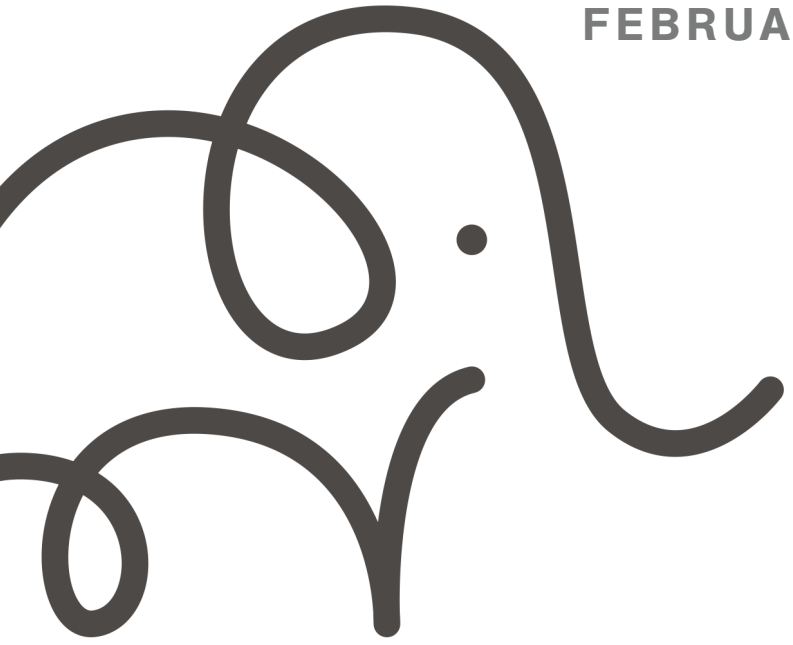
LUDOWYK EVALUATION

EVALUATION OF LIVE4LIFE IN BENALLA RURAL CITY COUNCIL AND GLENELG SHIRE SUMMARY REPORT

PREPARED FOR YOUTH LIVE4LIFE

BY NATASHA LUDOWYK
NATASHA@LUDOWYKEVALUATION.COM

FEBRUARY 2020



LUDOWYK EVALUATION

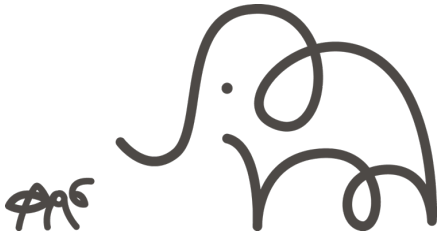
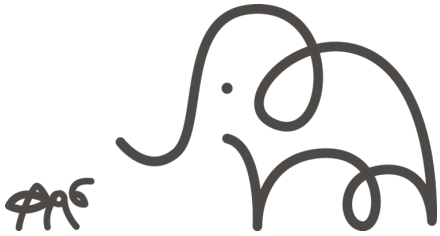


TABLE OF CONTENTS

TABLE OF FIGURES

TABLES IN THIS REPORT



ACKNOWLEDGEMENTS

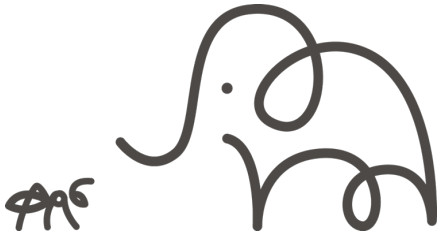
Ludowyk Evaluation would like to acknowledge Youth Live4Life Inc. for commissioning this evaluation and the Victorian Government for funding the evaluation, without which an investigation of this scale would not have been feasible.

We wish to thank the School and Community Partnership Groups in both Benalla Rural City and Glenelg Shire, and we particularly note the support for evaluation activities provided by the Benalla Rural City and Glenelg Shire Councils and, including in kind support, venues and catering for evaluation activities in their municipality. We would also like to acknowledge and thank all the Mental Health First Aid trainers, the participating schools, and supervising staff, who administered the pre, post and follow up surveys to students and organised qualitative research with both staff and students, across two years, and the adult participants in Youth Mental Health First Aid who participated in evaluation surveys and discussion groups.

Ludowyk Evaluation acknowledges the many young people, parents, teachers, Live4Life stakeholders and all those who contributed their time and shared their experiences to inform this evaluation. We also recognise and thank headspace, Kids Helpline and the Victorian Department of Health and Human Services who provided service data.

We acknowledge that this evaluation was conducted on Aboriginal lands of our first Australians, including the lands of the Kulin Nation, the Gunditjmara people, and the Wadawurrung people, whose sovereignty of the land was never ceded. We pay our respect to their elders past, present and future and note that first Australians continue to experience suicide and its impacts at greater rates than settler Australians.

This report was prepared by Natasha Ludowyk, with contributions from Fiona Collis and Leonie Scott.



ABBREVIATIONS USED IN THIS REPORT

CAMHS	Child and Adolescent Mental Health Service
DHHS	Department of Health and Human Services, Victoria
GP	General Practitioner
KEQ	Key Evaluation Question
LGA	Local Government Area
MHFA	Mental Health First Aid
tMHFA	teen Mental Health First Aid
YMHFA	Youth Mental Health First Aid
N	Number
ROI	Return on Investment
SROI	Social Return on Investment
SW TAFE	South West TAFE

LUDOWYK EVALUATION

"We know of a few incidents where kids have intervened or saved someone. They followed the action plan perfectly."

MHFA trainer

"Well they do notify an adult. Which is huge."

School counsellor

"I think a few incidents wouldn't have been averted. Especially boys. I've been helping some of my friends."

"Yeah there'd be less kids at school if we didn't have Live4Life."

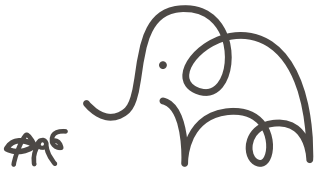
Year 9 students

"People have been a lot nicer to each other ever since."

Year 8 student

"It's making a huge difference. And we still have so much room to grow."

Glenelg Shire Council



1 EXECUTIVE SUMMARY

1.1 INTRODUCTION

Youth Live4Life believes that all rural communities have the capacity to support, improve and invest in their young people's mental health and wellbeing. Its mission is to reduce youth suicide and increase community awareness of mental wellbeing in rural communities. Live4Life is an award winning model that builds young people's capacity to recognise and seek help for mental health concerns and builds the capacity of the whole community to look after and support their young people.

Live4Life is driving generational change at a population level, through consecutive programs that: engage targeted age cohorts of young people, teachers , parents, carers and the broader community in evidence based mental health education. Young people are recruited as peer leaders, and local community members are trained as mental health first aid instructors. Implementation is led by a network of local organisations and schools who partner to lead and sustain the model throughout the community.

The four key components of the model are:

1. Coordination, support and mentoring by Youth Live4Life Staff
2. School and Community Partnership Group
3. Evidence based suicide prevention and mental health education across all secondary schools and wider community.
4. Implementation of local youth leadership and participation program (The Crew).

Live4Life commenced in 2009 in response to a reported increase in anxiety, depression, self-harm and suicide amongst young people in the rural communities of the Macedon Ranges Shire (Macedon Ranges). As a result of the positive impact of the initiative and continued interest from other rural communities, Youth Live4Life was established in 2015 as a health promotion charity. In July 2016 Youth Live4Life received a grant from the Myer Foundation for an 18-month period to trial the Live4Life model in two other rural communities with high youth suicide rates.

Benalla Rural City (Benalla) and Glenelg Shire (Glenelg) were selected through a competitive assessment process, against Community Readiness Selection Criteria. Live4Life was expanded to these two pilot sites in 2017. In 2018 and 2019 Youth Live4Life continued to work with Benalla and Glenelg communities with the support of The Ross Trust, Jack Brockhoff Foundation and the Victorian Government.

This report provides a summary of the full evaluation report: *Evaluation of Live4Life in Benalla Rural City and Glenelg Shire*. The full report is available from Youth Live4Life upon request.

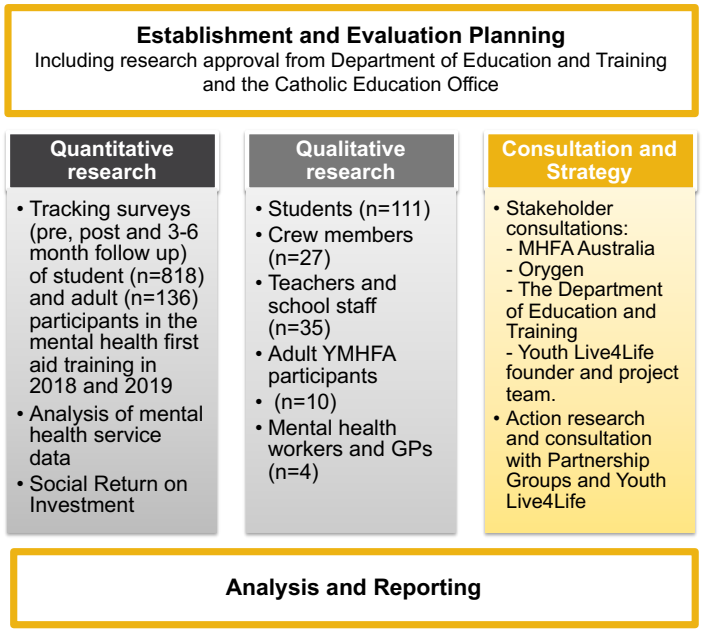
1.1.1 SUMMARY OF METHODS

The evaluation was conducted across the second and third years of implementation in these communities, noting that year one of implementation was evaluated by Orygen, the National Centre of Excellence in Youth Mental Health[1]. It is important to acknowledge that the Live4Life model, with its focus on community wide and generational change, takes four years to embed in a community, and even longer to see changes in indicators such as school completion rates, prevalence and incidence rates of moderate or severe mental illness and suicide rates. Therefore, the key findings for this evaluation should be considered in the context of year two and three of the implementation.

The evaluation had seven components:

1. Project establishment
2. Tracking survey (pre, post and 3-6 month follow up) of student and adult participants in the mental health first aid training
3. Action research, online survey and consultation with partnership group members in each community
4. Stakeholder consultations with stakeholders at key moments, to inform evaluation design and validate findings. These included MHFA Australia, Orygen, The Department of Education and Training, and Youth Live4Life co-founder and project team.
5. Qualitative interviews with participants in the mental health first aid training, members of the Crew (peer leaders), teachers, parents, mental health workers and partner organisations
6. Mental health service data analysis, and
7. Social return on investment analysis.

Figure 2: Summary of methods



[1] Robinson, J, et al (2018): Evaluation Report Summary: Live4Life Community Youth Suicide Prevention and Mental Health Promotion Model Pilot Implementation; http://www.live4life.org.au/wpcontent/uploads/2018/09/L4LSummaryofOrygenEvaluationElectronicVersion.pdf

1.2 KEY FINDINGS

1.2.1 REACH

Since commencing in Benalla and Glenelg in 2017, Live4Life had delivered Mental Health First Aid (MHFA) training to 1546 students and 302 adults. All secondary schools in the shires of Benalla and Glenelg participated in Live4Life. Importantly, over 1600 young people at secondary school were directly touched by Live4Life in these communities in this time. Over the next two years, this will increase to provide almost full coverage of young people aged 13-18 years. In addition to students, there is now a large cohort of parent, teachers, sports coaches and other adults who work with children, that have received Youth Mental Health First Aid training or are aware of Live4Life via their child's participation, and now have increased awareness of Live4Life and the focus on building capacity in young people to recognise and seek help for mental health.

1.2.2 IMPLEMENTATION

Live4Life was successfully established in Benalla and Glenelg, with the delivery of mental health first aid training to young people and adults, recruitment and activation of peer leaders (the Crew) who promote positive mental health messages through a series of events and activities and establishment of the School and Community Partnership Groups to oversee implementation. There was feedback that all elements of the Live4Life model were highly valued.

Commitment to the initiative remained high in both communities.

Figure 1: Establishment of the model at year 3 in Glenelg

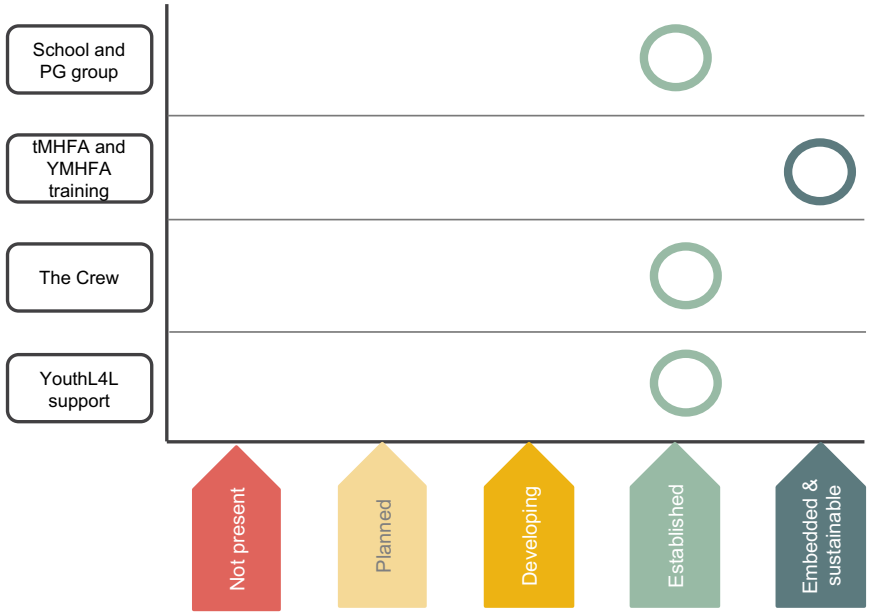
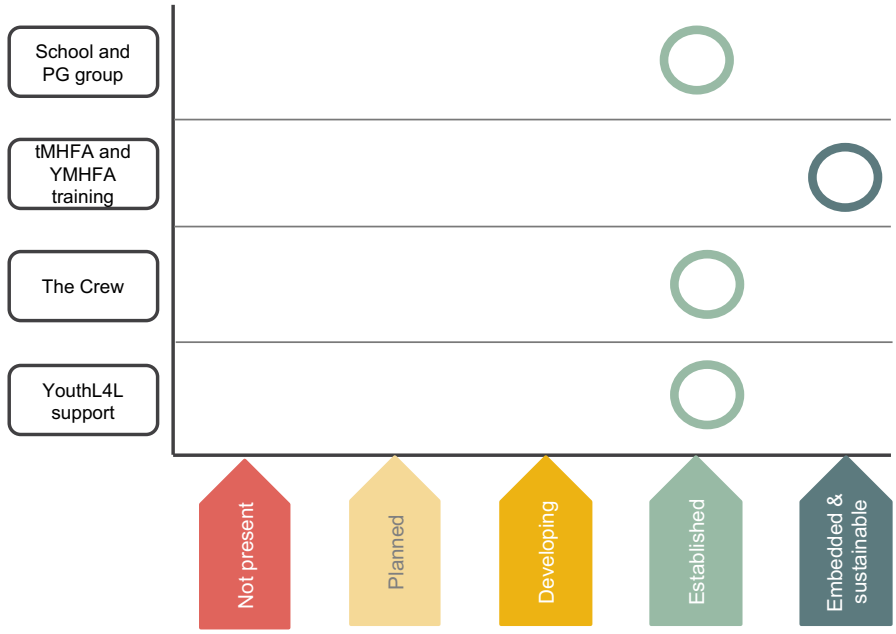


Figure 2: Establishment of the model at year 3 in Benalla



Members of the School and Community Partnership Groups felt confident about future delivery and required less support from Youth Live4Life by the end of 2019. The School and Community Partnership Groups were reported as working well with a high level of commitment to Live4Life. They were confident in their ability to deliver activities in the future, assuming that ongoing funding and/or resources to support this were available. A total of 983 young people and 185 adults completed the mental health first aid training in 2018 and 2019. All aspects of the course were highly rated by participants, with the videos (in which young people speak about their lived experience of mental ill-health) considered the highlight for students (rated either excellent or good by 83% of students). Adult participants rated all aspects of the course highly, with close to 100% rating the program as excellent or good.

Involvement in the Crew (a group of year 9 and 10 students engaged in youth leadership and mental health messaging) was consistently reported by the student participants and their parents to be profound, and for some it was transformational. These students reported having increased leadership skills, more confidence to undertake public speaking and advocate for issues they cared about, capability to support others and a deeper understanding of mental health issues. The 2018 camp, involving Crew members from Benalla and the shires of Glenelg and Macedon, was a noted highlight for all who were involved.

School and Community Partnership Group members noted that the need to continually seek funding support for the initiative was burdensome. Nevertheless, they were highly committed to Live4Life, and lead agencies increased their sense of commitment over the two years of the evaluation.

1.2.3 OUTCOMES

The evaluation showed that not only did students find Live4Life useful, they also acted on the knowledge they gained through seeking mental health support for themselves or a friend. Moreover, more than nine in ten students who had been involved in Live4Life were having conversations with others about mental health; fewer than one in ten students had not talked about mental health with anyone since participating in the initiative. These results indicate that Live4Life is driving conversations about mental health amongst young people and their families, in Benalla and Glenelg.

A majority (65%) of young people reported that Live4Life had been useful that year while a greater proportion (75%) thought it would be useful to them in the future. Interestingly, more senior students than junior students found it useful in the immediate term, with one in four senior students reporting that they had sought mental health support for themselves and nearly one in three supporting a friend to seek help within three to six months of attending mental health training. Help seeking behaviour was much lower in junior students where just over one in ten reported seeking mental health support for themselves and nearly two in ten supported a friend to seek help.

These results were consistent for those young people who had participated in the previous 12-24 months where just over one in four people reported going to another friend to address the support needs of their friends, followed by one in five going to their parents and under one in five going to another teacher at the schools.

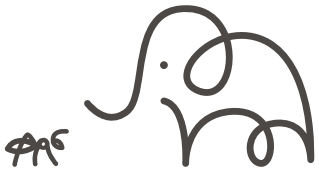
A key message of the mental health first aid training is the importance of disclosing to an adult in a crisis situation. For the follow-up survey of senior students at three to six months, 76% would tell an adult in comparison to 59% prior to commencing the mental health first aid training.

Adult participants were more confident to respond to a young person with a mental health need. In the post training survey, 82% of adults reported that they were very or extremely confident about helping, compared to just 32% at baseline. The training gave them the confidence and skills they needed to start the conversations, no matter how awkward they could be.

While young people were not directly asked about crisis situations by the evaluation team[2], numerous young people and adults provided unprompted examples of utilising knowledge gained from Live4Life to initiate an intervention with a person in crisis. On more than one occasion, these actions were attributed with having saved a young person's life.

Not only was there an increase in self-reports of seeking mental health support by students themselves, there was also feedback from school welfare services, a local headspace service and stakeholders that there had been an increase in demand for mental health support. The Child and Adolescent Survey of Mental Health and

[2] This was the determination of the evaluation team, in accordance with NHMRC guidelines on the ethical conduct of research on human populations.



Wellbeing identified rates of seeking help for 4-17 year olds[3], provides the most comparable benchmark for these outcomes. The self-reports from students were higher at three to six months for all categories of help except health services, and at 12-24 months for all categories of help. The difference between national rates and those reported in this pilot at 12-24 months is considerable for the help categories of school services (12% cf 28%) and telephone based services (1% cf 8%). This suggests that Live4Life is having a local impact.

Other outcomes of the initiative included that people were becoming more understanding and less judgemental of those who were experiencing mental health problems. Many described this as people being kinder to each other. Likewise, parents of participants shared anecdotes from their children demonstrating care and empathy for their peers, which they attributed to Live4Life.

Less direct impacts include the 'feel-good' factor of the initiative. For stakeholders this was experienced as empowerment and the satisfaction of taking action on behalf of their community. For adult participations and stakeholders there was increased good will towards Council (as the lead agency), for investing in such a large-scale community initiative. And for many young people, who perceived that the adults in their community cared about them and were taking their mental health seriously, there was enhanced well-being and gratitude.

Finally, the initiative was producing more highly networked communities, which is likely to enhance community resilience during adverse events.

1.2.4 RETURN ON INVESTMENT

An analysis of social return on investment indicates the monetary value of Live4Life in the short-term. For every $1 invested this generated $1.65 to $3.65 of social and economic value, depending on the needs of the population. Those with high needs generate the most value for every dollar invested while the value is diluted at the population level due to the average need being lower. Despite the lower need at the population level, Live4Life still generates a 65% return on investment. Furthermore, the analysis does not take into account intervention in crisis events that were reported qualitatively during the evaluation. Therefore the social return on investment is likely to be higher. As the initiative's delivery will extend its reach into the community with every year of implementation, the value returned to the community is anticipated to increase over time.

1.2.5 SUSTAINABILITY AND TRANSFERABILITY

The whole-of-community model was successfully transferred to both Benalla and Glenelg, where it continues to be strongly supported by lead agencies and stakeholders. Key drivers of sustainability in these communities include adequate and ongoing funding support, identifying and engaging champions of the initiative within each school, and the ability to demonstrate and communicate outcomes and achievements on an annual basis, in each community to sustain the engagement.

[3] Lawrence D, Johnson S, Hafekost J, Boterhoven De Haan K, Sawyer M, Ainley J, Zubrick SR; (2015); *The Mental Health of Children and Adolescents. Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing*; Department of Health; Canberra.

The Live4Life model has been designed for rural and regional communities. The model has not been tested in regional and metropolitan contexts, which each present unique challenges for implementation and would require some adaptation to the model.

1.3 STRENGTHS OF THE MODEL

THE KEY MESSAGE IS BEING ADOPTED BY YOUNG PEOPLE

> "Mental health is now being taken seriously by young people and now young people know who and where to go to get support."
>
> School and Community Partnership Group member

The key message that it's important to disclose to an adult even if your friend asks you not to appears to have had an impact, with an increase in the proportion of senior students that would alert an adult to a crisis, as well as the increased numbers of young people presenting to school welfare services.

THE PEER-LED COMPONENT (THE CREW) IS CRITICAL

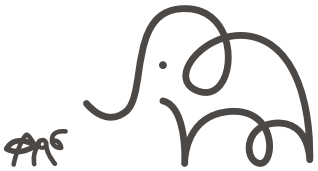
> "In mental health the peer-led stuff is crucial. The kids are far more likely to tell a friend before a parent or teacher."
>
> Assistant Principal

The value of peer-led messaging about mental health was consistently confirmed through consultation with mental health workers, teachers, parents and discussions with young people. The need for reinforcement and repetition of key messages was further demonstrated through survey findings.

EMBEDDING THE MODEL AT THE LOCAL LEVEL IS PROTECTIVE

> "We're pretty good at not letting things drop, when we're really interested in them."
>
> School and Community Partnership Group member

The fact that Live4Life is embedded and delivered locally, and thus was impervious to changes of state or federal government policy, was seen as important. Stakeholders also recognised that Live4Life aimed to



create generational change, and needed to be maintained in a community over many years to create lasting impact for a community.

A HIGHLY NETWORKED COMMUNITY

> "The collaboration is the strongest part of Live4Life in our community. It could not run without all the partners who contribute their skill sets, resources and time."
>
> Partnership Group member

The consistent, community-wide approach was considered a strength by many stakeholders, as was the involvement of every school in the shire. Having strongly networked schools and health services was considered to improve community resilience more broadly.

THE IMPORTANCE OF LIVE4LIFE FOR THOSE WHO NEED IT

> "Even if 19 or 20 year 8s participate and just sit there, but one does something different, it's worth it."
>
> Crew member

Young people were extremely appreciative that their school and community were investing in mental health education. They were also able to clearly identify the importance of Live4Life for their community. Many young people were also able to recognise that while they might not have used it themselves, there would be others for whom it was extremely important.

VALIDATION OF THE MODEL THROUGH AWARD RECOGNITION AND EVALUATION

> "I think it's brilliant."
>
> Glenelg Shire Partnership Group member

The two awards won by Live4Life in 2018 and the investment in independent evaluations further validated stakeholders' perceptions on the merit of the initiative and were reported to help with advocacy and fund-raising efforts.

The two awards won by Live4Life in 2018 and the investment in independent evaluations further validated stakeholders' perceptions on the merit of the initiative and were reported to help with advocacy and fund-raising efforts.

1.4 CONCLUSIONS

Youth Live4Life has successfully established the Live4Life model in Benalla and Glenelg, where School and Community Partnership Groups are now confident of continuing local delivery. The Live4Life initiative was driving increased rates of help seeking amongst young people in the short-term, both for themselves and on behalf of their friends. Gate-keeper adult participants are also more confident and competent to support young people with mental health issues. In a few circumstances, Live4Life had been attributed with saving a life.

Live4Life contributed to more highly networked communities, and represented value for the investment. Future outcomes can be anticipated to increase this value, as the initiative continues its reach into communities. Sustaining Live4Life in Benalla and Glenelg will require securing ongoing funding to reduce the burden of continual fundraising on the School and Community Partnership Groups.

Transfer of the model into new communities in rural settings has been successfully demonstrated.

1.5 RECOMMENDATIONS

1. ADAPT THE JUNIOR TEEN MENTAL HEALTH FIRST AID COURSE

That Youth Live4Life advocate to Mental Health First Aid Australia to modify the teen Mental Health First Aid course in response to the feedback to increase interaction in the training and to practice applying the learnings, such as through role plays. The need for more physical activity and interaction was particularly important to keep junior students engaged.

2. DEVELOP A CREW CURRICULUM

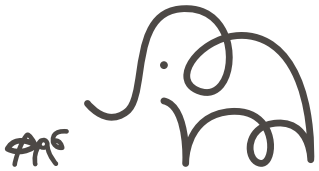
The work of the Crew would be supported through the development of a consistent curriculum to guide Crew activities across a year. This curriculum would provide resources for Crew facilitators and be protective where there is a change in Crew facilitation staff. The curriculum would also help to ensure a shared understanding of the expected role of the Crew for all stakeholders and schools.

3. CREATE FORMAL CHANNELS BETWEEN THE CREW AND EACH SCHOOL TO STRENGTHEN THE PEER-LEADERSHIP OPPORTUNITIES AT EACH SCHOOL

The work of the Crew will be improved through having a clear channel for communication at each participating school. This will leverage opportunities at the school to promote activities and share positive mental health messages to students and parents, thereby expanding the reach and penetration of Live4Live.

4. INCREASE THE VISIBILITY OF THE ENTIRE INITIATIVE WITHIN COMMUNITIES

Partnership Groups identified the need to promote Live4Life across the community. There is a role for the Partnership Group and the Crew to drive communications in the community to enhance the broader understanding of Live4Life, share outcomes on an annual basis, and build community support to sustain Live4Life in the community.



5. DEVELOP NEW APPROACH TO INCREASE THE PARTICIPATION OF PARENTS IN YOUTH MENTAL HEALTH FIRST AID TRAINING

The Youth Mental Health First Aid program is reaching a number of parents, however it was considered that the parents who might most benefit from the training were the least likely to attend. Further work is required to understand and overcome barriers for attendance by parents.

6. ANNUAL REVIEW AND REPORTING

Partnership Groups should conduct annual reviews from 2020 and deliver a high level annual report to Youth Live4Life, to ensure that consistent information about the delivery of the initiative is captured and shared. Monitoring at the Partnership Group level should include capture of participant numbers as well as annual qualitative evaluation at the local level. Youth Live4Life should collate the annual reports from communities to produce an annual summary of achievements of the initiative more broadly, for timely publication on the website.

7. EVALUATE AGAIN AT TEN YEARS OF IMPLEMENTATION

This evaluation demonstrated the validity of the model and a range of short term outcomes. An impact evaluation is warranted at ten years of implementation, to understand if longer term outcomes are being realised.

2 INTRODUCTION

> "We're not saying we can solve suicide. But we can try to get to those young people earlier, and build another layer, a protective layer into that community."
>
> Founder, Live4Life Macedon Ranges

2.1 MENTAL HEALTH AND YOUNG PEOPLE

Young people (aged 15-24) have the highest prevalence rate of mental illness and the effects of mental illness on young people can be devastating — poor educational and social outcomes early in life can have the largest aggregate effects on society over a lifetime. Furthermore, suicide is the leading cause of death in Australia's young adults, accounting for around 40% of deaths among people aged 15-24[4].

Suicide and the experience of mental ill-health impact individuals, families and communities around Australia, with those in rural and regional Australia disproportionately affected. The suicide rate in regional Victoria is higher at 14.9 per 100,000, compared with 9.4 per 100,000 in metropolitan Melbourne[5].

The importance of prevention and early intervention was highlighted in a 2014 review of national mental health programs and services, Contributing Lives, Thriving Communities6. This approach shifts the balance from downstream, high-cost services such as emergency department presentations and avoidable admissions to upstream services such as population health, prevention and early intervention that represent more value for money and prevent distress for individuals and families. This view is confirmed by the Productivity Commission7 where it is noted that addressing risk factors and symptoms early is a cost-effective approach to improving children's life-long outcomes.

2.2 YOUTH LIVE4LIFE

Youth Live4Life is a not-for-profit organisation that believes all rural Victorian communities have the capacity to support, improve and invest in their young people's mental health and wellbeing.

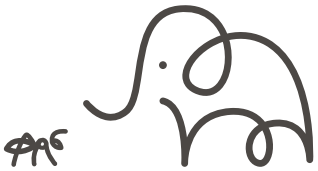
---

[4] Productivity Commission (2019); Draft Report on Mental Health; https://www.pc.gov.au/inquiries/current/mental-health/draft/mental-health-draft-overview.pdf; accessed on 20 December 2019

[5] Department of Health and Human Services (2016); Victoria's Suicide Prevention Framework; https://s3-ap-southeast-2.amazonaws.com/ehq-production-australia/75507796e990b4c7dd90b4611561ef6d09e5d85d/documents/attachments/000/082/066/original/Victorian_suicide_prevention_framework_2016-25.pdf?1531372687 ; accessed on 20 December 2019

[6] National Mental Health Commission (2014). *Contributing lives, thriving communities: The National Review of Mental Health Programmes and Services*; National Mental Health Commission, Sydney.

[7] Productivity Commission (2019); Draft Report on Mental Health; https://www.pc.gov.au/inquiries/current/mental-health/draft/mental-health-draft-overview.pdf; accessed on 20 December 2019



The origins of Youth Live4Life were community concern from a reported increase in depression, anxiety, self-harm and suicide in the Macedon Ranges Shire. Since 2010, Macedon Ranges Live4Life has been delivered yearly in partnership with five Macedon Ranges secondary schools, including one specialist school, and four local community organisations; the lead agency is the Macedon Ranges Shire Council. Since it was launched 9893 students and1228 adults have participated in youth mental health first aid training across Macedon Ranges, Glenelg and Benalla, building resilience in local communities and actively promoting rural youth mental health.

In recognition of its work to improve youth mental health, Macedon Ranges Shire Council received the 2017 Community Development (Organisation) Award for the Live4Life initiative as part of the LiFE Awards for Excellence in Suicide Prevention presented by Suicide Prevention Australia. In 2018, Youth Live4Life and the Live4Life communities of Macedon Range, Glenelg and Benalla were awarded a 2018 VicHealth Award for Improving Mental Wellbeing as well as an award for Innovative Youth Project in Rural or Regional Victoria by the Youth Affairs Council of Victoria (YACVic).

Over the past 10 years, the Live4Life model has been refined and improved based on five years of programmatic evaluation, stakeholder and participant experience and feedback. The model continues to evolve in keeping with an action-learning methodology that incorporates feedback and learnings to the implementation.

In 2016, Youth Live4Life called for expressions of interest in establishing Live4Life in two further rural communities. Benalla and Glenelg were selected through a competitive assessment process, against Community Readiness Selection Criteria developed by Youth Live4Life. With initial support from the Myer Foundation, Live4Life was expanded to these two pilot sites in 2017. Further support was provided by Jack Brockhoff Foundation and Ross Trust.

2.3 THE LIVE4LIFE MODEL

Youth Live4Life's purpose is to reduce youth suicide in rural communities; reduce barriers to help seeking; decrease mental health stigma; increase awareness of local professional help; increase the mental health knowledge of secondary school aged students, teachers, parents and community members and build community resilience to address common mental health problems.

The Live4Life model works with schools as a key site for intervention, with additional wrap around intervention and supports, delivered through a place-based partnership of relevant stakeholders. Live4Life is intended to drive generational change around mental health, through implementing consecutive interventions to young people across a community and over time.

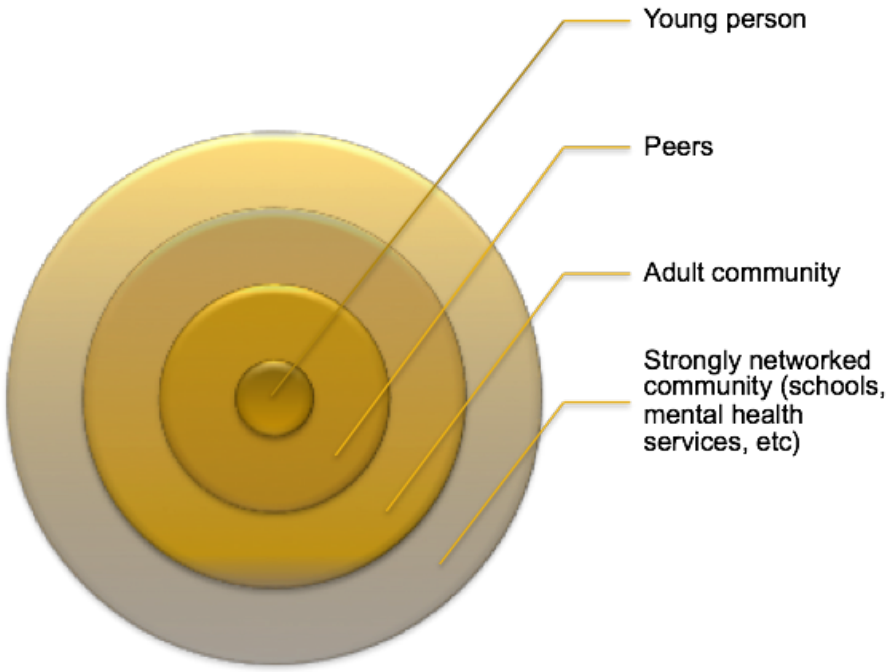
The four essential elements of the Live4Life model are:

1. Coordination, support and mentoring by Youth Live4Life staff

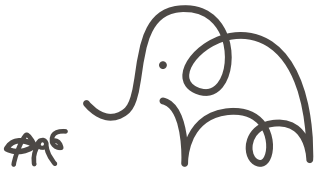
2. Governance by a local School and Community Partnership Group – a network of local organisations, including a lead agency, each of the participating schools, as well as other community stakeholders (such as Victoria Police and local health services)
3. Evidence based suicide prevention and mental health education across all secondary schools and the wider community.
4. Implementation of local youth leadership and participation program - the Crew.

Live4Life places young people at the centre, delivering targeted, evidence based mental health education aimed at recognising mental health issues in themselves and others, and having increased competency to act when they identify an issue, at two critical moments in adolescence. Wrapped around the intervention with year 8 and year 11 students, is the peer-led Crew component, and around them the community more broadly. Further, the School and Community Partnership Group structure of Live4Life is designed to strengthen the links between local government, schools and health services, so that the community is well placed to respond to issues impacting the mental health of young people.

Figure 3: A wrap around model with the young person at the centre



The formal MHFA education component is reinforced through repeated and engaging peer-led messaging delivered by the Live4Life Crew, in recognition of the influence of peers on the target cohorts. Adults who are engaged with young people (parents, teachers and others) are also delivered formal MHFA training to increase their competence and confidence to respond to mental health issues appropriately. Over time, the critical mass of Live4Life alumni is assumed to influence broader community attitudes and behaviours relating to mental illness.



Taken together, these components aim to ensure that young people experiencing mental health issues are referred to appropriate clinical supports. Further, where young people experience access issues and lengthy wait times, Live4Life aims to better resource the community to support these young people in the interim.

Validation of the model was undertaken as part of an implementation evaluation performed by Orygen, the National Centre of Excellence in Youth Mental Health[8].This evaluation concluded that the model aligns well with national and international policy on suicide prevention, is consistent with current state and federal policy in identifying young people in rural and regional communities as a particularly vulnerable group, and recognises the importance of a holistic, community-based approach. Furthermore, it verified the benefit and impact perceived by stakeholders and young people during year one.

This report summarises the results of the full Ludowyk Evaluation report, *Evaluation of Live4Life in Benalla Rural City and Glenelg Shire* .

2.4 LIVE4LIFE IN BENALLA RURAL CITY AND GLENELG SHIRE

The elements of the Live4Life model implemented in Benalla and Glenelg are detailed in the Table 1 below and cover governance including establishment of a partnership group, Mental Health First Aid (MHFA) training, expectations of school participation, funding and costs.

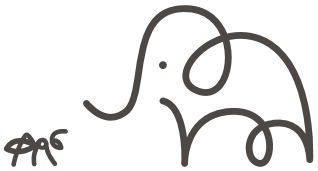
Table 1: Settings of the Live4Life model

MODEL COMPONENT	SETTING
Governance	A signed Agreement with a lead agency (local government)
Youth Live4Life mentoring	High level coordination, support, mentoring and evaluation by Youth Live4Life staff. Weekly phone meetings, attending School and Partnership Group meetings, providing advice and support with all deliverables.
School and Community Partnership Group	Meet a minimum of four times a year, and includes at minimum the lead agency and a representative from each school, as well as relevant health and community stakeholders
Teen and Youth Mental Health First Aid Instructor training of local community members	EOI used and advocating delivery is written into applicants' position description
Funding model	Funded in part by Youth Live4Life and the Partnership Group lead agency, with further funding sourced by the Partnership Group in each community.
Cost	Free to participants

[8] Robinson, J, et al, (2018); Evaluation Report Summary: Live4Life community youth suicide prevention and mental health promotion model pilot implementation; http://www.live4life.org.au/wp-content/uploads/2018/09/L4LSummaryofOrygenEvaluationElectronicVersion.pdf; accessed on 16 February 2020

LUDOWYK EVALUATION

School participation	All schools (public, independent and Catholic) to participate in supporting the delivery of tMHFA training, and year 8s attending two Crew events per year.
Mental health education to junior and senior students	Delivered to all year 8 students and year 11 or 10 students at all secondary schools in the community as teen Mental Health First Aid (tMHFA)
Mental health education to gate-keeper adults	Delivered as Youth Mental Health First Aid (YMHFA). Appendices to the Agreements with the communities suggest three YMHFA courses a year (one teacher and two parent courses are suggested), but a number is not mandated.
Crew	Year 9 and 10 students who self-nominate. Representativeness of the Crew (across schools and year levels) is not specified.



3 EVALUATION OF LIVE4LIFE IN BENALLA AND GLENELG

Ludowyk Evaluation was commissioned by Youth Live4Life to evaluate Life4Life in Benalla and Glenelg from March 2018 to February 2020. Full details of the evaluation methodology can be found in the full report, *Evaluation of Live4Life in Benalla Rural City and Glenelg Shire.*

The evaluation investigated years two and three of implementation, with a focus on understanding implementation and potential for transferability, and early outcomes. Participants at years two and three of implementation had not received tMHFA at both year 8 and 11, and Crew interventions at year 9, and thus had not participated in the full suite of Live4Life interventions across their five high school years. Outcomes should be considered in this context.

3.1 KEY EVALUATION QUESTIONS

Key evaluation questions were developed in consultation with Youth Live4Life and the Department of Health and Human Services. The key evaluation questions covering implementation as well as impact and outcomes, are detailed below.

IMPLEMENTATION QUESTIONS

1. Have the two communities been able to establish a sustainable, evidenced-based locally driven youth suicide prevention and mental health promotion model? Do the differences in the delivery impact on outcomes or long term sustainability?
2. Is the Live4Life model adaptable to another community context? And what is required to establish transferability to other rural areas or regional cities?
3. What did we learn?
4. What core community components need to exist to ensure successful implementation?

IMPACT AND OUTCOMES QUESTIONS

5. Has there been an increase of mental health literacy of participating young people and adults in the two communities?
6. Have the two communities seen a reduction in the barriers to seeking help for emerging or current mental health issues in young people?
7. Is there evidence of increased access to local services including identification and referral of at risk young people?
8. Do participating adults, teachers, community members and young people feel confident to offer help to their peers/ young people?
9. Is there an increased awareness in young people, parents and teachers, of local professional and online help?
10. Have schools, families, health services and young people reported a decrease in stigma regarding mental illness?
11. What measures could be put in place to evaluate the effectiveness of the initiative into the future?

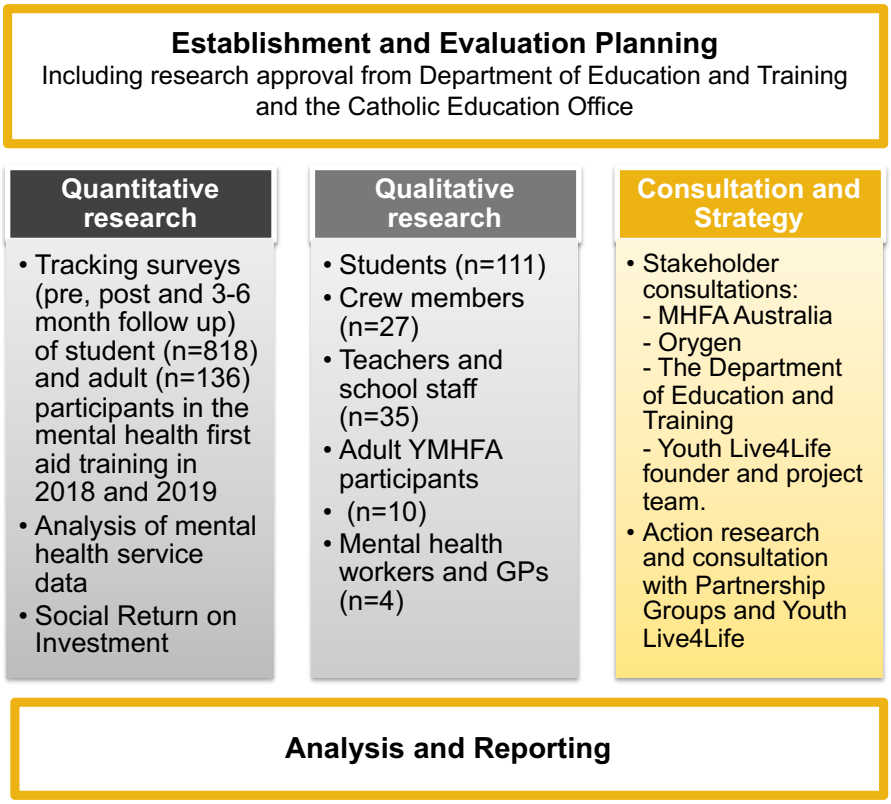
12. Is the program of value for the money invested (social return on investment)?

3.2 EVALUATION METHODS

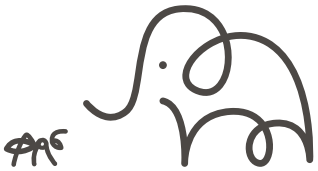
The evaluation involved a multiple methodology approach, which included quantitative survey, qualitative interviews, key stakeholder consultations and action research with Partnership Group members.

1. Project establishment
2. Tracking survey (pre, post and 3-6 month follow up) of student and adult participants in the mental health first aid training
3. Action research, online survey and consultation with partnership group members in each community
4. Stakeholder consultations with stakeholders at key moments, to inform evaluation design and validate findings. These included MHFA Australia, Orygen, The Department of Education and Training, and Youth Live4Life founder and project team.
5. Qualitative interviews with participants in the mental health first aid training, members of the Crew (peer leaders), teachers, parents, mental health workers and partner organisations
6. Mental health service data analysis, and
7. Social return on investment analysis.

Figure 4: Summary of methods



These are described in brief in the appendix.



4 KEY FINDINGS

The detailed findings of the evaluation can be found in the full report, *Evaluation of Live4Life in Benalla Rural City and Glenelg Shire.*

4.1 REACH

> "We feel the program is potentially very powerful because it involves such a breadth of stakeholders. It's developing a common language."
>
> Benalla Partnership Group member

All eight secondary schools in Glenelg and Benalla participated in Live4Life. In 2019, nearly 1,000 people participated in Mental Health First Aid training. In addition, there will be broader reach to students and the community through Partnership Groups, Crew and the events they undertook throughout the year.

Table 2: School and Community Partnership Group members

BENALLA RURAL CITY	GLENELG SHIRE
Benalla Rural City Council (3 members)	Glenelg Shire Council (2 members)
Benalla Rural City Councillor	Glenelg and Southern Grampians Local Learning and Employment Network (GSG LLEN)
Murray Primary Health Network (Murray PHN)	DET Schools Nurses Program – Portland Secondary College and Heywood and District Secondary College
Benalla P-12 College	DET Schools Nurses Program – Casterton Secondary College
FCJ College Benalla	Heywood and District Secondary College
Flexible Learning Centre	Bayview Secondary College
North East Child and Adolescent Mental Health Service (NE CAMHS)	Southern Grampians and Glenelg Primary Care Partnership (SGG PCP)
North East Tracks Local Learning and Employment Network (LLEN)	South West Lifeline

Victoria Police	Youth Affairs Council Victoria (YACVic) RURAL
Central Hume Primary Care Partnership (CH PCP)	School Focused Youth Services (SFYS)
Tomorrow Today Foundation (TTF)	Victoria Police
North East Support and Action for Youth Inc. (NESAY)	
Benalla Health	

Table 3: Schools participating in Live4Life

BENALLA RURAL CITY	GLENELG SHIRE
Benalla P-12 College	Bayview Secondary College
FCJ College Benalla	Casterton Secondary College
Flexible Learning Centre	Heywood and District Secondary College
	Portland Secondary College and Portland Re-engagement Centre
	South West TAFE

Table 4: Participants in Mental Health First Aid training (in scope for this evaluation)

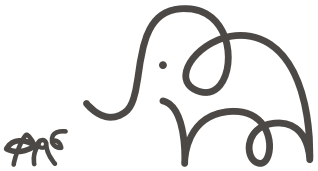
	BENALLA RURAL CITY	GLENELG SHIRE
Students	313	503
Adults	59	77
Total community	372	580

4.2 IMPLEMENTATION

4.2.1 PARTNERSHIP GROUPS

> "What's impressed me is the partnership. The enthusiasm of these partners
> to work together on a single issue."
>
> Benalla Partnership Group Member

The School and Community Partnership Groups met regularly and members consistently reported high levels of commitment to Live4Life. While the majority of respondents felt that their level of investment in the initiative was 'about right', several reported that it was 'somewhat too burdensome'. Lead agencies reported that they



are committed to continuing their current levels of investment in the program, although they did not anticipate having scope to increase their resourcing in future years. Some concerns were raised about the resources needed to sustain implementation over time. Partnership Groups developed solutions to issues that arose such as the lack of qualified tMHFA trainers in each community, reallocation of responsibilities to create capacity for coordination and separation of operational and strategic responsibilities. In addition, Partnership Groups identified a range of goals for 2019 to promote Live4Life across the community, expand membership of the Partnership Group and strengthen the delivery of Live4Life components.

4.2.2 MENTAL HEALTH FIRST AID TRAINING FOR STUDENTS

> "Overall I think everyone got something out of it even if they already knew it.
> I think that the people in the classroom are now more educated on this subject."
>
> Student, Year 8

> "Learning about what people go through, how you can help others and who you can talk to."
>
> Student, Year 11

Across 2018 and 2019 a total of 983 junior and senior students completed the mental health first aid training. All aspects of the course were highly rated by students, with the videos (in which young people speak about their lived experience of mental ill-health) considered the highlight for students (rated either excellent or good by 83% of students). Some students reported that one of the best aspects of the training was the safe space for discussion of mental health issues, while others reported that it was building greater appreciation of other peoples' experiences, and seeing that things could improve. Receiving practical advice and motivation to seek help for their own or others' mental health issues was also a key highlight for some students.

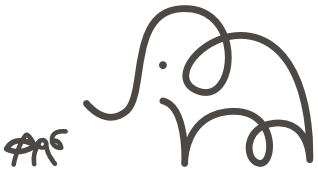
Suggestions for improvement included more interaction, more personal stories from young people with lived experience, less repetition, particularly at the junior level.

4.2.3 MENTAL HEALTH FIRST AID TRAINING FOR ADULTS

> "Providing me with useful strategies and language to use in situations."
>
> YMHFA participant

LUDOWYK EVALUATION

In 2018 and 2019, a total of 185 adults completed the mental health first aid training. In addition, five adults in Benalla and seven in Glenelg had been trained to deliver mental health first aid training. Several schools aimed to have every staff member participate in mental health first aid training. Adult participants rated all aspects of the course highly, with close to 100% rating the program as excellent or good. Almost all participants expected that they would use the information learned in the course in the future. Participants reported that the best thing about the program was gaining practical language and strategies to use in future situations, as well as the quality of the information and the presenters.



4.2.4 CREW

> "I've been through mental health <issues> and still going through it. Knowing I can help people brings my self-esteem up. And the activities have kept me out of my bad habits."
>
> Crew member

> "I think it's had a huge impact on him; being male and being regional. He's comfortable to talk about it now."
>
> Parent of Crew member

Involvement in the Crew was consistently reported by Crew members and their parents to be profound, and for some it was transformational. These students reported having increased leadership skills, more confidence to undertake public speaking and advocate for issues they cared about, capability to support others and a deeper understanding of mental health issues. The 2018 camp, which included Crew members from the shires of Glenelg, Benalla and the Macedon Ranges, was a noted highlight for all who were involved.

Crew members organised a launch event in term one of each year, followed by a competition and campaign across the year, and a celebration event in term four. Year 8 students attended the events where they enjoyed the whole-of-community aspect of the events, and commented on the impact of the mental health speaker in delivering normalising messages about mental illness.

Year 8 students volunteered having learned a range of things from their participation in Crew activities including how to support themselves or their friends with mental health issues (32%), messages normalising mental health (18%), and to have the confidence to try new things or join in with a group (8%).

In one community, the Crew had collaborated with stakeholders from the local health services and community leaders to organise other events such as a community fun run and mental wellbeing days at their schools, with activities promoting self-awareness and self-care.

Consultations and interviews with school staff indicated that there was not a consistent understanding of the role of the Crew, with many staff seeing the Crew as being predominantly about leadership and personal development but not recognising the mental health messaging component. While some teaching staff did not always value the role of the Crew, others saw a lot of importance in having peer-led activities and messaging around mental health.

> "When you do it as a class-based activity it doesn't have the impact, whereas when they're events it sticks."
>
> Teacher

4.2.5 SUPPORT FROM YOUTH LIVE4LIFE

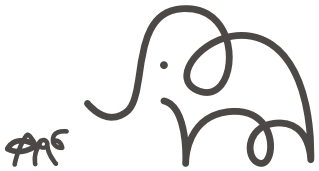
The support of Youth Live4Life to the communities was considered a strength of the initiative. The Youth Live4Life project manager was actively engaged in supporting the delivery of the initiative in each community, providing strategic advice, trouble shooting, mediation, logistical support and advocacy. Partnership Group members from both communities emphasised how integral this support had been to the establishment of the initiative to date. The structure and terms of this support, both in 2018 and in subsequent years was not clearly defined at the outset of 2018. Youth Live4Life has since developed a range of protocols and guidelines to provide clarity and support for new communities that join the initiative.

Youth Live4Life continue to develop resources to support communities. For example, additional support in the form of a structured curriculum for the Crew was requested to support the Crew facilitator as new staff members came into this role. Youth Live4Life is now in discussion with lead agencies to develop this resource. Another example is the development of a protocol for Crew events to bring together students from different schools, with which Youth Live4Life assisted.

4.2.6 SUSTAINABILITY AND TRANSFERABILITY

The whole-of-community model was successfully transferred to both Benalla and Glenelg, where it continues to be strongly supported by lead agencies and stakeholders. Key drivers of sustainability in these communities include adequate and ongoing funding support, identifying and engaging champions of the initiative within each school, and the ability to demonstrate and communicate outcomes and achievements on an annual basis, in each community to sustain the engagement.

The model was designed for rural and regional communities and has not been tested in regional and metropolitan contexts, which each present unique challenges for implementation and would likely require some adaptation to the model.



4.3 OUTCOMES

4.3.1 USEFULNESS TO STUDENTS

> "It's definitely worthwhile. We need it"
>
> Student, Year 8

A majority (65%) of young people reported that Live4Life had been useful that year while nearly a greater proportion (75%) thought it would be useful to them in the future. Interestingly, more senior students than junior students found it useful that year (72% cf 58%). At the same time, the increase in student perception that it would be useful to them in the future compared to that year was greater in junior students compared to senior students (11% cf 6%).

4.3.2 HELP-SEEKING BEHAVIOUR OF STUDENTS

> "I asked the person if he is okay. He told me he is going through tough times. I try helping him and I also got a trusted adult to help him."
>
> Student, Year 9

> "I used the information to help myself when I was in a crisis."
>
> Student, Year 11

Consistent with more senior students finding the training useful in that year, a higher number of senior students compared to junior students (25% cf 13%) sought mental health support for themselves within three to six months of participating in the mental health training. Similarly, more senior students compared to junior students (29% cf 16%) had supported a friend to seek help. This suggests that enacting the knowledge from Live4Life occurs later in students' lives.

Participants took a range of actions to support their peers, and senior students were again more likely to be taking action on behalf of a friend. As with the help that they sought for themselves, young people were more likely to go to trusted and known individuals, including speaking to another friend about helping their friend (19% of seniors and 13% of juniors), speaking with their parents (15% of seniors and 12% of juniors), visiting the welfare teacher at school (13% of seniors and 10% of juniors) and speaking with another trusted adult (13% of seniors and 6% of juniors) within three to six months of participating in the mental health training.

For those young people who had participated in the previous 12-24 months, there was some increase in the proportions that had helped a friend over the longer timeframe. Young people continued to be more likely to

go to their friends to address the support needs of their friends than any other source (27%), followed by their parents (20%) and another teacher at the schools (16%).

A key message of the mental health first aid training is the importance of disclosing to an adult in a crisis situation and senior students were more likely to disclose to an adult following participation in Live4Life training (76% would tell an adult 3-6 months after participation in comparison to 59% prior to commencing the mental health first aid training), a 17% increase.

> "We know of a few incidents where kids have intervened or saved someone.
> They followed the action plan perfectly."
>
> MHFA trainer

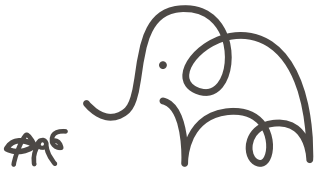
While young people were not directly asked about crisis situations by the evaluation team[9], numerous young people and adults provided unprompted examples of utilising knowledge gained from Live4Life to initiate an intervention with a person in crisis. On more than one occasion, these actions were attributed with having saved a young person's life.

4.3.3 SERVICE USE

> "The amount of kids presenting has increased compared to 4 or 5 years ago, definitely. Whether it's for themselves of asking on behalf of a friend."
>
> Teacher

School welfare services, a local headspace service and stakeholders reported that there had been an increase in demand for mental health support. While Live4Life appears to be driving use of school services, and support-seeking from parents and other trusted adults at greater rates, it is not clear whether or not there has been a change in presentations at public mental health services in Benalla and Glenelg in the three years since Live4Life commenced in 2017. As there was no primary mental health service data available for the evaluation, there was not an opportunity to test whether there had been a change in demand for primary mental health services.

[9] This was the determination of the evaluation team, in accordance with NHMRC guidelines on the ethical conduct of research on human populations.



The Child and Adolescent Survey of Mental Health and Wellbeing identified rates of seeking help for 4-17 year olds[10], provides the most comparable benchmark for these outcomes. The self-reports from students were higher at three to six months for all categories of help except health services, and at 12-24 months for all categories of help. The difference between national rates and those reported in this pilot at 12-24 months is considerable for the help categories of school services (12% cf 28%) and telephone based services (1% cf 8%). This suggests that Live4Life is having a local impact.

4.3.4 MENTAL HEALTH KNOWLEDGE

> "They know who to go to."
>
> Teacher

Young people and participating adults were shown to have reasonably good mental health literacy and low levels of stigmatising attitudes prior to their involvement in the initiative. While the mental health education did not appear to drive a sustained increase in recognition of a specific mental health issue, both young people and adults reported that the course gave young people practical knowledge of how to respond to mental health issues when they arose.

For junior students, the most helpful people were perceived to be a close friend, parent, school counsellor or general counsellor, although a greater proportion identified that a coach or online help might be helpful at the three to six month follow-up. A large majority of senior students (ranging from 83%-92%) considered a counsellor, school counsellor, close friend, psychologist, parent, GP or family member to be helpful. Compared to the pre-survey, there were significantly more senior students that identified a broader range of people that would be helpful at three to six months follow-up.

4.3.5 ATTITUDES

> "I'm thinking a lot more about people's wellbeing. It's showing us to be less 'judgy'. You don't always know what someone else is going through."
>
> Student, Year 11

> "People have been a lot nicer to each other ever since."
>
> Student, Year 8

The benchmark survey found that most young people did not hold stigmatising attitudes towards people with mental ill-health, and no significant changes were observed across the three survey implementations. Whilst young people often insisted that they would not treat other young people with poor mental health badly, they

[10] Lawrence D, Johnson S, Hafekost J, Boterhoven De Haan K, Sawyer M, Ainley J, Zubrick SR; (2015); *The Mental Health of Children and Adolescents. Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing*; Department of Health; Canberra.

were not always confident that other young people would be as accepting and supportive. This did not mean that young people would not disclose, but they would prefer to do so discreetly to one or two trusted confidantes.

Students and teachers reported a small but noticeable shift in attitudes towards others. People were becoming more understanding and less judgemental of young people who were experiencing mental health problems. Many described this as people being kinder to each other. Likewise, parents of participants shared anecdotes from their children demonstrating care and empathy for their peers, which they attributed to Live4Life. Similarly, adult participants also reported that they were more generous to others, both with regard to the struggles that young people experienced as well as towards other adults.

> "I find I'm a lot more understanding and forgiving."
>
> YMHFA participant

Less direct impacts include the 'feel-good' factor of the initiative. For stakeholders this was experienced as empowerment and the satisfaction of taking action on behalf of their community. For adult participations and stakeholders there was increased good will towards Council (as the lead agency), for investing in such a large-scale community initiative. And for many young people, who perceived that the adults in their community cared about them and were taking their mental health seriously, there was enhanced well-being and gratitude.

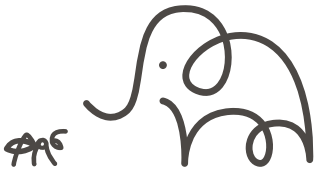
4.3.6 CONFIDENCE

A majority (90% of juniors and 88% of seniors) were at least moderately confident to help Jeanie from baseline through to follow up. It is not clear whether young people's confidence to help others at the baseline was well-informed, however qualitative research suggests that young people perceived they were better equipped to do so, following their participation in Live4Life activities.

It was the adults, however, who reported the greatest increase in confidence as a direct result of the training. The training gave them the confidence and skills they needed to start the conversations, no matter how awkward they could be. And if a young person came to them with concerns, they were much more confident in knowing how to respond. In the post training survey, 82% of adults reported that they were very or extremely confident about helping, compared to just 32% at baseline (an increase of 50%).

4.3.7 SOCIAL RETURN ON INVESTMENT (SROI)

SROI analysis places a monetary value on the social impact of the initiative and compares this with the cost in creating that benefit. Short-term social impact was based on responses to the three tracked surveys of young people.



The detailed SROI analysis can be found at Appendix F of the full report, *Evaluation of Live4Life in Benalla Rural City and Glenelg Shire.*

The SROI analysis found that for every $1 invested, Live4Life generated $1.65 to $3.65 of social and economic value, depending on the needs of the population. Those with high needs generate the most value for every dollar invested ($3.65) while the value is diluted at the population level ($1.65) due to the average need being lower. Despite the lower need at the population level, Live4Life still generates a 65% return on investment. Furthermore, the benefits do not take into account prevention of crisis events that were not measured as part of the evaluation. Therefore the social return on investment is likely to be higher. As the initiative's delivery will extend its reach into the community and beyond with every additional year of implementation, the value returned to the community is anticipated to increase over time.

As a comparison to other initiatives, findings from a systematic review of SROI application in mental health (n = 11) indicate a SROI ratio range from 1.57 to 11.91[11].

Recent relevant benchmarks include[12][13]:

- A ROI of 1.19 was identified for school based psychological interventions to prevent depression in young people (school students aged 11–17); and
- A ROI of 3.06 was identified for e-Health interventions for the prevention of anxiety disorders in young people (school students aged 11–17).

[11] Banke-Thomas et al., (2015) Social Return on Investment (SROI) methodology to account for value for money of public health interventions: a systematic review, BMC Public Health 15:582
[12] https://www.mentalhealthcommission.gov.au/mental-health-reform/economics-of-mental-health-in-australia
[13] National Mental Health Commission (2014) Review of National Mental Health Programmes and Services

5 KEY LEARNINGS AND RECOMMENDATIONS

A summary of the findings against the key evaluation questions can be found at Appendix A.

5.1 STRENGTHS OF THE MODEL

THE KEY MESSAGE IS BEING ADOPTED BY YOUNG PEOPLE

> "Mental health is now being taken seriously by young people and now young people know who and where to go to get support."
>
> School and Community Partnership Group member

The key message that it's important to disclose to an adult even if your friend asks you not to appears to be making a difference with an increase in seniors that would tell an adult in a crisis and the increase in numbers of young adults presenting to school welfare services.

THE PEER-LED COMPONENT IS CRITICAL

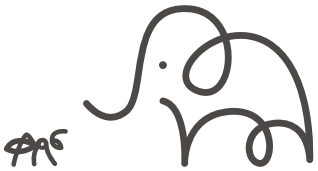
> "In mental health the peer-led stuff is crucial. The kids are far more likely to tell a friend before a parent or teacher."
>
> Assistant Principal

The value of peer-led messaging about mental health was consistently confirmed through consultation with mental health workers, teachers, parents and discussions with young people. The need for reinforcement and repetition of key messages was further demonstrated through survey findings.

EMBEDDING THE MODEL AT THE LOCAL LEVEL IS PROTECTIVE

> "We're pretty good at not letting things drop, when we're really interested in them."
>
> School and Community Partnership Group member

The fact that Live4Life is embedded and delivered locally, and thus was impervious to changes of state or federal government policy, was seen as important. Stakeholders also recognised that Live4Life aimed to create generational change, and needed to be maintained in a community over many years to create lasting impact for a community.



A HIGHLY NETWORKED COMMUNITY

> "The collaboration is the strongest part of Live4Life in our community. It could not run without all the partners who contribute their skill sets, resources and time."
>
> School and Community Partnership Group member

The consistent, community-wide approach was considered a strength by many stakeholders, as was the involvement of every school in the shire. Having strongly networked schools and health services was considered to improve community resilience more broadly.

VALIDATION OF THE MODEL THROUGH AWARD RECOGNITION AND EVALUATION

> "I think it's brilliant."
>
> School and Community Partnership Group member

The two awards won by Live4Life in 2018 and the investment in independent evaluations further validated stakeholders' perceptions on the merit of the initiative and were reported to help with advocacy and fund-raising efforts.

THE IMPORTANCE OF LIVE4LIFE FOR THOSE WHO NEED IT

> "Even if 19 or 20 year 8s participate and just sit there, but one does something different, it's worth it."
>
> Crew member

Young people were extremely appreciative that their school and community were investing in mental health education. They were also able to clearly identify the importance of Live4Life for their community. Many young people were also able to recognise that while they might not have used it themselves, there would be others for whom it was extremely important.

5.2 CONCLUSIONS

Youth Live4Life has successfully established the Live4Life model in Benalla and Glenelg, where School and Community Partnership Groups are now confident of continuing local delivery. The Live4Life initiative was driving increased rates of help seeking amongst young people in the short-term, both for themselves and on

behalf of their friends. Gate-keeper adult participants are also more confident and competent to support young people with mental health issues. In a few circumstances, Live4Life had been attributed with saving a life.

Live4Life contributed to more highly networked communities, and represented value for the investment. Future outcomes can be anticipated to increase this value, as the initiative continues its reach into communities with further years of implementation. Sustaining Live4Life in Benalla and Glenelg will require securing ongoing funding to reduce the burden of continual fundraising on the Partnership Groups.

Transfer of the model into new communities in rural settings has been successfully demonstrated.

5.3 RECOMMENDATIONS

The recommendations respond to the findings of the evaluation and suggestions for improvement from participants and Partnership Groups.

1. ADAPT THE JUNIOR TMHFA COURSE

Advocacy to MHFA to modify the tMHFA course in response to the feedback to increase interaction in the training and to practice applying the learnings, such as through role plays. The need for more physical activity and interaction was particularly important to keep junior students engaged[14].

2. DEVELOP A CREW CURRICULUM

The work of the Crew would be supported through the development of a consistent curriculum (or set of resources) to guide Crew activities across a year. This curriculum would provide resources for Crew facilitators and be protective where there is a change in Crew facilitation staff. The curriculum will also help to ensure a shared understanding of the expected role of the Crew for all stakeholders and schools.

A community of practice for the youth engagement coordinators has been established and operating for the past few years across Live4Life communities.

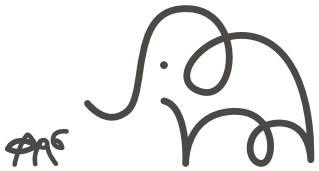
3. CREATE FORMAL CHANNELS BETWEEN THE CREW AND EACH SCHOOL TO STRENGTHEN THE PEER-LEADERSHIP OPPORTUNITIES AT EACH SCHOOL

The work of the Crew will be improved through having a clear channel for communication at each participating school. This will leverage opportunities at the school to promote activities and share positive mental health messages to students and parents, thereby expanding the reach and penetration of Live4Live.

4. INCREASE THE VISIBILITY OF THE ENTIRE INITIATIVE WITHIN COMMUNITIES

School and Community Partnership Groups identified the need to promote Live4Life across the community. There is a role for the School and Community Partnership Group and the Crew to drive communications in the

[14] It is understood that Youth Live4Life has engaged MHFA for this purpose in early 2020.



community to enhance the broader understanding of Live4Life and its achievements, and build community support to sustain Live4Life in the community.

5. DEVELOP ADDITIONAL APPROACHES TO INCREASE THE PARTICIPATION OF PARENTS IN YMHFA TRAINING

The YMHFA program is reaching a number of parents, however it was considered that the parents who might most benefit from the training were the least likely to attend. Further work is required to understand and overcome barriers for attendance by parents.

6. ANNUAL REVIEW AND REPORTING

School and Community Partnership Groups to conduct annual reviews from 2020 and deliver a high level annual report to Youth Live4Life, to ensure that consistent information about the delivery of the initiative is captured and shared. Youth Live4Life to collate the annual reports from communities to produce an annual summary of achievements of the initiative more broadly, for timely publication on the website.

It is noted that Youth Live4Life has initiated this process from 2020 onwards.

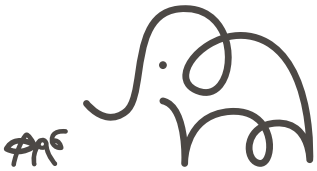
7. EVALUATE AGAIN AT TEN YEARS OF IMPLEMENTATION

This evaluation has demonstrated the validity of the model and a range of short term outcomes. An impact evaluation is warranted at ten years of implementation, to understand if longer term outcomes are being realised.

6 APPENDIX A: SUMMARY OF FINDINGS ADDRESSING THE KEY EVALUATION QUESTIONS

Table 5: Summary of findings against the KEQs

KEY EVALUATION QUESTION	FINDING
Has there been an increase of mental health literacy of participating young people and adults in the two communities?	The mental health education produced a short term increase in some aspects of mental health literacy, however this was not sustained at follow up. Mental health literacy was moderate to good at baseline, especially for senior students and adults. Key knowledge that was adopted by young people was the message that they need to notify an adult if they have concerns for themselves or someone else.
Have the two communities seen a reduction in the barriers to seeking help for emerging or current mental health issues in young people?	Increased likelihood to recognise a mental health issue and awareness of supports had prompted some students to seek help for themselves. For many students, there remained barriers to self-referral, however peers and gateway adults were able to identify these students and refer them for further support as a result of having participated in Live4Life activities.
Is there evidence of increased access to local services including identification and referral of at risk young people?	There was increased use of school based welfare services, and appears to be greater use of health services and online and telephone services, particularly by senior students. Local early intervention services also reported high levels of service demand, although the referral pathways for these services were not clear.
Do participating adults, teachers, community members and young people feel confident to offer help to their peers/ young people?	Young people and those adults who have participated in mental health education feel confident to support their peers and other young people. While young people exhibited reasonable confidence prior to the mental health training, their confidence was more well-founded and they had greater self-efficacy following the training. Adults experienced a substantial increase in confidence following the training.
Is there an increased awareness in young people, parents and teachers, of local professional and online help?	There was increased awareness of a range of supports as being appropriate after the mental health education. At follow up, the sustained additional support options were for a broader range of trusted adults within a young person's orbit were the primary additions (such as a friend's parent or a coach), as well as online options.
Have schools, families, health services and young people reported a decrease in stigma regarding mental illness?	The prevalence of stigmatising attitudes was found to be relatively low at baseline. Stigmatising attitudes were reduced immediately following the mental health training however these changes were not sustained at follow up.



	While students were unlikely to hold stigmatising attitudes themselves, they continued to hold fears about other people's attitudes. However teachers and students reported that students were more likely to be open about mental health issues in general, contributing to the further normalising of mental health issues. Overcoming young people's concerns about the attitudes of others was most greatly influenced by hearing directly from other young people with lived experience. Students were extremely keen to get more opportunities to hear from other young people.
What measures could be put in place to evaluate the effectiveness of the initiative into the future?	Ongoing monitoring can be delivered through the capture of output data by Partnership Groups, and monitoring of key indicators by Youth Live4Life. Annual qualitative evaluation research by Partnership Groups is needed to support engagement with the initiative and to demonstrate achievements. Independent evaluation at ten years of implementation (2027) should explore the longer term outcomes of the initiative for adolescents and young adults.
Have the two communities been able to establish a sustainable, evidenced-based locally driven youth suicide prevention and mental health promotion model? Do the differences in the delivery impact on outcomes or long term sustainability?	Yes, both Benalla and Glenelg shire have established the initiative successfully. Sustainability requires additional funding support to be secured, to prevent burn out of the Partnership Groups. There were no differences observed in outcomes between the communities.
Is the Live4Life model adaptable to another community context? And what is required to establish transferability to other rural areas or regional cities?	The Live4Life model has been shown to be transferable to new rural communities. Transference to regional settings would require some scaling and adaptation of key components of the initiative. Transferring the initiative to metropolitan settings should be informed by a needs analysis, adaptation of the model and piloting in a supportive Local Government Area, to understand how the model operates in this context.
What did we learn?	Key learnings are summarised below: Mental health education produced a range of short term improvements on young people and adults' mental health literacy. However, with few exceptions, these improvements were not sustained three to six months later. Increased emphasis on the peer-led reinforcement of key messages , such as through the work of the Crew, is needed to further embed these outcomes. A majority of young people do not hold stigmatising attitudes, but they believe that others do.

	Live4Life was successfully promoting the key message that young people need to notify a trusted adult, on behalf of themselves as well as others. Live4Life is driving help-seeking by young people in greater numbers. The majority of the increase in help-seeking appears to be occurring within three to six months of completing the mental health education component. Live4Life is considered to have played a key role in identifying and intervening in a range of crises in both communities, and is attributed with averting multiple episodes of self-harm. School-based supports and trusted individuals in young people's orbits remain the first stop for support needs. Many requests for support are channelled through the school welfare staff, and this is producing a substantial increase in demand on these staff. Participation in the Crew is transformative for many young people. These Crew members experience increased confidence and self-esteem, opportunities to act as leaders, and focused mental health education as part of their role. The whole-of-community model has been successfully transferred to both Benalla and Glenelg shire, where it continues to be strongly supported by lead agencies and stakeholders. Awareness and understanding of Live4Life is low amongst those who have not directly participated. There is opportunity to build a more complete and shared understanding of Live4Life within communities and especially schools, and to ensure all the components of the initiative are communicated as Live4Life activities; for many students and staff in the schools there is a perception that Live4Life begins and ends with the Crew. Implementation continues to be intensive, and the challenge of continually securing funding is a concern for some School and Community Partnership Group members.
What core community components need to exist to ensure successful implementation?	Community components needed include those identified in Youth Live4Life's Community Readiness Assessment (the presence of a lead agency, participation by all schools in the region etal), and are further supported by: Adequate investment and support in the activation and establishment phase Champions within each school

	Demonstration of outcomes and achievements to key stakeholders and communities, to maintain support for the initiative Secure and ongoing funding support
Is the program of value for the money invested (social return on investment)?	Yes. The program is delivering a return of between $1.65 and $3.65 for every dollar invested (and this is considered a conservative estimate that does not include the crisis interventions that were reported through qualitative research).

7 APPENDIX B: BRIEF METHODOLOGY

7.1 ESTABLISHMENT AND EVALUATION PLANNING

Evaluation planning included consultation with Youth Live4Life project manager and board members, as well as Mental Health First Aid Australia to review the questionnaires and confirm the revisions proposed by Ludowyk Evaluation to ensure the tools were valid and fit for purpose.

Applications to the Department of Education and Training (DET) and the Catholic Education Office (CEO) were submitted and approval to conduct the evaluation activities in schools for 2018 and 2019 was achieved. Consent was then sought with the Principals of each school to confirm the evaluation activities within each school, and the associated consent processes.

7.2 SURVEYS OF PARTICIPANTS

There were three waves of the evaluation survey for junior and senior school students to complete, relating to the teen Mental Health First Aid (tMHFA) course, Crew activities and impacts. Surveys were completed at pre-training, post-training and follow up at three to six months after training in hard copy or online. Survey participation was not mandatory; participants had the ability to opt-out of survey participation.

There were also surveys at the same three time points of adult participants of the Youth Mental Health First Aid (YMHFA) course. The first two surveys were conducted as hard copy forms. The third survey was conducted online with available email addresses.

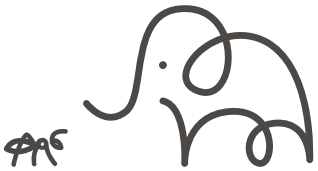
Table 6: Numbers of survey completions

Survey	Pre	Post	3-6 month follow-up	Completion of all waves of survey*
Juniors (year 8s)	390	342	338	239
Seniors (year 11 or year 10)	428	376	301	243
Adults	136	123	28	28

*This column gives the numbers of participants who completed *all three surveys*

A non-tracked survey of all students who had participated in tMHFA training in either 2017 or 2018 was also conducted in 2019 (12-24 months later) with 436 people completing this survey.

Questions pertaining to specific help-seeking actions for senior and junior students were asked in 2019 only (n= 158 for seniors and n=222 for juniors).



Paired sample t-tests were conducted at p≤0.05 across repeat measures based on the completion by the participant of all waves of surveys. All other survey responses were analysed based on the complete sample at that wave.

Due to the low completion rate for adult surveys at follow up, these responses have been treated qualitatively and tracked measures are reported quantitatively at the pre and post waves only.

Confidence intervals for each survey have been calculated assuming full participation at baseline, as follows:

Table 7: Confidence intervals for survey results

Survey	Implementation	CI
Seniors	Post (Program questions and the Crew)	± 1.8
	Follow up (Actions taken, usefulness)	± 3.1%
	All cases (tracked knowledge and attitudes)	± 4.1%
Juniors	Post (Program questions and the Crew)	± 1.9%
	Follow up (Actions taken, usefulness)	± 2.0%
	All cases (tracked knowledge and attitudes)	± 4.0%
12-24 month follow up:		± 3.2%
Adults	Post (Program questions and the Crew)	± 2.7
	Follow up (Usefulness)	± 17.0%
	All cases (tracked knowledge and attitudes)	± 17.0%

7.3 ACTION-RESEARCH WITH PARTNERSHIP GROUPS

Ludowyk Evaluation conducted collaborative workshops with Parternship Groups at key moments across the evaluation. These consultations included initial evaluation planning, "stress-testing" of the model workshops, planning for more autonomous delivery and governance in futures years' implementation. Several online surveys were conducted with Partnership Group members, to seek feedback on views of Live4Life and work undertaken at the local level, across the two years of evaluation.

7.4 STAKEHOLDER CONSULTATIONS

Consultations were conducted at multiple points with MHFA Australia , Orygen, and Youth Live4Life (including the program founder) to inform design of evaluation tools and validate findings.

7.5 QUALITATIVE RESEARCH

Guided interviews were conducted with participants in the mental health first aid training, Crew, teachers, partnership members and stakeholders. A total of 138 students and 113 community members were interviewed. The number of interviews conducted for each category of participant is listed in Table 4 below.

Table 8: Numbers of participants in qualitative interviews

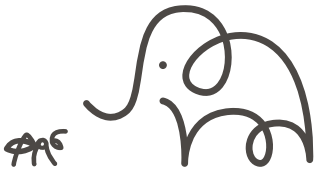
2018	Benalla Rural City	Glenelg Shire
Partnership members/ Stakeholders	8	12
Teachers/Wellbeing staff	9	26
YMHFA participants	5	5
Crew	14	13
2019		
Partnership members/ Stakeholders	2	4
Teachers/Wellbeing staff	5	18
YMHFA participants	12	7
Year 7s	0	5
Year 8s	9	12
Year 9s	12	29
Year 10s	9	17
Year 11s	6	5
Year 12s	6	1
Total students:	38	69

7.6 MENTAL HEALTH SERVICE DATA ANALYSIS

Mental health service data was requested from a range of mental health organisations, Primary Health Networks and the Department of Health and Human Services (DHHS). Summary service data was available and provided at the geographic and age levels from DHHS, eheadspace and Kids Helpline and descriptive analysis was conducted.

Data was provided for Benalla Rural City, Glenelg Shire and Macedon Ranges Shire (which has been implementing Live4Life since 2009).

A consultation was conducted with suicide prevention researchers at Orygen National Centre of Excellence in Youth Mental Health during synthesis of findings, to validate interpretation of rates of help-seeking of young people found during the evaluation.



7.7 SOCIAL RETURN ON INVESTMENT

A social return on investment (SROI) analysis was conducted. Given the duration of implementation of Live4Life in the communities to date, the focus of the SROI was the short-term (under one year) outcomes, rather than long term health-related quality of life outcomes which are influenced by other contributing initiatives.

The approach to the SROI included:

- Identification of the target audience/s;
- Identification of the key outputs, with respect to the evaluation methodology and data collections;
- Identification of program expenditure, including direct and in-kind contributions;
- Assigning social value to outcomes to provide cost per/output across the selected parameters; and
- Benchmarking against other youth mental health interventions.

The detailed SROI analysis can be found at Appendix F of the Ludowyk Evaluation full report, *Evaluation of live4life in Benalla and Glenelg shires*.