

Program Guidance

Part II: How to implement Mental Notes – A Mental Health-Related Stigma Awareness Program



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About this guidance

Comcare's 'Mental Notes' - a Mental Health-Related Stigma Awareness Program ("**the Program**") - aims to reduce mental health-related stigma and improve psychosocial wellbeing at work. This guidance was developed to provide an overview of the Program and guide its implementation.

The guidance is in two parts:

- **Part I: About Mental Notes** – provides an overview of the Program, including background, objectives and principles. To read Part I, visit www.comcare.gov.au/mentalnotes
- **Part II: How to implement Mental Notes** – provides a step-by-step guide on how to implement the Program, use the resources, and monitor and evaluate the Program's performance.

This guidance was prepared by the Mental Health and Research team, Strategic Partnerships and Engagement Group, Comcare.

For further information regarding this program, to provide feedback or request guidance to implement and/or evaluate the Program, please contact Comcare's Mental Health and Research team on mentalhealthprogram@comcare.gov.au.

Content warning: Due to the topic of this program, this guidance may contain language and/or themes that some people may find confronting.

How to implement this program

This program and its resources were designed specifically for employers in Comcare's jurisdiction and are free to use by any organisation in the jurisdiction. Resources are located at www.comcare.gov.au/mentalnotes. The information below outlines the most comprehensive approach to the Program's implementation, but it is acknowledged that individual organisations already have different and ongoing workplace mental health initiatives and not all of the steps outlined below will be applicable in all settings. Organisations wishing to use the resources might like to consider conducting an analysis of how this program fits in with their organisational mental health strategy and any other mental health initiatives taking place in their workplace. As part of this analysis, organisations might consider determining which of the suggested steps are likely to help achieve their short-term and long-term goals. It is important to not overwhelm workers with different campaigns and resources and only participate in this program where it serves a strategic purpose. The Program includes suggestions for monitoring and evaluation (see Section 3), which will also need to be customised to suit each participating organisation.

Comcare's Mental Health and Research team is available to answer questions about the information contained in this guidance, including providing further information on the Program's implementation and monitoring and evaluation plans. Comcare will also be developing resources, including sample surveys, to support organisations to undertake their own monitoring and evaluation. Please contact mentalhealthprogram@comcare.gov.au with your questions.

Step-by-step implementation

The implementation phases and steps follow this pathway:

| Program Planning | Phase I: Engage & Empower | Phase II: Educate & Embed | Phase III: Safety & Support |
|--|--|--|--|
| <ul style="list-style-type: none"> Step 1 Step 2 | <ul style="list-style-type: none"> Step 3 Step 4 | <ul style="list-style-type: none"> Step 5 Step 6 | <ul style="list-style-type: none"> Step 7 Step 8 |

Step 1: Analysis of program alignment with existing initiatives

| | | | |
|----------------------------|------|--------|--|
| Priority to implementation | High | Timing | Before deciding to implement the Program |
|----------------------------|------|--------|--|

The first step involves conducting an analysis of how well the Program aligns with your existing workplace mental health initiatives and/or organisational mental health strategy. The National Return to Work Survey found that stigma associated with having a workplace injury is common across Comcare's jurisdiction, suggesting that addressing stigma associated with experiences of mental health issues is a concern that needs to be addressed across different workplaces. When conducting this analysis, you might like to consider what mental health-related stigma initiatives are already underway in your organisation and the value that participating in the Program would add to existing efforts.

Step 2: Baseline assessment of mental health-related stigma

| | | | |
|----------------------------|--------|--------|--|
| Priority to implementation | Medium | Timing | Before sharing any communication materials and resources |
|----------------------------|--------|--------|--|

To understand whether the Program is having a positive influence on mental health in your workplace, you might like to consider evaluating its effectiveness by conducting an assessment at the start, in the middle and at the end of the Program. Section 3: Monitoring and Evaluation in this guidance provides further details regarding suggested monitoring and evaluation methods and indicators. The baseline assessment will need to assess the level of mental health-related stigma in the workplace, worker and manager/supervisor mental health literacy, and perceptions of available support. The data collection and analysis methods may be in the form of a survey (most suitable), review of proxy indicators from the APS census (where applicable) or analysis of administrative data (e.g., on levels of mental health training). You can access a sample baseline questionnaire by emailing mentalhealthprogram@comcare.gov.au.

Step 3: Implementation of Phase I – Engage and Empower

| | | | |
|----------------------------|------|--------|-------------------------------|
| Priority to implementation | High | Timing | First three months of program |
|----------------------------|------|--------|-------------------------------|

Step 3 consists of sharing the messages and promotion of resources for Phase I: Engage and Empower, which target managers and supervisors. Table 1 outlines the details of resources developed for this step. The messages encourage managers to raise awareness of mental health in the workplace and call on them to use the resources compiled as part of this Program. Communication resources such as posters and screensavers, which you can share as part of this step, can be downloaded from the Mental Notes webpage. Other resources for managers/supervisors, such as fact sheets, e-learns and the Manager Resource Kit can also be accessed from this page.

Step 4: Manager/supervisor training

| | | | |
|----------------------------|--|--------|-----------------------------|
| Priority to implementation | Medium-high depending on organisational need | Timing | First 1–5 months of program |
|----------------------------|--|--------|-----------------------------|

Phase I and Phase II of the Program call on managers/supervisors to use the Mental Notes resources to improve their mental health literacy and ability to provide support to workers with experiences of mental health issues. They also encourage managers/supervisors to undertake training. Training can be self-directed, using online e-learns linked on the Mental Notes page, and/or can be conducted in group sessions organised by your organisation. When selecting training programs for managers/supervisors, consider the credibility of the provider, fit with your organisation's needs, and the evidence base for the training. If unsure where to find suitable group training, the [National Workplace Initiative](#) might be able to help you select training appropriate for your context. The aim of undertaking this type of training is for managers/supervisors to gain knowledge and skills to have open conversations about mental health and provide support and referrals to workers as necessary.

Step 5: Implementation of Phase II – Educate & Embed

| | | | |
|----------------------------|------|--------|-----------------------|
| Priority to implementation | High | Timing | Months 4–5 of program |
|----------------------------|------|--------|-----------------------|

Step 5 consists of sharing the messages and promoting the resources for Phase II: Educate & Embed, which targets managers/supervisors and workers. Table 1 outlines the details of resources developed for this step. The messages encourage managers to lead by example in their workplace and all workers to recognise mental health-related stigma at work. They encourage registering for a mental health course and starting a conversation about mental health. Resources available as part of this phase include guidance documents, discussion guides, and editable Teams backgrounds into which managers/supervisors can type their own message of support. All materials can be accessed from the Mental Notes webpage. You can also re-share social media posts that are posted on Comcare’s social media accounts as part of this step.

Step 6: Interim assessment of mental health-related stigma

| | | | |
|----------------------------|--|--------|--|
| Priority to implementation | Medium-high depending on organisational need | Timing | Before implementing Phase III – Safety and Support |
|----------------------------|--|--------|--|

You might like to consider conducting an interim assessment to see if the Program is achieving its short-term outcomes in your organisation. This would include tracking indicators on the number of managers/supervisors who have completed training, the resources that have been shared around your office and any increases in knowledge about mental health-related stigma. The data collection method can include a survey, review of administrative data, and/or interviews/focus groups with workers and managers/supervisors to determine the Program’s performance. We suggest that at this stage an online survey is accompanied by in-depth interviews with a purposefully selected sample of HR and WHS representatives, managers/supervisors and workers to identify any barriers to implementation.

Completing this step before implementing Phase III: Safety & Support is important as it will give you an idea whether managers/supervisors and workers are ready to have conversations about mental health. Workers with lived experience of mental health issues should only be encouraged to speak up and check in with their manager/supervisor if there is evidence that managers are willing and capable of providing this support and the action will not further stigmatise the worker. Section 3: Monitoring & Evaluation in this guidance provides further details regarding suggested indicators and data collection methods for this step. You can access a sample interim assessment questionnaire by emailing mentalhealthprogram@comcare.gov.au.



Step 7: Implementation of Phase III – Safety & Support

| | | | |
|----------------------------|--|--------|-----------------------|
| Priority to implementation | Medium-high depending on organisational need | Timing | Months 6–7 of Program |
|----------------------------|--|--------|-----------------------|

Step 7 consists of sharing the messages and promotion of resources for Phase III: Safety & Support, which targets managers/supervisors, workers and workers with experiences of mental health issues. The messages encourage managers/supervisors and workers to check in with each other and assure workers with lived experience that their mental health is a priority. New resources will be added as part of this phase, including more posters, editable Teams backgrounds and webinars. The materials can be accessed from the Mental Notes webpage. You can also re-share social media posts from Comcare’s social media accounts as part of this step.

Step 8: Final assessment of mental health-related stigma

| | | | |
|----------------------------|--------|--------|---|
| Priority to implementation | Medium | Timing | After Program implementation (Months 8–9) |
|----------------------------|--------|--------|---|

Conducting a final assessment at the end of the Program will help you understand whether the Program has achieved its intended short-term outcomes and whether there are any areas that need further attention or investment. Assessment methods may include an online survey and/or analysis of administrative data. Section 3: Monitoring & Evaluation in this guidance provides further details regarding suggested indicators and data collection methods. You can access a sample final assessment questionnaire by emailing mentalhealthprogram@comcare.gov.au.

Overview of program phases

Table 1 provides an overview of the Program's three phases, their target audiences, themes, delivery mechanisms and platforms, sample messages (tested in market research) and suggested approaches to monitoring and evaluation. Resources can be downloaded from the Mental Notes webpage – some of the messages are already included, however, there are some resources that are editable.

Table 1: Mental Notes Program overview – phases, messages, delivery and evaluation

| | Phase I (3 months) | Phase II (2 months) | Phase III (2 months) |
|--------------------------|---|--|--|
| Overall concept | Engage & Empower | Educate & Embed | Safety & Support |
| Target audience/s | Managers and supervisors | Managers and supervisors Workers | Managers and supervisors Workers Workers with experiences of mental health issues |
| Themes | <ul style="list-style-type: none"> • Healthy and safe workplace • Supportive organisational culture • Effective leadership • Productive workers | <ul style="list-style-type: none"> • Positive workplace culture • Healthy working relationships • Increased awareness of stigma • Increased knowledge and skills to talk about mental health | <ul style="list-style-type: none"> • Safe space to report or seek help • Safe and inclusive environment • Role models / advocates |
| Delivery | Manager's Resource Kit, posters, website, social media, e-learns, in-person training (to be organised by employer), electronic direct mail | Practical resources for managers/supervisors, conversation guides, posters, social media, Teams background, e-learns, electronic direct mail | Posters, social media, Teams background, screensavers, e-signature, webinar, e-learns, electronic direct mail |

| | Phase I (3 months) | Phase II (2 months) | Phase III (2 months) |
|---|--|--|---|
| Sample “hook” messages (for use on posters, social media, etc.) | <p><i>Managers and supervisors:</i></p> <ul style="list-style-type: none"> • Raise awareness of mental health in the workplace | <p><i>Managers and supervisors:</i></p> <ul style="list-style-type: none"> • Lead by example in your workplace <p><i>Workers:</i></p> <ul style="list-style-type: none"> • Recognise mental health-related stigma at work • Help promote a mentally healthy workplace for all | <p><i>Managers and supervisors:</i></p> <ul style="list-style-type: none"> • Provide support in your workplace <p><i>Workers:</i></p> <ul style="list-style-type: none"> • Help promote a mentally healthy workplace for all <p><i>Workers with experiences of mental health issues:</i></p> <ul style="list-style-type: none"> • Your mental health is a priority |
| Sample calls to action for use on resources | <p><i>Managers and supervisors:</i></p> <ul style="list-style-type: none"> • Use the Mental Notes resources • Share the Mental Notes resources | <p><i>Managers and supervisors:</i></p> <ul style="list-style-type: none"> • Register for a mental health course • Promote support services and resources • Share your story • Start a conversation <p><i>Workers:</i></p> <ul style="list-style-type: none"> • Start a healthy habit today • Start a conversation • Learn about mental health-related stigma | <p><i>Managers and supervisors:</i></p> <ul style="list-style-type: none"> • Check in with your team <p><i>Workers:</i></p> <ul style="list-style-type: none"> • It’s never too soon to seek help • Check in with your manager <p><i>Workers with experiences of mental health issues:</i></p> <ul style="list-style-type: none"> • There is support available • Check in with your manager • You can prioritise your mental health |

| | Phase I (3 months) | Phase II (2 months) | Phase III (2 months) |
|--|--|--|--|
| Monitoring and Evaluation – Data collection suggested for participating organisations | <ul style="list-style-type: none"> • Baseline survey to assess the level of mental health-related stigma, mental health literacy and support, and manager/supervisor capability to provide support. • Monitoring of Program activities, including: <ul style="list-style-type: none"> – No. of posters displayed around workplace – No. of managers who completed mental health training – No. of electronic direct mails sent – Use of screensavers and other creative assets – Social media engagement | <ul style="list-style-type: none"> • Interim survey to assess changes in knowledge and attitudes about mental health and perceptions of manager capability. • In-depth interviews to identify barriers to implementation. • Ongoing monitoring of Program activities using the same indicators as in Phase I. | <ul style="list-style-type: none"> • Final survey to assess changes in knowledge and attitudes about mental health and perceptions of manager capability. • Ongoing monitoring of Program activities using same indicators as in Phase I and II. |

How to use the communication resources

The Program includes newly developed Comcare resources for managers and supervisors as well as links to a range of mental health resources for the workplace developed by reputable mental health organisations. Comcare will continue to develop and link new resources based on feedback and availability.

Some of the resources developed for the Program – for example, the MS Teams background and screensavers – are editable so that organisations can include their own information on them, including updates about internal events, resources, training, and contact details for their Employee Access Program (EAP). The look and feel of the materials were tested with all target audiences. Table 2 outlines the materials available for download, their output format and whether they can be edited. The resources are available for download from www.comcare.gov.au/mentalnotes.

Table 2: Program materials available for download from the Comcare Mental Notes website

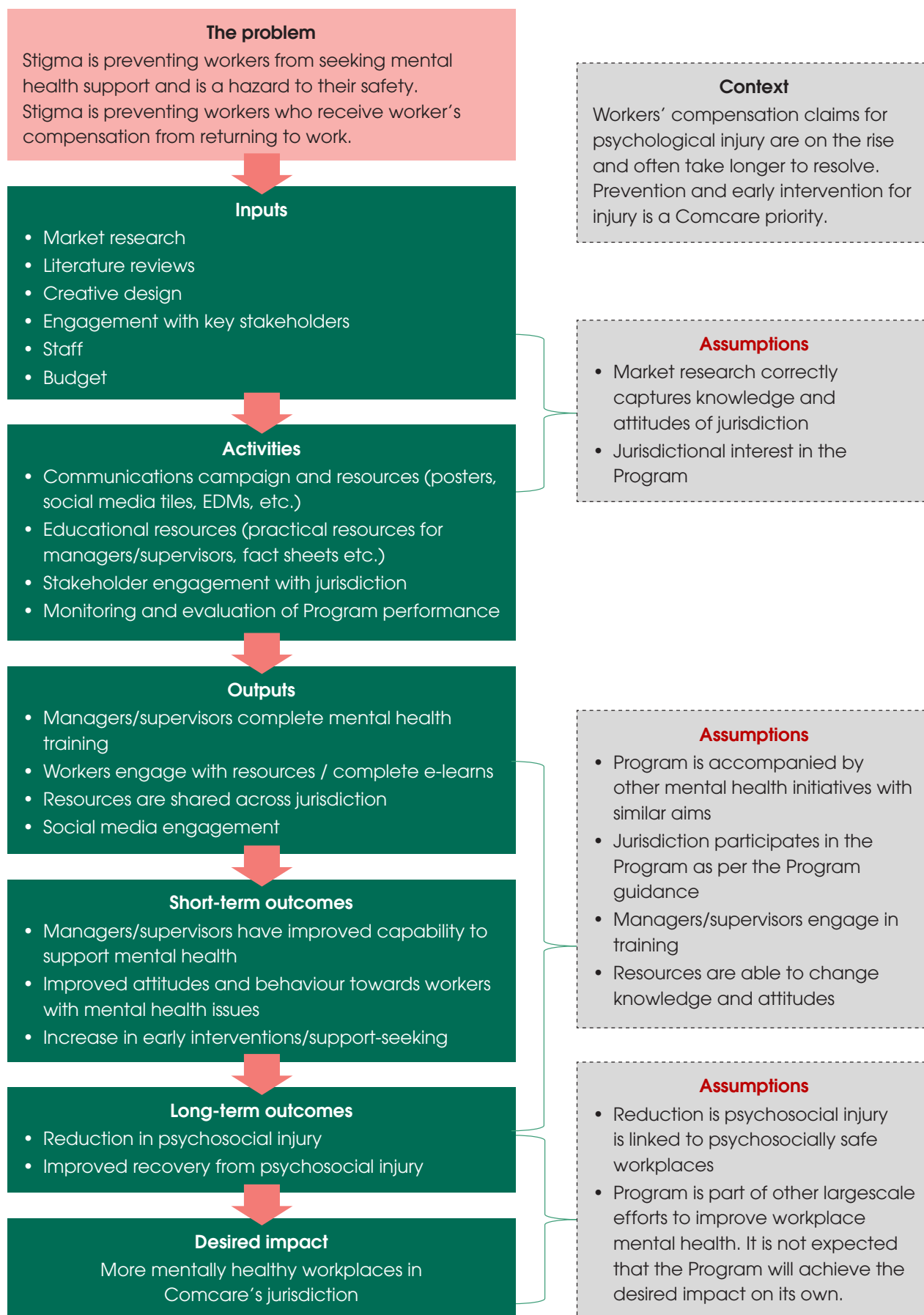
| Item | Editable | Program needed to edit Resource | Output for audience |
|--|----------|---------------------------------|---------------------|
| Worker/employer poster | No | N/A | PDF |
| Worker/employer postcard | No | N/A | PDF |
| Screensavers | Yes | MS PowerPoint | PNG |
| MS Teams background | Yes | MS PowerPoint | PNG |
| PowerPoint template | Yes | MS PowerPoint | PPTX |
| eSignature banner | No | N/A | PNG |
| Manager/supervisor resource kit | No | N/A | PDF |
| Fact sheets | No | N/A | PDF |
| Practical resources for managers and supervisors | No | N/A | PDF |
| Conversation guide | No | N/A | PDF |

Monitoring and evaluation

Program logic

The program logic on Page 12 outlines the problem statement, inputs and activities undertaken as part of the Program to achieve the outputs, short- and long- term outcomes and the desired impact. The program logic acknowledges that to meet the long-term goals and achieve the desired impact, the Program needs to be accompanied by other mental health initiatives with similar aims. The Program is taking place during a time of great national focus on mental health and wellbeing, and there are several large-scale stigma reduction campaigns and strategies being implemented at a similar time. The program logic acknowledges the accumulated effects of these initiatives and is cognisant that the long-term goals and impact cannot be achieved by a single program alone. The overall evaluation of this program led by Comcare will only look at the extent to which the short-term outcomes were met. The short-term outcomes will be used as a proxy indicator of progress on the achievement of the long-term outcomes.

Program Logic



Suggested methods and indicators

Each organisation participating in the Program might like to consider assessing the effectiveness and coherence of the Program using different methods and tools throughout its implementation. Active monitoring and evaluation to understand whether the Program is achieving its intended outcomes is best practice in Program implementation, allowing for evidence-informed decisions to be made along the way and when deciding on future initiatives. While Comcare will be undertaking an overall evaluation of the Program, it is recommended that participating organisations also monitor and evaluate their own achievement of outcomes where viable.

Monitoring

Table 3 outlines suggestions for the types of indicators that participating organisations might like to collect when monitoring the Program's performance during implementation. It expands on monitoring and evaluation suggestions provided in earlier sections of this guidance.

Table 3. Proposed monitoring indicators for the Program

| | Data source | Sample indicators |
|---|--|---|
| Baseline assessment (before Program implementation) | <ul style="list-style-type: none"> • HR administrative data | <ul style="list-style-type: none"> • Number of managers who completed mental health training in previous three months |
| Interim assessment (before implementing Phase III – Safety and Support/ Month 5 of Program) | <ul style="list-style-type: none"> • HR administrative data • Records kept by program implementers | <ul style="list-style-type: none"> • Number of managers who completed mental health training since baseline assessment • Number of posters displayed around workplace • Number of electronic direct mails sent • Use of screensavers and other creative assets • Social media engagement |
| Final assessment (after Program completion) | <ul style="list-style-type: none"> • HR administrative data • Records kept by program implementers | <ul style="list-style-type: none"> • Number of managers who completed mental health training since baseline and interim assessments • Total number of posters displayed around workplace • Total number of electronic direct mails sent • Total use of screensavers and other creative assets • Total social media engagement since program launch |

Evaluation

The suggested criteria for the Program’s evaluation are effectiveness and coherence (adapted from OECD-DAC, 2019).

| | |
|----------------------|--|
| Effectiveness | The extent to which the Program achieved, or is expected to achieve, its objectives and results, including any differential results across groups. Effectiveness is different from Impact as it analyses progress towards objectives along the results chain (as outlined in the program logic) rather than the higher-order effects and broader changes to which the Program may be contributing. |
| Coherence | The compatibility of the Program with other initiatives underway in your organisation and in the Australian Commonwealth Government more broadly. Coherence refers to the synergies and interlinkages between the Program and other existing initiatives, as well as the consistency of the Program with relevant norms and standards to which your organisation adheres. |

Table 4 outlines suggestions for the types of evaluation questions, methods and outcome variables that participating organisations might like to consider measuring when evaluating the Program’s effectiveness and coherence during implementation. It expands on monitoring and evaluation suggestions provided in earlier sections of this guidance. Comcare will be releasing sample questionnaires for online surveys and in-depth interviews to support organisations wanting to undertake their own evaluation. Please contact mentalhealthprogram@comcare.gov.au for details.

Table 4. Proposed evaluation method and indicators for the Program

| | Evaluation questions | Method | Variables measured |
|---|---|---|--|
| Baseline assessment (before program implementation) | <ul style="list-style-type: none"> • What are the participants' perceptions of levels of workplace stigma, manager capability and mental health support? • How well do participants understand key mental health concepts? • What mental health training has been completed? | <ul style="list-style-type: none"> • Baseline online survey. Where a survey is not possible, try gathering proxy indicators from other sources, such as APS Census, administrative data, or any recently completed psychosocial safety assessments, etc. | <ul style="list-style-type: none"> • Perceptions of workplace mental health-related stigma; manager capability to provide support; knowledge and accessibility of mental health support services. • Mental health literacy/ understanding of mental health concepts • Participant reports of mental health training completed in last 12 months |
| Interim assessment (before implementing Phase III – Safety and Support; Month 5 of program) | <ul style="list-style-type: none"> • What are the participants' perceptions of manager capability to provide mental health support? • To what extent has manager capability to provide psychosocial support to workers improved? • What barriers to implementation have been encountered? • What aspects of the Program have been useful? What needs improvement? • How compatible is the Program with other initiatives underway? | <ul style="list-style-type: none"> • Interim online survey • In-depth interviews with key stakeholders (HR/ WHS/Corporate reps, worker reps, managers and supervisors) | <ul style="list-style-type: none"> • Perceptions of manager capability to provide mental health support • Barriers and facilitators to implementation • Compatibility of Program with other initiatives |

| | Evaluation questions | Method | Variables measured |
|---|--|---|--|
| Final assessment (after program completion) | <ul style="list-style-type: none"> • What are the participants' perceptions of levels of workplace stigma and mental health support? • How well do participants understand key mental health concepts? • What mental health training has been completed? • To what extent has manager/supervisor capability to provide mental health support improved? • To what extent have workers with experiences of mental health issues felt more comfortable discussing their experiences? • What resources were most useful? • What are the biggest gaps in knowledge and skills that need to be addressed? | <ul style="list-style-type: none"> • Final online survey | <ul style="list-style-type: none"> • Perceptions of workplace mental health-related stigma; knowledge and accessibility of mental health support services. • Mental health literacy/ understanding of mental health concepts • Reports of mental health training completed since Program launch • Perceptions of managers' mental health capability • Perceptions of comfort and help-seeking • Rating of resource usefulness • Reports of knowledge and skills gaps (qualitative data) |



References

OECD-DAC Network on Development Evaluation. (2019). *Better Criteria for Better Evaluation: Revised evaluation criteria definitions and principles for use*. Retrieved from: [revised-evaluation-criteria-dec-2019.pdf \(oecd.org\)](#)