The evaluation report of the DELWP, Forest Fire Management Victoria, single-agency

Leading for Better Mental Health Program pilot

Charles Sturt University

ESF EMERGENCY SERVICES FOUNDATION

better together

WorkSafe VICTORIA

Acknowledgements

Charles Sturt University acknowledges First Nations elders past and present from the lands where Charles Sturt University students and staff reside. In particular, Charles Sturt acknowledges the Wiradjuri, Ngunawal, Gundungarra, and Biripai peoples of Australia who are the traditional custodians of the land where the University's campuses are located.

The evaluation was commissioned by the Emergency Services Foundation with funding from WorkSafe Victoria.

We sincerely thank the Emergency Services Foundation and WorkSafe Victoria for the opportunity to undertake the evaluation of the Leading for Better Mental Health Program pilot.

We wish to thank the Forest Fire Management Victoria (FFMVic) participants, team members, the Executive Sponsor, and Facilitators of the program for being willing to be part of the evaluation of the pilot program. This report would be impossible without you and is intended to help support your admirable public service in the future.

The data within this report draw on the unique perspectives of the emergency sector staff who have shared them. All quoted data seeks to accurately reflect participant opinions. The data has been deidentified to ensure confidentiality.

Finally, we thank Rae Nimmo for her graphic design skill set in making the report presentable.

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Executive summary

The Emergency Services Foundation (ESF) has been funded for two years by WorkSafe WorkWell to Chair a Learning Network for Victoria's emergency management sector. The ESF member agencies identified that within agencies, training and development for managers and leaders is crucial for cultural change and must be a priority focus for the sector. The Learning Network determined a new way of helping line managers lead for better mental health was required.

In 2021, The Leading for Better Mental Health Program was created, and a multi-agency pilot was undertaken. For the purpose of this pilot, the program was co-designed via nine months of conversations and targeted evidence-gathering activities to understand the gaps between leadership for mental health best practices and current agency activities. People involved felt that no matter what agency they serve, team managers had common experiences so could learn from working together. The program was aimed at meeting the needs of people who are responsible for leading frontline teams.

After successfully completing the multi-agency pilot and verifying and corroborating the outcomes, a single-agency pilot program was initiated involving team members and team leaders from one agency, the Victoria Government Department of Environment Land Water and Planning (DELWP) Forest Fire Management Victoria (FFMVic) Division. At the core of the single-agency pilot were two 2-day module workshops with team leaders delivered face-to-face in November 2021 and February 2022.

For consistency and comparability reasons, the single-agency pilot evaluation has been undertaken by the Charles Sturt University Workforce Wellness Research Unit (WWRU) which received Charles Sturt's ethics approval for human research. The process adopted a mixed method approach, gathering qualitative and quantitative evidence including pre, during and post-delivery. This report outlines the evaluation process, findings, and recommendations.

Like the multi-agency program pilot, the single-agency pilot's overall findings reveal the Leading for Better Mental Health Program was highly valued by participants, and the Executive Sponsor. The analysis has shown overall high satisfaction ratings, and an increase in self-efficacy scores for role, knowledge and skills, and mental health literacy. The program has shown it augments prior knowledge and skills and provides an opportunity to allow frontline leaders to share, practice and deeply reflect on how they can embed actions that result in a workplace that feels more psychologically supported.

Evaluation at the conclusion of both two-day modules has revealed that the goals of the program were achieved. No material changes to the program are proposed, except to ensure that the onboarding process aligns with how the multi-agency process was carried out with ESF having individual catch-ups with possible participants to explain the objectives of the program and what to expect from it.

Post program case studies show leaders are adjusting their practice in response to skills and expertise gained from the program. Alumni events, including an annual twelve-month follow up focussed session with the Executive Sponsor present are suggested to ensure continuous improvement practices and mental health initiatives are shared across the department and that it is embedded to become part of operational processes and culture to achieve systematic and sustainable change which allows for mental health safety to be viewed as just as important as workers physical safety.

Back row: Kevin, Chris Odd, Harrie Fletcher, Cory Markovic
Next row: Kath Smith, Matt Davidson, Daffyd ‘Gibbo’ Gibbon, Cassie Lear, Steve Young
Next row: Tony Pearce, Gail Penfold, Erika Lind, Mel Young, Dee Dorber, Craig Chapman, Ben Rankin, Mel Johnston
Standing front: Elton, Quinton Pakan, Peter Brick, Leah de Vries
Kneeling front: Brittany Killner, Peter Jephcott, Liam Doyle, Ellen Dwyer, Pauline Pendrick
Absent: Adam Lowcock

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Introduction and background

Work is considered beneficial to mental health and well-being, contributing to an individual's sense of identity and self-worth, skills development, relationship building and social skills (Black Dog Institute, 2017). However, prolonged or repeated exposure to work-related demands or pressures or even a serious single event can cause adverse health issues and reduce a person's capacity to work. These health issues include stress, depression, and anxiety and can negatively impact physical health and behaviour (WorkSafe Victoria, 2007). According to the Black Dog Institute (2017), one in six working-age people is suffering from a mental illness at any point in time. The *Answering the call* report (2018) of Beyond Blue highlights that police and emergency service personnel (paid and volunteer) have high rates of resilience but have higher rates of psychological distress, mental health conditions, and suicidal thinking than the general adult population.

The World Health Organisation (WHO) declared a global pandemic due to COVID-19 in March 2020 (WHO, 2020). This has created a situation where workers and their families are experiencing a range of conditions that create increased potential for poor mental and emotional health and well-being (Stocker et al., 2021). Workplace stressors can range from bullying, unreasonable workloads, inflexible work scheduling, and an inability to influence job-related decisions. In general, stressors can be multifactorial and range broadly from the social and physical environment to systems of work or management, which can all affect employee well-being (WorkSafe Victoria, 2007). Workers in specific industries, including health and social services, law enforcement, defence and teaching, are more prone to facing work-related stressors, contributing to higher rates of poor mental health (Seymour & Grove, 2005).

Most recently, in Australia, frontline public sector and emergency service workers such as police, paramedics, nurses, health professionals and other public-facing staff have borne the brunt of the COVID-19 pandemic across most states and territories. Roberts et al. (2021) assert that this has resulted in significant changes in their work including increased demand, work intensification, and increasing task complexity. Their report indicates the level of COVID-19-related psychological distress for professions, such as police and paramedicine, may be much higher than that of health professionals and other public-facing human services workers. One of their key recommendations is to offer a range of mental health support services to frontline staff, being available within and outside the organisation. Similarly, Bamberry et al. (2022) found that understanding the interconnections between organisational stressors, job design, workflow and work intensity and individual resilience, may assist in designing better workplace support systems and peer support programs that could more effectively address burnout, and promote mental health and workplace wellbeing.

Employers have a duty of care to identify and control hazards in the workplace that can impact physical and psychological health and should appreciate that factors in an employee's personal life can also affect their mental health (Government of SA, 2014). Hence, mental health conditions can present substantial costs to organisations. However, successful action to create a mentally healthy workplace may provide a positive return. PWC (2014) have found that for every dollar invested in successful mental health initiatives, businesses see an average of $2.30 return. Recent research findings into depression and disclosure revealed that organisations are better placed to focus efforts on creating work environments that promote social support (via co-workers and supervisors) and develop leaders with knowledge about and how to deal with mental health conditions (e.g., Bamberry et al., 2022; Follmer & Jones, 2021; Neher et al., 2021).

The Emergency Services Foundation (ESF) has been funded for two years by WorkSafe WorkWell Victoria to Chair a Learning Network for Victoria's emergency management sector.

The Learning Network has two aims:

- To bring emergency management organisation representatives and subject matter experts together to share resources and experiences about how to improve mental health and well-being across the sector.
- To collaboratively develop and trial innovative solutions that use evidence and best practice to respond to and address the work-related factors that influence workplace *mental health and well-being*.

The Leading for Better Mental Health Program pilot

The Leading for Better Mental Health Program pilot has been co-designed by a network of well-being managers from 14 Victorian emergency management agencies who meet regularly to share ideas to improve mental health across the sector. They found that middle managers/team leaders needed more support to help nurture mentally healthy workplaces. In collaboration with emergency service people who lead teams and subject matter experts, an innovative program was developed and piloted for 52 people from 11 agencies earlier in 2021.

Building on the success of this *multi-agency* pilot, ESF has invited the Victoria Government Department of Environment Land Water and Planning (DELWP), Forest Fire Management Victoria (FFMVic), to participate in a second pilot using a *single agency*. This study, therefore, builds on the findings from the first pilot (Jenkins et al., 2022) and is tailored to the unique needs of DELWP's East Gippsland FFMVic division.

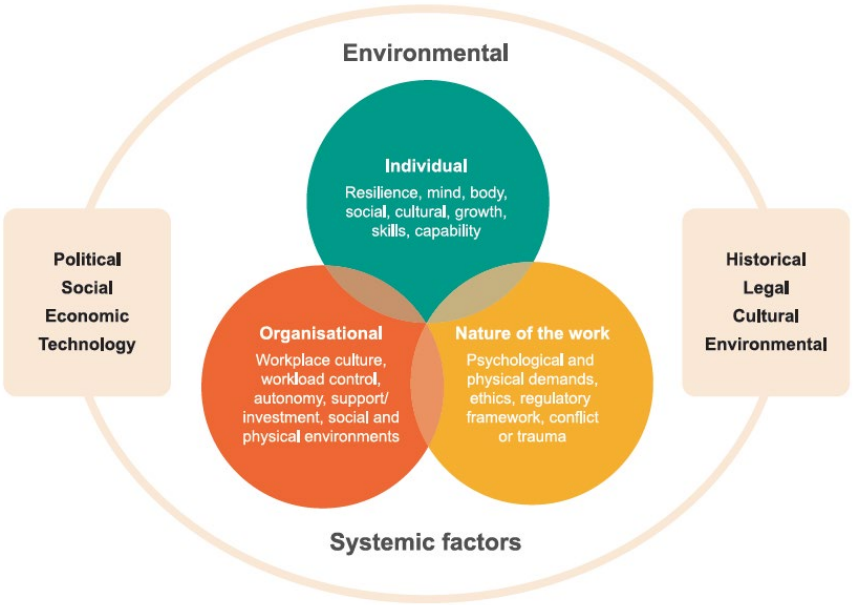
The co-design and rationale align with the application of systems thinking, which treats organisations as whole entities with interconnected elements, and recognises that a system cannot be entirely understood by examining parts in isolation (Health and Safety Professionals Alliance, 2012). Moreover, as identified through the *CEO leadership capability framework,* Victoria needs its health service CEOs to have sophisticated and complex stakeholder management capabilities and to adopt a system view to forecast, plan and deliver future care needs (Victora Department of Health & Human Services, 2019).

Charles Sturt's Workforce Wellness Research Unit

In addition to the multi-agency pilot evaluation (Jenkins et al., 2022), the Charles Sturt University Workforce Wellness Research Unit (WWRU) has also been contracted to provide an external independent evaluation of how the single agency *Leading for Better Mental Health* Program pilot has been implemented, delivered, and any outcomes achieved for the participants in terms of how it has impacted their leadership for better mental health.

The WWRU comprises experts from a wide range of fields to provide a holistic view of workplace well-being (see Figure 1). It includes experts in mental health, leadership, human resource management, research methods, law, industrial relations, education, communications, marketing and management. This multidisciplinary collection of skills enables the unit to take a comprehensive approach to workforce well-being and provides the capacity to conduct an in-depth investigation of selected components of workplace health.

Figure 1: Holistic approach to workplace well-being



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The Leading for Better Mental Health Program

This evaluation project examined the Leading for Better Mental Health Program pilot, which was run with the single agency DELWP, FFMVic East Gippsland Division. The purpose of the Leading for Better Mental Health Program was to prepare team leaders with the knowledge, skills, attributes, and mindset to promote and sustain a mentally healthy workplace.

Team leaders are the target group because it is known that line managers have a significant impact on an individual's experience in the workplace. Work practices, workplace culture, work-life balance, injury management programs, and relationships within workplaces are key determinants, not only of whether people feel valued and supported in their work roles, but also of individual health, wellbeing, and productivity (Royal Australasian College of Physicians, 2011).

The program and evaluation design are detailed below.

Program design

The program was co-designed by the ESF Learning Network and was refined with input from DELWP based on pre-program consultation and survey findings, plus the evaluation report from the multi-agency pilot program (Jenkins et al., 2022). The framework is depicted in the figure below.

Figure 2: Program design framework

The intended aims of the program, as delivered by ESF and expert facilitators, were to improve the skills, knowledge and behaviour of frontline leaders to enable them to promote and nurture mentally healthy workplaces with an employee-centric focus. To allow for this team leaders and team members were invited to complete pre-program surveys to gauge an assessment of their psychosocial climate in their work environment (see Figure 4).

Program goals

The programs, developed by ESF and their Learning Network, were designed to support and develop Team Leaders to create and nurture mentally healthy / psychologically safe workplaces.

The program goals were to:

1. Understand what is required to lead and nurture a mentally healthy workplace
2. Build confidence and capability to improve mental health in the workplace
3. Be confident and capable of influencing systemic change required to improve well-being more broadly

Learning outcomes

The following eight program learning outcomes were developed to achieve the above program goals:

- The role of a team leader to support team well-being
- How leadership behaviour impacts team well-being
- The traits of an authentic leader and how that supports well-being
- What creates distress / psychological hazards in the workplace
- What constitutes a psychologically safe workplace
- What creates a psychologically safe workplace
- How to recognise and respond to signs of mental ill health and distress
- How to drive change for better mental health

Program participants

Twenty six (26) Team Leaders who participated in the Leading for Better Mental Health program. Of these 25 attended Module 1 (November) and 20 people attended Module 2 (February). There were a few reasons for the drop-off in numbers from the first to the second module, these included: one person was unable to attend the first module but did attend the second module, COVID, and the intensity and personal nature of the first module confronted some participants.

Program timeframe

As shown in Figure 3, the first two-day module of the program was delivered on 18-19 November 2021. The second two-day module was delivered four months later on 22-23 February 2022. The gap between modules was to allow for less disruption to their primary roles during the summer firefighting season and to allow time for practice and coaching.

Figure 3: Program delivery timeline

Program delivery

The program was delivered over 2 x 2 day modules (as shown in Figure 4 below).

Figure 4: Structure of the program

Module 1 (2 days,18-19 November)

Day 1 Content

- Pre-program participant surveys (psychological safety and self-efficacy)
- Program introduction
- Establishing a safe space
- Present and test results of 12 interviews
- Mental health in the workplace
- Workplace factors that contribute to distress
- How the workplace factors are playing out in our workplace
- Creating a psychologically safe workplace
- Overview of day one

Day 2 Content

- Creating a psychologically safe workplace
- Making a plan
- Buddy up for success
- Overview day one and two
- Complete satisfaction survey

Module 2 (2 days, 22-23 February)

Day 1 Content

- Welcome
- Action Plan discussion – share and learn
- Revisit the workplace factors
- Communication skills for effective leadership for good mental health
- Small changes can make a big difference

Day 2 Content

- Welcome & overview of day 2
- Leading systemic change outside my control
- Turn a problem into a solution presentation - How to achieve systemic changes
- Presentation to executive management Chris Hardman and regional manager
- Conclusion
- Complete satisfaction survey
- Complete satisfaction post program self-efficacy survey

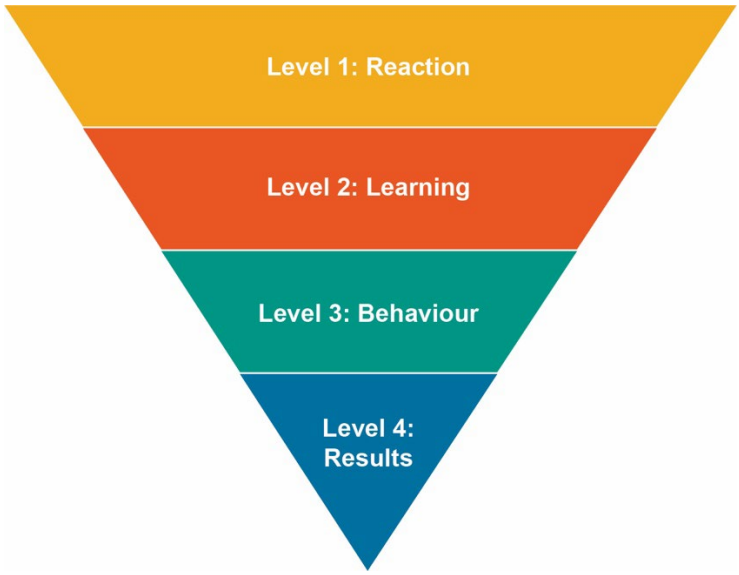
Evaluation design

Consistent with the multi-agency delivery, Charles Sturt University was engaged to conduct the evaluation of the single agency pilot program. The objectives of the evaluation were to inform ESF and their Learning Network by way of a holistic evaluation.

This entailed adopting Kirkpatrick's (Kirkpatrick, 2016) evaluation model which considers four levels of evaluation as outlined in Figure 5 below:

1. **Reaction** – the degree to which participants find the training favourable, engaging, and relevant to their jobs
2. **Learning** – the degree to which participants acquire the intended knowledge, skills, attitude, confidence, and commitment based on their participation in the training
3. **Behaviour** – the degree to which participants apply what they learned during training when they are back on the job
4. **Results/business impact** – The degree to which targeted outcomes occur because of the training and the support and accountability package.

Figure 5: The Kirkpatrick model of Evaluation



https://blog.evalcentral.com/how-do-i-use-the-kirkpatrick-model-in-evaluation/?utm_source=dlvr.it&utm_medium=twitter

Methodological approach

Ethics Approval

As per standard research protocol, the Charles Sturt research team were required to obtain relevant ethics approval from the necessary Human Research Ethics Committees (HREC) for this project – the protocol approval number is detailed in Table 1 below. It is the responsibility of the Charles Sturt research team to complete the final report, and once the project is complete notify the HREC in accordance with national ethical standards.

Table 1: Ethics approval

HREC	Protocol Number	Approval Date
Charles Sturt HREC	H21408	25/10/2022

This project used a mixed methods approach to evaluate the single-agency Leading for Better Mental Health Program pilot. This included a range of quantitative and qualitative measures collected using tools such as online surveys, interviews and written accounts.

During the discussion of methods and findings, we refer to two groups of people: Team Leaders and Team Members.

1. **Team Leaders** were employees of DELWP – Forest Fire Management in Gippsland who were participants undertaking the Leading for Better Mental Health program.
2. **Team Members** were employees of DELWP – Forest Fire Management in Gippsland and direct reports to the Team Leaders who took part in the Leading for Better Mental Health program.

Most Team Leaders were selected to participate in the program by the regional office based on their role as Team Leaders, others were selected due to them being identified as leaders who could benefit from the program based on their prior experience. Nominated participants received an email saying they had been selected to take part in the program.

There were several instruments used to evaluate the program, as shown in Figure 6 below. These included three pairs of survey instruments, each employed at two different time points during the evaluation process, to understand the Psychosocial Safety Climate in the DELWP Forest Fires-East Gippsland division, the Mental Health Literacy of staff before and after the Leading for Better Mental Health Program and to evaluate the impact of the Leading for Better Mental Health Program for the Team Leaders. The three pairs were as follows:

1. **Pre and post programs surveys**

   The pre-and post-program measures were completed by Team Leaders and Team Members to evaluate the perceptions of the Psychosocial Safety Climate in the DELWP Forest Fires-East Gippsland division, before completing the Leading for Better Mental Health program

2. **Pre and post-program self-efficacy surveys**

   The pre and post-program self-efficacy surveys were completed by Team Leaders and were used to evaluate the mental health literacy of Team Leaders.

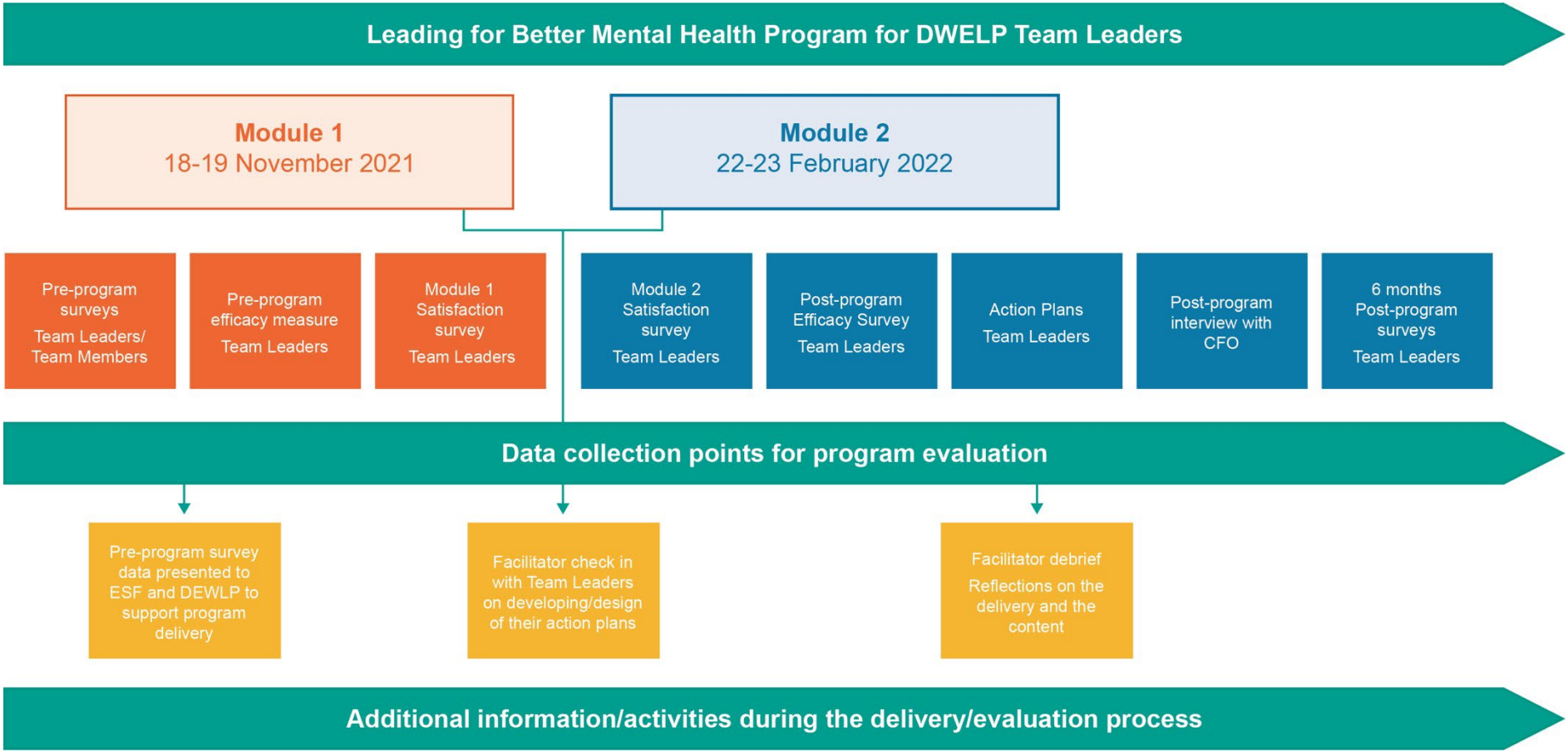
3. **Module 1 and Module 2 Satisfaction Surveys**

   These surveys sought to evaluate Team Leader satisfaction with the delivery and content of the first and second modules/sessions of the program (delivered in November and February).

These surveys included quantitative and qualitative measures. In addition, several qualitative measures were used to evaluate the program including an interview with the Chief Fire Officer/executive sponsor (CFO), debriefs with the facilitators and written accounts of the action plans developed by Team Members during the program.

Evaluation study design

Figure 6: Overview of the data collection for the program evaluation



Evaluation results/findings

In the following sections, we outline the findings of the evaluation, working through each of the forms of data collection shown in Figure 6. We begin with the quantitative findings to give an overall sense of the outcomes and then we move to the qualitative findings to provide a more in-depth understanding of the Team Member and Team Leader experiences and responses.

Participants (demographics for Team Leaders and Team Members)

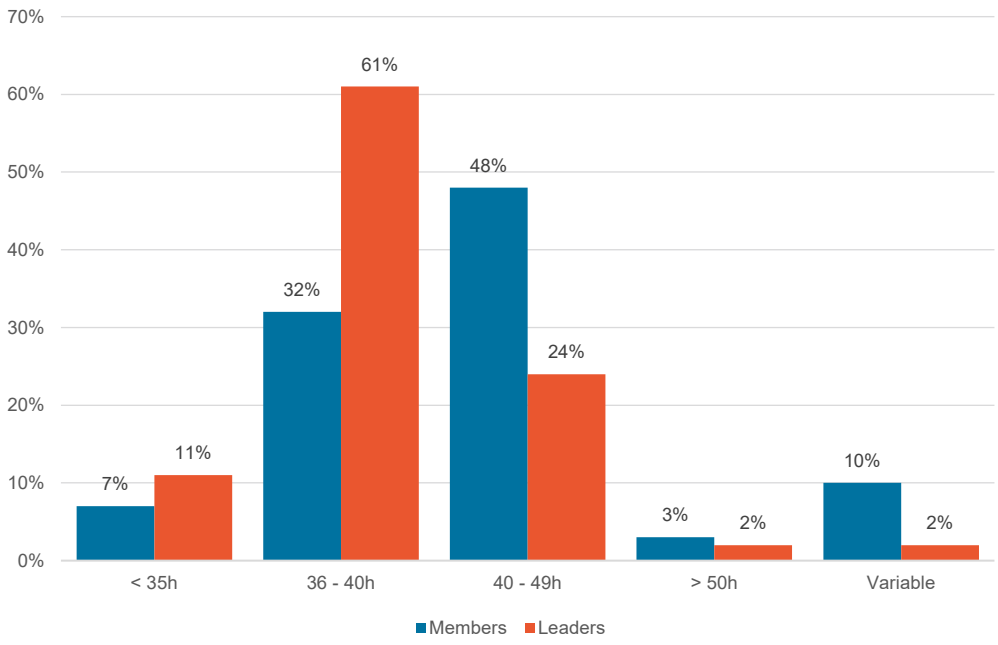
Before the delivery of the Leading for Better Mental Health program, the evaluation team surveyed 31 leaders who were participating in the training. Sixty-eight (68) team members who reported direct to these team leaders were also surveyed. Responses to Likert scale questions were analysed using a combination of Microsoft Excel and the Statistical Package for the Social Sciences v.27 (SPSS). A range of descriptive and summary statistics was produced.

The representation of genders was similar across both survey groups, with the balance in favour of males. Participants identifying as males accounted for 60% per cent of responses and participants identifying as female represented a further 36-38% of the group.

The majority of Team Leaders (59%) were less than 40 years of age (with 31% in the 18 to 30 year and 28% in the 31 to 40 years age groups). In contrast, the Team Members were older, with 68% over 41 years of age.

Most Team Leaders reported working 36 to 40 hours per week (61%) as shown in Figure 7 below. Though around 10% of leaders recorded variable hours, which reflected variances created in summer and bushfire season. In contrast, the majority of Team Members reported working longer hours, with 48% of Team Members indicating they worked between 40 to 49 hours per week and a further 32% working similar hours to their Team Leaders 36 to 40 hours per week.

Figure 7: Comparison of reported hours worked by Team Leaders and Team Members



Quantitative data

Pre-program survey (Leaders and Members)

A survey of Team Leaders and Team Members was conducted prior to the delivery of the program. The results from the Team Members were used to contextualise their feelings regarding the management of mental health within their organisation. The results from the Team Leaders were used to enable comparison with Team Member responses. In addition, these findings were shared with ESF, DELWP management and the program participants at the commencement of the program. The results of the surveys are outlined in the sections below. Given the need to maintain the confidentiality and anonymity of all survey respondents we are not able to match the responses of the leaders and their direct reports.

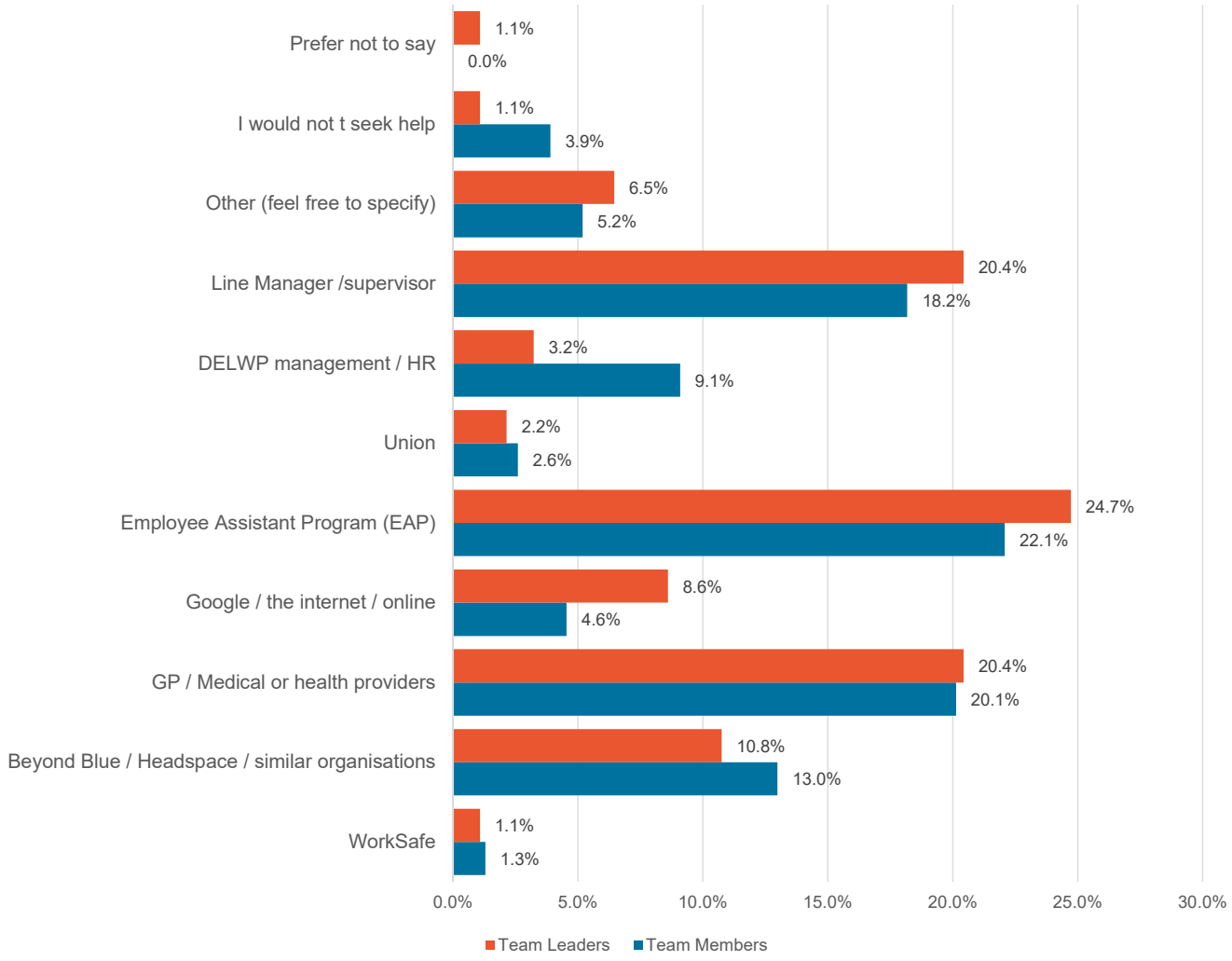
Information seeking

Respondents were asked to indicate where they would go for support or information to help address a mental health or well-being concern. Respondents could indicate more than one source and on average Team Leaders indicated three sources each, while Team Members indicated 2.3 sources each[1].

The results are shown in Figure 8 below. Four sources stood out from the others as commonly used by both groups: The Employee Assistance Program (EAP), GP/ medical or health providers, line managers or supervisors (18.2%) with mental health services such as Beyond Blue, Headspace and similar (13%) coming in fourth. Interestingly, of the remaining sources, Team Members (9.1%) were more likely than Team Leaders (3.2%) to seek the support of HR, whereas Team Leaders (8.6%) were more likely than Team Members (4.6%) to look to Google/the internet to find information or support. Another interesting result, though one to be taken with care given the small number of participants, is that Team Members (3.9%) were more than three times more likely to say they would prefer not to seek help than Team Leaders (1.1%).

[1] For Team Members 68 respondents indicated 154 responses; For Team Leaders 31 respondents indicated 93 responses

Figure 8: Information and support seeking behaviour pre-program



Some respondents also indicated other sources of information not included in the survey list. The sources listed by Team Leaders (6.5%) included: trusted family and friends, a psychologist, coaching support DELWP provided, and their support network of peers who have dealt with mental health successfully before. The additional sources reflected the use of personal sources.

The sources listed by Team Members (5.2%) included volunteers, friends, EAP, peer supporter, partners and again reflect informal info seeking/ discussions with personal contacts.

Hence, the groups utilised both formal and informal sources of information to find the answers they needed.

Workplace factors that contribute to stress

This question sought to examine the workplace factors that contribute to stress in the workplace. Team Members and Team Leaders were asked to indicate their agreement/disagreement with nine statements (shown in Table 2 (1 = Strongly Disagree, through to 5 = Strongly Agree)

The 4 highest “Workplace factors that may contribute to stress in your workplace” for **Team Leaders** were:

- Work demands (**3.87)**
- Fatigue (**3.73)**
- Low levels of control over work (**3.10)**
  Poorly managed change in the workplace (**3.10)**

The 4 highest “Workplace factors that may contribute to stress in your workplace” for **Team Members** were:

- Fatigue (**3.41)**
- Poorly managed change in the workplace (**3.33)**
- Work demands (**3.31)**
- Low levels of control over work (**3.31)**

Both Team Leaders and Team Members felt that fatigue, work demands, poorly managed change in the workplace, and low levels of control over work, were the highest factors that may contribute to stress in their workplace.

Team Leaders much more than Team Members felt that *work demands* were a workplace factor that negatively impacted stress levels.

Table 2: Workplace factors that contribute to stress (Team Leaders vs Team Members)

Item	Team Leaders (N = 30)		Team Members (N = 62)		Difference Between Means	t-test (* < .05)
	Mean	SD	Mean	SD		
Work demands	3.87	.97	3.31	1.02	.56	2.55*
Low levels of control over work	3.10	.92	3.29	.97	-.19	-0.90
Poor levels of support by supervisors and colleagues	2.70	1.44	2.68	1.33	.02	0.07
Lack of clarity about role and responsibilities	2.80	1.22	3.15	1.19	-.35	-1.30
Poor relationships with supervisor and or colleagues	2.37	1.27	2.64	1.24	-.27	-0.98
Poorly managed change in the workplace	3.10	1.21	3.33	1.26	-.23	-0.82
Lack of civility/respect	2.86	1.30	2.69	1.20	.17	0.61
Working in an isolated or remote location	2.60	1.33	2.32	1.17	.28	1.02
Experience of violent traumatic events at work	2.77	1.48	2.55	1.22	.22	0.75
Environmental factors such as noise or temperature	2.20	.96	2.81	1.10	-.61	-2.58*
Fatigue	3.73	.98	3.41	1.02	.32	1.44

Psychosocial safety climate in the workplace

Team Leaders were further asked to respond to twelve statements about their perceptions of the psychosocial safety climate in the workplace (Dollard and Kang, 2007) (1 = Strongly Disagree, through to 5 = Strongly Agree) as shown in Table 3.

The 4 highest "statements concerning the psychosocial safety climate in your workplace" for **Team Leaders** were:

- Senior management clearly considers the mental health and well-being of employees to be of great importance (**3.54)**
- Mental health and well-being of staff is a priority for this organisation (**3.46)**
- Employees are encouraged to become involved in psychological safety and health matters (**3.29)**
- Information about workplace mental health and well-being is always brought to my attention by my manager/supervisor (**3.25)**
- equal with
- My contributions to resolving OHS concerns in the organisation are listened to (**3.25)**.

Table 3: Psychological safety climate in the workplace (Team Leaders)

Item	Team Leaders (N = 28)	
	Mean	SD
In my workplace, senior management acts quickly to correct problems/issues that affect employees' mental health and well-being	2.93	1.18
Senior management acts decisively when a concern about an employee's mental health and well-being status is raised	3.11	.92
Senior management aims for stress prevention through involvement and commitment	3.18	.90
Mental health and well-being of staff is a priority for this organisation	3.46	1.07
Senior management clearly considers the mental health and well-being of employees to be of great importance	3.54	.92
Senior management considers employee mental health and well-being to be as important as productivity	3.21	1.07
There is good communication here about mental health and well-being issues which affect me	3.18	.82
Information about workplace mental health and well-being is always brought to my attention by my manager/supervisor	3.25	.84
My contributions to resolving OHS concerns in the organisation are listened to	3.25	.84
Participation and consultation in psychological health and safety occur with employees', unions, and health and safety representatives in my workplace	3.14	.76
Employees are encouraged to become involved in psychological safety and health matter	3.29	1.01
In my organisation, the prevention of stress involves all levels of the organisation	3.00	.90

Perceptions of team psychological safety

The next measure we examined looks at the perceived psychological safety at work for Team Members and Team Leaders. This scale examined how psychologically safe people felt within the workplace. Both groups were asked to indicate how much they agreed or disagreed with the seven statements scale (shown in Figure 9 and Figure 10) measured on a scale of one to six (where 1= strongly disagree and 6 = strongly agree).

Team Members

The average (*mean)* response of Team Members, for each statement, is shown in Figure 9. The results show that prior to the program, on average, most Team Members felt psychologically safe in the workplace. The high average response on two of these items highlighted two areas of strength: specifically (1) the ability to bring up problems and tough issues (4.00); and (2) people in our company valuing unique skills and talents (4.06).

Figure 9: Mean for all the questions related to the perceptions of Team Members on psychological safety in the workplace

NB: The mean (Scale 1 to 6) for all statements was >2.5. Three items, shown in dark orange, are worded in reverse and therefore care needs to be taken in the interpretation of these relative to other items

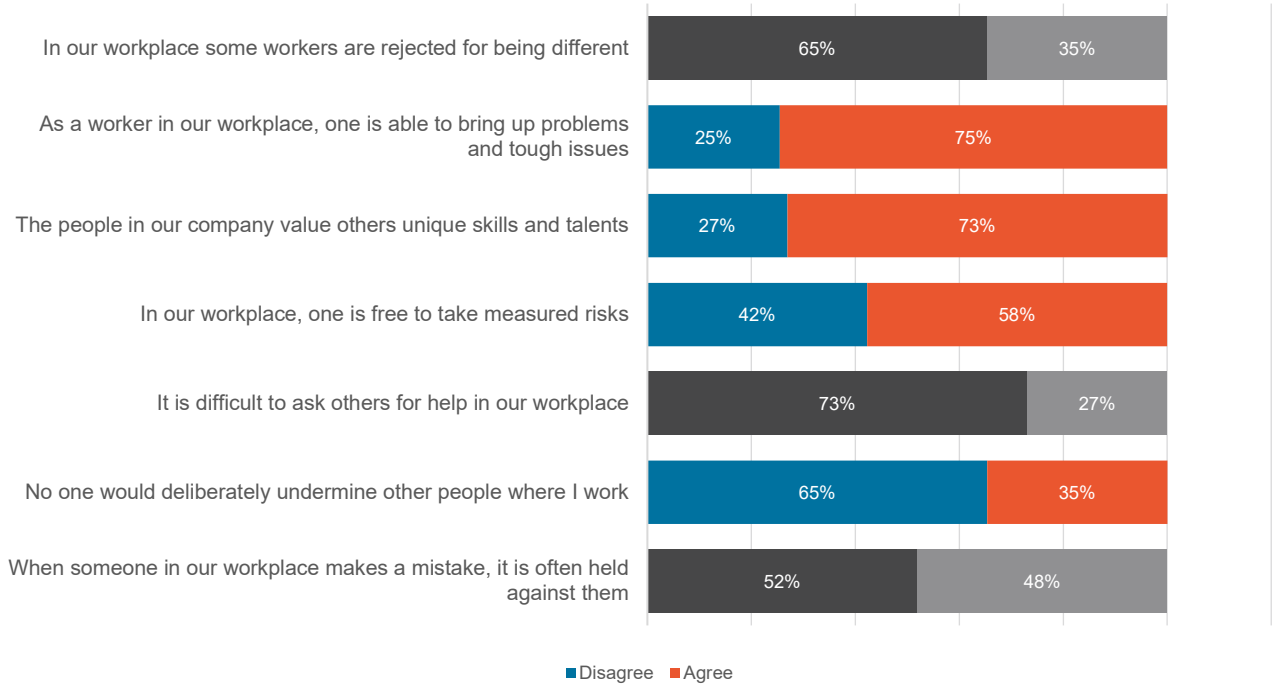
To further unpack these responses, the percentage responses for the different categories were also examined (shown in Figure 10). To simplify interpretation, the six response categories have been collapsed into two: those that agree with the statement and those that disagree with each statement[2].

[2] The percentage response to each of the six categories can be provided on request

The following claims can be made about the Team member's perceptions of psychological safety in the workplace. Most Team Members (65%) disagreed with the statement that workers are rejected for being different[3], but they felt people are able to bring up tough problems and issues (75% agreed) and unique skills and talents are valued (73% agreed). In addition, over half agreed that people can take measured risks (58%) and 73% disagreed with the statement that it was difficult to ask for help[4]. However, some felt that people may deliberately undermine others' work (65%) and the responses were about even when it came to whether mistakes were held against workers (48%) or not (52%).

So overall, the results reveal a generally positive perception among Team Members about the psychological safety of the workplace, however there is an opportunity to work on reducing the extent to which work can be undermined.

Figure 10: Perceptions of Team Members about Team member Psychological Safety in workplace (percentages)



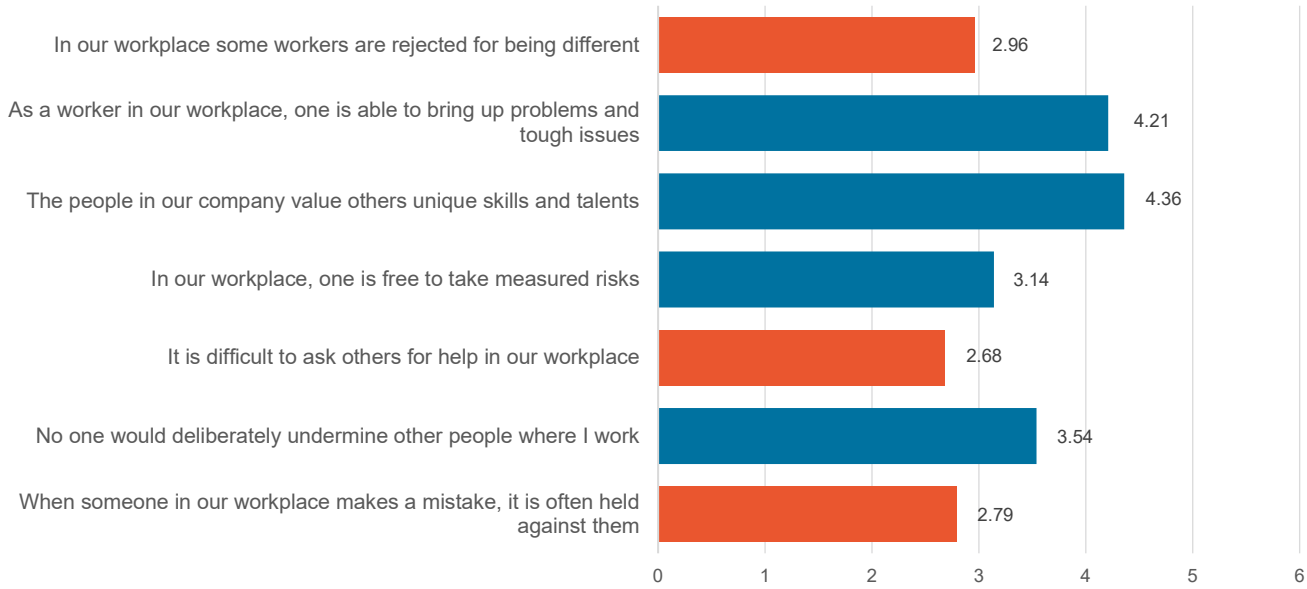
NB: Three items, shown in grey, are worded in reverse and therefore care needs to be taken in the interpretation of these relative to other items

[3] This could also be interpreted as most felt differences are not rejected
[4] This could also be interpreted as most felt it was not difficult to ask for help

Team Leaders

The average (*mean)* response of Team Leaders, for each statement, is shown in Figure 11. The results show that prior to the program, on average, most Team Leaders felt that they were psychologically safe in the workplace, similar to Team Members.

Figure 11: Perceptions (mean) of Team Leaders on team psychological safety in the workplace



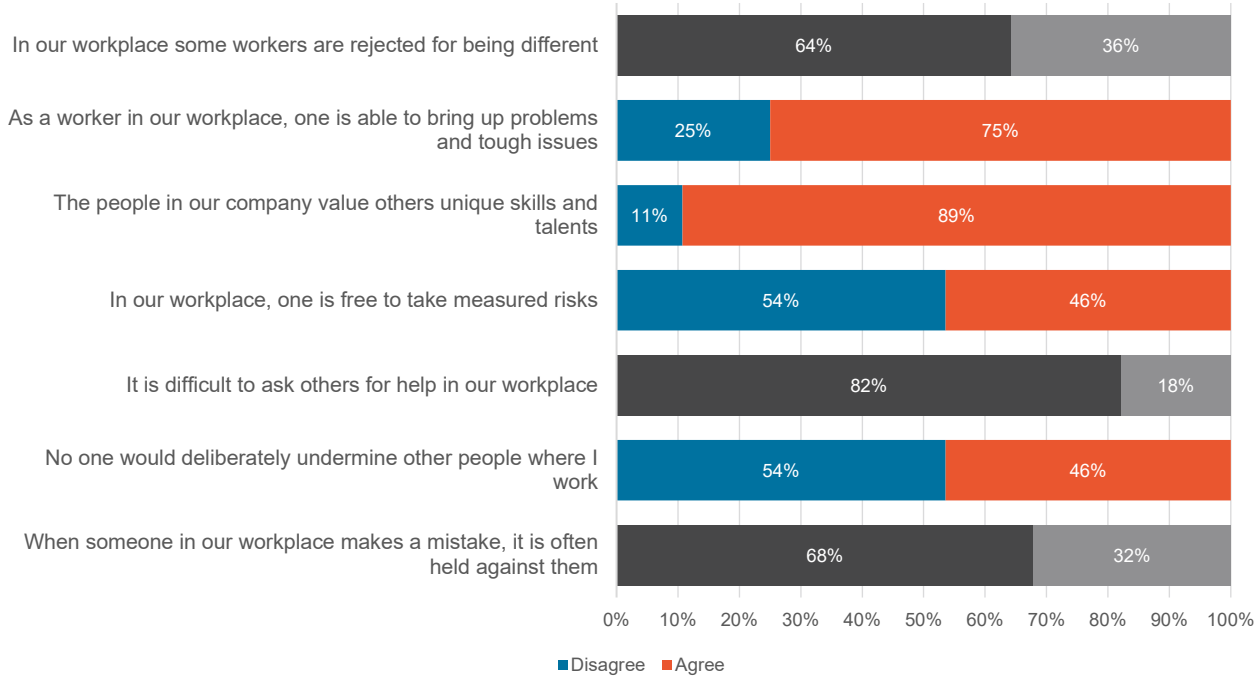
NB: The mean (Scale 1 to 6) for all statements was >2.5. Three items, shown in dark orange, are worded in reverse and therefore care needs to be taken in the interpretation of these relative to other items

To further unpack these responses, the percentage responses for the different categories were also examined (shown in Figure 12). To simplify interpretation, the six response categories have been collapsed into two: those that agree with the statement and those that disagree with the statement[5].

The following claims can be made about the Team Leader's perceptions of psychological safety in the workplace. Most Team Leaders (64%) disagreed with the statement that differences are rejected (i.e., most felt people are not rejected), people are able to bring up tough problems and issues (75% agreed) and unique skills and talents are valued (89% agreed). Less than half of the Team Leaders agreed that people can take measured risks (46%). In total 82% disagreed with the statement that it was difficult to ask for help (i.e., it is not difficult to ask for help) and less than half felt people would deliberately undermine their work (46%) and only 32% agreed that mistakes would be held against them (i.e. 68% disagreed).

[5] The percentage response to each of the six categories can be provide on request

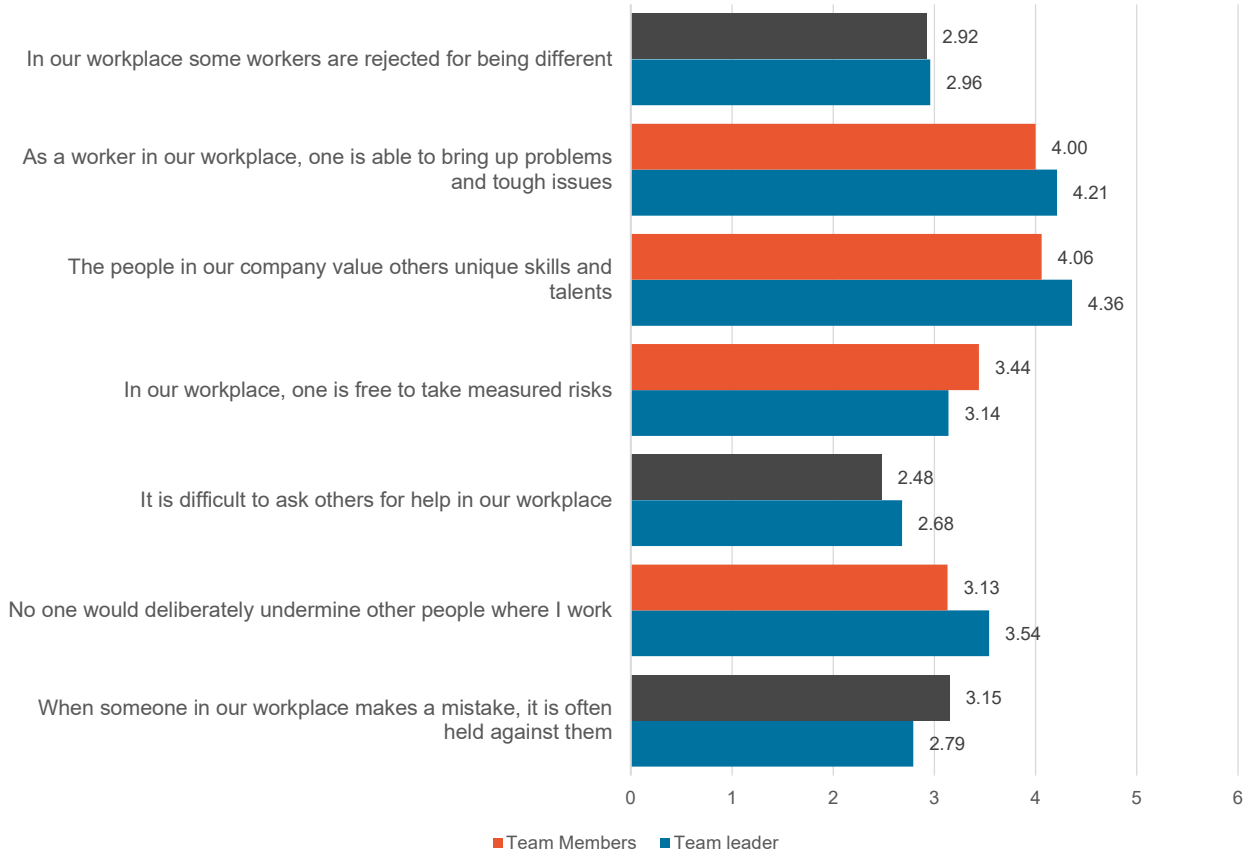
Figure 12: Team Leaders perceptions on team psychological safety in the workplace



NB: Three items, shown in grey, are worded in reverse and therefore care needs to be taken in the interpretation of these relative to other items

A comparison of responses for both groups revealed they were relatively similar and the results reveal a generally positive perception among Team Leaders about psychological safety in their workplace. A comparison of the percentage responses across groups revealed that the largest differences observed related to perceptions of staff responses to mistakes and the tendency to undermine another's work. Team Leaders (32%) were less likely to agree that mistakes could be held against them (vs Team Members 48%). Team Members (65%) were more likely to disagree with the statement that people would deliberately undermine their work (vs Team Leaders 54%). Figure 13 below shows the means of the two groups compared.

Figure 13: Comparison of mean responses from Team Leaders and Team Members perceptions of psychological safety in the workplace



NB: Three items, shown in grey, are worded in reverse and therefore care needs to be taken in the interpretation of these relative to other items

Quality of work life

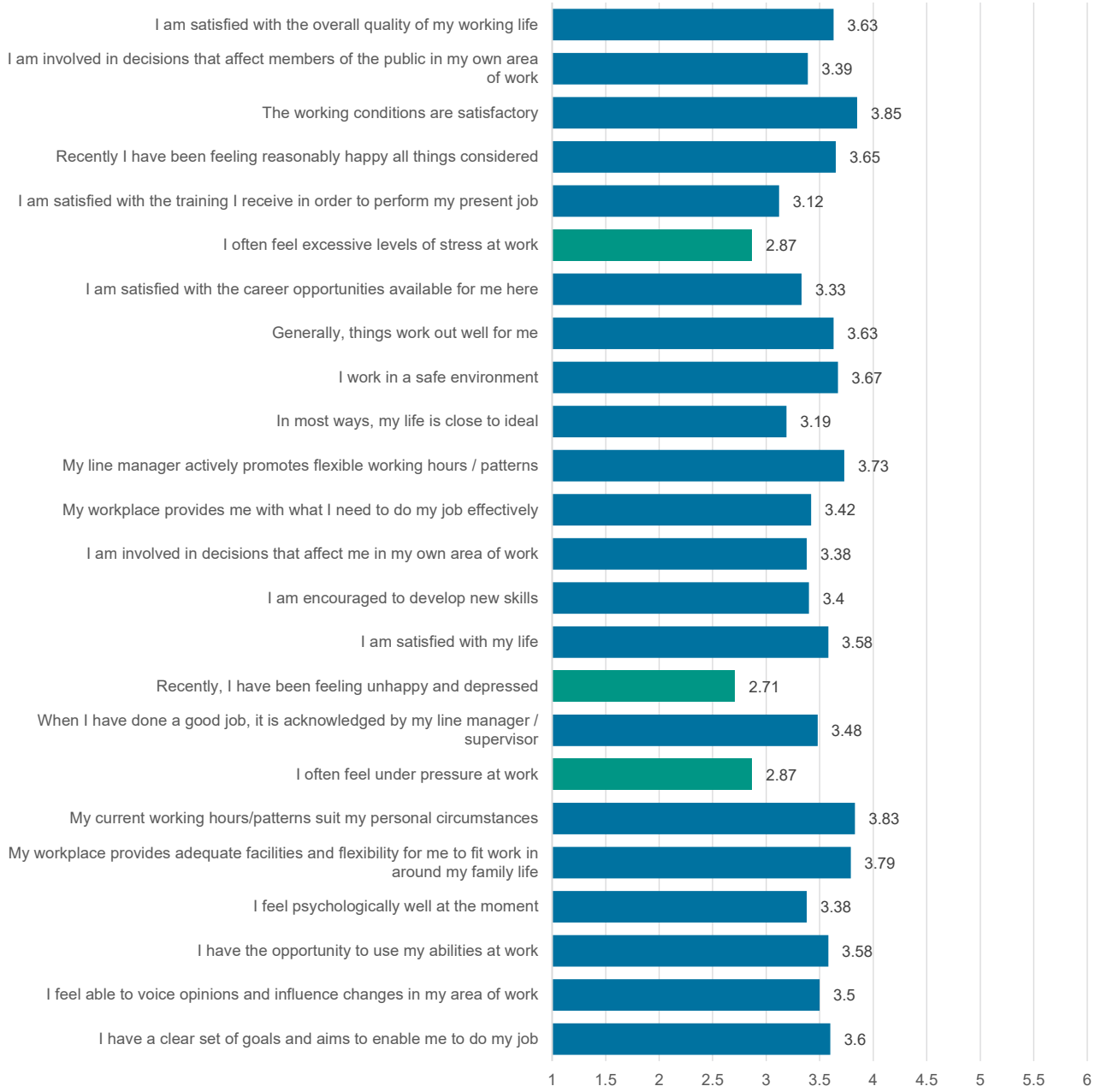
The second scale examined the respondents' perceptions about the quality of work life they experienced in the organisation using 24 statements measured on a six-item scale (where 1= strongly disagree and 6 = strongly agree). Again, these findings are presented in two formats, the average (mean) response for each scale item (Figure 14) and the percentage response for each item (collapsed into three categories agree, neutral and disagree – Figure 15).

Team Members

The responses reveal that on average Team Members agree with the statements in the scale[6] (Figure 14), this indicates a positive perception of the quality of work life they experience working for the organisation.

[6] The items shown in aqua, are worded in reverse and therefore care needs to be taken in the interpretation of these relative to other items

Figure 14: Quality of work life (mean)



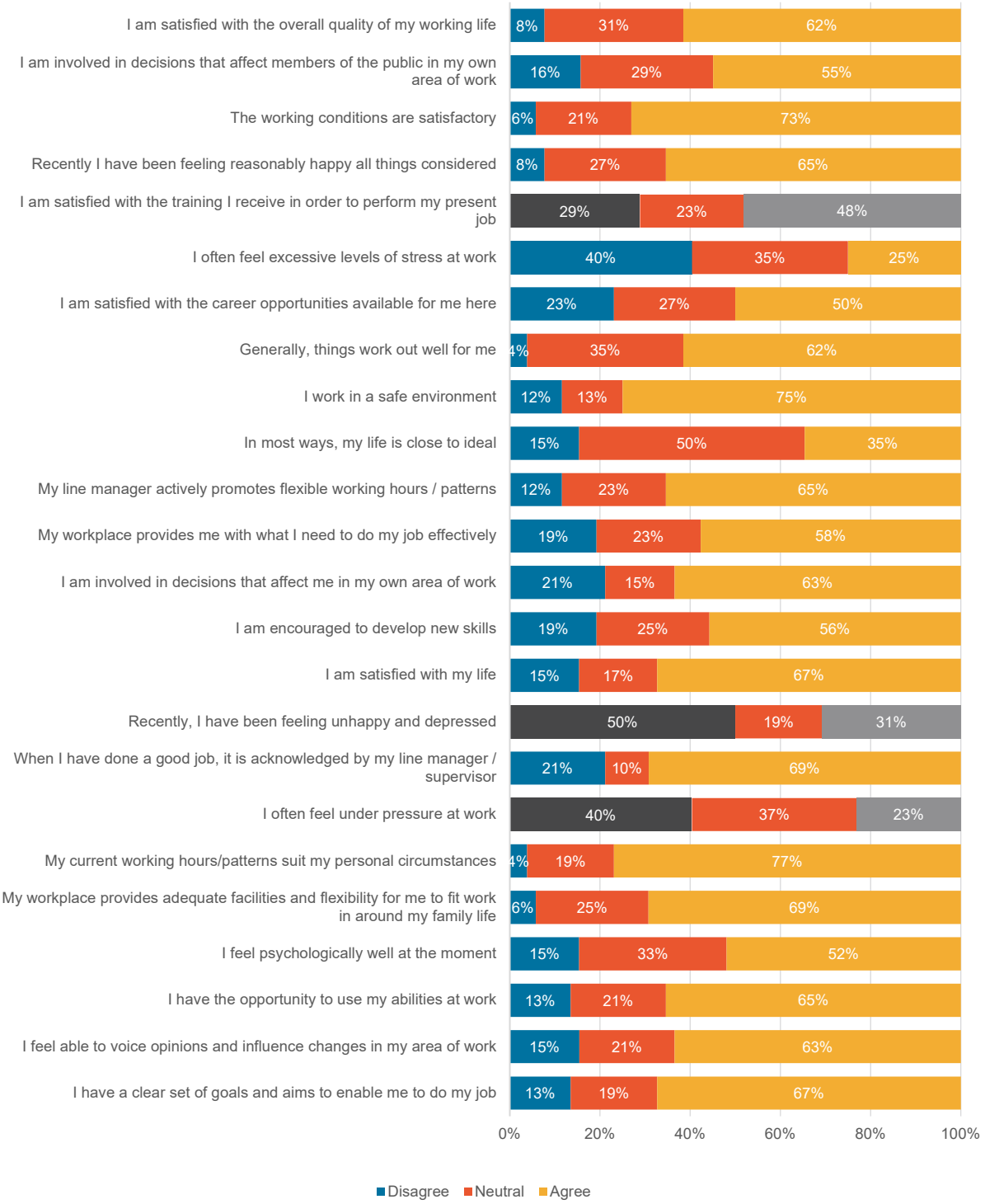
NB: Three items, shown in aqua, are worded in reverse and therefore care needs to be taken in the interpretation of these relative to other items

This trend is further emphasized in Figure 15, which shows the percentage responses for each item. For 14/24 items[7], 50% or greater responses fall in the agree categories. The only category that fell below 50% of respondents agreeing was “I am satisfied with the training I receive in order to perform my present job” (48% agree, 29% disagreed and 23% reported they felt neutral about that statement). Interestingly, while 52% of Team Members agreed they felt psychologically well at the moment, just under one-third (31%) reported that recently they had been feeling unhappy or depressed.

[7] The items, shown in darker blue, are worded in reverse and therefore care needs to be taken in the interpretation of these relative to other items

Nevertheless, overall the findings of the first survey demonstrate that, prior to the program, Team Members perceived a good quality of work life, with the resources and conditions they need to do their jobs well and to manage their well-being.

Figure 15: Clustered bar graph showing the Team Members' perceptions of quality of work life (percentages)

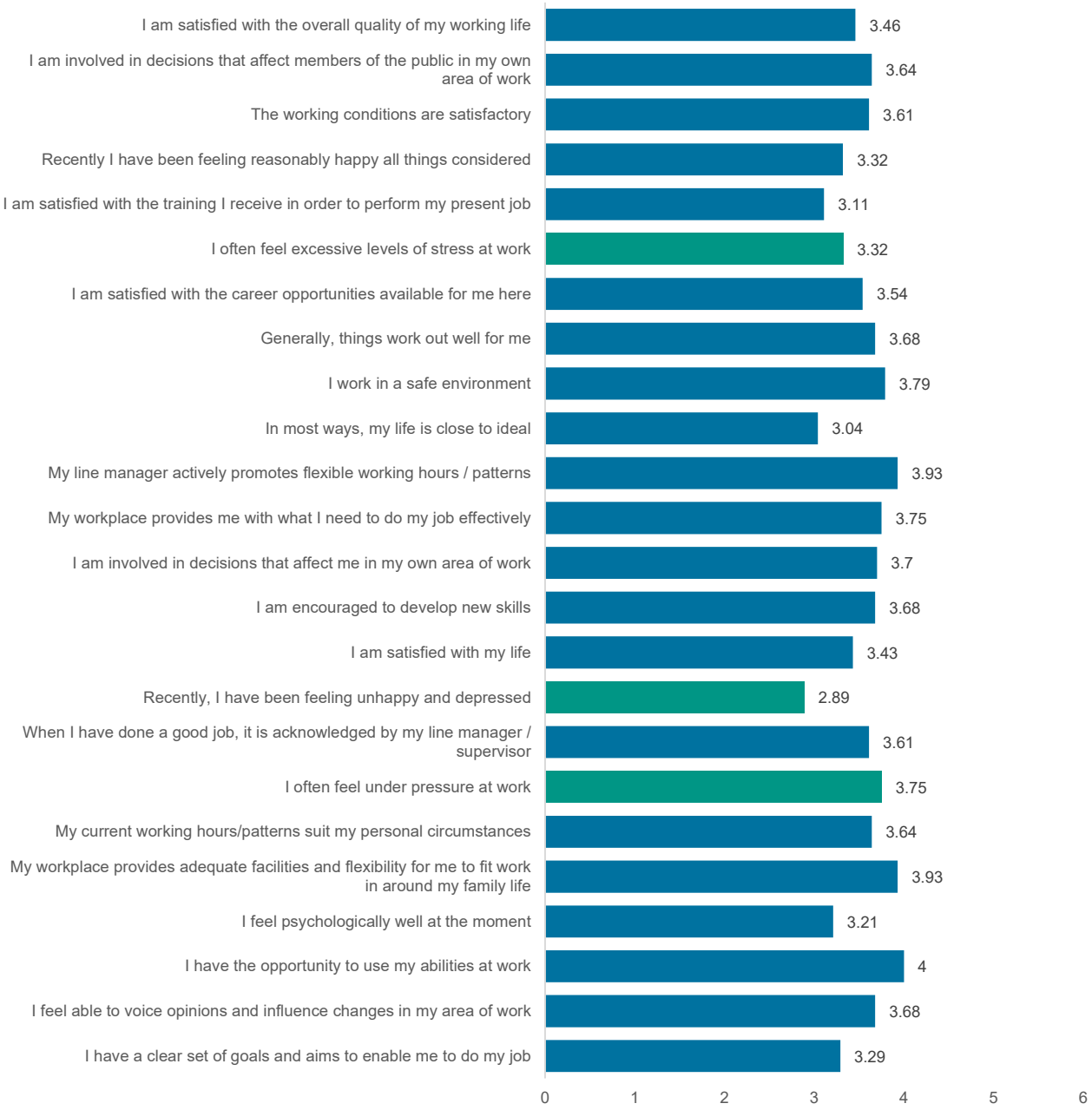


NB: Three items, shown in grey, are worded in reverse and therefore care needs to be taken in the interpretation of these relative to other items

Team Leaders

The responses to these items reveal that on average Team Leaders agreed with the statements in the scale[8] (see Figure 16). Indeed, an examination of Figure 16 reveals that for two-thirds of the scale items (16/24), at least 60% or greater of respondents fell in the agree categories. This demonstrated that the majority of Team Leaders have a positive perception of the quality of work life they experience working for the organisation.

Figure 16: Mean of perceptions of Team Leaders on each question for quality of work life



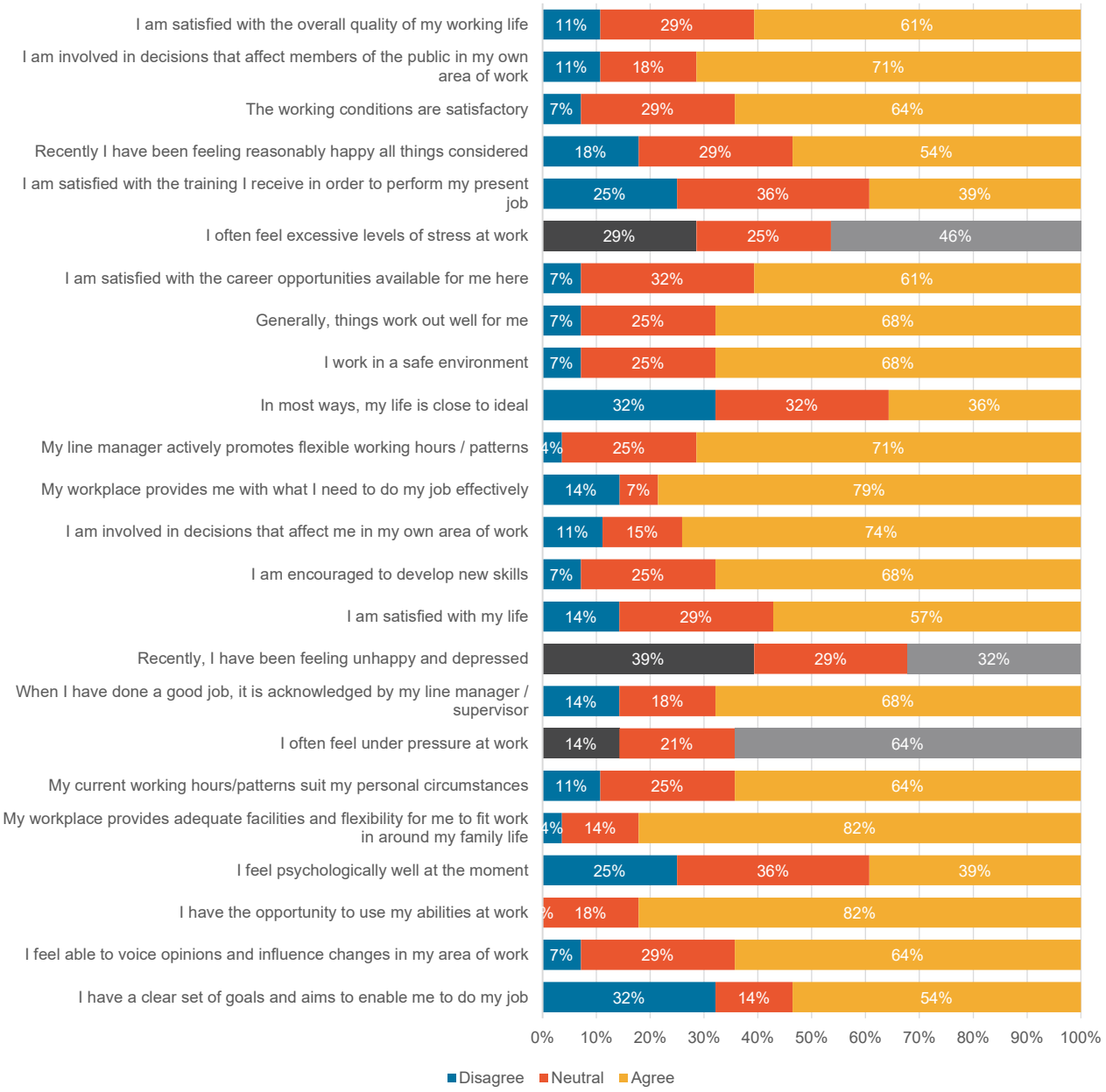
NB: Three items, shown in aqua, are worded in reverse and therefore care needs to be taken in the interpretation of these relative to other items

[8] The items in aqua need to be interpreted in reverse (i.e. disagreeing with the statement is similar to agreeing with the other statements)

A closer inspection of Figure 17 (below), which shows the percentage responses for each item, revealed some findings to celebrate and some areas to consider. There was an overwhelmingly positive response to two of the items: 82% of the Team Leaders agreed that they have the opportunity to use their abilities at work and that their workplace provides adequate facilities and flexibility for me to fit work in around my family life, suggesting that DEWLP is doing this really well.

However, there are some areas of concern. Levels of pressure were high (64% agree) as was stress (46% agree). Further, though the percentages are smaller and often not the largest response, 32% of respondents agreed that recently they had been feeling unhappy or depressed only 39% agreed that they "feel psychological well at the moment". Suggesting another possible area for improvement only 39% agreed that they felt satisfied with the training received to perform their current job.

Figure 17: Clustered bar graph showing the Team Leader's perceptions of each question on quality of work-life



NB: Three items, shown in grey, are worded in reverse and therefore care needs to be taken in the interpretation of these relative to other items

Overall, it was apparent that both groups agreed that they experience quality of work life across the different elements identified in this scale. A comparison of the means revealed that the largest differences in responses between the two groups related to the levels of pressure and stress experienced by the two groups and the perceived opportunities to use their abilities in the workplace[9]. Team Leaders (46%) were much more likely to agree they experienced excessive levels of stress in the workplace (vs Team Members 25%). Similarly, Team Leaders (64%) were also much more likely to agree that they felt under pressure at work (vs Team Members 23%). Despite the extra pressure and stress experienced Team Leaders (82%) were also much more likely to agree that they had the opportunity to use their abilities at work (vs Team Members 65%).

In addition, a comparison of means of each group reveals that Team Leaders had higher mean scores than their Team Members across 15/24 items on this scale, suggesting that of the two groups Team Leaders felt a higher level of quality of work-life in the workplace. However, it is important to recognise that often these differences were small.

Satisfaction (Module 1 and Module 2 responses)

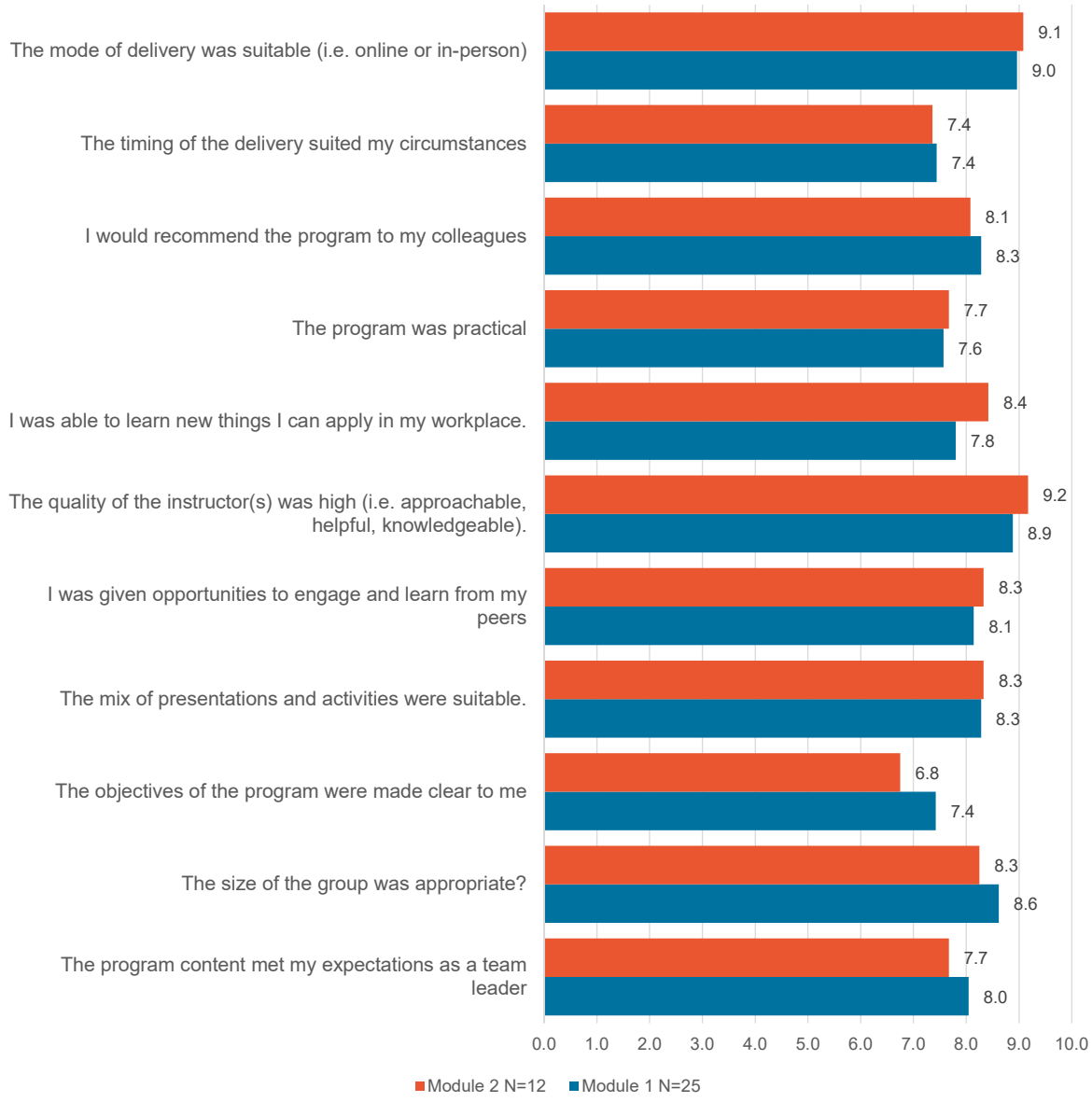
To gauge the Team Leaders' satisfaction with the program a satisfaction survey was conducted at the end of each two-day Module. The results of those surveys are discussed in this section.

Satisfaction was measured using eleven items that related to the content and delivery of the program as show in Figure 18 below. The Team leaders were asked how much they agreed or disagreed with the eleven statements measured on a scale of one to 10 (Where 1 = strongly disagree and 10 = strongly agree with a neutral category in the middle).

The mean scores for each item for both Modules 1 and 2 are shown in Figure 18 below. Overall, this reveals that the Team Leaders were satisfied with the delivery and content of both modules

[9] This was calculated by looking at the difference in the mean responses.

Figure 18: Comparison bar graph showing satisfaction ratings of participants post module delivery



To further unpack these responses, the percentage responses for the different categories and Modules were also examined (shown in Figure 19). To simplify interpretation, the 10 response categories have been collapsed into three: those that agree with the statement and those that disagree with each statement and those that were neutral. What is evident from these figures is that those that responded were satisfied with the program and that level of satisfaction increased from Module 1 to Module 2. This is evident in Figure 20 for six of the scale items where 100% of respondents agreed they were satisfied.

Figure 19: Bar graph showing satisfaction ratings of participants post Module 1 delivery

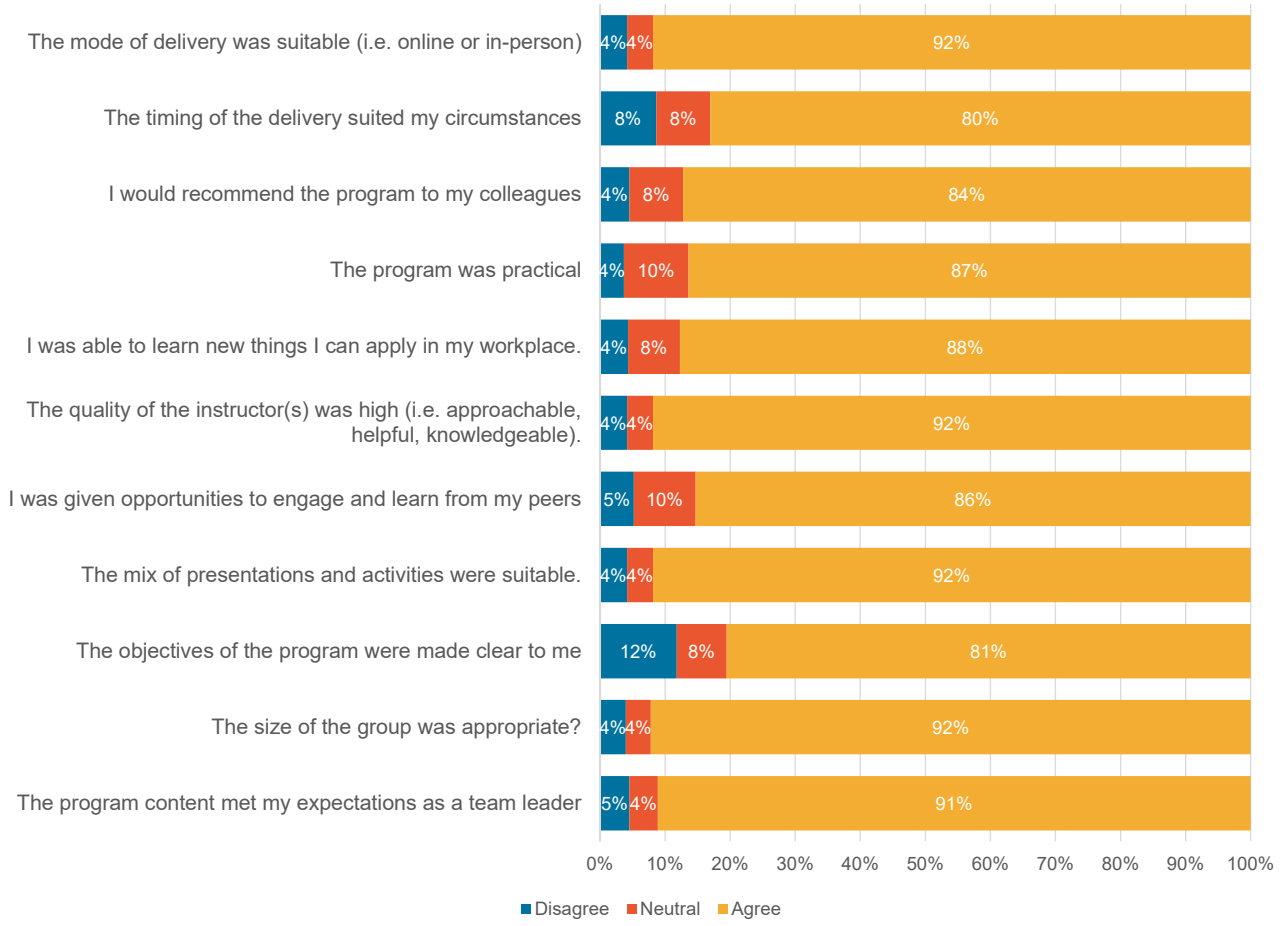
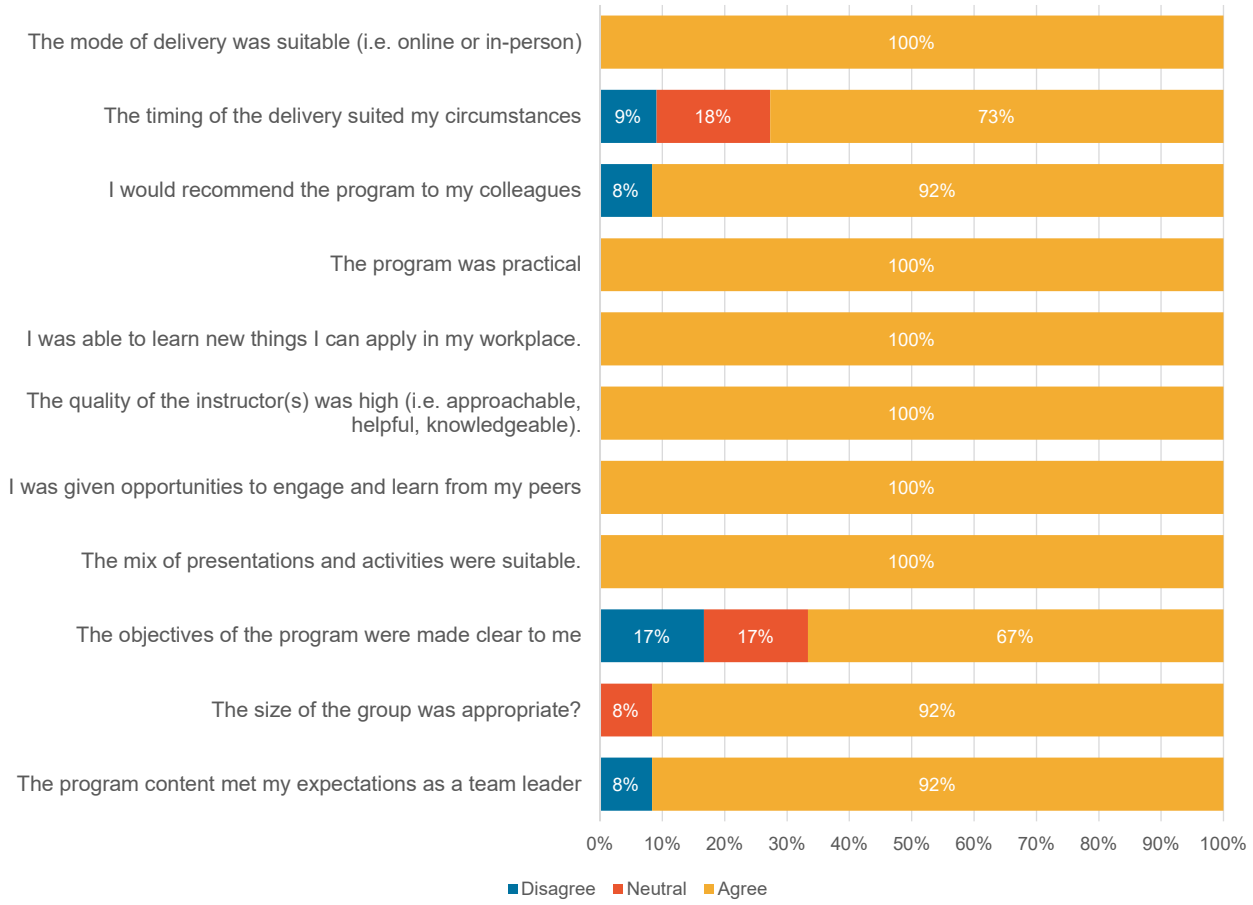


Figure 20: Satisfaction ratings of participants post Module 2 delivery



Self-Efficacy (pre and post program responses)

Three sets of questions were asked to determine the Team Leader (program participant) Self-Efficacy:

- Role
- Knowledge and skills
- Literacy.

These questions were asked before and after the Team Leaders had completed the Leading for Better Mental Health Program.

Participants were asked to rate the statements shown in Table 4, in terms of how they felt about managing mental health and wellness in their current role, their current knowledge and skills and finally their literacy. Each of these scale items was answered on a 10-item scale from 1 = Strongly Disagree, through to 10 = Strongly Agree. The responses for both groups (Team Leaders and Team Members) at both times (pre and post program) were compared and the results of this analysis are shown in Table 4.

Table 4: Efficacy (Pre and Post Program responses)

Item	Team Leaders – Pre program (N = 24)		Team Leaders – Post program (N = 11)		Difference Between Means	t-test (* < .05, ** < .01, *** < .001)
	Mean	SD	Mean	SD		
Mental Health Role Self Efficacy						
It is a leader's responsibility to support mental health and well-being of my team	8.08	2.67	9.55	.69	-1.46	-2.51 *
I can recognise early indicators of mental health matters in myself	6.92	2.12	7.73	1.27	-.81	-1.17
I can recognise early indicators of mental health matters in other people and colleagues	5.75	1.57	7.73	1.42	-1.98	-3.56 **
I know where to access mental health and well-being support and resources	7.38	2.43	8.82	.98	-1.44	-2.50*
I feel confident in being able to start conversations about mental health and well-being with my team/colleagues	6.21	2.11	8.45	.93	-2.25	-4.37 ***
Mental Health Knowledge and Skills Self Efficacy						
I understand the mental health issues facing people that work in the DELWP Forest Fire Management in Gippsland	6.17	2.04	8.36	.50	-2.20	-4.96 ***
I have insight into how my leadership style impacts the people in my team	6.54	2.06	8.27	1.10	-1.73	-2.60 *
I know how to reflect on my personal leadership style and approach	6.21	2.21	8.00	1.00	-1.79	-3.31 **
I have insight into how my life experiences have influenced my leadership style	6.58	1.98	8.64	.81	-2.05	-4.36 ***
I know how to build my personal resilience	6.42	2.12	7.36	1.75	-.95	-1.29
I know what risk factors influence workplace mental health	6.21	2.17	7.91	1.45	-1.70	-2.36 *
I feel confident in knowing how to reach out to staff who are taking time out/on leave for mental health	5.70	2.24	8.00	1.00	-2.30	-4.14 ***
I understand the unique mental health needs of staff who have recently returned to duties after time off for mental health	5.71	2.31	7.91	.94	-2.20	-3.99 ***
Mental Health Literacy Self-Efficacy						
I know how to follow-up on a team member after having a check in conversation about mental health	5.78	2.19	7.73	1.01	-1.94	-3.54 **
I know what kind of leadership is linked to good mental health	6.48	1.95	8.64	.92	-2.16	-3.47 **
I know how to deal with under-performance when mental health issues are involved	5.04	2.20	6.82	1.60	-1.77	-2.38 *

I know how to approach, talk to, and effectively manage a team member with an identified mental health problem	5.74	2.16	7.36	1.29	-1.62	-2.30 *
I know what processes and protocols in my agency act as barriers to leading for good mental health	6.00	2.24	7.91	1.04	-1.91	-3.39 **
I am confident in communicating with senior executives about things that block people-leaders from looking after the mental health of their teams	5.52	2.29	7.91	1.87	-2.39	-3.00 **

The 4 highest endorsed self-efficacy items **pre-program** were:

- It is a leader's responsibility to support mental health and well-being of my team
- I know where to access mental health and well-being support and resources
- I can recognise early indicators of mental health matters in myself
- I have insight into how my life experiences have influenced my leadership style

The 4 highest endorsed self-efficacy items **post-program** were:

- It is a leader's responsibility to support mental health and well-being of my team
- I know where to access mental health and well-being support and resources
- I have insight into how my life experiences have influenced my leadership style
- I know what kind of leadership is linked to good mental health

Both pre- and post-program Team Leaders felt the highest levels of self-efficacy regarding:

- It is a leader's responsibility to support mental health and well-being of my team
- I know where to access mental health and well-being support and resources
- I have insight into how my life experiences have influenced my leadership style.

Compared to before the program, after the program Team Leaders significantly increased on 17 of the 19 efficacy items. Indicating that overall, the efficacy of their feelings towards their knowledge and skills significantly improved after completing the program.

The two scale items where there was no significant difference observed from before to after the program were "I can recognise early indicators of mental health matters in myself" and "I know how to build my personal resilience". This may suggest that while the program helped participants to learn about how to manage their leadership as it related to their team and their team's mental health, it did not necessarily improve their ability to manage their own mental health and resilience.

Qualitative data

Pre-program survey (Leaders and Members)

Pre-program delivery surveys were administered to both the Team Leaders who were participating in the program and the members of their teams. Five questions in the pre-program survey explored the existing workplace environment and attitudes to workplace mental and emotional well-being.

Q11 What do you currently consider the highest risk to mental health and well-being at your workplace?

Q12 Please comment on anything currently happening at your workplace that you feel supports your personal mental health and well-being.

Q13 What would be the best thing your supervisor/organisation could do to support you and/or your colleagues to improve your personal mental health and well-being?

Q14 Who do you think should support workers when they have mental health and well-being challenges?

Q15 What expectations do you have of your line manager/supervisor regarding mental health and well-being in the workplace?

The analysis of the responses to each of these questions is provided in the following sections.

What do you currently consider the highest risk to mental health and well-being at your workplace (Q11)

Team Members

When asked to identify the highest risk factors for mental health in the workplace, Team Members were highly focused on the impact of insecure employment and its impact on wages, career progression and inclusion in decision-making processes (9/49 responses). A similar proportion of Team Members identified poor leadership and its impact on workplace culture, including issues such as a lack of management support, poor communication and inappropriate management of staff conflicts (9/49). This also translated to experiences of poor team dynamics including poor connections and isolation from Team Members, Team Members working in different directions and managers tolerating poor behaviour from Team Members (9/49). Workloads and work intensity were the next most common issues, with 7 participants identifying high workloads, stressful tasks and repetitive work. Surprisingly, Team Members were less focused on the ongoing impact of disaster and COVID-19 response (5 responses), although there was a recognition of the potential for trauma and risk in their ongoing work (3 responses).

Team Leaders

Amongst Team Leaders, workload emerged as a key issue (14/27 responses), with concerns including increased workload around systems implementation and ongoing change, lack of role clarity, access to resources needed for their role (especially in regional locations) and excessive workload to achieve expectations. Team Leaders also identified a range of issues related to poor leadership and staff management including poor communication, bullying, exclusion, a lack of gender equality, poor empathy and a lack of recognition and support from their senior managers (12/27). Extended emergency response was also raised as a significant issue with 11 out of 27 responses identifying accumulated stress, burnout and trauma as factors that were also exacerbated by COVID-19 and isolation. Of note, Team Leaders were less likely to identify occupational risks and hazards than Team Members and were more likely to identify stresses caused by clients, stakeholders and community ignorance.

Please comment on anything currently happening at your workplace that you feel supports your personal mental health and well-being (Q12)

Team Members

When asked to comment on anything in the workplace that supports their mental health and well-being, four key themes emerged amongst both Team Members and their leaders.

These included:

1. Team support and cohesion,
2. Supportive management and leadership,
3. Formal and informal workplace initiatives, and
4. Supportive workplace entitlements.

For Team Members, supportive colleagues who provide regular check-ins and create an environment of trust were highlighted by 15 responses. A further 10 responses identified the existence of a sound relationship with their managers, built on trust and recognition, and underpinned by clear communication and supportive recognition of the current workplace challenges.

Eleven respondents identified a variety of formal and informal initiatives that they felt supported their personal mental health and well-being. Formal initiatives included: well-being committees, well-being days, team building days, the employee assistance program (EAP), counselling sessions and 'walk the floor' programs. Informal activities included: team barbecues, yoga and meditation opportunities and team walking challenges, as shown in Figure 21.

Figure 21: Formal and informal mental health and well-being initiatives suggested by Team Members

Formal initiatives

Well-being committees

Well-being days

Team building days

The employee assistance program (EAP)

Counselling sessions

'Walk the floor' program

Informal initiatives

Team barbecues

Yoga

Meditation opportunities

Team walking challenge

A key element Team Members and Team Leaders both identified was the pivotal role of flexible work conditions that allow for staff to take time out during the day and to include mid-week mental health days as well as the capacity to work remotely or from home.

Team Leaders

Amongst Team Leaders, 14 responses focused on collaborative teams and supportive workmates, clear communication, peer and leader support, especially post-injury responses. Six responses from Team Leaders focused on formal well-being initiatives, with 3 responses focusing on informal initiatives. As noted above six responses identified flexible working conditions as a key support factor.

What would be the best thing your supervisor/organisation could do to support you and/or your colleagues to improve your personal mental health and well-being (Q13)

Team Members

Once again, the themes identified by Team Members and Team Leaders were broadly similar. The themes identified for both groups were leadership, formal and informal well-being activities, organisational culture and organisational processes and operations. However, there were minor differences in emphasis between the two groups. For Team Members, the majority of responses focused on the importance of good leadership and the need for formal and informal well-being activities.

For Team Members:

- 17 responses highlighted the *importance of good leadership*,
    - including supportive, approachable managers, strong communication, and strong responses to poor behaviour to focus on improving culture. Team Members also encouraged managers to avoid micro-managing, provide role clarity, address disruptive behaviour and manage conflict within teams.
- 12 responses focused on the need for *formal and informal well-being* activities
    - including social events and team building, regular fitness events, training days, formal 'on the floor' counselling and opportunities to discuss and reflect on mental health within the team.
- 7 responses focused on the need to *improve organisational culture*
    - by creating a safe and empathetic environment, reducing perceived 'boys club' culture and creating a positive environment where mental well-being can be discussed openly without stigma.
- 5 responses focused on organisational processes and operations
    - related to ensuring job clarity, managing structural change better and providing time and space to address burnout and fatigue in the workplace.
- A minority of responses (4) suggested that there was no need for change.

Interestingly, although workload was identified as a key concern in Q11 (i.e., risk factors for mental health and well-being), none of the Team Members expressly identified the need to reduce workloads in this question.

Team Leaders

For Team Leaders, there was not such a large discrepancy across the number of responses relating to each theme.

- 10 responses focused on the importance of good leadership
    - including a request for senior managers to be more available and provide face-to-face opportunities for Team Leaders. The need for senior leaders to recognise the impact of stress and burnout on performance and provide commensurate responses in setting targets and KPIs was a consistent theme.
- 9 responses focused on *organisational culture*
    - with particular focus on the need to make space and time for connection with supportive senior leaders, to reduce the fear of retribution for taking time out for mental health, and to address team cohesion through social activities, checking in and connecting.
- 8 responses focused on organisational processes and operations
    - particularly non-judgemental access to flexible work and mental health leave, role clarity, program responsibilities, more strategic thinking and the need for increased administrative support. These responses also critiqued the recent amalgamation of certain roles.
- 8 responses focused on formal and informal well-being initiatives or activities (8 responses),
    - including improving EAP support, providing floor psychologists and promoting better understanding of mental health across the organisation. Exercise, yoga and meditation programs were also suggested.

Again, similar to Team Members, it was interesting to note that although Team Leaders identified workload as a key risk factor for mental health and well-being in Question 11, only one comment raised workload as something the organisation could change to improve mental health and well-being.

Who should support workers when they have mental health and well-being challenges? (Q14)

Team Members

Amongst Team Members there was a consistent recognition that supporting mental health and well-being challenges is a collective responsibility. As illustrated in the count of responses below:

- 15 responses identifying ‘everyone’ should work to support mental health and well-being challenges
- 8 responses identified that qualified mental health professionals, counsellors and the EAP should provide support, while
- 7 responses suggested it was the role of managers, supervisors and colleagues or work mates.
- 6 suggested line managers and the leadership team working with assistance from third parties.
- 5 recognising colleagues, family, friends, health providers and trusted sources.
- 2 emphasised the importance of the organisation in de-stigmatising mental health,

Team Leaders

Amongst Team Leaders there was a similar recognition of collective responsibilities with:

- 11 responses identifying the importance of supervisors and senior managers,
- 9 responses identifying team responsibility and a further
- 7 suggesting ‘everyone’ or the need for a systematic response
- Only 5 responses from team managers identified professionals or external support mechanisms
- While 2 identified the need for individuals experiencing mental health challenges to be open to support and the need for a relationship of trust.

What expectations do you have of your line manager/supervisor regarding mental health and well-being in the workplace? (Q15)

Team Members

Almost three-quarters of all the responses from Team Members (30) expected that their manager or supervisor would provide support, communication, and appropriate resources for their job. There was a strong emphasis on checking in and monitoring staff well-being. A further seven responses identified the need to develop or maintain workplace culture and to set a positive example on mental health issues. Only three Team Members suggested that managers should know the signs of stress, recognise when staff need support or space and be able to direct workers to the help they need.

Team Leaders

Amongst Team Leaders 17 responses identified that their line managers should be responsible for developing and communicating a positive workplace culture, creating an environment of trust, availability, understanding, support, empathy and respect. Four participants emphasised the importance of line managers recognising the impact of extended or ongoing emergencies and revising performance expectations in line with the pressures of the work. Three responses each focused on the need for managers to have mental health literacy and understanding.

Module 1 Satisfaction

At the end of the first module, delivered in February, the Team Leaders participating in the program were asked to complete a satisfaction survey. At the end of the survey, they were asked to answer a number of short answer questions about the things they liked and disliked about the two days and to suggest any areas for improvement. The quantitative responses to the survey were shared above in section 3.2.3.

Likes

The Team Members comments about what they **liked** related to **five key themes**, in order of the frequency with which they were mentioned the five areas of liking were

1. The presenters
2. The other program participants
3. The content and activities
4. The open and honest discussions
5. The practical nature of the event and the links to action in the organisation

The presenters were identified repeatedly as the most liked aspect of the Module and their contribution to the program is illustrated in the quotes below:

> *"The powerful messages delivered by the trainers. They obviously have a spectacular knowledge of their fields and really personalised the seminar to suit us"*

> *"The facilitators were very engaging and knowledgeable"*

> *"Instructors were excellent, had great experience and gelled well with us all"*

Respondents valued the opportunity to interact with other program participants / Team Leaders. They liked the opportunities for discussions and networking and the ability to interact with cross-section of staff

> *"Good to get a variety of people together, range of discussions"*

Dislikes

While consistent themes emerged in what people liked, **the responses to dislikes and areas for improvement were more varied**, they included but were not limited to:

- Emergency management work vs business as usual work,
- More examples of safe workplace or socio hazards:
- Further exploration of topical issues was required as they arose
- Additional time spent on the practical of the R U OK? Conversations,
- More coverage of support mechanisms during long-term emergency events
- More sharing

> *"This group are mostly well known to each other and a lot of experience. I would have liked to see more of that experience shared".*

> *"Need to learn more from the group experiences and help each other talk through what has worked and not worked"*

Other comments related to the use of personal pronouns, running the event at a less busy period, the overuse of power points, and some repetition.

Areas for improvement or considerations for next time

The Team Leaders also made some suggestions and or important considerations for next time including:

> *"The importance of running this as a face-to-face event."*
>
> *"More time to talk through experiences in the large group"*
>
> *"A few too many PowerPoints on the first day, which would have added to the decrease in interaction, we all know each other fairly well. A couple of comments from one of the facilitator's were slightly "old school" and bordering inappropriate, I noticed a wince or two from some younger participants.. The large circle work at the end of the day was good"*

Overall, the response to the delivery of the first module was positive and this is reflected in the following comments:

> *"A great 2 days"*
>
> *"It was excellent"*
>
> *"This should be run regularly across the state"*
>
> *"I really enjoyed the program (more than expected). It's great that DELWP is recognising the need for this type of mental health learning. Some of it was emotionally touching."*

Module 2 Satisfaction

Similarly, following the delivery of the second module, in February the program participants/ Team Leaders were again asked to complete a satisfaction survey. Again, at the end of the survey they were asked to answer several short answer questions about the things they liked and disliked about the two days, and the overall program and to suggest any areas for improvement. The quantitative responses to the survey were shared above.

Likes

Overall, there was a range of positive responses to the program and the learning experience.

Most participants (9 responses) felt that the program was well targeted for Team Leaders to have maximum impact, one participant suggested that the program could also be rolled out to all levels of the organisation.

When asked what they liked most about the program, participants identified the practical transferability of the programs, with comments such as '*good link between leadership theory and practice'* and references to addressing real-life issues.

Participants were generally appreciative of the presenter skills and the collaborative and inclusive approach taken to delivering the material as well as the opportunities for peer-to-peer learning and interaction. Respondents identified that the program-built connections and rapport between participants and created opportunities to communicate with senior managers

Dislikes/areas for improvement

However, some participants identified that the program could be challenging and might be confronting for many staff. One participant stated:

> *"I'm not sure I would recommend this to my colleagues. It is too personal, too exposing and I feel, too rushed to gain any benefit. This needs to be targeted to a team or group rather than a range of individuals."*

Others agreed that the program was more confronting than they had expected and raised emotional issues that they thought they had managed, but as became apparent, needed more support to address.

The intensive nature of the program, being undertaken in conjunction with a full-time workload, over only two days, was also identified as physically and mentally challenging.

> *"The content was large and both sessions felt rushed - too much to absorb, constantly clock watching. The content for the 2-day session should be delivered over 3 days."*

It may be necessary to tailor delivery processes more specifically to staff, particularly to address differently-abled and neuro-linguistically diverse staff needs.

Program influence on Team Leader capacity to implement change in the workplace

Participants were asked to assess how undertaking the program might influence their capacity to implement change in the workplace. Nine respondents (out of 12) identified that they would feel more confident in implementing small changes relating to mental and emotional well-being, particularly within their own teams:

> *"I certainly feel empowered to promote mental health well-being having done the program. I am one of three managers in our wider team and we all attended so my expectation is we will [all] influence change within our team/s."*

Amongst those who agreed that they would be more confident in implementing change 3 participants acknowledged that change can be slow and take time, 'it won't happen overnight', and that they also needed to free themselves up from other tasks to focus on implementing change in this area. Others identified that systemic barriers continue to exist and that change would be difficult and without support and authorisation from the highest levels of the organisation there may continue to be resistance from senior staff and Team Members.

What Team Leaders would do differently after the training

When asked what they would do differently in their workplaces as a result of this training almost all (8 participants) suggested that they would use the training to develop and maintain a more supportive workplace that '[brought] mental health to the agenda'. Four participants also acknowledged that they would also address issues of personal self-care so that they would be better able to support their Team Members.

Testimonials

Finally, the Team Leaders were given the opportunity to provide an overall comment about the program. Sample testimonials are offered below.

> *"Excellent program, highly recommended to others in the sector"*
>
> *"This program has great potential and I think Kevin and Susan in particular are amazing. This is very badly needed. The framework of the circle of control/ influence/ concern is so important because in an organisation as large as ours, there are issues that sit within/outside our individual circles."*
>
> *"The program is very worthwhile. Mental health is an issue … that needs to be promoted. Staff need education and support to manage. This program is a very good start."*

Post-program case studies

Following the program four Team Leaders provided feedback about some of the short and long-term benefits/ impacts of the program. These are outlined in the four case studies provided below.

Dee Dorber

Participating in Leading for Better Mental Health Program inspired Dee Dorber to initiate a 'team charter', which guided team leaders to have better conversations with their staff about wellbeing. This tool was a collaborative effort that began at a pre-season briefing where Dee and the District embarked on a brainstorming session to generate words that invoked the kind of culture they wanted in their workplace. At follow up smaller workshops, teams were invited to consider the meaning of these words and how to form them into 'goal statements', or examples of aspirations for the workplace culture. This led to a charter which allows teams to select a goal and ask questions such as: how is our district currently rating? And, if it could be higher, consider how could we get there? What needs to happen? Can I do it? Can we (the team) do it? Can they (senior leaders) do it? Dee is looking to expand this initiative, inspired by her participation in Leading for Better Mental Health Program, to other Districts. This attests to how participating in Leading for Better Mental Health Program has sparked organisational change by placing wellbeing front of mind for team leaders.

Dafyd 'Gibbo' Gibbons

Dafyd Gibbons found Leading for Better Mental Health Program inspiring especially when the idea of showing vulnerability was discussed and practiced. "This is something I had never done", he said. "I tend to say what needs to be said then wind up the conversation because there's always so much work to do". Dafyd found showing vulnerability in a team setting challenging especially as he leads a large and diverse team. He decided to try being more vulnerable by being mindful in his interactions with colleagues one on one. Specifically, he committed to allowing conversations to meander and evolve after the main point. "Leading for Better Mental Health Program has helped me understand there is value in letting conversations flow, you just don't know what will come out of it. Especially for men, sometimes you pick up on issues they are having when you just let them talk". Leading for Better Mental Health Program has left a lasting effect on Dafyd's mindset around how to approach his team in a way that builds trust and allows him to identify mental health struggles prior to them escalating to an injury or illness.

Harrison ‘Harry’ Fletcher

Harrison felt the Leading for Better Mental Health Program ‘really hit the mark. He elaborated “I was in a training course the other day and I thought, I wish this was more like Leading for Better Mental Health. They just dumped information, it worked much better to ‘be exposed to content in an enjoyable way and then have guided discussions, because those conversations really helped us think about our own issues and get expert support with our situation”. He continued, “I’m fairly new to management and I got a lot out of taking the time to step back and see the bigger picture, but also I felt encouraged to look after my own mental health and that of my team”. This was important to Harrison because workloads are high and there is a strong work mindset. Something that really stood out for him was the point that you need to make time to check in with your team, if you wait to find time it will never happen. Not only does he now lock in time but because of Leading for Better Mental Health Program he is now a better listener, he allows conversations to unfold, and has awareness of the benefits of stepping away from the desk. “The coach I was linked to encouraged me to get up and take lunch away from the computer and go for a walk. It sounds simple I know, but this and all the other little things I took from Leading for Better Mental Health Program have made a big and positive difference for me and my team”.

Peter Brick

Peter Brick enjoyed Leading for Better Mental Health Program. Compared to other mental health programs he had attended he found the presenters modelled authenticity and made compelling links between emergency work, leadership, and mental health. Since being involved, he has sought to address the psychosocial risk factor of ‘reward and recognition’ in his own workplace. As an example, he presented small awards for each team member at the end of last year: one received a VCE Certificate for being ‘finished’ with schools on the day her youngest finished high school. This brought humour to his team while connecting with her personal story. Peter also addressed formal aspects of reward and recognition and is currently progressing, with the Chief Fire Officer, the restructuring of formal recognition for DELWPs Incident Management Team staff.

Peter also thanks the program for boosting his motivation to get to know team members. In the context of the shift to remote and hybrid working, he has made conscious efforts to reach out and connect with members. In a recent secondment, for example, he pushed himself to work at smaller remote work centres even though he had the option to work from home. In addition to program satisfaction and the opportunity to drive change to address psychosocial hazards, the program expanded Peter’s networks. To this day he is an active participant in the program’s alumni network, which he values as a “great way to keep the focus on the Leading for Better Mental Health Program concepts”. He also calls upon and catches up with others from different agencies who participated in the program and work in the region.

Post Program Interview with Executive Sponsor, Chief Fire Officer (CFO)

Overall, the main themes emerging from the interview with the Executive Sponsor, CFO Forest Fire Management Victoria (FFMVic), Mr Chris Hardman, were similar to those found in the pre and post-survey responses by the Team Members and Team Leaders. That is,

1. Team support and cohesion,
2. Supportive management and leadership,
3. Formal and informal workplace initiatives, and
4. Supportive workplace entitlements.

Positives

The agency sponsor felt there was strong 'buy-in' from staff who attended the training, and this was evidenced through activities such as the proposal presentations. The presentations offered staff the opportunity to share their ideas with the executive and in turn allowed the executive the opportunity to demonstrate their commitment to supporting staff. It was noted that some of the proposed projects were able to be implemented quite quickly emphasising the ability of staff to drive and influence change within the organisation.

> *"Look, I really did enjoy that last session…what I really enjoyed about it was the buy in of the staff. I thought…that they had invested in it, and I think, you know, I think it was the beginning of a contract between me and them to make sure that I do something to follow up…I think it empowers the staff, but it holds the executive to account"*

The opportunity to network with other staff, both within and external to the agency was beneficial as it allowed staff to connect with others and to develop insights and shared understandings of mutual challenges.

> *"They were feeling that their own people had not supported them or abandoned them and things like that during the worst of the 19/20 bushfires. … when they were inwardly looking at that, I thought that is really serious…that's not something I've seen or experienced before … Their own people hadn't abandoned them. They were going through their own stuff. They were dealing with their own challenges and maybe, you know, they couldn't invest the time."*

Another positive aspect identified was the benefits of involving people from other agencies. This exposure to external staff provided a fresh perspective on resolving challenges within the agency through the sharing of good practice. It stimulated discussion on processes and problem-solving and promoted the development of new inter-agency networks.

> *"I thought [it] was really great… to see police officers that came along. I think even in the single agency, the exposure to people from outside of their agency was really important and I would encourage that… within a single agency. If your gonna do both or within the single agency model, I would encourage that cross pollination of ideas and experiences from outside of the agency. I thought that that was a positive and it stimulated a lot of thinking and discussion."*

Challenges and disadvantages

Culture was cited as one of the main challenges with several dimensions being noted as potentially problematic. There was some uncertainty and suspicion around the selection process, and some perceived their nomination as a negative consequence rather than seeing it as an opportunity to engage and to have their voice heard. Cultural shift is important in addressing the mismatch between staff perceptions and managers' intentions; however, consideration should be given to increasing transparency of the selection process for future offerings.

> *"I think we need to be really clear that this is an investment in bringing key people that we believe are key people that can really help and shape the future for others. So that's why they were there. So they should have seen it as an investment in them, rather than anything else."*

The organisational culture and the micro-cultures existing within the overarching culture influence the dynamics of individual and team relationships. This can be exacerbated when involving an external agency with its own culture and norms that may conflict with the dominant culture. People can be resistant to challenges to the cultural norms of their agency, creating barriers to effective interprofessional working.

> *"I think culture is a big part of mental health and well-being right. And each agency has different cultures, right? And within each agency, there are micro cultures… So, you might be able to deal with multiple micro cultures, but they exist in an overarching culture…[and] those norms… are different between agencies and therefore people will receive information differently…and then barriers come up when something is not aligned with their norm. And with a multi-agency, you're more likely to have those unintended barriers because its outside of the norms in which people work within."*

A further challenge was the degree of engagement required in some parts of the program, which some staff may have perceived as confronting and may have raised issues they thought they had dealt with. People did not have a clear understanding of what the program involved so might have found it difficult to participate fully due to feeling vulnerable or exposed.

Overall consideration

Well-being is something that's becoming increasingly important and prioritised at all levels. A more holistic approach is needed to better support people in maintaining their well-being and in returning to work but do this in the right way. People are supported when returning to work after physical injury and are given time to heal before resuming all aspects of their role. The same approach should be taken for those who have experienced challenges to their mental health. We need to find a way to help them get back to work and to allow them to make their contribution. For many people, the workplace is where their support networks are and the longer, they are off work, the more isolated they become. We need to learn how to create a safe, supportive environment to allow people to heal and to support them in returning to work. This would be a good area to address in the program.

> *"When people do get a mental injury, the time it takes to get people back to work is just extraordinary…surely we can do better…and be more efficient and get people back…on the horse quicker. With the right support and creating a safe environment for them to come back to in a way which enables them to…fulfil their potential in their jobs and their careers, irrespective of what they've been through."*

> *"What is it that, that will enable people to heal more rapidly? What can we all do? I'm not talking about being psychologists or mental health, but what? What environment can we create that will enable people to come back to work as soon as they're medically fit to do so and for that, then not trigger? You know what? What is it that we can do in that environment and make sure people returning from a mental health injury?"*

"When I spoke to XXXX…he's felt isolated, alone. He's uh, being not being at work around his colleagues. He doesn't feel safe to go there as worse and his mental injury. So you know a physical injury we do everything we can to get people back to work because we do know the research shows is better for them and I can't quote the research but I would be super surprised if … it wasn't the same. For any injury."

"Yeah, look and I just think it's an important conversation you know, we need to have… about what does it mean to have that safe environment for people to come back to work after a mental injury? You know, that we don't talk about it. I don't think we know what it is. And I think, you know, a program like this could really help shape that."

Do you feel there has been a value to having you as an executive sponsor being involved in the program?

It's vital to have the buy-in and engagement from the executive. There's real value in leading from the top and being a role model for cultural change and to support other members of the leadership team to share this message with the wider organisation to create lasting change. It needs a cohesive and consistent approach from the leadership at all levels.

"My job as Chief Fire officer is a lot of symbolism associated with my job and I think it's really important that they see that I am buying in and owning and participating and wanting to see these improvements made and wanting to demonstrate that investment. But the grind of the work that needs to be done needs to be the regional executives, but I need to always be there, I need to be a part of this. I need to demonstrate from the top of the organization that this is important to me … as a Chief Fire Officer and that I'm in fact asking and wanting my deputy chiefs to carry this forward on my behalf…What the role means to people and that and the person in it are quite different sometimes."

Do you foresee any barriers for the participants and agencies being involved moving forward?

The cultural clashes of the different teams within an agency may present barriers as people can be resistant to different norms. However, it's important to persist and find ways to overcome this due to the benefits of multi-agency interaction. It's important to actively promote exposure to other team agencies to build shared understandings and to encourage reflection on working practices.

Do you have any advice or suggestions that you can offer regarding the program moving forward based on what you've seen or heard?

It would be beneficial to better prepare people for what was involved in this program. Some parts of the program were perceived as quite confronting, and it may have been more effective, and less confronting if staff knew what to expect and if the pace of the program allowed time for trust to build before tackling the more challenging reflective exercises. This feedback aligned with responses of Team Members and Team Leaders and was frequently commented on with some expressing deep discomfort at this part of the program.

"I'm not sure people knew what they were getting into. …you need to sort of prepare yourself mentally to share things about yourself personally 'cause some people really struggle with that …those people that are more introspective and yeah, private, I think they're the ones that would benefit most from that pre-information and…getting them in the right frame of mind. I think it would probably drive a better [as] it were… warm the program up a bit quicker."

Facilitators debrief

There were 4 expert facilitators that delivered on this single agency pilot program. The feedback from participants was glowing towards the facilitators as is detailed in sections 3.2.3 and 3.3.2. At the completion of Module 2 delivery, the facilitators had a round table debrief session and shared their thoughts on what went well and what could be improved in any future iterations. The views of the facilitators overall were very positive, and they expressed feeling very fortunate to be part of the whole program and positive about the attitude participants were exhibiting to how they intended to support their team's mental health safety.

Key take-away discussion points from the round table were:

- the need to ensure participants consider what follow-up actions they will personally take in their immediate work environments, and if there are any support opportunities to assist them with this via regular one-on-one catch ups via coaching and/or mentoring opportunities and through alumni events.
- how the Executive Sponsor will be held to account post the program based on the four big action plans participants presented.
- a desire to maintain the mode of delivery adopted of intensive sessions, which could benefit possibly from 2x3 days with a coaching/mentoring session held on the middle day of Module 1 with individual participants and team building exercises, and presentation/pitching skills workshop on the second day of Module 2.
- the program recruitment process needs to ensure participants are informed about the program and are comfortable with the overall purpose of it. The adoption of "voluntold' needs to be avoided, to ensure a level of trust is achieved and does not hamper participant engagement.
- facilitators should be briefed on the level of fragility, psychological safety climate, and quality of work-life environment of the participant group prior to commencement of the program so they can contextualise presentations accordingly and share appropriate life stories.

Post-program survey

Question 1: How has the experience of being a participant on the Leading for Better Mental Health Program impacted how you lead people at DELWP, with a specific focus on workplace wellbeing?

The verbatim responses to this question are included below as they provide insight into the positive experience of those that participated in the program.

"Raised awareness and elevated the issues. Has assisted to put in on the agenda for regular discussion."

"The progress has run in parallel to a number of other similar themed initiatives (Work Well) that is improving workplace wellbeing"

"It has reinforced for me the importance of listening to the staff I manage and creating opportunities for them to speak with me as openly as possible."

"Fantastic. Myself as an employee but also as a manager of a staff who completed the program. My staff member has a better work life balance and feels safe to reach out for help"

"Listening to other people has made an impact on me as it always does, builds an improved culture in the organisation to be open and honest"

"Participating in the program has made me think about workplace wellbeing more often and be more aware of how people are feeling"

"It has provided me with confidence by way of knowledge and also a network of others who I feel happy to contact and speak to about ideas to support staff in my broader team. I have taken time to speak with other leaders of staff when I have noticed someone on their team that might be struggling and have shared conversations on how my peer leader might want to approach this issue. I am now looking to do a secondment in the culture change program as a project Officer for a year ."

"Fortunately I've completed a lot of courses that related to better mental health so the sessions really reinforced my prior learning and strengthened my skillset by learning from other members experiences and learnings."

The participants' responses highlight how the program has led to a more aware and skilled leadership group who feel more empowered to have psychologically safe conversations and/or undertake mental health initiatives in their work environments to support their team members.

Question 2: How has participating in the Leading for Better Mental Health Program built your confidence to take action to improve mental health in your team environment?

Again, we have included the verbatim quotes made in response to this question as they provide insight into the way the program helped them to take action in their respective team environment.

"I don' t know that it has built my confidence but it has provided me with a number of ideas to improve wellbeing in the workplace"

"It certainly motivated me to do this and I have had positive feedback from my team. The training also triggered an unexpected response for me that saw me reach out to EAP and confront an issue that occurred over 10 years ago."

"It has opened up channels for discussion around our health, including mental health. We feel safe to discuss how we are feeling and how we can challenge each other to look after ourselves. I feel comfortable as a leader that I have given my staff the ability to express how they are feeling without shame, embarrassment or the typical 'she'll be right' attitude."

"Given me another way of looking at working with individuals and the team."

"I am more confident in looking after the mental health of myself and my team in particular. More open to having difficult conversations."

"I have driven a pilot project amongst a large team to develop goal statement team charter which staff can score their broader team on how they can score on how optimal the wellbeing of the culture is in relation to the chosen statement. It encourages conversations such as why is it the high score, or what needs to be done to improve the score. Another interesting outcome is that staff can see the difference in opinion of others and understand that we are not all the same. This embraces authenticity, negates group think and allows for a more psychological safe work place. This project needs more traction from middle management/supervisors and something I am now working on."

"It was really valuable for me as most of our group was filled by staff of much more importance and from higher positions so I gained a lot of feedback and guidance from them and also provided a view from the bottom end of the scale."

These statements demonstrate on a whole that this approach to leadership development makes a positive difference to the mental health of frontline managers and their teams

Question 3: Is the Leading for Better Mental Health Program one you would recommend to other team leaders across the emergency management sector?

Of those that responded to the post program survey **71.4%** said that they **would recommend the program** to other team leaders across the emergency management sector. A further 28.6% said that they might recommend the program however they did make the following comments.

> *"I did find the course confronting on a personal level but it helped me deal with an issue I had been ignoring to my own detriment. Generally though the course was very good."*
>
> *"It needs to start with a conversation about the program so people understand the content and the requirement to share"*

These comments, as previously discussed, reflect the feedback received in the satisfaction surveys conducted at the end of each module.

Program outcomes

As stated above the intended aims of the *program*, delivered by ESF, were to improve the skills, knowledge and behaviour of frontline leaders to enable them to promote and nurture mentally healthy workplaces. However, it is acknowledged that whilst there are many factors that contribute to people's mental health and wellbeing, which can increase their skills and confidence, the results from the satisfaction and self-efficacy surveys demonstrate this program offers something different.

Specifically, the pilot program has demonstrated it augments and complements prior knowledge and skills but creates an opportunity for the participants and Executive Sponsor to deeply reflect on how they continuously improve their work environments, so their team members feel supported in a psychologically safe place. This is achieved via the program as it provides a unique opportunity to address issues at an individual and systems level, given the focus throughout on employee centred actionable outcomes.

The design of the program requires commitment from senior leaders to move towards a state of putting mental health and wellbeing equal to physical safety and operational needs in a sustainable approach.

Final recommendations

The following recommendations are proposed for future offerings of the single model agency program:

Delivery

1. Continue offering the Leading for Better Mental Health Program as a single-agency option so participants can gain from the benefits of networking, sharing knowledge and experiences across the respective agency or potentially within specific teams. In doing so ensure there is exposure to people and experience from other agencies.
2. Continue to build a community of practice from program alumni so they can benefit from learnings of past participants and what they have implemented (successfully or otherwise) in the way of mental health and wellbeing improvements and via previous participants being embedded into future program delivery.
3. Ensure evaluation is incorporated as part of future delivery for continuous improvement and to allow for during program adaptation where required.
4. Ensure an onboarding process is provided to orient and support participants.
5. Ensure in any delivery form to include a comprehensive intake conversation with the Program Lead to ensure there is a two-way conversation that promotes understanding about both the participant and the program.
6. Consider design changes to accommodate different levels of participant knowledge for respective offerings. Noting, the value highlighted of peer group discussions and the sharing of initiatives which may assist team leaders in having crucial conversations.
7. Build in a check-in process (3, 6 and 12 month) post-program for the relevant Executive Sponsor to reinforce accountability, and for participants to support them with respective action tasks for their team.
8. Participants and team members should be surveyed at a point in the future (12-18 months) to investigate the benefits of the program through resultant integration of mental health and well-being awareness into workplace practices and culture (this could occur at scheduled Alumni events).

Content

1. Maximise opportunities for engagement through interactive elements in each session/module to ensure lived experiences are shared.
2. Facilitators must be mindful of operational/ team differences within an agency and its respective workforce (including different categories of workers, e.g., fulltime / part time, contracted, or volunteer workers etc).
3. Provide clarity at the outset about the program, including information about the curriculum, time requirements, and set homework tasks.
4. Where multiple facilitators are used, ensure integration of messaging to avoid curriculum repetition.
5. Consider 2x3 days modules or incorporation of team building in Module 1 and presentation skills prior to pitching an idea for change to their Executive Sponsor.
6. Peer group discussions and across-agency/team sharing (about their initiatives and ideas for change) should be essential components of future delivery. These highly valued aspects of the program further the mission of Emergency Management Victoria to ‘work as one’.

Conclusion

The single agency pilot evaluation of the Leading for Better Mental Health Program has clearly demonstrated the program delivers on making a positive difference to frontline leaders' knowledge, skills, and mental health literacy. This is evidenced by the findings in the pre- and post-program self-efficacy surveys.

The post-program case studies highlight how the learnings gained from the program have a long-lasting influence on participants which benefits their workforce. The actions the participants have embedded, and continue to, will help lead to systemic change required to prioritise mental health within the workforce. An alumni network and associated events will assist in achieving this.

There are, however, aspects of the program which could be refined to improve outcomes. This includes onboarding (recruitment, selection, and induction) of nominated or volunteer participants. The program also has the potential to have a far wider reaching cultural impact if it is considered an essential leadership development program across the Emergency Management sector. This would allow respective organisations/agencies to take a proactive approach to meet their work health and safety obligations of creating a psychosocially safe and quality work-life environment and thus creating a positive organisational culture with values that count.

There are many flexible options for delivery, with some participants noting the worth of cross-team/agency input and others suggesting specific team training given the sensitive nature of the program content. But the recommendation is that regardless of the delivery style there is benefit in bringing in alumni from different agencies to share their learnings and experiences at each offering, as this was perceived to be very rich and beneficial to the participants' program satisfaction and experience.

Further, pre-program climate testing of the relevant work environment(s) allows for program content to be contextualised based on organisation findings as team leaders and team members views can be considered. The program could benefit from long-term evaluations for continuous improvement as what gets measured matters, and it allows respective stakeholders to be held to account. Executive Sponsor support and participation are key to ensuring sustainable systemic impact and demonstrating that mental health safety is equally as important as workers physical safety.

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Appendix

The evaluation biographical details

Chief Investigator

Dr Stacey Jenkins

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Dr Stacey Jenkins' is the Executive Director Security, Safety and Wellbeing (Acting). She has also recently been an advisory committee member of the Australian and New Zealand Workplace Mental Health Symposium, and a member of the Domestic Violence Steering Committee for Wagga Wagga. Stacey's research outputs to date contribute toward the following three global Sustainable Development Goals SDG(s): good health and wellbeing; gender equality; and peace, justice and strong institutions.

Co-Investigators

Dr Alain Neher

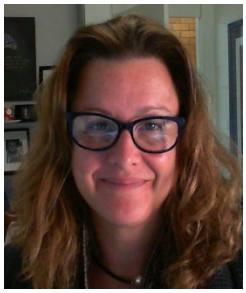
Questionnaire design, data analysis and report writing

Dr Alain Neher is Associate Head of School for the School of Business at Charles Sturt University. Before joining academia, he worked for more than 25 years in industry including management and leadership roles in private, public, and not-for-profit organisations, as well as in armed forces logistics focusing on support services. His research interests include organisational culture and values, business ethics, workplace well-being, and ESG.

Dr Mark Frost

Ethics, qual analysis and report writing

Dr Mark Frost is a Senior Lecturer with the School of Business at Charles Sturt University. He currently teaches in management and is researching in areas such as expatriate human resource management, corporate entrepreneurship, the role of innovation and technology to facilitate effective dispersed and virtual team performance, valuing soil management practices and micro electricity grids. Mark has held senior leadership positions with the University and in the financial sector.



Dr Jodie Kleinschafer

Data analysis and Report writing

Dr Jodie Kleinschafer is a consumer behaviour researcher with an interest in the role of consumer behaviour insights in addressing social issues. She is a Research Fellow in the Regional Wellness and Organisational Resilience group in the Faculty of Business, Justice and Behavioural Studies. She is particularly interested in how decisions are made and how people learn to be consumers in different social contexts. Her areas of research interest include household energy efficiency, the National Disability Insurance Scheme (NDIS), health and the unique considerations of consumer behaviour in a regional context.

Associate Professor Larissa Bamberry

Qual data collection, coding and analysis and report writing

Associate Professor Larissa Bamberry has extensive experience researching organisations, labour markets and gender relations in regional Australia. She has undertaken a range of qualitative and quantitative research projects for government and industry focused on regional regeneration, workforce wellbeing and regional skills and labour markets, and has broad-ranging experience in the NSW public sector, working across a range of policy areas including labour market policy, education and training, industrial relations, women's policy and sport and recreation.

Ms Clare Sutton

Ethics, data collection, qual analysis and report writing

Clare Sutton is a Senior Lecturer in paramedicine at CSU. Her research interests relate to resilience and the promotion of health and wellbeing in emergency service workers, student paramedics and volunteer responders. She has extensive experience in the emergency services sector and has held a number of leadership positions, including program lead of paramedicine at CSU and Chair of the Paramedic Wellbeing Working Special Interest Group for the Australasian College of Paramedicine (ACP).

Associate Professor Gene Hodgins

Ethics, quant data analysis and report writing

Gene Hodgins is an experienced clinical psychologist and teaching/research academic. His research interests include the psychological wellbeing of police and emergency service personnel, rural mental health, and high prevalence psychological disorders (anxiety, post trauma reactions and depression). He is passionate about applied clinical research and has collaborated on research investigating the wellbeing of news camera operators, military personnel, psychologists and counsellors, equestrian athletes, farmers, and the clergy

Associate Professor Ramudu Bhanugopan

Ethics, quant data analysis and report writing

Ramudu Bhanugopan is an Associate Professor of Human Resource Management at the School of Business, CSU, Australia. He researches in the field of international and regional HRM issues; and has published more than one hundred articles. He has 27 years of academic experience at universities in Australia, India, China, Papua New Guinea, Cambodia and Malaysia.

Ramudu's research interests relate to high performance HRM systems. In particular, he undertakes research on the implications of emerging team leadership, employability skills, training and graduate work readiness in the international context. He has also undertaken research projects in relation to human resource development.