

The evaluation report of
the multi-agency
**Leading for Better
Mental Health
Program pilot**



Charles Sturt
University





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.

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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 participants, Agency and Executive sponsors and the 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.

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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 for managers and leaders is crucial for cultural change and must be a priority focus for training programs. The Learning Network determined a new way of helping line managers lead for better mental health was required.

The *Leading for Better Mental Health Program* was co-designed via nine months of conversations and targeted evidence gathering activities to understand the gaps between leadership for mental health best practice and current agency activities. It was felt that no matter what agency they serve, team managers had common experiences so could learn from working together. The program aims to meet the needs of people who are responsible for leading frontline teams.

A pilot program was undertaken involving 52 people from 12 agencies. The anticipated delivery was face-to-face, but due to COVID-19 a hybrid model was offered. Delivery of the program commenced in March 2021 and was completed in November 2021. The pilot evaluation has been undertaken by the Charles Sturt University Workforce Wellness Research Unit (WWRU). This report outlines the evaluation process, findings, and recommendations.

The evaluation process received Charles Sturt's ethics approval for human research. The process adopted a mixed method approach, gathering qualitative and quantitative evidence from a range of stakeholders including pre, during and post-delivery.

Overall, the findings reveal the *Leading for Better Mental Health Program* was highly valued by participants, Executive, and Agency Sponsors alike. The analysis has shown high satisfaction ratings with all aspects of the program, and an increase in self-efficacy scores for mental health literacy, and in learning outcomes.

Most Agency Sponsors identified the program either fills a gap of mental health training and education, or complements existing in-house training programs. Participants acknowledge the unique nature of the program provided some great benefits such as,

- offering the opportunity for inter-agency collaboration,
- the involvement of the Executive,
- the level of expertise of the presenters which would not necessarily be accessible to all agencies.

All participants identified that it is valuable to have an option for an inter-agency program that builds connections between these emergency management organisations (EMOs). Some participants identified the program as having a profound positive impact on them personally and their confidence in identifying individuals who may need help or in advocating for areas of improvement within their circle of influence.

Training and development programs often focus on the individual. The *Leading for Better Mental Health Program* departed from this more traditional approach by providing opportunities for agencies to address organisation-specific issues relating to workplace culture and attitudes to mental health and wellbeing, while also identifying organisational barriers to improved mental health education and training. The program offered the opportunity to learn from each other and build networks that will benefit their individual and collective responses in future emergency events.

Recommendations

Delivery

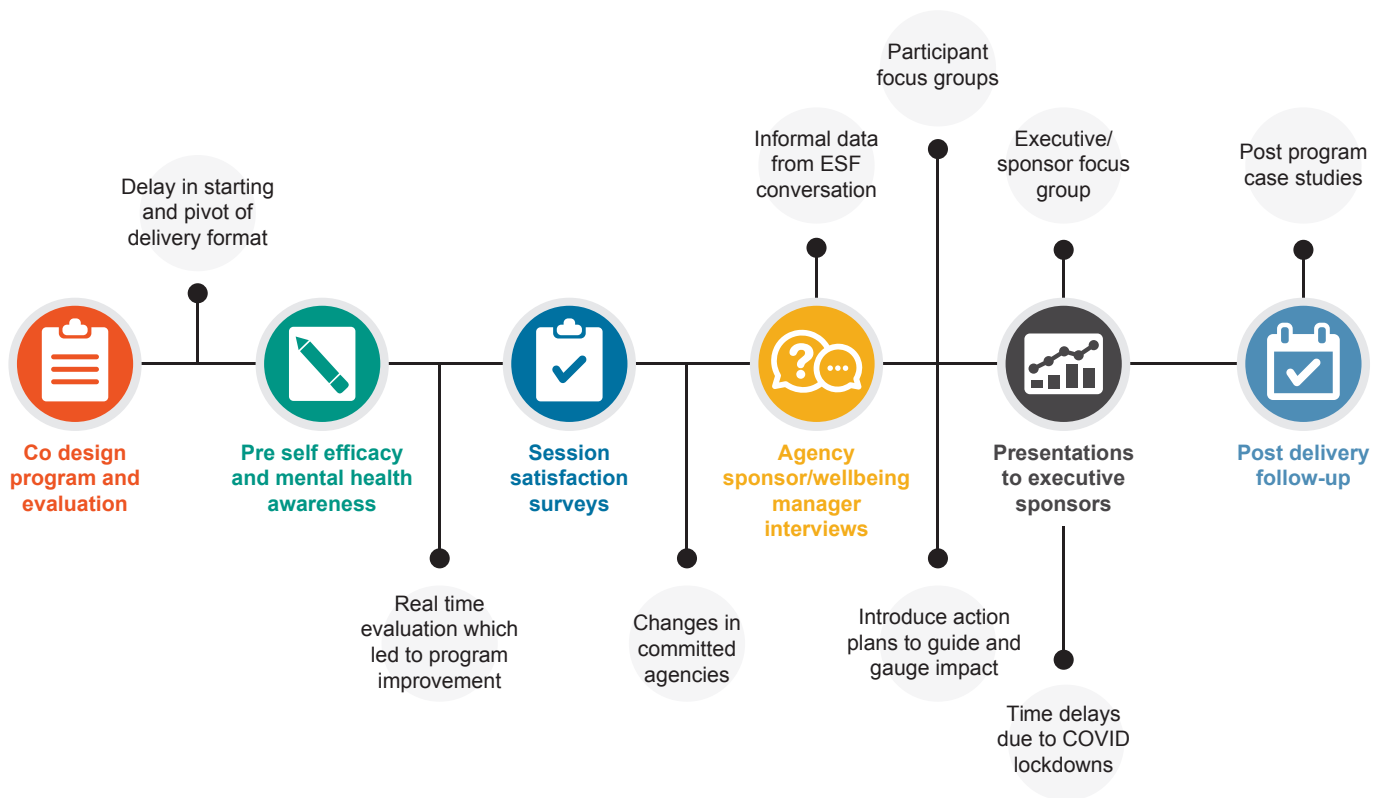
1. Continue offering the Leading for Better Mental Health Program as a multi-agency option so participants can gain from the benefits of networking, sharing knowledge and experiences across the sector.
2. Consider the knowledge management in respect to how to store, track and share these for the alumni group, and as a way of showcasing options for new participants, and for continual information sharing between agencies.
3. Consider the benefit of including previous participants for future program delivery.
4. Should an online platform be used in future delivery, consider something more familiar to participants from within the sector (for example Zoom or Teams).
5. Ensure evaluation is incorporated as part of future delivery for continuous improvement.
6. If a hybrid or online delivery model is used ensure an onboarding session is provided to support participants.
7. 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..
8. Future programs should consider design changes to accommodate different levels of participant knowledge, noting the value highlighted of peer group discussions and the sharing of initiatives which may assist in having crucial conversations.
9. Build in a check-in process post-program for relevant executive sponsors to reinforce accountability.
10. Build a community of practice from program alumni so they can continue to learn from what each agency has implemented (successfully or otherwise) in the way of mental health and wellbeing improvements. This will help foster and build a culture of continuous improvement.

Content

1. Maximise opportunities for engagement through interactive elements in each session.
2. Facilitators must be mindful of operational differences between agencies, including paid and volunteer workers.
3. Provide clarity at the outset about the program, including information about the curriculum, timing and time requirements.
4. Build in lived experience examples to reinforce key session concepts. For example:
 - a. maximise participant interactions during expert facilitated times
 - b. assign a lead for each peer groups to co-ordinate regular catch ups and where needed, facilitate discussion
5. Where multiple facilitators are used ensure integration of messaging.
6. Consider making more time available to develop participants skills in developing and presenting ideas prior to pitching an idea for change to their Executive Sponsor.
7. Consider ways to better utilise the leadership psychometric throughout the program. If cost is an issue explore budget options for psychometrics that map leadership styles.
8. Peer group discussions and inter-agency 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'.
9. Consider how executive agency sponsors and agency sponsors could be more involved throughout the program.

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Key evaluation findings

- ESF have delivered a unique mental health leadership program
- The program merged leadership and wellbeing
- The program brought together the sector, including paid workers and volunteers
- The program engaged emergency management organisations (EMOs) executive leadership
- The program improved self efficacy levels and mental health awareness of participants
- The pilot program has already had significant positive impact in EMOs

Introduction

Introduction and background

Work is considered beneficial to mental health and wellbeing, 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 suffer from a mental illness at any point in time. The World Health Organization declared a global pandemic due to COVID-19 in March 2020 (World Health Organization, 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 wellbeing (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 environments to systems of work or management, which can all affect employee wellbeing (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 and 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. According to Roberts et al. (2021), this has resulted in significant changes in their work, including increased demand, work intensification, and increasing task complexity. Roberts et al.'s (2021) initial report indicates the level of COVID-19-related psychological distress for professions, such as police and paramedics, may be much higher than that of health professionals and other public-facing human services workers, with one of their key recommendations being to offer a range of mental health support services to frontline staff.

Employers have a duty of care to identify and control hazards in the workplace that can impact on physical and psychological health (as reasonably practicable) and should appreciate that factors in an employee's personal life can also affect their mental health (Government of South Australia, 2018). For every dollar invested in successful mental health initiatives, businesses see an average return of \$2.30 return on investment (PwC Report, 2014). Recent research findings into depression and disclosure revealed 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 mental health conditions (Follmer and Jones, 2021).

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 Learning Network has two aims:

1. To bring emergency management organisation representatives and subject matter experts together to share resources and experiences about how to improve mental health and wellbeing across the sector.
2. 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 wellbeing.

The Learning Network determined there needs to be a new way of helping line managers lead for better mental health. Hence, the *Leading for Better Mental Health Program* has been developed. This was done in consultation over nine months via conversations and targeted evidence gathering activities to understand the gaps between leadership for mental health best practice and current agency activities.

This unique program has been co-designed by the Learning Network to meet the needs of people who are responsible for leading frontline teams. It was felt that no matter what agency they served, team managers had common experiences so they could learn from working together.

This 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). Further, 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 systems view to forecast, plan and deliver future care needs (Victorian Department of Health & Human Services, 2019).

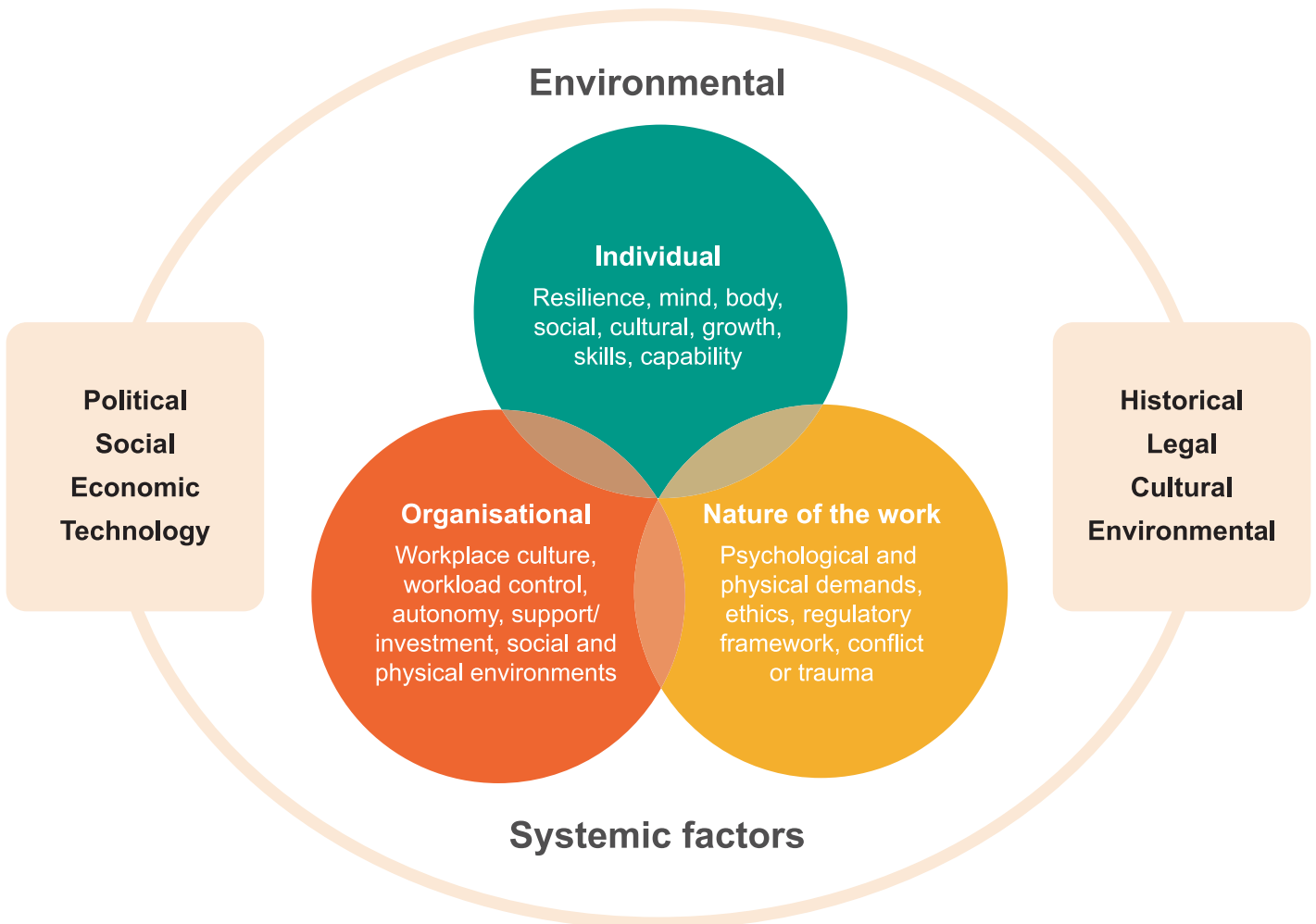
Due to COVID-19, the current *Leading for Better Mental Health Program* pilot had to pivot from a planned face-to-face delivery format to a hybrid model of online format with a mid and end of session workshop. Flexibility by all stakeholders has been key to ensuring the program could still be delivered.



Charles Sturt's Workforce Wellness Research Unit

The Charles Sturt University Workforce Wellness Research Unit (WWRU) has been contracted to provide an external independent evaluation of how the Leading for Better Mental Health pilot program has been implemented and delivered and any outcomes achieved for 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 wellbeing (see Figure 1). It includes experts in mental health, leadership, human resource management, research methods, law, industrial relations, education, communications, marketing and management. This collection of skills enables the unit to take a comprehensive approach to workforce wellbeing and provides the capacity to conduct an in-depth investigation of selected components of workplace health.

Figure 1: Holistic Approach to Workplace Wellbeing



Project background

The evaluation team

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Project purpose

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).

Themes the program covered include:

- Mental health in Australian emergency services
- The impact of leadership on mental health and learning from lived experience
- Facilitating mentally healthy emergency service workplaces
- Identifying and overcoming barriers to mentally healthy workplaces
- Driving organisational change.



Program approach

This program has been designed to be:

- specifically focused on leading for better mental health
- delivered as a sector-wide initiative with at least three representatives from each agency
- delivered online via a purpose-built platform over six months with flexibility for self-paced learning but with mid and end of program workshops to allow for collaboration and networking
- interactive whereby presentations are combined with scenario-based learning, workplace practice, lived experience, coaching, and peer-supported reflection
- flexible in delivery, as it uses a purpose-built platform to host discussion blogs, podcasts and video recordings, surveys, readings, and resources
- facilitated by leadership and mental health subject matter experts
- an excellent opportunity to meet, network and work with peers from agencies across the sector.

Program participants

The intention was that each agency CEO (or executive leader) would commit to sponsoring 3-5 participants through the program. This means they will be taking an active interest in how they are progressing and will be involved in discussions involving all executive sponsors where participants will share their learnings and provide insights about their experience.

The identified participants have been selected based on them being:

- directly responsible for managing a team of people
- committed to engaging fully in the program as a unique development opportunity
- committed to working collaboratively with a mix of people
- willing to champion workplace mental health and wellbeing
- open to personal improvement and coaching
- willing to complete evaluation tasks.



Post Program Case Studies

Though ESF focused on improving the skills, attributes, knowledge and mindsets of individuals so they could become leaders for better mental health, change was found in unexpected guises. Beyond the life of the program, outcomes have been far reaching due to the cascading effects of connecting people, raising awareness about workplace factors, inspiring hope for change and instilling confidence in people that they can be the change. For many, the relationships made with other team leaders within and outside their agency gave them the sense they were not alone and that others cared for them and the barriers they faced in being positive team leaders. As this report goes to press many participants are working with their executive sponsor who, prior to the program, was beyond reach, to bring about change in a number of areas to address underlying organisational factors.

Post Program Case Studies

State Emergency Service (SES)

program participants identified the need to review position descriptions to ensure that selection criteria for leadership roles capture skills and attributes that promote mentally healthy workplaces. This insight fed into a review process conducted by the organisation which will see all position descriptions overhauled. Program participants were asked to share their learnings to help identify appropriate KPIs for leaders across the organisation. In time this small change, and access to appropriate training to support leaders, is expected to have a huge positive impact on workplace culture.

Post Program Case Studies

Victorian Council of Churches (VCC) Emergency Ministry

participants presented recommendations to improve mental health in the workplace to a senior leadership forum of 60 people where both of their ideas were accepted as worthy new projects at that level before going to the board for strategic endorsement. A Board sub-committee called Volunteer Voice has subsequently been created and project budgets will be allocated next financial year so the group can address the *Leading for Better Mental Health Program* recommendations including:

- Consultation about what a name change could and should be
- Establishing a rewards and recognition program
- Establishing new training pathways for so people can specialise.

The program gave VCC Emergency Ministry participants the opportunity to meet peers from other agencies which both inspired and encouraged them to share knowledge rather than recreate the wheel. This has led to a totally new approach to volunteer engagement which addresses various workplace factors that would not have otherwise occurred.

Program timeframe

Due to the COVID-19 pandemic the program began online and, given what occurred, the planned schedule had to be flexible to cater for those who were delivering frontline essential services to the public. The actual schedule that occurred is detailed in Table 1.

Table 1: Program Sessions

Session Topic	Date (2021)	Time	Location
Introduction to Leading for Better Mental Health Program	23 March	7-9pm	online
Understanding mental health – the lived experience perspective	30 March	7-7.30pm	online
Mental health in the Australian emergency services sector – an overview	20 April	Flexible time	online
Trauma, stigma and help-seeking	11 May	7-8pm	online
Organisational factors and mental health	25 May	7-8pm	online
Leading with integrity: becoming an authentic leader	12 July	8.30am-4pm	South Melbourne
Day to day & performance conversations	13 July	7-8.30pm	online
Identifying & addressing workplace conflict	20 July	7-8.30pm	online
Identifying & discussing mental health problems	27 July	7-8.30pm	online
Promoting mentally healthy organisations	10 August	7-8pm	online
Preparing to drive change	31 August	7-8.30pm	online
Influencing change	16 November	9am-4pm	Port Melbourne

Program outcomes

The intended outcome of this program was to improve the skills, knowledge and behaviour of frontline leaders to enable them to promote and nurture mentally healthy workplaces.

Specifically, the needs of the following stakeholders were considered:

- **WorkSafe** – Wants to know how the program led to more mentally healthy workplaces from the perspective of workers, volunteers, and program participants (team leaders).
- **ESF Stakeholder Council (who are the heads of agencies) and the Learning Network** – Want to know if this approach to leadership development makes a difference to the mental health of frontline managers and their teams.
- **ESF Board** – Wants to be able to provide the sector with evidence-based recommendations for ongoing program delivery and demonstrate the capability of the ESF.

Ethics approval

As per standard research protocol, the Charles Sturt research team was required to obtain relevant ethics approval from the Human Research Ethics Committees (HREC) for this project – the protocol approval number is detailed in Table 2. It is the responsibility of the Charles Sturt research team to complete the final report, and once the project is complete to notify the HREC in accordance with national ethical standards.

Table 2: Ethics approval

HREC	Protocol number	Approval date
Charles Sturt HREC	H21020	22/3/2021

Administration and record keeping

There were several meetings throughout the program and in the pre-delivery phase between the ESF CEO, Siusan MacKenzie and Project Manager, Dr Sarah Hewat. Satisfaction summary reports were sent to the ESF after each session, to help provide timely information and identify areas where participants are satisfied or otherwise. The ESF has provided Charles Sturt with three reports after each session; attendance, questions and chat.

Study design

The literature recommends three forms of evaluation be undertaken: formative, process, and summative (Workplace Mental Health Promotion: A How-To Guide, 2017). **Formative** evaluation measurement can help to determine feasibility, appropriateness and acceptability before the program is implemented (or possibly as part of an overall evaluation of a pilot program). **Process** evaluation helps determine whether the program activities have been implemented as intended and the data collected can improve a program during and after the implementation. **Summative** evaluation measures provide proof that a program works via assessing progress in outcomes and effectiveness of the program. This typology of evaluation has formed the basis of the design undertaken to evaluate this pilot project.

The ESF Learning Network began the formative evaluation via consultation with expert facilitators and the learning network and hence developed the above outlined elements, i.e., the program purpose, approach, participants, timeframes, and outcomes. This served the formative assessment and respective situational analysis.

Taking the above into account the following factors (also seen in Table 3) formed part of the overall evaluation framework, in turn addressing all three types of evaluation – formative, process, and summative, and the Policy, Intelligence, Control, Coordination and Evaluation (PICCOE) framework (Health and Safety Professionals Alliance, 2012):

1. **Inputs/indicators** – measures inputs into learning and development including the number of programs, attendees, audience, costs, and efficiencies
2. **Reaction and planned action** – measures participant satisfaction with the program, the experience, content and value of the program and captures planned action
3. **Learning** – measures changes in knowledge and skills (takeaways from the program)
4. **Behaviour (application)** – measures changes in on-the-job behaviour (knowledge, skills, and contacts) or actions after the program
5. **Results/business impact** – measures changes in business impact measures.

Table 3: Data Collection Plan

Broad Program Objective(s)	Measures	Data Collection Methods/Instruments	Data Sources	Timing (pre, during & post)	Responsibilities
Inputs/Indicators	<ul style="list-style-type: none"> • Participants • Hours • Request • Efficiencies • Costs • Time to deliver 	<ul style="list-style-type: none"> • Data provided by ESF 	<ul style="list-style-type: none"> • ESF 	<ul style="list-style-type: none"> • Pre and post 	<ul style="list-style-type: none"> • CSU to collect from ESF
Reaction and planned action	<ul style="list-style-type: none"> • Relevance • Importance • Usefulness • New information • Intention to use • Appropriateness 	<ul style="list-style-type: none"> • Satisfaction questionnaire • Focus groups • Interviews 	<ul style="list-style-type: none"> • Participants • Agency Sponsor/ Wellbeing Manager 	<ul style="list-style-type: none"> • During training (after each session for participants) • June and August for interviews • Sept – focus groups 	<ul style="list-style-type: none"> • Trainer • Charles Sturt to provide online links to questionnaires and conduct interviews
Learning and confidence	<ul style="list-style-type: none"> • Information • Knowledge • Understanding • Capability • Contacts • Skills • Perceptions • Confidence 	<ul style="list-style-type: none"> • Self-Efficacy Test • Activities set by facilitators • Agency Sponsor interviews 	<ul style="list-style-type: none"> • Participants • Agency Sponsor/ Wellbeing Manager 	<ul style="list-style-type: none"> • Pre and post 	<ul style="list-style-type: none"> • Trainer • CSU
Application and implementation	<ul style="list-style-type: none"> • Use of information, knowledge & skills • Frequency of use • Barriers • Enablers • Following policy 	<ul style="list-style-type: none"> • Focus groups • Individual interviews (Agency & Exec Sponsors) • Action plans (individual and organisation) • KPIs 	<ul style="list-style-type: none"> • Participants • Supervisors • Agency 	<ul style="list-style-type: none"> • Post 	<ul style="list-style-type: none"> • CSU
Business impact	<ul style="list-style-type: none"> • Identified goals/ KPIs via action plans (individual and organisation) 	<ul style="list-style-type: none"> • Focus groups (Agency and Exec Sponsors) • Individual interview • Action plans • KPIs 	<ul style="list-style-type: none"> • Supervisors • Agency 	<ul style="list-style-type: none"> • Post 	<ul style="list-style-type: none"> • CSU

Post Program Case Studies

Emergency Management Victoria (EMV) participants were keen to influence the development of a strategy and action plan to improve wellbeing. When they presented their idea for improvement to the Executive Team, EMV had also recently received the results from their annual People Matters survey. It was determined that a positive culture group be established including two LfBMH program participants. Through regular access to their LfBMH executive sponsor the program participants were given a voice which made them more confident and able to bring their learnings from the program to help influence the development of the organisation's workplace culture and mental health action plan. This has helped to bridge the usual divide between team member and executive thinking and is contributing to a change where workplace culture and mental health is considered a shared responsibility.

Post Program Case Studies

The new CEO at **Life Saving Victoria** has been committed to ensuring continued executive sponsorship by meeting with the LfBMH program participants to understand their thoughts about how the organisation can improve its approach to mental health and wellbeing. Involvement in the LfBMH program has instigated a deeper conversation about wellbeing challenges and opportunities in the LSV context and the organisation is now developing a mental health and wellbeing strategy and workplan. Having access to the expertise and resources made available through the program has been a great help as LSV seeks to develop an evidence informed and leading practice approach to wellbeing. In the first instance, best practice at regional level is being identified so it can be incorporated as statewide practice. Having staff and volunteers from different areas participate in LfBMH and then contribute their thoughts and insights to this work, has created a new LSV wellbeing community of practice. For example, the program participants have already successfully initiated a Forward Command training day with a focus on improving psychological safety. This program provided consistent training for the first time, to the many people who are responsible for debriefing and providing support to LSV lifesavers after significant incidents.

Post Program Case Studies

Making connections with like-minded people from within and outside the agency was a key strength of the program for one **VicPol** participant. Sharing experiences with people who all care about wellbeing opened their eyes and minds to new ways of doing things to help create mentally healthy workplaces. The program also provided the opportunity to meet other VicPol members who champion wellbeing and this led to a valuable informal network of officers who now talk offline to inspire and support each other. For one participant the program led her to get to know her people much better because she came to understand that the only way she can help them is to know them well. She has seen the benefit of this and adjusted her management mindful of individuals and their 'stories'. This has enabled her to keep them at work when they might have otherwise gone down the Workcover path. For example, for one she adjusted his shifts and spent time with him sharing her own vulnerabilities which absolutely demonstrated her care for him as a team member. This has helped in so many situations and she often has shared the benefit of this style of leadership when she saw other managers behave in a way that she now knows is inappropriate and likely to negatively impact the wellbeing of their team. She is role model of leading for better mental health as a result of her program experience and personal reflection.

Post Program Case Studies

For a **CFA** Brigade Captain, the program was valued for the different perspectives and connections it generated. Hearing from people in other agencies made him realise how much he had in common in terms of leadership challenges with a diverse range of people from across the sector. The program provided new strategies and tools that enabled him to realise the strength of networking and learning from others. For example, he learnt that leadership is a position of responsibility not power and that being vulnerable helps others to open up especially when wellbeing conversations take place in the appropriate setting and time. Every day in all aspects of his life he is applying what he learnt from the program to exemplify leading for psychological safety. He is now working closely with a program participant from VicPol to improve interagency cooperation through a plan for road rescue in their community and in the process they are considering how to mitigate the risk of trauma associated with such work.

Post Program Case Studies

For a **Red Cross** participant, the program has been invaluable for the practical tips it offered on how to connect with people in your team. Yet for her, the greatest value was the opportunity to meet others from her agency who, through the program, have worked together to drive change. She observed that the program has helped break down any disconnect between volunteers and executive leaders because even though their executive sponsor left soon after the program, new executives have continued engaging, listened, adopted their ideas and now several are being developed. The program also gave her and her agency buddies the impetus to connect with and engage other team leaders in the agency who expressed the same concerns and have now backed their efforts for change. In this sense, the impact of the program has rippled through Red Cross in the form of invigorating widespread conversation and commitment to change. On a personal note, a highlight for her was the opportunity to share her lived experience of being on the frontline in the pandemic response with executives and the renewed hope it gave her to continue volunteering after a loss of commitment triggered by extreme burn out.

Post Program Case Studies

All **Ambulance Victoria** participants have managed to integrate mental health into the leadership work they undertake. Three of them were deployed to the Incident Management Unit (IMT) for the COVID response and are now permanent staff within the Emergency Management Unit (EMU). They have purposefully incorporated mental health and wellbeing into conversations and more formally into meeting agendas as a key priority. This focus has ensured that wellbeing conversations within the EMU and IMT are encouraged at all levels and helped others within the organisation to understand how COVID impacted the mental health of the workforce. They also improved access to support by providing a private space where workers could drop in and make a timely call to the wellbeing and support service they needed. Discussion with peer groups throughout the program provided ideas and supported participants to model the importance of care for team members, even in times of crisis, which is now embedded in their leadership style and is a role model for others.

Post Program Case Studies

Compared to other agencies across the sector **St John** is relatively early in developing its strategic approach to mental health and wellbeing. Lessons from participation in the LfBMH program have set the stage for greater emphasis on wellbeing and this has contributed to the organisation's review of its value proposition.

Post Program Case Studies

After participating in the program, a team leader at **Emergency Services Telecommunications Authority (ESTA)** felt equipped and confident to drive change in respect to developing a workplace policy she identified as required to support her to lead for better mental health. With new awareness, skills and relationships developed during the program, she engaged key agency stakeholders to expand the scope of welfare leave to better suit the needs of her team and others across ESTA. Having direct access to her agency and executive sponsor throughout the LfBMH program and the trusted relationships which developed were critical to her confidence to drive change. As a result of her efforts progress is being made towards developing a leading practice welfare leave policy which will better support ESTA team members experiencing mental distress after a challenging 000 call.



Attendance at sessions

Fifty-one participants were enrolled in the program. The number of attendees per session is listed in Table 4. Numbers in attendance per session have declined but this is to be expected due to natural attrition (one agency withdrew), explained absences (illness), work related requirements (on shift), fatigue after a long day of work, caring requirements and/or COVID-19 related matters.

It should also be noted the session with the lowest attendance (N=18) took place the day after the full day, face-to-face session. Low attendance could be expected after pushing sessions together, but this was done to accommodate a snap lockdown so couldn't be helped in this instance.

Table 4: Participant numbers

Session Topic	Date (2021)	Time	Location	Participant Numbers
Introduction to Leading for Better Mental Health Program	23 March	7-9pm	online	46
Understanding mental health – the lived experience perspective	30 March	7-7.30pm	online	39
Mental health in the Australian emergency services sector – an overview	20 April	Flexible time	online	38
Trauma, stigma and help-seeking	11 May	7-8pm	online	37
Organisational factors and mental health	25 May	7-8pm	online	32
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Identifying & discussing mental health problems	27 July	7-8.30pm	online	26
Promoting mentally healthy organisations	10 August	7-8pm	online	28
Preparing to drive change	31 August	7-8.30pm	online	39
Influencing change	16 November	9am-4pm	Port Melbourne	24



Number of agencies and participants (demographics)

There have been six facilitators on the program and 12 agencies (noting that one agency withdrew) involved. Agencies are listed Table 5.

Table 5: Agencies with participants involved in the program

Agency Sponsor name	Number of attendees
1. Country Fire Authority (CFA)	5
2. Victorian Council of Churches (VCC) Emergency Ministry	4
3. Lifesaving Victoria (LSV)	5
4. Emergency Services Telecommunications Authority (ESTA)	5
5. Victoria State Emergency Services (SES)	4
6. Ambulance Victoria (AV)	6 (ended with 5)
7. Victoria Police	5
8. Fire Rescue Victoria (FRV)	3
9. Red Cross	5
10. Emergency Management Victoria (EMV)	5
11. St Johns Ambulance	2 (ended with 1)
12. Bushfire Recover Vic (<i>have since withdrawn from the program</i>)	3 (ended with 0)

Post Program Case Studies

A participant from **FRV** credits LfBMH for helping his personal leadership journey in several ways. Conversations with people from different agencies stimulated thinking about leadership issues he faced at work and helped him see them as not particular to FRV but as systemic across the sector. This broader perspective also helped him identify where FRV were doing well, and where gaps were evident for agency improvement and gave him the skills and confidence to help drive change. Through LfBMH he developed a deep understanding of how supervisors impact organisational mental health outcomes. He was inspired to reflect on new ways of supporting others to connect and care for their teams and reminded that effective communication, patience and commitment were key leadership attributes required to improve psychological safety.

Quantitative data

Table 6 details the sessions where **participant satisfaction surveys** were conducted and the responses received.

Table 6: Sessions

	Session Title	Date	Respondent #
S1	Understanding mental health – the lived experience perspective	30 March	n=50
S2	Mental health in the Australian emergency services sector – an overview	20 April	n=34
S3	Trauma, stigma and help-seeking	11 May	n=37
S4	Organisational factors and mental health	25 May	n=26
S5	Leading with integrity: becoming an authentic leader	12 July	n=33
S6	Identifying and discussing mental health problems	27 July	n=25
S7	Promoting mentally healthy organisations	10 August	n=7
S8	Preparing to drive change	31 August	n=27
S9	Influencing change	16 November	n=28

The questions and satisfaction trends are displayed in Table 7 and the following graphs. The potential ratings ranged from (1) strongly disagree to (10) strongly agree. The results show positive ratings for all satisfaction surveys with the lowest mean score being 7.03 and the highest 9.13. S5 received the highest satisfaction ratings overall. This was the face-to-face session halfway through the program.

Table 7: Satisfaction ratings

Survey item	S1	S2	S3	S4	S5	S6	S7	S8
The content in this session met my needs as a team leader	8.00	7.03	8.35	8.22	8.22	7.9	7.17	7.78
I learnt things I can apply in my work or volunteer setting	7.90	7.29	8.39	8.39	8.5	7.9	7.17	7.78
The facilitator helped me improve my understanding about certain things	8.22	7.21	8.65	8.65	8.66	7.9	7.33	7.93
The timing of the session worked well for me	7.63	7.47	7.61	7.61	8.63	7.14	7.17	8.07
The format was appropriate	8.34	7.32	8.42	8.42	9.13	7.76	7.67	7.96
I was satisfied overall with this topic	8.41	7.68	8.61	8.61	8.67	7.71	7.83	7.67

Mental health self-efficacy assessments were completed by participants pre and post delivery of the Leading for Better Mental Health Program. The rationale for measuring self-efficacy was to assess if there was any change in self-reported beliefs pre and post program delivery in team leaders' level of confidence in assisting team members with mental health matters. The results in Figure 1 show this to be true, given all item means show an increase from pre to post delivery. Notably, only 29% initially offered a strongly agree for the first question item; however, post delivery, 56% of participants were offering a strongly agree response (see the pre and post self-efficacy figures).

Figure 1: Self-efficacy scores – pre and post delivery

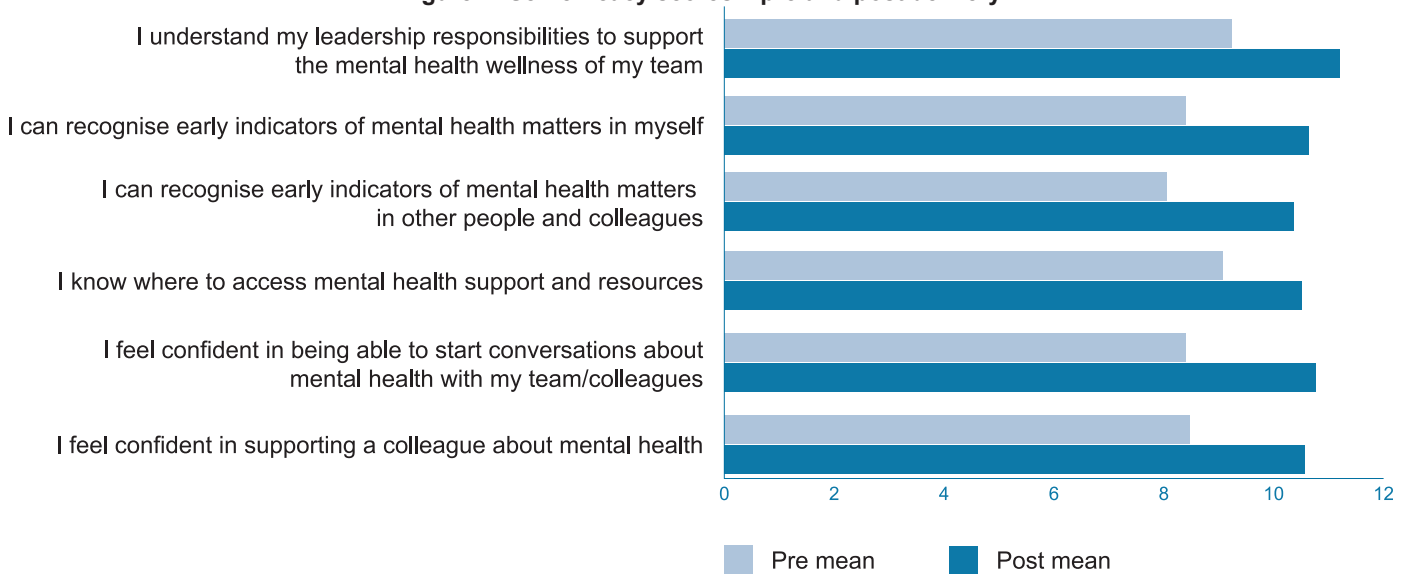


Figure 2: Pre delivery self-efficacy scores

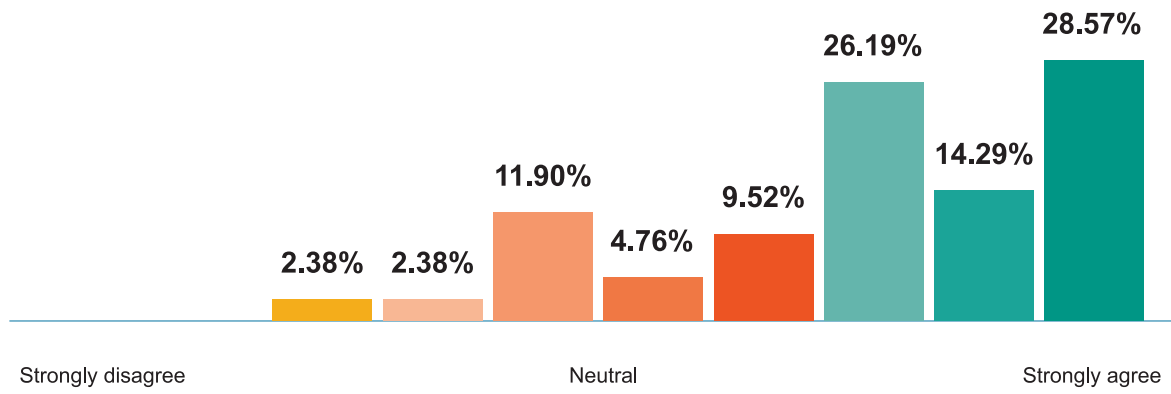
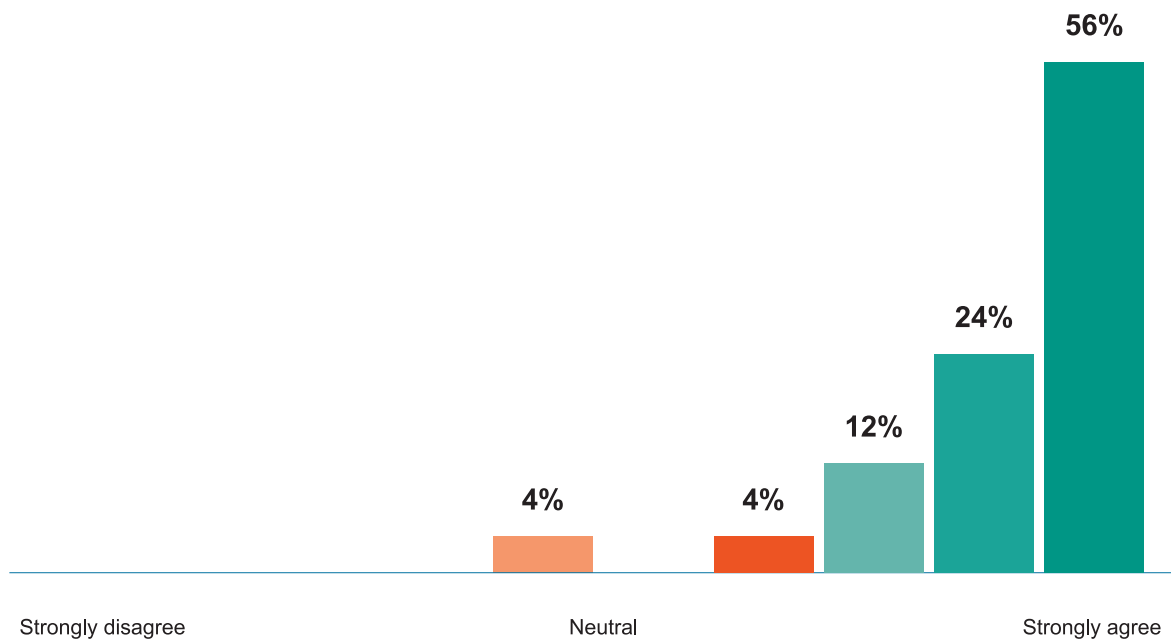
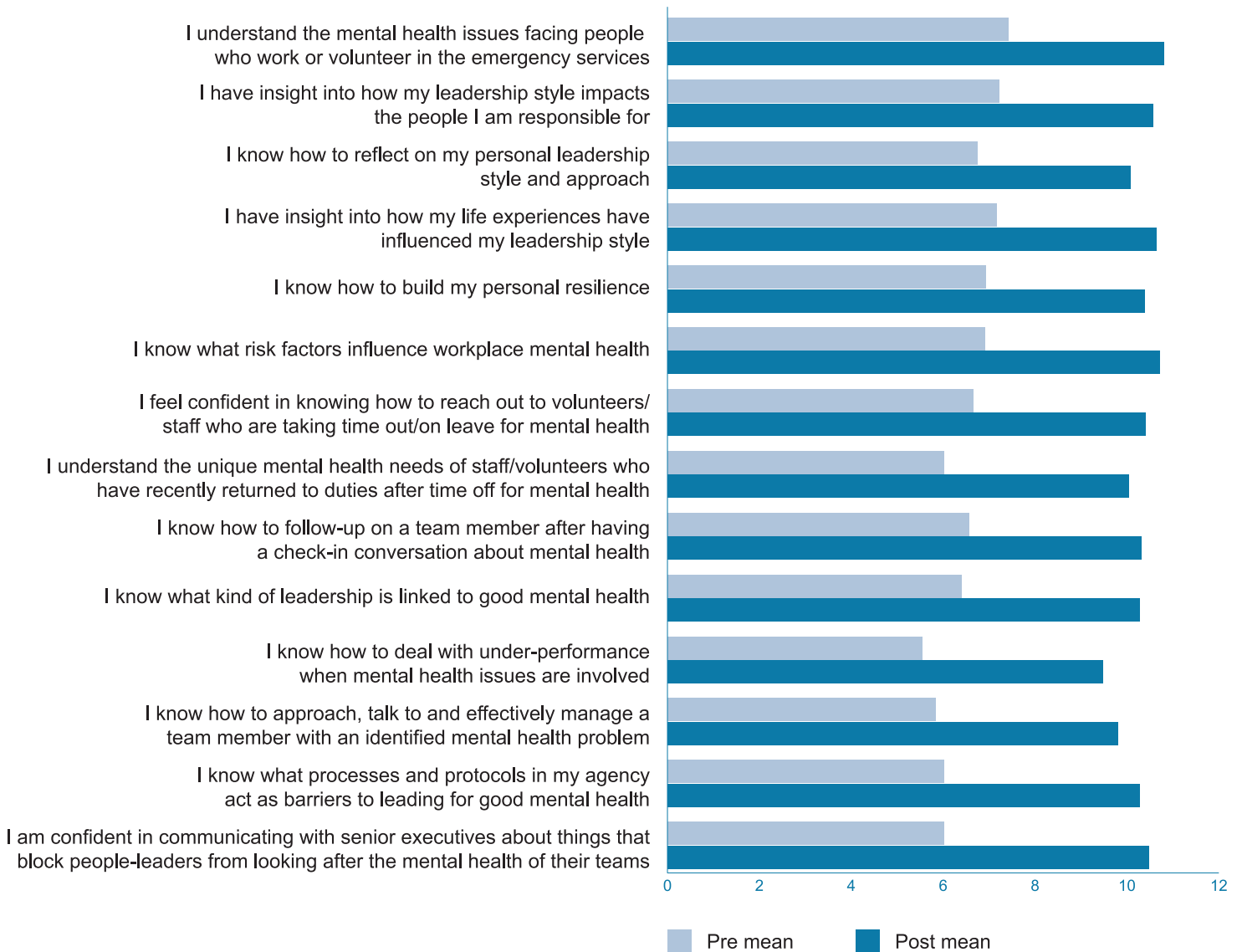


Figure 3: Post delivery self-efficacy scores



Self reported understanding of the **learning outcomes** was also measured pre and post program delivery. Figure 4 illustrates these results and again shows a substantial improvement in overall self reported confidence levels in understanding the program learning outcomes.

Figure 4: Pre and post learning outcomes self assessment



Qualitative data

Agency Sponsors' feedback

The agency sponsors worked as psychologists or other roles within agency wellbeing teams. They supported the program by helping to recruit participants, checking in to see how they are finding the program, and sharing observations and feedback with the evaluation team. They also arranged and often attended meetings with the participants and executive sponsors.

Methodology

- The interviews with each Agency Sponsor were semi-structured and were recorded via Zoom.
- The first interviews were conducted in May 2021 and a second round in August/September 2021 with the agencies listed in Table 5 and their respective nominated sponsor.
- The purpose of the first interview was to do an initial 'pulse-check' to see if, and/or, how they were engaging with the participants on the program and to gather any feedback on the program.
- The second round of interviews was conducted to see if there had been any changes since the first round, from their respective participants or that they themselves had noticed themselves or been made aware of.
- The first round interviewers used the Zoom transcription function and the transcriptions were checked for accuracy. The second round of interviews were transcribed by an external source.
- The sponsors were given the opportunity to review their respective transcription(s).

The following findings are based on the interviewees' responses across these two data collection points.

Agency Sponsor background

- On average, most Agency Sponsors that were interviewed had been in their current roles for approximately 18 months.
- Roles held among the group of Agency Sponsors ranged from Wellbeing/WHS Managers to General Managers of People and Culture, and a couple had psychology backgrounds.
- Agencies reported that they largely became involved in the program due to involvement with the ESF in either the stakeholder council or Learning Network.
- There were a couple of agencies that felt they were already running mental health awareness programs but expressed their desire to support the ESF given the recognition for a shared inter-agency response to mental health matters (which was seen as unique and of high value) and the overall understanding of the mental health framework.

- Most agencies noted they were aware of the need to raise mental health literacy across the board and for managers/supervisors to be better trained to support staff.
- A number of agencies noted they had started to offer online training programs, including some focused on wellbeing, with their staff/volunteers starting to appreciate the need for online training, especially given the current environment (i.e., the COVID-19 pandemic).
- No clear expectations regarding anticipated outcomes were provided by the Sponsors, but they hoped participants would bring back new knowledge, which could be transferred and applied within their respective agency, and to give a sense of whether there is a benefit to the program being rolled out within their agencies more widely.



'Agency sponsor perspective of participant feedback

The feedback received from the participants via their sponsors has been categorised into themes and grouped as positive and negative:

Table 8: Agency sponsor themes of participant feedback



Content	Positive Feedback (+)	Negative Feedback (-)
	<ul style="list-style-type: none"> • Interesting • Practical tips • Lived experience sessions • Combination of personal and organisational action goals for reflection and actioning (noting some sponsors noted some individuals did this better than others) 	<ul style="list-style-type: none"> • Session duration of 45 minutes prevents in-depth discussion • Greater application to participants' workplaces needed • Remove the academic theory where possible and make more interactive • Brainstorm practical strategies via peer-to-peer interaction • Spend greater time on how to implement mental health practice (issue guides/frameworks, etc.) where possible and focus on tools, skills, and approaches via greater coaching – especially in regard to leadership styles • Adjust language used to allow for diversity in cohorts present (volunteers vs paid, siren vs non-siren) and remove the assumption that everyone is a first responder, and they are responding to a critical incident • Offer a clearer linkage between sessions • Consider the need for homework given work-life demands and the impact it has on wellbeing



Delivery

- Inter-agency interaction (would love more of it)
- Dedicated time for reflective practice
- Introducing people with training experience from outside the sector which broadened knowledge and perspectives (especially for volunteers)
- Holistic structure of the program
- Resources offered – including recorded sessions
- Structured debriefing provided after task feedback received
- Mixed-mode delivery was considered suitable for a number but the face-to face sessions (including the fishbowl with the Executive Sponsors present) for presentations were highly valued
- Initial technical (IT) connection/access issues
- The inter-agency group work was not well attended for all groups, some struggled to attend due to other demands (work or personal)
- Long days for those who have worked all day, hence motivation and concentration were impacted
- Internet/recording issues – inability to listen to certain sessions if the audio/connection failed
- Delay with receiving WAVE feedback
- Internal resourcing issues with devices
- Inconsistencies with expectations and meeting with Executive Sponsors
- Not having Agency Sponsors and/or assigned coaches/facilitators in sessions to help with breakout rooms or otherwise could be useful

Peer group work/ homework

- Participants were very positive about peer group work (well the majority) as they gained lots of knowledge and sector understanding from some of the homework set. One sponsor stated:

“I think that’s been super useful for our people because different agencies are doing different things and I think that sparks ideas and it sparks an ability to work together. It also gives our people exposure to different mindsets and different ways of doing things.”
- It was noted the groups shouldn’t be too large – smaller groups were a much safer place to open up and all groups should allow equal numbers/ opportunities to interact with each other with a facilitator assigned by the ESF to help monitor and establish communication protocols
- Time was a barrier – especially given the environment/circumstances that were faced by all at the time. A participant had framed it quite clearly to a sponsor: “As a uni student, volunteer, and having a job it was a lot of work”, hence, clear expectations and consultations at the beginning of the program may help to inform the commitment required and ensure participants’ buy-in

Trainer/ facilitator

- Vibrant, energetic, supportive, knowledgeable
- Ability to engage participants varied (possibly due to the platform and/or experience with online delivery)
- Use facilitators based on their level of expertise

Overall feedback from Agency Sponsors'

Positives

- *Complement and enhance existing mental health programs* – A number of Agency Sponsors commented that what is being delivered is complementing versus competing with any existing wellbeing and leadership programs, and they would like to skill up more managers so that practice aligns with the evidence and existing mental health frameworks.

"I think that we are better equipped as an emergency service for being part of this program for the five people who have gone through and for the staff who are supporting it."

"The quality of the information that comes out of ESF and the regularity of it is really invaluable. I'd love to find ways to showcase the work of these teams coming through."

- *Improved personal reflection, optimism and confidence to make changes* – Sponsors identified that, through conversations with participants, there was a realisation of participant personal reflection and related conversations occurring in the workplace. They had witnessed greater thoughtful leadership of the participants (better self-monitoring/listening) and a change in mindset as they had recognised simple things could be put in place that might make a difference i.e., adding wellbeing to the agenda of team meetings, establishing a wellbeing strategy.
- *Opportunity to share and promote agency initiatives with participants* – Some sponsors noted they were surprised by the lack of internal knowledge by participants given they were suggesting initiatives that were already in place, so the positive takeaway highlighted communication issues internally and identified areas for improvement in this regard. Agency Sponsors that had their participants engage with the Executive sponsors couldn't express the benefit of this enough.
- *Opened conversations* – Agency Sponsors that had volunteers expressed how it was allowing conversations about barriers/support needed that otherwise would not have been discussed.



Challenges and disadvantages

- Follow up of ideas for change was not forthcoming for some agencies for various reasons including change in the executive teams just after the pilot concluded (if knowledge management practices are not embedded).
- The geographical distances and frequency of operations (especially for volunteers).
- Old school habits/views and considerations of operating in a current-post pandemic environment still require continued cultural change, this is a work in progress and will need to include consistent levels of support.
- Some participants reported that aspects of the program were not communicated clearly, including the WAVE survey, and the workplace practice exercises (Agency Sponsors noted they were largely unaware of the latter).
- There was some mixed opinions about the communication regarding the emails sent and if information had been missed. It was noted that given the number of programs being delivered by the ESF, perhaps a project management plan (with respective action sheets) could be established and discussed at regular Learning Network meetings to ensure everyone was aware and on track with what needed to be done in between sessions.

Overall consideration

- Initial general feedback is that there is a demand for continued roll-out of the program due to its uniqueness given the ability to engage with other agencies, experts and executives involved. However, longer lead-in times, consideration of the volume of communication, value add, who to recruit and briefing of them, and associated agency resourcing to ensure its success can be assured and prioritised are crucial. But there were a couple of agencies that felt, based on what they are currently doing, the sustainability/viability of the program could not be justified, unless, like other programs, the expectation is there are only a few participants to undertake the program each year. There was a level of apprehension that this would not result in any systemic change for a large agency and hence consideration of a single agency delivery model may be more appropriate.

The feedback by Agency Sponsors was generally positive, which is reflected by the word cloud displayed in Figure 5.

Figure 5: Identified Agency Sponsor positive feedback word cloud



Session specific participant feedback

The overall feedback by participants who undertook the pilot program was generally positive, which is reflected by the following testimonials:

“Considering all the challenges running this pilot program during a pandemic, I think it has been a learning experience for us all. Congratulations on a terrific job dealing with everything that kept changing.”

“There is so much value in this program, working with other sectors and personnel has been really insightful. Having a network of other industry colleagues and listening/seeing what they do well is insightful.”

The following feedback is based on the training sessions and the respective satisfaction surveys:



<p>Understanding mental health – the lived experience perspective (S1) feedback</p>	<p>The statistics, artwork/images, incorporation of responders’ vs volunteers’, messaging around retirement as an issue, questioning techniques after a distressing incident (options/choices of preference)</p>	<p>Some felt they knew the information being presented, some expressed concerns regarding how they felt confronted regarding the images/ artwork, would like statistics presented graphically, length – could have been longer, questions for the peer group need to be written and offered as a resource</p>
<p>Mental health in the Australian emergency services sector – an overview (S2) feedback</p>	<p>Practical tips offered, insights from an injured person’s/lived experience perspective, podcasts (workplace activity)</p>	<p>Technology issues, content was information covered in basic mental health training, ability to apply content to a volunteer setting, lack of slides, pitched at a high level, inability to connect with peers</p>
<p>Trauma, stigma and help-seeking (S3) feedback</p>	<p>A well-organised and well-delivered presentation, content overall was very informative (i.e., cumulative trauma, organisational culture)</p>	<p>More time on how to approach, greater Q&A options, frustrations with inability to meet with peer groups</p>



Organisational factors and mental health (S4) feedback	Relevance to the workplace, kept it simple, focus on organisational matters, appreciated the time to go to peer groups	Greater Q&A options – felt they were spoken to, repetition with statistics (too many), too much content, inability to read slides, frustrations with inability to meet with peer groups
Leading with integrity: becoming an authentic leader (S5) feedback	Listening to others' experiences and available resources in different agencies – while being face-to-face, leadership reflection exercise, the philosophy of authentic leadership, being able to network with our team and other agencies, the peer groups	Would love greater time for peer reflection groups, unsure about WAVE survey, concerned about the notion of <i>"if I don't have a lot of bad things happen to me how I increase my resilience"</i>
Identifying and discussing mental health problems (S6) feedback	New tools offered, practical application	Being able to get into the peer reflection groups – IT issues encountered, plus ability of all group members to be present, duplication of some materials (presented in earlier sessions – but possibly in a different format), mixed opinions regarding the number of breakout sessions, emphasis on volunteers, did not like discussing a member's welfare in a group setting, different levels of expertise within the group
Promoting mentally healthy organisations (S7) feedback	The points shared about psychological safety	Nil reported
Preparing to drive change (S8) feedback	The Hanlon prioritisation methodology, which was shared	Too statistic-based, not enough time provided to meet in agency rooms – especially to discuss action plans (which would be ideal before the final face-to-face session and presentations), it's difficult to put yourself forward sometimes especially in online sessions

Facilitator feedback

What was distinctive about the program?

The facilitators on the multi-agency pilot program felt one of the key innovations of the program was to bring together leadership in the mental health and wellbeing fields. It was noted that while the single elements of the program were not unique, bringing the elements together was certainly distinctive.

Similarly, many of the facilitators had managed and implemented single-agency programs. They felt that the ESF model had significant benefits in bringing together senior figures in each of the organisations, and the leadership, resources and coordination that the ESF provided were crucial to the success of the program. The support by Agency Sponsors that was achieved by networking at the highest levels of the organisation was important.

The capacity for the ESF to bridge participants across all the emergency services organisations was also identified as a strength of the program, as was the diversity of the participants, and being able to include volunteers and staff, despite the challenges for the facilitators in pitching their materials for such a disparate group. Other benefits that arose from this approach include relationship building across the emergency services and providing participants with others to work with outside their own organisations.

What worked well?

The multi-agency approach was recognised as working well, particularly in terms of the positive influence of those agencies that have made greater progress with mental health and wellbeing on agencies with less maturity in the wellbeing space. Making connections with other emergency services was greatly appreciated as well as the ability for participants to share experiences and benchmark their progress with others. Many participants commented '*I thought that was only us*'.

All the facilitators acknowledged that there were challenges that arose from the decision to take the program online due to the pandemic and that the transition was difficult. However, the creation of learning action groups helped to address the challenges created by the online transition. The peer-to-peer group work improved the program greatly.

Being able to work with senior managers to co-design the program helped to make the program more directed and impactful.

When face-to-face days were possible, these worked very well, in terms of communicating the course content, but also in developing relationships with team members.

The leadership skills, action sheets (individual and organisational), and peer discussions were highly productive for participants, although it may have been useful to share the information provided in this process with other facilitators so they would be aware of participant development or learning needs and could better support teams.

Embedding the activities of the program within the workplace was important and providing informal time or team sessions between the scheduled classes or lessons was very important to spur on the activity. It was acknowledged that participants undertaking the program during COVID-19 were under extreme pressure in the workplace. Leadership development programs and mental health awareness programs placed expectations on the participants on top of their ongoing workload, to undertake studies and implement interventions in the workplace. Adding COVID-19 into the mix created an extra layer of pressure and exhaustion for the participants.

In this environment, it would have been good to create space within the structure of the course, not just in terms of the lessons or classes, but also in terms of creating space in participants' workloads. All the facilitators agreed that it was essential for participants to have time release from regular work as well as recognising the time needed for studies in the program and to facilitate the intervention strategies. It was noted that recognising the participants' value to the organisation and acknowledging their contributions were important.

Overall, the facilitators felt that the final presentation day was excellent, it worked well and demonstrated the development of the participants as well as the commitment of the Senior Executives.

Facilitators saw significant changes in the participants – in their self-efficacy and ability to 'deal with' issues of their own and others' mental wellbeing, and in having a set of tools to manage issues in the workplace, as well as to report issues to senior/executive staff.

Suggested improvements

Facilitators had a number of suggestions for improving future iterations of the program.

It was suggested that there was a need to set up a sense of mutual accountability between the participants early in the program. Building in some of the peer-to-peer activities earlier in the schedule could help to improve participant contribution, particularly if online learning is an ongoing feature of the program. It was noted that the Streamyard software was not particularly supportive for facilitators, nor was it conducive of class interaction and involvement for participants. It was acknowledged that Zoom did not meet the security requirements of the agencies, but having said that, it provides a much better environment for class interaction. It was recommended that strategies to improve the capacity to use Zoom and/or Microsoft Teams should be explored for future iterations of the program.

It was noted that holding some early or preliminary sessions for volunteer organisations or those agencies that have not made significant progress on mental health and well-being may be a way to address the different levels of knowledge and experience between different groups of participants. The idea of scaffolding was mentioned both in terms of program delivery and workplace support.

It was suggested that identifying ways to link coaching approaches to content delivery may create greater incentives for participant engagement. It was further noted by one facilitator that the program needs to clarify its goal and logic with respect to if it's an awareness raising program or a behaviour change program.

Other suggestions included increased interaction with Agency Sponsors, taking on coaching or mentoring roles to improve integration with agency goals, and monitoring the impact on workloads and whether participants are able to fully engage with the program.

Better integration of messaging between facilitators could improve future iterations of the program.

Another suggestion was better integration of the program with the workplace, including more active involvement of Agency Sponsors as mentors and coaches or the introduction of online coaching services such as 'Manager Assist' programs, which allow new managers to seek advice and support from external/independent advisors.

It was noted that while the online format was seen as a challenge, it did provide some benefits as well – for example, it allowed the participation of remote and isolated staff members and reduced time spent travelling to the program. Also issues relating to time shifting and the recording of materials could make online delivery a valuable proposition. Evening classes were challenging for full-time staff and some shift workers, while day classes were a barrier for volunteers with day jobs. If platform/delivery problems could be addressed, there is the potential for online to reach a broader audience. It was suggested that a hybrid model that incorporated team-building face-to-face sessions and online content delivery would be a good option.

In terms of the final presentations, the facilitators noted that presentation advice and models were provided, but participants did request a more structured approach to developing presentation skills, including practice sessions, more time to prepare, and more focus on implementation strategies.



Agency outputs via agreed action plans

Table 10 details the action plan developed by the participants in their respective agency groups.

Table 10: Agency action plans

Agency	Action Plan Yes/no	Recommendation(s)	Comments
VCEEM	Yes – team	<ol style="list-style-type: none"> 1. Follow up beyond debrief – RE vicarious trauma 2. Agency name change 3. Encouraging greater communication between volunteers in local area for greater feeling of support when on deployment. 	
FRV	Yes – team	Ongoing FRV specific leadership programs for supervisors/management (SO to Commander Rank and corporate) as the participants felt there was a gap following promotional courses as there is no formalised ongoing leadership or management refresher training	
AV	No but individual plan received from participant	<ol style="list-style-type: none"> 1. Picking suitable times to meet with staff 2. Being vulnerable with the team about mental health/wellbeing challenges or positive stories 3. Inviting staff to teach me about areas they excel in 4. Encouraging staff to have open communication and provide me with feedback about what they think I am doing well and where I can improve 	

Agency	Action Plan Yes/no	Recommendation(s)	Comments
LSV	Yes – team	<p>To update and create a training package with defined development pathways into emergency management and specific to frontline incident commanders.</p> <p>Key elements specific to this group to include</p> <ol style="list-style-type: none"> 1. Critical incident briefing package and training to incorporate mental health and wellbeing 2. Alignment of peer-led working practices with overall health and wellbeing requirements. 	<p>Note: at the fishbowl session and during their presentation they flagged the following:</p> <ul style="list-style-type: none"> • Throughout the program they have been very proactive as a group and have developed and implemented a wellbeing program that aims to prepare and protect their members. So far they have 47 members going through the program “Forward Commanders”. This has three components: (a) Psychological First Aid Training (delivered by Phoenix Australia); (b) general emergency management; and (c) lifesaving services team.
ESTA	<p>Yes – Team (in the form of an email vs a detailed action plan) – see point 1.</p> <p>For point 2 this was taken from evaluation notes at the fishbowl session</p>	<ol style="list-style-type: none"> 1. Introduce a table tennis table to help staff with down time and engagement 2. It was recognised the ESA has a range of support resources but staff are too busy due to heavy workloads to know about them or have time to utilise them. Hence, it was proposed that a paid mental health trade day be run to allow the resources/services to be showcased. 	<p>For operational reasons, ESTA was not well prepared for their presentations. The table tennis idea was, in retrospect, a step in the process of providing something for staff to step away from call taking and engage in a mindful activity. This need was further refined through actions to introduce welfare leave following a particularly traumatic call.</p>

Agency	Action Plan Yes/no	Recommendation(s)	Comments
CFA	No – but the points offered are based on the presentation at the fishbowl session	<p>Participants in the program presented a very professional and large photo board. This was presented to the Director to represent that mental health can play a heavy toll on everyone and it is a hard burden to carry alone. Noting in the photo 1 in 3 have been diagnosed with mental health issues, which compares to 1 in 5 by community standards. They hence seek to gain the support of senior management to have a ‘people first approach’ and invest in training that will enhance the knowledge/understanding of mental health matters and resilience.</p> <p>They noted staff felt embarrassed about their mental health condition and hence they wish to break the stigma and encourage people to speak up and ensure there is a support network in place.</p>	
VicSES	No – but the points offered are based on the presentation at the fishbowl session	<p>Reviewing recruitment documentation and respective position descriptions to ensure all leadership positions set a requirement for all leadership roles that they evidence a skill set that includes awareness and understanding of mental health and wellbeing.</p>	

Agency	Action Plan Yes/no	Recommendation(s)	Comments
Red Cross	No – but the points offered are based on the presentation at the fishbowl session	<ol style="list-style-type: none"> 1. Recruit an internal wellbeing officer to foster an open supportive membership, which should help address retention issues by being proactive and keep volunteers engaged through enhanced communication and reaching out 2. Create a psychologically safe culture and opportunities where volunteers can have a voice 3. Provide psychological (mental health) first aid training for volunteers 4. Implement a support/buddy system 5. Greater commitment to resourcing regional areas – too many are called out alone and have no support. 	
Vic Pol	No – but the points offered are based on the presentation at the fishbowl session	<ol style="list-style-type: none"> 1. Implement a promotional pathway (similar to FRV above) 2. Appoint Welfare Officers (not just peer support) as cumulative trauma has been identified as an issue (e.g., Bairnsdale introduced a welfare and family liaison officer) 3. Reduce the red tape of implementing welfare initiatives (i.e., remove cover sheets – they wish to be able to implement changes that will have a significant positive impact on staff wellbeing – e.g., one station introduced a welfare dog). 	

Agency	Action Plan Yes/no	Recommendation(s)	Comments
EMV	No – but the points offered are based on the presentation at the fishbowl session	Develop a strategy and action plan for mental health and wellbeing that first seeks to establish the current state of play (as staff feel their voice is not currently heard and hence there is an inherent risk not being addressed) and that draws on inspiration from the sector (and external). Ideally they would like to see a team pulled together to develop this and who has respective authority to make decisions and implement change.	
St Johns	No – but the points offered are based on the presentation at the fishbowl session	Would like a leadership program developed by all stakeholders in the organisation that seeks to discuss and demonstrate the importance of creating a culture that puts people first and fosters a caring climate. Focus areas: communication, empowerment, empathy, psychological safety.	



Executive sponsor feedback

After listening to the participants' presentations, the Executive Sponsors were interviewed to gauge their feelings and support of the program. They collectively praised the program and recognised the value and importance of themselves being involved. They identified the uniqueness of the program in bringing together participants from across the agencies in the emergency management sector, and could see the importance in doing this and the benefits of having a diverse group of participants. The following statements highlight their views.

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

Male executive sponsor 1

"Yeah. Not just today but, I'm sure with all of us – I've met regularly with our people involved in the program throughout the program. I think that was extremely useful in terms of their thinking and hopefully helping to maybe guide them in terms of some of that thinking. So, yeah. It's been a partnership, so it's worked really well."

Female executive sponsor 1

"... they are often the ones at the coalface but to know that they're supported in a more strategic sense as well and that these are conversations that we will be having more broadly, not just in particular silos, I think is incredibly important..."

Female executive sponsor 2

"It was just such a valuable insight to be able to hear their voice."

Male executive sponsor 2

"It's actually a risk management exercise too from an organisational perspective because without dealing with this and fostering a way forward, the risk to the organisation is that it progressively gets less and less capable and less resilient to be able to provide the service that it provides. I think it's actually important to acknowledge that as well as that it's the right thing to do with people too because it's the smart way to run an organisation as well as the right thing to do with the people."

Male executive sponsor 3

"I think for me though ... the work that is really successful is actually the grassroots stuff, the stuff that happens on the ground rather than stuff that we push from the centre ... For me, that's one of the big learnings out of talking to the team is looking at those opportunities at a grass-roots level, bringing them up rather than the push out from the centre, which doesn't always work and in our case gets very, very lost amongst all the other work that's happening in that space."

Male executive sponsor 4

“I think for us, as an Exec Sponsor, it’s clearing the way. There’s great ideas; we can actually make them happen and so that partnership is really important working with people directly.”

Do you foresee any sustainability issues moving forward with your involvement and/or the multi-agency approach?

Female executive sponsor 1

“It’s well and truly feasible. I think there’s the acknowledgment has been ongoing conversation; this is something we want to embed into the culture.”

Male executive sponsor 2

“It’s certainly a critical enough issue for us to want to be directly involved. The other thing, it kind of helps me make connections between this and other things that we’re running as to the culture change program, connections to the things that we’re doing around culture and leadership and setting our people up for success... it can fall into the program solution mode where you went to a conference and this is going to fix everything whereas this enables it to be from the grassroots up. So, we get clear usability of solutions by taking this kind of approach.”

Male executive sponsor 1

“Our number one priority is safety and safety of our people and the mental wellbeing of people is actually having more of an impact on our organisation, both from a people perspective, a financial perspective, and how we actually operate. So, this is really important stuff for us. We do have some good programs in place already but we can also improve what we’re doing as well. So yeah, in a nutshell it’s really important.”

Female executive sponsor 2

“I think what’s going through my mind as well is the value of this group being sharing of wares. It builds accountability but it also builds a narrative not only for our people but also for our systems to evolve... You’re not going back into your own organisation and having to have that battle on your own. I think there’s a lot of permission actually by bringing the sector with us. It brings strength, I think.”

Male executive sponsor 3

“Another benefit I think of this is that it’s actually starting to get very focused on the preventing in the first place and being in front of the game rather than having great programs and lots of them that actually respond to the impact, of which most organisations have, but actually having a greater impact on preventing in the first place or providing enough awareness in an organisation so as people understand what’s happening to them and can get assistance earlier rather than the way that they normally would.”

Female executive sponsor 1

“When you look at our reach, our collective reach across the state, it’s enormous. We talk about the age ranges too, the lifecycle, and this is not just about the risk around mental health in response, this is about resilience within our organisations, but also that broader piece. I think there’s an opportunity because of our reach to normalise that conversation as well. If it can be done amongst them... I’m sorry to do this, but they’re the heroes of the emergency agencies, those that are probably least likely to actually seek help, if you break that barrier that really says something to the rest of the community. That’s why I think the sector approach has some big benefits.”

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

Male executive sponsor 1

“One thing, and others might have this too, our diversity across the regions, bringing people in. Taking one person out and it creates quite a significant operational issue.”

Female executive sponsor 1

“One of the exciting things for us was if [unclear] is run again in whatever format, I’ve got a list of people that want to attend.”

Female executive sponsor 2

“I’ve had a direct piece of feedback from my team that they would like to see a mixture of paid and unpaid people to ensure that it is embedded into the culture of the ways we’re operating.”

Male executive sponsor 3

"I think probably just the same thing that we're all dealing with is just the fatigue... If we're going to create change, we've got to allow them that space too."

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

Male executive sponsor 1

"It's more preferable when you can get together face-to-face. Some of the feedback was it was very theory heavy in the early stages but they really got the value in the opportunity to listen and learn from each other and what they're doing and how they're going about it."

Female executive sponsor 1

"The more diverse the group the better."



Participant fishbowl feedback

At the conclusion of the program, the participants were invited to partake in a fishbowl activity where they were asked for their reflections on the overall program. From the feedback observed and recorded, it was clear they felt overwhelmingly positive about the value of the face-to-face sessions in being able to connect, and share their knowledge and thoughts on the state of mental health and wellbeing in their respective agencies. They identified, and felt some form of comfort, that there were shared issues – but recognised the need for contextualised approaches to implement continuous improvement measures. They valued the unique ability the program offered to present recommendations to the Executive Sponsors, but were also concerned about where to from here. Hence, as the following statements highlight, they did see value in creating an opportunity for them to maintain connections and discuss the impact of their respective recommendations.

What have been your overall reflections from the program?

“I like the interaction. I really struggle with sitting and listening to things for an hour, an hour and a half, two hours.”

“If you just had an in-session course, you’d probably find that you wouldn’t get the value out of it as much.”

“So, that’s probably a big takeaway. We spent the first few times trying to get the IT platform working so make it more generic, like Microsoft Teams.”

“After the opportunity to hear from other agencies, we’ve had that chance to reflect on what our particular organisation does well and what it doesn’t do so well on. The opportunity then is to put the call on for ideas or improvement. I think that’s a really great part of this course, these sessions. I think there’s going to be some lasting value come out of it in changes in our organisations.”

“I think what we got out of it is that we know that all the agencies, we’ve all got similar challenges, but we’ve all got different answers.”

“But it would be, I think, great if we could meet again later down the line and actually see if things have changed or if anything has been implemented. Not to hold anyone accountable, but almost to hold all of us accountable to keep driving that change and see if anything comes out of it.”

“Where else do you get the opportunity to meet with people that are in your organisation to present something? We’re talking right across emergency services in Victoria here. I think this is quite unique.”

“I think that we’ve been on a journey collectively together. To be visionaries. To be looking at what could be and what can be. I reckon that we’ll be doing it anyway now. I think that that’s a huge step. If we can be those pioneers. I think we should be proud of what we’ve achieved.”

What advice if any, would you offer the ESF if they're to run this program again?

"I would say have a minimum number of participants."

"So, I suppose the next step would be to say, how does a program facilitate that community to practice and keep that alive? Because it could fall away from it because we're all so busy. We need something that keeps us connected because there's real power in this room."

"If you're an alumni you can stay connected with the year that you did that, then you can come back and speak to the new participants."

"Ensure there are set times and facilitators for the peer groups."

What advice, if any, would you offer your specific agency if they were going to allow members from your agency to be part of a future program?

"Make sure the correct person is chosen to be part of the course and that it is offered to a diverse group within the respective agency, but they need to be supportive and caring of others and appreciate the need for a team culture."

"The challenge will be what will their big idea be and how do they improve it and take it forward? But they'll arrive with the advantage of having been connected to this piece through the work that we do."

"It would be good to have a clear commitment from the start around where they're going to take the recommendations that come out of it. What commitment there is to actually implement whatever ideas come out, so that it's clear to the participants about where this actually will go. There needs to be a long-term commitment to the program."



Conclusion

The evaluation of the *Leading for Better Mental Program* has demonstrated ESF have delivered a unique program, filling a gap in addressing mental health leadership and psychosocial climate culture across the emergency management organisations (EMOs). The quantitative and qualitative data has shown a high satisfaction rating of the program across all aspects and increased self-efficacy outcomes for participants. The pilot alone has already made a positive significant impact regarding planned project outcomes and provided systematic and organisational change. With many participants wanting to see ESF lead alumni group quarterly network meetings.

Specifically, the data points to improved mentally healthy workplaces as evidenced by the post pilot impact case studies from each agency. These explicitly highlight the program has raised confidence levels of participants and a sense of optimism and empowerment to make change which was an intangible and unexpected outcome of the program but certainly linked to self-efficacy.

The overall results are significantly positive given ESF had to pivot the delivery of the program due to COVID-19 and the EMOs were under enormous pressure to resource and respond to the pandemic. In the end the program demonstrated some key points of difference. These included developing participants self-awareness about the impact of their current leadership behaviours; opening their minds to other ways of leading; encouraging them to be vulnerable and authentic in relationships with team members; inviting them to develop specific action plans to lead in a different way with a stronger focus on creating safe spaces, as well as on operational outcomes. However, more could be done in future iterations to consider how to effectively measure changes in self-awareness regarding personal leadership behaviours and mindset.

Finally, it was important and helpful that ESF engaged the EMOs executive leaders with the frontline supervisors and brought together the agencies and sector to allow for networking and sharing of information, and the merging of leadership and wellbeing. However, it was identified through the pilot and the respective recommendations that some EMOs achieved more significant outcomes than others. Hence, more can be done to embrace and solidify the end results by executive leaders prioritising the mental health needs of their workers and having in place contingency measures should turnover of executives, or otherwise, occur to allow for identified changes to be fully considered, implemented, and reviewed.



Timeline of project

Activity	2020			2021								2022				
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
1 Context evaluation 1.1 Meeting with ESF and Project Team 1.2 Finalise evaluation strategies 1.3 Submit ethics approval																
2 Quantitative data collection 2.1 Quantitative collection 2.2 Data analysis 2.3 Descriptive and inferential statistics																
3 Qualitative data collection 3.1 Notification of inclusion in interview 3.2 Consent forms signed 3.3 Interviews conducted 3.4 Thematic analysis 3.5 Themes identified																
4 Interim reporting 4.1 Interim report to ESF																
5 Integration and report 5.1 Integration of quantitative and qualitative data 5.2 Identification of significant findings 5.3 Write up of final report 5.4 Report submitted to ESF																

Final recommendations

Delivery

1. Continue offering the Leading for Better Mental Health Program as a multi-agency option so participants can gain from the benefits of networking, sharing knowledge and experiences across the sector.
2. Consider the knowledge management in respect to how to store, track and share these for the alumni group, and as a way of showcasing options for new participants, and for continual information sharing between agencies.
3. Consider the benefit of including previous participants for future program delivery.
4. Should an online platform be used in future delivery, consider something more familiar to participants from within the sector (for example Zoom or Teams).
5. Ensure evaluation is incorporated as part of future delivery for continuous improvement.
6. If a hybrid or online delivery model is used ensure an onboarding session is provided to support participants.
7. 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..
8. Future programs should consider design changes to accommodate different levels of participant knowledge, noting the value highlighted of peer group discussions and the sharing of initiatives which may assist in having crucial conversations.
9. Build in a check-in process post-program for relevant executive sponsors to reinforce accountability.
10. Build a community of practice from program alumni so they can continue to learn from what each agency has implemented (successfully or otherwise) in the way of mental health and wellbeing improvements. This will help foster and build a culture of continuous improvement.



Content

1. Maximise opportunities for engagement through interactive elements in each session.
2. Facilitators must be mindful of operational differences between agencies, including paid and volunteer workers.
3. Provide clarity at the outset about the program, including information about the curriculum, timing and time requirements.
4. Build in lived experience examples to reinforce key session concepts. For example:
 - a. maximise participant interactions during expert facilitated times
 - b. assign a lead for each peer groups to co-ordinate regular catch ups and where needed, facilitate discussion
5. Where multiple facilitators are used ensure integration of messaging.
6. Consider making more time available to develop participants skills in developing and presenting ideas prior to pitching an idea for change to their Executive Sponsor.
7. Consider ways to better utilise the leadership psychometric throughout the program. If cost is an issue explore budget options for psychometrics that map leadership styles.
8. Peer group discussions and inter-agency 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'.
9. Consider how executive agency sponsors and agency sponsors could be more involved throughout the program.



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Appendix

The evaluation biographical details

Chief Investigator



Dr Stacey Jenkins

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Dr Stacey Jenkins' most recent role in industry was as a National Human Resources Manager for a private organisation in the Detention/Correctional industry. Currently she is the Executive Director Security, Safety and Wellbeing (Acting). She is also 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 towards the following three global Sustainable Development Goals SDG(s): good health and wellbeing; gender equality; and peace, justice and strong institutions.

Co-Investigators and project site leads



Dr Joanna Esler

Ethics, assist with project design and report write up

Joanna has been teaching at CSU since 2010. Her teaching focuses on Management, Workplace Learning and Human Resources Management. She has completed her PhD with her research focusing on organisational behaviour and the effectiveness of training and development in workplaces. As part of her research, Jo has developed and validated a training effectiveness scale. Jo received a Joss Group Award for CSU Outstanding Doctoral Thesis. She also has publications in this area in high quality journals such as the International Journal of HRM. Jo has several years' industry experience, working in HR, Training and Development and Event Management.



Associate Professor Larissa Bamberly

Qual data collection, coding and analysis and write up

Associate Professor Larissa Bamberly 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.



Dr Alain Neher

Questionnaire design, data analysis and report writing

Dr Alain Neher is Associate Head of School for the School of Business at CSU. 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.



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 Mental Health and Wellbeing Special Interest Group for the Australasian College of Paramedicine (ACP).



Dr Mark Frost

Ethics, qual analysis and report writing

Dr Mark Frost is a Senior Lecturer with the School of Business at CSU. 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 Arnela Ceric

Questionnaire design, data collection, data analysis and write up

Dr Arnela Ceric is a Senior Lecturer in management in the School of Business, CSU. Her expertise is in designing qualitative research, conducting interviews, and data analysis. Her research interests focus on the future of work, role of technology in the workplace and evaluation of training programs. She has published in key journals such as Journal of Vocational Education & Training, Information Technology & People, Australian Journal of Information Systems, Journal of Business Research, and Human Resource Management Review, among others.



**Associate Professor
Ramudu Bhanugopan**

Ethics, questionnaire design, quant data analysis and report writing

Ramudu Bhanugopan is 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' 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 the 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.



Dr Abhishek Dwivedi

Questionnaire design, data analysis and report writing

Dr Abhishek Dwivedi is a Senior Lecturer in Marketing in the School of Business, CSU. He researches brand strategy, customer-brand relationships, and social entrepreneurship. He has published in the European Journal of Marketing, the Journal of Business Research, the Journal of Brand Management, the Journal of Marketing Theory and Practice, and the International Journal of Advertising.



