An executive summary of the multi-agency and single-agency delivery model

Leading for Better Mental Health Program pilot

Charles Sturt University

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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 Learning Network identified that within agencies, training and development for managers and leaders is crucial for cultural change and must be a priority focus for the sector. The Learning Network identified a gap and determined a new way of helping team managers lead for better mental health was required to affect culture change across the sector.

In 2021, The Leading for Better Mental Health Program was created, and a **multi-agency** pilot was undertaken. The program was co-designed via nine months of conversations and targeted evidence-gathering activities to understand the gaps between leadership for mental health best practices and current agency activities. People involved felt that no matter what agency they serve, team managers had common experiences so could learn from working together. The program aimed to meet the needs of people who are responsible for leading frontline teams. In the emergency services sector this means volunteer brigade, unit and club captains as well as team leaders in administration settings.

After successfully completing the multi-agency pilot and verifying and corroborating the outcomes, a **single-agency pilot** program was initiated involving team members and team leaders from one agency, the Victoria Government Department of Environment Land Water and Planning (DELWP) Forest Fire Management Victoria (FFMVic) Division. The delivery models of the two pilots varied. The multi -agency pilot was conducted during the Covid pandemic and was primarily online over six months with two single days face to face mid-way and at the end. At the core of the single-agency pilot were two 2-day module workshops with team leaders delivered face-to-face in November 2021 and February 2022 which allowed time for practice, reflection and coaching in the intervening three months.

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

The design of the program requires commitment from executive leaders/sponsors to support the implementation of system changes recommended by program participants. Post program case studies show participants and executive leaders/ sponsors are adjusting their practice in response to skills and expertise gained from the program and making changes to improve psychological safety in the workplace. Evaluation at the conclusion of both pilots has revealed that the goals of the program were achieved regardless of the delivery model.

Quantitative evaluation findings found the pilots achieved high participant satisfaction ratings, especially for the face to face sessions. Participants of the multi-agency pilot gave positive ratings on a scale of one to ten for all sessions where the lowest mean score was 7.03 and the highest 9.13. Improvements in mental health self-efficacy were also strong, with participants reporting a 30-40% improvement against the baseline. Self-efficacy was measured by six metrics that assessed improvement in understanding and confidence in assisting team members with mental health matters.

Qualitative evaluation findings found that both models of delivery were successful as the program:

- fills a gap to provide a unique mental health leadership program
- effectively merged wellbeing and leadership
- offered the opportunity for inter-agency learning and collaboration
- provided a level of expertise by the presenters which would not necessarily be accessible to all agencies.
- engaged emergency management organisations executive leaders/sponsors
- inspired confidence and connections to drive personal and organisational change
- initiated change at team and agency level to improve psychological safety and culture

Both models of delivery have shown the program augments and complements prior knowledge and skills and provides an opportunity to allow frontline leaders and executive sponsors to share, practice and deeply reflect

on how they can embed actions that result in a workplace that feels more psychologically supported. The program provides a unique opportunity to address issues at an individual and systems level, with the focus throughout on employee centred actionable outcomes.

Recommendations are detailed below, however, no material changes to the program are proposed, except to ensure the onboarding process including individual briefings with potential participants is always adopted to explain the objectives of the program and what to expect from it, which ESF successfully conducted for the multi-agency model. Alumni events, including an annual twelve-month follow up focussed session, with the executive sponsor(s) present is suggested to ensure continuous improvement practices and mental health initiatives are shared across the agencies. This should be embedded to become part of operational processes and culture to achieve systematic and sustainable change which allows for mental safety to be viewed as just as important as workers physical safety. Either model can therefore be adopted to achieve positive outcomes noting participants valued interaction with team leaders from other agencies wherever possible. The preferred model should be based on the needs of the agency, which pre-program mental health climate surveys can help highlight, and this can be considered as part of the program delivery.
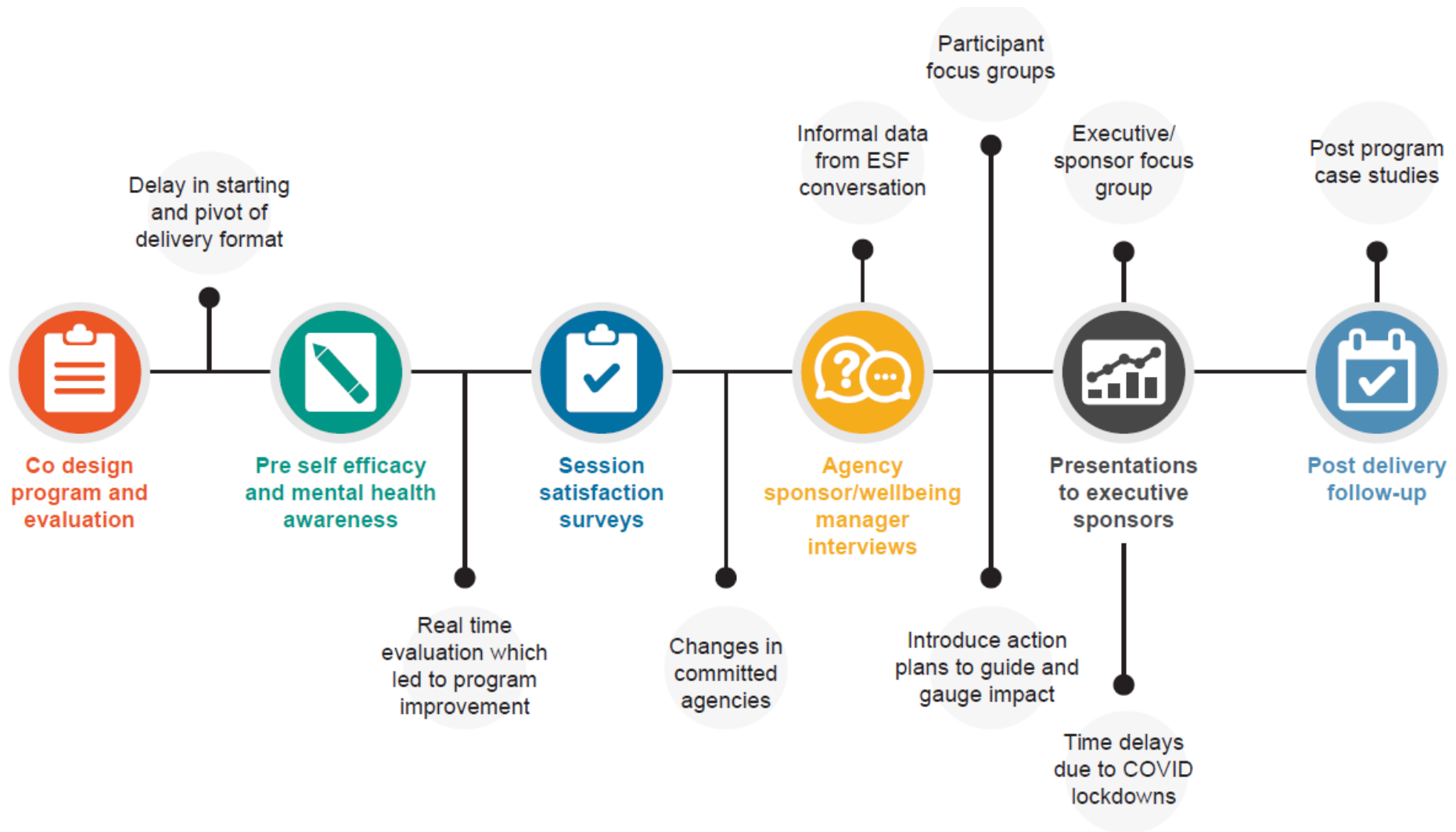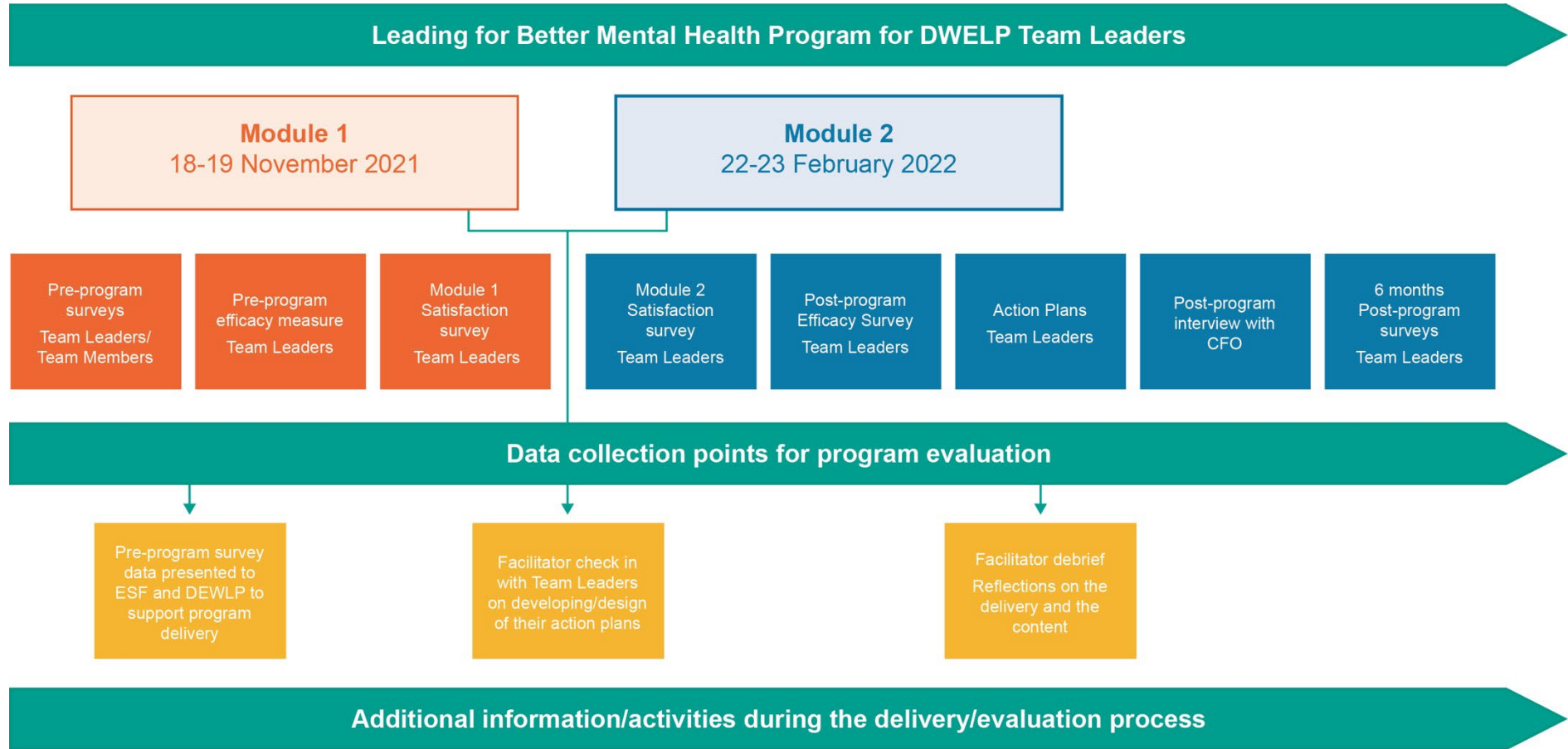
Multi-Agency Program Pilot Alumni 2022

Single Agency Program Pilot Alumni 2022

Multi-Agency Pilot Evaluation study design

Delay in starting and pivot of delivery format

Participant focus groups

Informal data from ESF conversation

Executive/ sponsor focus group

Post program case studies

Co design program and evaluation

Pre self efficacy and mental health awareness

Session satisfaction surveys

Agency sponsor/wellbeing manager interviews

Presentations to executive sponsors

Post delivery follow-up

Real time evaluation which led to program improvement

Changes in committed agencies

Introduce action plans to guide and gauge impact

Time delays due to COVID lockdowns

Single-Agency Pilot Evaluation study design

Leading for Better Mental Health Program for DWELP Team Leaders

Module 1	Module 2
18-19 November 2021	**22-23 February 2022**

| Pre-program surveys Team Leaders/ Team Members | Pre-program efficacy measure Team Leaders | Module 1 Satisfaction survey Team Leaders | Module 2 Satisfaction survey Team Leaders | Post-program Efficacy Survey Team Leaders | Action Plans Team Leaders | Post-program interview with CFO | 6 months Post-program surveys Team Leaders |

Data collection points for program evaluation

| Pre-program survey data presented to ESF and DEWLP to support program delivery | Facilitator check in with Team Leaders on developing/design of their action plans | Facilitator debrief Reflections on the delivery and the content |

Additional information/activities during the delivery/evaluation process

Final recommendations

The following recommendations are proposed for future offerings of the Leading for Better Mental Health Program:

Delivery

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

Content

1. Maximise opportunities for engagement through interactive elements in each session/module to ensure lived experiences are shared.
2. Facilitators must be mindful of operational/ team differences within an agency and its respective workforce (including different categories of workers, e.g., fulltime / part time, contracted, or volunteer workers etc).
3. Provide clarity at the outset about the program, including information about the curriculum, time requirements, and set homework tasks.
4. Where multiple facilitators are used, ensure integration of messaging to avoid the possibility of curriculum repetition.
5. Consider 2x3 days modules or incorporation of team building in Module 1 and presentation skills prior to pitching an idea for change to their Executive Sponsor.
6. Ensure time for individual coaching is incorporated into the program.
7. Time for peer group discussions and across-agency/team sharing (about their initiatives and ideas for change) must be considered essential components of future delivery.

Conclusion

The evaluation of the Leading for Better Mental Health Program single-agency and multi-agency pilots has clearly demonstrated the program delivers on making a positive difference to frontline leaders' knowledge, skills, and mental health literacy and delivers significant change in the workplace to support psychological safety regardless of the model of delivery. This is evidenced by the findings in the pre- and post-program self-efficacy surveys and case studies.

The program is unique due to its combination of leadership and mental health content, which requires team leaders, who are participants, to put into practice actions in their workplace during and post program. Agency specific actions are also identified, and Executive Sponsors held to account to drive system change identified by their respective team leaders.

The post-program case studies highlight how the learnings gained from the program have a long-lasting influence on participants which benefits their workforce. The actions the participants have embedded, and continue to, will help to deliver systemic change required to prioritise mental health in the workplace. An alumni network, follow up with executive sponsors and associated events will assist in maintaining focus on this.

There are, however, aspects of the program which could be refined to improve outcomes. This includes onboarding (recruitment, selection, and induction) of nominated or self-selecting participants.

It was identified through the evaluation that participants and agency sponsors (ESF Learning Network) acknowledged there are other leadership and mental health programs offered but this program complemented participants knowledge base and provides the opportunity for the specific role of authenticity as a team leader in nurturing healthy workplaces. The program also has the potential to have a far wider reaching cultural impact if it is considered an essential leadership development program across the emergency management sector as it would offer a consistent approach for team leaders, drive widespread culture change and support organisations/agencies to take a proactive approach to meet their work health and safety obligations of creating a psychosocially safe work environment.

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

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