INDEPENDENT EVALUATION

BEYOND BLUE

FINAL REPORT
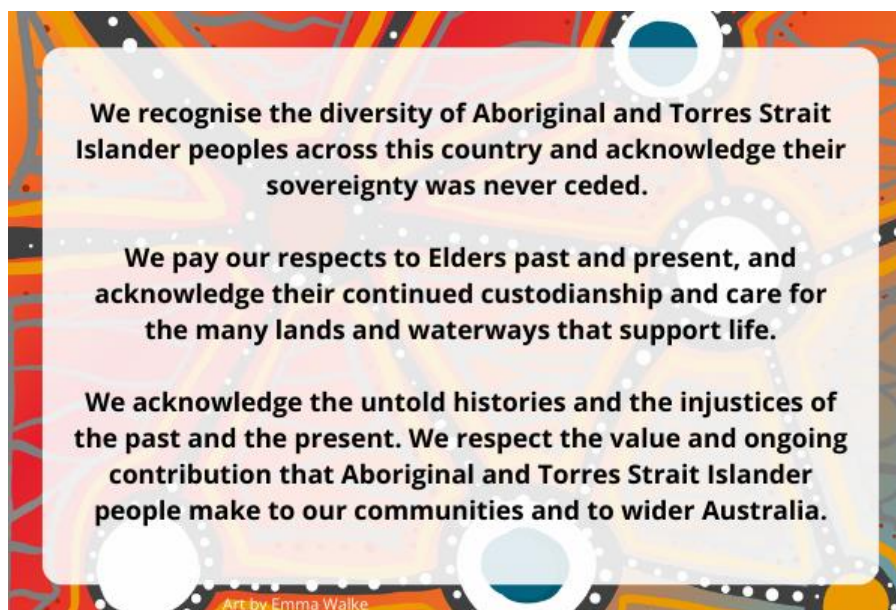
DATE

8 DECEMBER 2023

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ACKNOWLEDGMENTS

We recognise the diversity of Aboriginal and Torres Strait Islander peoples across this country and acknowledge their sovereignty was never ceded.

We pay our respects to Elders past and present, and acknowledge their continued custodianship and care for the many lands and waterways that support life.

We acknowledge the untold histories and the injustices of the past and the present. We respect the value and ongoing contribution that Aboriginal and Torres Strait Islander people make to our communities and to wider Australia.

Art by Emma Walke

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EXECUTIVE SUMMARY

THE EVALUATION

ARTD was engaged in 2021 to design and deliver the fifth independent evaluation of Beyond Blue (2020–23). This fulfills the requirement of the Commonwealth Government's grant contribution to Beyond Blue's core activities. This is the final report of the evaluation.

The evaluation sought to answer 10 questions relating to Beyond Blue's reach, outcomes, value for money, and role in the mental health ecosystem. This was done using a theory-based approach that incorporated a **contribution analysis** to strengthen the assessment of Beyond Blue's contribution to mental health outcomes in the context of other factors within the system, and a **mixed-methods data synthesis** to transparently synthesise various data sources and report on the scale of outcomes supported and the quality of the evidence of these outcomes.

The evaluation covers Beyond Blue's external facing activities during 2020–23. All key products and services are covered through reporting on Beyond Blue's business roles of information provision, service provision, and equipping community (Beyond Blue's work with people with lived experience as speakers, volunteers and Blue Voices members). Beyond Blue's other business roles – knowledge leader, policy advocate and incubator (Beyond Blue identifies ideas and shapes solutions to address unmet need and transfers these to relevant stakeholders) – are covered to a lesser extent. The evaluation does not cover the internal transformation process undertaken and funded by Beyond Blue reserves during this period, or its internal functions and processes.

This report primarily draws on administrative data on Beyond Blue's reach, evaluations and monitoring data available for products and services, engaged communities and policy advocacy, Beyond Blue's reports to the Commonwealth, and a population survey commissioned by Beyond Blue. These Beyond Blue data sources were supplemented with stakeholder interviews independently conducted by the evaluation team, and relevant academic literature and government reports.

We have data for all key evaluation questions; however, there are some limitations.

- There is limited demographic data for some products and services (in part because of the commitment to providing service users the option of anonymity, a deliberate desire to not overburden service users with data capture, and the difficulty of capturing this information for some products and services), which makes it difficult to fully assess who Beyond Blue is reaching, who they are not, and why.
- It is difficult to synthesise outcomes across all products and services because different products and services use different outcomes measures to assess similar outcomes. It is also difficult to make definitive statements about Beyond Blue's contribution to higher level outcomes given the myriad factors impacting mental health, particularly during the last three years, and the ways in which Beyond Blue aims to help address and to leverage these other factors in its work.
- It is difficult to assess the value for money provided by an organisation, particularly a mental health organisation, given the non-linear nature of recovery. The findings on

value for money should be considered partial, and something on which to build over time.

FINDINGS

RESPONSIVENESS TO THE ECOSYSTEM

At the outset of this strategy period, Beyond Blue could not have anticipated the unprecedented combination of events that would unfold between 2020–23 – from natural disasters through to the COVID-19 pandemic and the cost-of-living crisis. These have contributed to widespread feelings of uncertainty and had a substantial impact on mental health and wellbeing. Beyond Blue was also particularly affected by COVID-19, with its head office located in Melbourne, which experienced the longest lockdowns in Australia.

In this context, there is evidence that Beyond Blue has responded well to changes in the ecosystem and the factors amplifying mental health concerns, and has leveraged these to advocate for and encourage an increased focus on mental health. This has been enabled by Beyond Blue's preparedness, experience, brand, relationships and funding agility, with its ability to draw on a range of funding sources and reserves to invest in strategic initiatives.

With specific, time-limited government funding, Beyond Blue responded to **COVID-19** by developing and rapidly standing up the Coronavirus Mental Wellbeing Support Service (CMWSS) and adapting the existing NewAccess program (that Beyond Blue had developed to be delivered to a range of population groups funded through Primary Health Networks (PHNs), and had already adapted for workplaces) into a national program tailored to support small business owners. They were also able to use the existing Be You infrastructure to provide tailored supports for educators at a time when they were under significant pressure with virtual schooling.

Following a specific request from the Australian Government, and with additional funding, Beyond Blue responded to the **Victorian Black Summer bushfires** by adapting Be You to the context of bushfire recovery and providing targeted support to affected schools and early learning centres. Following a further funding request from the Victorian Government, it also adapted NewAccess to respond and provide targeted supports to communities in north-eastern Victoria affected by the bushfires. In 2021, this program was expanded through a statewide telehealth service supporting all Victorians affected by the impact of COVID-19, with a further extension of services in early 2023 to support **flood affected regional communities**.

Ahead of current **cost of living concerns** in early 2020, Beyond Blue recognised the importance of the connection between money and mental health and partnered with the Australian Securities and Investments Commission (ASIC) to better understand this connection and take proactive action. With the growing concerns, they have leaned into further work on financial wellbeing, partnering with Financial Counselling Australia (FCA) to develop information and practical guidance and engage stakeholders through webinars.

The story of The Way Back Support Service – which was iteratively developed over 10 years before being handed over to state and territory governments and PHNs in June 2023 –

effectively illustrates Beyond Blue's business role as an incubator of new models of care, and its ability to respond to emerging concerns, as well as proactively meet and advocate for funding to meet community needs.

Overall, stakeholders were highly positive about Beyond Blue's strategic response to changes in the mental health and suicide prevention ecosystem. Most stakeholders also felt Beyond Blue's approach to partnership had improved over time and that it had cultivated positive relationships with corporate and community partners, who valued the experience and benefits of partnering. However, the corporate and community partner survey indicated that, on average, partners were less clear about the outcomes achieved through their partnerships. Some interviewees identified challenges in working with Beyond Blue, including an initial lack of clarity around roles and responsibilities, and Beyond Blue's internal 'bureaucracy', which they thought slowed processes and limited the potential of products produced through the partnerships. Some stakeholders also had misperceptions about why Beyond Blue entered specific areas and then stepped back.

OUTCOMES

The first steps in contribution analysis are to identify whether implementation occurred in line with the logic model and whether there is a sound reason to believe that what was implemented will support outcomes. Beyond Blue **implemented products and services** and undertook its business roles in line with the organisational logic model (which was aligned to its strategy and business roles). Government stakeholders perceived a need for Beyond Blue's focus on prevention and early intervention. Beyond Blue's actions are also in line with **evidence** for digital technologies, prevention and stigma reduction, and so should contribute to improvements in mental health.

Beyond Blue's core products – the Support Service and Forums – are leading to positive outcomes. On average, people reported significant reductions in distress after accessing Beyond Blue's Support Service and CMWSS (from 80% who felt distressed or worse before contact to 31% after). Forum users also experienced reductions in distress (from 66% before contact to 43% after), as well as other outcomes, such as feeling heard and understood (86%) and hopeful (73%), and improved wellbeing.

Overall, monitoring and evaluation data suggest Beyond Blue's core and supported products and services are having a small to medium positive **impact on mental health literacy** (e.g. greater knowledge of mental health and recognitions of the signs of poor mental health), **confidence to act** (reduced shame and increased help seeking), and **the use of prevention and management techniques**. However, the quality of outcomes data varies significantly across products and services.

There is also evidence that Beyond Blue's supported products have achieved meaningful outcomes for individuals and communities. **The Way Back Support Service** achieved a 63% reduction in suicidal ideation and an 86% improvement in wellbeing. **Be You** supported significant improvements in educators' mental health knowledge, self-efficacy and positive

wellbeing (with effect sizes ranging from small to medium; Cohen's d = 0.18 - 0.51).[1] Be You has also achieved a range of positive outcomes for students, particularly from secondary schools, such as reductions in negative feelings and behaviours (d=0.63) and increased social (d=0.43) and emotional skills (d=0.42). **NewAccess for communities** (funded through PHNs), and a **– NewAccess Workplaces (via Comcare)**, **NewAccess for Small Business Owners (NASBO)** – all achieved high recovery rates of around 70%.

Beyond Blue's **engaged community members** reported benefitting from their contribution to Beyond Blue. Members felt their contribution has had a positive impact on their personal mental health (81% significantly, moderately or slightly agreed) and helped to support their recovery (72% significantly, moderately or slightly agreed). They also feel they have been able to enhance other people's understanding and make a positive difference to the broader community.

Beyond Blue is viewed by stakeholders as a highly engaged and effective **policy advocate**, particularly at the national level, even in the context of other factors influencing policy. The Way Back Support Service is a notable example of Beyond Blue's work in this area, particularly its significant contribution in advocating for the current investment in universal access to aftercare through the National Mental Health and Suicide Prevention Agreement.

Beyond Blue has also demonstrated outcomes through its **knowledge leader and catalyst** role, partnering on research initiatives that have been translated into practical tools, notably in financial wellbeing.

Beyond Blue's vision – that all people in Australia achieve their best possible mental health – is affected by a range of factors outside of Beyond Blue's activities, particularly during the last three years. There is an indication from Beyond Blue's population level survey of at least some notable differences in mental health literacy, confidence to act, and the use of prevention and management techniques among those using Beyond Blue services compared to those who are not. Because these data were collected at one time point, we cannot attribute these differences to Beyond Blue, but the data provide evidence that Beyond Blue is contributing to its intended ultimate outcomes.

IN WHAT WAYS IS BEYOND BLUE MAKING THE BIGGEST DIFFERENCE?

Stakeholders had varying understandings of 'making the biggest difference', but commonly, they identified Beyond Blue's biggest impact as reducing stigma and encouraging help seeking. They also identified Beyond Blue's active role in advocacy as important for raising mental health awareness and for normalising conversations about mental health and wellbeing. This has been supported by Beyond Blue's low intensity supports, which provide an accessible starting point for people seeking help through non-clinical pathways.

These impacts are enabled by Beyond Blue's brand as a trusted source of mental health advice and support. This allows them to reach more people, amplify their work, and advocate effectively. It has also been enabled by Beyond Blue's experience and strong relationships

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[1] Cohen's d is a standardised effect size for measuring the difference between two group means. It is typically interpreted as: d=0.2 small effect size; d=0.5 medium effect size; d=0.8 large effect size.

with governments and partners, which have enabled them to meet the mental health needs of the community.

REACH

Beyond Blue delivers information, support and advice to the Australian community, adopting an inclusive approach to all services, but does not provide specialised services to different population subgroups. Beyond Blue also aims to reduce duplication in the sector by connecting people to other supports, where appropriate. It aims to act as a Big Blue Door providing accessible, personalised, safe and connected mental health support for all people who engage with Beyond Blue.

Beyond Blue has reached many people through its core products and services and Beyond Blue supported services. The population-level survey suggests about 1 in 8 Australians have engaged with Beyond Blue's content[2] in the past 12 months, and about 1 in 25 have accessed interactive support[3]. As a **brand**, Beyond Blue is almost universally recognised.

From July 2020 to June 2023, the Beyond Blue and Coronavirus Mental Wellbeing Support Service (CMWSS) websites have had over 16 million visits, and more than 390,000 resources have been downloaded. In that time, the Support Service has received more than 473,000 calls, 187,000 webchats, and answered more than 15,000 emails. In addition, the CMWSS answered over 62,000 phone calls and 6,400 webchats. Beyond Blue's online community Forums averaged almost 250,000 unique visitors over a six-month period. Between July 2021 and May 2023, more than 6,000 people accessed 27,000 NewAccess sessions delivered to individuals through 13 PHNS located in Victoria, Queensland and New South Wales.

Beyond Blue has reached people from **all states and territories**, as well as **regional and remote areas**, broadly in proportion to the size of their populations. People of all ages have accessed Beyond Blue, with digital platforms, such as Beyond Blue's Forums and the BeyondNow safety app, having greater reach to younger people. Females are over-represented across all of Beyond Blue's products and services, which reflects population mental health and service access trends.

Beyond Blue has significant reach into **schools**. Since 2018, when Be You brought together various Australian Government schools initiatives, it has registered approximately four times the number of schools as its predecessor programs and achieved a ten-fold growth in reach into early learning centres. As of July 2023, Be You has registered 70% of all primary, secondary, independent and Catholic schools, and about 1 in 3 early learning services, in Australia. It also has reach into all states and territories, regional and remote areas, and has supported over 170,000 educators.

Beyond Blue has reached significant numbers of individuals in **workplaces** through NewAccess for Small Business Owners (NASBO) and NewAccess Workplaces (delivered to the

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[2] Had visited the website, followed Beyond Blue on social media, read a handout or brochure or listened to the podcast but had not used a Beyond Blue service or been supported by Beyond Blue in the past 12 months.
[3] Had used a Beyond Blue service including phone support service, webchat, online peer forum, or had engaged through workplace / school or volunteered with Beyond Blue in the past 12 months.

Australian Public Service via Comcare). Both have higher reach into female-owned industries than male, which is in line with other Beyond Blue services and mental health services more generally.

Beyond Blue also has a large, **engaged community** of Blue Voices members (6,000), Speakers (200), Ambassadors (15) and volunteers (8,000) based across the country. Priority populations are well represented among Blue Voices members – 10% identify as gender diverse, 23% identify as LGBTIQA+, 20% are from culturally diverse communities, and 8% are Aboriginal and Torres Strait Islander. These engaged communities have an important role in enhancing Beyond Blue's reach into the community through events and other engagements. Over the 3-year period of this evaluation, the total estimated audience from Speakers and Ambassador engagements has increased from 155,509 in the first year, to 300,918 in the second and 327,407 in the third (including in-person and virtual event attendance, as well as the Beyond Blue – and its partners' – websites and several associated social media channels).

Over the past three years, Beyond Blue has undertaken actions to transform its core products and services – the website, Support Service and Forums – along with its business system infrastructure to progress the **Big Blue Door** and enhance reach. With an increasing focus on digital capability and referral pathways, individuals accessing any of Beyond Blue's services can be better connected to other organisations that are best placed to support people from particular demographic groups or with particular mental health conditions. However, staff acknowledged there is still further work to be done to progress the vision of the Big Blue Door.

Stakeholders generally felt that Beyond Blue is successful in reaching people who have mild to moderate depression and anxiety, or those struggling with their mental wellbeing who would not necessarily recognise this as related to mental health, which reflects the organisation's aim to intervene early and provide low intensity supports. However, there is evidence that Beyond Blue reaches people experiencing all levels of distress, including those in significant distress, through the Support Service/ CMWSS (26% extremely distressed) and Forums (19% extremely distressed).

There is less evidence about Beyond Blue's reach into **diverse populations**. Stakeholders also had a perception that Beyond Blue is better at reaching the white middle class, and not as good at reaching people from Aboriginal and Torres Strait Islander, culturally and linguistically diverse and LGBTIQA+ communities. People from these communities consistently face barriers in engaging with services and supports more broadly, and Beyond Blue has progressed several pieces of work to reduce these barriers in relation to its supports. The impact of this work and stakeholder perception is difficult to review in data, as there is less evidence about Beyond Blue's reach into priority populations, given the commitment to provide anonymity and allow people to make their own decisions about closure, and difficulty of collecting this data for some products and services. Beyond Blue's Support Service, CMWSS and Forums are reaching gender-diverse people broadly in proportion to population estimates. The Support Service and Forums are also reaching culturally diverse people broadly in proportion to the population. Beyond Blue is reaching a small proportion of Aboriginal and Torres Strait Islander people through its core products and services, and significantly more through supported services, such as The Way Back Support Service.

VALUE FOR MONEY

It is difficult to effectively assess the value for money provided by mental health services – given the myriad factors affecting outcomes and non-linearity of recovery – and even more so at the organisational-level.

Available data suggest Beyond Blue is making strategic decisions to provide products and services it is best placed to provide, and that are not better addressed by other organisations. Beyond Blue staff noted the importance of the Commonwealth Government, and state and territory governments' non-tied funding, which accounts for approximately one-quarter of its income. In their view, this funding enables Beyond Blue's core operations, is critical for its ongoing sustainability, and allows the organisation to respond to the changing mental health needs of Australians.

Beyond Blue has also sought diverse sources of funding to support sustainability and to best suit different purposes (e.g. philanthropy funding to develop new services). It has leveraged financial support from its corporate partners, and is able to supplement funding with its own reserves to deliver actions that would not otherwise be funded.

The limited granularity of data makes it difficult to make an evaluative judgement about whether Beyond Blue has efficiently managed the funds they spend. Beyond Blue's overheads are lower than the average overhead cost for non-for-profit (NFP) organisations in Australia, but as organisations classify overheads differently, it is difficult to make comparisons.

Cost per contact information is available for some services. The cost per contact for Beyond Blue's Support Service (funded through donations and philanthropy[4]) increased over the strategy period. Staff indicated this is due to the transition to a new provider,[5] significant investment in transformation of the service, alignment to market costs for workforce, and reportedly longer average handling times. The average cost per contact across the three-year period ($64) is difficult to compare to other services, particularly during this transition period. However, the Support Service offers accessibility, as it can be accessed at any time, through any channel, at no cost to the individual and anonymously if desired. The cost per user for Forums is minimal. The delivery of Be You has become more efficient over the three-year period because of its significant growth in reach. Other services, like NewAccess for Small Business Owners have also been independently determined to represent good value for money (cost benefit ratio of 1.14).

OPPORTUNITIES

The evaluation identified the following opportunities for Beyond Blue to consider:

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[4] With the exception of a time-limited period during the COVID-19 pandemic when some government funding was allocated to the Beyond Blue Support Service as part of the pandemic response and in recognition of the significantly increased demand.
[5] Beyond Blue's contract with its previous provider was due for retender.

REACH

- Increase the consistency of demographic data collection from service users to better understand who Beyond Blue is reaching and who they are not, while continuing to balance this with privacy concerns, ensuring it does not place any undue burden on service users.
- Continue to tailor approaches to reach particular cohorts, such as occurred for young people in the CMWSS.
- Continue to use partnerships with specialist organisations to best connect people from particular demographics and with particular conditions to support.
- Continue Big Blue Door reforms to support personalisation, connection and consistency of experience across Beyond Blue supports and connection to other supports.
- Consider further strategies to be more accessible to people from Aboriginal and Torres Strait Islander and culturally and linguistically diverse communities.

MONITORING DATA

- Work towards standardised satisfaction data to provide a clearer picture of satisfaction across different products and services, particularly for core products and services (noting the challenges in influencing data collection among commissioned providers).
- Increase the consistency of outcomes data collected across products and services in line with the outcomes identified in the new strategy, noting that not all may be relevant to each program.
- Increase reporting of outcomes in regular reporting to the Commonwealth Government.
- To strengthen evidence of policy outcomes, consider a more systematic quantitative approach to measuring policy influence of submissions (e.g. a relative score for how closely the outcome reflects Beyond Blue's submission).

EVALUATION

- Encourage evaluations to collect more consistent outcomes data to enable better synthesis of outcomes at the organisational level.
- Consider including value for money assessments in evaluation, where appropriate.

THE ECOSYSTEM AND PARTNERSHIPS

- Consider broader stakeholder communication when Beyond Blue decides to withdraw or shift its focus/ action from a particular area, so stakeholders understand the rationale.
- Consider how partnership / collaborator processes might be streamlined to ensure faster turnaround times and less administrative burden for partners or collaborators to enable more progress on products.

FINANCIAL DATA/ VALUE FOR MONEY

- Record more detail on how funding is combined from different services to enable a better understanding of how Beyond Blue aims to maximise value.

- Continue to enhance financial data to demonstrate value for money, including benchmarking cost per interaction over time (while ensuring outcomes are maintained), and options for assessing return on investment, cost effectiveness or cost-benefit, noting the challenges in putting a dollar value on outcomes in this context.

1.   BACKGROUND

Formed 23 years ago, Beyond Blue is now Australia's most well-known and visited mental health organisation. It is focused on supporting people affected by anxiety, depression and suicide. Beyond Blue's **vision** is that all people in Australia achieve their best possible mental health and its **mission** during the 2020-2023 strategy period was to work with the community to improve mental health and prevent suicide.

The three-year **Beyond 2020 Strategy** (2020 - 2023) identified three priorities.

- Promoting mental health and wellbeing so people have greater knowledge, feel safe to talk openly about their issues, and are supported to ask for help when they need to.
- Being a trusted source of information, advice, and support so we can all better understand how to maintain our mental health and take steps to recover from mental health conditions.
- Working together to prevent suicide by playing a lead role in the national effort to prevent suicide through research, information, advice and support, and advocacy.

The Strategy included the vision of Beyond Blue as the **'Big Blue Door'** – to provide accessible, personalised, safe and connected mental health support for all people who engage with Beyond Blue.

During this strategy period, Beyond Blue underwent an organisational transformation – **Enabling Beyond 2020** – to ensure its business and operational models enabled it to effectively deliver on its strategy, and be agile and responsive. The transformation effort was funded by Beyond Blue cash reserves.

As part of work on an **organisational Outcomes Framework**, a logic model and indicators to measure actions and outcomes were developed in line with Beyond Blue's strategy, business, and operational models. This defined Beyond Blue's intermediate outcomes for individuals and communities in line with its early intervention and prevention focus as increasing mental health literacy, confidence to act and prevention and management techniques, as well as policy and evidence building. Ultimately, it is expected these **outcomes** will contribute to:

- **people** have the knowledge, skills, confidence and opportunities to maintain good mental health, reduce their risk of suicide and have strategies and empathetic supports on-hand, to respond if they start to struggle
- **communities and social networks** – in families, neighbourhoods, educational settings, workplaces and online – work together to create non-stigmatising, respectful, and supportive spaces where everyone can achieve their best possible mental health, and play a role in preventing suicide
- **society** provides the structural supports and policies that support good mental health and prevent suicide, and provides safe, affordable access to the right type of support at the right time.

Beyond Blue has since released its new strategy, *Beyond Blue Strategy 2023+. Earlier. Easier. Together*, and while the strategy maintains elements of the overall organisational logic developed for the 2020 to 2023 strategy period, the planned approach to organisational outcomes measurement has been adjusted.

FIGURE 1.   BEYOND BLUE ORGANISATIONAL LOGIC
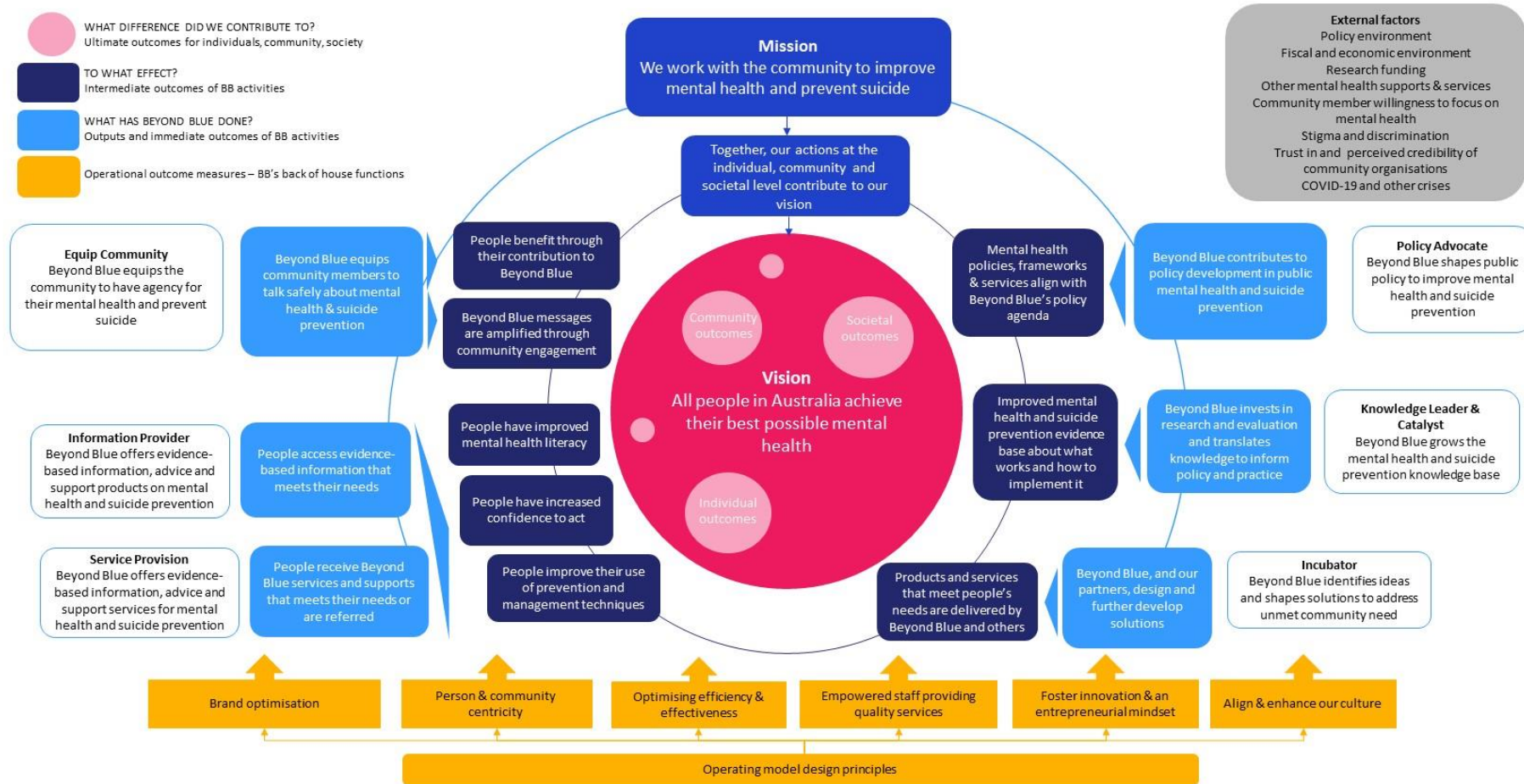
2.   THE EVALUATION

Beyond Blue engages an external evaluation team to conduct an **independent evaluation** of the organisation every three years to fulfill the requirement of the Commonwealth Government's grant contribution to Beyond Blue's core activities and enable the organisation to learn from what is working and what can be improved. There was a gap between independent evaluations in order to align the evaluation period to Beyond Blue's strategic planning cycle. ARTD was engaged in 2021 to design and deliver the fifth independent evaluation of Beyond Blue (2020–23). This is the final report of the evaluation.

2.1   KEY EVALUATION QUESTIONS

Table 1 outlines the key questions that the evaluation sought to answer.

TABLE 1.   KEY EVALUATION QUESTIONS

Domain	Evaluation question	Report section

Outcomes	1. To what extent has Beyond Blue contributed to its intended ultimate outcomes:
	    a) For individuals
	    b) For communities
	    c) For society?
		5

	2. What are the immediate and intermediate outcomes that result from Beyond Blue's activities?	5
	3. In what ways is Beyond Blue making the biggest difference?	5.9
Value for money	4. What value for money did Beyond Blue offer?	6.2
	5. How has Beyond Blue leveraged different funding sources to maximise value?	6.3
	6. How has Commonwealth funding received helped Beyond Blue achieve its outcomes?	6.4
Reach	7. Who did Beyond Blue reach and who did Beyond Blue not reach? What is contributing to this?	4.2
	8. How is Beyond Blue delivering on the vision of the Big Blue Door?	4.3
Ecosystem	9. How effective has Beyond Blue been in responding to changes in the external environment, community needs, and the mental health and suicide prevention ecosystems?	3

Domain	Evaluation question	Report section
	10. How did Beyond Blue work with partner organisations to support outcomes?	3.4

2.2   DESIGN

Building on the theory-based approach taken by previous independent evaluations (i.e. the use of an organisational logic to guide the evaluation), ARTD used:

- a **contribution analysis** to strengthen the assessment of Beyond Blue's contribution to mental health outcomes in the context of other factors within the system
- **mixed-methods synthesis** to transparently synthesise various data sources and report on the scale of outcomes supported and the quality of the evidence of these outcomes.

2.2.1   CONTRIBUTION ANALYSIS

Contribution analysis provides a formal approach to assessing the contribution an initiative is making to observed results[6] by assessing the theory of change behind it and the other factors that may be influencing observed outcomes. This is particularly important for Beyond Blue, given it aims to contribute to high-level outcomes for individuals, communities and systems that are influenced by a range of other organisations, government decisions, and external factors.

Contribution analysis argues that a reasonable contributing causal claim can be made if:

- there is a reasoned theory of change – why an initiative is expected to work makes sense and is plausible, may be supported by evidence/ research, and is agreed upon by at least some of the key players
- the initiative was implemented as set out in the theory of change and logic model
- the logic model and theory of change is supported and confirmed by evidence in practice – that is, the chain of expected outcomes occurred
- other influencing factors on outcomes have been assessed and either shown not to have made a significant contribution or their relative role in contributing to the desired outcomes has been recognised.

The ARTD evaluation team developed a modified version of a tool called the Relevant Explanation Finder (REF) to systematically identify the key external factors that influence Beyond Blue's intended outcomes, how they are likely to influence outcomes and how their influence can be measured (see Appendix 1).[7] ARTD drafted a long list of factors that could influence the outcomes to which Beyond Blue aims to contribute over the 2020–23 strategy period, which was narrowed down to the most relevant through a workshop with Beyond Blue Heads and other staff. The Independent Evaluation Advisory Committee then reviewed

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6 Mayne, J. 2012. Contribution analysis: Coming of age?. *Evaluation,* 18(3), 270–280.
7 Biggs, J., Farrell, L., Lawrence, G., & Johnson, J.K. (2014). A practical example of Contribution Analysis to a public health intervention. *Evaluation* 20(2), 214-229. https://doi.org/10.1177/1356389014527527

how each factor was expected to influence outcomes and identified potential data sources for each factor.

The modified REF set out:

1. **External factor** – a short description of the external factor
2. **At what level** – whether it influences individual, community and/or societal outcomes
3. **Type** – whether it is a factor that just occurs, one that Beyond Blue can leverage or one that Beyond Blue can respond to
4. **Evidence** – the source/s, quality and availability of evidence about the factor
5. **Expected influence** – an explanation of how that factor is expected to work and the degree and direction of influence, as well as the range of influence expected (the range of outcomes that Beyond Blue aims to support that this factor will also influence).

The REF has been used to help understand Beyond Blue's contribution to higher level outcomes in the context of external factors and to understand Beyond Blue's role in the ecosystem.

2.2.2   MIXED-METHODS DATA SYNTHESIS

The other key aspect of the evaluation design is the use of an adapted mixed-methods data synthesis process to assess and combine a diverse set of evidence to evaluate Beyond Blue's outcomes.[8] The established process has four steps. As the process was designed for a program, rather than organisation, we only used the first two steps.

	Step 1: Rate size and direction of support for outcome for each evidence set
	Step 2: Rate each evidence set's worth
	Step 3: Combine effect rating and criteria of worth
	Step 4: Aggregate combined ratings to arrive at an overall effectiveness estimate

THE PROCESS

For both the interim and final reports, we undertook the process with a working group that included members of the Independent Evaluation Advisory Committee (including one Blue

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[8] For further details on the methodology we propose to adapt for this evaluation, see McConney, A., Rudd, A., & Ayers, R. (2002). Getting to the bottom line: A method for synthesizing findings within mixed-method program evaluations. *American Journal of Evaluation*, 23(2), 121-140.

Voice member) and additional Blue Voices members specifically recruited to the working group. This was done through two workshops.

Workshop 1: Review the criteria of worth

ARTD team refined criteria based on interim report trial

• Discussion of revised criteria with working group resulted in refinement

Review of evaluations and monitoring data

• ARTD team and working group members review evaluations
• ARTD team draft scores for each evaluation (first two steps)

Workshop 2: Review scores for outcomes (Step 1) and critieria of worth (Step 2)

• Each evaluation was discussed and draft scores debated and refine

Final assessment

• Following the workshop discussions, ARTD reviewed all ratings and made a final assessment

STEP 1: RATE THE SIZE AND DIRECTION OF SUPPORT FOR OUTCOME FOR EACH EVIDENCE SET

Review of the evaluations and monitoring data for products and services focused on the three intermediate outcomes for information and service provision in Beyond Blue's logic model:

• people have improved mental health literacy
• people have increased confidence to act
• people improve their use of prevention and management techniques.

Review of the data for engaged communities focused on the outcomes for engaged community members and the people they reach:

• People benefit through their contribution to Beyond Blue

Beyond Blue messages are amplified through community engagement
Reviewers assessed whether the outcome was measured by the data source and, if so, the direction and size of the effect (see Table 2 for the rating scale).

TABLE 2.   RATING SCALE – SIZE AND DIRECTION OF OUTCOME

Large, negative effect	Small-medium, negative effect	No discernible effect	Small-medium, positive effect	Large, positive effect
-2	-1	0	+1	+2

The draft outcome size scores were debated during Workshop 2 by an ARTD team member and an Independent Evaluation Advisory Committee or Blue Voices member and adjusted to reflect the discussion. ARTD then made a final decision about each score, consistent with our role as independent evaluators.

STEP 2: RATE EACH EVIDENCE SET'S WORTH

The criteria of worth used were:

- **credibility:** how rigorous the data source is
- **confirmability:** how reliable the data source is
- **from those impacted:** whether the data source comes from people who access the program or service
- **representative:** whether the data source comes from a representative sample that includes priority populations
- **relevant:** whether the data source measured outcomes relevant to the process and the time period aligned with the independent evaluation.

For more detail, see the rubric descriptions of each criterion in Appendix 2.

Each evaluation and monitoring data set was rated against the five criteria of worth using a rubric developed to clearly specify what each of the criteria looked like at every point on the scale. For each criterion, evaluations and monitoring data sets were given a score of either 1 (low), 2 (medium) or 3 (high).

The draft criteria of worth scores were debated during Workshop 2 by an ARTD team member and an Independent Evaluation Advisory Committee or Blue Voices member and adjusted to reflect the discussion. ARTD then made a final decision about each score, consistent with our role as independent evaluators.

In interpreting the scores for evaluations, it is important to note that the worth or quality of an evaluation needs to be considered in terms of its scope, focus, available budget, timeline and other constraints. The scores used in this report represent an assessment of the worth of the evaluations for the purposes of the independent organisational evaluation, not the quality of each evaluation in context – particularly since these evaluations were designed for a different purpose to the organisational evaluation.

2.3   SCOPE

The evaluation covers Beyond Blue's external facing activities during its 2020–23 strategy period. It does not cover the internal transformation process undertaken by Beyond Blue during this period, or its internal functions and processes.

All key products and services are covered, with other business roles covered to a lesser extent (see Table 3).

TABLE 3.   DATA AVAILABLE FOR BEYOND BLUE BUSINESS ROLES, PRODUCTS AND SERVICES

Business role	Product or service	Reach	Outcomes
Information provider	Beyond Blue website	✓	Partial through population survey
	Coronavirus Mental Wellbeing Support Service website	✓	✓
	Heads Up (workplaces)	✓	X
	Healthy Families	✓	X
	Be You website and information resources: https://beyou.edu.au/	✓	✓
	BeyondNow (suicide safety planning app)	✓	✓
	Social media	✓	
Service provision	Beyond Blue Support Service	✓	✓
	Coronavirus Mental Wellbeing Support Service (phone and webchat)	✓	✓
	NewAccess (PHN stream) – includes tailored supports for particular demographic groups	✓	✓
	NewAccess (Victorian stream)*	X	X
	NewAccess workplaces (Comcare)	✓	✓
	NewAccess for Small Business Owners (NASBO)	✓	✓
	NewAccess delivered for a private organisation*	X	X
	The Way Back Support Service (suicide prevention)	✓	✓
	Online Communities (Forums)	✓	✓
	Be You (education initiative)	✓	✓
Equipping community	Blue Voices, Speakers, Ambassadors and volunteers, Education Voices (community engagement)	✓	✓
Policy advocate	Key advocacy actions	n/a	✓
Knowledge leader and catalyst	Research grants and key activities	n/a	✓

Note: *Data for these two streams of NewAccess was not provided to protect confidentiality.

Throughout the report, we report separately on **Beyond Blue core products** (Beyond Blue Support Service, website and Forums), and **Beyond Blue supported products** delivered by partners (e.g. NewAccess, The Way Back Support Service), though the latter often involve a substantial role for Beyond Blue. While Be You is a flagship program, and involves some core delivery through Beyond Blue as well as delivery through partners, it is classed as a supported service for simplicity.

2.4   DATA SOURCES

This report draws on Beyond Blue's reports to the Commonwealth, administrative data on Beyond Blue's reach, evaluations and monitoring data available for products and services and policy advocacy, and a population survey commissioned by Beyond Blue. These Beyond Blue data sources were supplemented with stakeholder interviews independently conducted by the evaluation team (see Table 4).

TABLE 4.   DESCRIPTION OF DATA SOURCES

Data source	Description	Sample	Timing	Notes
Commonwealth progress reports	Beyond Blue's six-monthly progress reports for the Commonwealth Government These reports summarise available monitoring and evaluation data sources.	All 6 reports	• Jul – Dec 2020 • Jan – Jun 2021 • Jul – Dec 2021 • Jan – Jun 2022 • Jul – Dec 2022 • Jan – Jun 2023	Provides information about Beyond Blue's reach for each of their products/ services. However, reach data is recorded differently in different reports, so there are some limitations to the analysis possible. These reports also provide an indication of how Beyond Blue is responding to and leveraging external factors to support its intended outcomes.
Website analytics	Website data for five Beyond Blue websites Data provided by Beyond Blue Business Intelligence team and sourced from Google Analytics	• Beyondblue.org • Be You • CMWSS • Heads Up • Healthy Families	• Website activity between 1 July 2020 and 30 June 2023	Covers only reach, not outcomes. Google Analytics predicts website user demographics based on their past web activity. These data are not available for all users, and are not always accurate.[9]
You're Not Alone podcast reach data	Podcast reach data	• All episodes	• From launch (2020) to June 2023	Total listens by state/ territory and country (top 7 listed).

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[9] Tschantz, M. C., Egelman, S., Choi, J., Weaver, N., & Friedland, G. (2018, January). The accuracy of the demographic inferences shown on Google's Ad Settings. In *Proceedings of the 2018 Workshop on Privacy in the Electronic Society* (pp. 33-41).

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Data source	Description	Sample	Timing	Notes
BeyondNow monitoring data	Usage data for the suicide safety planning app	• All sessions	• 1 July 2020 – 30 June 2023	• Provides number of sessions (total reach) and demographic information about users: • Age • Gender • State/ territory
Support Service & CMWSS monitoring data	Raw data provided by service provider and collated by Beyond Blue Insights team	• All contacts	• 1 July 2020 – 30 June 2023.	• Provides demographic information about users: • Age • Gender (including gender diverse) • State/ territory • Aboriginal and/or Torres Strait Islander status
Forums monitoring data	Registration data for Forum users	• All users	• 1 July 2020 – 30 June 2023.	• Provides demographic information about users: • Age • Postcode
NewAccess PHN monitoring data	Monitoring data for NewAccess PHN clients	• All clients	• July 2021 – May 2023	• Provides number of booked assessments and demographics information about clients: • Age • Gender (including gender diverse) • Aboriginal and Torres Strait Islander status • Provides recovery rate and retention rate.
NewAccess for Small Business Owners (NASBO) monitoring data	Monitoring data for NASBO clients	• All clients	• July 2021 – May 2023	• Provides number of booked assessments, recovery rate and retention rate.
Population-level survey	Population-level survey undertaken by Social Research Centre (SRC). Results are generalisable to the Australian population	• 5,212 members of SRC's online panel	• 7–21 November 2022	• Includes data on: • Level of engagement with Beyond Blue • Mental health and wellbeing outcomes • Mental health literacy and stigma

Data source	Description	Sample	Timing	Notes
				• Help and support seeking behaviours • Prevention and self-management
Coronavirus Mental Wellbeing Support Service (CMWSS) survey	Survey data of CMWSS users.	• 1,196 CMWSS users	• 1–30 November 2021	• Data for Oct 2021 are unavailable. Beyond Blue was dependent on data provided by the previous provider, and sometimes data wasn't always provided.
Support Service survey	Survey data of Support Service users. These data come from two providers. The new provider collected post interaction and 2-week follow up survey data.	• Previous provider: • 10,070 users • • New provider: • 15,125 users • 1,595 users	• Previous provider: • 1 January – 30 November 2021 • New provider: • 4 March 2022 – 30 June 2023 • 22 March 2022 – 30 June 2023	• Sept 2021 and Oct 2021 are unavailable. Beyond Blue were dependent on data provided by the previous provider, and sometimes data wasn't always available • Includes a range of demographics (age, gender, state/ territory, Indigenous status) and outcomes (satisfaction, level of distress, confidence to act, actions taken).
Forums survey	Survey data of Forum users. Two separate Forum surveys were conducted.	• Survey 1: 465 users • Survey 2: 210 users	• Survey 1: 24 May – 7 June 2022 • Survey 2: 16–23 Feb 2023	• There is a substantial amount of missing data (~50%) in the Feb 2023 survey due to partially completed responses. • Includes a broad range of demographics (age, gender identity, sexuality, state/ territory, Indigenous status, born overseas) and outcomes (satisfaction, experience, ease of use, level of distress, confidence to act, actions taken).
Engaged communities survey	Survey data of Beyond Blue's engaged communities	• 117 engaged communities members	• 20 April – 5 Jun 2023	• Includes a broad range of demographics (age, gender identity, sexuality, state/ territory,

Data source	Description	Sample	Timing	Notes
				Indigenous status, born overseas) and some outcomes (satisfaction, experience).
Financial wellbeing resources	A range of documents related to Beyond Blue's work in financial wellbeing, including website data for Beyond Blue's financial wellbeing page (visits, downloads) and reports/ resources developed by Beyond Blue in partnership with other organisations	• Website data: • All visits/downloads • • Other documents: • 4 reports/ resources	• Website data: • 1 August 2020 – 30 June 2023 • Other documents: • July 2020 – June 2023	• These documents demonstrate Beyond Blue's activities, stakeholder engagement, and reach for their work in financial wellbeing.
Partnership Grants list	A list of Partnership Grants Scheme projects supported by Beyond Blue	• All grantees	• All activity between July 2020 and June 2023	• Provides information about the research project, contract timeframes, intended outcomes, and project outputs and publications.
Evaluation reports	All were delivered by independent consultants.	Inclusion criteria: all evaluations of Beyond Blue supported products and services completed during the independent evaluation period that covered outcomes. These were: • BeyondNow App evaluation • Be You program evaluation • Be You Student Outcomes evaluation • Be You User Survey evaluation	2020–23	• The evaluations do not cover Beyond Blue's core products and services – website, forums and Support Service – as independent evaluations of these were not funded over this period. • The evaluations were not all aligned with the organisational Outcomes Framework, which was in development in 2020. The ARTD evaluation team identified how indicators and data within the evaluations align with the three key intermediate outcomes of Beyond Blue products and services.

Data source	Description	Sample	Timing	Notes
		• Be You evaluation (2018–21) • Bushfire Response Program Monitoring and Review Report (Be You Bushfire Response) • National Mental Health in Education Survey 2022–23 report (Be You) • National Mental Health in Education Survey 2021–22 evaluation (Be You) • Coronavirus Mental Wellbeing Support Service evaluation • NewAccess Workplaces (Comcare) evaluation • NewAccess for Small Businesses Owners evaluation • The Way Back Support Service evaluation (final report)		
Beyond Blue partnership survey	Beyond Blue conducted a survey of partners in 2023, to understand the views and perspectives of partners.	• N=19	June – July 2023	• Survey was completed by individuals who were mostly from business or commercial organisations (68%), with 26% from not-for-profit organisations and 5% from government. Most people who completed the survey worked for organisations who had partnered with Beyond Blue for between 1 and 5 years (63%).

Data source	Description	Sample	Timing	Notes
Finance data	High-level finance data for Beyond Blue	• N/A	July 2020 – June 2023	• Includes income (aggregated by Government tied funding, Government non-tied funding, Fundraising and corporate partnerships, and Other income), expenses (aggregated by Tied funded projects, Support Service, Moderation and Forums, Cost of fundraising, and Rest of Beyond Blue's core operations and services) and overheads %. • Also include cost per contact for Support Service, Be You and Forums.
Stakeholder interviews	Interviews and focus groups with Beyond Blue staff and stakeholders	N=40 interviews (n=52 interviewees) N= 4 focus groups (n=33 interviewees)	August 2023	ARTD defined stakeholder groups and the types of people to be contacted within each category. Beyond Blue identified individuals to be contacted in these categories. Categories included: • Beyond Blue Executives and staff: 15 interviewees across 10 interviews • Beyond Blue Board members: 1 () • Commonwealth representatives: 1 interviewee (1 Commonwealth representative unavailable during data collection period, 2 additional Commonwealth representatives were in the workplace stakeholder interviewees) • State and territory representatives: 9 interviewees across 7 interviews; 2 jurisdictions not represented) • Corporate partners and donors: 3 interviewees across 3 interviews • PHNs: 5 interviewees across 4 interviews • Education stakeholders: 3 interviewees across 2 interviews • Workplace stakeholders: 8 interviewees across 7 interviews

Data source	Description	Sample	Timing	Notes
				• Other sector organisations: 7 interviewees across 5 interviews • Research partners: 5 interviewees in 1 focus group • Blue Voices members: 9 interviewees in 1 focus group • Speakers: 10 interviewees in 1 focus group • Volunteers: 9 interviewees in 1 focus group.
The Way Back Support Service Case Study interviews	Interviews with a range of stakeholders to inform a case study about The Way Back Support Service	N=10	July 2023	•
Other data sources	Information regarding Australians' mental health and factors influencing this.	Two waves of data from the National Study of Mental Health and Wellbeing (ABS): • 2007 • 2020–21 Relevant academic literature and government reports	Focused on strategy period	• The National Study of Mental Health and Wellbeing provides population data on the prevalence of mental health conditions and the use of services. • • Academic literature and government reports provide information about other factors impacting mental health in Australia. These documents are referenced throughout the report.

2.5   LIMITATIONS

We were able to implement the methods largely as intended, and have data for all of the key evaluation questions. However, there are some limitations to the data for key questions.

- **Reach:** There is limited demographic data for some Beyond Blue services (in part because of the commitment to providing the option of anonymity to service users and the difficulty of capturing this information for some products and services), which makes it difficult to fully assess who Beyond Blue is reaching and who they are not. As to why the organisation may not have as much reach into particular cohorts, we have stakeholder perspectives, but a more specific study engaging these cohorts would be required to unpack the reasons.
- **Outcomes:**
  - Beyond Blue has been progressively improving its monitoring data and there are more outcomes data available than for previous evaluations. It is difficult to synthesise outcomes across all products and services because of the different outcomes measures used across services to measure similar outcomes.
  - There are also some limitations to the quality of outcomes data in monitoring data and evaluations for the purpose of the overarching evaluation, which are noted in the mixed methods synthesis.
  - There are limitations to the outcomes scoring process in the mixed-methods data synthesis – as the 5-point scale meant small and medium outcomes received the same rating. The impact of this was limited by not completing the final steps in the process and calculating an overall score.
  - Given the myriad factors impacting mental health, particularly during the last three years, and the ways in which Beyond Blue aims to help address and to leverage these other factors in its work, it is difficult to make definitive statements about contributions to higher level outcomes. A limited contribution analysis is applied to population level outcomes and policy outcomes.
  - Without a national evaluation framework for mental health and suicide prevention initiatives that could guide this evaluation, we have drawn on broader evaluation literature to define quality, and are limited in the extent to which comparisons to other mental health and suicide prevention initiatives can be made.

- **Value for money:** It is complex to assess the value for money provided by an organisation, particularly a mental health organisation, given the non-linear nature of recovery and many other factors affecting mental health. The findings in this evaluation should be considered partial, and something on which to build over time.

The **interviews** were intended to cover all key stakeholder groups except people directly supported, whose perspectives are represented in monitoring data and evaluations. We were able to reach almost all identified stakeholders and have good representation of each group, but the views of those consulted from each stakeholder group were not intended to be representative of this group and should not be interpreted this way – particularly as, with staff turnover, some stakeholders had more limited contact with Beyond Blue. As different stakeholders had different levels of experience with Beyond Blue and insights into different questions, we do not quantify responses to interview questions as this would be misleading.

We also did not put the interviews through the mixed-methods data synthesis process as they were intended to complement quantitative outcomes data and answer other key evaluation questions that could not be answered through the quantitative data.

3.   ECOSYSTEM

3.1   STATUS OF THE EVIDENCE

There is sufficient evidence about the broader mental health and suicide prevention context in Australia from a variety of published sources, although the quality of this evidence varies.

There is ample evidence about how Beyond Blue responds to the ecosystem and partners with others. The evidence is drawn from staff and stakeholder interviews, a survey of partners, as well as the actions Beyond Blue has taken in the form of service delivery, research and policy advocacy.

3.2   CHANGES IN THE ECOSYSTEM

At the outset of this strategy period, Beyond Blue could not have anticipated the unprecedented combination of events that would unfold between 2020 and 2023 – natural disasters, the COVID-19 pandemic and the cost-of-living crisis. These have contributed to widespread feelings of uncertainty and had a substantial impact on mental health and wellbeing. Different regions of the country experienced extended COVID-19 lockdowns, extreme weather events and a considerable increase in the cost of living. Some regions have been impacted by all three.

FIGURE 2.   2020-2022 TIMELINE OF EVENTS RELEVANT TO MENTAL HEALTH IN AUSTRALIA
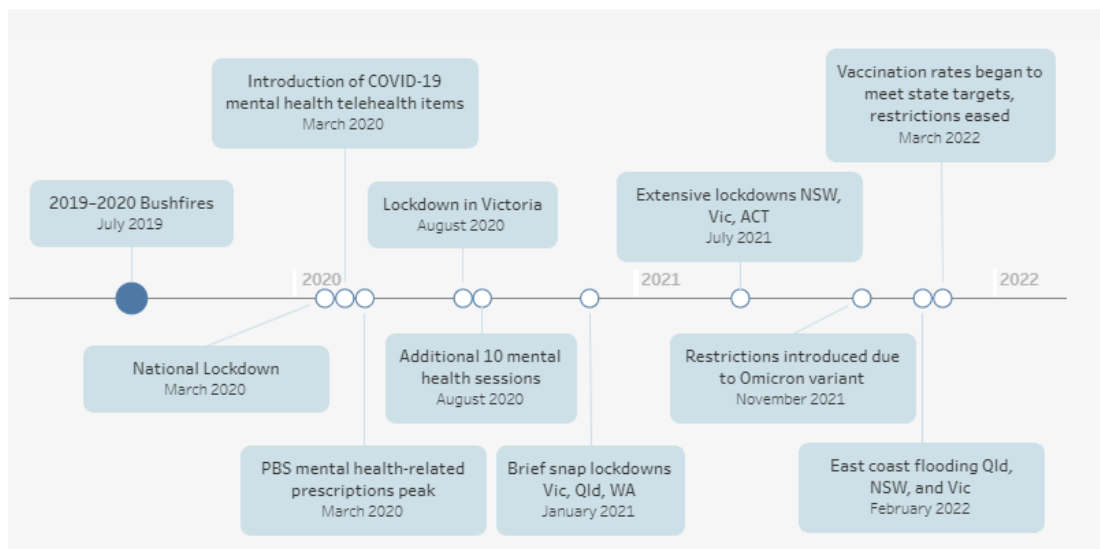
Source: Adapted from Mental health services activity monitoring - Mental health - AIHW

3.2.1   COVID-19

There is ample evidence illustrating the impacts of the COVID-19 pandemic and associated lockdowns on mental health. Levels of depression and anxiety remain significantly higher than pre-COVID-19 levels across all ages, and there have been increases in both suicidal ideation and the development of substance use disorders that appear to be attributable to COVID-19.[10]

In Australia, psychological distress levels fluctuated throughout the pandemic, particularly in response to the Delta outbreak in August 2021.[11] A large-scale, nationally representative survey of the Australian community found that COVID-19 negatively impacted mental health for 57% of the 3,000 people surveyed.[12] The pandemic also negatively impacted many of the major determinants of mental health, such as people's outlook for the future (55%), sense of wellbeing (51%), financial situation (46%), physical health (45%), relationships with family and friends (41%), and employment situation (37%). CMWSS users reported that isolation from friends and family was the key reason for the decline in their mental health. This is supported by research from the academic literature, which suggests that changes in social and work functioning due to lockdowns were associated with negative changes in overall population mental health.[13,14]

Mental health impacts were significantly worse for many higher risk cohorts, such as culturally and linguistically diverse communities, LGBTIQA+ communities and younger people.[15] Despite some improvement, Australians under 44 years of age continue to report higher levels of psychological distress compared to pre-COVID times.[16]

The effects of the pandemic were unevenly distributed, with differences in how individual states and territories, and metropolitan and regional areas were affected by different lockdown policies and throughout different periods. Melbourne, where Beyond Blue is headquartered, experienced the longest lockdowns, meaning that Beyond Blue's staff were heavily impacted by the pandemic.

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[10] Frontiers | A hidden pandemic? An umbrella review of global evidence on mental health in the time of COVID-19 (frontiersin.org)

[11] Mental health impact of COVID 19 (aihw.gov.au)

[12] Source: CMWSS evaluation report.

[13] Butterworth, P., Schurer, S., Trinh, T-A., Vera-Toscano, E., & Wooden, M. (2022). Effect of lockdown on mental health in Australia: Evidence from a natural experiment analysing a longitudinal probability sample survey. *The Lancet Public Health*, *7*(5), e427-e436. https://doi.org/10.1016/S2468-2667(22)00082-2.

[14] Dawel, A., Shou, Y., Smithson, M., Cherbuin, N., Banfield, M., Calear, A. L., Farrer, L. M., Gray, D., Gulliver. A., Housen, T., McCallum, S. M., Morse, A. R., Murray, K., Newman, E., Rodney Harris, R. M., & Batterham, P. J. (2020). The effect of COVID-19 on mental health and wellbeing in a representative sample of Australian adults. *Frontiers in Psychiatry*, *11*. https://doi.org/10.3389/fpsyt.2020.579985.

[15] Source: CMWSS evaluation report.

[16] Chapter 2: Changes in the health of Australians during the COVID-19 period (aihw.gov.au)

On a positive note, there is some evidence that COVID-19 prompted a larger conversation about mental health,[17] which may help to reduce stigma in the community.

3.2.2   NATURAL DISASTERS

Australia has endured multiple natural disasters since July 2020. Prior to COVID-19, bushfires severely impacted the east coast of Australia. New South Wales (NSW) was especially impacted, where fires burnt 6.7% of the state, including 37% of the state's national park estate.[18] More broadly, a total of 3,094 houses were lost across NSW, Victoria, Queensland, the Australian Capital Territory (ACT), Western Australia and South Australia.[19] As the immediate impact of COVID-19 subsided, some regions experienced floods, with around 85,000 people being displaced or requested to leave their homes by authorities[20].

Natural disasters, such as these, are known to increase rates of stress, anxiety, depression, post-traumatic stress disorder (PTSD) and suicide.[21] A loss of resources, daily routine, control over one's own possessions and social support have all been associated with elevated levels of acute psychological distress.[22] Displaced people, in particular, experience elevated levels of distress, with signs of unnecessary fear, adjustment problems, feeling of hopelessness and a constant state of despair.[23]

Research conducted by the Climate Council, in partnership with Beyond Blue, found that more than half (51%) of Australians experiencing climate-fuelled disasters since 2019 say their mental health has been somewhat impacted and, of these, one-in-five (21%) reported that the disaster they went through had a 'major or moderate impact' on their mental health.[24] At the most serious end, multiple natural disaster exposure has been linked to an increased prevalence of panic disorder.[25] The impacts can be long term and complex, particularly when communities are vulnerable to another disaster occurring.

3.2.3   RISING ECONOMIC CONCERNS

Changes in the Australian economy are amplifying mental health issues. Australian Bureau of Statistics (ABS) data indicate the cost of living is rising for most Australians – inflation has

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[17] Nealon, M. (2021). The Pandemic Accelerant: How COVID-19 Advanced Our Mental Health Priorities. Retrieved: https://www.un.org/en/un-chronicle/pandemic-accelerant-how-covid-19-advanced-our-mental-health-priorities

[18] 2019–20 Australian bushfires—frequently asked questions: a quick guide – Parliament of Australia (aph.gov.au)

[19] Ibid.

[20] Thousands more evacuate homes in Sydney even as heavy rains ease | Reuters

[21] Commonwealth of Australia. (2020 Oct 28). Royal Commission into National Natural Disaster Arrangements Report. https://naturaldisaster.royalcommission.gov.au/publications/royal-commission-national-natural-disaster-arrangements-report

[22] Disaster and its impact on mental health: A narrative review - PMC (nih.gov)

[23] Ibid.

[24] Spate of natural disasters takes a toll on Australians' mental health, survey finds | Health | The Guardian

[25] Reifels, L., Mills, K., Duckers, M. & O'Donnell, M. (2019). Psychiatric epidemiology and disaster exposure in Australia. Retrieved: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7032773/

increased substantially compared to wage growth.[26] Referral searches by Lifeline's helpline counsellors specifically relating to financial issues and homelessness went up 49 percent between August 2022 and January 2023.[27] Beyond Blue's population-level survey found that cost of living pressures had the greatest negative impact on participants' mental health in the past 12 months.

Financial difficulties are a common cause of stress and anxiety, and significantly impact recovery rates for many people with mental health conditions.[28] Financial stress is also a significant predictor of suicidal ideation and attempts. [29,30] Research has also demonstrated a causal link between unemployment and suicide rates.[31]

3.2.4   OTHER CHANGES IN THE ECOSYSTEM

During the last three years, there have also been other important developments in the ecosystem. In particular, governments have had an increasing **focus on mental health and suicide prevention policy**, with an associated injection of funding. In the 2021–22 Federal Budget, $2.3 billion over four years was allocated to the National Mental Health and Suicide Prevention plan. A further $547 million was allocated to support the National Mental Health and Suicide Prevention plan in the 2022–23 Budget.

There have been changes in the uptake and availability of mental health support. The number of people accessing mental health services supported by the Medicare Benefits Scheme has continued to increase, and private and not-for-profit services have reported significant increases in demand.[32] During COVID-19, the Commonwealth Government increased the number of sessions covered by a mental health care plan from 10 to 20, but this ended in December 2022. Increasing use of telehealth has improved access to services.[33] Beyond Blue's population-level survey found that most people (76%) were able to access professional mental health support at the time they needed it, while 1 in 10 were not able to.

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[26] Between June 2020 and June 2023, the seasonally adjusted wage price index rose 1.8% while the consumer price index rose 5.7%. Source: Australian Bureau of Statistics.
[27] Lifeline (2023). Cost-of-living pressures trigger record demand for lifeline's resources. Retrieved: https://www.lifeline.org.au/media/qhmfdsit/lifeline-is-here-to-support-people-struggling-with-the-mental-wellbeing-effects-of-cost-of-living-pressures.pdf
[28] Mental Health Australia. (2022 May 2). Cost of living and mental health. https://mhaustralia.org/publication/cost-living-and-mental-health
[29] Elbogen, E. B., Lanier, M., Montgomery, A. E., Strickland, S., Wagner, H. R., Tsai, J. (2020). Financial strain and suicide attempts in a nationally representative sample of US Adults, *American Journal of Epidemiology*, *189*(11), 1266–1274. https://doi.org/10.1093/aje/kwaa146
[30] Richardson, T., Elliott, P., & Roberts, R. (2013). The relationship between personal unsecured debt and mental and physical health: a systematic review and meta-analysis. *Clinical Psychology Review*, *33*(8), 1148-1162.
[31] The Conversation (2023). New findings show a direct causal relationship between unemployment and suicide. Retrieved – www.conversation.com.au
[32] AIHW (2021). Changes in the health of Australians during the COVID-19 period. Retrieved: https://www.aihw.gov.au/getmedia/cb5f5bbb-df0b-4a1c-9796-25ea2e94e447/aihw-aus-240_Chapter_2.pdf.aspx
[33] Jayawardana, D., & Gannon, B. (2021). Use of telehealth mental health services during the COVID-19 pandemic. *Australian Health Review*, *45*(4), 442-446.

3.3 BEYOND BLUE'S RESPONSE TO THE CHANGING ECOSYSTEM

There is evidence that Beyond Blue has responded well to changes in the ecosystem and the factors amplifying mental health concerns, and also leveraged these to advocate for and encourage an increased focus on mental health. This has been enabled by Beyond Blue's preparedness, experience, brand, relationships and funding agility, with its ability to draw on a range of funding sources – from the Commonwealth Government and state and territory governments, as well as philanthropy and donations – and its own reserves to invest in strategic initiatives. The sections below describe the ways that Beyond Blue responded to the changing ecosystem over the evaluation period.

3.3.1 RESPONDING TO COVID-19

Government and corporate partner stakeholders, as well as Beyond Blue staff, reported that Beyond Blue has been highly responsive to COVID-19. This was enabled in particular by funding for the Coronavirus Mental Wellbeing Support Service (CMWSS) from the Commonwealth Government. But Government stakeholders also noted they provided clear information about the need for services during this time and responded to increasing demand across their other services.

When approached by the Commonwealth Government, Beyond Blue – in partnership with Medibank Health Solutions and Accenture – was able to rapidly develop the Coronavirus Mental Wellbeing Support Service (CMWSS) within two weeks by drawing on their existing organisational capabilities, knowledge of community needs and relationships with other organisations (Box 1).[34] Beyond Blue took care in negotiating the agreement to ensure it would be able to meet demand that was difficult to predict at the outset – and it has leveraged this opportunity to identify improvements it can integrate into business as usual delivery of the Support Service.

In addition to the CMWSS, Beyond Blue was able to address a gap in mental health supports for small business owners exacerbated by COVID-19, by adapting its existing NewAccess program (that Beyond Blue had developed to be delivered to communities through PHNs and had adapted for workplaces) into tailored support for small business owners (NASBO), with funding from Commonwealth Treasury. In 2021, the New Access program was expanded through a statewide telehealth service supporting all Victorians affected by the impact of COVID-19, with a further extension of services in early 2023 to support flood affected regional communities.

Within the existing funding and program infrastructure for Be You (focused on equipping educators to promote and facilitate mentally healthy learning communities), Beyond Blue was also able to provide tailored support for educator wellbeing at a time when they were under significant pressure, with virtual schooling.

Box 1: CMWSS case vignette

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[34] The CMWSS was developed by Beyond Blue and the Commonwealth Government.

Australia recorded its first cases of COVID-19 in January 2020 and, over the following months, the virus began spreading quickly throughout the country. As states and territories started imposing strict lockdowns, the Commonwealth Government saw an immediate need to provide additional mental health support. The Commonwealth Government approached Beyond Blue to develop a dedicated service to support the emerging mental wellbeing needs of Australians.

On 23 March 2020, the Commonwealth Government contracted Beyond Blue to develop and rapidly standup the Coronavirus Mental Wellbeing Support Service (CMWSS). Leveraging a range of existing capabilities, the service was launched in just eight working days.

The immediate need to launch the service meant engaging with community in the co-design and development of the CMWSS was not possible. Instead, Beyond Blue was able to leverage its **substantial organisational expertise, research findings** and **knowledge of community needs** to create and rapidly deploy tailored pandemic-related mental health support. Then, shortly after launch, Beyond Blue worked with community members, to co-design continuous improvement, and commissioned several independent evaluations including one targeting CALD communities.

Beyond Blue also leveraged its **existing organisational capabilities** in delivering its Support Service to deliver a foundational service that could be **iteratively developed**. The CMWSS was first launched as a telephone counselling service and website, with additional features added throughout the year **in response to changing community needs**.

The rapid development of the CMWSS was also aided by Beyond Blue's **capabilities in content creation**. They were able to swiftly repurpose and adapt existing content and resources.

Beyond Blue was also able to leverage **existing relationships and collaborators** in the sector to enhance delivery. Beyond Blue partnered with existing providers of its services in delivery, and leveraged content from other partners, such as Gayaa Dhuwi for First Nations peoples and ReachOut for young people. It also leveraged partnerships with Australia Post and Austereo for discounted and pro-bono advertising and promotion. The flexible funding model – overseen by a steering committee involving government representatives – allowed them to engage and fund partners from tied and core funding to deliver supports they were best placed to provide, such as MIND Australia, to support those with complex needs.

The similarity between CMWSS branding and Beyond Blue's assets was a strategic decision which leveraged the community's trust in the Beyond Blue **brand** as a reliable source of high-quality mental health support and advice. Integration with the existing Support Service also enabled rapid development and operational efficiencies.

The speed of response required Beyond Blue to adopt **new agile ways of working** and capabilities to develop and iteratively improve the CMWSS. New policies and procedures were enacted that gave staff greater responsibility and streamlined decision-making and approvals.

The CMWSS successfully supported many Australians between April 2020 and December 2022. The CMWSS had over 1.4 million page visits, over 5,000 resources downloaded, and answered over 62,000 phone calls and 6,400 webchats. Users of Beyond Blue's CMWSS reported high levels of satisfaction (79% satisfied or very satisfied) and significant reductions in distress (from 83% to 27% distressed/extremely distressed), among other outcomes.

Beyond Blue took learnings about what worked well, including to reach particular cohorts,. Using the remaining CMWSS funding, Beyond Blue then integrated these lessons into business-as-usual operations of the Beyond Blue Support Service.

3.3.2   RESPONDING TO NATURAL DISASTERS

Beyond Blue – along with partners, Early Childhood Australia, headspace and Emerging Minds – demonstrated their ability to respond following the Black Summer bushfires, by adapting Be You to the context of bushfire recovery. At the request of and through the support of the Commonwealth Department of Health and Department of Education Skills and Employment, the Be You Bushfire Response Program provided targeted support to 485 schools and early learning services affected by the bushfires.

Beyond Blue was also able to adapt NewAccess to respond and provide targeted support to residents in regional Victorian communities impacted by Black Summer bushfires. This was later scaled-up to provide additional support to all Victorians affected by COVID-19 and those in flood affected areas.

Recognising the larger issue of climate-fuelled disasters, Beyond Blue also supported the Climate Council's national study to better understand the impact of climate-fuelled disasters on mental health in Australia, and how best to support the wellbeing, recovery and resilience of communities.[35]

3.3.3   RESPONDING TO GROWING ECONOMIC CONCERNS

Prior to the cost-of-living crisis in early 2020, the Australian Securities and Investments Commission (ASIC) and Beyond Blue established a partnership to better understand the relationship between money and mental health and proactively address the issue (see Box 5 in Section 5.8). With the growing concerns about cost of living, Beyond Blue has focused further on this area – for example, through a longstanding partnership with Financial Counselling Australia (FCA) to produce information and practical guidance on support seeking, as well as engagements with a broad range of stakeholders to raise awareness and encourage action.

Corporate sponsors and partners were positive about Beyond Blue's response in this area.

3.3.4   RESPONDING TO OTHER CHANGES IN THE ECOSYSTEM

Overall, stakeholders were highly positive about Beyond Blue's strategic response to changes in the mental health and suicide prevention ecosystem. They reported that Beyond Blue is well connected to the broader system and the community, and is responsive as new issues emerge. One example that was often referenced was Beyond Blue's collaboration with Lifeline, and other smaller specialist helplines, to help build better connections between

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[35] Climate Council, 2023, https://www.climatecouncil.org.au/resources/survey-results-climate-disasters-mental-health/

helplines and the state's mental health and wellbeing system to address Recommendation 6.5 from the *Royal Commission into Victoria's Mental Health System*.

Most government stakeholders interviewed also pointed to Beyond Blue's new strategy when asked about the organisation's responsiveness. They noted that Beyond Blue's decision to refine its role and focus on what it is best placed to do is an appropriate response to a time of reduced funding and a crowded policy and service environment.

Staff also emphasised a strong awareness of trends and community needs that enable it to respond to emerging needs, as well as a longstanding focus on targeting gaps in the system, such as low intensity supports and supports that can be delivered by non-clinical workforces. The story of the Way Back Support Service effectively illustrates Beyond Blue's ability to both respond to emerging concerns, as well as proactively meet and advocate for funding to meet community needs (see Box 2).

Box 2: The Way Back Support Service case vignette

The Way Back Support Service was developed by Beyond Blue to provide people with psychosocial support in the community for up to three months following a suicidal crisis or attempt.

The Way Back Support Service was developed at a time when Beyond Blue was exploring relevant research to identify options for a role in suicide prevention. In 2013, prompted by a donation from the Northern Territory, Beyond Blue engaged with experts, international research and people with lived experience to identify and trial a suicide aftercare model that could meet a local need and have the potential for broader adoption.

Over the coming years, Beyond Blue combined funds from private donors and philanthropic foundations with its own reserves, to expand the initial trial and develop, evaluate, iterate and grow the service. With funding from the Commonwealth Government, matched by state and territory governments, the service was eventually expanded to 38 sites across 40 locations nationwide, significantly exceeding the funded contract target of at least 25 sites.

Following the national expansion of The Way Back Support Service, Beyond Blue began advocating for universal aftercare across Australia, aligned with other key voices in the sector. As a result of this combined advocacy, every state and territory has now signed up to a bilateral agreement with the Commonwealth Government to deliver universal aftercare. Beyond Blue has recently completed a handover of The Way Back Support Service services, data and training, infrastructure and intellectual property to state and territory governments and the Primary Health Networks (PHNs), which was a culmination of a decade of work.

The story of The Way Back Support Service reflects Beyond Blue's responsiveness to community concern about suicide, as well as its ability and readiness to leverage the window of opportunity provided by an increasing focus on suicide prevention at all levels of government. This was enabled by Beyond Blue's understanding of community need, use of evidence (both research and evaluation) and strategic approach to service development.

The Way Back Support Service exemplifies Beyond Blue's incubator, policy advocate and knowledge leader and catalyst business roles, illustrating how each role works in complement with others.

The Way Back Support Service is an end-to-end example of the role of **incubator** – Beyond Blue identified an unmet need, and then planned, trialled, iteratively developed, evaluated, and scaled a service that can now be taken forward by others. The organisation has successfully moved through all the elements of the incubator role – identifying an unmet need, developing, evaluating, iterating, and expanding this service, which now has a national reach.

To enable the final step of the incubator role, Beyond Blue has needed to be a highly effective **policy advocate**, advocating for funding and support for The Way Back Support Service. Initially, this was a critical way to gain funds to support the national expansion of the service. In the lead up to the national expansion, Beyond Blue used every opportunity with key stakeholders to raise awareness of The Way Back Support Service, sharing the growing evidence base through briefs, papers and presentations on any topic of relevance with sector stakeholders. Once the national expansion was realised, the focus shifted to the long-term future of aftercare beyond the organisation's direct role in The Way Back Support Service.

In turn, its advocacy was strongly supported by its knowledge leader and catalyst role, which ensured Beyond Blue had an evidence-based product that strategically aligned with state and territory government suicide prevention agendas. The initial model was developed with reference to research as well as community need, enabling the organisation to select the right approach to incubate— ongoing development was supported by evaluation and evaluation data supported the policy advocacy role.

The Way Back Support Service exemplifies how Beyond Blue's business roles, individually and in combination, enable the organisation to strategically respond to changes in the ecosystem, and make a significant and lasting contribution to the current national support and investment in universal aftercare.

3.4   WORK WITH PARTNERS TO SUPPORT OUTCOMES

Beyond Blue has developed a strategy of partnering with other organisations that are best placed to deliver services (such as PHNs) or to meet the needs of particular cohorts of people (such as organisations established to meet the needs of those with complex mental health concerns). Beyond Blue delivers a substantial amount of work in partnership, which was seen positively by Government stakeholders, including:

- The Support Service is now delivered by Remedy, and the CMWSS engaged other partners, such as MIND, Reach Out, Gayaa Dhuwi and Embrace.
- New Access, which has multiple streams targeting different cohorts through a range of providers, including PHNs, Comcare and other service delivery partners.
- The Way Back Support Service is delivered through PHNs and funded services they contract.
- Be You is delivered with headspace and Early Childhood Australia.

Beyond Blue has also:

- Worked with workplace stakeholders to improve mental health in the workplace through the National Mentally Healthy Workplace Alliance.
- Delivered research projects and associated development of practical tools with partners.
- Worked in partnership with Lifeline and with other Victorian-based helplines on providing co-designed solutions to the Victorian Government to address Recommendation 6.5 from the *Royal Commission into Victoria's Mental Health System.*
- Partnered with corporate and community organisations on various initiatives.

Comments from partnership survey respondents (corporate and community partners) and interviewees (corporate and community, delivery and research partners) suggest Beyond Blue has cultivated positive relationships with its partners, who value the experience and benefits they get through partnering. However, partners were less clear about the outcomes achieved through the partnerships and identified some challenges in working with Beyond Blue, particularly those associated with Beyond Blue's internal 'bureaucracy'.

3.4.1   SATISFACTION

Respondents to Beyond Blue's corporate and community partnership survey were positive about the partnership, with **90% reporting they are satisfied or very satisfied with their experience as a partner**. This was echoed by interviewees from corporate and community, delivery, and research partners, all of whom felt positive about the partnership and Beyond Blue's approach to partnerships – although some noted that this had improved over time. They felt Beyond Blue was generous with its time and resources, and staff were kind and engaged.

PHNs were particularly positive about their partnerships. They felt Beyond Blue was more collaborative than other organisations they had partnered with, working with them in an ongoing way to 'take PHNs on the journey will them'. They also commented that Beyond Blue was highly supportive and built the capacity of PHNs and local providers they contracted to implement New Access and The Way Back Support Service (TWBSS) to ensure the sustainability of the programs and fidelity of the models. PHNs added that the strong evidence base and clinical governance for the models facilitated trust in the models, and some had used elements of these (e.g. clinical governance, outcomes measures) to strengthen other programs they were running.

Other mental health and suicide prevention organisations were also very positive about their partnerships with Beyond Blue, albeit slightly less than other stakeholders. They felt there were strong relationships with Beyond Blue at all levels of the organisation – from the CEO to senior leaders and staff – and appreciated the greater opportunities to share knowledge, insights and resources. However, one stakeholder felt Beyond Blue was more reactive than proactive in its approach to collaboration with sector stakeholders and people with lived and living experience.

Service delivery partner organisations for one service felt that the strength of their partnerships had improved over time as Beyond Blue developed a greater appreciation for and recognition of their existing work and relationships.

3.4.2   ALIGNMENT

Survey respondents from corporate and community partnerships tended to agree that there was **alignment in the values, aims and objectives** of the partnership and that they understood these well. Interviewees also recognised the complementary nature of their work and aligned strategic objectives.

3.4.3   BENEFITS AND OUTCOMES

Corporate and community partner survey respondents were able to identify the **benefits** of the partnership – they felt it supported a cause they valued (74%) and at least one business objective (63%). Interviewees also identified benefits of the partnership such as:

- greater brand awareness
- positive community sentiment
- less duplication in the sector
- policy informed by lived and living experience
- access to national insights and platforms to connect and share learnings
- services and resources that are more accessible to different cohorts
- the potential to encourage more collaboration across the sector.

However, survey respondents were less clear about the **outcomes** achieved through the collective work of their partnerships with Beyond Blue. Half (52%) either didn't know if there were clearly defined outcomes or reported that there were no clearly defined outcomes. Only 47% of respondents had documentation showing the outcome or impact of their collective work. Nonetheless, 79% of respondents felt the partnership had led to better mental health outcomes.

3.4.4   CHALLENGES

Despite being generally satisfied with their partnerships, some interviewees with experience partnering with Beyond Blue from corporate and community, delivery and research roles described challenges they had encountered, including:

- an **initial lack of clarity** around roles and responsibilities, capacity and priorities
- Beyond Blue's **internal 'bureaucracy'**, which resulted in slow turnaround times and reportedly limited the potential of products produced through the partnership
- a **high reporting and administrative burden** (largely due to Beyond Blue's reporting sitting outside of existing systems), which led to duplication in reporting, extra time and resources for partners, and some perceptions of micromanagement
- a **lack of alignment** between Beyond Blue's requirements and those partners already had in place, which, in some cases, prevented them from meeting existing KPIs
- **extensive supervision and governance requirements**, which discouraged some services that already had these in place from implementing Beyond Blue's models (e.g. New Access) – though some interviewees acknowledged this was necessary to ensure fidelity to the models
- **technical requirements** that were challenging for some partners to meet

- **Beyond Blue's size and standing**, which resulted in some partners feeling they were unable to speak up when they felt Beyond Blue's approach was not appropriate.

Many interviewees also commented on Beyond Blue's approach to entering specific areas and then stepping back. Some clearly understood the rationale for this and felt it showed awareness and clear strategic direction. Some did not have a clear understanding of the rationale, while some perceived this as Beyond Blue losing interest, recognising they had made the wrong decision or lacking understanding of how other areas tied into mental health. Beyond Blue has a strong sense of its role as an incubator and the need not to duplicate other activities, and how this will affect its involvement in particular areas over time. From stakeholder comments, more could be done to clearly communicate this to stakeholders early (and often) to prevent any confusion and concern.

4.   REACH

4.1   STATUS OF THE EVIDENCE

There is reach information available about all core Beyond Blue products and services and Beyond Blue supported services.[36] However, the scope of demographic data varies considerably between products and services, depending on how data was collected (see Appendix 3 for a list of available demographics for each of Beyond Blue's core products and services and Beyond Blue supported services).

There is limited information about the gender identity, sexual orientation and cultural background of those engaging with Beyond Blue products and services, particularly users of Beyond Blue's website and Support Service. These involve brief interactions affecting the ability to collect this data. This also reflects Beyond Blue's decision to balance the value of collecting this kind of demographic information with allowing individuals to manage their own disclosure and protect their anonymity based on feedback from the community about avoiding intrusive questions, where possible.

It is important to review reach data in the context of outcomes data – reflecting that outcomes are sustained while increasing reach.

4.2   WHO DID BEYOND BLUE REACH AND WHO DID BEYOND BLUE NOT REACH? WHAT IS CONTRIBUTING TO THIS?

4.2.1   INFORMATION AND SERVICE PROVISION

The population-level survey provides a broad picture of Beyond Blue's overall reach.[37] The survey suggests Beyond Blue has almost universal brand recognition,[38] yet far fewer understand what Beyond Blue provides or have engaged with their products or services. The survey found approximately:

- 1 in 3 know what Beyond Blue does
- 1 in 8 had engaged with Beyond Blue's content in the past 12 months (i.e. had visited the website, followed Beyond Blue on social media, read a handout or brochure or listened to the podcast)

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[36] **Beyond Blue core products** as those that use Beyond Blue as the primary brand (for example, Beyond Blue Support Service, Website and Forums), and **Beyond Blue supported products** as those using a separate brand (for example, Be You, New Access, Heads Up).
[37] This large, representative survey of 5,212 Australian community members was undertaken using random probability-based sampling methods and includes both online and offline populations. Results are generalisable to the Australian population.
[38] 97% of respondents reported they "had heard of Beyond Blue".

- 1 in 25 had used a Beyond Blue service including phone support service, webchat, online peer forum, or had engaged through workplace / school or volunteered with Beyond Blue in the past 12 months

From July 2020 to June 2023, Beyond Blue had an average audience reach of over 235 million per year and received over 225,000 media mentions (print, online, radio and TV mediums). For each six-month period, it reached an average of 4.2 million people on Facebook and almost 900,000 people on Instagram. Over the three-year period, Beyond Blue had a total of 4 million organic impressions on its Twitter content and 2.5 million impressions on its LinkedIn content.[39]

Other data suggest Beyond Blue has significant reach across Australia through its core products and services and Beyond Blue supported services.

From July 2020 to June 2023, the Beyond Blue and Coronavirus Mental Wellbeing Support Service (CMWSS) websites have had over 16 million visits, and more than 390,000 resources have been downloaded. In that time, the Support Service has received more than 473,000 calls, 187,000 webchats, and answered more than 15,000 emails. In addition, the CMWSS answered over 62,000 phone calls and 6,400 webchats. During the same period, more than 26,000 new members registered to the online peer forums.

The Forums averaged almost 250,000 unique visitors over a six-month period.[40]

From July 2020 to June 2023, the BeyondNow safety planning app had over 47,000 unique active users, and a monthly average of 13,390 users. During this period, 108,707 safety plans were created, 49,687 plans were shared and 124,101 downloads were completed.[41]

The Not Alone podcast had a combined total of 292,181 listens, reached people from more than 7 different countries and holds a rating of 4.7 out of 5 on Apple Podcasts.

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[39] Source: Data from Beyond Blue's Commonwealth reports covering July 2020 to June 2023.
[40] Unique visitors per 6-months for Beyond Blue's peer forum were averaged across Jul-Dec 2022 and Jan-Jun 2023 reporting periods.
[41] Source: BeyondNow monitoring data.

FIGURE 3.   OVERALL REACH FOR CORE BEYOND BLUE INITIATIVES
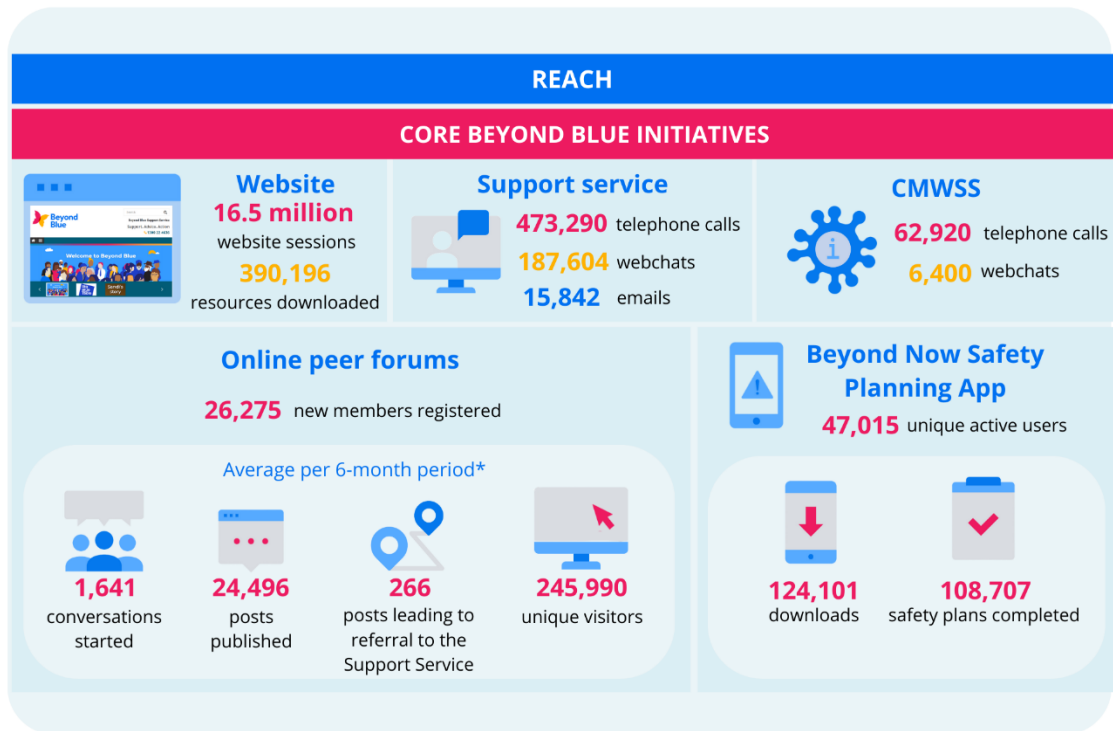
Note: Data from 1 July 2020 – 30 June 2023, unless otherwise specified. *Figures averaged per six-month period as data not available for all reporting periods.

Beyond Blue supported products and services have also reached targeted cohorts.

As of September 2022, The Way Back Support Service had established 38 sites in seven states and territories. It supported over 20,000 people between its inception and 2023.[42]

Between July 2021 and May 2023, more than 6,000 people accessed 27,000 NewAccess sessions delivered to individuals through 13 PHNS located in Victoria, Queensland and New South Wales.

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[42] Source: Commonwealth report (Jan – June 2023)

FIGURE 4. OVERALL REACH FOR BEYOND BLUE SUPPORTED INITIATIVES
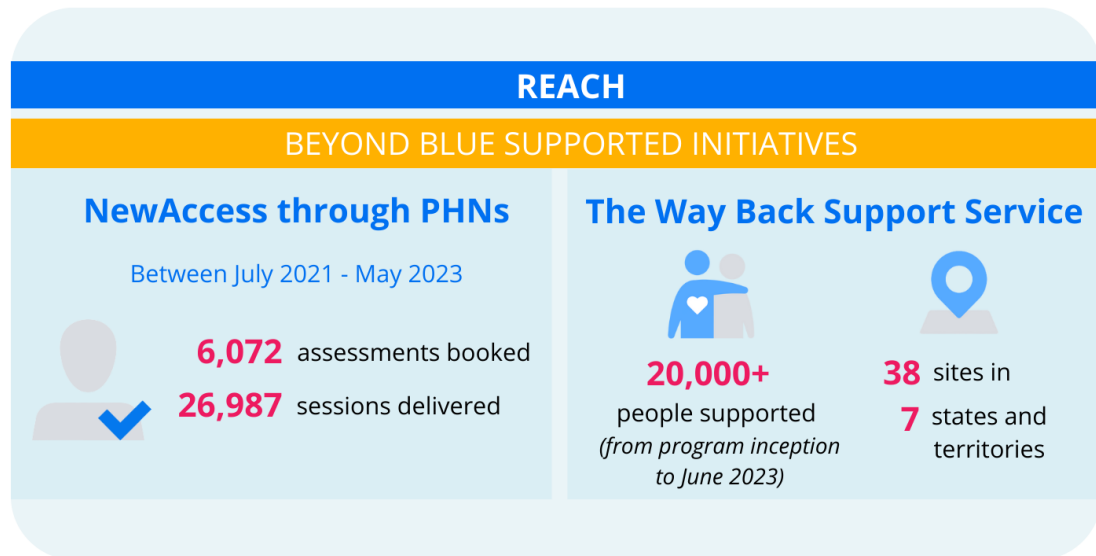
Note: Data from 1 July 2020 – 30 June 2023, unless otherwise specified.

Stakeholders generally felt that Beyond Blue is successful in reaching people who have mild to moderate depression and anxiety, or those struggling with their mental wellbeing who would not necessarily recognise this as related to mental health, which reflects the organisation's aim to intervene early and provide low intensity supports.

Stakeholders reported a perception that Beyond Blue is good at reaching people from the white middle class and not as good at reaching older people, and people from culturally and linguistically diverse, Aboriginal and Torres Strait Islander and LGBTQIA+ communities. There was also mixed sentiment among stakeholders about the ability to tailor Beyond Blue models (e.g. The Way Back and New Access) to populations that experience barriers to accessing services, such as culturally and linguistically diverse communities and Aboriginal and Torres Strait communities. The Way Back evaluation found that, for some outcomes measures, Aboriginal and Torres Strait Islander participants experienced comparatively more positive impacts.

While it is difficult to verify these perceptions with reach data (given the focus on supporting anonymity described in section 4.1), it is well understood that people from diverse communities consistently face barriers in engaging with services and supports more broadly. Recognising this, Beyond Blue has progressed several pieces of work to reduce access barriers for its products and services, including adaptions of the New Access program to support people in aged care and a bilingual pilot for Arabic speakers, and work to adjust the Support Service for young people.

Beyond Blue staff noted their efforts to be open to all, while partnering with specialist and community organisations better placed to provide support to specific cohorts.

MENTAL HEALTH AND DISTRESS

It is not possible to understand from Beyond Blue's population-level survey at what stage of their mental health journey people are engaging with Beyond Blue because it captures mental wellbeing at the time the survey was completed, but their mental health may have been different at the time they contacted Beyond Blue. However, the population-level survey indicates that most people accessing Beyond Blue's products and services had experienced anxiety and depressive symptoms within the two weeks of completing the survey. The proportion was higher for those who accessed support or had an interactive engagement with Beyond Blue[43] (70%) than those who only engaged in Beyond Blue's content[44] (53%).

Figure 5 shows the primary cohort who accessed Beyond Blue for content only had self-rated scores indicating a normal level of anxiety or depression (47%), whereas the primary cohort who accessed support or had an interactive engagement had a mild level of anxiety or depression (41%).

FIGURE 5.   LEVELS OF ANXIETY OR DEPRESSION FOR PEOPLE WITH INTERACTIVE VS. CONTENT ONLY VS. NO ENGAGEMENT WITH BEYOND BLUE
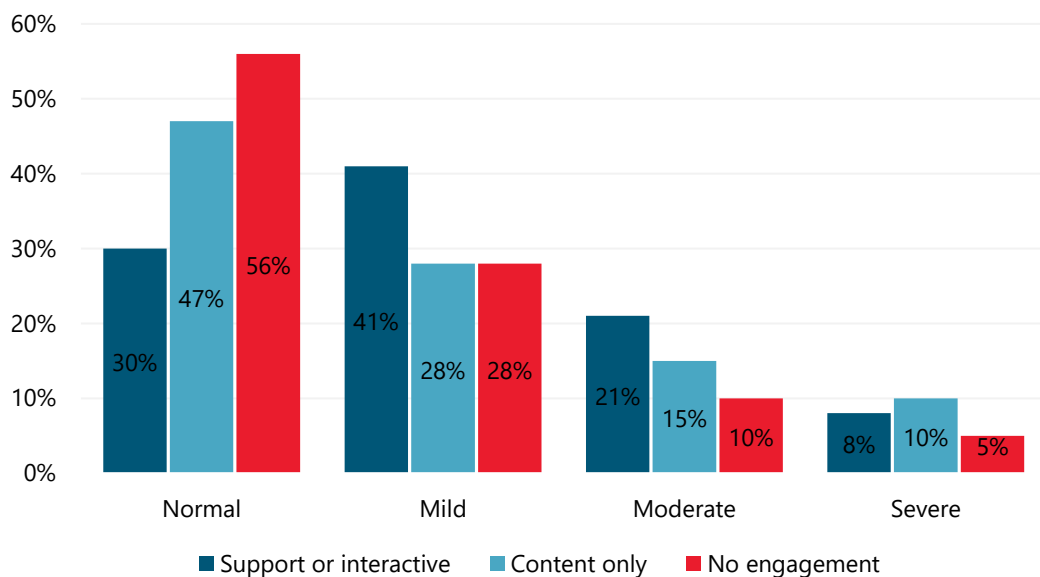
Source: Population-level survey.

The Support Service and CMWSS survey data suggest these services are reaching a considerable number of people in distress. Of those who contacted the services to access support for themselves (which accounted for 86% of contacts), 60% reported feeling quite or

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[43] Had used a Beyond Blue service including phone support service, webchat, online peer forum, or had engaged through workplace / school or volunteered with Beyond Blue in the past 12 months.
[44] Had visited the website, followed Beyond Blue on social media, read a handout or brochure or listened to the podcast but had not used a Beyond Blue service or been supported by Beyond Blue in the past 12 months.

extremely distressed. Of those who contacted the services to access support for someone else, 40% reported feeling that they were quite or extremely distressed (see Figure 6).

FIGURE 6. **LEVEL OF DISTRESS BEFORE CONTACTING BEYOND BLUE'S SUPPORT SERVICE OR CMWSS**
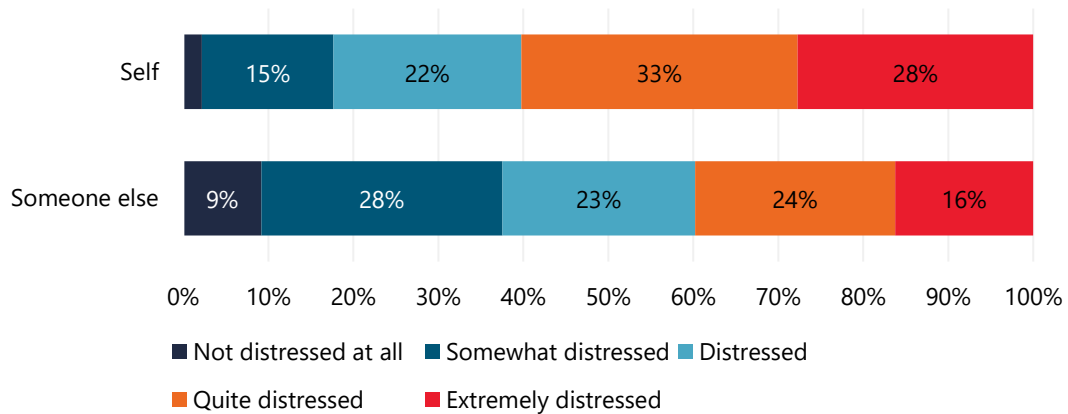
Source: Support Service survey data (Jan 2021 - Aug 2021, Nov - 2021) & CMWSS survey data (1 Jan 2021 – 30 Nov 2021). N = 11,266. Note: Data labels >5% are not displayed.

K10 data collected through Beyond Blue's website – while not representative of all individuals who contact Beyond Blue because it is optional – also shows people in distress are being reached. More than three-quarters of people who completed the K10 reported very high levels of psychological distress (78%) in the past four weeks.[45]

STATE AND TERRITORY

The data for Beyond Blue websites indicate that Beyond Blue is reaching most states and territories in proportion to the size of their population (see Table 5). However, Victoria is over-represented (average website sessions = 31%; population = 26%).[46] A large proportion of CMWSS website sessions were from Victoria (39%). In contrast, people from Western Australia and Queensland accessed CMWSS website significantly less than all other Beyond Blue websites. These differences are likely to reflect the different levels of COVID-19 and associated lockdowns experienced across states and territories.

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[45] Rainbow, C., Baldwin, P. A., Hosking, W., & Blashki, G. (2023). Help-seeking preferences in Australian mental health website visitors: A latent profile analysis. *Australian & New Zealand Journal of Psychiatry*, 00048674231166595.

[46] Fundraising website data have been removed from this analysis as they are focused on information and services.

TABLE 5.   WEBSITE SESSIONS BY STATE/ TERRITORY

	Core		Other websites				
States and territories	BB.org	CMWSS	Healthy Families	Heads Up	Range	Avg*	Population
NSW	33%	35%	33%	32%	3%	34%	31%
Vic	28%	**39%**	29%	29%	11%	**31%**	**26%**
Qld	17%	12%	18%	17%	6%	**16%**	20%
WA	10%	6%	10%	10%	5%	9%	11%
SA	7%	5%	7%	7%	2%	7%	7%
ACT	2%	2%	2%	3%	2%	3%	2%
Tas	1%	1%	1%	2%	1%	1%	2%
NT**	0.3%	0.2%	0.3%	0.5%	0.4%	0.4%	1%
Total sessions	15,324,242	1,221,481	1,050,917	666,984			

Source: Website data provided by Beyond Blue from 1 July 2020 – 30 June 2023. Population data from Australian Bureau of Statistics, released 15/06/2023. Note: *Average calculated across all Beyond Blue websites in the table. **Northern Territory figures rounded to 1 decimal place due to small percentages.

The distribution of Support Service and CMWSS contacts by state/ territory tells a similar story (see Table 6). Victorians were over-represented among users of Beyond Blue's Support Service (32%) and CMWSS (52%)[47] compared to the Victorian population (26%). Significantly fewer people in Western Australia and Queensland accessed CMWSS compared to other states/ territories, relative to their populations (WA: service users = 4%, population = 11%; Qld: service users = 8%, population = 20%).

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[47] Percentages refer to the proportion of total contacts across all channels from each state.

TABLE 6.   SUPPORT SERVICE AND CMWSS CONTACTS BY STATE/ TERRITORY

States and territories	Support Service	CMWSS	Population
	%	%	%
NSW	30%	28%	31%
Vic	**32%**	**52%**	**26%**
Qld	17%	**8%**	**20%**
WA	9%	**4%**	**11%**
SA	8%	6%	7%
ACT	2%	1%	2%
Tas	2%	1%	2%
NT	1%	0.3%	1%
National			

Source: Support Service and CMWSS contact monitoring data covering July 2020 – June 2023. Note: CMWSS telephone service stopped in December 2022.

Beyond Blue's **Forums** are also reaching people in all states and territories. The distribution of registered Forum users is roughly in proportion to the population of each state and territory (see Table 7). These data do not include all forum users as those who only view posts do not need to register.

TABLE 7.   REGISTERED FORUM USERS BY STATE/ TERRITORY

States and territories	Forums		Population
	Total	%	%
NSW	8,001	30%	31%
Vic	7,482	28%	26%
Qld	5,121	19%	20%
WA	2,723	10%	11%
SA	1,940	7%	7%
ACT	514	2%	2%
Tas	619	2%	2%
NT	206	1%	1%
Missing	24		

Source: Forums registration monitoring data covering July 2020 – June 2023.

Available data for other Beyond Blue supported products and services (which vary in nature) show very similar patterns of distribution by state and territory, apart from The Way Back

Support Service (see Table 8). Queensland accounted for the greatest proportion of The Way Back Support Service's reach, and was significantly over-represented relative to their population, along with the Australian Capital Territory (ACT). The service was not delivered in Western Australia. Victoria and South Australia were significantly under-represented compared to their population. The Way Back Support Service evaluation suggests that Victoria's referrals may have been affected by the HOPE program, which also provides aftercare, and that South Australia, which only has one site, had not been operating as long as other sites.

TABLE 8.   REACH OF OTHER BEYOND BLUE CORE AND SUPPORTED PRODUCTS AND SERVICES BY STATE/ TERRITORY

States and territories	BeyondNow	The Way Back Support Service	Population
NSW	32%	**39%**	**31%**
Vic	29%	**9%**	**26%**
Qld	18%	**38%**	**20%**
WA	8%		11%
SA	9%	4%	7%
ACT	2%	**7%**	**2%**
Tas	2%	2%	2%
NT	0.3%	1%	1%

Source: BeyondNow figures come from monitoring data of active users covering July 2020 to June 2023. Evaluation report for The Way Back Support service.

NewAccess PHN is reaching people in NSW, Queensland and Victoria. During the evaluation period, the program was delivered in 13 PHNs (see Table 9).

TABLE 9.   NEWACCESS PHN SUBSTREAMS

State	PHN
NSW	- South Western Sydney PHN* - Murrumbidgee PHN* - South Eastern NSW PHN - Western NSW PHN - Central and Eastern Sydney PHN - North Coast PHN - Nepean Blue Mountains PHN
Qld	- Gold Coast PHN* - Western Queensland PHN - Brisbane North PHN - Darling Downs and West Moreton PHN* - Central QLD, Wide Bay, Sunshine Coast PHN

State	PHN
Vic	• Gippsland PHN

Note: *indicates PHNs that delivered two NewAccess programs.

METROPOLITAN AND REGIONAL LOCATIONS

There are limited data on Beyond Blue's reach by major cities/ regional/ remote areas, and none for Beyond Blue's core products and services. What is available for BeyondNow and The Way Back Support Service suggests Beyond Blue achieved significant reach into regional and remote areas with these products and services (see Table 10).

TABLE 10.   REACH OF BEYOND BLUE PRODUCTS AND SERVICES BY MAJOR CITIES/ REGIONAL/ REMOTE

Locations	BeyondNow	The Way Back Support Service[48]	Average	Population
Major cities	57%	63%	63%	72%
Regional	39%	38%*	34%	26%
Remote	3%		3%	2%

Source: Evaluation reports for BeyondNow and The Way Back Support Service. Population data from ABS. Note: *Regional or remote areas.

AGE

Available data suggest Beyond Blue is reaching Australians of all ages through its websites, core and supported products and services.

The age distribution of users of each of Beyond Blue's websites is similar and broadly aligned to the spread of mental health conditions across age groups in the population.[49] The exception is for CMWSS, which was accessed by a higher proportion of older adults and a smaller proportion of those 34 or younger compared to Beyond Blue's other websites (see Figure 7). The age distribution of CMWSS website users was closer than other websites to the age distribution of the population, which reflects that the service is for all people affected by the pandemic.

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[48] Demographics for the 3,243 unique clients for which there is data, from 21 sites between Jan 2019 and Aug 2021.

[49] These demographic data are estimated by Google Analytics and are not always accurate or available for all users (see Section 2.4).

FIGURE 7.   WEBSITE USERS BY AGE
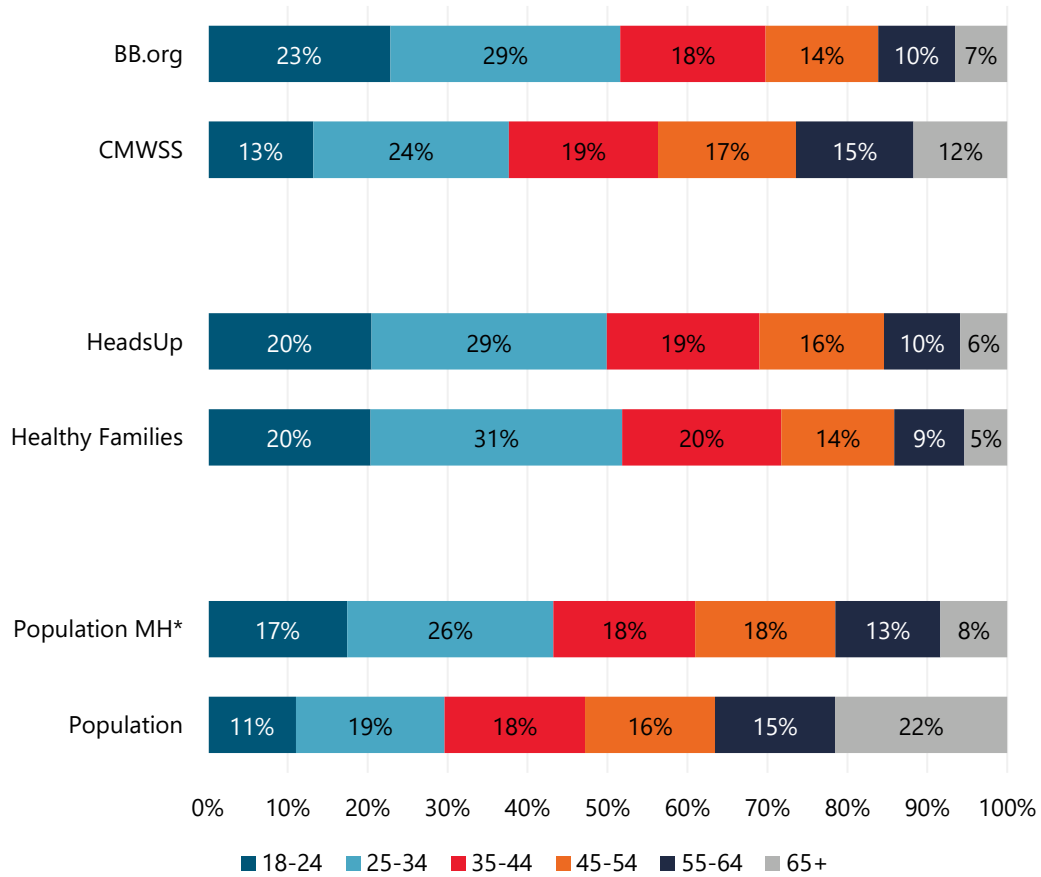
Source: Website data provided by Beyond Blue from 1 July 2020 to 30 June 2023. Population data from the Census (ABS, 2022) and the National Study of Mental Health and Wellbeing (ABS, 2021). Note: *Population Mental Health represents the distribution of people with any 12-month mental health disorder (defined as persons who met criteria for diagnosis of a lifetime mental health disorder and had sufficient symptoms of that disorder in the 12 months prior to being surveyed).

Beyond Blue is reaching people 18 years and younger through their Support Service and CMWSS support (see Figure 8). Approximately 14% of all Support Service contacts and 6% of CMWSS contacts were under 18 years old. This reflects comments from Beyond Blue staff about the work done to review the service model for young people, and the introduction of webchat supporting higher engagement of young people.

FIGURE 8.   SUPPORT SERVICE AND CMWSS CONTACTS BY AGE GROUP
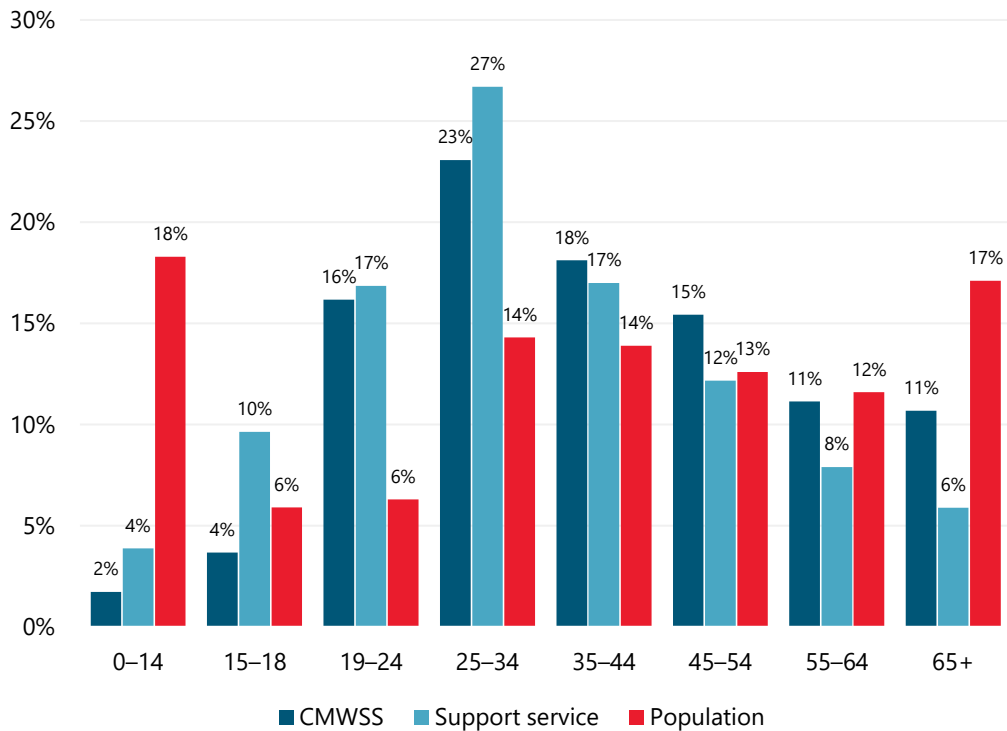
Source: Support Service and CMWSS contact monitoring data covering July 2020 to June 2023. Note: CMWSS stopped in December 2022.

Beyond Blue is also reaching younger people through the Forums. Over one-quarter of all Forum users were 24 years and younger, and 9% of Forum users were under 18 years old (see Figure 9).

FIGURE 9.   REGISTERED FORUM USERS BY AGE GROUP
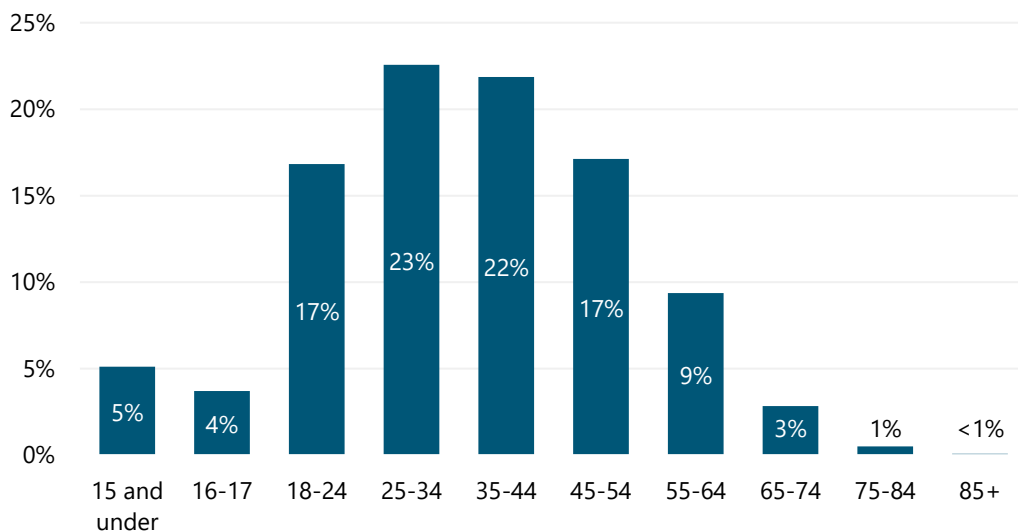
Source: Forums registration monitoring data covering July 2020 – June 2023. Note: demographic data is captured only for those who register, not those who view or use the forums without registering.

People aged 18-24 accounted for over 30% of all users of the BeyondNow app, despite accounting for only 11% of the population (see Figure 10). More than half of all users were aged 34 or younger. As BeyondNow aims to support people who are currently or have previously been suicidal, the patterns in reach might be due to the prevalence of suicide among young Australians.[50]

FIGURE 10.   BEYONDNOW USERS BY AGE GROUP
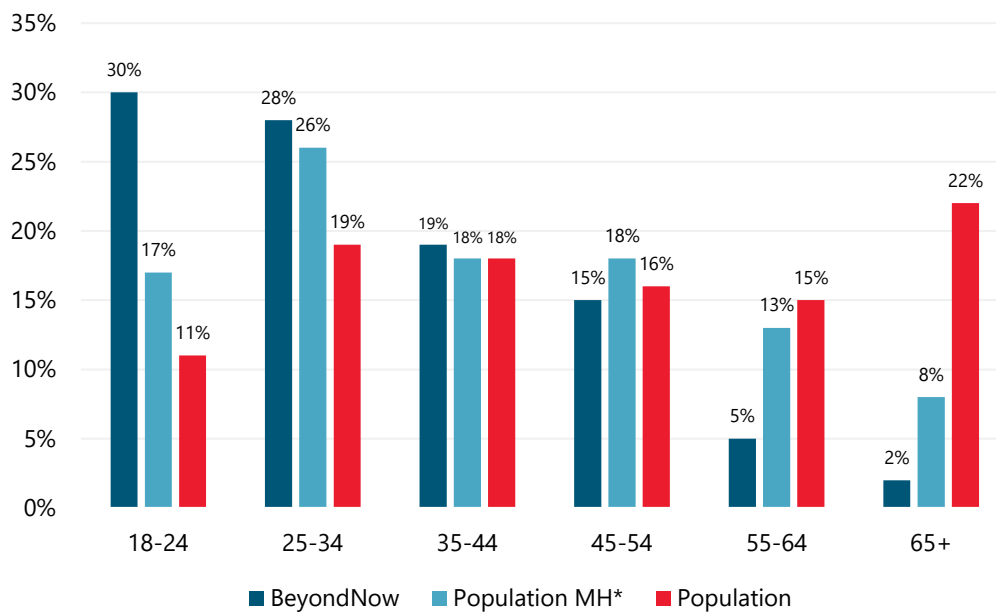
Source: BeyondNow monitoring data covering July 2020 – June 2023.

Beyond Blue's NewAccess delivered to communities through PHNs reaching people across age ranges, with most being between 25 – 54 (55%; see Table 11) and has been adapted for people living in a Residential Aged Care Facility. .

TABLE 11.   NEWACCESS PHN CLIENTS BY AGE

Age	%
12 to 15	7%
16 to 24	23%
25 to 34	25%
35 to 54	30%
55+	15%

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[50] Suicide is the leading cause of death among Australians aged 15-24. See: Australian Institute of Health and Welfare. (2022 July 26). Deaths by suicide among young people. Suicide among young people - Australian Institute of Health and Welfare (aihw.gov.au)

Source: NewAccess PHN monitoring data (July 2021 – May 2023)

GENDER

Available data suggest females are over-represented among those accessing Beyond Blue products and services. Females accessed Beyond Blue core and supported products and services at higher rates than males – ranging from 56% to 73% of support users and averaging 63% of support users (see Figure 11). This is higher than the proportion of females that account for mental health conditions in the population (58%), which is a common pattern across mental health and suicide prevention services.

FIGURE 11.   REACH OF BEYOND BLUE PRODUCTS AND SERVICES BY GENDER
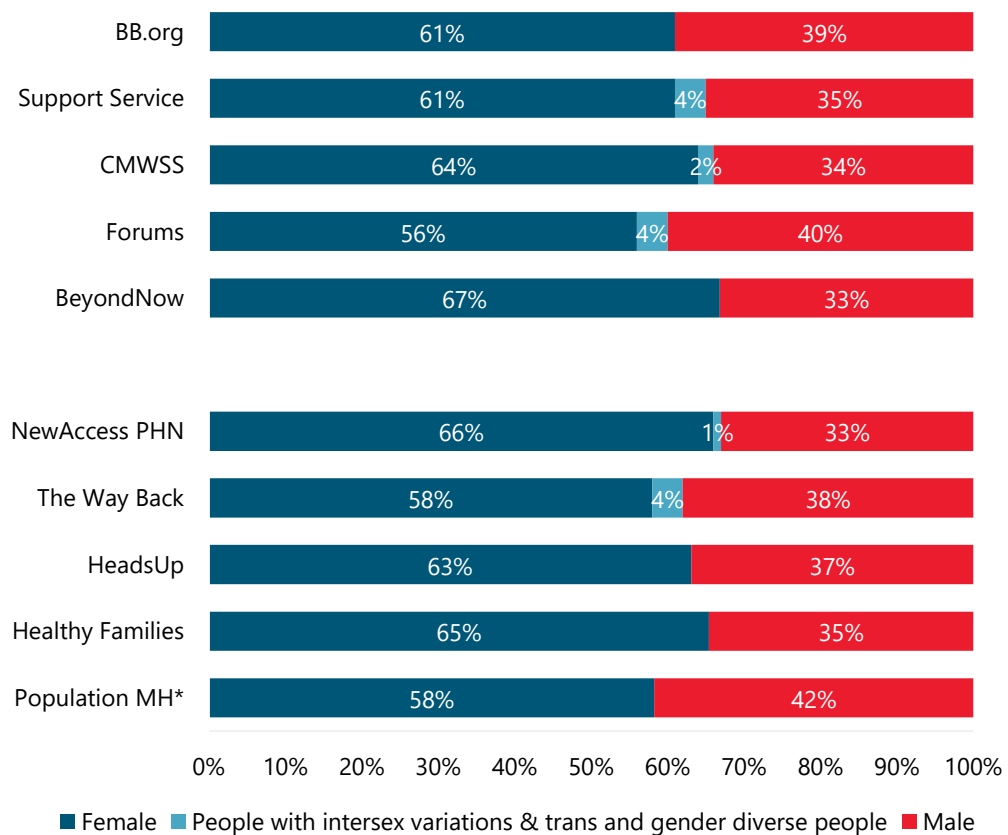
Note: For products and services showing no gender diverse people, these data were not collected. Source: BB.com, HeadsUp and Healthy Families figures reflect website users; Support Service and CMWSS figures reflect telephone contacts; and BeyondNow figures reflect app users. These data are from July 2020 – June 2023. Forums figures come from forums user survey collected in May 2022 (n=455). The Way Back figures come from evaluation reports. NewAccess PHN figures come from monitoring data between July 2021 – May 2023. Population Mental Health data from the National Study of Mental Health and Wellbeing (ABS, 2021). Note: People with intersex variations & trans and gender diverse people includes people with intersex variations, people who identify as transgender, non-binary, gender fluid and other, where gender diversity was disclosed.

There is limited data on Beyond Blue's reach for gender diverse people (with this data not collected across all products and services). Available data suggest Beyond Blue is reaching a

very small proportion of gender diverse individuals through some of its products and services.

- 4% of Support Service telephone contacts identified as 'other'.
- 2% of CMWSS telephone contacts identified as 'other'.
- 4% of Forum users identified as something other than 'Woman' or 'Man'.
- 10% of BeyondNow app users (who responded to the evaluation survey) identified as non-binary, gender queer or another gender.[51]
- 4% of The Way Back Support Service clients identified as 'intersex' or 'transgender'.

SEXUAL ORIENTATION

There is limited data on Beyond Blue's reach for diverse sexualities. Available data indicate Beyond Blue is reaching a reasonable proportion of people with diverse sexualities, ranging from 7% to 21% (see Table 12). This is notably higher than population estimates (3–4%).[52] However, some of these data come from surveys, not administrative data, so may not represent the true proportion of people with diverse sexualities among all users of these products and services.

TABLE 12.   SEXUAL ORIENTATION OF USERS/ CLIENTS FOR SOME BEYOND BLUE PRODUCTS AND SERVICES

Sexual orientation	Forums[53]	BeyondNow[54]	The Way Back Support Service
Straight or heterosexual	79%	58%	52%
LGBTIQA+	21%	20%	7%

Source: Forums figures come from forums user survey collected in May 2022 (n=465). BeyondNow and The Way Back figures come from their respective evaluation reports. Note: Totals may not equal 100% as some participants chose not to answer.

CULTURALLY DIVERSE COMMUNITIES

Available data show the proportion of people accessing Beyond Blue's Support Service and Forums who were born in a country other than Australia is similar to the general population, while the proportion of those accessing BeyondNow and The Way Back Support Service is

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[51] Non-binary = 5.8%; Gender queer = 2.8%; Another gender identity = 1.8%; I'd prefer not to say = 1.6%. Survey respondents were able to select multiple genders.

[52] Rainbow Health Victoria. (2020). Research Matters: How many people are LGBTIQ? https://www.rainbowhealthvic.org.au/media/pages/research-resources/research-matters-how-many-people-are-lgbtiq/4170611962-1612761890/researchmatters-numbers-lgbtiq.pdf

[53] Gay, lesbian or homosexual = 3.9%; Bisexual = 3.7%; Asexual = 1.1%; Pansexual = 0.9%. Survey respondents were able to select multiple sexualities.

[54] Pansexual = 5.2%; Lesbian = 3.7%; Queer = 2.1%; Gay = 1.8%; Asexual = 1.2%; Not sure/ undecided = 8.1%; Another orientation = 0.6%. Survey respondents were able to select multiple sexualities.

significantly lower (see Table 13). This may be due to greater stigma around suicide in some culturally diverse communities.[55]

TABLE 13.   CULTURALLY DIVERSITY OF USERS/ CLIENTS FOR SOME BEYOND BLUE PRODUCTS AND SERVICES

	Support Service	Forums	BeyondNow	The Way Back	Population
Born in a country other than Australia	24%	25%	14%	15%	28%

Source: Support Service data from Support Service survey, 6 March 2022 – 30 June 2023 (n=6,228). Forums data from Forum users survey, May 2022 (n=465). BeyondNow and The Way Back data from evaluation reports.

The CMWSS population survey found that culturally and linguistically diverse communities were much less likely to be aware of Beyond Blue (69% compared to 91% of other community members)[56] but were more likely to have accessed CMWSS or another Beyond Blue service in the past 10 months (12%) compared to the overall population (8%).

NewAccess has also been tailored for some culturally diverse communities. A one-year pilot program was delivered to the Arabic-speaking community in South Western Sydney PHN. The pilot was initiated to address the need to provide services for their large Arabic population in their own language.

ABORIGINAL AND/OR TORRES STRAIT ISLANDER COMMUNITIES

Available data show Beyond Blue is reaching a small proportion of people who identify as Aboriginal and/or Torres Strait Islander through some of its core products and services and supported services, particularly given the higher rates of mental health concerns and suicide in these communities (see Table 14). These proportions ranged from 2% for Forums to 9% for The Way Back Support Service.

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[55] Bowden, M., McCoy, A., & Reavley, N. (2020). Suicidality and suicide prevention in culturally and linguistically diverse (CALD) communities: A systematic review. *International Journal of Mental Health*, *49*(4), 293-320.

[56] Beyond Blue subsequently commissioned the CMWSS CALD Engagement report to better understand the experiences of CALD groups who might not have been included due to difficulty participating in a survey in English.

TABLE 14.   ABORIGINAL AND/OR TORRES STRAIT ISLANDER USERS/ CLIENTS FOR SOME BEYOND BLUE PRODUCTS AND SERVICES

	Support Service	CMWSS	Forums	BeyondNow	NewAccess PHN	The Way Back
Aboriginal and/or Torres Strait Islander	4%	4%	2%	6%	5%	9%
Non-Indigenous	96%	96%	93%	94%	-	-

Source: Support Service data from Support Service survey, 6 March 2022 – 30 June 2023 (n=6,228). Forums data from Forum users survey, May 2022 (n=465). BeyondNow and The Way Back data from evaluation reports. NewAccess PHN figure from monitoring data (July 2021 – May 2023). Note: Totals may not equal 100% as some participants chose not to answer.

The CMWSS population survey found that Aboriginal and Torres Strait Islander communities were significantly more likely to have accessed the CMWSS or another Beyond Blue service in the past 10 months than the general population (19% compared to 8%).

Beyond Blue staff emphasised their intention to be accessible to Aboriginal and Torres Strait Islander communities, but also to partner with and/or refer to Aboriginal and Torres Strait Islander led organisations as leaders.

4.2.2   COMMUNITIES

SCHOOLS

Be You is delivered to educators by Beyond Blue, in partnership with Early Childhood Australia and headspace. Since its launch in 2018, when Be You brought together various Australian Government schools initiatives, Be You has registered approximately four times the number of schools as its predecessor programs and achieved a ten-fold growth in reach to early learning centres. As of July 2023, Be You had registered more than 70% of all primary, secondary, independent and Catholic schools (n=7,392 schools), and about 1 in 3 early learning services (n=6,511) and supported 173,265 individuals. Those supported come from all states and territories broadly in proportion with the size of their population (see Table 15). However, the ACT is over-represented (users = 5%; population = 2%).

TABLE 15.   BE YOU REACH BY STATE/ TERRITORY

State and territories	Website	Users	Population
NSW	35%	32%	31%
VIC	28%	23%	26%
Qld	14%	15%	20%
WA	10%	14%	11%

SA	6%	9%	7%
ACT	4%	5%	2%
Tas	2%	2%	2%
NT*	0.6%	1%	1%
Total sessions	1,914,097		

Source: Website data provided by Beyond Blue from 1 July 2020 – 30 June 2023. Users figures come from evaluation reports for Be You (User Survey Report). Population data from Australian Bureau of Statistics, released 15/06/2023. Note: *Northern Territory figures rounded to 1 decimal place due to small percentages.

Be You is also reaching major cities, regional areas, and remote areas in proportion to the size of their populations (see Table 16).

TABLE 16.   REACH OF BEYOND BLUE PRODUCTS AND SERVICES BY MAJOR CITIES/ REGIONAL/ REMOTE

	Be You	Population
Major cities	68%	72%
Regional	29%	26%
Remote	3%	2%

Source: Evaluation report for Be You (User Survey Report). Population data from ABS.

The gender and age distribution of Be You users broadly aligns with the demographics of teachers. Be You is reaching almost three times as many females (73%) as males (27%).[57] Most Be You users are between 18 – 44 years (69%). The age distribution of Be You users is shown in Figure 12.

FIGURE 12.   BE YOU WEBSITE USERS BY AGE

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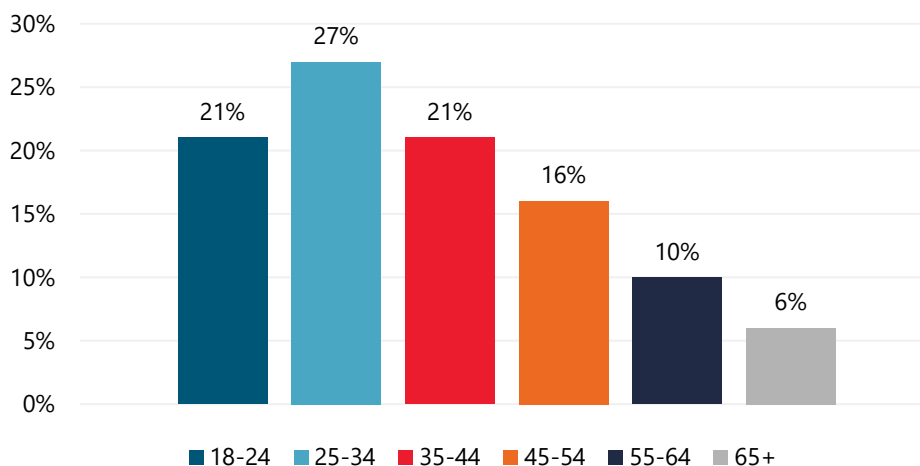
[57] Source: Beyond Blue website data. Note: No data collected on gender diverse people.

Source: Beyond Blue website data (Jul 2020 – Jun 2023).

WORKPLACES

Between July 2020 and June 2023, Beyond Blue reached workplaces and small business owners through three different tailored NewAccess programs:

- **NewAccess workplaces**, delivered to employees at 16 participating Australian Public Service agencies.
- **NewAccess for Small Business Owners.**
- **NewAccess for the private sector**, delivered to tens of businesses in addition to the organisation's Employee Assistance Program.[58]

NewAccess for Small Business Owners (NASBO) program, provides low intensity Cognitive Behavioural Therapy via a guided self-help mental health coaching program, delivered over 18,000 sessions to small business owners.[59] The program had reach into all states and territories (see Table 17), though less in NSW (24%) relative to their population (31%).

TABLE 17.   NASBO CLIENTS BY STATE AND TERRITORY

States and territories	NASBO*	Population
NSW	**24%**	**31%**
Vic	30%	26%
QLD	21%	20%
WA	12%	11%
SA	8%	7%
ACT	2%	2%
Tas	2%	2%
NT	1%	1%

Source: *NASBO evaluation report.

Most NASBO clients were aged between 30 and 59 years (83%), whereas NewAccess workplaces clients were more evenly spread across age ranges (see Table 18).

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[58] As above.

[59] Source: NASBO monitoring data. Note: Data not available for the full period of the independent evaluation.

TABLE 18.   NASBO AND NEWACCESS WORKPLACES BY AGE

States and territories	NASBO	NewAccess workplaces
18-29	9%	12%
30-40		28%
30-44	45%	
41-50		32%
45-59	38%	
51+		27%
60+	8%	

Note: ages were grouped differently in each evaluation.

Source: NASBO and NewAccess workplaces evaluation reports.

Beyond Blue is reaching 2-3 times as many females as males through NASBO and NewAccess workplaces (see Table 19). This reflects what interviewees said about higher reach into female-owned industries than male. It is also in line with trends for other Beyond Blue services and mental health services more generally. On available data, Beyond Blue is reaching very few gender diverse people through these services (1-2%).

TABLE 19.   NASBO AND NEWACCESS WORKPLACES BY GENDER

Gender	NASBO	NewAccess workplaces
Female	64%	76%
Male	35%	22%
Non-binary/ gender diverse	1%	2%

Source: NASBO and NewAccess workplaces evaluation reports.

NASBO is reaching people who identify as Aboriginal and/or Torres Strait Islander in proportion to those who are small business owners (less than 1%).

4.2.3   EQUIPPING COMMUNITIES

Data from Beyond Blue's Commonwealth reports indicate a large engaged community of Blue Voices members, volunteers, speakers and Ambassadors. These engaged communities have an important role in enhancing Beyond Blue's reach into the community through events and other engagements (see Figure 13).

FIGURE 13.   OVERALL REACH FOR BEYOND BLUE'S EQUIPPING COMMUNITY BUSINESS ROLE
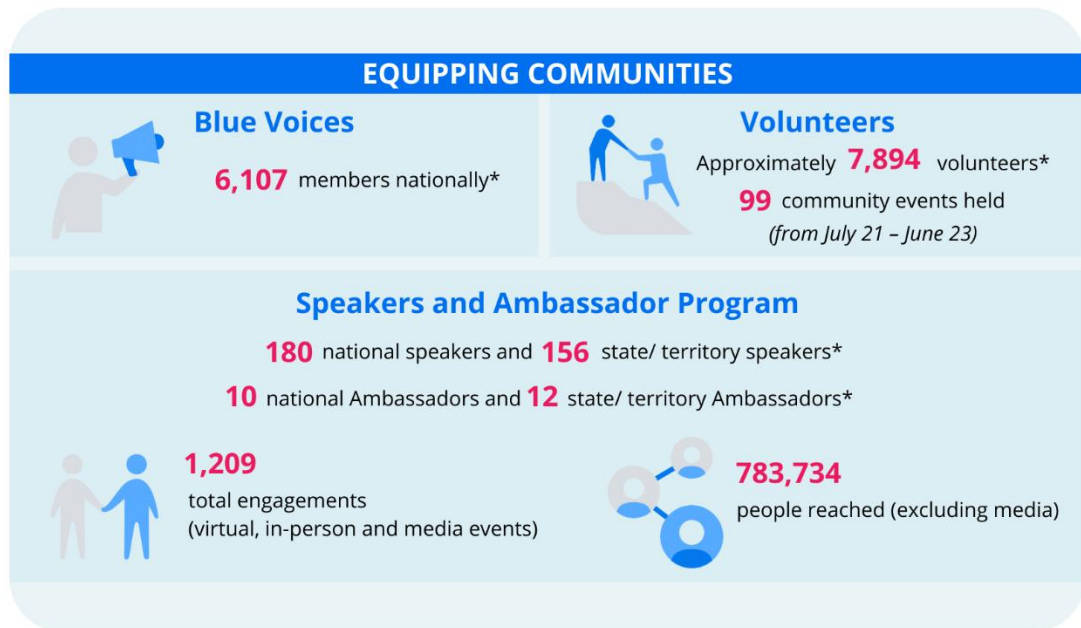
Note: Data from 1 July 2020 – 30 June 2023, unless otherwise specified. *Averaged across six Commonwealth reporting periods, from July 2020 to June 2023.

STATE/ TERRITORY

From July 2020 to June 2023, there have been Blue Voices members in all states and territories. Victorians are over-represented among Blue Voices members compared to the Australian population (31% of Blue Voices members compared to 26% of the population), consistent with the pattern for support service users.

The apparent decline in Blue Voices members from Jan–Jun 2021 (light blue) to Jul–Dec 2021 (red) was due to a program refresh and retiring members who were no longer actively engaged with the program (see Figure 14).

FIGURE 14.   BLUE VOICES MEMBERS BY STATE/ TERRITORY
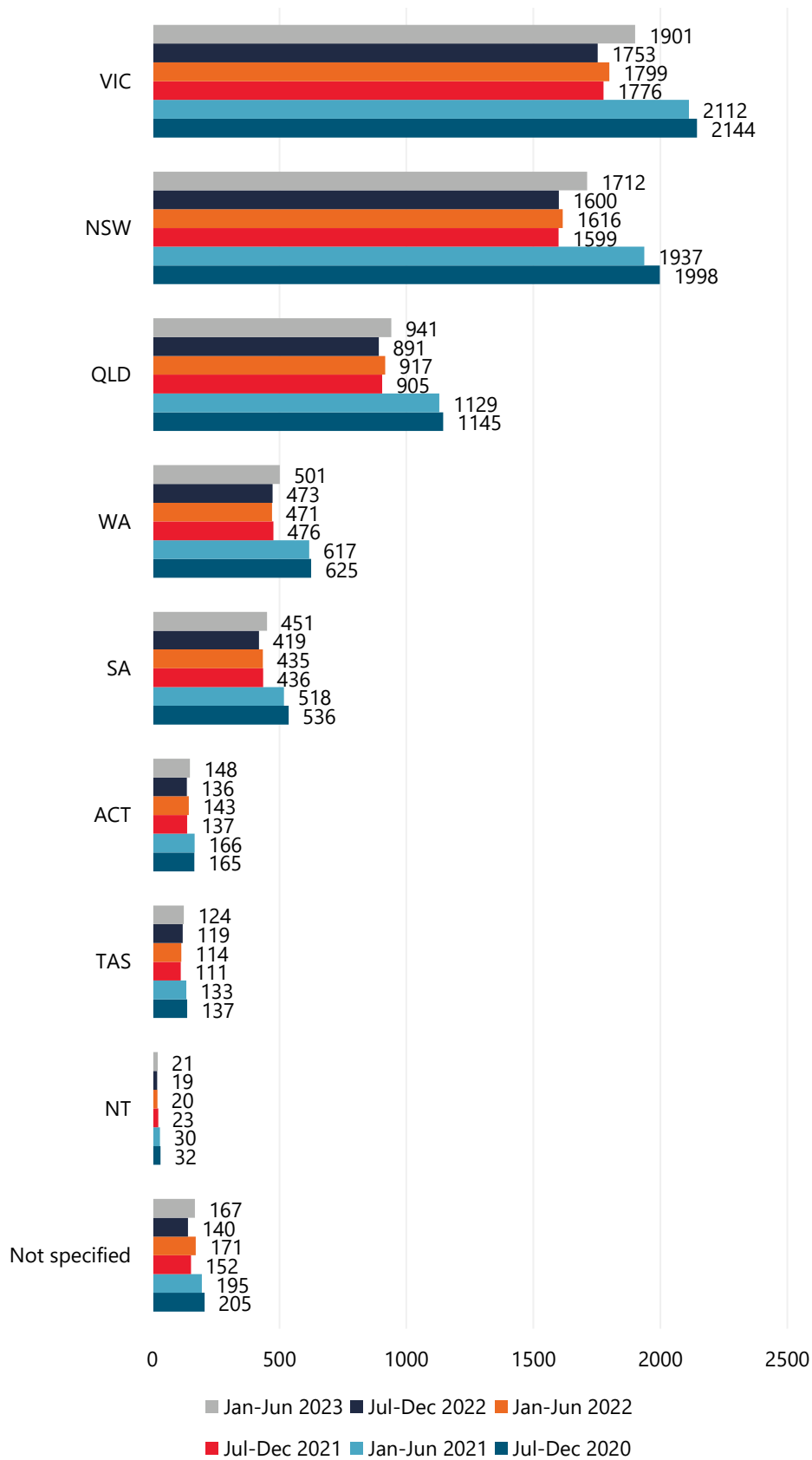
Source: Data from Beyond Blue's Commonwealth reports covering July 2020 to June 2023.

Figure 15 and Figure 16 show a significant decline in the number of Beyond Blue Speakers and Ambassadors from Jul–Dec 2020 to Jan–Jun 2022. These shifts occurred due to a retirement/re-engagement program. The number of Beyond Blue Speakers and Ambassadors increased in Jul–Dec 2022 and Jan–Jun 2023, but remained lower than in Jul–Dec 2020 for Speakers.

FIGURE 15.   BEYOND BLUE SPEAKERS BY STATE/ TERRITORY
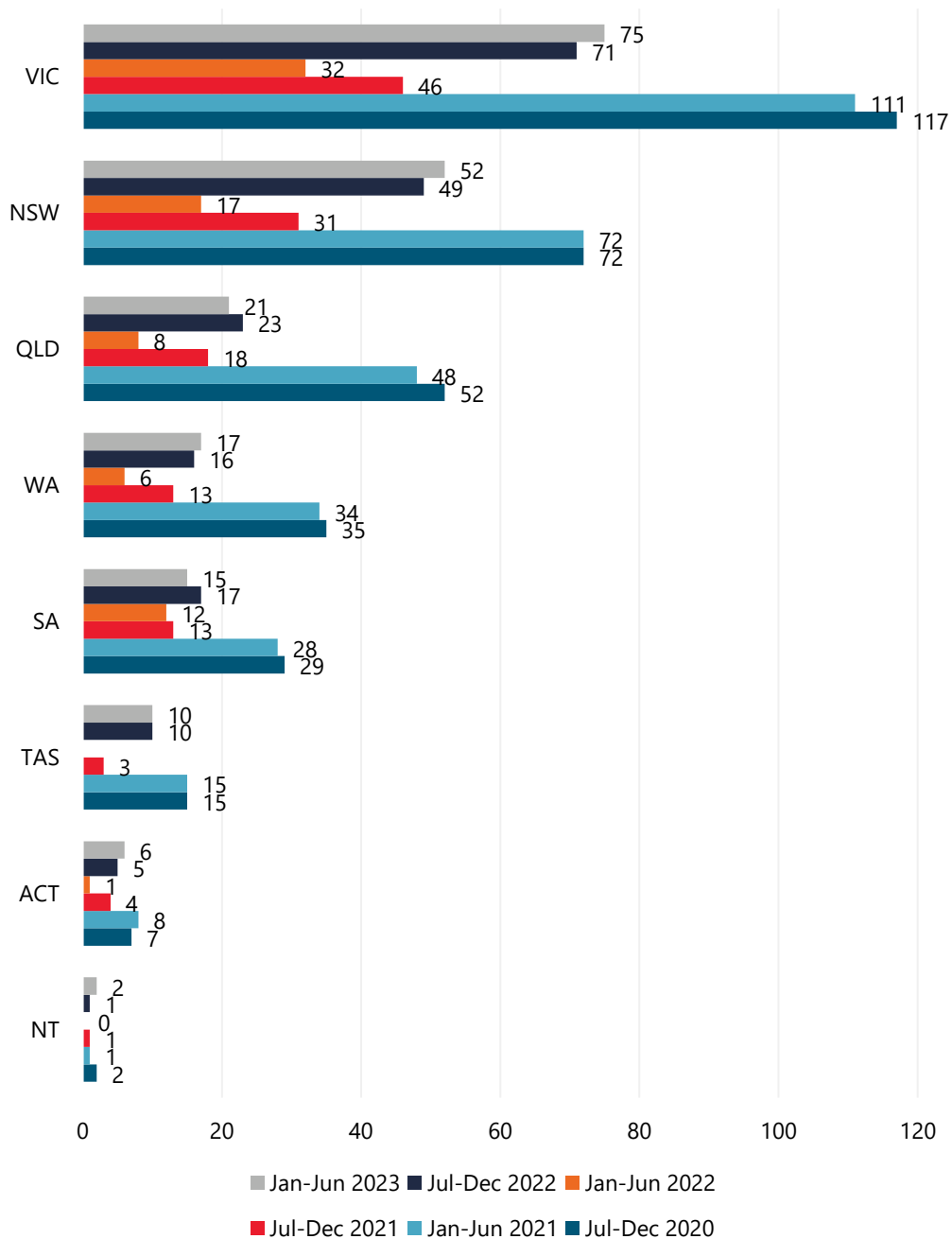
Source: Data from Beyond Blue's Commonwealth reports covering July 2020 – June 2023.

FIGURE 16.   BEYOND BLUE AMBASSADORS BY STATE/ TERRITORY
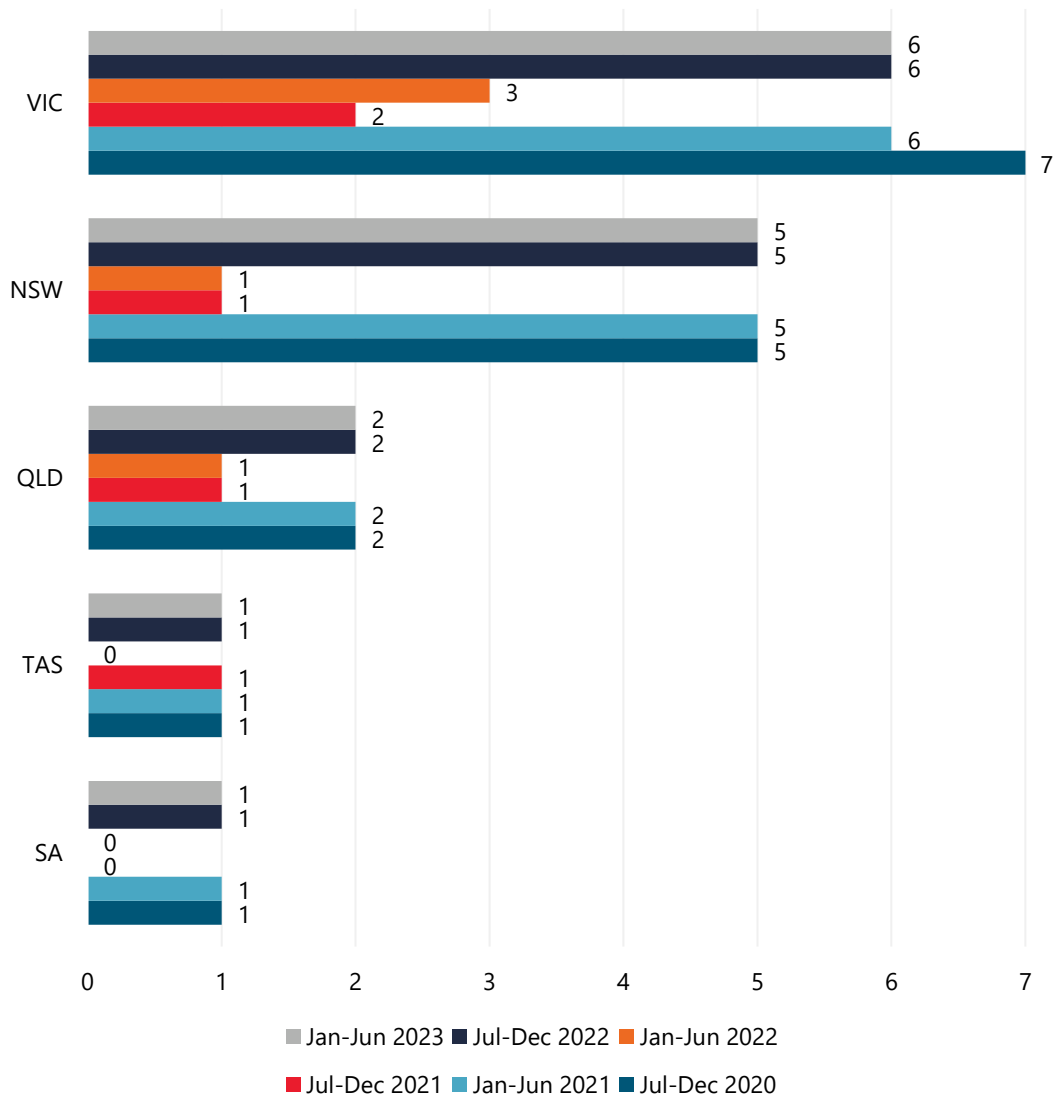
Source: Data from Beyond Blue's Commonwealth reports covering July 2020 – June 2023.

METROPOLITAN AND REGIONAL LOCATIONS

There are a significantly greater proportion of engaged community members who reside outside of major cities (43%) compared to the population (28%) (see Table 20).

TABLE 20.   BLUE VOICES MEMBERS, BEYOND BLUE SPEAKERS AND AMBASSADORS, AND VOLUNTEERS BY MAJOR CITIES/ REGIONAL/ REMOTE

Locations	Blue Voices	Speaker/ Ambassador	Volunteers	Average	Population
Major cities	55%	56%	61%	57%	72%
Regional	26%	15%	33%	25%	26%
Rural	17%	26%	6%	17%	
Remote	2%	3%	0%	2%	2%

Source: Engaged Communities satisfaction survey. Population data from ABS.

AGE

Beyond Blue's engaged community members are of all ages (see Figure 17). As expected, Speakers and Ambassadors tended to be older (89% were aged 45 or above). Blue Voices members and volunteers were more evenly distributed in age.

FIGURE 17.   BLUE VOICES MEMBERS, BEYOND BLUE SPEAKERS AND AMBASSADORS, AND VOLUNTEERS BY AGE GROUP
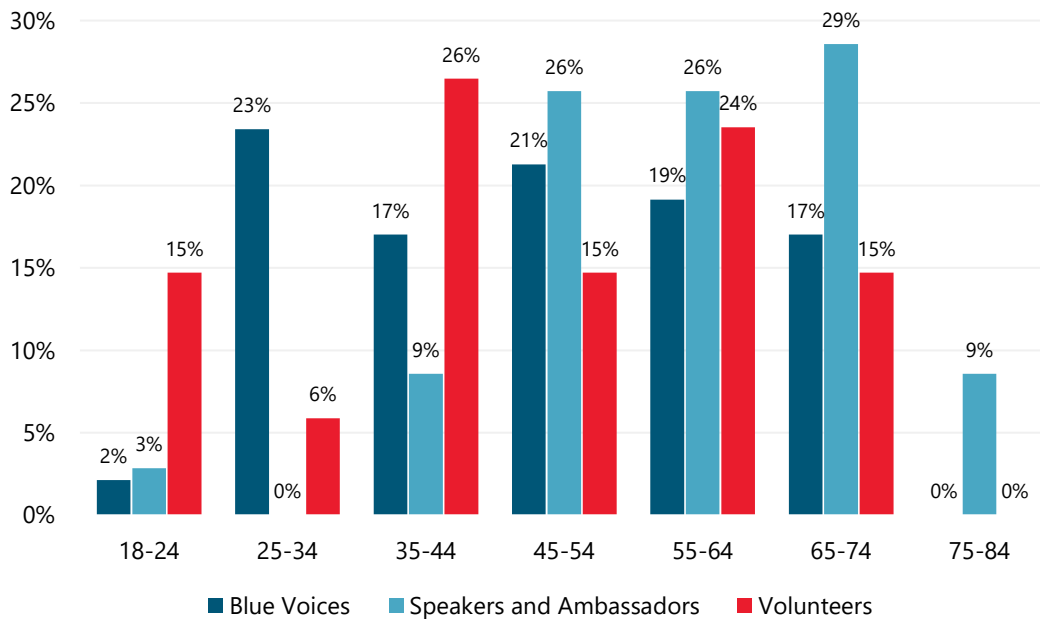
Source: Engaged Communities satisfaction survey.

GENDER AND SEXUAL ORIENTATION

The gender distribution differs considerably across engaged community roles (see Figure 18). Females account for most Blue Voices members (63%) and volunteers (53%), but there are twice as many male Speakers and Ambassadors (66%) as there are female (34%). Those who identify as neither male or female account for 10% of Blue Voices members and 3% of volunteers.

FIGURE 18.   BLUE VOICES MEMBERS, BEYOND BLUE SPEAKERS AND AMBASSADORS, AND VOLUNTEERS BY GENDER
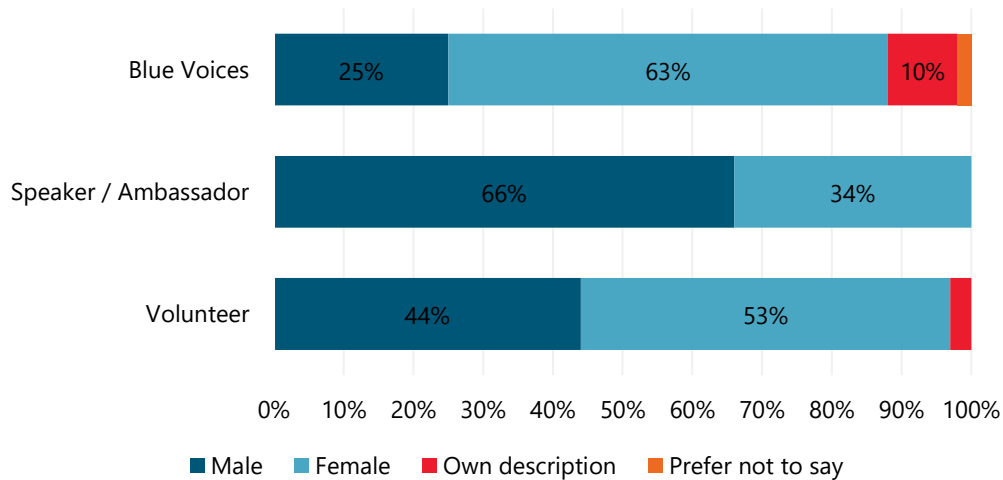
Source: Engaged communities survey. Note: Data labels >5% are not displayed.

There is also considerable variation across Engaged Community roles in terms of sexual orientation. A considerable proportion of Blue Voices members and volunteers identify as LGBTIQA+ (Blue Voices = 23%; volunteers = 15%), but only 3% of Speakers and Ambassadors identify as LGBTIQA+.

CULTURALLY DIVERSE COMMUNITIES

A significant proportion of Blue Voices members, Speakers, Ambassadors and volunteers are from culturally and linguistically diverse communities, ranging from 20% to 53% (see Table 21). Aboriginal and Torres Strait Islander people account for 8% of Blue Voices members and 3% of Speakers and Ambassadors.

TABLE 21.   BLUE VOICES MEMBERS, BEYOND BLUE SPEAKERS AND AMBASSADORS, AND VOLUNTEERS BY CULTURAL DIVERSITY

Cultural diversity		Blue Voices	Speaker/ Ambassador	Volunteers
CALD	Born outside Australia	17%	17%	44%
	Language other than English	8%	3%	24%
	*Total CALD**	*20%*	*20%*	*53%*
Aboriginal and Torres Strait Islander		8%	3%	-

Source: Engaged communities survey. Note: *Does not equal sum of rows as some people fall into two categories.

Demographic data is limited as it comes from the engaged communities survey, rather than administrative data, so may not represent all engaged community members. Despite good representation from priority populations indicated by the survey data, engaged community

stakeholders suggested a need for more diversity among engaged community members, explaining that when people can relate to engaged community members, they are more likely to engage.

4.3   HOW IS BEYOND BLUE DELIVERING ON THE VISION OF THE BIG BLUE DOOR?

The Big Blue Door is Beyond Blue's vision to provide accessible, personalised, safe and connected mental health support for all people who engage with Beyond Blue. It aims to improve the community's experience of Beyond Blue by providing the right information and services for the right person, at the right time, in an interconnected and easy-to-navigate way. The Big Blue Door was a key component of Beyond Blue's *Beyond 2020* strategy and continues to be an ambition for *Strategy 2023+*.

Beyond Blue aims to achieve this by delivering information, support and advice to the Australian community, adopting an inclusive approach to all services, but does not provide specialised services to different population subgroups. Beyond Blue also aims to reduce duplication in the sector by connecting people to other supports, where appropriate. By increasing focus on digital capability and referrals, individuals accessing any of Beyond Blue's services can be better connected to other organisations that are best placed to support people from particular demographic groups or with particular mental health needs.

To achieve these aims, Beyond Blue began transforming its core products and services along with its business system infrastructure. This involved redesigning the Support Service and Forums, revamping the Beyond Blue website, and transitioning to a new provider for the Support Service. Staff noted that progress was hampered by the clarity of the vision for and communication of the Big Blue Door, Beyond Blue's digital capability at the beginning of the strategy period, and the challenges of COVID-19 during this period. However, they were generally confident that they now had the right capabilities in place to continue this work, in particular to improve personalisation and seamless connections to appropriate supports and services.

TABLE 22.   BEYOND BLUE'S PROGRESS IN DELIVERING THE BIG BLUE DOOR

Project	Status	Benefits

The Support Service Delivery Partnership project	Went live in Feb 2022	• Improved how the community engages with Beyond Blue by offering:
		  ○ More personalised care
		  ○ Follow-up support
		  ○ Improved user experience
		  ○ Measurable mental health outcomes
		  ○ Moving from a transactional model to a partnership-based approach with a new provider.

Project	Status	Benefits
Current State Research project and development of Community Experience (CX) principles	Completed in Jan 2022	• Provided useful insights into what people want from services and supports o New CX principles were applied to the Support Service redesign o New CX principles are contributing to 93% of surveyed users feeling heard and understood.
Peer-to-Peer Online Community Forums project	Went live in July 2022	• Delivering a better user experience o Expected to increase forum visitors by 20% in the next six months o Updates will mitigate key risks with the previous legacy platform.
Beyond Blue Public Website Remediation project	Commenced – changes made until March 2023	• Improve the website experience for 85% of users • Significantly resolve 'AA' compliance issues to meet worldwide accessibility standards.
New Beyond Blue Brand Strategy	Operational since Oct 2022	• Enable people to better understand what Beyond Blue offers • Improve Beyond Blue's ability to meet peoples' needs.

Forums survey data suggest experience in alignment with Big Blue Door aims. Although limited, these data suggest most people who used Beyond Blue's Forums found them easy to use (57%), and very few (11%) thought they would need the support of a technical person to use them. Most users also reported feeling safe and accepted without judgement while using the Forums (62%).

FIGURE 19.   EASE OF USE FOR BEYOND BLUE'S FORUMS
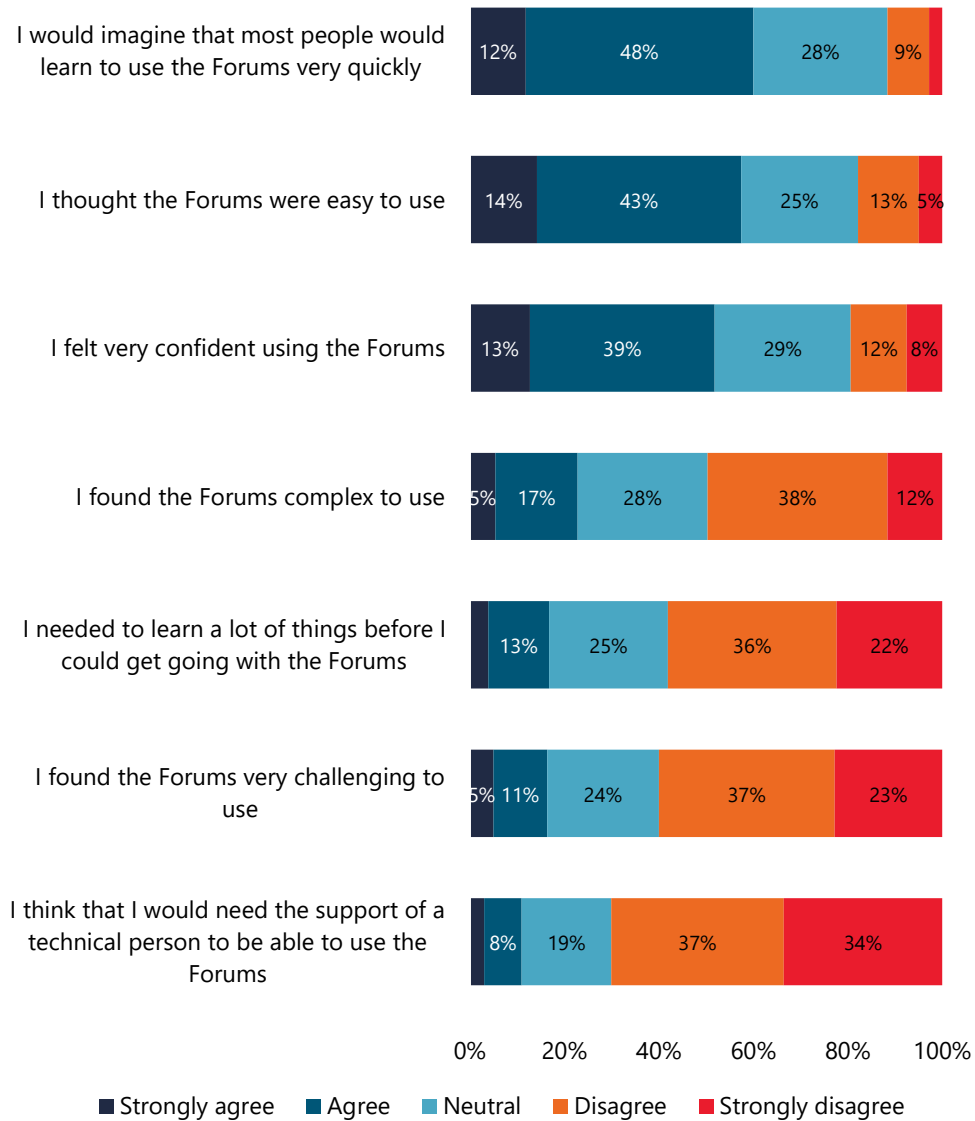
Source: Forum users surveys, data collected between 24 May 2022 and 7 June 2022 (n=465).

5. OUTCOMES AND IMPACT

5.1 STATUS OF THE EVIDENCE

There are outcomes data for most Beyond Blue products and services and Beyond Blue supported services – although response rates for surveys are unclear because there are no data about the number of unique individuals who access these products and services. Monitoring data are available for Beyond Blue's Support Service, Coronavirus Mental Wellbeing Support Service (CMWSS), Forums, NewAccess through PHNs, and engaged community members. Evaluation reports are available for the CMWSS, The Way Back Support Service, Be You, NewAccess Workplaces (Comcare) and NASBO. There are no outcomes data for users of Beyond Blue's website, given the difficulty of collecting this data. Not all outcomes data are aligned with Beyond Blue's organisational logic as some data were collected before this was established.

Beyond Blue's population-level survey includes outcomes for people who accessed support or had an interactive engagement with Beyond Blue[60], people who engaged in content only[61], and those who have had no engagement with Beyond Blue.

It is important to remember that there are also a range of factors outside of Beyond Blue's activities impacting Australian's mental wellbeing (see Section 5.8) and Beyond Blue aims to help address or leverage at least some of these factors through its work (as described in its role in the ecosystem in Chapter 3). This complicates the contribution analysis and makes it difficult to provide definitive statements about Beyond Blue's contributions to higher level outcomes. As per the intention of the contribution analysis, we have considered the range of other factors impacting population outcomes and Beyond Blue's likely contribution in this context. The contribution analysis is also applied to Beyond Blue's role in policy change, noting that this is also a difficult area for evaluation to make definitive statements about contribution.

5.2 IMPLEMENTATION IN LINE WITH THE LOGIC AND EVIDENCE BASE

The first steps in contribution analysis are to identify whether implementation occurred in line with the logic and whether there is a sound reason to believe that what was implemented will support outcomes. Beyond Blue implemented products and services (existing and new) and undertook its business roles in line with the organisational logic (which was aligned to its strategy and business roles). Government stakeholders perceived a need for Beyond Blue's focus on prevention and early intervention. Beyond Blue's actions are also in line with evidence from the Lancet Commission on global mental health and

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[60] Had used a Beyond Blue service including phone support service, webchat, online peer forum, or had engaged through workplace / school or volunteered with Beyond Blue in the past 12 months.
[61] Had visited the website, followed Beyond Blue on social media, read a handout or brochure or listened to the podcast but had not used a Beyond Blue service or been supported by Beyond Blue in the past 12 months.

sustainable development, which identified: key roles for digital technology to share information and promote awareness and to support treatment and care; the value of interpersonal connections with people with mental health conditions to reduce stigma and increase help seeking; and the need for a public health approach aimed at protecting mental health for all and prevention of mental ill-health. [62] This suggests supports so should contribute to improvements in mental health in line with Beyond Blue's organisational logic.

5.3 SERVICE USER EXPERIENCE

Overall, data show most people have a positive experience accessing Beyond Blue's core products and services and Beyond Blue supported services. Users report high levels of satisfaction, and most would recommend Beyond Blue's products and services to others.

CORE PRODUCTS AND SERVICES

Users of Beyond Blue's **Support Service** and **CMWSS** under the previous provider, for the period to end 2021, reported high levels of satisfaction. More than three-quarters of Support Service and CMWSS users were satisfied or very satisfied with their experience (77%; see Figure 20).

FIGURE 20.   SATISFACTION OF SUPPORT SERVICE AND CMWSS USERS
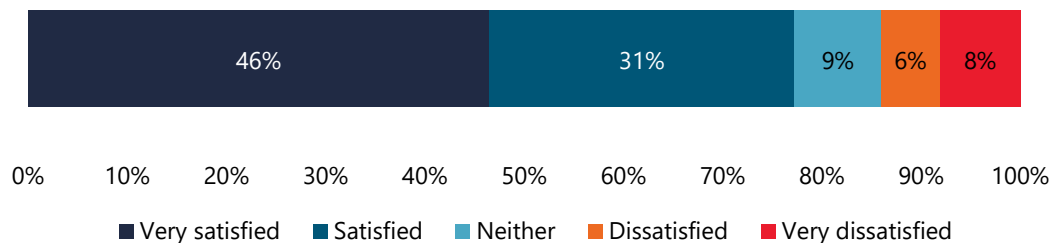
Source: Support Service survey data (Jan 2021 - Aug 2021, Nov - 2021) & CMWSS survey data (1 Jan 2021 – 30 Nov 2021). N = 11,266. Note: These data relate to delivery of the service by the previous provider. This measure is not collected by the current provider.

Almost all Support Service users (90%) reported they received the information they were seeking,[63] and 81% indicated the advice provided was useful to them.[64] Users were typically more satisfied with the information they received when accessing Beyond Blue's Support Service via telephone rather than webchat (Figure 21).

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[62] Patel, et al. The Lancet Commissions, The Lancet Commission on global mental health and sustainable development. *Lancet* 2018; 392: 1553–98. Published Online. October 9, 2018 http://dx.doi.org/10.1016/
S0140-6736(18)31612-X

[63] "Did you receive the information that you were seeking?" - Yes, completely = 60%; Yes, partially = 30%; No = 10%.

[64] Source: Support Service user survey (4 Mar 2022 – 30 June 2023). N = 1,380.

FIGURE 21.   SATISFACTION WITH INFORMATION RECEIVED, WEB VS. PHONE
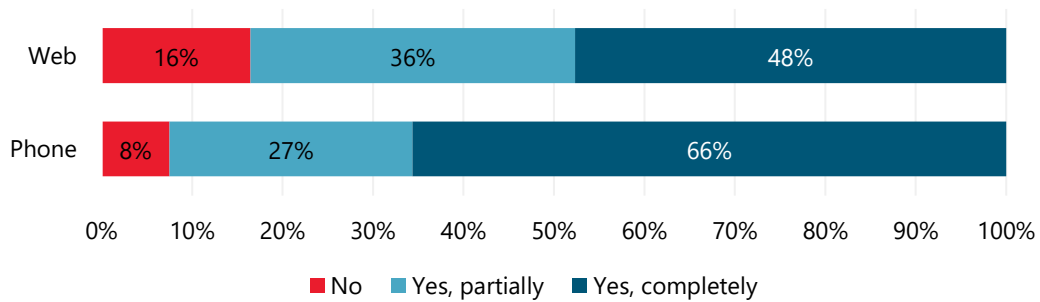
Source: Support Service survey data (4 Mar 2022 – 30 Jun 2023). N = 1,379. Note: There was only one response for "email", so this was removed from the figure.

Users of the Support Service under the new provider, from 2022, are also very likely to recommend the service to others. According to the Net Promoter Score (NPS) methodology,[65] more than three quarters of respondents are considered promoters and only 6% are categorised as detractors. The Support Service received a net promoter score of 71, which is considered excellent.[66]

FIGURE 22.   SUPPORT SERVICE USER NET PROMOTER SCORE
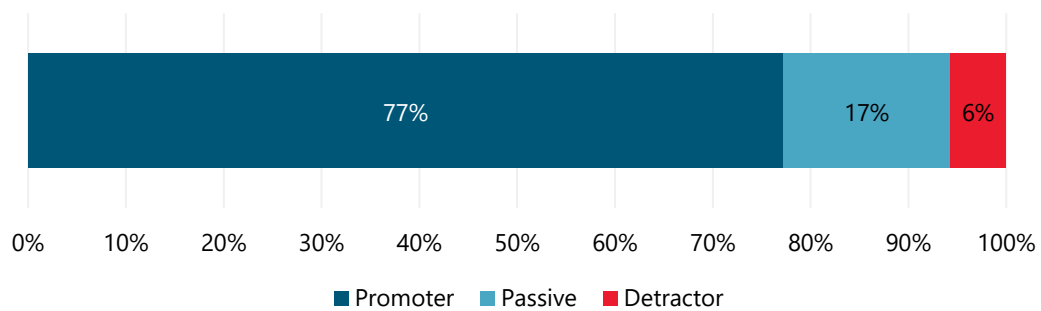
Source: Support Service survey data (6 Mar 2022 – 30 Jun 2023). N = 15,125.

User satisfaction is also high for people accessing Beyond Blue's **Forums**. Almost half of respondents are considered promoters and about one-in-five are detractors. The Forums received a net promoter score of 24, which is considered favourable.

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[65] Participants asked: "On a scale of 0 to 10, how likely are you to recommend the Beyond Blue Online Forums to someone in a similar situation to you?". Promoters = 9-10; Passive = 8-7; Detractor = 0-6.
[66] According to Bain & Company, the creators of the NPS methodology.

FIGURE 23.   FORUM USER NET PROMOTER SCORE
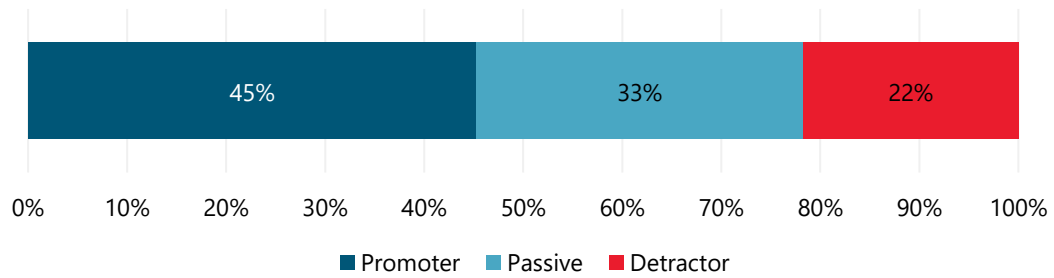
Source: Forum users surveys, data collected between 24 May 2022 – 7 June 2022, and 16 Feb 2023 – 23 Feb 2023 (n = 1,065). Note: Data collected at two points in time.

BEYOND BLUE SUPPORTED SERVICES

Participant satisfaction is also very high for Beyond Blue's supported services.

The **Way Back Support Service** evaluation report found that 93% of participants were either satisfied or very satisfied with the service.[67] However, this is based on a low response rate.[68] The most common factors influencing participant satisfaction were participants' relationship with their support coordinator (83%), the information and advice they received from their support coordinator (73%) and the amount of time spent with their support coordinator (67%).

Users' experience of **Be You** has been similarly positive.[69] NPS scores for Be You resources ranged from 32 to 66, reflecting 'favourable' or 'excellent' satisfaction.[70] For comparison, Australian benchmarks in 2022 reported an NPS of 21 for the education sector, and 43 for the non-for-profit sector.[71]

NewAccess delivered through PHNs achieved a high retention rate of 78%, suggesting most clients were satisfied with the program.

NASBO clients also reported high levels of satisfaction. Of those who responded to the evaluation survey, 97% felt listened to, 94% felt as though their individuality and values were respected and 89% felt they received the help that mattered to them. The program had a retention rate of 69%.[72]

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[67] Very satisfied = 74%; Satisfied = 19%.

[68] The evaluation had lower than expected respondents to the participant survey (n =79). It was expected that the evaluation would receive a minimum of 580 responses.

[69] Source: Be You User Survey Report 2022.

[70] According to Bain & Company, the creators of the NPS methodology, scores about 20 are 'favourable', and scores above 50 are 'excellent'.

[71] Perceptive. 2022 NPS Industry Benchmarks.

[72] Retention rate refers to the percentage of people who have 'planned exits' from the program out of all who exited the program during the period.

ENGAGED COMMUNITIES

Beyond Blue's **engaged communities** also appear to be satisfied with their experience. Of those who responded to the survey, 82% indicated they were satisfied or very satisfied with their experience, and only 5% indicated they were dissatisfied. More than two-thirds reported high levels of trust and feelings of being treated with compassion by Beyond Blue.[73]

Interviewees also spoke positively of their experiences. They spoke highly of Beyond Blue staff and felt the organisation created space for everyone to be involved, which has helped facilitate vibrant, interactive and engaged communities.

Speakers

Speakers added that the buddy program and hybrid speaker sessions work well.

> *The 'Beyond Blue Speakers Team and Bureau have been amazing!... It's been a blessing to be a volunteer for this organisation, and to meet my fellow speakers. Everyone's helped me in my mental health journey. (Speaker)*

In general, Speakers were highly satisfied with the training and support they received from Beyond Blue. Some interviewees commented on things that had improved over time, such as Beyond Blue's check-in process. They felt the onboarding process was comprehensive and gave them a clear understanding of the role. They also spoke highly of the online training and mindfulness sessions during COVID-19, up-to-date appropriate language to use, and guidance for structuring your story, maintaining boundaries and navigating challenging situations.

Speakers were highly positive about:

- the information and resources provided by Beyond Blue to prepare for activities and events
- individual check-ins and (de)briefs before, after and, in some cases, during activities and events
- the ability to contact Beyond Blue for support when needed (including on weekends); and
- the quality of support provided.

> *With the process for briefing, I feel very prepared and it's relaxed. (Volunteer)*
>
> *The debrief after the event is the most important thing as you don't know what will trigger you. (Speaker)*

Speakers liked the annual/ biennial meet-ups with other Speakers and monthly updates about the program. They appreciated that Beyond Blue shares feedback with them from the organisations they have presented at.

Some Speakers made suggestions for improvements, including for Beyond Blue to:

- provide a refresher at various intervals post induction

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[73] "Treated with compassion by Beyond Blue" – Strongly (71%); Moderately (21%).
"Like you can trust Beyond Blue" – Strongly (68%); Moderately (27%).

- vet organisations Speakers are visiting as some can be 'very rude'; and
- send profiles to Speakers every 1–2 years to update the content – while some received these updates, others did not.

Volunteers

Volunteers appreciated the flexibility around their involvement – including having the choice of what they want to be involved in and ability to change their mind at any time. They also appreciated the support they received around 'knowing how to provide support without crossing boundaries'.

Some commented that they liked the resources – specifically those that guided them on what to say to people they encountered and those they could use at events. Others liked the support provided by Beyond Blue staff before and on the day of events (e.g. briefings and check-ins). However, they indicated that they would like more information about how their contributions were being used, and some said that they would appreciate a post-event debrief.

Blue Voices

While Blue Voices members said they generally did not receive training (because the nature of activities they are involved in is highly diverse and tailored to their existing skills), they appreciated the calls from Beyond Blue staff to check whether they had everything they needed to participate in activities they were assigned and how they were feeling after these activities. They also valued the worksheets they were provided (e.g. how to approach different situations).

Some Blue Voices made suggestions for improvements, including for Beyond Blue to:

- hold Blue Voices events, particularly outside of Melbourne, to bring members together and help create a sense of ownership and alliance with Beyond Blue (e.g. national seminars, seminars in other states and territories and regional areas)
- run social activities for Blue Voices members to help with social isolation; and
- provide more transparency about how Blue Voices members are selected for certain activities.

> *It's really challenging to share, you know, and reflect on some of your hardest times… and I think meeting, being in a room full of people who like, have similar, you know, interests and have similar values, that's really good for your mental health and wellbeing, and reducing that social isolation and increasing that connection. (Blue Voices member)*

5.4   OUTCOMES FOR INDIVIDUALS

Table 23 provides a summary of the mixed methods data synthesis results for all included data sources (for the full assessments, see Appendix 4). The results for Beyond Blue's equipping communities survey is presented separately in Section 5.6 as this business role aims to impact different outcomes.

- Data source IDs are listed down the left-hand side. These are divided into data sources relating to:
  - o core Beyond Blue products and services (n=6)
  - o Beyond Blue supported products and services (n=7)
  - o other (i.e. data sources that are not related to a particular product) (n=1).
- The outcomes covered and the Criteria of Worth (CoW) for the data source are listed along the top of the table. The ratings for outcome size are on the left-hand side of the table, and the ratings for CoW are on the right-hand side.
- For outcome size, positive numbers indicate a positive impact, negative numbers indicate a negative impact, and scores were on a scale from -2 to +2. A key limitation of the scale used from McConney et al. (2002) was that the outcome sizes are described as small (±1) or large (±2). These were changed to small or medium (±1) or large (±2) to improve consistency across data sources.
- The CoW reflect the quality of evidence of outcomes for the purpose of the evaluation. The five CoW were assessed using the rating scale: low = 1, medium = 2, high = 3. These are summed to calculate the CoW total for each data source, shown on the right of the table.
  - o Note that 'Confirmability' was not applicable to data sources 1, 2, and 4. The CoW total has been adjusted to account for this.[74]
- The assessment of outcomes focuses on the intermediate outcomes of Beyond Blue products and services depicted in the organisational logic, but the extent to which each of the initiatives focuses on each of these as a primary outcome differs. Where an outcome is not a focus for the service, this is record as N/A.

The results show evaluations of Beyond Blue's products and services, and tend to demonstrate a small to medium positive impact[75] on mental health literacy, confidence to act and the use of prevention and management techniques. When factoring in the quality of each data source and aggregating across data sources, the results suggest Beyond Blue is having a slightly greater impact on mental health literacy and the use of prevention and management techniques than on confidence to act.

The quality of the data sources varied significantly, with CoW total scores ranging from 8 to 14 (out of 15), with an average CoW score of 11/15. Overall, the data sources were of moderate overall worth for the purposes of this evaluation (noting that all evaluations are undertaken for different purposes and quality of monitoring and evaluation data are affected by time, budget and other constraints that have not been taken into consideration in the assessment process used for this evaluation).

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[74] CoW total = (average of CoW scores) x 5. Scores are rounded to the nearest whole number.
[75] Using the definitions of outcome size established for the mixed-method data synthesis.

TABLE 23.   EFFECT AND CRITERIA OF WORTH RATINGS FOR BEYOND BLUE DATA SOURCES

Data source	Effect on outcomes			Criteria of Worth (CoW) in relation to evidence of outcomes					
	Mental health literacy	Confidence to act	Prevention/ management techniques	Credibility	Confirm-ability	From those impacted	Represent-ative	Relevant	CoW total
Core									
Support Service monitoring data	N/A	1	1	1	N/A	3	2	2	**10/15**
CMWSS monitoring data	N/A	1	1	1	N/A	3	1	2	**9/15**
CMWSS evaluation (May 2021)	1	1	1	2	3	3	3	3	**14/15**
CMWSS referral pathway evaluation	1	1	1	3	2	2	1	3	**11/15**
Forums survey	1	1	1	2	N/A	2	1	3	**10/15**
BeyondNow evaluation	1	1	1	1	2	3	2	3	**11/15**
Beyond Blue supported									
Be You reports (QMR)	1	1	0	1	2	2	2	2	**9/15**
Be You Student Outcomes evaluation	1	0	0	3	2	3	3	2	**13/15**

Evaluation of Beyond Blue

Data source	Effect on outcomes			Criteria of Worth (CoW) in relation to evidence of outcomes					
	Mental health literacy	Confidence to act	Prevention/ management techniques	Credibility	Confirm-ability	From those impacted	Represent-ative	Relevant	CoW total
Be You evaluation (March 2022)	1	0	1	3	3	2	3	3	14/15
Bushfire Response Program (Be You)	1	N/A	1	1	2	1	1	3	8/15
The Way Back Support Service evaluation	1	1	1	3	3	3	2	3	14/15
NewAccess workplaces evaluation	0	0	1	2	1	2	2	2	9/15
NewAccess for Small Business Owners evaluation	1	1	0	2	3	2	2	2	11/15
Other									
Population-level survey	1	1	1	2	3	2	3	3	13/15

Effect rating scale: large negative effect = -2, small or medium negative effect = -1, no discernible effect = 0, small or medium positive effect = +1, large positive effect = +2.
N/A indicates outcome not targeted by the product or service. Criteria of Worth rating scale: low = 1, medium = 2, high = 3.
Core = those directly delivered by Beyond Blue, Beyond Blue Supported = developed and/or funded by Beyond Blue, Other = data sources not related to a particular service.
Note: NewAccess PHN monitoring data not included because it does not include relevant outcomes.

5.4.1 MENTAL HEALTH LITERACY

Almost all data sources reviewed (11 out of 12) indicate that the Beyond Blue product or service improved mental health literacy in a small or moderate way. This was either part of the design of the initiative (for example, CMWSS, Be You and The Way Back Support Service) or supported more indirectly (for example, BeyondNow). Figure 24 illustrates some of the mental health literacy outcomes supported by Beyond Blue's core and supported initiatives.

FIGURE 24. MENTAL HEALTH LITERACY OUTCOMES

MENTAL HEALTH LITERACY

Indicators:
• Improved knowledge of relevant signs and symptoms of poor mental health in themselves and others
• Knowledge of help-seeking options available, including self-help
• Knowledge and skills to support others affected by poor mental health and suicidality

CORE BEYOND BLUE INITIATIVES

CMWSS
72% of people who had used Beyond Blue services felt they knew where or how to access mental health information, compared to 66% for those who hadn't accessed any service and 74% for those who had accessed other services.

BeyondNow
The app helped **40%** of respondents recognise the warning signs that they're heading into a suicidal crisis.

Forums
About **30%** of respondents reported:
• greater awareness of their feelings
• better able to recognise when to seek help for their mental health

BEYOND BLUE SUPPORTED INITIATIVES

Be You
Improvements in mental health knowledge, mental health competence, and understanding of children's mental health for pre-service educators.
• Mental health knowledge (d=0.48)*
• Mental health competence (d=0.21)*
• Knowledge about children's mental health (d=0.50)*

NewAccess for Small Business Owners
91% of NASBO clients felt the program helped them better understand and address challenges

The Way Back Support Service
Helped people better understand the triggers for their mental health and/or suicidality and the coping mechanisms that work for them.
• Most clients in interviews reported that they felt more equipped to manage feelings of distress.

Note: *'d' refers to Cohen's d - a statistical measure of effect size.[76] The following rule of thumb is often used to interpret Cohen's d: small effect = 0.2, medium effect = 0.5, large effect = 0.8.

5.4.2 CONFIDENCE TO ACT

For most data sources reviewed (10 out of 13), the Beyond Blue product or service increased confidence to act in ways that supported users' mental health and wellbeing. This included feeling confident to reach out for help or taking actions, such as engaging with supports. Figure 25 illustrates, on a scale of 0-10, how confident users of Beyond Blue's Support Service felt to address the issue that prompted their contact (average = 7/10).

FIGURE 25. CONFIDENCE TO ACT FOR SUPPORT SERVICE USERS AFTER CONTACTING BEYOND BLUE
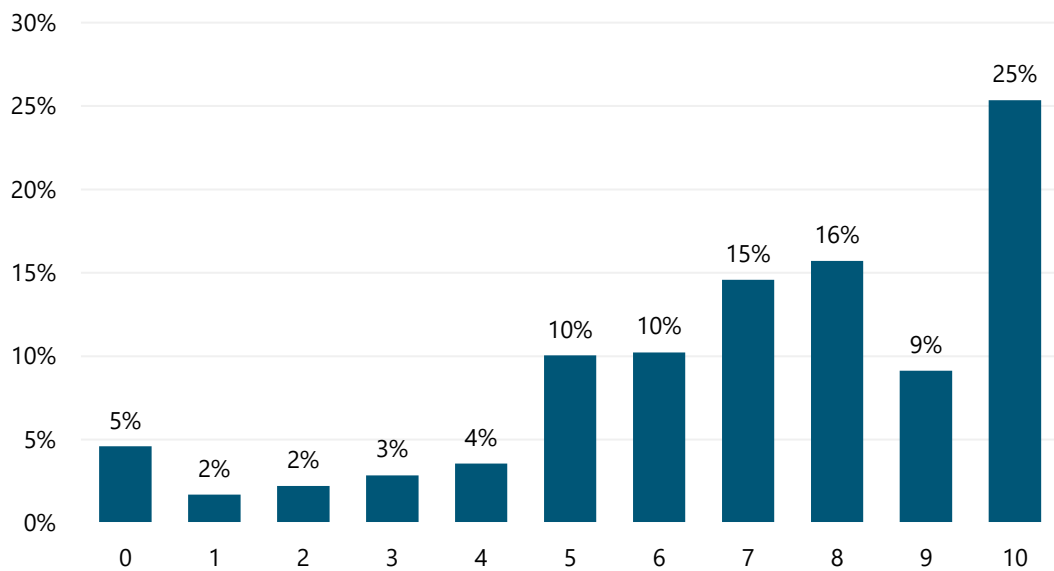
Source: Support Service survey data (collected between 22 Mar 2022 – 30 Jun 2023). N = 15,125.

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[76] Cohen J. (1992). A power primer. *Psychological bulletin*, *112*(1), 155–159. https://'doi.org/10.1037//0033-2909.112.1.155

FIGURE 26.   CONFIDENCE TO ACT OUTCOMES

CONFIDENCE TO ACT

Indicators:
• People experience reduced self-stigma
• People are more comfortable to discuss their mental health

CORE BEYOND BLUE INITIATIVES

CMWSS
72% of survey respondents felt confident to take action after contacting one of Beyond Blue's core initiatives.

BeyondNow
20% of people let someone close to them know when they were feeling suicidal as a result of using BeyondNow

Support Service
80% of survey respondents felt confident to address the issue that prompted their contact

Forums
About **40%** agree they would talk to a health professional, and **20%** would talk to a family member

BEYOND BLUE SUPPORTED INITIATIVES

The Way Back Support Service

• Many clients reported **feeling confident to reach out for help** and **coordinate their own supports** by the end of the service.

• Most clients felt motivated to engage and continue with **supports and services** during the service period.

• Some reported a **greater capacity to communicate with family, peers and the broader community** about their mental health.

• Some reported **reduced stigma** and **less shame** around seeking help for mental health and suicidality in family and community contexts.

5.4.3   USE OF PREVENTION AND MANAGEMENT TECHNIQUES

For most data sources reviewed (11 out of 14) the Beyond Blue product or service had improved people's use of prevention and management techniques. Figure 29 illustrates outcomes for use of prevention and management techniques among Support Service and CMWSS users.

FIGURE 27.   ACTIONS TAKEN BY SUPPORT SERVICE AND CMWSS USERS AFTER CONTACTING BEYOND BLUE
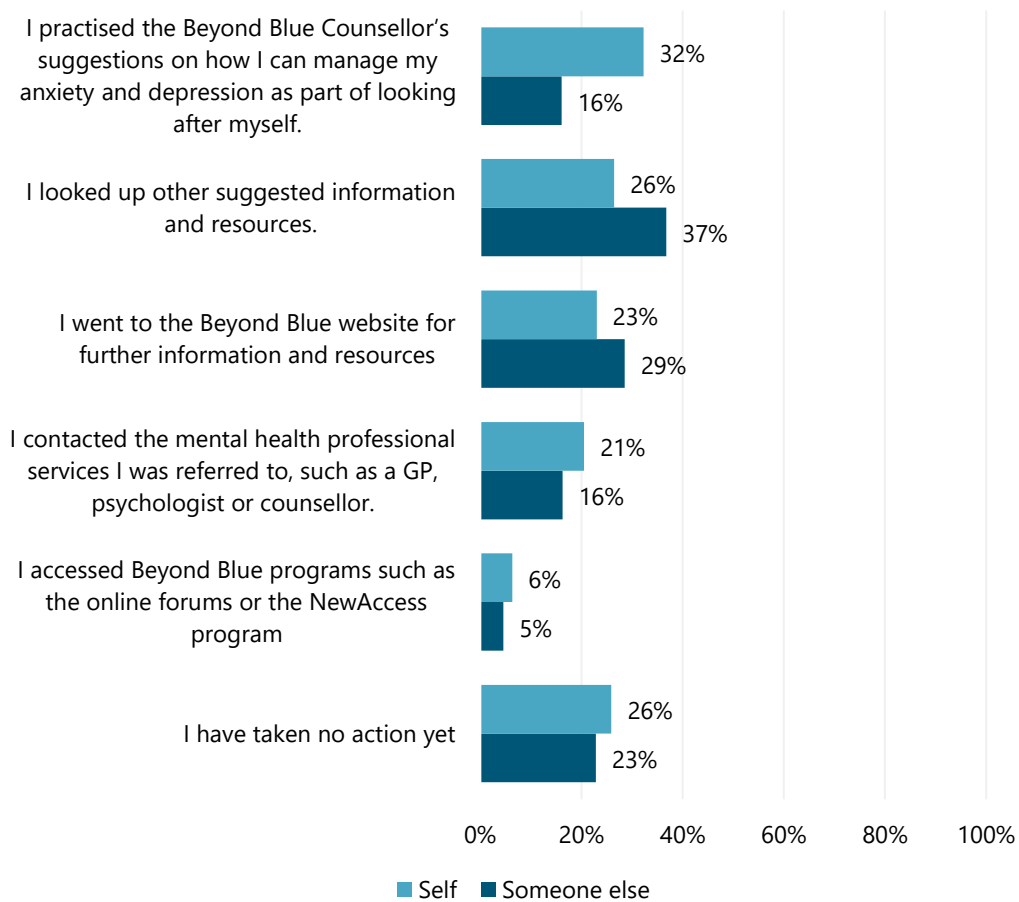
Source: Support Service survey data (Jan 2021 - Aug 2021, Nov - 2021) & CMWSS survey data (1 Jan 2021 – 30 Nov 2021). N = 11,266. Participants were asked "Which of the following actions have you already taken, or do you intent to take, because of advice you receive from Beyond Blue?"

More recent support service data suggests more positive outcomes for use of prevention and management techniques.

FIGURE 28.   ACTIONS/CHANGES MADE BY SUPPORT SERVICE USERS

Source: Support Service survey data (collected between 22 Mar 2022 – 30 Jun 2023).

FIGURE 29. **USE OF PREVENTION AND MANAGEMENT TECHNIQUES OUTCOMES**

USE OF PREVENTION AND MANAGEMENT TECHNIQUES

Indicators:
- Individuals take action to address and manage their mental health to prevent poor mental health
- People connect with additional supports (where needed)

CMWSS

After contacting CMWSS or other Beyond Blue services:

Contacted a Beyond Blue service again	63%
Looked up suggested information and resources	47%
Went to the service website for further information	43%
Practiced actions or activities suggested by their service	41%
Accessed service programs (e.g. online forums)	29%
Contacted a referred service	25%
Took no further action	10%

Forums

About **40%** of Forum users modified their behaviour as a result of using Beyond Blue's Forums

BeyondNow

About **one third** of BeyondNow app users (who responded to the survey) shared their safety plan with someone.

As a result of using the app:
- **30%** thought about the good things in their life
- **26%** did things to help themselves feel better
- **20%** contacted people or went to places that help them feel better
- **15%** removed things that could be used to end their life

NewAccess workplaces

Positive changes in mental wellbeing were sustained for **73%** of workers at their final follow-up session 1-6 months after the intervention

BEYOND BLUE SUPPORTED INITIATIVES

Be You

Of those who were exposed to Be You resources (compared to those who weren't):
- **13%** more report having developed strategies that can be applied in the workplace
- **12%** more confirm they have increased resilience to adverse events like the impact of COVID.

Be You (Bushfire Response)

- CLOs reported **increased interest in self-care** from educators and leaders of schools and early learning services and were confident that in many communities educators implemented **new strategies and practices for self-care and improved wellbeing.**

- Some educators were reported to be having **more time off, meditating, setting personal and professional boundaries to allow time for self-care activities** and schools and early learning services were reported to be addressing self-care in regular meetings and professional learning and including wellbeing in improvement plans.

The Way Back Support Service

Some clients felt empowered to engage with supports to progress long-term recovery.
Most clients felt motivated to engage and continue with supports and services during the service period (**clients took action on 39% of recommendations from the service**).

5.4.4 PSYCHOLOGICAL DISTRESS AND OTHER HIGHER LEVEL OUTCOMES

Where data were collected, on average, people reported significant reductions in distress after accessing Beyond Blue's core products.

Under the previous provider, the proportion of people who felt distressed or worse went from 80% before contacting Beyond Blue's Support Service or CMWSS to 31% after (see Figure 30). The proportion of people who felt extremely distressed also dropped considerably, from 26% to 8%. Almost one quarter of people felt not at all distressed after

contacting the Support Service or CMWSS. Under the current provider, 80% agreed or strongly agreed that the Support Service helped them feel less distressed, and only 10% disagreed or strongly disagreed.[77] This indicates that the Support Service and CMWSS have a significant impact in reducing distress, particularly for people who are moderately distressed.

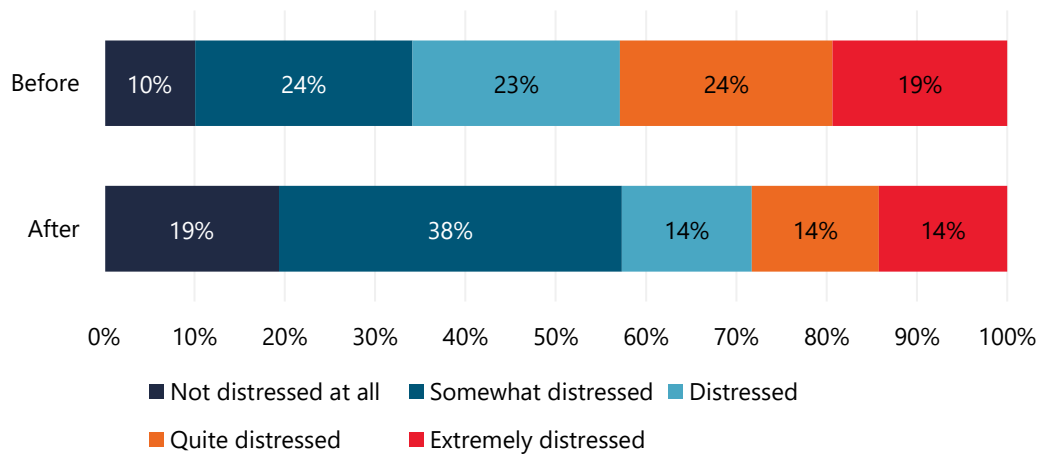**FIGURE 30.   LEVELS OF DISTRESS FOR SUPPORT SERVICE AND CMWSS USERS, BEFORE AND AFTER CONTACTING BEYOND BLUE**
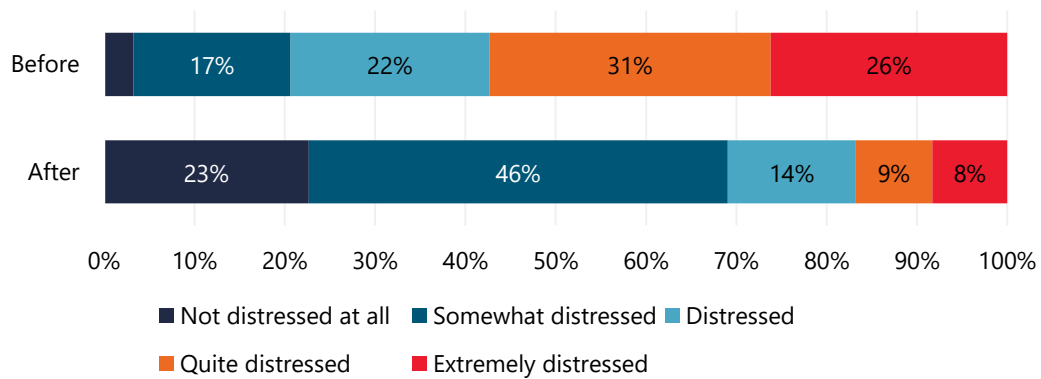
Source: Support Service survey data (Jan 2021 - Aug 2021, Nov - 2021) & CMWSS survey data (1 Jan 2021 – 30 Nov 2021). N = 11,266.

Users of Beyond Blue's Forums also experienced reductions in distress, although not as significant as those accessing the Support Service or CMWSS. The proportion of people who felt distressed, somewhat distressed or extremely distressed went from 66% before accessing the Forums to 43% after (see Figure 31). However, the proportion of people who felt extremely distressed only changed from 19% to 14%. This suggests that Beyond Blue's Forums are most effective for people experiencing mild to moderate levels of distress.

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[77] Source: Support Service survey (6 Mar 2022 – 30 June 2023). N = 14,992. Note: Pre-post measures for distress are not collected by the current provider.
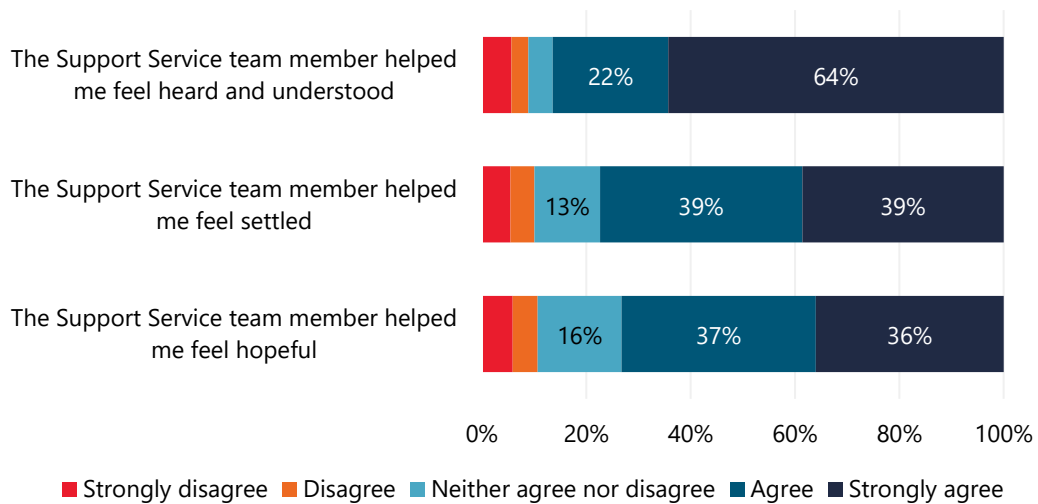
FIGURE 31.   DIFFERENCES IN LEVELS OF DISTRESS, BEFORE AND AFTER ACCESSING FORUMS

Before: 10% | 24% | 23% | 24% | 19%
After: 19% | 38% | 14% | 14% | 14%

Legend: ■ Not distressed at all ■ Somewhat distressed ■ Distressed ■ Quite distressed ■ Extremely distressed

Source: Forum users surveys, data collected between 24 May 2022 – 7 June 2022, and 16 Feb 2023 – 23 Feb 2023 (n = 527).

Beyond Blue's Support Service and Forums are leading to other outcomes aside from a reduction in distress. Survey data indicate that the Support Service team helped a significant proportion of users feel heard and understood (86%), settled (77%), or hopeful (73%) (see Figure 32).

FIGURE 32.   OUTCOMES FOR SUPPORT SERVICE USERS

The Support Service team member helped me feel heard and understood: 22% | 64%
The Support Service team member helped me feel settled: 13% | 39% | 39%
The Support Service team member helped me feel hopeful: 16% | 37% | 36%

Legend: ■ Strongly disagree ■ Disagree ■ Neither agree nor disagree ■ Agree ■ Strongly agree

Source: Support Service survey data (collected between 6 Mar 2022 – 30 Jun 2023). Total n = 15,125. Note: data labels <6% are not displayed.

More than half of Forum users (59%) reported **feeling better knowing others were having similar experiences** (see Figure 33). However, fewer Forum users get personal satisfaction from helping others on the Forums (45%) or think the support they provide others is helpful (37%).
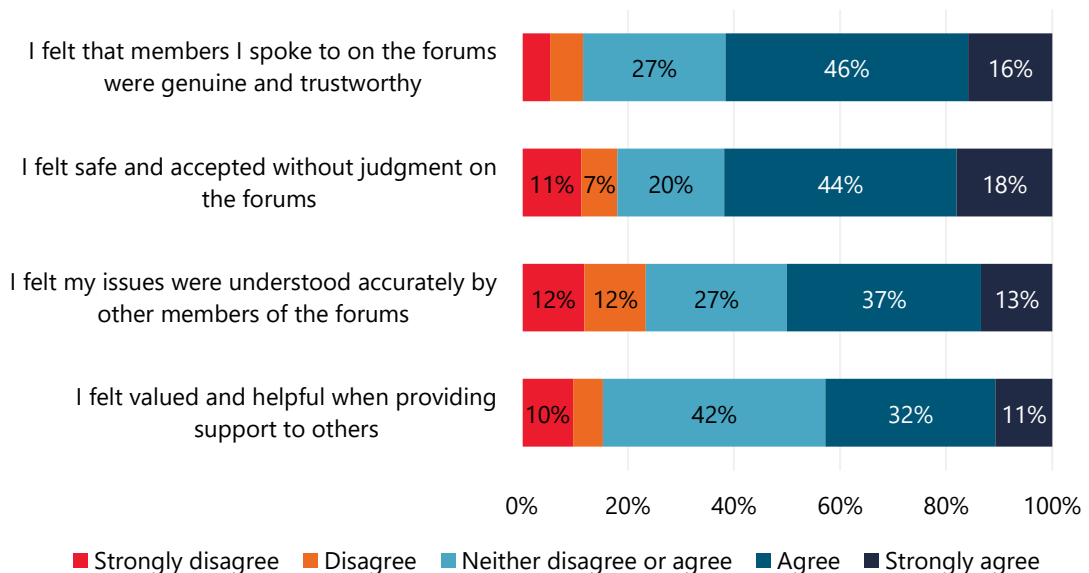
FIGURE 33.   FORUM USER EXPERIENCES
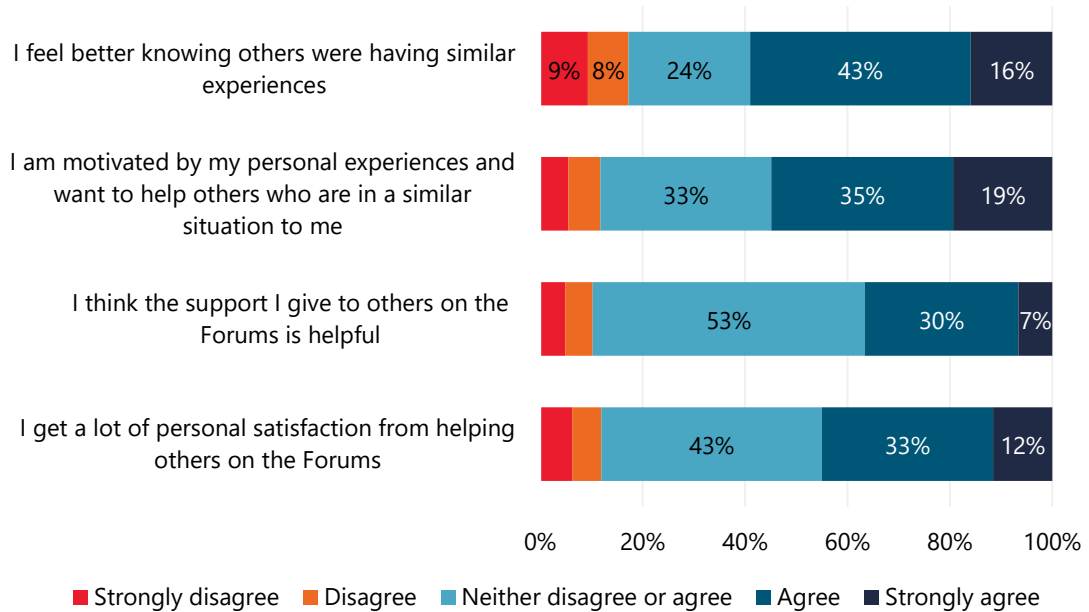
Source: Forum users surveys, data collected between 24 May 2022 – 7 June 2022, and 16 Feb 2023 – 23 Feb 2023 (n = 527). Note: data labels <6% are not displayed.

Fewer Forum users felt valued and helpful when providing support to others (43%); however, there was a high neither agree nor disagree response, suggesting some might not feel they are providing help to others (see Figure 34).

FIGURE 34.   FORUM USER EXPERIENCES CONTINUED

Source: Forum users surveys, data collected between 24 May 2022 – 7 June 2022, and 16 Feb 2023 – 23 Feb 2023 (n = 327). Note: data labels <6% are not displayed.

Beyond Blue's supported products also demonstrated significant positive outcomes, where data was available. NewAccess delivered through PHNs achieved a high recovery rate of 70%.[78] This figure represents the proportion of people who began the program above the clinical cut-off for anxiety (GAD7) and/or depression (PHQ9), but were below the clinical cut-off for both when they exited.

The Way Back Support Service achieved a 28% reduction in psychological distress, as measured by the K10.[79] The Way Back Support Service also led to:

- 86% improvement in wellbeing (as measured by the WHO-5)
- 63% reduction in suicidal ideation (as measured by the SIDAS).[80]

5.5   OUTCOMES FOR COMMUNITIES

5.5.1   SCHOOLS

EDUCATORS

Educators believe that Be You professional learning is significantly enhancing their capacity to promote children's mental health and wellbeing. Three-quarters of educators report that Be You is helping their learning community to thrive (n=772). Compared to less engaged registered users, educators who actively engaged with Be You are significantly more likely to report higher levels of:

- collective efficacy[81]
- positive wellbeing
- mental health knowledge
- self-efficacy; and
- competence and confidence.

Effect sizes for these differences range from small (d=0.18) to medium (d=0.51).[82] Here, effect size refers to a standardised statistical measure of effect, not the "effect" referred to in the mixed-methods data synthesis. Educators highly engaged with Be You are significantly more likely to be in learning communities that promote whole-site wellbeing, equivalent to a small to medium effect size (d=0.32), compared to less engaged users.[83]

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[78] Source: NewAccess PHN monitoring data (July 2021 – May 2023).

[79] Source: The Way Back Support Service evaluation report.

[80] Outcome measures were recorded at the beginning and end of support episodes. Matched pair data was available for 17 – 22% of episodes.

[81] Collective educator efficacy is the collective belief of educators in their ability to positively affect children and young people.

[82] Cohen's d is a standardised effect size for measuring the difference between two group means. It is typically interpreted as: d=0.2 small effect size; d=0.5 medium effect size; d=0.8 large effect size.

[83] Be You User Survey Report 2022.

STUDENTS

Be You is achieving a range of positive outcomes for students, particularly from secondary schools, indirectly through its support for educators. Table 24 presents effect sizes for the differences between active and inactive Be You schools. All differences are statistically significant. Outcomes for secondary school students include reduced negative feelings and behaviours and increased social and emotional skills. The only outcome for primary school students that showed a significant difference between active and inactive Be You schools was increased social skills.

TABLE 24.   OUTCOMES FOR SECONDARY AND PRIMARY SCHOOL STUDENTS, COMPARING ACTIVE AND INACTIVE BE YOU SCHOOLS

Outcome	Secondary school students (Cohen's d)	Primary school students (Cohen's d)
Reduced negative feelings and behaviours	0.63	-
Increased social skills	0.43	0.21
Increased emotional skills	0.42	-
Increased positive feelings and behaviours	0.31	-
Improved learning skills	0.27	-

Source: Evaluation report for Be You (User Survey Report).

However, the Six-Star Survey, which measures student wellbeing in six domains, suggests no significant differences between active and inactive Be You schools for children's and young people's wellbeing.[84]

There are indications Be You has also had a positive impact on student academic achievement; however, the effects are very small and may only be of practical significance in Year 7 (d=0.23).[85]
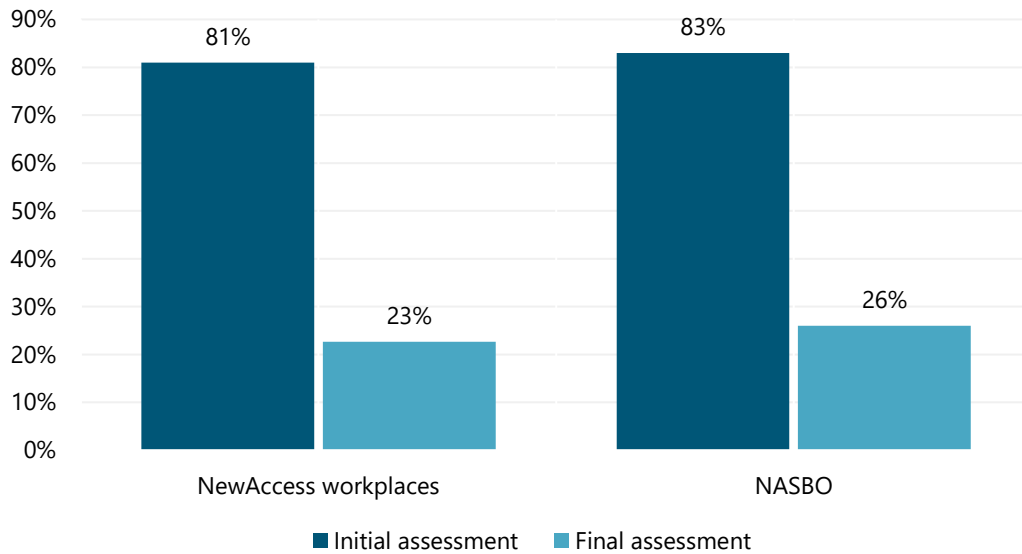
5.5.2   WORKPLACES

Beyond Blue's NewAccess services tailored for workplaces and small business owners have achieved significant outcomes across Australia. Both NewAccess Workplaces and NASBO achieved high recovery rates (NewAccess workplaces = 72%; NASBO = 69%).[86] This is illustrated in Figure 35.

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[84] Domains include Mood, Resilience, Engagement, Communication, Relaxation, and Positivity.
[85] Source: Be You Student Outcomes report.
[86] Recovery rates based on all people who exited the program between July 2021 – May 2023 and had a minimum of two sessions.

FIGURE 35.   PROPORTION OF CLIENTS ABOVE CLINICAL CUT-OFF AT INITIAL AND FINAL ASSESSMENT FOR NEWACCESS AND NASBO

Source: NewAccess Workplaces evaluation and NASBO monitoring data (July 2021 – May 2023).

Those accessing NewAccess Workplaces achieved, on average, a significant reduction in the impact of mental health difficulties on work and social adjustment,[87] and a significant reduction in other types of anxiety not covered by the recovery rate.[88] There is also evidence that clients of NewAccess Workplaces achieved sustained recovery. Of those who engaged in follow up, 95% were below the clinical cut off at one month, and 92% were below the clinical cut off at six months.

Most NASBO clients reported improvements in their mental health literacy and confidence to act because of the service. About 90% agreed or strongly agreed that NASBO helped them to: better understand and address challenges; and feel more equipped to address similar difficulties in the future.

Box 3: NASBO case vignette

Small business owners experience stressors unique to their role. Concerns about financial stability, difficulty taking time off work, and limited time and availability due to the hours they work can all contribute to increased levels of stress, and higher rates of anxiety and depression. Stressors for small business owners were exacerbated by COVID-19, including lockdowns that limited the operations of some businesses. Natural disasters, such as bushfires and floods, have also impacted small businesses owners, both directly (e.g., damage to property) and indirectly (e.g., increases to insurance premiums). These events create uncertainty about future demand, leading to financial insecurity and considerable stress and fatigue for many small business owners.

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[87] Reduction in Work and Social Adjustment Scale (WSAS) score from 15.7 to 7.5. The WSAS assesses the impact of an individual's mental health difficulties on their ability to function in terms of work, home management, social leisure, private leisure and personal or family relationships.

[88] Reduction in IAPT phobia scale from 4.3 to 1.6. The IAPT phobia scale is used to identify types of anxiety not covered by GAD-7, particularly social phobia, agoraphobia and specific phobias.

Recognising these needs, the Commonwealth Government announced a Business Balance Initiative, with $7 million to support the mental wellbeing of small business owners in early 2021. As part of this initiative, Treasury approached Beyond Blue to develop a mental health program focusing on small business owners. Beyond Blue received $4.3 million to develop NewAccess for Small Business Owners (NASBO). NASBO was initially funded for one year until December 2021. Additional funding of $8.4 million was allocated in early 2022 to extend the program until December 2022 and received an additional $10.9 million to extend the program from 1 January 2023 to 31 December 2024.

Beyond Blue's brand as a trusted organisation for mental health support and advice, and experience promoting small business mental health, gave the Commonwealth Government confidence that NASBO would meet the needs of small business owners.[89] Beyond Blue were able to develop and stand-up NASBO quickly, by adapting the existing NewAccess model that provides low-intensity cognitive behavioural therapy and drawing on its previous work on mentally healthy workplaces, and their understanding of the needs of small business owners.

NASBO has provided support to thousands of small business owners. It has appealed to small businesses owners because it is free, easily accessible, and delivered in short- sessions around their schedules, by coaches with experience in small business and mental health support. Speaking to someone who has been in their shoes has been an important aspect of the model.

Its effectiveness is demonstrated by high retention and recovery rates (both 69%). NASBO's recovery rates have met Beyond Blue's targets and exceeded other stakeholders' expectations. The program has also demonstrated good value for money at approximately $299 per session, comparable to the (then) costs for a standard consultation with a psychologist ($280), and with a cost benefit ratio of 1.14.

5.6   OUTCOMES OF EQUIPPING COMMUNITIES

Table 25 provides the mixed-method data synthesis ratings for the engaged communities survey. The results show that Beyond Blue is having a small to medium positive effect on both engaged community outcomes: that people benefit through their contribution to Beyond Blue; and that Beyond Blue messages are amplified through community engagement. These outcomes are discussed further in the following sections.

TABLE 25.   EFFECT AND CRITERIA OF WORTH RATINGS FOR EQUIPPING COMMUNITIES SURVEY

| Data source | Effect on outcomes | | Criteria of Worth (CoW) in relation to evidence of outcomes | | | | | |
	People benefit through their contribution to Beyond Blue	Beyond Blue messages are amplified through community engagement	Credibility	Confirm-ability	From those impacted	Represen-tative	Relevant	CoW total
Engaged commu-	1	1	3	1	2	1	2	9/15

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[89] Source: NASBO evaluation report.

Data source	Effect on outcomes			Criteria of Worth (CoW) in relation to evidence of outcomes					
	People benefit through their contribution to Beyond Blue	Beyond Blue messages are amplified through community engagement		Credibil ity	Confirm- ability	From those impacted	Represen- tative	Relevant	CoW total
nities survey									

Effect rating scale: large negative effect = -2, small or medium negative effect = -1, no discernible effect = 0, small or medium positive effect = +1, large positive effect = +2. Criteria of Worth rating scale: low = 1, medium = 2, high = 3.

PERSONAL BENEFITS

Engaged community members reported benefiting through their contribution to Beyond Blue.[90] Most engaged community survey respondents feel their contribution is **valued and understood** by Beyond Blue staff.[91] Almost all feel their contribution has had a **positive impact on their personal mental health and helped to support their recovery**.[92]

Interviewees also described personal benefits of being involved with Beyond Blue. They described feeling valued and heard, and more hopeful knowing their work was contributing to changes across the sector. They also found giving back to the community and helping others by 'putting pain into purpose' fulfilling and rewarding, and described feeling satisfied in knowing people appreciate the work they are doing.

Some interviewees enjoyed the opportunity to connect with others and make friends, and said this had helped them feel less alone. They also spoke of the healing benefits of sharing their stories and experiences with others with similar experiences and the clarity it brought them. Some felt this inspired and empowered them to share their stories with friends and family and help others do the same.

> *As well as being able to heal and recover through sharing my trauma, that creates a safe space for people to share their own stories and experiences and in that way I feel inspired and empowered to create that space for people. (Speakers)*

TAKING ACTION TO AMPLIFY BEYOND BLUE'S MESSAGES

There is evidence Beyond Blue's engaged community members are taking action to amplify Beyond Blue's messages.[93] Interviewees described:

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[90] The mixed-methods data synthesis found a small to medium positive effect for the outcome "People benefit through their contribution to Beyond Blue" (CoW total = 9/15).

[91] "Valued" – Strongly (51%); Moderately (24%).
"Understood by Beyond Blue staff" – Strongly (48%); Moderately (29%).

[92] "Members felt their contribution has had a positive impact on their personal mental health (81% significantly, moderately or slightly agreed) and helped to support their recovery (72% significantly, moderately or slightly agreed) .

[93] The mixed-methods data synthesis found a small to medium positive effect for the outcome "Beyond Blue messages are amplified through community engagement" (CoW total = 9/15).

- having one-on-one conversation with family members, friends and co-workers
- promoting Beyond Blue and its messages at other events and groups they participate in
- organising for Beyond Blue to give a talk at their workplace or using Beyond Blue resources to educate and train others in their workplace
- writing a column in the local paper and posting on social media
- referring people to Beyond Blue or sharing Beyond Blue resources and apps with them; and
- wearing a Beyond Blue wristband to help start conversations about mental health.

OUTCOMES FOR THE COMMUNITY

Most engaged community survey respondents feel their contribution has **given them the opportunity to enhance other people's understanding** and **made a positive difference to the broader community.**[94] Over a third of members feel their contribution has had a **significant positive impact**.[95] Respondents most valued helping others, sharing their experience, spreading awareness, and being part of a community.

Interviewees also spoke about the differences they felt they were making to the people they were reaching through their involvement with Beyond Blue. Some described people coming up to them at events to tell them that Beyond Blue has 'changed their life' and how grateful they are for the support and resources. Others described people contacting them after activities and events to let them know people at their organisation were now much more comfortable to open up. Some interviewees also felt the opportunities to connect with people at activities and events were crucial to helping them feel less isolated and reducing stigma.

Box 4: Speakers case vignette

Beyond Blue Speakers are community members who volunteer their time to speak about their personal experience of a mental health condition. Speakers present at a range of different organisations, including workplaces, service clubs, sporting clubs, aged homes, community groups, and educational facilities. As well as sharing their personal experiences at events, speakers have talked one-on-one with friends, family, and co-workers about the support Beyond Blue provides, and have promoted Beyond Blue at other events they are involved in, such as sports events, and via social media channels.

Consistent with responses to the engaged communities survey, Speakers felt well supported by Beyond Blue to do their role. Comprehensive training, including how to structure their story, 'I didn't know how to switch from giving advice and storytelling'; boundaries around what not to talk about; up-to-date appropriate language to use; how to navigate 'tricky' situations; and being reassured they can decline to answer any questions they don't want to—mean that Speakers feel prepared and comfortable.

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[94] "Given you the opportunity to enhance other people's understanding" – Significantly (69%); Moderately (26%).
"Made a positive difference to the broader community" – Significantly (38%); Moderately (26%).
[95] "Made a positive difference to the broader community" – Significantly (69%); Moderately (26%).

Support also includes regular meet ups with other Speakers; and 'in-field' support. Speakers talked about the benefit of check-ins with Beyond Blue pre-event, and post-event, and Beyond Blue's role in talking with organisational representatives pre-event to clarify expectations. Speakers said that Beyond Blue staff have been available when they have needed to contact them, and this is appreciated, particularly now that support for speakers has extended to being available on weekends.

Speakers generally had positive experiences with engaging with audience members, either during their talk or afterwards. Many Speakers said they get the best audience response when the audience can relate to their background; they also noted those with experience of mental ill health tend to be more engaged. They identified the commitment of the organisation's leader to the event (and perhaps sharing a story of their own) as important to success and encouraging audience members to speak more freely and ask questions. However, one Speaker noted difficulty in engaging males in an aged care context, and another that people are less likely to approach them to talk at corporate events.

During COVID-19 lockdowns, there was a need to shift to online events, and this opened up new avenues for reach for the Speaker program. However, Speakers felt they had the greatest impact when presenting face-to-face, although they also identified hybrid models of face-to-face and online as appropriate. Flexibility was identified as an advantage for online events, as there can be many challenges with scheduling face-to-face events.

Many Speakers said the best part of their talk is the QA session where people speak up, with one Speaker saying that 'Questions from audiences are really good, and those have evolved my addresses in various directions'. Some Speakers have had audience members contact them after their talk and tell them that others who attended have since felt more comfortable to talk more openly about their mental health.

Speakers talked about how they have greatly benefited from their role. A few said that sharing their story has given them clarity about their mental health experience, 'being able to heal and recover through sharing my trauma.' Other outcomes include being able to help people to seek help or make changes in their life; feeling privileged and honoured to meet people they wouldn't normally meet; and a sense of satisfaction and fulfilment from people appreciating their Speaker role.

5.7   OUTCOMES OF POLICY ADVOCACY

During this strategy period, Beyond Blue made 17 policy submissions, averaging almost 6 per year (for the full list of policy submissions, see Appendix 5). Noting that policy influence can take some time to flow through, available data recorded by Beyond Blue illustrate several occasions where input from Beyond Blue through formal submissions has been reflected in interim and final outcomes, for example:

- **Select Committee Inquiry into Cost of Living** – the interim report includes discussion about the impact on mental health, consistent with Beyond Blue's submission
- **Measuring What Matters Framework** – the first draft of this includes measures for mental health, in line with Beyond Blue's submission

- **National Preventative Health Strategy** – while initially not included, the final Strategy included mental health as a priority area, reflecting Beyond Blue's submission.

Broadly speaking, most stakeholders were positive about Beyond Blue's role as a policy advocate, noting that it is a positive contributor to key conversations about mental health. Most government stakeholders agreed that Beyond Blue is highly active in policy advocacy at the national level, but most noted that it is not as engaged at the state and territory level (with the exception of Victoria, through the *Royal Commission into Victoria's Mental Health System*). They also described a difference in focus, with state and territory governments concerned with acute mental health and suicide prevention, but Beyond Blue focusing more at the mild to moderate end of the continuum.

Nevertheless, most government stakeholders spoke about the significance of Beyond Blue's standing and engagement in policy advocacy at a national level, noting that it is a trusted organisation, is very well-known and has politically connected people on the Board. Several stakeholders reported that Beyond Blue is often invited to be part of key conversations in the mental health space.

Beyond Blue is viewed by stakeholders as a highly engaged and effective **policy advocate**, particularly at the national level, even in the context of other factors influencing policy. A notable example of its influence mentioned by a range of stakeholders is its work on The Way Back Support Service and successful advocacy for funding for universal access to aftercare as part of the National Mental Health and Suicide Prevention Agreement.

5.8   OUTCOMES FOR RESEARCH/ KNOWLEDGE LEADER & CATALYST

Beyond Blue's role as knowledge leader and catalyst has led to funding and co-funding several research projects. Since July 2020, Beyond Blue has co-funded 15 research projects with 11 different Australian universities and research institutes across a range of topics in mental health, including:

- diagnosis and management of work-related mental health conditions
- eHealth interventions for comorbid mental health and AOD problems
- online peer support interventions for adults living in rural Australia
- social and emotional wellbeing of First Nations youth
- perinatal Depression
- child health and developmental inequalities; and
- mental health impact of economic insecurity.

Through its collaboration with the National Health and Medical Research Council (NHMRC), Beyond Blue's contribution has doubled the availability of funding for these projects.

Beyond Blue has also jointly funded a Centre of Research excellence, alongside the NHMRC, to investigate the prevention of depression, anxiety and suicidality by reducing the occurrences of adverse childhood experiences. It has also partnered on other research projects, such as the *Money and mental health report* with ASIC, producing practical tools.

During the evaluation period, across 15 projects – covering partnership grants, a Targeted Call for Research and the Centre for Research Excellence, Beyond Blue has contributed an estimated $2,487,578 in in-kind funding support. This likely underestimates actual contributions. These include a dedicated project investigator, project coordination and administrative support, promotion, coordination of Blue Voices engagement, specialist staff input, and knowledge translation.

Research projects funded through grants have produced 16 peer reviewed publications, with more journal articles in the pipeline. These articles have an average of 7 citations each, noting that all of these were published recently. These publications appear in a range of top tier journals, including *Implementation Science, Journal of Affective Disorders, Journal of Experimental Psychology, and PLoS One*. The average Impact Factor of journals where these articles have been published is 4.7, noting an Impact Factor of 3 or more is considered good.

Interviews with Research Partnerships Grant Scheme participants revealed positive views of Beyond Blue as a funding and research partner. Participants reported that Beyond Blue's support extended beyond funding (although this was critical) to professional development and support for researchers and connections with key mental health experts. These contributions were highly valued, although participants would have liked to see more sustained support over the life of the project. Participants would also have liked more support after the projects were complete, with Beyond Blue promoting the research, as they felt this would enhance the impact and translation of their research.

The majority of government stakeholders reported that they were not able to comment on Beyond Blue's role as a research or knowledge leader and catalyst, although some mentioned the evidence generated through the evaluation of The Way Back as a key contribution in this area.

However, other stakeholders (such as those involved in work around mentally health workplaces) were more familiar with Beyond Blue's work as a knowledge leader, citing examples such as research around the impact of bushfires, Answering the Call[96] and recent research into the impact of financial wellbeing on mental health.

Box 5: Financial wellbeing case vignette

Financial challenges can cause a significant decline in mental health, and mental health challenges can negatively impact financial wellbeing. These impacts can reinforce each other, accumulating over time leading to significant mental distress.

In 2019, the Australian Securities and Investments Commission (ASIC) – conscious of Beyond Blue's work on mentally healthy workplaces – reached out to Beyond Blue to explore how they could collaborate. The idea was to leverage each organisation's capabilities and connections to more deeply understand the relationship between money and mental health and support positive action. Initial actions included complementary messaging on the money smart website about mental health supports, and on the Beyond Blue website about financial capability.

A key output of the collaboration was the *Money and Mental Health* (2022) report, funded by ASIC and supported by research advice from Beyond Blue. The report explored the

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[96] Beyond Blue Ltd. (2018). Answering the call national survey, National Mental Health and Wellbeing Study of Police and Emergency Services – Final report.

relationship between financial wellbeing and mental health in the Australian context, the factors that impact this relationship, and provided suggestions on ways individuals can better support themselves. The report has been actively promoted by Beyond Blue and ASIC. It has been downloaded 403 times, and combined with the 'snapshot' summary page, has been viewed 1,184 times. It has also been referenced in the media in the context of the cost of living crisis that has emerged since it was first conceived.

More recently, Beyond Blue has collaborated with longstanding community partner Financial Counselling Australia (FCA) to develop another resource – the *Services Guide for Financial and Mental Wellbeing* to translate evidence about the connection between financial and mental health concerns into action. Published in March 2023, this guide provides information and practical tools to help service providers and businesses identify and support people showing signs of financial and mental hardship. It has been viewed 529 times and downloaded 252 times.

As well as collaborating with ASIC and FCA, Beyond Blue has actively supported translation into practice through engagement with a broad range of stakeholders, including other mental health organisations (e.g., Mates in Construction, Mental Health Foundation of Australia, Australian Psychological Society), community services (e.g., Uniting Care, Red Cross), Government partners (e.g., Comcare, Tax Practitioners Board, Energy and Water Ombudsmen NSW), and financial sector partners (e.g., Commonwealth Bank, UP Bank). This has included a series of 38 presentations and other engagements, reaching about 8,380 people. The purpose of these engagements has been to improve awareness of the signs of financial and mental distress, and to increase knowledge about when and how to get support for others.

The success of Beyond Blue's communication, the growing concerns about the cost of living, and the recognition of Beyond Blue as a source of information in this context is reflected in the high engagement with Beyond Blue's Financial Wellbeing webpage. Between August 2020 and June 2023, it received 45,705 page views, averaging almost 50 page views per day.

5.9   TO WHAT EXTENT HAS BEYOND BLUE CONTRIBUTED TO ITS INTENDED ULTIMATE OUTCOMES?

Beyond Blue's vision – that all people in Australia achieve their best possible mental health – is affected by a range of factors outside of Beyond Blue's activities. Section 3.2 highlights the significant impacts of recent events such as COVID-19, natural disasters, rising cost of living, and other changes in the mental health ecosystem on the wellbeing of Australians during this strategy period.

The National Study of Mental Health and Wellbeing indicates that psychological distress across Australia has increased significantly between 2007 and 2020–21 (see Figure 36).[97] The proportion of Australians experiencing low psychological distress has decreased from 71.1% to 63.3%, while those experiencing moderate psychological distress has increased from 19.5% to 21.2%. Of most concern, the proportion of Australians experiencing high or very

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[97] The 2020-21 study was designed to be broadly comparable with the 2007 study. However, there are a few exceptions, including comparisons of categories that include ICD-10 Post-Traumatic Stress Disorder or Obsessive-Compulsive Disorder, such as ICD-10 lifetime and 12-month Anxiety disorders, and ICD-10 lifetime and 12-month Mental disorders. This does not affect the ABS findings included in this report.

high levels of distress have increased dramatically – 'high' increased from 6.9% to 10.6%, and 'very high' increased from 2.6% to 4.8%.

FIGURE 36.   LEVELS OF PSYCHOLOGICAL DISTRESS IN 2007 AND 2020-21

Source: National Study of Mental Health and Wellbeing - 2007 (ABS, 2008) and 2020-21 (ABS, 2022).
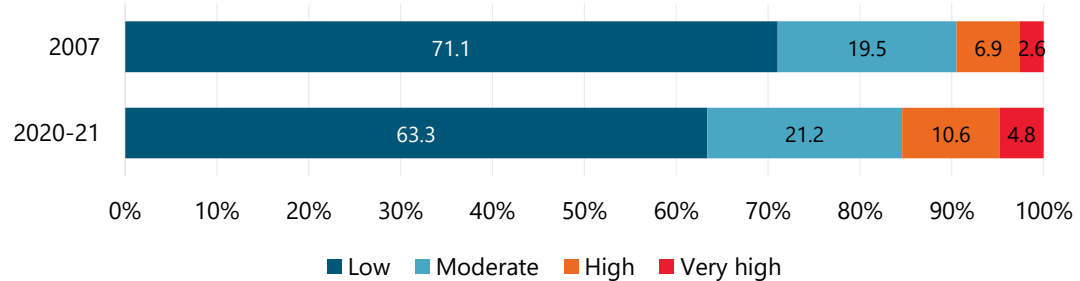
Mental health has declined significantly for some cohorts. Table 26 shows the proportion of people that had experienced a mental disorder at some time in their life and had sufficient symptoms of that disorder in the 12 months prior to being surveyed (referred to as a 12-month mental disorder). The most significant decline has been for younger Australians.

TABLE 26.   DEMOGRAPHIC BREAKDOWN OF 12-MONTH MENTAL DISORDERS

		2007	2020-21	Difference	% Change from 2007
Total		20%	21.4%	1.4%	7%
Sex	Females	22.3%	24.6%	2.3%	10%
	Males	17.6%	18%	0.4%	2%
Age	**16-24**	26.4%	39.6%	**13.2%**	**50%**
	25-34	24.8%	27.1%	2.3%	9%
	35-44	23.3%	19.7%	-3.6%	-15%
	45-54	21.5%	21%	-0.5%	2%
	55-64	13.6%	17.1%	3.5%	26%
	65-74	8.6%	11.4%	2.8%	33%
	75-85	5.9%	3.7%	-2.2%	-37%
Sexual orientation	Heterosexual	19.6%	20%	0.4%	2%
	Gay, Lesbian, Bisexual or different term	41.4%	54.4%	13%	31%
Country of birth	Born in Australia	21.8%	25%	3.2%	15%
	Born overseas	15.1%	13.5%	-1.6%	-11%

Source: National Study of Mental Health and Wellbeing - 2007 (ABS, 2008) and 2020-21 (ABS, 2022). Note: % change refers to the change as a proportion of the original value, calculated by dividing the

difference between 2020-21 and 2007 by the 2007 value. Both studies used the WMH-CIDI 3.0 questionnaire modules and are broadly comparable for the data reported in the table; however, two changes to demographic groupings are worth noting. 1) The response options for Sex changed from "Male" or "Female" in 2007 to include "Another term" in 2020-21, as well as a separate question for Gender. 2) One of the response options for Sexual orientation changed from "Homosexual/Bisexual" in 2007 to "Gay, Lesbian, Bisexual or different term" in 2020-21.

While many factors are contributing to the decline in Australians' mental health, there are also factors that are likely having a positive impact on these same outcomes. For example, the National Study of Mental Health and Wellbeing indicates that service usage for mental health has increased from 2007 to 2020–21. The proportion of Australians who had accessed services for mental health problems in the last 12 months increased 47% (from 11.9% to 17.5%).[98] This may reflect the increasing rate of mental health concerns across the country and/or that people are more comfortable to discuss their mental health and to take action to address mental health problems – outcomes that Beyond Blue is contributing to (see Section 5.3).
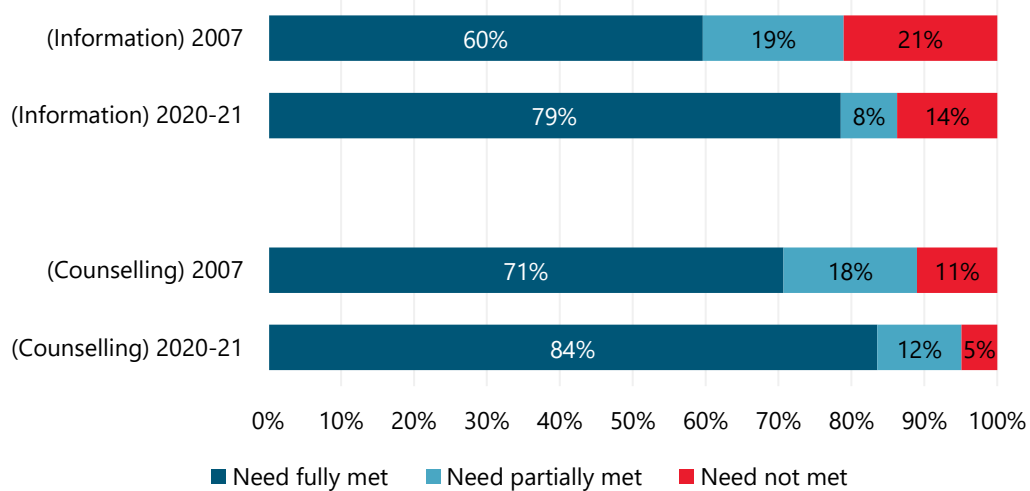
The National Study of Mental Health and Wellbeing also provides data on the reasons why people used professional health services for mental health problems, and the degree to which the service met their needs. Of particular relevance to Beyond Blue are those who accessed services for information and/or counselling. Between 2007 and 2020–21, the proportion of people who accessed health professionals[99] for counselling has largely stayed the same[100] but has decreased substantially for those accessing health professionals for information (from 55.6% to 42.3%). Population data also indicate that people accessing professional health services for mental health problems feel their needs are being met to a greater degree now compared to in 2007. This is shown for those using services for information or counselling in Figure 37. This might indicate that organisations like Beyond Blue who provide mental health information are helping to address this need. It may also indicate an increased level of knowledge about mental health among the population – another outcome Beyond Blue is contributing to.

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[98] Increases were most significant for the proportion of people who had accessed a psychologist (increased 117%, from 3.5% to 7.6%) or General Practitioner (increased 59%, from 8.1% to 12.9%).
[99] Refers to health professionals consulted for mental health, such as General Practitioners, Psychiatrists, Psychologists, mental health nurses, and other mental health professionals.
[100] Changed from 74.5% in 2007, to 77.6% in 2020-21.

FIGURE 37.   PROPORTION OF NEEDS MET FOR PEOPLE ACCESSING SERVICES FOR INFORMATION OR COUNSELLING, 2007 VS 2020-21

Source: National Study of Mental Health and Wellbeing - 2007 (ABS, 2008) and 2020-21 (ABS, 2022).

However, there can still be difficulties and long wait times to access services. Beyond Blue's population level survey found that one in ten (9%) were unable to get professional support when they needed it. This increased to one in seven (15%) for those who had experienced suicidal thoughts or behaviours in the past 12 months.

Additionally, access to support is not always translating to outcomes. In assessing the impact of the Better Access scheme (which provided access to psychological services under Medicare) on population mental health, Jorm (2018)[101] found no discernible impact on population-level psychological distress or suicide rates.

The most recent progress report for the Fifth National Mental Health and Suicide Prevention Plan also highlights how difficult it is to affect mental health on a population level. Of the 66 actions and sub-actions outlined in the Implementation Plan, one third have been completed, another third had commenced and are on track, and only 10 actions are yet to commence.[102] Despite this progress, very few of the Fifth National Mental Health and Suicide Prevention Plan's intended outcomes have been achieved, and most importantly, there has been no improvement in the proportion of adults with very high levels of psychological distress.

5.9.1   THE DIFFERENCE BETWEEN THOSE ACCESSING BEYOND BLUE AND THOSE WHO ARE NOT

Beyond Blue's population-level survey indicates at least some key differences between those who have and have not accessed Beyond Blue's products and services. Because these data

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[101] Jorm, A. F. (2018). Australia's 'Better Access' scheme: Has it had an impact on population mental health? *Australian & New Zealand Journal of Psychiatry*, *52*(11), 1057–1062. https://doi.org/10.1177/0004867418804066

[102] National Mental Health Commission. *Monitoring mental health and suicide prevention reform, Fifth National Mental Health and Suicide Prevention Plan, 2020: Progress Report 3*. Sydney: NMHC; 2022.

were collected at one time point, we cannot attribute these differences to Beyond Blue, but the data does provide some evidence that Beyond Blue is contributing to its intended ultimate outcomes.

People who accessed Beyond Blue's products and services had higher levels of anxiety and depression than those who had not interacted with Beyond Blue. One in five (21%) who had accessed support or had an interactive engagement with Beyond Blue had self-rated scores indicating a moderate anxiety or depressive disorder, twice as many as those who had not engaged with Beyond Blue (10%).

Those who had engaged with Beyond Blue reported greater confidence in areas relating to **mental health literacy**. Beyond Blue users were statistically significantly more confident in knowing where to go for information about mental health, how to recognise someone experiencing a mental health issue or suicidal thoughts or behaviours, and how to support someone experiencing suicidal thoughts or behaviours.

Participants who had engaged with Beyond Blue's content[103] were also statistically significantly **more likely to intend to seek help** from other supports than those who had not engaged with Beyond Blue (see Figure 38).

FIGURE 38.   INTENTIONS TO SEEK HELP FOR BEYOND BLUE USERS VS. NON-USERS
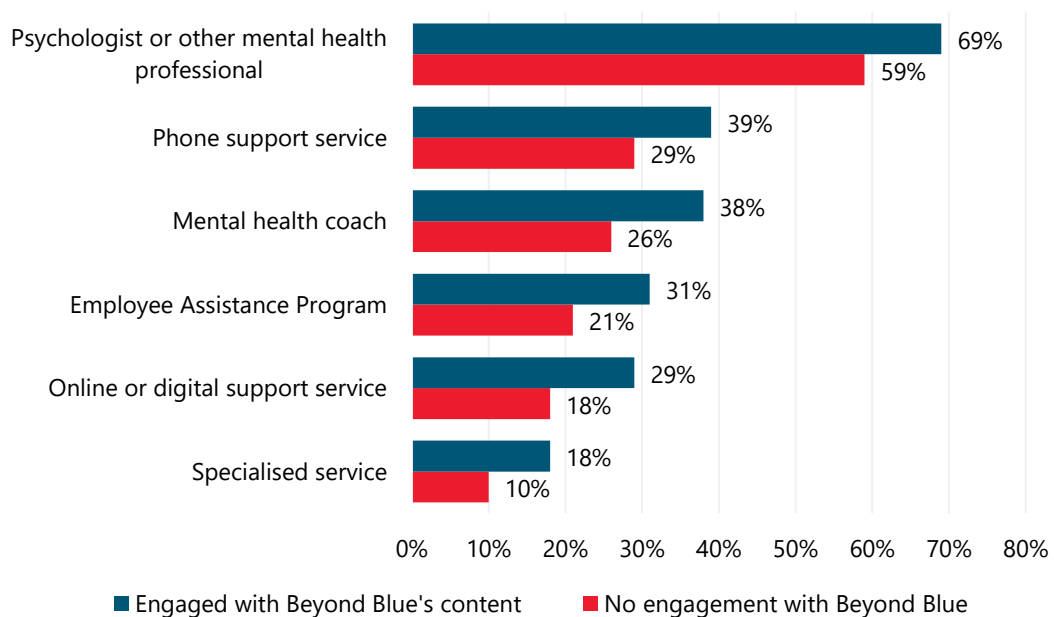
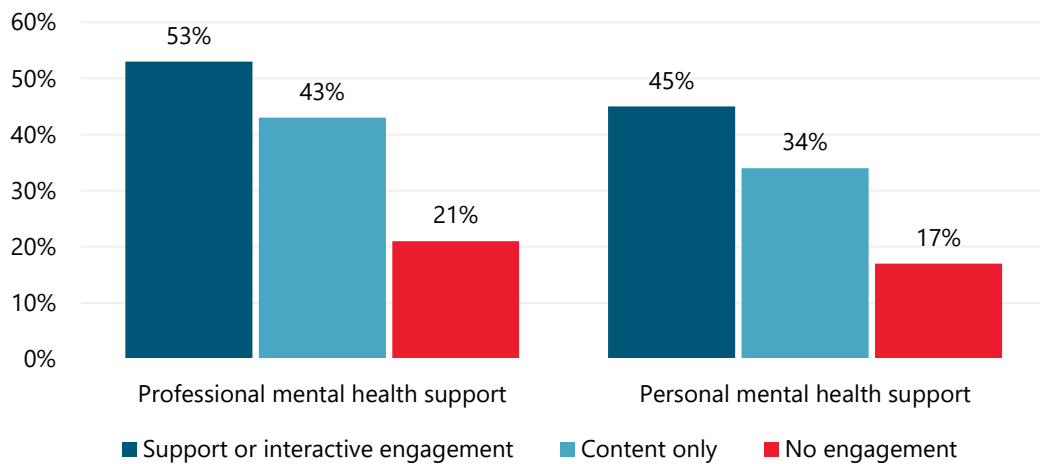Source: Beyond Blue's population-level survey.

Similarly, those who had accessed support or had an interactive engagement with Beyond Blue were also statistically significantly **more likely to seek support** from an online or digital support service (36% compared to 18%).

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[103] Had visited the website, followed Beyond Blue on social media, read a handout or brochure or listened to the podcast but had not used a Beyond Blue service or been supported by Beyond Blue in the past 12 months.

Beyond Blue's products and services prompted people to seek additional mental health information and support. About 50% of people said they took action because of their engagement with Beyond Blue. The most common actions were looking up other mental health information online (28%), speaking to friends and family about mental health (23%), and speaking to a doctor/GP about mental health (17%). Those who had accessed support or had an interactive engagement with Beyond Blue[104] were more likely to take action (68%) compared to those who only engaged with Beyond Blue's content[105] (45%).

People accessing Beyond Blue's products and services were also **more likely** to have sought **professional or personal mental health support** in the past 12 months (see Figure 39).

FIGURE 39.   ACCESSING PROFESSIONAL OR PERSONAL MENTAL HEALTH SUPPORT FOR THOSE WHO ACCESSED BEYOND BLUE SUPPORT, BEYOND BLUE CONTENT, AND NO ENGAGEMENT
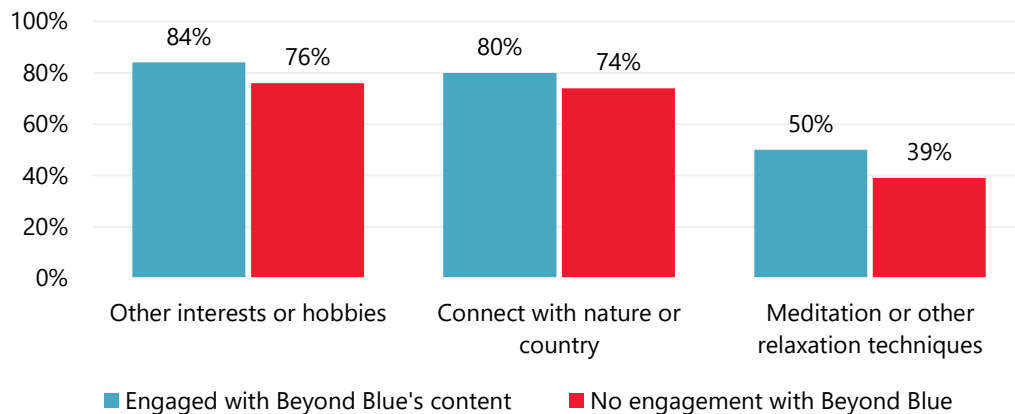

Source: Beyond Blue's population-level survey.

People who had engaged with Beyond Blue's content **reported greater use of prevention and self-management techniques**. Beyond Blue users were statistically significantly more likely to make time for other interests or hobbies, connect with nature or country, and make time for meditation or other relaxation techniques (see Figure 40).

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[104] Had used a Beyond Blue service including phone support service, webchat, online peer forum, or had engaged through workplace / school or volunteered with Beyond Blue in the past 12 months.
[105] Had visited the website, followed Beyond Blue on social media, read a handout or brochure or listened to the podcast but had not used a Beyond Blue service or been supported by Beyond Blue in the past 12 months.

FIGURE 40.   SELF-MANAGEMENT TECHNIQUES, BEYOND BLUE USERS VS. NON-USERS

Source: Beyond Blue's population-level survey.

5.10 IN WHAT WAYS IS BEYOND BLUE MAKING THE BIGGEST DIFFERENCE?

Stakeholders perceive Beyond Blue as having the biggest impact on **reducing stigma** and **encouraging help seeking,** supported by their scale and brand recognition. Stakeholders feel that Beyond Blue's work has helped to normalise conversations about mental health and wellbeing. Beyond Blue's active role in **advocacy** has been important for **raising awareness** of mental health concerns generally. Stakeholders recognise how effectively Beyond Blue leverage their own profile and strategic relationships to elevate the conversation around mental health.

This is supported by Beyond Blue's **low intensity supports** and **prevention** work. Beyond Blue is seen as an **accessible starting point** for people experiencing concerns at the low end of the mental health spectrum. Beyond Blue's core products and services fill a gap for people facing long wait times to access more intensive clinical support. Beyond Blue also provide a variety of services, enabling them to reach people in many different settings. This **accessibility** encourages help seeking, providing many modes of connecting to support through non-clinical pathways.

These outcomes are enabled by Beyond Blue's **brand** as a trusted source of mental health advice and support. This allows them to reach more people, amplify their work, and advocate effectively.

Staff emphasised that Beyond Blue has also developed **strong relationships** with sector partners and governments. They are trusted by government for being able to develop services that address community needs, in partnership with other service providers.

6.   VALUE FOR MONEY

6.1   STATUS OF THE EVIDENCE

There is high-level data on Beyond Blue's income,[106] expenses,[107] and expenditure on overheads. Beyond Blue's Commonwealth reports indicate the funding sources for each initiative.[108] Cost per contact data is available for the Support Service, Forums and Be You. Interviews with Beyond Blue's staff members provided information about how Beyond Blue make investment decisions, and how they use and combine different funding sources for different purposes.

It is important to review value for money data – in particular efficiency data – in the context of outcomes data, reflecting that outcomes are sustained while maintaining efficiency.

6.2   WHAT VALUE FOR MONEY DID BEYOND BLUE OFFER?

The model used to assess Beyond Blue's value for money is displayed in Figure 41. This approach uses available data to assess Beyond Blue's economy (i.e. is Beyond Blue making good strategic decisions around investment?), efficiency (i.e. is Beyond Blue efficiently managing the funds they spend?), effectiveness (i.e. are the activities Beyond Blue invest in effective?), and equity (i.e. what is Beyond Blue's reach across the Australian population?). This approach was selected because of the difficulty of cost benefit analysis for mental health services – given the myriad factors affecting outcomes and non-linearity of recovery – and for organisational level evaluation.

FIGURE 41.   CONCEPTUAL MODEL FOR UNDERSTANDING VALUE FOR MONEY

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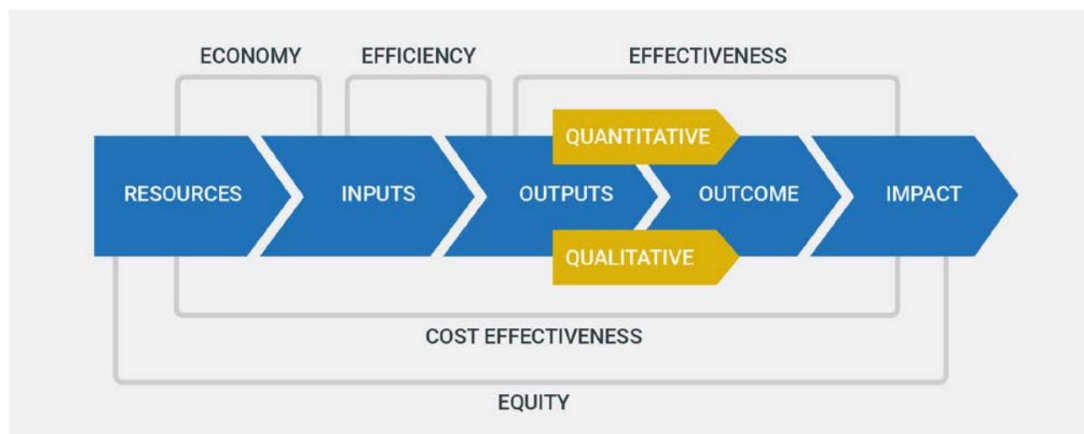
[106] Aggregated by a) Government tied funding, b) Government non-tied funding, c) Fundraising and corporate partnerships, and d) Other income.
[107] Aggregated by a) Tied funded projects, b) Support Service, c) Moderation and Forums, d) Cost of fundraising, and e) Rest of Beyond Blue's core operations and services.
[108] This does not include the amount of funding for each initiative.

Source: King, J. & OPM (2018). *OPM's approach to assessing value for money – a guide*. Oxford: Oxford Policy Management Ltd.

ECONOMY

Available data suggest Beyond Blue is making strategic decisions about investments.

Beyond Blue Executives described their strategy of focusing on providing the products and services that the organisation is best placed to provide, and not better addressed by other services. Beyond Blue's *Strategy 2023+* identifies these as self-management tools, brief intervention support and low intensity supports. It is also delivering services in line with a growing evidence base for digital intervention and prevention.[109]

During the evaluation period, Beyond Blue has invested in redesigning its Support Service and Forums and revamping its website in line with its Big Blue Door Strategy to support easier access and connections to the supports people need, as well as a more consistent experience. During this strategy period, the finance team has systematised its process for investment decisions, with business case requirements for sign-off.

Section 6.3 below identifies how Beyond Blue combines funding to enable service development and delivery and uses its own reserves to fund actions that would not otherwise be funded.

Table 27 shows Beyond Blue's overhead costs for each financial year during the three-year period of this independent evaluation. Overheads for 2020–21 were 12.4% and have increased each year, rising by 2.8 percentage points from 2020–21 to 2022–23. This increase reflects Beyond Blue's investment in transforming its core products and services along with its business system infrastructure.

TABLE 27.   BEYOND BLUE'S EXPENDITURE ON OVERHEADS

Financial year	Overhead %
2020-21	12.4%
2021-22	14.6%
2022-23	15.2%
*Average**	*14.07%*

Source: Financial data provided by Beyond Blue. Note: Overhead % = total overhead cost / total expenditure. Overhead costs are those not directly attributable to any product or service. This includes all attributable cost of all backend support functions and general management. *Average refers to the average of the annual overhead ratios. This figure is not equivalent to the exact average value across the 3-year period.

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[109] Patel, et al. The Lancet Commissions, The Lancet Commission on global mental health and sustainable development. *Lancet* 2018; 392: 1553–98. Published Online. October 9, 2018 http://dx.doi.org/10.1016/ S0140-6736(18)31612-X

It is important that charities and non-for-profits have 'reasonable overheads' to deliver their services.[110] The average Beyond Blue overhead cost across the three-year period was 14.07%. This is significantly lower than the average overhead cost for non-for-profit (NFP) organisations in Australia (33%).[111] However, it is widely recognised that overheads do not accurately reflect a NFP's effectiveness because:

- it is difficult to compare across organisations as there is no mandatory standard accounting practice for calculating overheads[112]
- insufficient overhead spending can make NFPs less capable, less effective, and more inefficient, leading to reduced longer-term performance.[113]

This – and the limited granularity of data – makes it difficult to make an evaluative judgement about whether Beyond Blue's overheads are reasonable.

EFFICIENCY

Cost per contact is available for Beyond Blue's Support Service, Forums and Be You (see Table 28).

TABLE 28.   COST PER CONTACT FOR SOME BEYOND BLUE PRODUCTS AND SERVICES

Financial year	Support Service	Forums	Be You	
	Per user	Per user	Per user	Per school/ELC
2020-21	$50	N/A	$256	$3,010
2021-22	$63	N/A	$172	$2,071
2022-23	$80	$0.49	$165	$2,054
Average	*$64*	*$0.49*	*$198*	*$2,378*

Source: Financial data provided by Beyond Blue. Note: Support Service figure = total number of interactions in Beyond Blue's Support Service and CMWSS (including calls, webchats and emails) divided by total delivery cost. Forum figures = total number of visits divided by total delivery cost. Be You figures = total number of users or schools/ELCs divided by total delivery cost. N/A indicates no data available for this financial year.

The cost per contact for Beyond Blue's Support Service increased from $50 in 2020–21 to $80 in 2022–23. Staff indicated this reflects the one-off costs associated with the transition to a new provider[114] and significant investment in transformation of the service, as well as market alignment of workforce costs. The differences in the cost per contact are also partly because

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[110] Ibid.
[111] Social Ventures Australia and the Centre for Social Impact (2022) Paying what it takes: funding indirect cost to create long-term impact. Social Ventures Australia.
[112] Australian Charities and Non-for-profits Commission. Charities and administration costs. https://www.acnc.gov.au/for-public/understanding-charities/charities-and-administration-costs
[113] Ibid.
[114] Beyond Blue's contract with its previous provider was due for retender.

of differences between providers in how costs were calculated. The previous provider used a model that did not reflect the actual costs of providing the service. Beyond Blue deliberately changed this to an outcomes-focused cost model with the new provider to avoid perverse incentives, which has reportedly resulted in longer handling times per contact. There has also been a shift in user preference from phone to webchat interactions, which also increases contact time.

The average cost per contact for Beyond Blue's Support Service over the three-year evaluation period is $64 and it is anticipated that the cost per contact will come down as the new provider optimises service delivery. It is difficult to compare to other services because of these differences. However, the Support Service offers accessibility, as it can be accessed at any time, through any channel, at no cost to the individual and anonymously, if desired.

Additionally, Beyond Blue's ability to integrate the Coronavirus Mental Wellbeing Support Service (funded by the Australian Government) with the ongoing Support Service was likely substantially more efficient than rapidly commissioning a stand-alone service.

The cost per contact for Beyond Blue's Forums is very low at $0.49. This reflects the high volume of users relative to its low cost to maintain, which accounts for ~1% of Beyond Blue's total expenditure.

The cost per contact for Be You[115] has decreased over the three years of this evaluation because of its significant growth in reach. From July 2020 to June 2023, Be You has grown its reach into schools by 19% and into early learning centres by 54%. This growth has happened for approximately the same investment each year demonstrating considerable efficiencies.

Other services, like NewAccess for Small Business Owners, have also been independently determined to represent good value for money (cost benefit ratio of 1.14).

EFFECTIVENESS

Chapter 5 provides an indication of the outcomes Beyond Blue has achieved. Beyond Blue staff emphasised the way that core funding enabled them to be effective by enabling them to flexibly respond to community need, and ensure sustainability. However, government funders noted a desire for additional information about outcomes than provided in standard reporting.

EQUITY

Chapter 4 outlines Beyond Blue's reach into the community, but there is limited data on the diversity of the population Beyond Blue reaches. From staff, we understand that funding has been used to develop approaches to better reach and meet the needs of particular cohorts, for example, some Coronavirus Mental Wellbeing Support Service (CMWSS) funding was used to tailor a model of care for young people.

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[115] Be You contact includes consultant support, professional learning, postvention support in schools, tools and resources, sessions and events, and website information.

6.3 HOW HAS BEYOND BLUE LEVERAGED DIFFERENT FUNDING SOURCES TO MAXIMISE VALUE?

Beyond Blue's Commonwealth reports indicate the funding sources for each initiative (see Table 29 below). Most products and services are funded through combined funding sources, which reflects Beyond Blue's strategy of diversifying their funding streams to amplify value, support sustainability and using different sources for different purposes.

Interviews with Beyond Blue staff suggest Beyond Blue leverages different funding sources to fund stages or elements of a program not funded by government, for example, philanthropic funding to develop new initiatives and their own reserves to fund activities that would not otherwise be funded.

Beyond Blue leverages financial support from its corporate partners, such as Australia Post and Southern Cross Austereo, for discounted and pro-bono advertising. Beyond Blue also uses its own reserves, such as in-kind support for the delivery of the NewAccess program. This support includes:

- Program management support to ensure service quality and safety working with funders, commissioners and service providers to deliver the program to their nominated population groups or communities
- Targeted marketing support (e.g. Search Engine Marketing, Facebook etc.) to assist with driving service demand
- Community of practice and networking events to support workforce capabilities and professional development, including organising and hosting PHN, Service Provider and Coach and Intake network meetings
- Operational support (e.g. setting Service Providers up to receive referrals from the Beyond Blue Support Service, continuous improvement and troubleshooting support)
- Commissioning and re-commissioning support (e.g. by providing data and insights to support re-commissioning).

Beyond Blue's ability to maximise value by combining different funding sources is demonstrated through The Way Back Support Service. The Way Back Support Service began with philanthropic funding before shifting to government funding, combined with investment of Beyond Blue's funds and philanthropic funding to develop data systems that would not otherwise have been funded.

TABLE 29. FUNDING SOURCES FOR BEYOND BLUE'S PRODUCTS AND SERVICES

Product or service (with core activities in bold)	Funding sources
Beyond Blue website	- Pooled core funding
Forums	- Pooled core funding
Beyond Blue Support Service	- Donations and philanthropy - Supplemented by Beyond Blue reserves

Product or service (with core activities in bold)	Funding sources
	• With the exception of a time-limited period during the COVID-19 pandemic when some government funding was allocated to the Beyond Blue Support Service as part of the pandemic response and in recognition of the significantly increased demand
Coronavirus Mental Wellbeing Support Service	• Commonwealth (Department of Health and Aged Care)
Beyond Now	• Pooled core funding
Be You	• Commonwealth (Department of Health and Aged Care)
NewAccess	• PHNs • State funds (Victorian Department of Health) • Private sector workplaces • Commonwealth (Comcare) • Supplemented by Beyond Blue reserves
NewAccess for Small Business Owners	• Commonwealth (Department of Treasury)
The Way Back Support Service	• Commonwealth (Department of Health and Aged Care) • Pooled core funding • State and territory funds • Beyond Blue's reserves • Philanthropic funding

Note: Pooled core funding comprises Commonwealth and state/Territory non-tied funding and Beyond Blue's reserves.

6.4 HOW HAS COMMONWEALTH FUNDING RECEIVED HELPED BEYOND BLUE ACHIEVE ITS OUTCOMES?

Commonwealth funding has contributed to almost all Beyond Blue products and services, either in their entirety (such as specific funding for the CMWSS, Be You and NASBO), through pooled core funding (such as Beyond Blue's website, Forums and BeyondNow) or in combination with other funding sources (such as NewAccess and The Way Back Support Service). Only Beyond Blue's Support Service is delivered without Commonwealth funding. However, critical activities that enable the Support Service and other community supports, for example, marketing and clinical governance, are funded by core Commonwealth funding.[116]

Beyond Blue staff noted the importance of the Commonwealth, State and Territory Governments' non-tied funding, which accounts for approximately one quarter of its income, for enabling the organisation to respond to changing mental health needs of Australians.

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[116] A portion of CMWSS funding was allocated to offset increased demand in the Support Service during the period.

They also noted that the flexible funding model for the CMWSS – overseen by a strong governance model – allowed Beyond Blue to manage the uncertainty around demand for the service, to iteratively develop the service in response to community needs, to integrate the CMWSS with the ongoing Beyond Blue Support Service, and to engage and fund partners to deliver supports they were best placed to provide.

The Commonwealth Government's funding has enabled Beyond Blue to reach people impacted by COVID-19 and natural disasters, people in workplaces, small business, educators, people at risk of suicide, as well as the general population in need of mental health advice and support. The reach of these products and services is presented in Section 4 and outcomes supported are captured in Section 5.

7.   CONCLUSIONS AND OPPORTUNITIES

7.1   CONCLUSIONS

ECOSYSTEM

There is evidence that Beyond Blue has responded well to changes in the ecosystem and the factors amplifying mental health concerns in the three-year evaluation period, and also leveraged these to advocate for and encourage an increased focus on mental health. This is evident in how Beyond Blue responded to:

- COVID-19 by developing and rapidly standing up the Coronavirus Mental Wellbeing Support Service (CMWSS) at the request of government and providing supports to educators through Beyond Blue and small business owners through NASBO (an adaptation of the existing NewAccess program);
- Natural disasters, including the Black Summer bushfires by adapting Be You and NewAccess to the context of bushfire recovery and providing targeted support to affected schools and early learning centres and support to community.
- Growing economic concerns through partnerships with ASIC and Financial Counselling Australia to develop information and practical guidance on the relationship between money and mental health.

The Way Back Support Service illustrates Beyond Blue's ability to both respond to emerging concerns as well as proactively meet and advocate for funding to meet community needs.

Overall, stakeholders were highly positive about Beyond Blue's strategic response to changes in the mental health and suicide prevention ecosystem.

Most stakeholders feel Beyond Blue has cultivated positive relationships with its partners, who value the experience and benefits of partnering. However, on average, corporate and community partners were less clear about the outcomes achieved through the partnership and some interviewees identified challenges in working with Beyond Blue including an initial lack of clarity around roles and responsibilities and Beyond Blue's internal 'bureaucracy' which slowed processes and limited the potential of products produced through the partnership.

OUTCOMES

Beyond Blue's core products - such as the Support Service, CMWSS and Forums - are leading to significant positive outcomes, such as reductions in distress and improved wellbeing. Overall, monitoring and evaluation data suggest Beyond Blue is having a small to medium positive impact on mental health literacy, confidence to act, and the use of prevention and management techniques. Beyond Blue's supported products also achieved important outcomes for people and communities, such as reductions in suicidal ideation, improved mental health knowledge, self-efficacy and positive wellbeing.

Beyond Blue's vision – that all people in Australia achieve their best possible mental health – is affected by a range of factors outside of Beyond Blue's activities, particularly during the last three years. However, there is an indication from Beyond Blue's population level survey of at least some notable differences in mental health literacy, confidence to act, and the use of prevention and management techniques among those using Beyond Blue services compared to those who are not. Because these data were collected at one time point, we cannot attribute these differences to Beyond Blue, but the data provide evidence that Beyond Blue is contributing to its intended ultimate outcomes.

This evidence suggests the organisation is having a meaningful positive impact on the wellbeing of individuals and communities, despite population-level mental health having declined over the period of this evaluation due to a range of factors outside of Beyond Blue's control, such as COVID-19, natural disasters, and rising cost-of-living.

Stakeholders perceive Beyond Blue as having its biggest impact in reducing stigma and encouraging help seeking. Beyond Blue's active role in advocacy has been important for raising mental health awareness and for normalising conversations about mental health and wellbeing. This has been supported by Beyond Blue's low intensity supports, such as its website, Support Service and Forums. These provide an accessible starting point for people seeking support through non-clinical pathways.

These impacts are enabled by Beyond Blue's brand as a trusted source of mental health advice and support. This allows them to reach more people, amplify their work, and advocate effectively. It has also been enabled by Beyond Blue's strong relationships with government and sectoral partners, which allows them to be flexible to meet the mental health needs of the community.

REACH

The population-level survey suggests about 1 in 8 Australians have engaged with Beyond Blue's content[117] in the past 12 months, and about 1 in 25 have accessed interactive support[118].

Product and service data suggests Beyond Blue has reached people from all states and territories, as well as regional and remote areas broadly in proportion to the size of their populations. People of all ages have accessed Beyond Blue, with digital platforms such as Beyond Blue's Forums and the BeyondNow app having greater reach to younger people. Females are over-represented across all of Beyond Blue's products and services, which reflects population mental health trends.

There is a perception among stakeholders that Beyond Blue is good at reaching the white middle class, and not as good at reaching people from Aboriginal and Torres Strait Islander,

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[117] Had visited the website, followed Beyond Blue on social media, read a handout or brochure or listened to the podcast but had not used a Beyond Blue service or been supported by Beyond Blue in the past 12 months.
[118] Had used a Beyond Blue service including phone support service, webchat, online peer forum, or had engaged through workplace / school or volunteered with Beyond Blue in the past 12 months.

culturally and linguistically diverse and LGBTQIA+ communities. This perception is difficult to test, as there is less evidence about Beyond Blue's reach into priority populations, given the commitment to provide anonymity and difficulty of collecting this data for some products and services. Beyond Blue's Support Service, CMWSS and Forums are reaching gender diverse people broadly in proportion to population estimates. The Support Service and Forums are reaching culturally diverse people broadly in proportion to population estimates. Beyond Blue is reaching a small proportion of Aboriginal and/or Torres Strait Islander people through its core products and services, but significantly more through support services such as The Back Way Support Service.

Beyond Blue has significant reach into schools and workplaces. Be You is reaching a substantial number of schools and early learning centres across all states and territories, regional and remote areas, and is accessed by people across the age range. There are almost 3 times as many females as males, which reflects population trends for educators. Beyond Blue has also reached significant numbers through its tailored NewAccess programs for workplaces and small business owners.

Beyond Blue also has a large community of Blue Voices members, volunteers, speakers and Ambassadors. These engaged communities have an important role in enhancing Beyond Blue's reach into the community through events and other engagements.

Beyond Blue has been delivering its vision of the Big Blue Door by transforming its core products and services along with its business system infrastructure. This involved redesigning the Support Service and Forums, revamping the Beyond Blue website, and transitioning to a new provider for the Support Service. By increasing its focus on digital connectivity and warm referrals, individuals accessing any of Beyond Blue's services can be connected to other organisations that are best placed to support people from particular demographic groups or with particular mental health conditions. However, staff acknowledged there is more to be done to continue to progress the Big Blue Door.

VALUE FOR MONEY

Available data suggest Beyond Blue is making strategic decisions about investments. Beyond Blue focuses on providing the services that the organisation is best placed to provide, and not better addressed by other services. During the evaluation period, Beyond Blue has invested in redesigning its Support Service and Forums and revamping its website in line with its Big Blue Door Strategy to support easier access and connections to the supports people need, as well as a more consistent experience.

The limited granularity of data makes it difficult to make an evaluative judgement about whether Beyond Blue have efficiently managed the funds they spend. The cost per contact increased for Beyond Blue's Support Service due to the change in provider in March 2022, however, remains significantly lower than the standard consultation fee for a psychologist.

Most Beyond Blue products and services are funded through combined funding sources. This reflects Beyond Blue's strategy of diversifying their funding streams to support sustainability and using different sources for different purposes (e.g., philanthropy funding to develop new

initiatives). Beyond Blue also leverage financial support from their corporate partners and supplement expenses with their own reserves where required.

Commonwealth funding has contributed to almost all Beyond Blue products and services, either in their entirety, through pooled core funding or in combination with other funding sources. Only Beyond Blue's Support Service is delivered without Commonwealth funding. Beyond Blue staff noted the importance of the Commonwealth, State and Territory Governments' non-tied funding, which accounts for approximately one quarter of its income, for enabling the organisation to respond to changing mental health needs of Australia.

7.2   OPPORTUNITIES

The evaluation identified the following opportunities for Beyond Blue to consider:

REACH

- Increase the consistency of demographic data collection from service users to better understand who Beyond Blue is reaching and who they are not, while continuing to balance this with privacy concerns, ensuring it does not place any undue burden on service users.
- Continue to tailor approaches to reach particular cohorts, such as occurred for young people in the CMWSS.
- Continue to use partnerships with specialist organisations to best connect people from particular demographics and with particular conditions to support.
- Continue Big Blue Door reforms to support personalisation, connection and consistency of experience across Beyond Blue supports and connection to other supports.
- Consider further strategies to be more accessible to people from Aboriginal and Torres Strait Islander and culturally and linguistically diverse communities.

MONITORING DATA

- Work towards standardised satisfaction data to provide a clearer picture of satisfaction across different products and services, particularly for internally operated services (noting the challenges in influencing data collection for commissioned providers).
- Increase the consistency of outcomes data collected across programs in line with the outcomes identified in the new strategy, noting that not all may be relevant to each program. Increase reporting of outcomes in regular reporting to the Commonwealth Government.
- To strengthen evidence, systematically record alignment of policy outcomes with Beyond Blue policy submissions and consider a more quantitative approach to measuring outcomes (e.g. a relative score for how closely the outcome reflects Beyond Blue's submission).

EVALUATION

- Encourage evaluations to collect more consistent outcomes data to enable better synthesis of outcomes at the organisational level.

- Consider including value for money assessments in evaluation, where appropriate.

THE ECOSYSTEM AND PARTNERSHIPS

- Consider broader stakeholder communication when Beyond Blue decides to withdraw or shift its focus/ action from a particular area, so stakeholders understand the rationale.
- Consider how partnership / collaborator processes might be streamlined to ensure faster turnaround times and less administrative burden for partners or collaborators to enable more progress on products.

FINANCIAL DATA/ VALUE FOR MONEY

- Record more detail on how funding is combined from different services to enable a better understanding of how Beyond Blue aims to maximise value.
- Continue to design ways to measure service costs for benchmarking purposes and to determine value for money, including a combination of metrics such cost per interaction and ROI.

APPENDIX 1   RELEVANT EXPLANATION FINDER (REF) TABLE

External factor	At what level	Type	Evidence			Expected influence	
	Individual, community, society	Driver you can work with, factor that just occurs or you can respond to	Availability & quality	References	How it works	Direction (positive, negative) and degree (minor, moderate, major)	Range (contributes to a range of outcomes and people)
Policies, across government, that support people at risk of and living with MH issues *(Business as usual)*	All levels – Beyond Blue most interested in societal change through federal policy	Factor that occurs and one Beyond Blue can influence, and driver for services Beyond Blue provides	Difficult to assess – some evidence in policies, but there is little evidence that directly links the impact of policies on mental health outcomes	Procurement processes; policy documents; participation in groups that influence policy (strategic govt stakeholder groups)	Influences the entire service landscape (from the strategic to eligibility, accessibility, service delivery, resourcing)	Positive or negative, depending on the policy Major influence (but difficult to assess)	Variable range – intended to impact society. but impact can be limited depending on the policy
Reforms (e.g. commissions, enquires) *(Driving long-term change)*	Society and, through this, other levels	Driver Beyond Blue can work with	High – but difficult to link reforms to changes in mental health outcomes given the complexity of the system and other factors affecting mental health	Progress reporting (e.g. National Mental Health Commission Fifth Plan; Productivity Commission Inquiry into Mental Health; Royal Commission into Victoria's Mental Health System); commissioning; academic literature	Generates awareness among community, and long-term structural change affecting service landscape	Positive Major influence (but difficult to assess and may take time to become apparent)	Broad

External factor	At what level	Type		Evidence		Expected influence	
	Individual, community, society	Driver you can work with, factor that just occurs or you can respond to	Availability & quality	References	How it works	Direction (positive, negative) and degree (minor, moderate, major)	Range (contributes to a range of outcomes and people)
Funding	Individual/ community	Driver Beyond Blue can work with (e.g. CMWSS) and factor Beyond Blue can respond to (e.g. responding to changes in funding models)	High (clear money trail) – but difficult to link funding to changes in mental health outcomes (see above)	Government budgets and reporting	Influences who receives a service, the quality of the service, how much of the service is available, and where they go to get the service	Positive or negative - depending on what funding is used for or whether it is withdrawn Major influence (but difficult to assess and may take time to become apparent)	Broad
Changes in availability and uptake of mental health support	Individual/ community	Driver Beyond Blue can work with, factor that just occurs, and one Beyond Blue can respond to	High	National Study of Mental Health and Wellbeing; Reports of Government Services; Australian Institute of Health and Welfare reporting; ABS data; National Mental Health Commission reporting; academic literature	Influences access to mental health services and supports	Positive or negative - depending on the direction of the change Major influence	Broad

External factor	At what level	Type		Evidence		Expected influence	
	Individual, community, society	Driver you can work with, factor that just occurs or you can respond to	Availability & quality	References	How it works	Direction (positive, negative) and degree (minor, moderate, major)	Range (contributes to a range of outcomes and people)
COVID-19	Society	Factor Beyond Blue can respond to	High – but of varying quality	CMWSS survey; AIHW data; Census; academic literature; Beyond Blue COVID-19 evidence reviews (2021, to be repeated in 2022); policy and advocacy roundtable	Negative impact on economy Enabler of structural change (e.g., Medicare, sped up changes already in pipeline), increased focus on and funding for mental health, more sectoral partnerships, progressive social welfare, innovations in access policies to services	Negative and positive Major influence (long-term impacts may not be evident for some time)	Broad
	Individual/ community				Negative impacts on jobs, mental health, social isolation, fear about health impacts (vulnerable communities experience more negative impacts) Positive impact on work arrangement (e.g. flexible work; increased focus on mental health at work)	Mostly negative, but some positive impacts Major influence	

External factor	At what level	Type		Evidence		Expected influence	
	Individual, community, society	Driver you can work with, factor that just occurs or you can respond to	Availability & quality	References	How it works	Direction (positive, negative) and degree (minor, moderate, major)	Range (contributes to a range of outcomes and people)
Other organisations with similar visions and activities	Individual/ community/ society (depending on the organisation)	Driver Beyond Blue can work with	To be confirmed	Potential partnership survey through Outcomes Framework; evaluation stakeholder interviews	Beyond Blue works with other organisations to have greater impact	Positive Degree of influence depends on number, types and strength of partnerships	Depends on number, types and strength of partnerships
Other national crises that impact mental health	Individual/ community/ society	Factor that Beyond Blue can respond to	High – but depends on scale of crisis and the amount of time since the crisis occurred	Government reports; academic literature	Potential loss of life, possessions and livelihoods impacts people's mental health; impacts funding to the sector	Negative Degree of influence depends on scale of crisis, and long-term impacts may not be evident for some time	Depends on scale of crisis

External factor	At what level	Type	Evidence		Expected influence	
	Individual, community, society	Driver you can work with, factor that just occurs or you can respond to	Availability & quality	References	How it works	Direction (positive, negative) and degree (minor, moderate, major)	Range (contributes to a range of outcomes and people)
Economic stability/ growth - wages, job security	Individual/ community/ society	Factor that just occurs and one Beyond Blue can respond to	High – but difficult to directly link to mental health outcomes in the short term	ABS data; government budgets and other reports; academic literature	Impacts on people's livelihoods, which is a major determinant of mental health; impacts funding to the sector	Positive or negative – depending on degree of economic stability/ direction of growth Major influence	Broad
Stigma (self and social), community attitudes towards MH and suicide	Individual/ community	Factor Beyond Blue responds to (particularly relevant as Beyond Blue aims to reduce self-stigma)	High	CMWSS evaluation (reducing self-stigma); Beyond Blue population survey; sentiment analysis (social media); forums data; published studies; National Stigma Report Card (SANE)	Influences help seeking and access to services, and directly affects the wellbeing of all Australians but particularly those living with mental health difficulties	Negative (but some positive changes occurring) Major influence	Broad

APPENDIX 2   MIXED METHODS DATA SYNTHESIS – CRITERIA OF WORTH RUBRIC

Note for interpretation: A data source can only receive a score of high if all items listed are present.

Evaluations

Level	Credibility	Confirmability	From those impacted	Representative	Relevant
High	Multiple data sources and methods are used, rigorous and systematic data gathering, comprehensive analysis procedures are applied, findings and conclusions are clearly justified, no significant weaknesses in overall design and methods. External factors have been explicitly considered in forming conclusions. No characteristics specific to the data source call into question its credibility.	The evaluation methodology is clearly described, from data collection through to development and reporting of findings. Limitations are clearly acknowledged and addressed.	The evaluation process includes people with lived experience. Most data are collected directly from people who access the program or service. The evaluation reflects the interests and values of people who access the program or service.	Data are drawn from samples that are representative of those who are the target audience for the program or service. Sample sizes are appropriate. Data includes responses from priority populations and those who Beyond Blue might not often reach (where relevant to the program or service).	The evaluation measures outcomes that are directly aligned with outcomes relevant to the evaluation. The time period of the evaluation is aligned with the independent evaluation.
Medium	More than one data source or method is used, data gathering is not always rigorous or systematic, adequate analysis procedures are applied, findings and conclusions are justified, some weaknesses in overall design and methods. External factors have been considered. One or more other characteristics specific to the data source call into question its credibility.	The evaluation methodology is described, but is incomplete (e.g. data collection methodology only, no description of how data was synthesised and conclusions drawn). Limitations are noted.	Data have been collected directly from people who access the program or service.	Data are drawn from samples that are close to representative of those in the target audience for the program or service. Sample sizes are reasonable. There is limited input from those in priority populations and who Beyond Blue might not often reach.	The evaluation measures outcomes that are partially aligned with one or more of the outcomes relevant to the evaluation. The time period of the evaluation overlaps with the independent evaluation but not perfectly.

Beyond Blue Independent Evaluation

Level	Credibility	Confirmability	From those impacted	Representative	Relevant
Low	Reliance on single data sources and methods, lack of rigour and coherency in data gathering, inadequate analysis procedures, findings and conclusions are not well justified, significant weaknesses in overall design and methods. External factors have not been considered. Several other characteristics specific to the data source call into question its credibility.	The evaluation methodology is not clearly described. Limitations are not noted or discussed.	Evaluation relies primarily on data collected from those delivering the service or representatives/peak bodies (rather than people who actually accessed the program or service).	The samples for the evaluation are not representative of the target audience of the program or service. Sample sizes are small. People from priority populations and demographics Beyond Blue might not often reach are not included in the samples.	The evaluation does not measure outcomes relevant to the evaluation. The time period of the evaluation is outside of the period covered by the independent evaluation.

Quantitative data (Administrative data and surveys)

Level	Credibility	Confirmability	From those impacted	Representative	Relevant
High	Data have been collected using informed consent processes and with consideration of privacy, to ensure respondents have freely provided their views. Data are of a high quality – data fields are clearly labelled, there are low rates of missing data, survey questions are unambiguous, worded neutrally, not double barreled, do not force a response (i.e. include n/a options). Survey questions clearly relate to the outcomes they are measuring, may be grounded in research or existing tools where appropriate or have been tested prior to distribution. Data analysis has been conducted by individuals independent of the project team, using appropriate methodology and are presented in a way that avoids bias. No characteristics specific to the data source call into question its credibility.	The methodology is clearly described, from data collection through to development and reporting of findings. Limitations are clearly acknowledged and addressed.	Data about outcomes are collected directly from individuals who experience those outcomes. Data were collected close to the time outcomes were generated and over time to assess if they are sustained.	Respondents accurately reflect the demographic profile of the target audience. There is a high response rate and good sample size. Data includes responses from priority populations and those who Beyond Blue might not often reach (where relevant to the program or service).	The data measures outcomes that are **directly** aligned with outcomes relevant to the evaluation. The time period of the data collection is aligned with the independent evaluation.
Medium	Data have been collected using informed consent processes and with consideration of privacy. The data is of a medium quality – for example, there are moderate rates of missing data, data fields are mostly clear but some are poorly defined. Survey questions are generally high quality (see items above) but have one or more issues. Survey questions mostly relate to the outcomes they are measuring. Data analysis has mostly used appropriate methodology and is presented in a way that generally avoids bias. One or more other characteristics specific to the data source call into question its credibility.	The methodology is described, but is incomplete (e.g. data collection methodology only, no description of how conclusions were drawn). Limitations are noted.	Data about outcomes are reported by others. Data were collected fairly close to the time outcomes were generated and were collected at several points relevant to delivery.	Respondents generally reflect the demographic profile of the target audience. There is a moderate response rate and moderate sample size. There are a reasonable number of responses. There is limited input from those in priority populations and who Beyond Blue might not often reach.	The data measures outcomes that are **partially** aligned with outcomes relevant to the evaluation. The time period of the data collection overlaps with the independent evaluation but not perfectly.

Level	Credibility	Confirmability	From those impacted	Representative	Relevant
Low	Data have not been collected using informed consent processes and with consideration of privacy or information about this is not available. Data are of low quality – unclear data fields, high rates of missing data. There are substantial issues with survey questions, for example, leading, ambiguously worded, force a response. Survey questions are not clearly related to the outcomes they are measuring. Data analysis has been conducted by people who are not independent/or uses inappropriate methodology. Data presentation has bias (e.g., excluding important aspects of the data, over emphasising particular findings). Several other characteristics specific to the data source call into question its credibility.	The methodology is not clearly described. Limitations are not noted or discussed.	Data are collected only from those delivering the service. Data were not collected close to the time outcomes were generated and/or were only collected on one occasion.	Respondents do not accurately reflect the demographic profile of the target audience. There is a poor response rate and poor sample size. People from priority populations and demographics Beyond Blue might not often reach are not included in the samples.	The data **does not** measure outcomes relevant to the evaluation. The data was collected outside of the period of the evaluation.

APPENDIX 3   DEMOGRAPHICS AVAILABLE FOR EACH COMPONENT OF BEYOND BLUE

Beyond Blue function	What demographics are available?
Core	
Website	• State/ territory • Age group (18+ years) • Gender (limited to male/ female)
Support Service	• State/ territory • Age group (18+ years) • Gender • Metropolitan/ regional/ remote • Primary language • Aboriginal and/or Torres Strait Islander status
CMWSS	• State/ territory • Age group (18+ years) • Gender • Metropolitan/ regional/ remote • Primary language • Aboriginal and/or Torres Strait Islander status
Online Peer Forums	• State/ territory • Age group (18+ years) • Gender (limited to male/ female)
Beyond Now Safety Planning App	• State/ territory • Metropolitan/ regional/ remote • Country of birth • Gender identity • Sex assigned at birth • Sexual orientation • Aboriginal and/or Torres Strait Islander status
Beyond Blue supported	
Be You	• Demographic data for participating sites, including: • State/ territory • Location • School type • Early learning service type • School sector • Socio-economic status • Sites with more than 10% Aboriginal and Torres Strait Islander students • Sites with more than 10% of students who speak a language other than English
The Way Back Support Service	• State/ territory (referrals)

Beyond Blue function	What demographics are available?
	• Metropolitan/ regional/ remote • Age (but limited to % of clients under 25, and % of clients over 65) • Sex • Gender identity • Sexual orientation • Country of birth (but limited to % born in Australia, and % born overseas) • Aboriginal and/or Torres Strait Islander status
Equipping Families	• State/ territory • Age group (18+ years) • Gender (limited to male/ female)
Heads Up	• State/ territory • Age group (18+ years) • Gender (limited to male/ female)
NewAccess	• Demographic data for sites: • State/ territory • Primary Health Network • Age range (of clients)
NewAccess for Small Business Program	• State/ territory • Age group (18+ years) • Gender • Metropolitan/ regional/ remote • Primary language • Aboriginal and/or Torres Strait Islander status
Engaged communities	
Blue Voices	• State/ territory
Speakers and Ambassador Program	• State/ territory

APPENDIX 4   MIXED-METHODS DATA SYNTHESIS – DATA SOURCE ASSESSMENTS

Category	Data source
Core	• Support Service monitoring data • CMWSS monitoring data • CMWSS evaluation (May 2021) • CMWSS referral pathway evaluation • Forums survey • BeyondNow evaluation
Beyond Blue supported	• Be You reports (QMR) • Be You Student Outcomes evaluation • Be You evaluation (ACER) • Bushfire Response Program (Be You) • The Way Back Support Service evaluation • NewAccess workplaces evaluation • NASBO evaluation
Other:	• Population-level survey • Engaged communities survey

Support Service monitoring data

The Beyond Blue Support Service offers a free, confidential and 24/7 counselling service for all Australians looking for help with their mental health or to support others. People are able to access support via online chat, telephone or email. The service was previously delivered by Medibank Health Solutions and is now provided by Remedy Healthcare.

	Rating	Evidence
Outcomes		
People have improved mental health literacy	N/A	• Not applicable
People have increased confidence to act	Small or medium positive effect (+1)	• Just over half (47%) of respondents reported that they are not confident or only somewhat confident to act after accessing the support service • 85% of people report an intention to act post interaction, a substantial improvement with the new service provider
People improve their use of prevention and management techniques	Small or medium positive effect (+1)	• Medibank: Only 25% of people didn't do anything. But only 22% contacted professional, and only 29% used suggestions they had received from the provider.

		• Remedy: 88% said they had practiced suggestions, 81% accessed resources, 73% made a change to how they look after themselves • But no direct measurement - would be better to be more specific about actual techniques people are supported to use, and ask about those.
Criteria of worth		
Credibility	Low	• Informed consent - good process in place and privacy/how data will be used is covered appropriately during recruitment • Data fields clear - however, the question about what actions have been taken includes both actions they have taken and actions they intend to take and that means it is difficult/ impossible to interpret the responses in terms of whether people have actually taken action. Also, the scale is problematic, with no neutral response (skewed to positive). • Survey questions are not that well linked to what they are measuring and they are not validated • Analysis is fine and straight forward, without bias
Confirmability	N/A	• Not applicable
Close to those impacted	High	• The data is collected directly from people who accessed the service, and the majority were seeking help for themselves
Representative	Medium	• No demographic information to compare survey responses to cohort, so can't assess if the survey cohort is representative of those who use the service. • About 10K responses, so a very good number (impossible to calculate response rate) • Survey is sent to people soon after they use the service, so relatively close to when they experience the outcomes they are reporting on
Relevant	Medium	• Timeframe is correct and the surveys measure one of the three outcomes directly, and one indirectly

Coronavirus Mental Wellbeing Support Service monitoring data

The CMWSS is a service that was specifically designed to support people through the COVID-19 pandemic. It was modelled on Beyond Blue's Support Service but was a separate service and number.

	Rating	Evidence
Outcomes		
People have improved mental health literacy	N/A	• Not applicable

People have increased confidence to act	Small or medium positive effect (+1)	• The data indicates an increase in confidence pre and post, slightly more than 10% increase in the proportion of people who said they were confident or very confident to access support.
People improve their use of prevention and management techniques	Small or medium positive effect (+1)	• Slightly less than 20% of respondents said they did or would contact health professional, 35% reported that they used management suggestions.
Criteria of worth		
Credibility	Low	• Informed consent - good process in place and privacy/how data will be used is covered appropriately during recruitment • Data fields clear - however, the question about what actions have been taken includes both actions they have taken and actions they intend to take and that means it is difficult/ impossible to interpret the responses in terms of whether people have actually taken action. Also, the scale is problematic, with no neutral response (skewed to positive). • Survey questions are not that well linked to what they are measuring and they are not validated • Analysis is fine and straight forward, without bias
Confirmability	N/A	• Not applicable
Close to those impacted	High	• Data are collected from people directly experiencing the outcomes • Sample size is reasonable (1380 responses), no response rate is available.
Representative	Low	• No demographic data is collected so it is not possible to compare the sample with the target cohort and reach into priority populations is unknown. • Data are collected monthly so reasonably close to when the outcomes are experienced by those completing the survey.
Relevant	Medium	• Timeframe is relevant, only one of the three outcomes is measured directly through the survey, one indirectly.

Coronavirus Mental Wellbeing Support Service evaluation (May 2021)

The CMWSS is a service that was specifically designed to support people through the COVID-19 pandemic. The evaluation of the CMWSS service was commissioned to:

- Assess how the CMWSS was implemented, including any organisational or environmental barriers/enablers that contributed to its implementation.
- Assess the extent to which the CMWSS achieved its intended objectives and outcomes, including meeting the diverse and evolving mental health needs of the Australian community.
- Inform preparedness and ability to respond to future community crises and emerging needs, both from an organisational perspective and any learnings that can be shared with the mental health sector, researchers, government, and policy makers more broadly.

The mixed methods evaluation included interviews, a national survey and analysis of administrative data.

	Rating	Evidence
Outcomes		
People have improved mental health literacy	Small or medium positive effect (+1)	• 72% of people who had used Beyond Blue services felt they knew where or how to access mental health information, compared to 66% for those who hadn't accessed any service and 74% for those who had accessed other services.
People have increased confidence to act	Small or medium positive effect (+1)	• 72% of people felt confident to take action after contacting Beyond Blue or CMWSS, compared to 40% before contact.
People improve their use of prevention and management techniques	Small or medium positive effect (+1)	• 90% of people took further action after contacting Beyond Blue or CMWSS, e.g: o 63% contacted a Beyond Blue service again o 47% looked up suggested information and resources o 43% went to a service website for further information o 41% practiced actions or activities suggested by their service o 29% accessed service programs (e.g. online forums) o 25% contacted a referred service
Criteria of worth		
Credibility	Medium	• Multiple data sources were used • Analysis was moderately robust • Some of the findings reported came from only one data source rather than triangulating multiple data sources
Confirmability	High	• Methods are clearly described • Easy to follow the links between data collected and the findings and conclusions in the report
Close to those impacted	High	• The evaluation included people with lived experience of mental health conditions – survey data was collected from Blue Voices members • Considerable amount of data collected from service users and those who have accessed Beyond Blue before
Representative	High	• Sample for the survey was representative of the population with respect to gender, age, state, region, socioeconomic status, educational attainment, employment status, those who speak a language other than English in the home, and those who identify as Aboriginal or Torres strait islander, those living with disability, and those who identify as LGBTIQA+.
Relevant	High	• The evaluation was clearly designed with Beyond Blue's organisational outcomes in mind. It includes an appendix which maps the KEQs to indicators and relevant data sources.

	Rating	Evidence
		• There are subsections that directly address mental health literacy and confidence to act. Use of prevention and management techniques is also covered but not explicitly.

Coronavirus Mental Wellbeing Support Service referral pathway evaluation

An evaluation of the referral pathways for those accessing the Coronavirus Mental Wellbeing Support Service was commissioned. This includes people who needed additional support beyond that offered by the service. These individuals were referred to Mind Australia. The evaluation focused on:

- Understanding the extent to which services provided via the Mind referral pathway were effective in providing positive outcomes for its community services users.
- Understanding the extent to which the referral pathway model provides value for money.
- Understanding the role and benefits of referral partnerships in delivering mental health support services, and how the model might be expanded or scaled.
- Exploring contemporary best practice approaches for similar mental health service referral pathways.

	Rating	Evidence
Outcomes		
People have improved mental health literacy	Small or medium positive effect (+1)	• Half reported an increase in awareness (interviewees only) and some reported that they were able to better recognise signs of poor mental health and wellbeing.
People have increased confidence to act	Small or medium positive effect (+1)	• The data provides evidence of a small positive impact on confidence to act - survey respondents reported an average of around 5 or 6 out of ten for confidence in their ability to access mental health support, and address and manage their wellbeing.
People improve their use of prevention and management techniques	Small or medium positive effect (+1)	• Only 13% reported that they had not done anything to support their mental health. Almost half had talked to GP, over one third had booked an appointment with psychologist, almost 40% looked at relevant information online or spoken to friends and family
Criteria of worth		
Credibility	High	• Multiple data sources (but lacking some information about the admin data) • Limitations were clearly described • Analysis is straightforward and appropriate • Some consideration of external factors has been included
Confirmability	Medium	• Methodology generally clearly described, except for detail about the administrative and other data

Close to those impacted	Medium	• Design or implementation of the evaluation doesn't appear to have involved people with lived experience. • Most data are collected directly from the people who accessed the program or service.
Representative	Low	• Sample size is small • Most of those who filled out the survey were recalling outcomes from over 9 months ago • Some inclusion of people who face barriers in accessing support (e.g. people from the LGBTQIA+ community) but others were not specifically included (for example, Aboriginal people). Survey demographics aren't compared to cohort so no sense of whether the sample is representative.
Relevant	High	• Measures outcomes relevant to the process • Timeline is relevant to the evaluation process

Forums survey

Beyond Blue's forums provide an online discussion forum on a range of topics, such as anxiety, depression, suicidal thoughts and self-harm and relationship and family issues. This provides an opportunity for a peer support community.

	Rating	Evidence
Outcomes		
People have improved mental health literacy	Small or medium positive effect (+1)	• About 30% of respondents report more knowledge, and can recognise signs of mental health concerns.
People have increased confidence to act	Small or medium positive effect (+1)	• Just under 20% of respondents agree they would talk to a family member, around 40% to a health professional following engagement with the Forums.
People improve their use of prevention and management techniques	Small or medium positive effect (+1)	• About 40% reported that they had modified their behaviour to prevent and/or manage their mental health and wellbeing.
Criteria of worth		
Credibility	Medium	• There is a reasonable consent process and appropriate information about privacy is provided. • The survey questions well designed, and improved for the second data collection process. • The questions generally relate to relevant outcomes, but don't use a validated tool • Response scale is appropriate and not skewed. • Analysis is appropriate and not biased.

Confirmability	N/A	• Not applicable
Close to those impacted	Medium	• Data are collected directly from people who experience the outcomes • Data were collected across two time periods, sent to everyone who had ever used the forum. Data indicates that 49% had last used the forums in the six months before they completed the survey (so half more than six months)
Representative	Low	• The demographics indicate that the sample is a poor match for age compared to registered users and no other comparative data are available • The sample includes some proportion of people who face barriers in engaging with services - reasonable rates of trans and gender-diverse ppl, LGBTGQIA+, noting that the CALD identity question is poorly constructed.
Relevant	High	• Timeframe is relevant • Outcomes being measured are relevant.

BeyondNow Version 2 Evaluation Final Report

BeyondNow is a suicide safety planning app designed to allow users to develop a suicide safety plan that they can access regularly and share with people in their lives. The evaluation of the BeyondNow app aimed to "determine the extent to which the second version of the BeyondNow App is culturally appropriate for Aboriginal and Torres Strait Islander and LGBTIQA+ peoples and to determine any cultural barriers or enablers which influence use. The project also aimed to understand the user experiences, usage, and participation as well as any unintended positive or negative outcomes of app use". The evaluation relied primarily on a survey, with some interviews and focus groups.

	Rating	Evidence
Outcomes		
People have improved mental health literacy	Small or medium positive effect (+1)	• 40% of all users indicated that they recognise the warning signs that they are heading into a crisis as a result of using the app (60% of people who identify as LGBTIQA+ and/or Aboriginal - the target groups).
People have increased confidence to act	Small or medium positive effect (+1)	• 20% of all users reported they had let someone close to them know when they were feeling suicidal (25% of target groups)
People improve their use of prevention and management techniques	Small or medium positive effect (+1)	• About one third of all users shared their safety plan with someone • All users indicated that, as a result of using the app, they had: o Spent time doing activities that make me happy and strong (38% of target groups)

	Rating	Evidence
		o Thought about good things in their life (30% of all users; 30% of target groups) o Connected or reconnected to family, friends, mob who make me strong (29% of target groups) o Done things to help themselves feel better (26% of all users, 60% of target groups) o Contacted people or gone to places that made them feel better (20% of all users) o Removed things that could end their life (15% of all users) o Contacted a hospital or service when they were in crisis (8%)
Criteria of worth		
Credibility	Low	• Two data sources (survey with some interviews and focus groups) but findings not synthesised • Likert scale questions are poorly designed (three positives and a negative - making the findings hard to interpret) • Data presented in a way that is quite hard to read • Limited thematic analysis of qualitative data • Very small sample size (especially for the target groups)
Confirmability	Medium	• Methodology clearly described • Limitations addressed in a limited way, but after the conclusions and findings had been discussed
Close to those impacted	High	• Looks like they have included LGBTIQA+ ppl and Aboriginal and Torres Strait Islander peoples throughout the project through an advisory committee • Data collected directly from participants
Representative	Medium	• Has been considered and project itself is seeking to understand experience for people in priority populations or groups that BB might not often reach (being Aboriginal and Torres Strait Islanders and people who identify as LGBTIQA+) but the actual match between sample and target population isn't explicitly addressed
Relevant	High	• Items are relevant to at least one of the outcomes

Be You (QMR)

Be You is the national mental health and wellbeing initiative for early learning services and schools – supporting educators from early learning services and schools to develop a positive, inclusive and resilient learning community where every child, young person, educator and family can achieve their best possible mental health. These two reports (May 2022 & May 2023) present results from an annual survey of Educators across Australia about their attitudes and behaviors of children and young people mental health and wellbeing. This research aimed to increase Beyond Blue's understanding of educators and learning communities' attitudes, literacy and behaviours around mental health and wellbeing.

	Rating	Evidence
Outcomes		
People have improved mental health literacy	Small or medium positive effect (+1)	• Significant differences between active users and non-users shown in supplementary report. ○ e.g., survey item: "I am confident that I can recognise the signs and symptoms of different mental health problems" - Active users 72% vs. 62% non-users ○ e.g., survey item "It is easy for me to find training or tools that can help address the mental health of children and young people" - Active users 68% vs. 52% non-users
People have increased confidence to act	Small or medium positive effect (+1)	• Significant differences between active users and non-users shown in supplementary report. ○ E.g. survey item: "I am confident I can respond appropriately to support children and young people with a mental health issue" - Active users 79% vs. 67% non-users
People improve their use of prevention and management techniques	No discernible effect (0)	• No evidence of this outcome in this data source
Criteria of worth		
Credibility	Low	• Only one data source (online survey) was used • But data gathering appears to be systematic • Adequate analysis procedures • Findings and conclusions are justified
Confirmability	Medium	• Methods described in reasonable detail • Complete questionnaire is provided • But limitations aren't acknowledged anywhere in the report
Close to those impacted	Medium	• Approximately half the sample were active Be You users (n=2186) • However, "Be You users" was very loosely defined - e.g., 'spoke to or met a Be You consultant once' • No data collected from students
Representative	Medium	• Large sample size • Reasonable spread of demographics including some priority populations (CALD, Aboriginal and Torres Strait Islander)
Relevant	Medium	• Study measures include outcomes that are partially aligned with one or more of the outcomes of the evaluation • Time period aligns with the independent evaluation • Long survey but only a few questions that measure outcomes

Be You Student Outcomes evaluation

This evaluation is currently being undertaken by Australian Council for Educational Research (ACER) and covers the period of July 2021 to June 2023. A key priority of the Be You

evaluation activities is to understand to what extent Be You is improving the social-emotional wellbeing outcomes of children and young people. This report utilises existing relevant data in the form of large national datasets of student wellbeing and academic outcomes, accumulated during 2019-2022, namely:

- Be You Learning Community Surveys for Children and Young People
- Six-Star Wellbeing survey
- ACER Social-Emotional Wellbeing survey
- NAPLAN academic achievement.

	Rating	Evidence
Outcomes		

People have improved mental health literacy	Small or medium positive effect (+1)	• Evidence that students have increased knowledge of effective self-help strategies e.g., emotional skills and social skills
		  o Small positive impact on secondary student's emotional skills (d=0.42)
		  o Positive impact on student's overall social skills (d=0.43)

People have increased confidence to act	No discernible effect (0)	• No evidence of this outcome in this data source
People improve their use of prevention and management techniques	No discernible effect (0)	• No evidence of this outcome in this data source
Criteria of worth		
Credibility	High	• Uses multiple data sources • Data gathering is systematic • No significant weakness in research design • External factors are considered when presenting results
Confirmability	Medium	• Methods are described in reasonable detail (i.e., use of case matching using SES, location, school type) • However, limitations aren't noted
Close to those impacted	High	• Data collected from students
Representative	High	• Large survey sample (n=307,696) • Sample reflects diverse cohorts
Relevant	Medium	• Time period aligns with independent evaluation • Outcomes are partially aligned with relevant outcomes

Be You Evaluation Final report: From launch until mid-2021 (March 2022)

Be You is a national mental health in education initiative delivered by Beyond Blue, in collaboration with Early Childhood Australia and headspace. Be You supports educators from early learning services and schools to develop a positive, inclusive and resilient learning community where every child, young person, educator and family can achieve their best possible mental health. The process and impact evaluation of Be You ran between November 2018 to August 2021, and included surveys, interviews and administrative data. It sought to:

- Develop tools, processes and systems that allow Beyond Blue and participating early learning services and schools to successfully assess outcomes of Be You for the next 10 years and to enable continuous quality improvement of Be You.
  - Evaluate the early evidence of impact and the extent to which Be You has contributed to the attainment of its objectives through the analysis of existing data.
- Evaluate the implementation, outcomes and impacts of Be You over the period from November 2018 until June 2021.

The evaluation was conducted concurrently with a national evaluation into both Be You and a related program (Emerging Minds).

	Rating	Evidence
Outcomes		
People have improved mental health literacy	Small or medium positive effect (+1)	• Survey responses indicate that Be You is having a 'small positive effect' (Cohen's d effect size) on mental health literacy, including building mentally healthy communities, strengthening family partnerships, promoting learning resilience, providing early support and responding together
People have increased confidence to act	No discernible effect (0)	• Mental health competence was measured for people accessing the resources. The evaluation was able to identify an increase, but it did not reach the threshold to be considered a Small or medium positive effect (Cohen's d effect size) – noting that, while educator mental health competencies are higher among educators who have accessed Be You resources, the impact is not of practical significance.

People improve their use of prevention and management techniques	Small or medium positive effect (+1)	• Between those who have accessed Be You resources, and those who have not:
		  o 13% more report that it has helped them to develop strategies that can be applied in the workplace
		  o 12% more confirm that it has increased their resilience to adverse events like the impact of COVID.

Criteria of worth		
Credibility	High	• Range of methods (primary and secondary) - quantitative and qualitative (large scale surveys and in-depth case studies - diverse learning communities), different stakeholders • Technical notes - analysis procedures outlined in detail in supplementary report

	Rating	Evidence
		• Acknowledged impact of Covid-19 and all schools using other SEL and wellbeing programs
Confirmability	High	• Clearly described in technical notes and supplementary report • Limitations noted (although after conclusion).
Close to those impacted	Medium	• Doesn't include people with lived experience in evaluation process. • Data collected directly from educators (user survey and case study interviews) and from children and families/carers - Be You surveys, however evaluators are clear that primary focus of the evaluation is on educators rather than children, young people and families.
Representative	High	• High response rate to user survey; Be You surveys and target number of case studies suggests representative of learning communities (selected in consultation with Beyond Blue, headspace and ECA to represent diverse communities and range of demographics)
Relevant	High	• Directly aligned with knowledge; aligned with confidence to act and improve use of prevention and management techniques

Bushfire Response Program Monitoring and Review Report (July 2021)

This piece of work was primarily a monitoring project, with some aspects of evaluation included. It covers the first iteration of the Be You Bushfire Response Program, representing the original funding period over 2020 and 2021. The objectives were to:

- Track program activity and collate a tally of the total program activity nationally (To know what we did and how much we did).
- Identify and share effective practice among the national team of Contact Liaison Officers (CLOs) and broader team (To keep a running record of what is working to help CLOs do their work).
- Ensure any challenges, delays, or blocks to implementation are identified and shared with program leadership and beyond where appropriate (To know what is getting in the way or not working so we can make changes and tell those with the power to fix problems).
- Gather stories that highlight what program activity best enables recovery in early learning services and schools to inform future program design (To learn more about what recovery looks like (and when certain aspects are most needed) in a range of learning communities so future programs can be more targeted and efficient in making the right support available to more communities).

	Rating	Evidence
Outcomes		
People have improved mental health literacy	Small or medium	• There appears to have been some success in educators upskilling in the area of trauma informed practice and knowledge about self-care

	positive effect (+1)		
People have increased confidence to act	N/A	•	Not applicable
People improve their use of prevention and management techniques	Small or medium positive effect (+1)	• •	CLOs reported increased interest in self-care from educators and leaders of schools and early learning services and were confident that in many communities educators implemented new strategies and practices for self-care and improved wellbeing. Some educators were reported to be having more time off, meditating, setting personal and professional boundaries to allow time for self-care activities and schools and early learning services were reported to be addressing self-care in regular meetings and professional learning and including wellbeing in improvement plans.
Criteria of worth			
Credibility	Low	• • • •	Multiple data sources/ methods but limited sample sizes Some weaknesses in design and methods (acknowledging it isn't an evaluation) - e.g., mostly monitoring activities; largely CLO perspective. External factors and context well considered Report not well constructed and somewhat difficult to follow in places
Confirmability	Medium	• •	Thorough description of methodology e.g. principles, approach to monitoring sessions with CLOs. Not much detail on how pulled together the various data sources to produce the vignettes but this may be detailed in the appendices. Very clear on scope and limitations of the review.
Close to those impacted	Low	• • •	Process of developing or delivering the monitoring and review report doesn't include people with lived experience Reflects interests/ values of people using the program (outcomes written so that they are relevant to the community). CLOs who were close to learning communities involved in ongoing reflection and guiding data collection. Most data collected from CLOs not educators or students
Representative	Low	• •	8 educators responded to educator survey (not representative) Case studies reflect different communities but not clear how representative these are/ reach into priority populations.
Relevant	High	•	Directly aligned with knowledge; aligned with confidence to act and improve use of prevention and management techniques but in community sense.

The Way Back Support Service evaluation

The Way Back Support Service[119] is a support service for people who have attempted suicide or are experiencing a suicidal crisis. The program aims to create personal connection and integration with community services. A national evaluation of the Way Back Support Service is underway, and the interim report provided early findings. The evaluation involves interviews, focus groups, survey and administrative data in case study sites across Australia. The purpose is to assist Beyond Blue and providers to:

- be accountable for implementation progress and quality
- understand the outcomes emerging for clients
- influence evidence-based policy and service design.

	Rating	Evidence
Outcomes		
People have improved mental health literacy	Small or medium positive effect (+1)	• Interviewees reported that The Way Back helped them to normalise their experience of suicidality • Two thirds of participants interviewed felt they better understood "their triggers and mental health"
People have increased confidence to act	Small or medium positive effect (+1)	• Interviewees reported increased confidence to seek help when needed, and less shame around seeking help
People improve their use of prevention and management techniques	Small or medium positive effect (+1)	• Interviewees highlighted that support coordinators enabled them to engage with supports through outbound referrals
Criteria of worth		
Credibility	High	• Multiple data sources are used (surveys, interviews, program data, etc) • External factors are considered • Data gathering is reasonably systematic • Findings are justified
Confirmability	High	• Methodology is described in detail • Limitations are discussed in sufficient detail at the beginning of most sections
Close to those impacted	High	• Evaluation includes people with lived experience • Sufficient data collected from people who access the program given the challenges in reaching this cohort
Representative	Medium	• Sample sizes for survey and interviews are relatively small compared to the number of people accessing the service

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[119] Jade Maloney, Managing Director of ARTD Consultants and the Partner for this project is a member of the Data Management and Evaluation Sub Committee for The Way Back Support Service. Jade did not have any role in reviewing the criteria of worth ratings for any of the evaluations, or in the mixed methods data synthesis process itself.

		• However, they have significant sample sizes for matched pairs (outcome measures at beginning and end of support period) - 22% for K10 (n=1,933), 17% for WHO-5 (n1,514), 19% for SIDAS (n=1,675) • Unable to assess representativeness of samples because only summary demographics are provided for survey respondents and interviewees
Relevant	High	• The evaluation measures outcomes that are relevant to the evaluation, particularly those reported through the interview data • Time period overlaps with independent evaluation

NewAccess workplaces evaluation

Following the successful 6-month trial of NewAccess in 2018-19, Comcare implemented NewAccess workplaces more broadly across the Australian Public Service APS to help workers manage mild to moderate symptoms of anxiety and/or depression imposed by work and life. This report (June 2020 - February 2022) assesses the appropriateness of the Program, ease of implementation, uptake and return on investment.

	Rating	**Evidence**
Outcomes		
People have improved mental health literacy	No discernible effect (0)	• Stakeholders noted that strong cause-and-effect relationships cannot be determined between the program and promotion of mental health prevention because NewAccess workplaces is one of several initiatives • No evidence of this outcome in this data source
People have increased confidence to act	No discernible effect (0)	• No evidence of this outcome in this data source
People improve their use of prevention and management techniques	Small or medium positive effect (+1)	• Positive changes in mental wellbeing were sustained in 73% of participants at 1 / 6 month follow-ups after the intervention o *Out of the 224 workers (out of 594 at caseness) who overall engaged in a follow up session and exited the Program in this time period, 73% (163 out of 224) demonstrated sustained reliable improvement with differences in the PHQ-9 score and GAD-7 score being greater than 5.2 and 3.53 respectively, between Assessment and their Final Follow-up Session (1/6 months).* • This suggests participants gained some level of prevention/management techniques
Criteria of worth		
Credibility	Medium	• Multiple data sources used (program data which includes recovery rate, participant survey and consultations), including standardised measures • Evidence collected at different time points

		•	External factors have not been considered
Confirmability	Low	•	Methodology is lacking several key details - it's not clear when the survey was distributed, how the survey was distributed, how many stakeholder consultations took place, and when
		•	Limitations are noted but they don't relate to the methods - they are limitations of the approach (i.e., evaluation did not include assessment of clinical effectiveness)
Close to those impacted	Medium	•	Survey data collected from Comcare participants
		•	Consultations with those delivering the program
Representative	Medium	•	Demographics are provided for program participants (from program data), but no information about demographics of the survey sample or consultations sample
		•	Program data demographics are limited to gender and age
		•	No evidence that data has been collected from priority populations
Relevant	Medium	•	Outcomes are not particularly relevant to MMDS outcomes – but it does measure clinical recovery (mental wellbeing), work engagement, job satisfaction, workplace productivity, employer satisfaction
		•	Time period aligns with independent evaluation

NewAccess for Small Business Owners evaluation

The NASBO evaluation explored five themes: Design, Outcomes and Impacts, Efficiency, Demand, and Lessons Learned. A mixed methods approach using quantitative and qualitative data was used. Beyond Blue provided de-identified quantitative data and client testimonials. The evaluation also collected qualitative data through interviews, focus groups and an online survey. Field work was conducted from 7 June 2022 - 23 June 2022.

	Rating	Evidence	
Outcomes			
People have improved mental health literacy	Small or medium positive effect (+1)	•	91% of NASBO clients either agreed or strongly agreed that the program helped them better understand and address challenges
		•	Some clients reported gaining from their coach tangible tools that will help them better manage their mental health into the future
People have increased confidence to act	Small or medium positive effect (+1)	•	89% of clients either agreed or strongly agreed that they felt more equipped to address similar difficulties in the future
People improve their use of prevention and management techniques	No discernible effect (0)	•	No evidence of this outcome in this data source
Criteria of worth			

Credibility	Medium	• Evaluation draws on multiple data sources - it includes interviews and focus groups with key stakeholders (n=58), survey data, de-identified client data, and NASBO reports. • However, these data are sometimes presented in ways that are not entirely credible. For example, Beyond Blue are quoted several times in the outcomes section - e.g., "I think the program is definitely meeting its objectives" • No significant weaknesses in the design of the evaluation
Confirmability	High	• Methodology is clearly described in sufficient detail • Interview guides and surveys are provided in full as appendices • Limitation are acknowledged
Close to those impacted	Medium	• All interviews and focus groups were conducted with peak bodies/ other organisations. No face-to-face consultation was conducted with small business owners. • De-identified program data were collected directly from small business owners
Representative	Medium	• The evaluation does not describe demographic characteristics of the sample • No evidence that data were collected from priority populations • Some data collected from those accessing the program
Relevant	Medium	• The evaluation had 5 focus areas, one of which was outcomes and impacts for clients • NASBO focuses on two outcome measures: recovery and reliable improvement. These outcomes only somewhat align with those being considered in the MMDS • The time period aligns with the independent evaluation

Population-level survey

A representative survey of the Australian population commission by Beyond Blue. The survey supports Beyond Blue in the monitoring of community outcomes that are aligned with its vision and strategic goals. The survey was undertaken on a methodologically rigorous online panel. It exclusively uses random probability-based sampling methods and covers both online and offline populations. The survey was conducted from 7 to 21 November 2022. A total of 5,212 panel members aged 18 years and older participated in the survey.

	Rating	Evidence
Outcomes		
People have improved mental health literacy	Small or medium positive effect (+1)	• General population reports fairly high knowledge, limiting amount of difference possible for BB users. Though more understanding of high distress than low, and people have greater confidence in relation to mental health (80%) issues than to suicidal thoughts or behaviours (66% moderate or above confidence in recognising the signs). Suggests more to do supporting people about supporting those with suicidal thoughts and ideation.

		• Those accessing BB only moderately higher on 2/7 items for content and 1/7 for support (likely because small numbers mean not statistically significant difference for those accessing BB). But lower on 4/7 for items for those with no interaction with BB – range between 6-17% difference on items = small to moderate • For all items – difficult as looking at comparison not absolute outcome for those accessing BB supports.
People have increased confidence to act	Small or medium positive effect (+1)	• Population self-stigma scale range from 4-20 (higher = greater self-stigma, and results generally higher than 10 so a level of stigma • General Help Seeking questionnaire –Not all with mental health conditions had sought professional help in last 12 months (but this may because not needed at a particular time) • Self-stigma - higher on shame for BB users (and for people with mental health conditions) so maybe an overlap here); slightly lower for help seeking among BB users; not significant difference for self blame. • Intentions to seek help - higher for those using BB for 6/12 items, but only 1/12 for interaction with BB (likely because small numbers mean not stat significant). Professional and personal help seeking - higher for those accessing BB • Medium because 50% of those getting BB services report they take action.
People improve their use of prevention and management techniques	Small or medium positive effect (+1)	• Overall, mixed but high for half of items • Techniques: a difference between BB and non-BB users on 6/12 items - and small % differences. Mastery - no notable differences • Those with a mental health issue with functional impact were less likely than those without to engage in a range of self-management techniques suggesting need to continue to promote the benefits of self-management and preventative tools and strategies, particularly for those experiencing low to moderate distress.
Criteria of worth		
Credibility	Medium	• Informed consent. draws on validated tools, adaption of the Self Stigma of Depression Scale. • Seems to measure right constructs\ • Independently administered • Looks at statistical significance. • Looks at correlations not causation/ only bivariate relationship - other factors may influence differences. Rate medium
Confirmability	High	• Methods described clearly • Includes limitations • More detailed analysis available
Close to those impacted	Medium	• Only 13% had used BB content, and 4% accessing support. • Also, differences may not be BB related because not collected when they are accessing BB • Data not collected over time
Representative	High	• Survey of representative panel to represent population, but not many accessing BB.

		• 73% response rate from panel. • Demographics seem broadly in line with population and results are weighted to reflect population.
Relevant	High	• Yes - scales aligned with outcomes focused on in BB logic

Engaged communities survey

A survey was sent to individuals who form part of Beyond Blue's engaged community – Speakers, Volunteers and Blue Voices members.

	Rating	Evidence
Outcomes		
People benefit through their contribution to Beyond Blue	Small or medium positive effect (+1)	• 'Community and trust' slide suggests there are high levels of trust and feelings of being treated with compassion among engaged community members. • The 'contribution inputs' slide suggests most people agree to some degree that they feel their contribution is valued, and that they feel listened to and understood. • Almost all (when excluding Don't know/ NA) also agree that they feel their contribution has had a positive impact on their personal mental health and helped to support their recovery. • They also generally agree that their contribution has given them the opportunity to enhance other people's understanding and made a positive difference to the broader community. • However, the report specifically states that just over a third of members felt that their contribution has a significant positive impact (slide 15) so downgraded score to medium.
Beyond Blue messages are amplified through community engagement	Small or medium positive effect (+1)	• There is evidence BBs engaged community members are taking action to amplify BBs messages - e.g. Most agree that their contribution has given them the opportunity to enhance other people's understanding and made a positive difference to the broader community, as well as helped to connect the broader community to BB. • However, there is a higher % of don't know responses for the last 2 statements, which suggests some engaged community members are unsure of the true impact of their contribution in the broader community. • Further, in order to make a true assessment of the degree to which BBs messages are amplified through community engagement, we need to understand who they are reaching and experiences and outcomes for the people they are reaching (e.g. do broader community members understand and engage with the message and, as a result, take action as a result of participating in BB activities?) • There is not enough info on reach, extent to which they are amplifying BB's messages
Criteria of worth		

Credibility	High	• Survey intro suggests data have been collected using informed consent processes and with consideration of privacy. • There is no missing data. Only questions with lower n's are those that were only asked to specific engaged community groups (i.e. Speakers, Blue Voices or Volunteers) so this is to be expected. • Survey questions are generally high quality - they are unambiguous, worded neutrally (where appropriate), not double barrelled and have don't know and NA options • Survey questions are mostly aligned to the outcomes we are trying to measure - though there is a need for broader community feedback to corroborate what engaged community members are saying about their ability to amplify BBs messages. There are also some experience questions which is important for a survey to capture in addition to outcomes. • The methodology slide explains that the survey was revised ahead of distribution to meet industry best practice, though no mention of testing with users prior to distribution. • Data analysis has been conducted and analysed by ASDF Research who are independent of the project team. • Description of methodology is brief, though seems appropriate. • Data are presented in a way that avoids bias - report includes negative comments (e.g. re co-design) and between group differences (e.g. larger percentage of CALD people feeling their contribution was not at all valued), which suggests reasonable transparency. • No characteristics specific to the data source call into question its credibility.
Confirmability	Low	• The report provides a brief overview of all stages of methodology, from design through to distribution and analysis. However, this is very high level and there was no mention of ASDF Research or their involvement. There is also no mention of limitations.
Close to those impacted	Medium	• Outcomes are collected directly from individuals who experience those outcomes (which suggests high rating). • But report states '71% of respondents had engaged with Beyond Blue in 2022 or more recently. 20% said they had last engaged in 2021 or before.' This may mean data was collected for some people fairly close to the time outcomes were generated, but for others not close to when outcomes were generated (which suggests both medium and low rating). • Have selected medium as the average between high and low.

Representative	Low	• Most respondents are overrepresented or underrepresented relative to the demographic profile of the target audience:
		Blue voices:
		    ○ Gender – broadly representative
		    ○ Age – some groups broadly representative, others underrepresented
		    ○ State – Broadly representative

		- o Region – Hard to compare because categorised differently in admin data and survey – capital cities underrepresented, seems as though regional and remote over represented - o No data on diversity Speakers: - o Gender – males overrepresented, females underrepresented - o Age – 25-44 underrepresented, 55-84 over represented - o State – Broadly representative - o Region – Hard to compare because categorised differently in admin data and survey – capital cities and regional underrepresented, remote overrepresented - o No data on diversity Volunteers: - o Gender – females and LGBTIQA+ overrepresented, males underrepresented - o Age – Cant compare because age ranges different - o State – Broadly representative - o Region – Hard to compare because categorised differently in admin data and survey – capital cities underrepresented, regional overrepresented - o No data on CALD or ATSI - o The response rate is 1.12%, which is very low. - o There is some data from priority populations (e.g, LGBTIQA+, CALD, ATSI, people with disability, men, regional and remote), which is reasonably high for a survey.
Relevant	Medium	- Outcomes are directly aligned with outcomes and indicators in the performance framework, need broader community outcomes to corroborate what engaged community members are saying about their ability to amplify BBs messages (i.e. the extent to which BB messages are actually amplified), and we know BB do not currently collect this data. - The time period falls within the evaluation period.

APPENDIX 5   BEYOND BLUE'S POLICY SUBMISSIONS

- o   Submission on the Consultation Paper for the National Preventative Health Strategy (September 2020)
- o   Submission to Gayaa Dhuwi in response to renewing the 2013 National Aboriginal and Torres Strait Islander Suicide Prevention Strategy (October 2020)
- o   National Children's Mental Health and Wellbeing Strategy (February 2021)
- o   Commonwealth Government, Department of Health Consultation on the Productivity Commission's Inquiry into Mental Health Final Report recommendations (February 2021)
- o   Select Committee Inquiry into Mental Health and Suicide Prevention (March 2021)
- o   Submission to the consultation on the establishment of an Indigenous Voice (April 2021)
- o   National Mental Health Workforce Strategy (September 2021)
- o   Parliamentary Joint Committee on Human Rights – Religious Discrimination Bill 2021 (December 2021)
- o   Productivity Commission's Productivity Inquiry 2022 (March 2022)
- o   Productivity Commission's Review of the National Schools Reform Agreement (June 2022)
- o   Productivity Commission's Interim Report from the Review of the National School's Reform Agreement (October 2022)
- o   Submission to consultation on draft Victorian Mental Health and Wellbeing Outcomes Framework (October 2022)
- o   Senate Inquiry into the National Trend of School Refusal (December 2022)
- o   Response to Draft National Teachers Workforce Action Plan (December 2022)
- o   Submission to Commonwealth Treasury on Measuring What Matters (January 2023)
- o   Submission on the Draft National Stigma and Discrimination Reduction Strategy (February 2023)
- o   Submission to the House of Representatives' Select Committee on Cost of Living (March 202