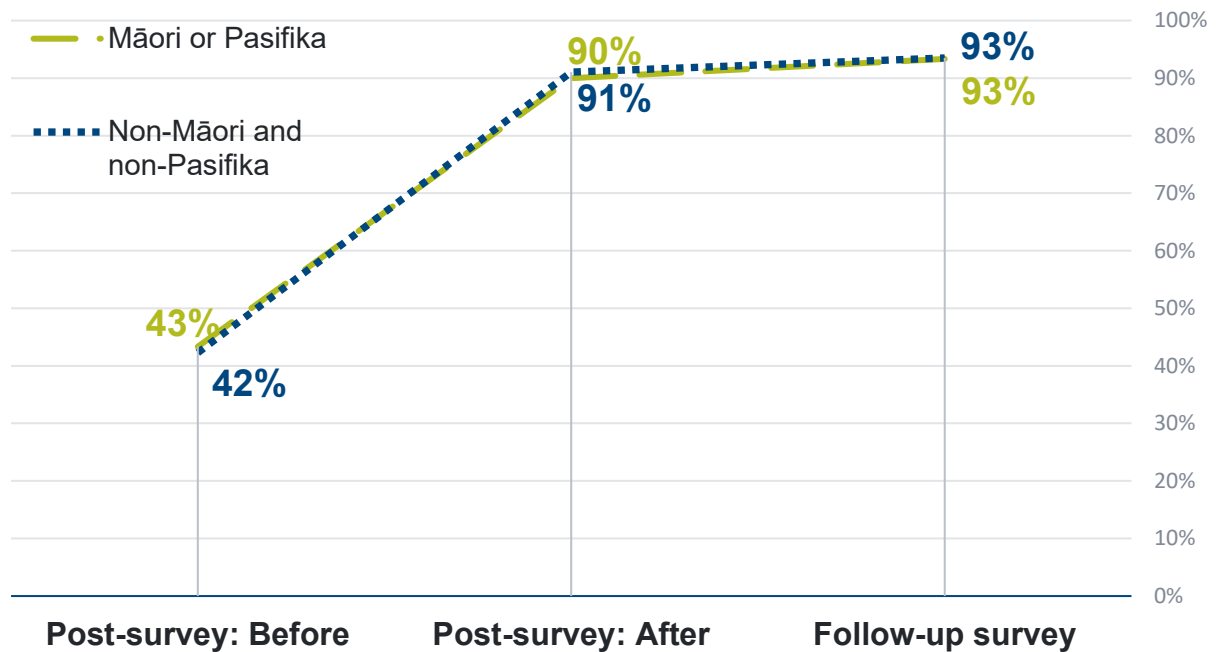
Figure 4. Percent confident in recognising the signs of mental health distress by ethnicity



## Confidence in knowing a range of strategies to maintain own and others' wellbeing was sustained

Confidence in knowing a range of strategies to maintain one's own wellbeing was similar, on average, between the post-workshop survey and follow up. This was true for both non-Māori and Pasifika as well as Māori and Pasifika learners (Figure 5).

Figure 5. Percent confident in knowing a range of strategies to support my own mental wellbeing by ethnicity

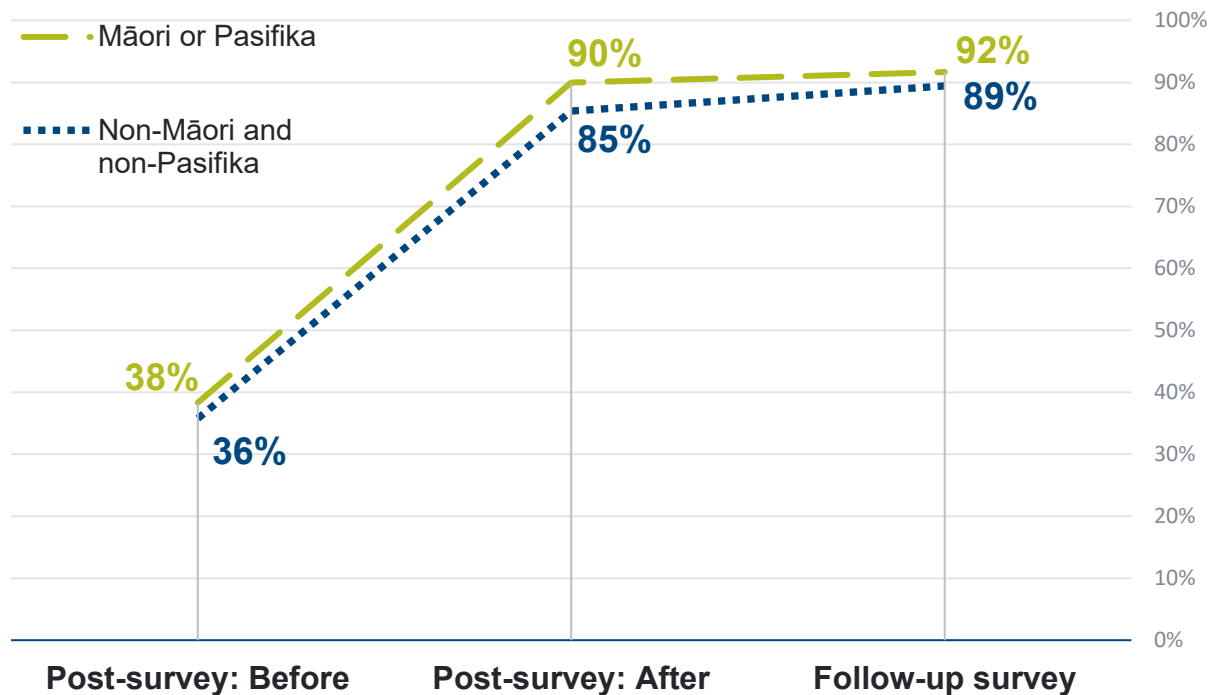


Confidence in knowing a range of strategies to support other people's mental wellbeing increased slightly between post-workshop and follow up (

Figure 6

Figure 6).

Figure 6. Confidence in knowing a range of ways to support other people’s mental wellbeing over time by ethnicity



Focus group participants could describe multiple strategies to support wellbeing including active listening and showing compassion, creating safe spaces and promoting open communication, and connecting regularly ā-tinana in person.

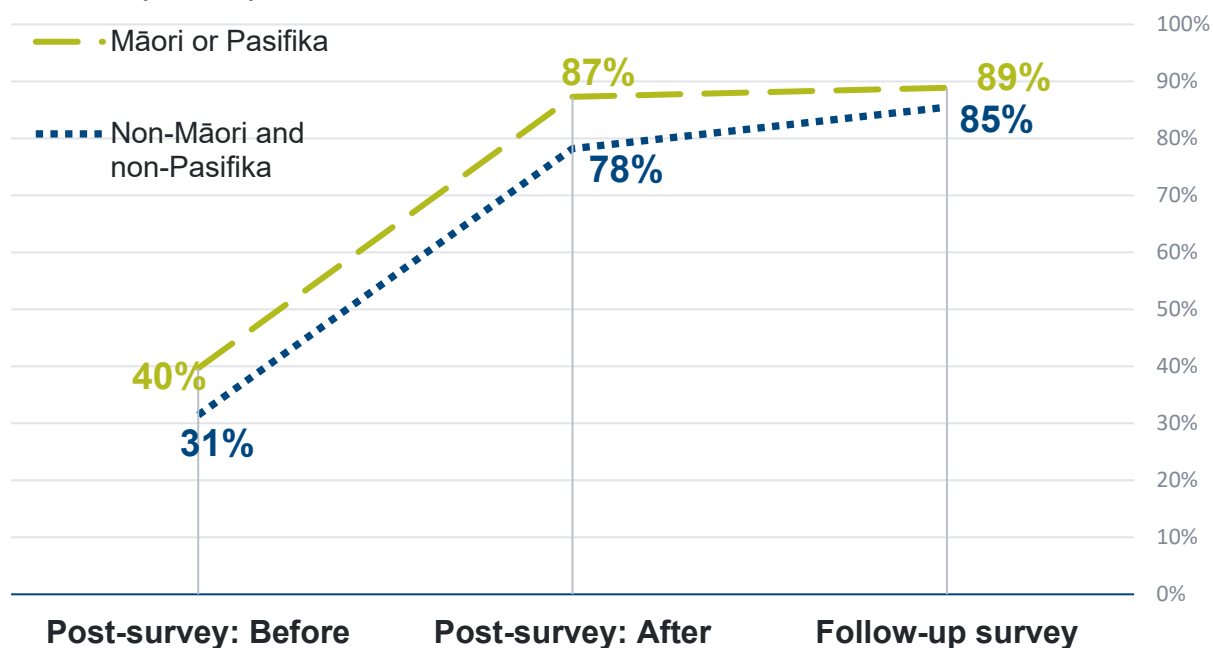
“My friends, we’re close and I’m always available. And if they want to speak to me, I’m always there. But the one thing I took away from the workshop was making sure we had comfort zones or safe spaces. And so I make sure that we’ll always meet up and do something positive together, and I’ve just been real annoying, but always keeping in contact with them. Like, just see how they are, you know? And yes, things aren’t always great. But having that relationship where we can speak to each other is looking after our own wellbeing.” - Focus group participant

### Confidence in responding to people in mental distress was maintained for all learners

Similarly, confidence responding to mental distress was maintained on average (

Figure 7**Error! Reference source not found.**

Figure 7. Confidence in responding to mental distress amongst people in my workplace or community over time by ethnicity



Some focus group participants discussed how attending the workshop had re-affirmed many of the actions they were already taking to support those around them. One focus group participant talked about how attending MH101<sup>®</sup> had validated the actions they were already taking to support those around them with their mental health challenges, they noted that they were “*Keeping things in their kete.*” This person was thankful for the course, re-affirming their confidence to respond to those in distress and treasured the “*tools in their kete*”.

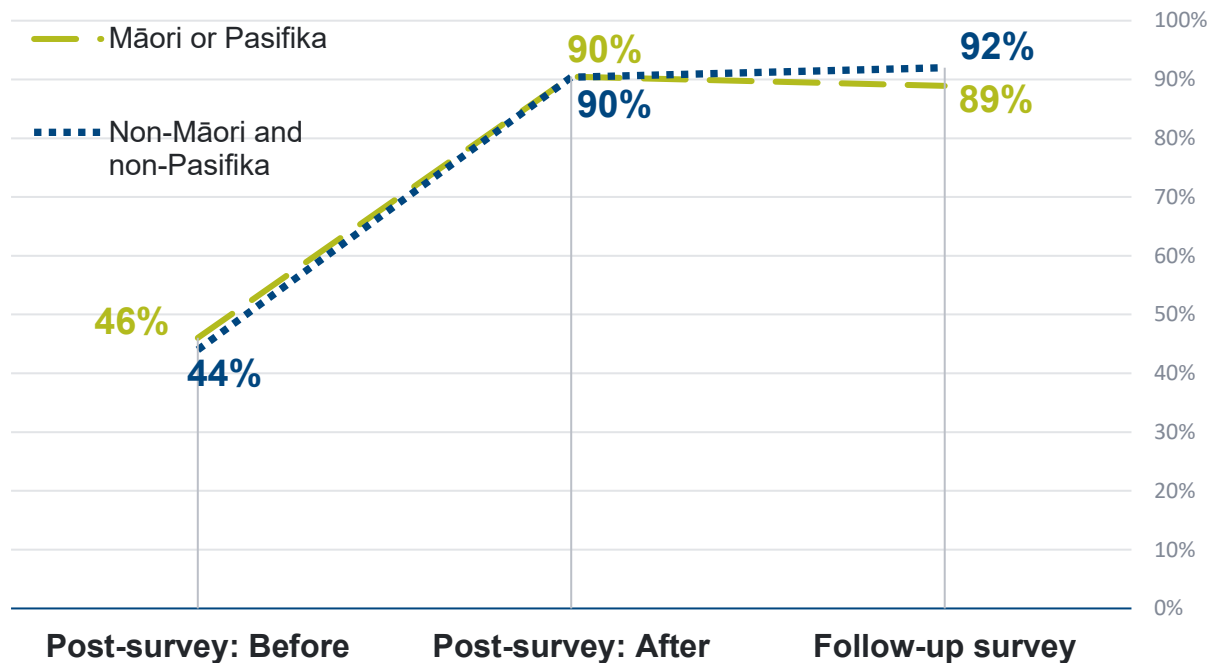
Another focus group participant discussed how the key take-away from the workshop was in developing the confidence of their team to support tangata whaiora:

“I think for me, what I learned from you know that the workshop last year. Each of my role is a service lead. I learn from there how to encourage and develop the confidence of our team. To ask the question and to explore when they go out for the initial meeting to meet the whānau, that of any other mental health related issue that we can provide the support, maybe not from us because our team service is our primary mental health, and not secondary. But also you always remind our team to explain the family of the pathway of how to get some support, from other service providers. So that is me pretty much of everything that we discussed on that day.” – Wānanga participant

## High confidence in knowing when and how to seek professional support was sustained for all learners

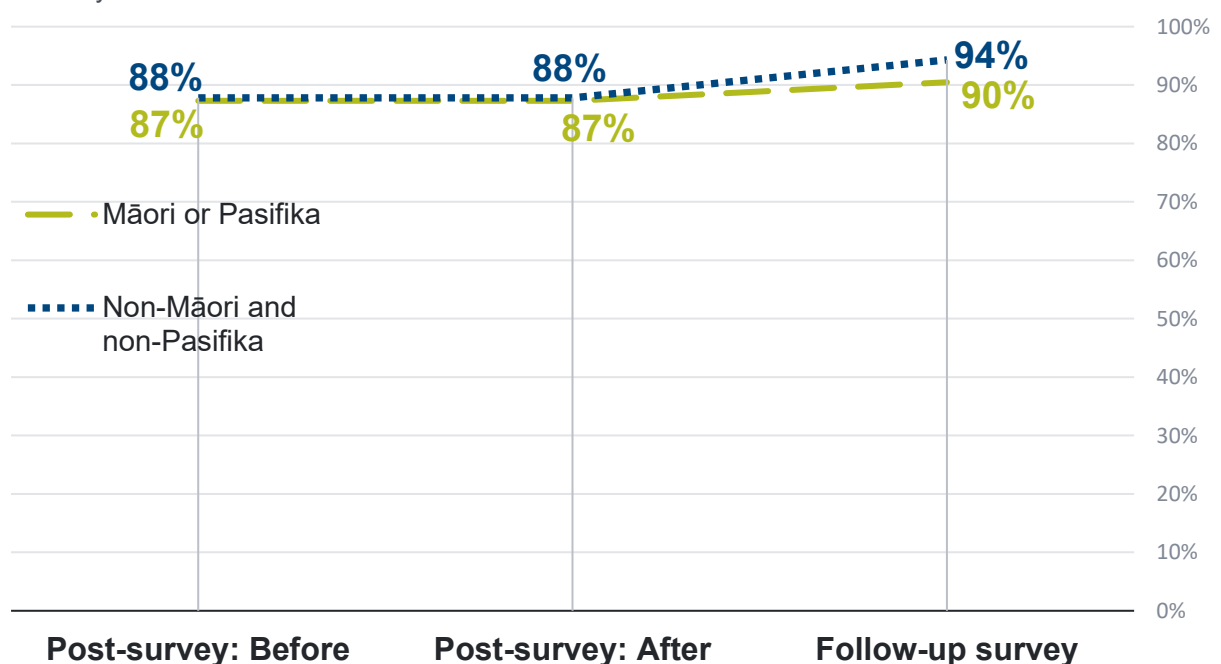
All learners maintained a high level of confidence in knowing when and how to seek professional support (around 90 percent confident or very confident at follow up) see Figure 8.

Figure 8. Confidence in knowing when to seek professional support over time by ethnicity



Confidence in knowing how to contact professionals appropriately was high pre-workshop and was sustained at follow up (Figure 9).

Figure 9. Confidence in knowing how to contact appropriate professional support over time by ethnicity



## **Confidence was high around asking about and responding to suicidality**

Impact on confidence around responding to suicidality was very positive. Confidence in having a courageous conversation with someone, was high and largely sustained at follow up (86 percent confident or very confident, compared to 29% before MH101<sup>®</sup>), with no large effects by ethnicity. The same was true for ‘supporting someone who may be experiencing suicidal thoughts’, but at a slightly lower level (75 percent confident or very confident at follow up, compared to 26% before MH101<sup>®</sup>).

One learner from the focus group described how the primary take-away from MH101<sup>®</sup> has been their learnings on suicidality. They discussed how they are more confident to have a courageous conversation, and they have a greater understanding of the language around suicide.

“What I took away from [the workshop] was the having the courage to have a courageous conversation with people about suicide because I felt that it could be scary to have that conversation. Like you don't want to put ideas in their head. But actually like, learning there most of the time that isn't the case, it's better to say something than not say anything. And also changing the language rather than saying commit suicide, say died by suicide, which I thought was really great cause, you know, you don't want to see it as like a crime.” – Focus group participant.

## **Action and behaviour change**

### **Engagement with Te Whare Tapa Whā enhanced mental health literacy**

Almost all learners found Te Whare Tapa Whā useful or very useful (95 percent). Focus group participants considered the model to be versatile and effective in enhancing mental health literacy and supporting holistic wellbeing in various settings.

One focus group participant discussed how the key take-away from attending MH101<sup>®</sup> (and Addiction 101) was using Te Whare Tapa Whā in their life. They had used Te Whare Tapa Whā many times when looking at the wellbeing of their clients, asking about their physical wellbeing, family, and if they need spiritual support. Te Whare Tapa Whā was also useful for recognising when clients may be facing hardships in other areas of their life than what they may be talking about in their practice. This person elaborated that for them Te Whare Tapa Whā was “a holistic tool” that can be used easily everyday, whether it be in their home, work or community. Te Whare Tapa Whā was “Another tool to put in your tool bag”.

One focus group participant reflected on their workbook during the focus group and reflected on Te Whare Tapa Whā:

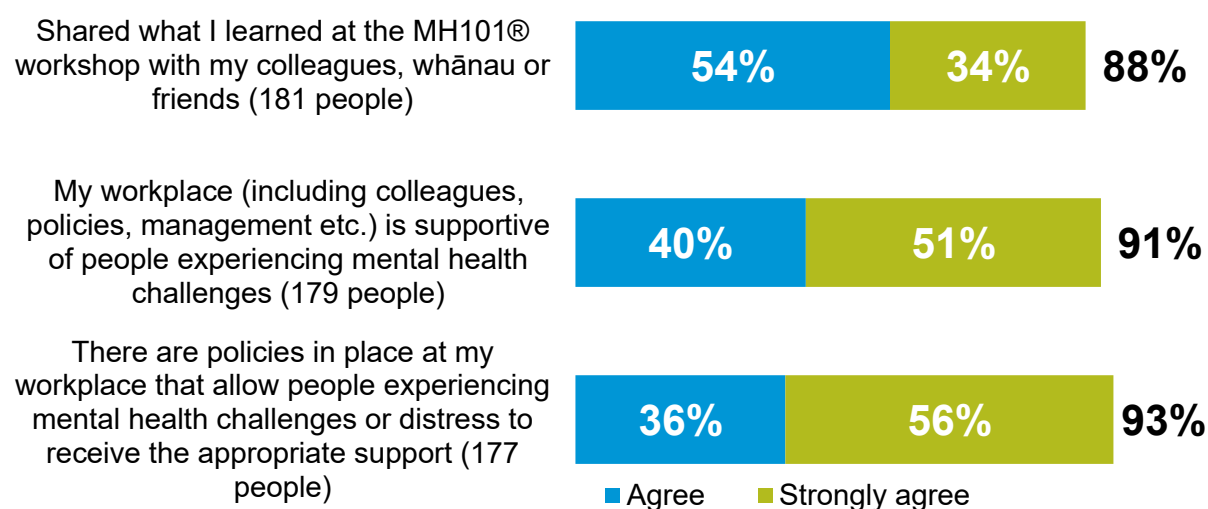
“I realised that everything I wrote in that [workbook on] Te Whare Tapa Whā I did do it throughout the year. And I've noticed also just getting the refresher that I've used it with my family, myself, and with my service users, everything that was in the book. And I'm just shocked at how I go out and educate or support people in my family, myself, and service users. And I'm surprised at the knowledge I had. But it's actually from the MH101<sup>®</sup> that was stored in my back memory, like it was always there. And obviously that's how I'm able to talk to myself or the service users and figure out all these different strategies is because I actually had a workshop on it.” – Wānanga participant

### **Most learners felt that their workplace was supportive of people experiencing mental health challenges**

Most participants felt able to share what they learned in MH101<sup>®</sup> with their colleagues, whānau or friends (88 percent), that their workplace was supportive of people experiencing mental health challenges (91 percent) and had policies in place to enable this (93 percent), see

Figure 10.

Figure 10. Mental health promoting workplace culture and support available to participants



Some focus group participants had implemented regular supervision and group support sessions, which helped staff to debrief, share experiences, and support each other. These participants highlighted the importance of having accessible resources and support systems in the workplace, and supervision, to help staff manage their own mental health.

### Most learners were taking action to promote good mental health

Most learners said they were taking action to promote good mental health because of taking part in MH101® training (Table 4).

Table 4. Action to promote good mental health by ethnicity

Action	Māori or Pasifika % agree (60 people)	Non-Māori and non-Pasifika % agree (122 people)	All (182 people)
<b>I am doing more things to keep myself mentally well</b>	82%	80%	81%
<b>I am suggesting self-help strategies to others more often</b>	80%	77%	78%
<b>I am more confident talking about mental health challenges</b>	92%	93%	93%

Focus group participants described using key frameworks such as the 'line of vulnerability' to help visualise and manage stress.

"I just want to tautoko what [another focus group participant] said [about] the line of vulnerability. I think I've used that a lot, more in my life and it's just made me aware of when things are too much, just to like, you need to stop and have a sleep...."

Yeah. And then also when I'm having a kōrero with my friends and if they are going through a hard time, just to explain to them like, 'hey, this is actually'... Not to like 'man-splain' to them, but explain to them in a way which, recognises their struggles and sees how all that adds up for them and causes their stress...

Cause I think you know, [you're] aware when things are getting too much. But sometimes you don't have the exact. I feel like sometimes for me the terminology is really important, to be like, 'I know what the line of vulnerability is and I can apply that'. And I've got that terminology in my head right." – General focus group

### Supportive workplace culture and policies made providing support to people at work more likely

Learners were more likely to be responding supportively to people at work, if workplace support around mental health was available to them ( $p < 0.05$ , 79 percent of learners with support felt confident, compared with 38 percent without workplace support), see Table 5.

Table 5. Responding supportively to people experiencing mental distress by workplace mental health support

	% agree/ strongly agree		p-value
	No support identified at work	Support at work	
<b>I have intervened more at an early stage to encourage people to seek help for their mental distress before it got more serious</b>	38% (8 people)	69% (154 people)	Not significant ( $p = .066$ )
<b>I am providing more support around mental health challenges to people I interact with at work</b>	38% (8 people)	79% (166 people)	$p < .05$
<b>I am providing more support around mental health challenges to friends and family</b>	56% (9 people)	82% (166 people)	Not significant ( $p = .051$ )
<b>I have talked to someone when I was concerned, they were having thoughts of suicide</b>	100%	57% (131 people)	Not significant ( $p = .274$ )

Note: Statistical p-values were based on Chi-square test of association.

Most learners reported intervening at an early stage, providing more support to friends and whānau and having talked to someone they were concerned about having thoughts of

suicide. Having support at work appeared unrelated to these actions, however the sample sizes were small for no support at work, and results should be interpretive as indicative only.

Focus group participants emphasised that organisational commitment to the MH101® kaupapa was key to implementing their learning. This could be demonstrated through leadership support, e.g. managers and team leaders actively supported the application of MH101® learnings, affirmed the alignment of MH101® content with organisational strategic direction, and worked to create a culture that values mental health and well-being. Alongside implementation of regular learning opportunities and check-ins to ensure that mental health remained a priority.

One focus group attendee discussed how having their staff attend MH101® affected how their staff treat each other and manage their wellbeing. When asked if there had been any changes in how their staff interact with each other since the workshop, the focus group participant described how their staff had become more compassionate with each other:

“I would say, because we've had a major restructure like many [organisations] we've had a major restructure. And so I think attending the course also helped the staff to be more compassionate, maybe to each other and those who were struggling more than others. Because in redundancies are an outcome of any restructure... And that's really tough, not just for the people who are redundant, but the survivors as well.”

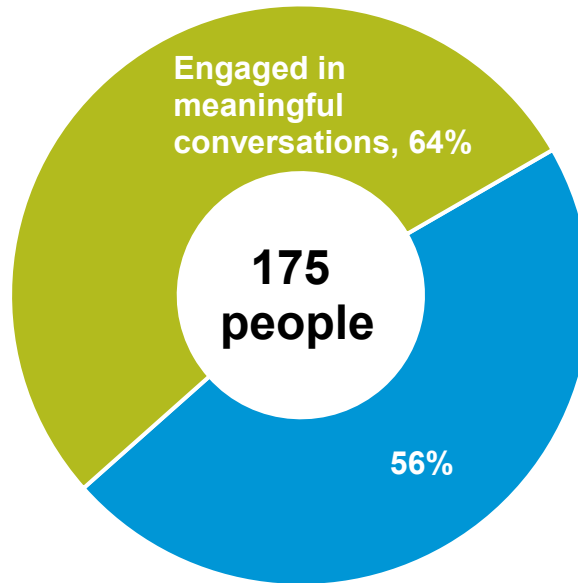
The focus group participant later talked about how MH101® had encouraged their staff to look after their own mental wellbeing:

“I think it raised awareness that people do need to look after their own mental health because after all, how can you help? Like how can you deal well with somebody else if you your mental health is not so good yourself? And that's also helped with like this being lots and lots of new strains of bugs (sickness) and various types. Yeah, and so. People have, I think, felt less guilty if they feel like they can stay home. Which is sort of partly what society expects, but also that's a mental health thing as well going. I really need to make sure I'm well and not give this to everybody else.” – General focus group

## Two thirds of learners had a meaningful conversation with someone they were concerned about

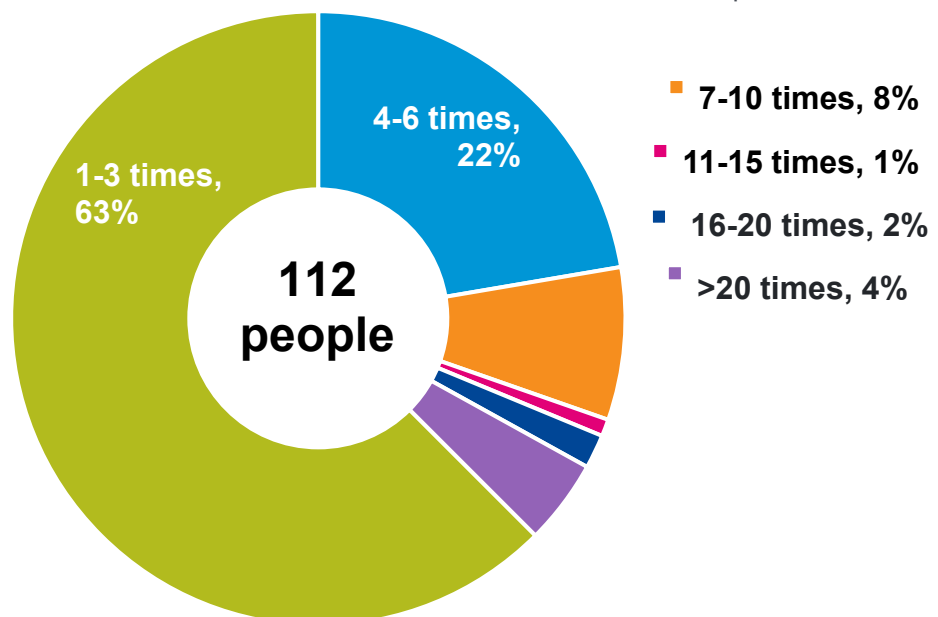
Just under two thirds of participants (64 percent) said they had used their MH101<sup>®</sup> learning to engage in a meaningful conversation about mental health with someone they were concerned about (Figure 11). This proportion was broadly similar regardless of their gender, workplace type, level of support at work or ethnic background.

Figure 11. Percentage of participants who engaged in a meaningful conversation



Most participants had had 1-3 meaningful conversations since taking MH101<sup>®</sup> but nearly a quarter had between 4 and 6 (Figure 12). The number of conversations did not differ markedly by ethnicity, gender, or level of workplace support.

Figure 12. Number of times a conversation was initiated since the MH101<sup>®</sup> workshop



## Over one quarter of learners who had meaningful conversations had talked about suicide

Key concerns that prompted learners to engage in meaningful conversations were signs of anxiety (80 percent), depression (72 percent) and mental distress (60 percent) in others (Table 6). Over a quarter (29 percent) of learners who had meaningful conversations had talked about suicide. Māori and Pasifika learners seemed more likely to identify having meaningful conversations about anxiety, suicide and psychosis; however, the sample sizes are small and these findings are indicative only. There were no noticeable differences by gender and workplace support.

Table 6. Specific mental health issues that prompted meaningful conversations by ethnicity

	All (112 people)	Māori or Pasifika (33 people)	non-Māori and non-Pasifika (79 people)
<b>Signs of anxiety</b>	80%	97%	73%
<b>Signs of depression</b>	74%	79%	72%
<b>Signs of mental distress</b>	60%	70%	56%
<b>Signs of thinking about suicide</b>	29%	33%	28%
<b>Signs of psychosis</b>	13%	21%	9%
<b>Other (please specify)</b>			

Note: Learners could make multiple responses.

## Most learners who had a meaningful conversation received a positive response

Most participants had received a positive response when they initiated a conversation about mental health (85 percent), see Figure 13. This did not differ markedly by workplace type (i.e., NGO, government, or private organisation). A lower proportion of Māori and Pasifika (76 percent) participants reported experiencing a positive response. Men seemed slightly less likely to report a positive response (73 percent).

Focus group participants described putting into practice their learning about how 'just being there' was often the most useful response.

“...sometimes people don't want you to solve their problems, they don't necessarily want advice or tips or tricks or anything like that, but just somebody to be a listening ear so that they have the opportunity to offload that information, I think that's an incredibly valuable tool. Recently I had a friend who's got some significant

challenges and just being able to be there and not necessarily provide any answers I think was really, really helpful.” - General focus group participant

Figure 13. Percentage of participants who received a positive response to initiating a conversation about mental health



## Meaningful conversation stories

Focus groups gave participants an opportunity to tell their stories of engaging in meaningful conversations supported by their learning in MH101<sup>®</sup>. When asked during the focus group if participants had any examples of using their learnings with their community, one person told a story of supporting a friend experiencing thoughts of suicide:

“They were suicidal and they, I was able to pull from your training, you have used, on the steps like not being afraid to ask like hey do you have a plan? It was scary! Was a scary question to ask, but, yeah, but I asked [them]. Also asked you know how are you going to do it? And then she ended up saying no she doesn't have plans. But she's really, feeling like she wants to do it and then I was able to get like the police involved to track her and then, yes, so she ended up being safe. Yeah, I was able to pull from the training.” – Wānanga participant

Participants described feeling more able to take part in conversations about suicidal thoughts and feelings and respond supportively.

“So before the workshop if a friend come to me and said ‘I want to kill myself’, my response will be ‘OK. You need to talk to a mental health professional. I can't handle this kind of conversation.’ After the workshop, I'm more confident to start to this conversation. Really listen and like, talk to people and do some little, I can't say referral, but talking about 1737. Yeah. Yeah. This shift is really huge. Like before I would reject any conversation regarding life threatening emergencies. But now at least I know I can... before, I feel like I'm a fixer, like we need to fix this problem. And now I'm more like a listener. I'm here to listen.” – General focus group

## Impact on stigma and discrimination

CASC results indicated a small decrease in public stigma following MH101<sup>®</sup>. Comparison of CASC results between pre-workshop and follow up showed a small reduction in stigma, mainly located within the subscales for attribution and recovery (Table 7). This likely reflects the low levels of stigma and discrimination measured among MH101<sup>®</sup> attendees (pre-

workshop). There was little change in views on empowerment or care seeking (see Appendix J: CASC item-by-item results pre-survey and follow-up for item-by-item results). On average, participants rated themselves less likely to feel afraid of or avoid someone experiencing mental health challenges after the training. Participants were also more likely at follow-up to agree that people who experience mental health challenges have hope for the future and can live a life of their choosing.

Table 7. Change in total CASC subscale score between pre-survey and follow-up

	<b>Empowerment subscale</b>	<b>Attribution* subscale</b>	<b>Care-seeking subscale</b>	<b>Recovery* subscale</b>
<b>Pre-workshop survey</b>	27.6	23.3	22.2	12
<b>Follow-up survey</b>	27.5	21.2	22.5	10.5
<b>Change:</b>	-0.1	-1.9	0.3	-1.5

### **Most learners’ attitudes aligned to reducing stigma and discrimination**

Almost all learners’ attitudes and views at follow up were aligned with reducing stigma and discrimination in communities (Table 8). There were minimal differences by ethnicity, gender, and workplace factors. Most held an understanding of what it is like to experience a mental health challenge (91 percent) and felt comfortable talking to a person experiencing challenges (96 percent). Almost all learners felt a person with mental health challenges could lead a happy and productive life and reported understanding how their personal reactions can impact on the thoughts, feelings and behaviours of someone experiencing mental health challenges (92 percent, and 99 percent respectively).

Table 8. Relating to the experiences of people with mental health challenges

	<b>% Agree/ strongly agree</b>
<b>I understand how my own reactions can impact on the thoughts, feelings and behaviours of someone experiencing mental health challenges (189 people)</b>	99%
<b>I feel comfortable talking to someone with experience of mental health challenges or distress (188 people)</b>	96%
<b>A person with mental health challenges can lead a happy and productive life (189 people)</b>	92%
<b>I have an understanding of what it is like to experience a mental health challenge (189 people)</b>	91%

Focus group participants described growing empathy through understanding how many interrelated factors can be involved in producing behaviour seen on the surface.

“So I think one of the biggest takeaways. I've got from the course was about that, we all have different lenses that we see that world in and perceive people around us and we also have a very different line of where things get to be. Too much. So it's helped me in talking to people in in our community about what they may be sort of feeling without trying to make any assumptions about what they may be going through or may not be going through. And to just bear in mind that there's only, we only ever see part of the story. There's always some major iceberg underneath that we'll never be aware of... That you said it, it resonated with me. So it's just something that I've managed to be able to keep in the back of my mind when I'm talking to people who might be under stress.” – General focus group

Another focus group participant described how their key take-away from the workshop was learning to support those around them and recognising intergenerational traumas with love and aroha:

“I found that trying to understand and comprehend generational traumas and dealing with it in an aroha way rather than an angry, to the emotional way. Like dealing with it with love rather than anger... Yeah, but it it's understanding the whole story rather than part of the story. And then if they have whatever they're addicted to, it tends to be something that they're hiding from.” – General focus group

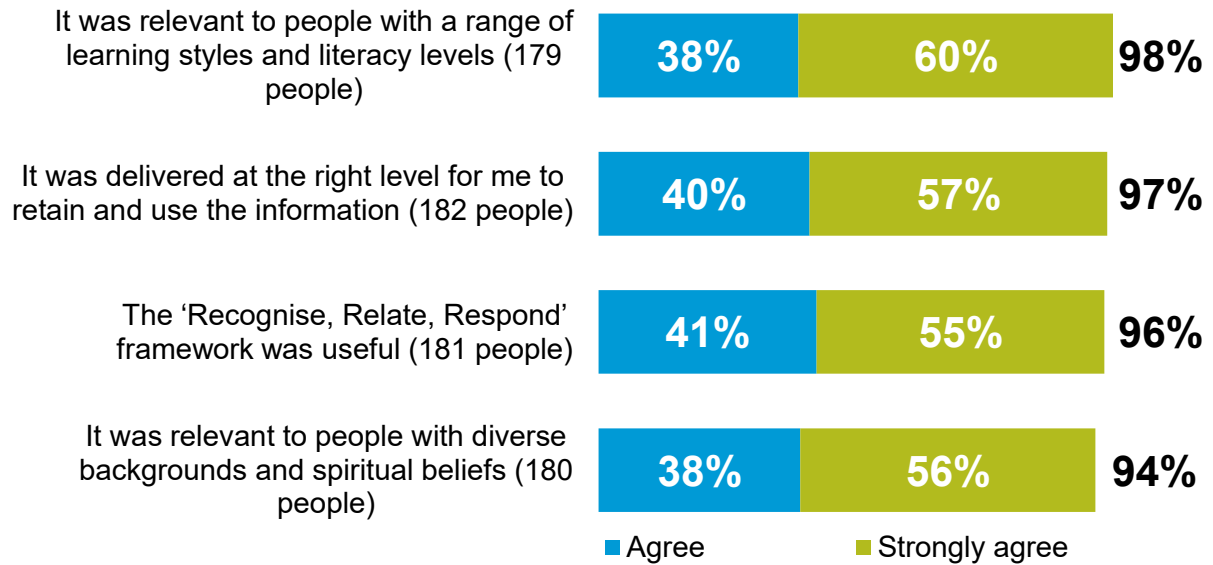
This participant would later summarise how they approach conversations with those they work with:

“Yeah, I think the one big thing I took it out of it was. Two listening ears with one connected heart. So, once you have that engagement, that sort of, you know, both people were involved. Are on the same page and I take patience and trust to earn that. So that was probably the best thing I got out of it.” – General focus group

## Impact of workshop content and delivery on learning

Survey participants reported that the workshop was considered relevant and the learning objectives were clear (Figure 14).

Figure 14. Views on workshop design and content



Participants in the focus groups and wānanga were asked what they remember about the facilitation of the workshop, and many gladly discussed how the facilitation of MH101<sup>®</sup> made them feel safe enough to participate in the discussions. One participant recounted how the facilitators respected all of the attendees, regardless of whether they were actively contributing to the discussions.

“Just want to say our facilitators were really good in encouraging people to share and creating their trusted environment. But also being really respectful to those who may not want to actively participate, that might be sitting there more digesting it and they weren't uninvited, but they, you know, everybody was still a part of the group. But they weren't picked on. like there was none of that ‘Right, and now we haven't heard from so and so in a while so time for you to speak up.’ So I thought that was really lovely. It's just, really respectful.” – Focus group participant

For many MH101<sup>®</sup> learners feeling safe and respected during the workshop encourages them to share their own experiences of mental health challenges or to contribute to the discussions. One focus group participant highlighted the safety they felt when attending MH101<sup>®</sup> for rainbow communities and allies, and how this made them enjoy the workshop more than the regular MH101<sup>®</sup>.

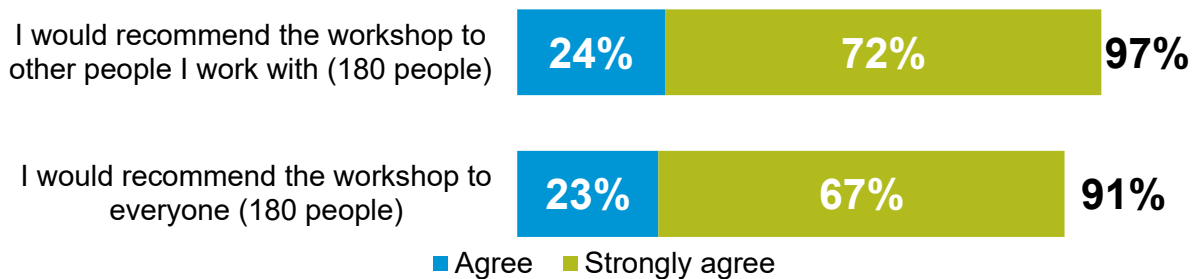
“Although Blueprint isn't a rainbow organisation, I think it just is like a really an awesome testament to them that they put on that workshop and show that allyship in that space. Yeah, I just would describe it as safety because, you know. Sometimes you're in a room with a lot of straight people, and sometimes that is like quite hard to explain your experience or having to like, just yeah, explain to people

why you're struggling. Maybe because you can't access the health care that you need or you know because, yeah, just like specific kind of rainbow examples. I'm really not making any sense [laugh from the participant], but yeah it was. I was just it was just a really good day and I actually enjoyed it way more than I enjoyed the general MH101<sup>®</sup> because yeah, it just felt it felt more inclusive and safe.” – Focus group participant

### Almost all learners would recommend the workshop to others

Almost all learners would recommend the MH101<sup>®</sup> workshop to others at work (97 percent) or in their everyday lives (91 percent), see Figure 15 **Error! Reference source not found..**

Figure 15. Recommending MH101<sup>®</sup> to others

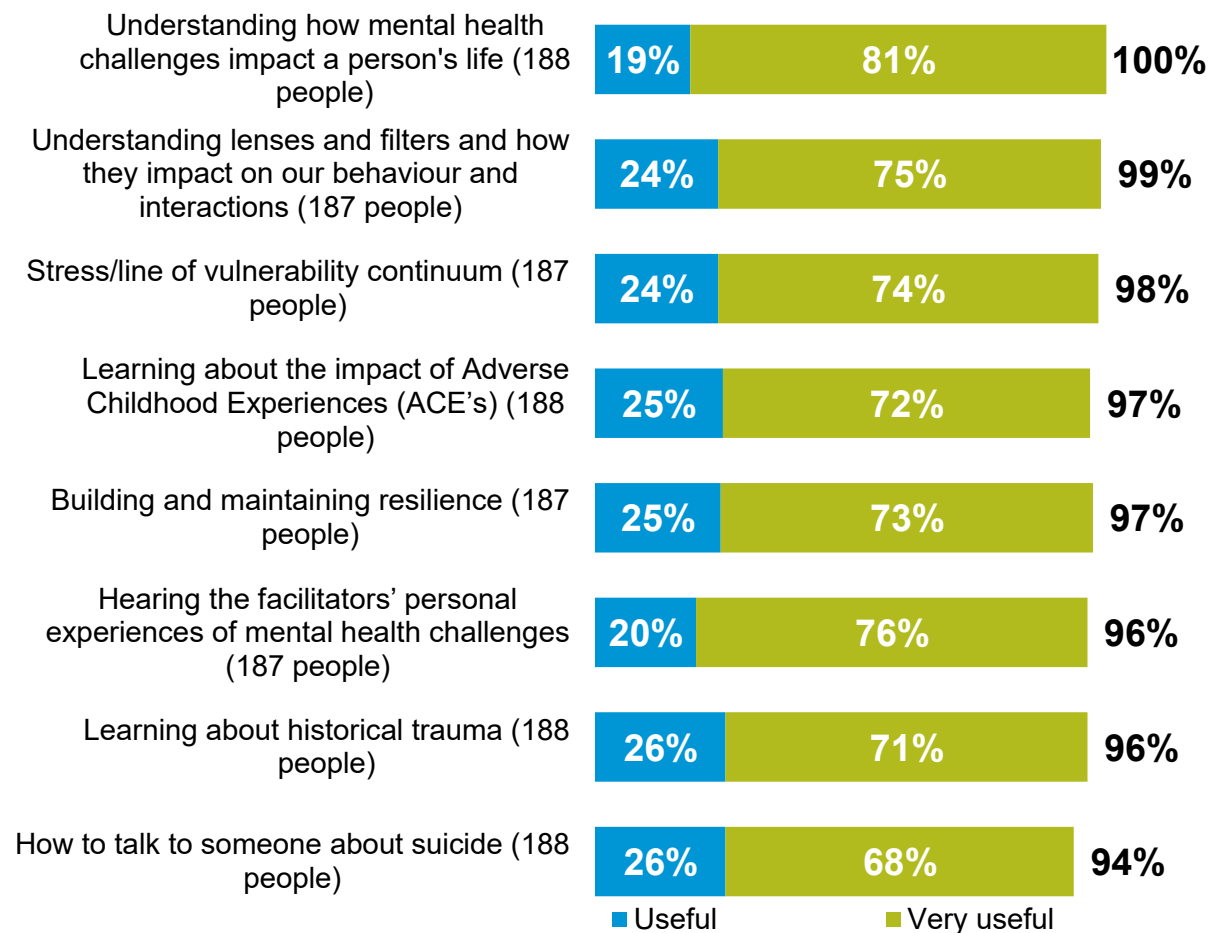


### Understanding how mental health challenges and trauma impact a person’s life were considered most useful

The most useful topics included ‘understanding how mental health challenges impact a person’s life’ (100 percent), and ‘hearing facilitators’ personal experiences of mental illness’ (96 percent)

Figure 16.

Figure 16. Usefulness of MH101® topics



Focus group participants described how MH101® had brought awareness of how individuals' vulnerabilities, triggers and trauma can impact on how they react to situations, which improved their ability to listen to others in distress and respond to challenging behaviour with aroha rather than anger.

“Depending on where you are as a person, what your past has been like, what your future looks like. Whether you tend to catastrophize or. whether you have been affected or traumatised in the past and of course you never see it all. All you see is the veneer, and that was the thing that became obvious to me.” - General focus group

Two participants in the same focus group discussed their experiences attending MH101®, the two attendees discussed how much the facilitators and content of MH101® reintroduced the topic of mental health, even after attending other mental health workshops.

The first focus group participant, when asked what they remember about the facilitation of the workshop, talked about why MH101® was different to other professional development

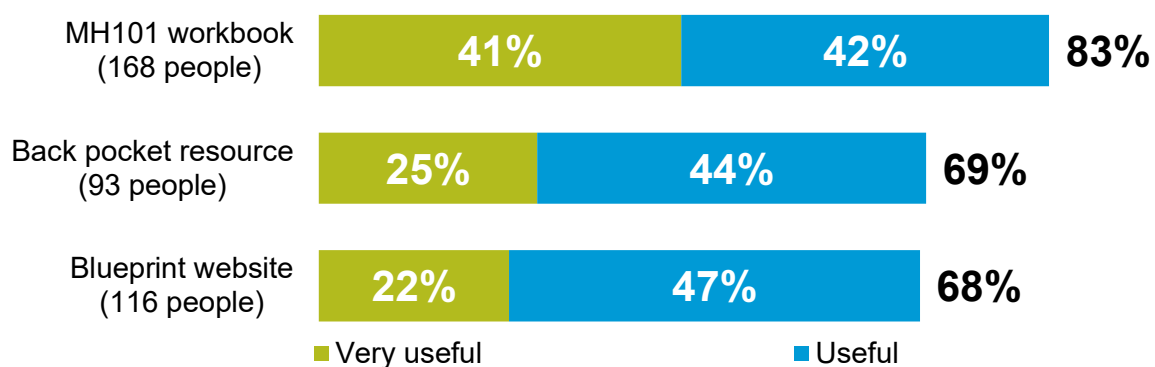
sessions they had attended. The participant noted that other professional development sessions they had attended are often facts and data based, whereas “MH101<sup>®</sup> was a real mixture of everything.” Later noting the small group activities and the emphasis on holistic wellbeing. The participant talked about how attending MH101<sup>®</sup> had brought into perspective how many people are affected by mental health struggles, and learning to recognise that you may not fully understand what another person is going through or why they may be angry. They summarised by saying “It [MH101<sup>®</sup>] had brought heart and soul.” And that it was one of the best courses they had done.

Another participant from the same focus group had a similar experience and had attended other mental health workshops. The participant contrasted MH101<sup>®</sup> with the other mental health workshop they attended with “It was a heart thing not a mind thing” and “It wasn’t concepts, but stories”. The key factors that contributed to the ‘heart’ of MH101<sup>®</sup> for the focus group participant, was the facilitation of the workshop, the facilitator sharing their personal experiences, and the videos of people talking about their stories of mental health challenges. These stories shared in the workshop normalised the concept of mental health challenges and distress and made the participant reflect on how mental health struggles/challenges are everywhere.

### Engagement with the MH101<sup>®</sup> workbook was high and positive

Most learners found the MH101<sup>®</sup> workbook useful (83 percent), and over two thirds found the Backpocket resource and Blueprint website useful. Many continued to refer to both the workbook and the Blueprint website after the workshop ( Figure 17).

Figure 17. Reference to the MH101<sup>®</sup> workbook and Blueprint website



One focus group participant talked about how they had printed out the workbook themselves after attending MH101<sup>®</sup> online and was using it to monitor their own wellbeing.

“I really appreciate that we have a workbook. So before feel that it might be a one off workshop for me. So I won't look back if it's a slide. I believe that I won't open

that slides in my life... But we have an editable workbook so I can track my progress. Sometimes I go back to do some reflection and it's really easy for me to, if I forgot something. [And if] I want to recheck something it's really accessible.”

One focus group participant talked about the difficulty of incorporating the workbook and materials provided by Blueprint into their own work delivering a half day resilience training. The resilience training builds on many of the models and frameworks discussed in MH101®, such as the Line of Vulnerability, Te Whare Tapa Whā, and ambient stress and encourages attendees to think about their wellbeing holistically and to reflect on the stresses in order to plan for the future. The focus group participant talked about the difficulties of obtaining material from Blueprint for their trainings and how this barrier to using the resources impacted their work.

“The accessibility of the resources was a bit of a question for me. So I know that participants are given a hard copy like paper workbook. But when I asked about whether there was any potential for getting even like a PDF copy of some of the resources electronically, I was told that that wasn't possible. I get that there's intellectual property and copyright considerations and so and the, as I was trying to integrate some of the line of vulnerability conversation and doing and while I was working on I essentially like rebuilt the resource.”

“... [recreating resources from the Blueprint workbook and materials, and aligning them to the strategic direction of the organisation] That that does become a little bit of a barrier to how easily I can do that. Because I've got pretty time poor anyway and having to rebuild a whole bunch of educational material as time that I would otherwise be using, delivering it or sharing it, or handling other parts of work so.”

“I don't know whether there's some way that could be discussed as part of the contract or the arrangement with [our organisation] around some more accessibility for the resources, OK.”

### **Half of learners had not completed the optional e-learning and most wanted more follow up**

Engagement with the optional e-learning follow up module was low (50 percent of learners indicated they had completed the e-learning). However, most of those who completed it found it useful. Of survey respondents who had completed the e-learning and gave feedback (55 learners) most found it was a good refresher for them. Five people commented the e-learning provided a space for people to learn at their own pace, and that it was a good follow-up. People also commented the e-learning supported increases in their knowledge

and understanding of mental health and addiction. Representative comments from participants are presented in quotes below:

“Reminded me about what I learned in training and made the things I learned more concrete in my mind.”

“Very useful to help me remember learning and create stronger links.”

“It is great I could learn and study from my workplace, easily access the e-learning and save traveling.”

“It helped me follow up on what we learnt in the course.”

Some participants (81 people) who did not complete the e-learning also explained why. Most said that they did not complete the e-learning because they forgot, could not remember if they received the link to the e-learning, or that the link got lost in emails. Others said it was due to lack of time either because of work or other personal life commitments. One participant experienced log-in issues and another person did not feel the need to do the e-learning. Comments are shared in the quotes below.

“I can't remember if I did complete it.”

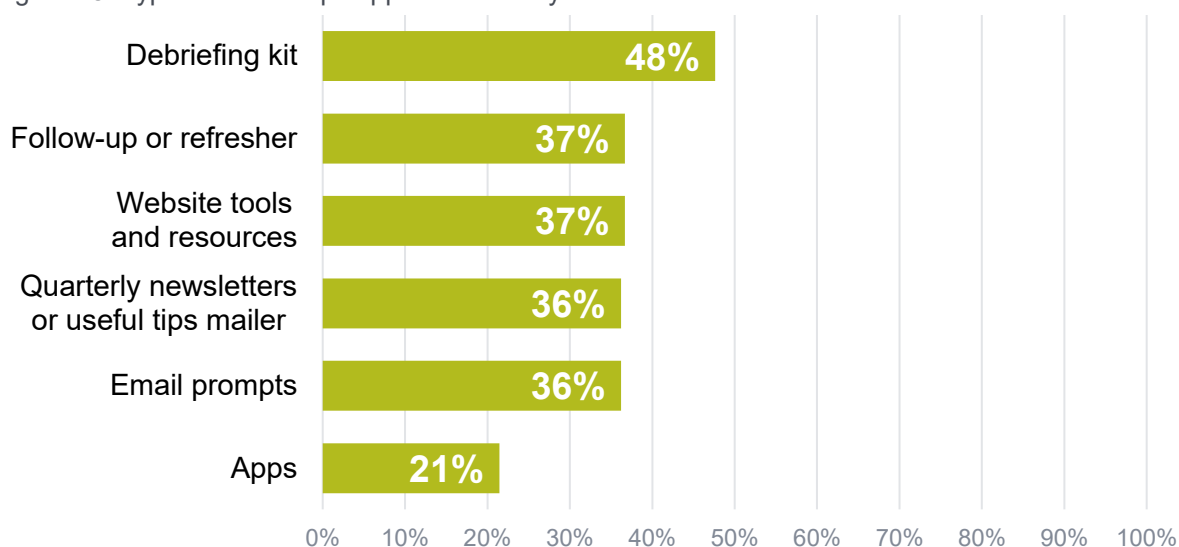
“I have a huge number of things going on in my life currently both at work and outside of work.”

“Unable to fit into my schedule.”

Learners were interested in additional engagement with MH101<sup>®</sup> including debriefing (48 percent), and follow up or refresher hui (37 percent), see

Figure 18.

Figure 18. Types of follow up support desired by learners



## Discussion

Evidence of the impact of MH101<sup>®</sup> was positive, showing most participants retained their knowledge and confidence around each of the learning outcomes three to twelve months after they had attended a workshop. These findings align with the previous evaluation period and evidence continuation of quality and impact. Most participants were still using their learning to actively support their own and others' wellbeing and felt that doing so was making a positive difference. Two thirds of learners had a meaningful and positive conversation with someone they were concerned about, and most experienced a positive result. Impact on standardised measures of discrimination and stigma was small, which likely reflects the low levels of stigma and discrimination among MH101<sup>®</sup> attendees (pre-workshop).

Hearing facilitators' personal experiences of mental health challenges in a safe and discussion-based learning environment contributed positively to MH101<sup>®</sup> impact. Focus group discussions illustrated how MH101<sup>®</sup> can create sustainable behaviour change, from small shifts in self-care and communication styles to supportive referral to mental health services, that promote individual, whānau and community wellbeing. The MH101<sup>®</sup> programme continues to be well positioned to enable the vision outlined in Kia Manawanui Aotearoa for New Zealanders having better understanding of mental wellbeing, being able to support themselves and each other, and to get help in the places they already visit (Ministry of Health, 2021).

## Limitations

Exploration of impact was limited by low engagement with priority learners as part of the evaluation (follow up) survey, including Māori and Pasifika people, rainbow communities,

people living in rural communities and men. The response rate was also low for the follow up survey overall (4 percent). Survey participants were proportionately representative of MH101<sup>®</sup> learners by gender, age, workplace type, and access mode (online, in-person); however, generalisability of the findings to all MH101<sup>®</sup> learners may be limited. Future impact evaluation of this programme should continue to explore alternative strategies for engagement of priority groups to address these important limitations. Additionally, a few focus group participants and wānanga participants had attended both MH101<sup>®</sup> and Addiction 101. These participants noted that their comments and takeaways from MH101<sup>®</sup> were generally aligned with Addiction 101.

## Enhancing MH101<sup>®</sup> for Māori and Pasifika

Since Māori and Pasifika people, whānau and communities are identified as MH101<sup>®</sup> priority groups, this evaluation sought to prioritise engagement with Kaupapa Māori and Pasifika organisations using the programme, to explore feedback on what is working and opportunities to enhance and develop the programme. Participants reinforced the relevance of MH101<sup>®</sup> kaupapa for Māori and Pasifika communities experiencing persistent mental health inequities and support needs in Aotearoa. The focus of feedback was around how delivery and supporting materials might be enhanced to improve engagement by integrating tikanga Māori, Rongoā Māori, additional models of wellbeing (such as Fonofale) and improving cultural representation.

*He Ara Oranga* called for all mental health improvement strategies to embrace Te Ao Māori and Pasifika ways of knowing and doing, while empowering Māori and Pasifika workforce (*He Ara Oranga*, 2018). It is widely acknowledged that mental health literacy programmes including specific communities as target groups, should include and respect the traditions, beliefs, practices and ways of learning appropriate to those communities, and be delivered by those who are familiar with the history and context of the culture. To address mistrust, promote engagement and reduce stigma, having health promoters and educators who look like you, who sound like you and who have experienced what you have experienced is critical (Cunningham et al., 2017; *He Ara Oranga*, 2018). At present there are very few documented and evaluated examples of culturally sensitive mental health literacy interventions (Renwick et al., 2022). There is an urgent need for more experience based co-design and the development of novel interventions alongside those most affected (Brooks et al., 2023). Continuing to grow the number, capacity and connectedness of Māori and Pasifika MH101<sup>®</sup> facilitators will support the development of MH101<sup>®</sup> to attract and enhance the learning and experience of Māori and Pasifika people.

## Enhancing MH101<sup>®</sup> to reduce mental health stigma

MH101<sup>®</sup> is intended to reduce mental health stigma among participants. As elsewhere, New Zealanders often accept the presence of mental health challenges in communities; whilst

continuing to hold negative views of people experiencing these challenges (Cunningham et al., 2017). Mental health stigma discourages help-seeking and undermines good mental health support systems, frameworks and services (Corrigan et al., 2014; Thornicroft et al., 2022). While focus group participants drew some links between MH101<sup>®</sup> and reduction in their own stigmatising beliefs, we did not see a large reduction in stigmatising beliefs and views among MH101<sup>®</sup> participants using the standardised measure (CASC). Pre-workshop, MH101<sup>®</sup> attendees tended to have midrange to lower scores on CASC stigma and discrimination subscales. Programme development may include consideration of additional content, activities and opportunities to reduce stigma and discrimination.

## Conclusion

The programme is well positioned to enable the vision outlined in Kia Manawanui Aotearoa for New Zealanders having better understanding of mental wellbeing, being able to support themselves and each other, and to get help in the places they already visit (Ministry of Health, 2021). The impact of MH101<sup>®</sup> could be strengthened by exploring opportunities for enhanced cultural responsiveness in delivery and placing greater emphasis on reducing stigma and discrimination.

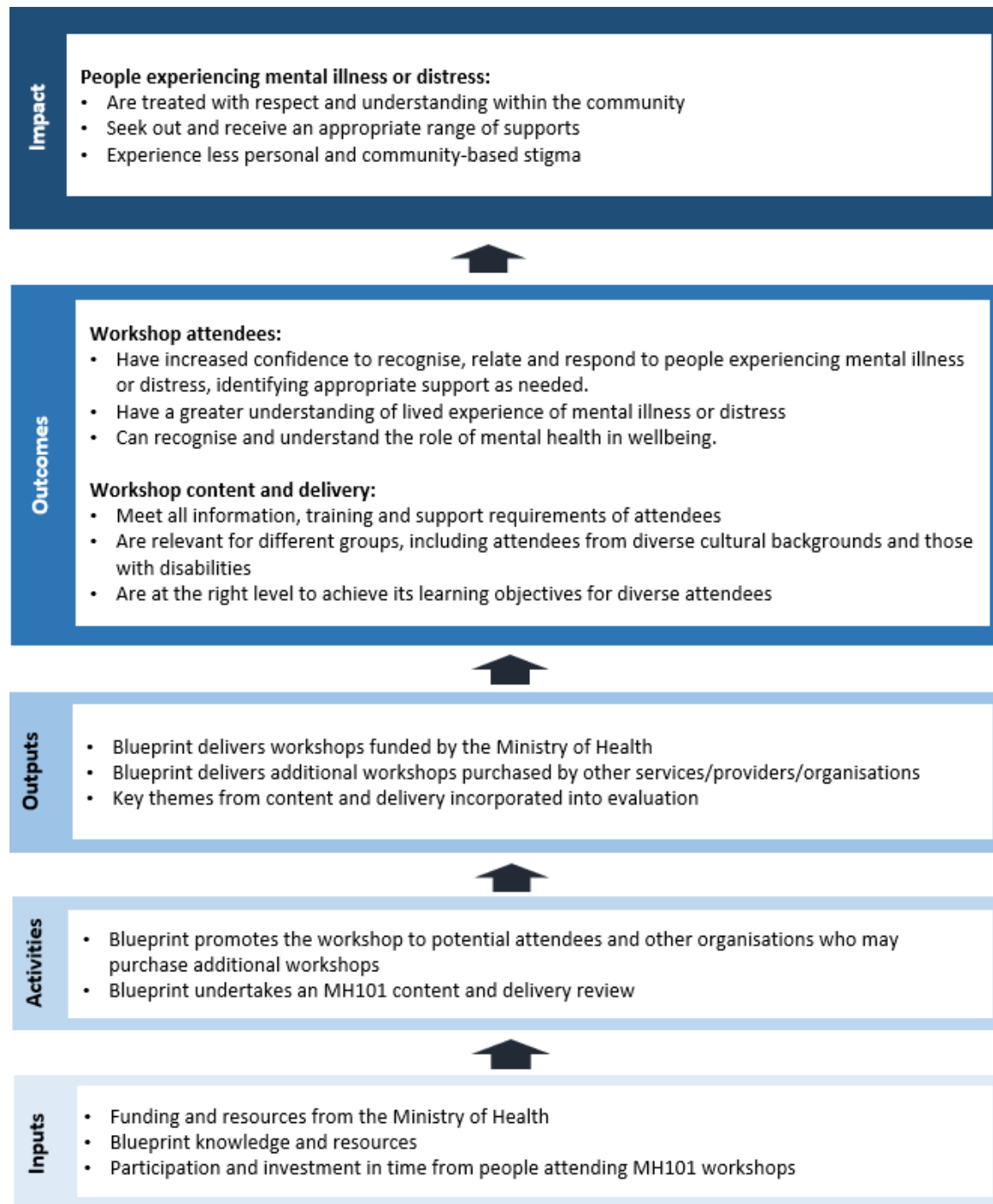
## Recommendations

Key recommendations for Blueprint from this impact evaluation are to:

- continue to use targeted recruitment strategies and oversampling in future evaluation to improve engagement with priority groups, including Māori and Pasifika learners, rainbow communities, people living in rural communities and men
- explore the role of MH101<sup>®</sup> in the reduction of stigma and discrimination in future evaluation
- consider how MH101<sup>®</sup> could be developed to enhance cultural safety for Māori and Pasifika

# Appendices

## Appendix A: MH101<sup>®</sup> logic model



## Appendix B: MH101<sup>®</sup> pre-workshop survey 2023



### Pre MH101<sup>®</sup> survey with CASC

**Thank you for agreeing to participate. Your insights help us understand experiences of the programme and inform future improvements.**

**This survey will take approximately 5 minutes to complete. It includes the California Assessment of Stigma Change (CASC). CASC measures changes in attitudes, beliefs, and behaviors related to stigma towards someone who is experiencing mental health challenges.**

- **All information submitted in this survey will be kept confidential**
- **Any comments used in reporting or on our promotional materials will be anonymous and individuals will not be identified.**
- **We ask for your name and e-mail address in order to be able to compare summarised survey results.**
- **Your name will not be linked to your survey responses once the data is matched.**
- **If you do not opt-out, you may be contacted about your interest in participating in future evaluation. You can choose to participate or not.**

**If you have any questions, or for further information about our programmes, please contact Blueprint for Learning at: [info@blueprint.co.nz](mailto:info@blueprint.co.nz).**

\* 1. Please provide your name and e-mail address (as when you registered the workshop).

<b>First name</b>	<input type="text"/>
<b>Last name</b>	<input type="text"/>
<b>Email you used to register</b>	<input type="text"/>

2. Where will your MH101 workshop take place?

Town or city where the workshop is being held	<input type="text"/>
Organisation you signed up with	<input type="text"/>

3. When will your MH101 workshop take place?

	Month		Year
Please choose the month and the year	<input type="text"/>		<input type="text"/>

CASC questions

Please read this description and select the number that best fits your answer to the next three questions.

\* 4. Harry is a 30-year-old single man with schizophrenia. Sometimes he hears voices and becomes upset. He lives alone in an apartment and works as a clerk at a large law firm. Harry has had contact with mental health services. Please select the number of the best answer to each question.

	1 Not at all	2	3	4	5	6	7	8	9	10 Definitely
I would feel pity for Harry.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would feel that Harry is a danger.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would feel scared of Harry.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would think that it was Harry's own fault that he is in the present condition.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think it would be best for Harry's community if he were put away in a psychiatric hospital.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would feel angry at Harry.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would want to help Harry.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would try to stay away from Harry.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I agree that Harry should be forced into treatment with his doctor even if he does not want to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CASC Questions

\* 5. Next, we are interested in your general overall opinion about people who experience mental health challenges that have a severe impact on their lives. Please select the number closest to how you feel about the statement.

	1 Strongly disagree	2	3	4	5	6	7	8	9	10 Strongly agree
People who experience mental health challenges are hopeful about their future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People with mental health challenges have goals in life they want to reach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People with mental health challenges can live the life of their choice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel people with mental health challenges are equally as worthy as others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I see people with mental health challenges as capable people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People with mental health challenges can do things as well as other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Pre MH101® survey with CASC

CASC Questions

\* 6. Finally, the statements below are about your willingness to seek help if you were experiencing mental health challenges. Please select the number closest to how you feel about the statement.

	1 Strongly disagree	2	3	4	5	6	7	8	9	10 Strongly agree
I would speak to a friend, family or whānau member if I was experiencing mental health challenges	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would use a helpline or self-help tools such as 1737, Mclon, Mentemia or Staying on track if I was experiencing mental health challenges	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would speak to a minister or kaumātua if I was experiencing mental health challenges	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would speak to a counsellor or psychologist if I was experiencing mental health challenges	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would speak to a family doctor (GP) if I was experiencing mental health challenges	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would speak to a psychiatrist if I was experiencing mental health challenges	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Pre MH101® survey with CASC

**Thank you for completing the survey, your feedback is important to us. We hope to see you at the workshop.**

**If you would like to find out more about Blueprint for Learning workshops, please visit [blueprint.co.nz](http://blueprint.co.nz)**

**You can contact us at [info@blueprint.co.nz](mailto:info@blueprint.co.nz)**

## Appendix C: MH101<sup>®</sup> post-workshop survey 2023



### MH101 Evaluation 2024

**We'd love to hear what you thought of MH101 in person or online workshops. Your feedback will help us to make sure future workshops create a positive learning environment and meet the needs of each participant.**

**Your feedback is anonymous. The survey results and comments may be used in a summary report for the Ministry of Health or for your organisation (if applicable) but individuals will not be identified.**

**Comments made in the survey may be used anonymously to promote the in person or online workshops on the Blueprint for Learning website, in marketing collateral and on social media platforms.**

**At the end of the survey, you're invited to enter Blueprint for Learning's monthly draw to win a \$50 Prezzy card by providing your name and email. Your contact details are not associated with your survey answers to ensure your privacy.**

**If you have any questions about this survey, please contact us at [info@blueprint.co.nz](mailto:info@blueprint.co.nz) or on 04 381 6470.**

**Thank you for your participation.**

Did you attend an in person or online workshops?

- In person workshop
- Online workshops

## MH101 Evaluation 2024

### In person workshop

\* Please rate the workshop's content and overall:

	Poor	Satisfactory	Good	Very good	Excellent
Overall rating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Usefulness of the content	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Amount of content	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* Please rate the workshop's facilitation, activities and resources:

	Poor	Satisfactory	Good	Very good	Excellent
Workshop facilitation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Usefulness of the activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Usefulness of the resources (e.g. workbook)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* Please rate the workshop on the following:

	Poor	Satisfactory	Good	Very good	Excellent
Venue and food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Registration process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## MH101 Evaluation 2024

### In person workshop

\* Please rate your agreement with the following:

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
MH101 has helped to meet my learning needs about mental health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MH101 will enable me to more effectively support people experiencing mental distress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The facilitators' stories added value to the workshops	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The workshop provided a respectful and supportive environment to fully participate in	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Which parts of the workshop were most useful?

Any other comments to help explain your ratings?

## MH101 Evaluation 2024

### Online workshops

\* Please rate the online workshops' content and overall:

	Poor	Satisfactory	Good	Very good	Excellent
Overall rating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Usefulness of the content	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Amount of content in each online workshop	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* Please rate the online workshops' facilitation, activities and resources:

	Poor	Satisfactory	Good	Very good	Excellent
Facilitation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Usefulness of the activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Usefulness of the resources (e.g. workbook)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* Please rate the online workshops on the following:

	Poor	Satisfactory	Good	Very good	Excellent
Instructions for accessing the online workshops and workbook	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time and schedule of the online workshops	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Audio and video quality of the online workshops	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Registration process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## MH101 Evaluation 2024

### Online workshops

\* Please rate your agreement with the following:

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
MH101 has helped to meet my learning needs about mental health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MH101 will enable me to more effectively support people experiencing mental distress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The facilitators' stories added value to the online workshops	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The online workshops provided opportunities for interactive participation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The online workshops provided a respectful and supportive environment to fully participate in	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Which parts of the online workshops were most useful?

Any other comments to help explain your ratings?

Knowledge and confidence

**We are interested in how the in person or online workshops has impacted on your knowledge and confidence around mental health. This is not a test and there are no right or wrong answers.**

**The following questions will ask you to rate your level of confidence *after* completing the workshop and reflect on how you felt *before* the workshop.**

\* My confidence in recognising the signs of positive mental wellbeing

	Not confident	A little confident	Somewhat confident	Confident	Very confident
<i>After</i> the in person or online workshops	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Before</i> the in person or online workshops	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* My confidence in knowing a range of strategies, such as Te Whare Tapa Whā, to support **my own** mental wellbeing

	Not confident	A little confident	Somewhat confident	Confident	Very confident
<i>After</i> the in person or online workshops	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Before</i> the in person or online workshops	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* My confidence in knowing a range of strategies, such as Te Whare Tapa Whā, to support **other people's** mental wellbeing

	Not confident	A little confident	Somewhat confident	Confident	Very confident
<i>After</i> the in person or online workshops	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Before</i> the in person or online workshops	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* My confidence in recognising the signs of mental distress

	Not confident	A little confident	Somewhat confident	Confident	Very confident
<i>After</i> the in person or online workshops	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Before</i> the in person or online workshops	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Knowledge and confidence

**We are interested in how the workshop has impacted on your knowledge and confidence around mental health. This is not a test and there are no right or wrong answers.**

**The following questions will ask you to rate your level of confidence *after* completing the workshop and reflect on how you felt *before* the workshop.**

\* My confidence in relating supportively to someone experiencing mental distress

	Not confident	A little confident	Somewhat confident	Confident	Very confident
<i>After</i> the in person or online workshops	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Before</i> the in person or online workshops	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* My confidence in having a courageous conversation with someone whose mental health I am concerned about

	Not confident	A little confident	Somewhat confident	Confident	Very confident
<i>After</i> the in person or online workshops	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Before</i> the in person or online workshops	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* My confidence in supporting someone who may be experiencing suicidal thoughts

	Not confident	A little confident	Somewhat confident	Confident	Very confident
<i>After</i> the in person or online workshops	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Before</i> the in person or online workshops	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* My confidence in knowing **when** to seek professional support

	Not confident	A little confident	Somewhat confident	Confident	Very confident
<i>After</i> the in person or online workshops	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Before</i> the in person or online workshops	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* My understanding of how intergenerational trauma impacts wellbeing and mental health challenges in Aotearoa communities today

	No understanding	A little understanding	Some understanding	Good understanding	Very good understanding
<i>After</i> the in person or online workshops	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Before</i> the in person or online workshops	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* My confidence in knowing **how** to contact appropriate professional support

	Not confident	A little confident	Somewhat confident	Confident	Very confident
<i>After</i> the in person or online workshops	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Before</i> the in person or online workshops	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* My confidence in responding to mental distress amongst people in my workplace or community

	Not confident	A little confident	Somewhat confident	Confident	Very confident
<i>After</i> the in person or online workshops	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Before</i> the in person or online workshops	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Demographics

\* In what sector do you work?

- Health
- Education
- Rural, eg farming, agriculture
- Other sector (please specify)
- Industrial, eg manufacturing, construction
- Corrections
- Social services

\* Which option best describes where you work:

- A government agency, eg Work and Income, Kāinga Ora, Department of Corrections
- A non-government organisation
- A private or corporate business

\* Does your organisation specialise in supporting any of the following groups?

- Māori people
- Pasifika peoples
- Asian peoples
- Children and youth
- Older people
- People in rainbow communities
- Disabled people
- Rural communities
- Other (please specify)

- None of the above

**\* Your gender**

- Woman/Wahine
- Man/Tāne
- Non-binary
- Takatāpui
- Prefer not to say
- Enter my own here

**\* Your age group**

- Under 25
- 25 to 44
- 45 to 64
- 65 and over

**\* Which ethnic groups do you belong to?**

- Māori
- Pasifika
- Asian
- New Zealand European / Pākehā
- Other (please specify)

**Which of the following groups or communities do you belong to?**

- Rainbow
- Disabled
- Rural
- Not applicable
- Other (please specify)

## MH101 Evaluation 2024

Thank you for completing this survey. Please provide your contact details to:

- enter our monthly draw to win a \$50 Prezzy card- click the link for [Terms and Conditions](#)
- be invited to participate in our future research activities.

Blueprint for Learning regularly reviews our workshops to ensure they are the best they can be. We also carry out research to show the effectiveness of the skills and knowledge gained in each workshop.

Your details are not connected to your survey answers to ensure your privacy.

\* First name

\* Last name

\* Email address

Phone

If you do not want to be contacted about further research, please tick the box below. You will still go in the draw to win the \$50 Prezzy card.

Opt-out

## MH101 Evaluation 2024

Thank you for completing the survey. We appreciate you taking the time to share your feedback.

If you would like to find out more about Blueprint for Learning workshops, please visit [www.blueprint.co.nz](http://www.blueprint.co.nz) or you can contact us at [info@blueprint.co.nz](mailto:info@blueprint.co.nz) or on 04 381 6470.

## Appendix D: MH101<sup>®</sup> follow up survey 2023



### MH101<sup>®</sup> follow-up survey and CASC, 2024

**Thank you for agreeing to participate and completing the previous survey. Your insights help us understand experiences of the programme and inform future improvements.**

**This survey will take approximately 15-20 minutes to complete. It includes follow-up questions about your experiences using your learning from the MH101 workshop. It also includes a repeat of the California Assessment of Stigma Change (CASC), for those who completed it before the workshop. There is space for general comments.**

- **All information submitted in this survey will be kept confidential**
- **Any comments used in reporting or on our promotional materials will be anonymous and individuals will not be identified.**
- **We ask for your name and e-mail address in order to be able to compare summarised survey results.**
- **Your name will not be linked to your survey responses once the data is matched.**
- **If you do not opt-out, you may be contacted about your interest in participating in future evaluation. You can choose to participate or not.**

**If you have any questions, or for further information about our programmes, please contact Blueprint for Learning at: [info@blueprint.co.nz](mailto:info@blueprint.co.nz).**

\* 1. Please provide your name and e-mail address (as when you attended the workshop).

<b>First name</b>	<input type="text"/>
<b>Last name</b>	<input type="text"/>
<b>Email you used to register</b>	<input type="text"/>

2. When did you attend MH101<sup>®</sup>? (to the best of your recollection)

	Month	Year
Please choose the month and year.	<input type="text"/>	<input type="text"/>

3. Did you attend a MH101<sup>®</sup> in person or online workshop?

- In person
- Online

CASC questions

**Please read this description and select the number that best fits your answer to the next three questions.**

\* 4. Harry is a 30-year-old single man with schizophrenia. Sometimes he hears voices and becomes upset. He lives alone in an apartment and works as a clerk at a large law firm. Harry has had contact with mental health services. Please select the number of the best answer to each question.

	1 Not at all	2	3	4	5	6	7	8	9	10 Definitely
I would feel pity for Harry.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would feel that Harry is a danger.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would feel scared of Harry.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would think that it was Harry's own fault that he is in the present condition.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think it would be best for Harry's community if he were put away in a psychiatric hospital.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would feel angry at Harry.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would want to help Harry.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would try to stay away from Harry.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I agree that Harry should be forced into treatment with his doctor even if he does not want to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CASC Questions

\* 5. Next, we are interested in your general overall opinion about people who experience mental health challenges that have a severe impact on their lives. Please select the number closest to how you feel about the statement.

	1 Strongly disagree	2	3	4	5	6	7	8	9	10 Strongly agree
People who experience mental health challenges are hopeful about their future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People with mental health challenges have goals in life they want to reach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People with mental health challenges can live the life of their choice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel people with mental health challenges are equally as worthy as others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I see people with mental health challenges as capable people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People with mental health challenges can do things as well as other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CASC Questions

\* 6. Finally, the statements below are about your willingness to seek help if you were experiencing mental health challenges. Please select the number closest to how you feel about the statement.

	1									10
	Strongly disagree	2	3	4	5	6	7	8	9	Strongly agree
I would speak to a friend, family or whānau member if I was experiencing mental health challenges	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would use a helpline or self-help tools such as 1737, Melon, Mentemia or Staying on track if I was experiencing mental health challenges	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would speak to a minister or kaumātua if I was experiencing mental health challenges	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would speak to a counsellor or psychologist if I was experiencing mental health challenges	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would speak to a family doctor (GP) if I was experiencing mental health challenges	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would speak to a psychiatrist if I was experiencing mental health challenges	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Attitude and beliefs

**We are interested in how you rate your current knowledge around mental health. We want to understand how this changes with time after you attended a workshop. This is not a test and there are no right or wrong answers.**

7. How much do you agree with the following statements?

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
A person with a mental health challenges can lead a happy and productive life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel comfortable talking to someone with experience of mental health challenges or distress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have an understanding of what it is like to experience a mental health challenge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I understand how my own reactions can impact on the thoughts, feelings and behaviours of someone experiencing mental health challenges	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Confidence

**We are interested in how the in person or online workshop has impacted on your knowledge and confidence around mental health. This is not a test and there are no right or wrong answers.**

**The following questions will ask you to rate your current level of confidence after completing your workshop.**

8. How confident do you feel about each of the following?

	Not confident	A little confident	Somewhat confident	Confident	Very confident	Don't know
My confidence recognising the signs of positive mental wellbeing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My confidence knowing a range of strategies, such as Te Whare Tapa Whā, to support <b>my own</b> mental wellbeing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My confidence knowing a range of strategies, such as Te Whare Tapa Whā, to support <b>other people's</b> mental wellbeing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My understanding of how intergenerational trauma impacts wellbeing and mental health challenges in Aotearoa communities today	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. How confident do you feel about each of the following?

	Not confident	A little confident	Somewhat confident	Confident	Very confident	Don't know
My confidence recognising the signs of mental distress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My confidence in relating supportively to someone experiencing mental distress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My confidence in having a courageous conversation with someone whose mental health I am concerned about	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My confidence in supporting someone who may be experiencing suicidal thoughts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. How confident do you feel about each of the following?

	Not confident	A little confident	Somewhat confident	Confident	Very confident	Don't know
My confidence in knowing <b>when</b> to seek professional support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My confidence in knowing <b>how</b> to contact appropriate professional support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My confidence in responding to mental distress amongst people in my workplace or community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

MH101® follow-up survey and CASC, 2024

\* 11. How useful were the following topics covered in the workshop?

	Not very useful	A little useful	Somewhat useful	Useful	Very useful	Don't know
Te Whare Tapa Whā	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stress/line of vulnerability continuum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Understanding how mental health challenges impact a person's life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Building and maintaining resilience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* 12. How useful were the following topics covered in the workshop?

	Not very useful	A little useful	Somewhat useful	Useful	Very useful	Don't know
How to talk to someone about suicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hearing the facilitators' personal experiences of mental health challenges	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Understanding lenses and filters and how they impact on our behaviour and interactions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Learning about the impact of Adverse Childhood Experiences (ACE's)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Learning about historical trauma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. How much do you agree with the following statements?

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree	N/A or Don't know
The 'Recognise, Relate, Respond' framework was useful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It was delivered at the right level for me to retain and use the information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It was relevant to people with a range of learning styles and literacy levels	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It was relevant to people with diverse backgrounds and spiritual beliefs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. **Because of the workshop**, how much do you agree with the following statements?

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree	N/A or Don't know
I am doing more things to keep myself mentally well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am suggesting self-help strategies to others more often	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am more confident talking about mental health challenges	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. **Because of the workshop**, how much do you agree with the following statements?

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree	N/A or Don't know
I have intervened more at an early stage to encourage people to seek help for their mental distress before it got more serious	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am providing more support around mental health challenges to <b>people I interact with at work</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am providing more support around mental health challenges to <b>friends and family</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have talked to someone when I was concerned they were having thoughts of suicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

MH101® follow-up survey and CASC, 2024

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

	Not very useful	A little useful	Somewhat useful	Useful	Very useful	Don't know
Job or workplace	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. How much do you agree with the following statements?

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree	Don't know
I have shared what I learned at the MH101® workshop with my colleagues, whānau or friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My workplace (including colleagues, policies, management etc.) is supportive of people experiencing mental health challenges	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are policies in place at my workplace that allow people experiencing mental health challenges or distress to receive the appropriate support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. Since you completed the MH101® workshop, have you initiated a conversation with someone whose mental wellbeing you were concerned about (i.e. someone in distress or having suicidal thoughts or needing support)?

Yes    No    Don't know

19. How many times have you initiated a conversation like this since the MH101® workshop?

- 1-3 times
- 4-6 times
- 7-10 times
- 11-15 times
- 16-20 times
- More than 20 times

20. 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.

- Signs of mental distress
- Signs of anxiety
- Signs of depression
- Signs of thinking about suicide
- Signs of psychosis
- Other (please specify)

21. Briefly describe the interaction

22. How did the other person respond to you raising concerns?

Very negatively	Negatively	Neither positively or negatively	Positively	Very positively
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. What difference did attending the workshop make to how you responded in this situation?

MH101® follow-up survey and CASC, 2024

24. Since the workshop, how often have you referred to the:

	Never	Once or twice	A few times	Several times	A lot	Don't know
Blueprint website	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MH101® workbook	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. How useful is the:

	Not very useful	A little useful	Somewhat useful	Useful	Very useful	Don't know / Haven't used it
Blueprint website	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MH101® workbook	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Back pocket resource	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26. How much do you agree with the following statements?

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree	Don't know
I would recommend the workshop to other people I work with	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would recommend the workshop to everyone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27. Did you complete the MH101® e-learning which was sent to you 6 weeks after your training?

Yes  No

MH101® follow-up survey and CASC, 2024

28. What was useful about the e-learning?

MH101® follow-up survey and CASC, 2024

29. Why did you not complete the e-learning?

MH101® follow-up survey and CASC, 2024

30. Which of the following types of follow-up or training or support you would want?

- |  |  |
|--|--|
| <input type="checkbox"/> Email prompts (with take home messages)                 | <input type="checkbox"/> Website tools and resources |
| <input type="checkbox"/> Debriefing kit (i.e. that can be used in the workplace) | <input type="checkbox"/> Apps                        |
| <input type="checkbox"/> Quarterly newsletters or useful tips mailer             | <input type="checkbox"/> Follow-up or refresher      |

31. Do you have any final comments about MH101®?

MH101® follow-up survey and CASC, 2024

In addition to this follow-up survey, we may conduct future focus group interviews to find out more detail about your experiences after the workshop. If you **do not** wish to be contacted about participating, please tick "opt-out".

If you are happy to be contacted, you can choose to participate in a focus group or not when we e-mail you. There is no requirement and not participating will not affect your relationship with Blueprint or workplace.

32. I **do not** wish to be contacted to participate in any further research.

- Opt-out

33. Please add your phone number and update any contact details that have changed.

**First name**

**Last name**

**Email Address (if different)**

**Phone Number**

MH101® follow-up survey and CASC, 2024

Thank you for completing the survey, your feedback is important to us.

**If you would like to find out more about Blueprint for Learning workshops, please visit [blueprint.co.nz](http://blueprint.co.nz)**

**You can contact us at [info@blueprint.co.nz](mailto:info@blueprint.co.nz) or phone 04 473 900911**

## Appendix E: Focus group participant information sheet

### MH101 Impact Evaluation

#### Participant Information Sheet

Tēnā koe

Thank you for taking the time to join this impact evaluation. Blueprint for Learning is conducting this follow-up evaluation of participants who completed a MH101 workshop or webinar between February-September 2020. The purpose of this evaluation is to understand how you have maintained and used your learning and inform improvements to the workshop. This document outlines further information about the focus group, and the consent to take part in the survey.

#### What is involved?

You will be involved in an online focus group which will take approximately one hour. It will be facilitated by Paula Parsonage, Health & Safety Developments via Zoom.

Participation in this focus group is voluntary; it is up to you if you choose to participate. If you do not want to participate or withdraw before the session is over, you do not have to give a reason, and it will not affect your relationship with Blueprint for Learning.

If you agree to take part, you are asked to read the Participant Consent information on the last page of this document. You can keep a copy of this Information Sheet and the Participant Consent information for your records.

#### What will happen with the information I provide?

With your permission, and only with the permission of the whole group, the focus group will be audio recorded. This recording will be used by the evaluation team to check the accuracy of our notes. It will not be shared outside the team.

All information will be stored securely and kept confidential for a period of ten years before deletion. Names of all participants will be stored separately so they cannot be linked to focus group notes. Audio recordings are stored on a password-protected computer until analysis and writings that contribute to the research project are complete. At which point after ten years, all paper documents will be shredded, and all digital data erased.

Your name and information will not be shared with anyone outside the focus group and the evaluation team, and no individual will be identifiable in summary reports. All responses from people participating will be combined into a summary report by Blueprint for Learning for the Ministry of Health to inform improvements to MH101.

Summarised findings shared with the Ministry of Health may be published on our website and may also be used to promote the workshop in promotional materials such as the Blueprint for Learning website, printed information, and social media platforms. All individuals will remain anonymous in the summary report and promotional materials, and all efforts will be made to protect the identity of participants.

### Right to withdraw from participation

If you decide to participate, you have the right to withdraw from participating at any time. You do not have to give a reason, and it will not affect your relationship with any organisation involved. You can tell us you do not want to take part at any time during the focus group and you need not answer every question.

### Risks to participating

MH101 workshops and webinars discuss sensitive topics and it is possible that revisiting aspects of this content during your focus group may cause some distress. We encourage you to take time out during the focus group if needed and seek support from your contacts or through the number below.

### Who can I contact if I need support?

Call or text 1737 – free 24-hour phone or text support.

### If you agree to take part

Your participation in the focus group will be used as consent and you can keep this emailed copy of the Information Sheet and the Consent Form.

### Who can I contact if I have any questions?

- If you have any questions about this focus group or how your information may be used, please contact Heather Kongs-Taylor, Manager, Evaluation at [heather.kongs-taylor@tepou.co.nz](mailto:heather.kongs-taylor@tepou.co.nz) or phone 09 300 6764.
- Paula Parsonage, Interviewer, at [hsd@xtra.co.nz](mailto:hsd@xtra.co.nz)

## Appendix F: Focus group consent form

### Participant Consent

I have read, or had read to me, the Participant Information Sheet and I understand what it says.

- I have been given enough time to decide to participate or not in this focus group.
- I have had the opportunity to ask questions, so I know what I am agreeing to.
- I understand that participating in the focus group is voluntary (my choice) and that I may withdraw from the focus group at any time without this affecting my relationship with any organisation involved.
- I understand that if I take part in this focus group, my details will be kept anonymous and nothing that could identify me will be reported.
- I agree to keep the names of participants and information shared during the focus group confidential.
- I know who to contact if I have any questions about the focus group.
- I understand the focus group will be audio recorded.
- I understand the data will be kept for a period of ten years then deleted.
- By participating in this focus group, I consent to the above points.

## Appendix G: Wānanga participant information sheet



### MH101 Impact Evaluation

#### Participant Information Sheet

##### **Nau mai, haere mai**

Tēnā koe,

Ngā mihi nui ki a koe mō tō whai wāhi atu ki tēnei aromātai pānga. Thank you very much for your participation in this evaluation.

Blueprint for Learning is conducting a follow-up evaluation with participants who completed an MH101 workshop in 2024. The purpose of this evaluation is to understand how you have maintained and applied your learning to help improve the workshop. This document provides detailed information about the wānanga, and the consent required to take part in the survey.

#### What is involved?

You will participate in an in-person wānanga which will take approximately one hour. The wānanga will be facilitated by Mary-Kaye Wharakura and James Millington.

Participation in this wānanga is voluntary. You have the right to choose whether or not to take part. If you decide not to participate or leave before the session ends, you do not need to provide a reason, and it will not affect your relationship with Blueprint for Learning.

If you do agree to participate, your participation in the wānanga will be used as consent. You can keep a copy of this Information Sheet for your records.

#### What will happen with the information I provide?

With your permission, the wānanga will be audio recorded and transcribed. This recording and the full transcription will not be shared outside the evaluation team.

#### Data Sovereignty:

We recognise that your data is a taonga (treasure) and holds significant value, not just for you individually, but also for your whānau (family), hapū (sub-tribe), iwi (tribe), and broader community. Your mana (authority) as an individual, and as a member of your whānau, hapū, and iwi, as well as your role in upholding mana whenua (authority over land), mana wāhine (women's authority), mana tāne (men's authority), and mana Māori (Māori authority), is deeply respected in this kaupapa.

#### Confidentiality:

Your privacy is of utmost importance to us. We assure you that we will treat your information with the highest care and respect, acknowledging its significance at multiple levels. Your data will be safeguarded and used solely for the purpose of the MH101 impact evaluation, which aims to improve the programme and support the mental health and wellbeing workforce of Aotearoa.

Your name and personal information will not be shared with anyone outside the wānanga and the evaluation team. Your responses and discussion in the wānanga will be combined into a summary report by Blueprint for Learning for Te Whatu Ora. All participants will remain anonymous in the summary report, and every effort will be made to protect your identity.

#### Permission to Use Data:

Your data will not be shared or used for any purposes beyond the scope of this evaluation and will be stored securely in compliance with relevant data protection regulations. If you have any concerns or questions regarding the handling of your data, please do not hesitate to contact us for clarification.

Summarised findings **including quotations (with identifying information removed)** shared with Te Whatu Ora may be published on our website, as part of academic presentations or publications, and may also be used to promote the workshop in promotional materials such as the Blueprint for Learning website, printed materials, and social media platforms.

All information will be stored securely and kept confidential for three years before being deleted. Names of all participants will be stored separately so they cannot be linked to wānanga notes. Audio recordings will be stored on a password-protected computer until the analysis and writings that contribute to the research project are complete. After six years, all paper documents will be shredded, and all digital data erased.

#### Right to withdraw from participation

If you decide to participate, you have the right to withdraw at any time up until the data has been analysed. You do not have to provide a reason, and withdrawing will not affect your relationship with any involved organisation. You can inform us at any time during the wānanga if you do not wish to continue participating, and you are not required to answer every question.

#### Risks to participating

MH101 workshops discuss sensitive topics, and revisiting these topics during the wānanga may cause some distress. We encourage you to take breaks if needed during the wānanga and seek support from your contacts or through the number provided below.

### Who can I contact if I need support?

Call or text 1737 – free 24-hour phone or text support

### Who can I contact if I have any questions?

- If you have any questions about this wānanga or how your information may be used, please contact Katie Palmer du Preez, Manager, Evaluation at [Katie.PalmerduPreez@tepou.co.nz](mailto:Katie.PalmerduPreez@tepou.co.nz) or phone 09 261 3429
- James Millington, Evaluation Assistant at [James.Millington@tepou.co.nz](mailto:James.Millington@tepou.co.nz)
- Mary-Kaye Wharakura, Evaluator/Facilitator at [wa.timeandspace@gmail.com](mailto:wa.timeandspace@gmail.com)

### Participant Consent

I have read, or had read to me, the Participant Information Sheet and I understand what it says.

- I have been given enough time to decide to participate or not in this wānanga.
- I have had the opportunity to ask questions, so I know what I am agreeing to.
- I understand that participating in the wānanga is voluntary (my choice) and that I may withdraw from the wānanga at any time without this affecting my relationship with any organisation involved.
- I understand that if I take part in this wānanga, my details will be kept anonymous, and all efforts will be made to remove potentially identifying information about individuals from reporting.
- I agree to keep the names of participants and information shared during the wānanga confidential.
- I know who to contact if I have any questions about the wānanga.
- I understand the wānanga will be audio recorded.
- I understand the data will be kept for a period of six years then deleted.
- By participating in this wānanga, I consent to the above points.

Ngā mihi nui mō tō whakaaro ki te whai wāhi atu ki tēnei kaupapa hiranga.

Thank you for your interest in participating in this important project.

## Appendix H: In-person vs. online workshop ratings

	Percentage who noted "confident" or "very confident"			Mean rating $\pm$ SD (1 - Not very confident, 5 - Very confident)			Post-survey vs. Follow-up	
	Post-survey	Follow-up	Change	Post-survey	Follow-up	Change	p-value*	Cohen's d (effect size)#
<b>Confidence recognising the signs of mental distress</b>								
All (188 people)	88%	89%	1%	4.24 $\pm$ 0.67	4.22 $\pm$ 0.64	-0.03	Not significant (p=.695)	0.04 (small)
In-person (152 people)	90%	92%	2%	4.28 $\pm$ 0.63	4.23 $\pm$ 0.58	-0.05	Not significant (p=.541)	0.07 (small)
Online (36 people)	81%	78%	-3%	4.11 $\pm$ 0.78	4.17 $\pm$ 0.85	0.06	Not significant (p=.429)	0.06 (small)
<b>Confidence in relating supportively to someone experiencing mental distress</b>								
All (187 people)	87%	85%	-2%	4.16 $\pm$ 0.69	4.14 $\pm$ 0.70	-0.01	Not significant (p=.889)	0.01 (small)
In-person (151 people)	89%	87%	-1%	4.19 $\pm$ 0.62	4.16 $\pm$ 0.66	-0.03	Not significant (p=.659)	0.05 (small)
Online (36 people)	78%	75%	-3%	4.00 $\pm$ 0.93	4.08 $\pm$ 0.84	0.08	Not significant (p=.604)	0.10 (small)
<b>Confidence in having a courageous conversation with someone whose mental health I am concerned about</b>								
All (188 people)	79%	86%	7%	4.05 $\pm$ 0.80	4.19 $\pm$ 0.75	0.13	p < .05	0.17 (small)
In-person (152 people)	80%	88%	7%	4.10 $\pm$ 0.72	4.20 $\pm$ 0.72	0.10	Not significant (p=.123)	0.13 (small)
Online (36 people)	75%	81%	6%	3.86 $\pm$ 1.07	4.14 $\pm$ 0.87	0.28	Not significant (p=.080)	0.30 (small)

\* p-value shows the results of the Wilcoxon signed rank test. A p-value of <.05 indicates a significant difference between mean post-survey and follow up ratings.

# Cohen's *d* indicates the magnitude of the difference between the means, expressed in standard deviation units: .2 to .5 is considered a small effect size; .5 to .8 a medium effect size; .8 and higher a large effect size.

## Appendix I: Supporting people experiencing mental health challenges

	Percentage who noted "confident" or "very confident"			Mean rating $\pm$ SD (1 - Not very confident, 5 - Very confident)			Post-survey vs. Follow-up	
	Post-survey	Follow-up	Change	Post-survey	Follow-up	Change	p-value*	Cohen's d (effect size)#
<b>Confidence recognising the signs of positive mental wellbeing</b>								
All (186 people)	91%	91%	0%	4.25 $\pm$ 0.60	4.28 $\pm$ 0.69	0.03	Not significant (p=.283)	--
Māori or Pasifika (62 people)	95%	89%	-6%	4.35 $\pm$ 0.58	4.26 $\pm$ 0.70	-0.10	Not significant (p=.397)	--
Non-Māori and non-Pasifika (124 people)	90%	93%	3%	4.20 $\pm$ 0.61	4.30 $\pm$ 0.69	0.10	Not significant (p=.056)	--

\* p-value shows the results of the Wilcoxon signed rank test. A p-value of  $<.05$  indicates a significant difference between mean post-survey and follow up ratings.

# Cohen's *d* indicates the magnitude of the difference between the means, expressed in standard deviation units: .2 to .5 is considered a small effect size; .5 to .8 a medium effect size; .8 and higher a large effect size.

	Percentage who noted "confident" or "very confident"			Mean rating $\pm$ SD (1 - Not very confident, 5 - Very confident)			Post-survey vs. Follow-up	
	Post-survey	Follow-up	Change	Post-survey	Follow-up	Change	p-value*	Cohen's d (effect size)#
<b>Confidence knowing a range of strategies to support my own mental wellbeing</b>								
All (183 people)	91%	93%	3%	4.38 $\pm$ 0.69	4.42 $\pm$ 0.66	0.03	Not significant (p=.572)	--
Māori or Pasifika (60 people)	90%	93%	3%	4.48 $\pm$ 0.79	4.40 $\pm$ 0.62	-0.08	Not significant (p=.271)	--
Non-Māori and non-Pasifika (123 people)	91%	93%	2%	4.33 $\pm$ 0.64	4.42 $\pm$ 0.68	0.09	Not significant (p=.129)	--

	Percentage who noted "confident" or "very confident"			Mean rating ± SD (1 - Not very confident, 5 - Very confident)			Post-survey vs. Follow-up	
	Post-survey	Follow-up	Change	Post-survey	Follow-up	Change	p-value*	Cohen's d (effect size)#
<b>Confidence knowing a range of strategies to support other people's mental wellbeing</b>								
All (183 people)	87%	90%	3%	4.25 ± 0.74	4.25 ± 0.64	0.01	Not significant (p=.733)	--
Māori or Pasifika (60 people)	90%	92%	2%	4.40 ± 0.83	4.32 ± 0.62	-0.08	Not significant (p=.245)	--
Non-Māori and non-Pasifika (123 people)	85%	89%	4%	4.17 ± 0.69	4.22 ± 0.65	0.05	Not significant (p=.649)	--

	Percentage who noted "confident" or "very confident"			Mean rating ± SD (1 - Not very confident, 5 - Very confident)			Post-survey vs. Follow-up	
	Post-survey	Follow-up	Change	Post-survey	Follow-up	Change	p-value*	Cohen's d (effect size)#
<b>Confidence recognising the signs of mental distress</b>								
All (188 people)	88%	89%	1%	4.24 ± 0.67	4.22 ± 0.64	-0.03	Not significant (p=.695)	--
Māori or Pasifika (63 people)	90%	89%	-2%	4.35 ± 0.70	4.17 ± 0.61	-0.17	p < 0.05	0.26 (small)
Non-Māori and non-Pasifika (125 people)	87%	90%	2%	4.19 ± 0.64	4.17 ± 0.65	-0.02	Not significant (p=.327)	--

	Percentage who noted "confident" or "very confident"			Mean rating ± SD (1 - Not very confident, 5 - Very confident)			Post-survey vs. Follow-up	
	Post-survey	Follow-up	Change	Post-survey	Follow-up	Change	p-value*	Cohen's d (effect size)#
<b>Confidence in relating supportively to someone experiencing mental distress</b>								
All (187 people)	87%	85%	-2%	4.16 ± 0.69	4.14 ± 0.70	-0.01	Not significant (p=.889)	--
Māori or Pasifika (62 people)	92%	87%	-5%	4.27 ± 0.77	4.13 ± 0.66	-0.15	Not significant (p=.091)	--
Non-Māori and non-Pasifika (125 people)	84%	84%	0%	4.10 ± 0.64	4.15 ± 0.72	0.06	Not significant (p=.2973)	--

	Percentage who noted "confident" or "very confident"			Mean rating ± SD (1 - Not very confident, 5 - Very confident)			Post-survey vs. Follow-up	
	Post-survey	Follow-up	Change	Post-survey	Follow-up	Change	p-value*	Cohen's d (effect size)#
<b>Confidence in having a courageous conversation with someone whose mental health I am concerned about</b>								
All (188 people)	79%	86%	7%	4.05 ± 0.80	4.19 ± 0.75	0.13	p<.05	--
Māori or Pasifika (63 people)	86%	84%	-2%	4.19 ± 0.88	4.13 ± 0.79	-0.06	Not significant (p=.431)	--
Non-Māori and non-Pasifika (125 people)	76%	87%	11%	3.98 ± 0.75	4.22 ± 0.72	0.23	p<.001	0.31 (small)

	Percentage who noted "confident" or "very confident"			Mean rating ± SD (1 - Not very confident, 5 - Very confident)			Post-survey vs. Follow-up	
	Post-survey	Follow-up	Change	Post-survey	Follow-up	Change	p-value*	Cohen's d (effect size)#
<b>Confidence in supporting someone who may be experiencing suicidal thoughts</b>								
All (187 people)	69%	75%	6%	3.82 ± 0.89	3.98 ± 0.82	0.16	p<.05	0.17 (small)
Māori or Pasifika (62 people)	77%	76%	-2%	4.05 ± 0.86	3.98 ± 0.88	-0.06	Not significant (p=.564)	--
Non-Māori and non-Pasifika (125 people)	65%	75%	10%	3.70 ± 0.88	3.98 ± 0.80	0.27	p<.01	0.29 (small)

	Percentage who noted "confident" or "very confident"			Mean rating ± SD (1 - Not very confident, 5 - Very confident)			Post-survey vs. Follow-up	
	Post-survey	Follow-up	Change	Post-survey	Follow-up	Change	p-value*	Cohen's d (effect size)#
<b>Confidence in knowing when to seek professional support</b>								
All (188 people)	90%	91%	1%	4.29 ± 0.70	4.30 ± 0.70	0.02	Not significant (p=.779)	--
Māori or Pasifika (63 people)	90%	89%	-2%	4.37 ± 0.81	4.22 ± 0.75	-0.14	Not significant (p=.105)	--
Non-Māori and non-Pasifika (125 people)	90%	92%	2%	4.25 ± 0.64	4.34 ± 0.67	0.10	Not significant (p=.094)	--

	Percentage who noted "confident" or "very confident"			Mean rating ± SD (1 - Not very confident, 5 - Very confident)			Post-survey vs. Follow-up	
	Post-survey	Follow-up	Change	Post-survey	Follow-up	Change	p-value*	Cohen's d (effect size)#
<b>Confidence in knowing how to contact appropriate professional support</b>								
All (186 people)	88%	93%	5%	4.27 ± 0.78	4.36 ± 0.72	0.09	Not significant (p=.171)	--
Māori or Pasifika (63 people)	87%	90%	3%	4.35 ± 0.92	4.32 ± 0.74	-0.03	Not significant (p=.694)	--
Non-Māori and non-Pasifika (123 people)	88%	94%	7%	4.24 ± 0.70	4.38 ± 0.71	0.15	P < .05	0.18 (small)

	Percentage who noted "confident" or "very confident"			Mean rating ± SD (1 - Not very confident, 5 - Very confident)			Post-survey vs. Follow-up	
	Post-survey	Follow-up	Change	Post-survey	Follow-up	Change	p-value*	Cohen's d (effect size)#
<b>Confidence in responding to mental distress amongst people in my workplace or community</b>								
All (187 people)	81%	87%	5%	4.09 ± 0.75	4.19 ± 0.74	0.10	Not significant (p=.073)	--
Māori or Pasifika (63 people)	87%	89%	2%	4.27 ± 0.81	4.16 ± 0.75	-0.11	Not significant (p=.187)	--
Non-Māori and non-Pasifika (124 people)	78%	85%	7%	4.00 ± 0.71	4.21 ± 0.75	0.21	p=<.01	0.29 (small)

## Appendix J: CASC item-by-item results pre-survey and follow-up survey

CASC scale items		Pre-workshop Mean (SD)	Follow-up Mean (SD)	p-value*
<b>Attribution scale</b>				
<b>10-point scale, higher scores represent more stigmatising views</b>				
1	I would feel pity for Harry.	4.85 (2.75)	4.56 (3.02)	.081
2	I would feel that Harry is a danger.	3.58 (2.29)	3.35 (2.40)	.179
3	I would feel scared of Harry.	3.03 (2.13)	2.47 (1.83)	< .05
4	I would think that it was Harry's own fault that he is in the present condition.	1.20 (0.63)	1.24 (1.16)	.619
5	I think it would be best for Harry's community if he were put away in a psychiatric hospital.	1.32 (1.04)	1.23 (0.99)	.361
6	I would feel angry at Harry.	1.14 (0.53)	1.21 (1.02)	.976
7	I would want to help Harry**	3.68 (2.58)	3.43 (2.66)	.300
8	I would try to stay away from Harry.	2.23 (1.77)	1.78 (1.50)	< .001
9	I agree that Harry should be forced into treatment with his doctor even if he does not want to.	2.25 (1.89)	1.92 (1.84)	.084
<b>Empowerment scale</b>				
<b>10-point scale, higher scores represent better views of empowerment</b>				
1	I feel people with mental health challenges are equally as worthy as others	9.72 (0.78)	9.54 (1.11)	< .05
2	I see people with mental health challenges as capable people	8.98 (1.71)	9.17 (1.27)	.534
3	People with mental health challenges can do things as well as other people	8.85 (1.69)	8.83 (1.79)	.585
<b>Recovery scale</b>				
<b>10-point scale, lower scores represent better views of recovery</b>				
1	People who experience mental health challenges are hopeful about their future	5.23 (2.21)	4.47 (2.31)	< .01
2	People with mental health challenges have goals in life they want to reach	2.87 (2.11)	3.04 (2.22)	.533
3	People with mental health challenges can live the life of their choice	3.91 (2.69)	3.02 (2.37)	< .001
<b>Care Seeking Scale</b>				
<b>10-point scale, lower scores represent more willingness to seek out support</b>				
1	I would speak to a friend, family or whānau member if I was experiencing mental health challenges	2.67 (2.07)	2.84 (2.25)	.945
2	I would use a helpline or self-help tools such as 1737, Melon, Mentemia or Staying on track if I was experiencing mental health challenges	3.90 (2.53)	3.74 (2.66)	.196
3	I would speak to a minister or kaumātua if I was experiencing mental health challenges	6.54 (3.22)	6.71 (3.24)	.842

	<b>CASC scale items</b>	<b>Pre-workshop Mean (SD)</b>	<b>Follow-up Mean (SD)</b>	<b>p-value*</b>
4	I would speak to a counsellor or psychologist if I was experiencing mental health challenges	2.71 (2.15)	2.75 (2.36)	.486
5	I would speak to a family doctor (GP) if I was experiencing mental health challenges	2.76 (2.18)	2.91 (2.34)	.696
6	I would speak to a psychiatrist if I was experiencing mental health challenges	3.63 (2.71)	3.55 (2.88)	.555

\*p-value: <.05 indicates a significant difference between pre-survey and follow up ratings, while a p-value of >.05 suggests that the difference in ratings between the two time periods is not significant. These p-values are based on a Wilcoxon signed-ranks test.

\*\*reverse coded items

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