Evaluation of the "Professionalising the NT Peer Workforce and expanding peer supports for Territorians who experience mental health challenges" project

Report prepared for

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PREFACE

This report presents the findings of the Professionalising the NT Peer Workforce and expanding peer supports for Territorians who experience mental health challenges (NT Peer Workforce) project, which aims to (1) build the capacity of people with mental health challenges to complete vocational education and training in the community services sector; (2) raise the awareness of mental health in the workplace and build the capacity of NT employers to support existing staff who may develop a mental health issue and hire and retain people who experience mental health challenges; and (3) facilitate connections between employers and people completing the supported study and work placement program. The evaluation aims were to describe the implementation and effectiveness of this initiative.

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Discipline of Rural and Remote Health at Flinders University (Flinders) and the project evaluation was completed at Flinders.

SUGGESTED CITATION

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Executive Summary

The Northern Territory (NT) has a unique context, including a diverse population, high rates of mental health issues and harmful use of alcohol and other drugs (AOD). While a lot has been achieved in implementing peer initiatives and building the evidence base within mental health and AOD sectors in the NT over the past couple of years, there is still much to learn. The Peer-Led Education Pilot (PLEP) was a unique and innovative psycho-social education intervention delivered by the NT Mental Health Coalition that empowered people with lived experience of mental health concerns to support others with similar experiences. As a result, they established the NT Lived Experience Network (NTLEN). PLEP also encouraged the implementation of further local lived experience projects which include the Two Ways Mentoring program (TeamHEALTH), the ADF Family and Friends Recovery support program (NTLEN and Flinders), and the current NT Peer Workforce project led by the Top End Mental Health Consumer Organisation (TEMHCO).

A group of researchers initially affiliated with Menzies School of Health Research (Menzies) were invited to evaluate the PLEP project. This work and experience empowered the leading members of the research team to (1) partner with the local peer community and associated local service providers; (2) take a leading role in evaluating the emerging local pilot peer initiatives to support the local peer movement; and (3) build evidence of peer-led mental health initiatives in the Darwin region. Thus, the same team of researchers were invited to conduct the Two Ways Mentoring program evaluation and the ADF Family and Friends Recovery project. The same team was also invited to evaluate the NT Peer Workforce project (TEMHCO). When the research team transitioned from Menzies to Flinders, the Northern Territory's first Lived Experience Research Fellow position was established to support this work.

The NT Peer Workforce project aimed to support people with mental health challenges, especially (1) Aboriginal and Torres Strait Islander people, (2) Culturally and Linguistically Diverse (CALD) people, (3) Lesbian, Gay, Bisexual, Transgender, Intersex, Queer/Questioning, Asexual and Plus (LGBTIQA+) people, and (4) Young people aged between 18 and 24 years. The primary objectives were to:
(1) Build the capacity of people with mental health challenges to complete vocational education and training in the community services sector through a supportive study and work placement arrangement ("teach people with mental health challenges work and job skills").
(2) Raise the awareness of mental health in the workplace and build the capacity of NT employers to support existing staff who may develop a mental health issue and hire and retain people who experience mental health challenges ("encourage employers to hire more people with mental issues health challenges").
(3) Facilitate connections between employers and people completing the supported study and work placement program ("help people with mental health challenges to find support and places to work").

A suitable evaluation approach was co-designed in collaboration with the evaluation team, TEMHCO and other Advisory Working Group (AWG) representatives. The primary aim was to evaluate the project's implementation and assess the project's appropriateness and effectiveness, which included identifying challenges, opportunities, and learnings and providing recommendations for scaling and

the sustainability of the pilot. The evaluation involved interviewing students (n=1) participating in the project, Lead Agency representatives (n=1) and AWG members (n=8). It also included analysing the administrative data collected by the Lead Agency. This involved an employer workshop (n=5) and student feedback forms (n=7).

Evaluation participants reflected on the importance of the project, challenges students with mental health issues may face, necessary support for program participants, students' experiences in the pilot, project governance, and learning gained through the project. They agreed that this project was crucial in filling a critical gap in psychosocial education and employment, providing an avenue for opportunities such as employment, personal recovery, peer work skills, experience in group-based, supported learning and building the evidence base of the pilot. Many challenges were identified in relation to the mental health challenges students may face—for instance, low self-confidence, poor self-esteem, minimal self-reflection, struggles with communication, lack of confidence with self-advocacy, delayed help-seeking and limited problem-solving skills. Also, fear of failure, feeling overwhelmed, the influence of triggers and stigma were also mentioned. These challenges were also reportedly exacerbated by individual circumstances, literacy and numeracy levels, and previous bad experiences with studies. Participants also described the difficulties relating to the education system, such as rigidity, online delivery, inappropriate types of support, course levels, and content. Then the discussion stepped into the students' support needs: strong peer mentoring, opportunities to increase their confidence and skills, mapping out individual circumstances, pre-vocational preparation, a stepped approach to study pathways, consolidating key learnings, and preparing and mentoring education providers. Students and employers who participated in the mental health awareness workshop were limited in this evaluation since there were significant student dropouts, and only one workshop was delivered to employers. AWG members highlighted the need for greater clarity about project roles, better communication strategies, utilising AWG knowledge, and a more strategic approach throughout the pilot. Among the learning, it was mentioned that more work needs to be done regarding policy development, establishing an overarching steering group for the peer workforce, creating supported pathways, more strategic intake and recruitment approaches, and continuing to build a longer-term evidence base.

Key recommendations from the evaluation include:
- A more targeted approach in recruitment, utilising AWG knowledge and networks, including the extension of AWG membership to organisations representing relevant priority groups.
- Employ peer workers that identify with the relevant priority groups.
- Ensure the Terms of Reference for the AWG are discussed and approved by all parties.
- Improve communication with students and the project governance team through more regular meetings, email contacts, phone conversations, and strategic, engaging discussions.
- Establishing an overarching jurisdictional-wide steering group for the peer workforce could provide high-level structured support to develop and trial policies and practices relevant to peer work
- Clearly map peer work education, training and employment pathways in the NT.
- Assess individual self-confidence prior to enrolment in vocational studies to ascertain student readiness and needs.

- Provide students with opportunities to experience evidence-based personal recovery activities and improve their skills and readiness before they commence vocational studies.
- Adopt group-based learning with a stepped approach to mentoring during study.
- Keep investing in education targeting employers and the broader community about what peer work means and why it is important.
- Ensure there is ongoing professional development for emerging peer workers to build skills, confidence, and achievement within the profession.
- Build on experiences gained in previous local and national peer initiatives, provide mentoring and supervision for organisations, workplaces, and employers, including peer mentors, and develop an NT or Darwin Community of Practice in Peer Work.
- Expand the membership of the AWG to include LE, student, priority population and government representation.
- Apply a more targeted approach in the intake process, and leave time to map out students' motivation, readiness to study, personal challenges, and necessary supports to maximise participation, achievement, and completion in their chosen study path.
- Utilise AWG knowledge in developing job descriptions and recruitment and keep investing in professionalising the workforce.
- Mapping administrative and service data requirements is needed to guide future monitoring and evaluation activities and to inform continuous quality improvement.
- Train staff within the Lead Agency to collect pertinent data for monitoring and evaluation purposes.
- Keep focusing on creating safe workplaces for the emerging local peer workforce.
- Continue investing in the evaluation to further strengthen the evidence base of LE interventions of this nature, as this plays a vital role in informing strategy development for the local, emerging peer movement on the next best steps.

Chapter 1: Introduction

Emerging peer movement in the Northern Territory

The psychosocial support activities provided in the NT are primarily delivered through individualised outreach and client-centred programs, which (historically) have only minimally engaged peers. In addition, in the NT, there is no history of financial support for an independent lived experience advocacy body, which has limited the explicit capacity building of the local peer workforce (Northern Territory Primary Health Network, 2019). However, national policies and reforms advocate for recovery-oriented practices informed by people with LE (Australian Health Ministers' Advisory Council, 2013; Department of Health, 2017). Also, the evidence suggests that peer support positively impacts mental health recovery and the employment of people with mental health and related challenges (Hayes, 2016; Health Workforce Australia, 2014).

The recently delivered PLEP was funded by the Northern Territory Primary Health Network (NT PHN) and implemented by the Northern Territory Mental Health Coalition (Coalition) between 2019-2021 (Armstrong, 2021). This project empowered the local peer workforce and became the birthplace of the NT's first LE advocacy body, called Northern Territory Lived Experience Network (NTLEN), initiated voluntarily by peers connected with the project. The PLEP project provided the foundation for the implementation of further local LE projects. This included the Two Ways Mentoring program carried out by TeamHEALTH, the ADF Family and Friends Recovery project implemented by NTLEN and Flinders, and the current NT Peer Workforce project led by the TEMHCO.

Correspondingly, a contextualised evidence base of local peer-led recovery, education and support programs is gradually growing in the NT. To address this gap, the PLEP project invited a research team at Menzies to undertake the monitoring and evaluation function of the pilot. This project also empowered the leading members of the research team to (1) partner with the local peer community and associated local service providers; (2) take a leading role in evaluating the emerging local pilot peer initiatives to support the local peer movement; and (3) build the evidence-base of peer-led mental health initiatives in the Darwin region. Thus, the same group of researchers were engaged to evaluate the Two Ways Mentoring program (Tari-Keresztes, Gupta, et al., 2022) and the ADF Family and Friends Recovery project (Tari-Keresztes et al., in press). When the research team transitioned from Menzies to Flinders at the beginning of 2022, a dedicated Lived Experience Research Fellow was established. This was the first of its type in the NT.

While various organisations have implemented these initiatives, each project and evaluation play a significant part in the journey of the emerging peer-led lived experience movement in the NT. They identify the barriers and enablers on sectoral, organisation and project levels, describe the programs' impact on participants' mental wellbeing and recovery, and highlight the gaps in service provision and research, which ultimately provide direction for the movement and the necessary evidence to leverage additional funding. In addition, the lived experiences and evidence gained through these individual projects have informed the way forward for the movement.

Evaluation findings of the recent NT peer initiatives

The qualitative evaluation of the PLEP project highlighted a high demand in the NT for peer mental health and AOD recovery initiatives (Tari-Keresztes et al., 2020; Tari-Keresztes, Girdler, et al., 2022; Tari-Keresztes et al., 2021). The pilot project was well-received by both participants and key stakeholders involved in the pilot and provided participants with an avenue for social support, trust and connectedness. They developed confidence, hope, optimism and self-reflection while experiencing acceptance, understanding and self-forgiveness. The My Recovery program delivered by [Wellways](#) in the first stage of the pilot helped participants to recognise their strengths and find meaning. Participants reported lower levels of psychological distress, better coping skills, a deeper understanding of their mental health needs, and better utilisation of local social support.

The most important opportunities associated with the pilot included:
- participants' enhanced coping skills, confidence, resilience, trust, self-control, and self-awareness;
- benefits of a diverse Steering Group in project support involving the voice of lived experience representatives;
- the significant impact of the lived experience Project Officer in program management and recruitment;
- program contextualisation for project success;
- self-nomination in recruitment and enrollment;
- collaboration between AOD and mental health sectors for stable referral pathways; and
- need for vocational pathways for people with lived experience of mental health challenges that involve peer support.

While the following presented some challenges:
- distance due to interstate My Recovery program facilitators and trainers;
- recruitment process;
- project timeframe and budget; and
- lack of participants' experience with the peer recovery model (Tari-Keresztes et al., 2020).

The PLEP project also involved a supported and remunerated vocational pathway in peer support for people with lived experience of mental health and/or alcohol and other drug issues through the delivery of the Train the Facilitator program by Wellways in the second stage. The third stage of PLEP was to deliver the My Recovery program by the local upskilled facilitators. Since some external factors demobilised the pilot (such as COVID-19 and contractual delay), an extension stage was included, built on the evidence and experience gained through the previous phases. This stage also provided an opportunity to co-design a local peer recovery program that reflected the identified barriers in the accessibility of the My Recovery program content in the Darwin context (Armstrong, 2021; Tari-Keresztes et al., 2020).

Recommendations developed through the evaluation of the extension stage included (Tari-Keresztes et al., 2021):

- establishing a cross-sectoral Advisory Board to provide guidance and support for the ongoing planning and implementation of the local recovery program and development of the NT peer workforce;
- applying explicit co-design process for program adaptation in various settings and locations;
- continuing raising awareness of peer recovery approaches;
- introducing a stepped vocational pathway to support the growth of the emerging NT peer workforce;
- providing access to professional development opportunities for the emerging local peer workforce;
- implementing external and internal supervision with senior peer supervisors for the local peer workforce;
- facilitating broader peer connections;
- providing persistent advocacy to keep the emerging peer momentum alive.

TeamHEALTH successfully received an Information, Linkages and Capacity Building (ILC) grant to deliver the Two Ways Mentoring program. This project involved pre-employment workshop series for program participants; and mental health awareness training for employers and workplaces. The qualitative evaluation highlighted that the project improved participants' confidence, self-advocacy skills, and job readiness and contributed to their personal recovery, satisfaction, connectedness, overall health and wellbeing. Thus, they became confident in seeking jobs, writing resumes and participating in job interviews alongside support provided by peer educators. The mental health awareness training for employers and workplaces was well-received, raised general awareness of mental health challenges and supported breaking down the stigma around mental health.

Recommendations formulated via the evaluation included (Tari-Keresztes, Gupta, et al., 2022):
- continuing to raise greater awareness of mental health challenges within various workplace settings with emphasised focus on people in leadership and senior roles;
- utilising existing evidence-based supported employment models and their adaptation;
- building pathways with employers and developing collaboration with relevant organisations and peer initiatives;
- building the in-house monitoring and evaluation capacity among staff members and partner organisations;
- providing professional development opportunities for project team members and key collaborators (e.g., about disability, mental health, AOD, gambling and sexual identity;
- keeping the person-centred approach in focus to assess each participant's individual support needs;
- expanding the advisory group for enhanced coordination and broadening the potential impact of the program (e.g., involving legal services, police and charity organisations);
- using the co-developed conceptual framework to implement the subsequent project phases and future iterations of the program (e.g., assessing participants' background, motivation, and needs, collaborating with peer networks, and adjusting the mental health awareness training to the workplace needs); and

- keeping the focus on peer educators' recovery capital, individual support, supervision, professional development, and connection with in-house and other local peers.

The evaluation team associated with the NT emerging peer movement successfully secured a research grant from the Alcohol and Drug Foundation (ADF) in partnership with NTLEN. The project entitled 'Supporting family members' and friends' individual recovery with a locally co-designed peer-led recovery program in Darwin' aimed to co-design a local consumer-led recovery and empowering program for Families and Friends (FFs) of persons with AOD use issues and implement and evaluate it with a mixed-methods approach. The main evaluation objectives aimed to assess the appropriateness and effectiveness of the Circles of Support (CoS) program for FFs' mental wellbeing and recovery (Tari-Keresztes et al., in press).

The project team faced challenges in accessing the vulnerable and highly stigmatised FFs population. CoS program participants' socio-demographic backgrounds were similar to previous large-scale national studies though the education level and employment rate in this pilot were higher. While NT has a diverse population, most participants were Australian-born, non-Indigenous people speaking English at home. About 50% of participants reported their general health and wellbeing as moderate at the program start, which improved by the end of the program; however, these changes were not statistically significant. Participants scored significantly lower on the total stress scale in the post-program surveys. The most frequent stressors were trouble focusing on things, sleeping difficulties, and being upset with the changes in their loved one's behaviours. The emotional symptoms were also frequent, such as loneliness, feeling overwhelmed, upset and irritable. While favourable changes were seen in the post-program evaluation, they were not statistically significant. FFs often felt unsupported and undervalued by services and the wider society. Stigma was one of the most critical challenges they faced, which was more significant for people from CALD backgrounds. By the end of the program, a significant increase was found in the total empowering and recovery scale, and social recovery subscales as the program empowered them. These findings highlighted the need for a more targeted approach in recruitment to access, involve and support more males, youth, people with lower education levels, unemployed persons, LGBTQI+, Aboriginal and Torres Strait Islander people and individuals with CALD backgrounds. These results also drew attention to the importance of programs aiming to increase FFs' connectedness, hope and empowerment in efforts to decrease the emotional indicators of distress and support as part of their mental wellbeing and recovery. Moreover, improving help-seeking behaviours is vital, as well as exploring barriers to help-seeking, which is influenced by stigma, shame and prioritising the person's needs in many cases. Thus, implementing broader education activities in the community to neutralise conversations about AOD and related challenges should be a priority (Tari-Keresztes et al., in press).

Mental health and wellbeing among vocational education and training (VET) students

The understanding of mental health and related challenges among VET students in Australia is limited due to the paucity of published research and empirical data (Orygen, 2018). However, a study described that VET and higher education students experienced a significantly higher prevalence of distress than their non-student peers (Cvetkovski & Jorm, 2012). In addition, a link was found between

financial concerns and psychological distress. Due to the adverse fiscal, familial, social and housing circumstances experienced by these students, this group is considered at high risk for mental health and related challenges (Myconos et al., 2016). The available data shows a low prevalence of mental health issues among these students (National Centre for Vocational Education Research, 2011); however, given that at least one in four young people will have experienced mental ill-health in the past year (Australian Bureau of Statistics, 2008), this suggests a significant underreporting of mental health issues experienced by VET students (Venville & Street, 2012) or a potential protective mechanism of VET participation (Lloyd & Waghorn, 2007).

Literature highlight that the underreporting of mental health issues are impacted by perceived stigma and uncertainty of consequences (Griffin & Nechvoglad, 2008; Venville & Street, 2012). For instance, some students described negative reactions to disclosure and dissatisfaction with the adjustments in their studies (Venville & Street, 2012). Low mental health literacy may also contribute to the underreported cases since some students may not be able to identify that they are experiencing mental health challenges and/or need to seek support (Orygen, 2018).

Students experiencing mental health challenges have a lower completion rate in VET than those who do not (Orygen, 2018). Among the reasons, the following were identified: (1) cognitive or attention difficulties, (2) stigma, fear and discrimination, (3) disruption to participation, and (4) other life issues (Hartley, 2010). While mental health-related challenges can negatively impact educational pathways (Orygen Youth Research Centre, 2014), participation in vocational studies and attaining vocational qualifications have been found to facilitate recovery from mental health issues (Lloyd & Waghorn, 2007). Another study described better psychological wellbeing among students, including enhanced self-confidence and self-esteem (Stanwick et al., 2006).

Approaches to support students with mental health issues education and employment

Literature shows that student wellbeing support increases the likelihood of successful learning outcomes for vulnerable students (OECD, 2017; Smith et al., 2015; Street et al., 2017). Thus, it is critical for the VET workforce to identify these students and help them to connect with the appropriate support, which may involve mental health support, and/or reasonable study adjustments (Myconos et al., 2016). Thus, guidelines and brochures were developed for VET staff to help them respond appropriately in this learning environment (Department of Training and Workforce Development, 2012; National Centre for Vocational Education Research, 2008). Yet, the impact of these guidelines in supporting students with mental health challenges is limited (Orygen, 2018).

There are various forms of approaches to supporting VET students with mental health challenges. For instance, the VET setting-based approaches include student support services, staff mental health training, and formal and informal mentoring (Orygen, 2018). A recent study showed that the most effective approach was informal and peer-based mentoring, recommending a need for an organisational culture that builds informal support structures in the core business (Buchanan et al., 2016). Also, some formal mentoring approaches were developed to support these students by providing access to mental health and drug and alcohol services by a support officer (Orygen, 2018).

Another approach is the VET-Community partnership, which supports disengaged or disadvantaged people to engage and remain in VET education pathways. This links education providers, health and community services, industry, and local and state government. It can take a long time to develop these collaborations and to make them effective and sustainable. Thus, long-term funding in the developmental stage of these partnerships increases the likelihood of success (Orygen, 2018).

Mental health services and programs also significantly support students with mental health and related challenges. For example, headspace centres have vocational support models, including vocational and educational support by vocational support specialists and/or Vocational Youth Peer Workers. Some centres also introduced and trialled the Individual Placement and Support (IPS) program model (Orygen, 2018), funded by the Australian Government Department of Social Services. Online vocational support is available via headspace Work and Study if the local headspace centre does not participate in the IPS trial. Similarly, Orygen also has a comprehensive web-based support service called Youth Online Training and Employment System (YOTES) for young people with mental ill-health experiencing challenges in obtaining and remaining in work (Orygen, 2018). In the NT, the IPS program trial has been introduced for people aged 12-25 years in Darwin and Alice Springs through the local headspace. Moreover, the supported study program, designed to support attaining post-secondary education outcomes, extends the IPS model approach. It involves elements such as participation in mainstream education, building on individual circumstances, quick commencement of education, well-established communication between mental health services and education providers, and ongoing support to achieve education and employment goals (Robson et al., 2010).

While the models mentioned above are introduced in various locations and settings, little is known about mental health among VET students and the effectiveness of these approaches. Thus, studying VET students' mental health and support needs and understanding how different models work will require increased investment in research and evaluation efforts. This will help better support people with mental health challenges to achieve their educational and employment goals (Orygen, 2018). It also requires a better understanding of the organisational and sectoral needs in providing support, including solid practices and policies of the appropriate support for individuals with mental health challenges and those providing the support. This should include training for services and managers to enhance organisational readiness, which is critical in implementing and maintaining these support programs, and professional development for the more experienced staff to strengthen their supervision and mentoring skills (Fava et al., 2020).

Chapter 2: NT Peer Workforce project

TEMHCO (Lead Agency) is the only mental health service provider in the NT that is wholly governed and operated by people who are mental health consumers. The organisation is based on the 'Clubhouse' concept for people with mental health and related issues and has been operating for over 20 years. Their mission is to promote wellness in mental health through high-quality, culturally appropriate, holistic programs and services that will help educate and support its members. TEMHCO received an ILC grant to support people with mental health challenges to pursue a career in community service through a supported study and work placement model. TEMHCO invited the same evaluation team, who had supported the evaluation of previous peer initiatives in the NT, to evaluate the implementation and effectiveness of the NT Peer Workforce Project.

The project applied an incremental approach, which aimed to:
(1) Build the capacity of people with mental health challenges to complete vocational education and training in the community services sector through a supportive study and work placement arrangement ("teach people with mental health challenges work and job skills").
(2) Raise the awareness of mental health in the workplace and build the capacity of NT employers to support existing staff who may develop a mental health issue and hire and retain people who experience mental health challenges ("encourage employers to hire more people with mental issues health challenges").
(3) Facilitate connections between employers and people completing the supported study and work placement program ("help people with mental health challenges to find support and places to work").

The project aimed to support students with mental health challenges from the following priority cohorts:
• Aboriginal and Torres Strait Islander people
• Culturally and Linguistically Diverse (CALD) people
• Lesbian, Gay, Bisexual, Transgender, Intersex, Queer/Questioning, Asexual and Plus (LGBTIQA+) people
• Young people aged between 18 and 24 years

Through this project, TEMHCO sought to grow its own organisational capacity and support other organisations to build their capacity to support people who identify as one of the priority cohorts mentioned above; since the experience of mental health-related challenges is compounded for people in these marginalised groups. TEMHCO employed three Aboriginal Peer Mentors part-time to provide students with a supported study and work placement program. A part-time Project Officer was also employed, giving oversight responsibility and support to the Peer Mentors. During the project cycle, multiple personnel changes happened with respect to Project Officer and Peer Mentor positions.

According to the grant application, students with lived experience of mental health challenges were to be supported in undertaking their choice of Cert III/IV in Individual Support, Community Services,

Mental Health or Peer Support courses. The pilot project was implemented in the Greater Darwin region, so it was confined to involving students in this region.

The Project Officer developed an awareness and capacity-building workshop for organisational leaders, which was delivered once in December 2021. The content involved the following topics: (1) awareness of mental health issues in the workplace, (2) understanding legislative responsibilities as employers, (3) examples of reasonable adjustments and return-to-work plans related to mental health, and (4) ways to support staff who experience mental health challenges. These workshops were supposed to (1) improve attitudes, implement inclusive policies and procedures, and foster a non-stigmatising environment for people who experience mental health challenges, (2) raise awareness of the intersectionality of mental health issues and being LGBTIQA+, Aboriginal and Torres Strait Islander, and/or CALD, and learn ways to provide an inclusive workplace and model of service delivery, and (3) understand the emergence of mental health issues during youth, the importance of early intervention and ways they can minimise secondary impacts of mental health challenges by providing a supportive workplace.

The pilot also aimed to coordinate networking events to bring together students and organisations to provide an opportunity for students to showcase the new TEMHCO psychosocial support activities they were involved in developing and implementing. In preparation, students were supported in updating their resumes, addressing selection criteria in employment applications, and participating in mock interviews.

Chapter 3: The evaluation approach

Engagement with the project

TEMHCO invited the evaluation team to fulfil the monitoring and evaluation function for their project. The project was supported by a multisectoral AWG consisting of LE representatives, education providers, commissioning bodies, agencies supporting migrants, refugees, and Aboriginal and Torres Strait Islander people, disability and mental health service providers, employment and workforce agencies, mental health and AOD peak body representatives. An evaluation team member (NTK) was invited to attend the AWG meetings as an observer, which helped the evaluation team to apply a reflective approach regarding the project needs, updates, and timeline. The sustained engagement also supported the adaptation of a meaningful partnership approach, building trust and rapport with the involved stakeholders and developing the appropriate evaluation approach, which was co-designed in collaboration with TEMHCO and AWG. Table 1 outlines engagement and key activities in the project (see Appendix A)

Reflecting on the project aims, the primary evaluation aim was to evaluate the implementation of the project. The main evaluation objectives were to assess the project's appropriateness and effectiveness, which supports participants living with mental health challenges to partake in a supported vocational pathway and build their capacity toward entering the workforce. Thus, the evaluation was to:

- Identify challenges, opportunities and current issues associated with:
  - supporting students in completing their studies and placements;
  - building the capability of organisations that employ people living with mental health challenges,
  - increasing the awareness of mental health challenges; and
  - facilitating the connection between students completing the course and organisations through series of networking events.
- Provide evidence-based recommendations for scaling the implementation of the project sustainably.

A critical part of conducting research and evaluation with a high level of integrity involves obtaining ethics approval from a certified Human Research Ethics Committee (HREC). Thus, the evaluation team prepared an ethics application. The ethics application was submitted to the NT Department of Health and Menzies School of Health Research HREC on 25 February 2022. Conditional approval was received on 6th April 2022 (HREC Ref. No. 2022-4265). A letter of response addressing ethics concerns was submitted on 7th April 2022, with full ethics approval obtained on 4th May 2022 (see Appendix B). An extension of the initially approved timeframe of the project evaluation was accepted until 31st December 2022.

Project and evaluation participants

The NT Peer Workforce project supported students with mental health challenges in the Darwin region, applying the following selection criteria:
- At least 18 years of age
- Have lived or living experience of mental health challenges
- Resident in the Greater Darwin area
- Enrolled for one of the following courses (during the project): Individual Support Cert III or Community Service Certificate III or Mental Health Certificate IV, or Peer Support (in Mental Health) Certificate IV to enter the community service workforce
- Being an Australian citizen or Permanent Resident.

It also aimed to recruit participants from the following priority cohorts:
- Aboriginal and Torres Strait Islander
- Culturally and Linguistically Diverse
- LGBTQI+
- Youth (aged between 18-24 years)

By February 2022, TEMHCO had 16 registered active students in the pilot. Four more enquired but dropped out before the study started. Among the registered students, 11 enrolled on a foundational, entry-level, five-unit course in mental health delivered by Star College Australia under the NT Government JobTrainer initiative. Four more students attended the Certificate IV in Mental Health course at Charles Darwin University (CDU), and one student studied Certificate III in Individual Support course at CDU. By the end of the completion of the entry-level skillset course, many students dropped out of the project for various reasons (see details in the next chapter). Only two active students remained in the pilot by September 2022.

The evaluation involved students (n=1) participating in the project, Lead Agency representatives (n=1) and AWG members (n=8). One more interview was conducted and transcribed but was later withdrawn at the request of the individual due to an affiliated organisation's request. Thus, this transcript was destroyed and excluded from the data analysis. The data collection happened between May 2022 and October 2022. The individual interviews were conducted online, providing the participants with a safe and comfortable environment. The Participant Information Sheet (PIS) and the Consent Forms (CF) (see Appendix C) were sent to the participants prior to the scheduled interview. Written and/or verbal consent was sought. TEMHCO provided a $50 voucher for students who participated in the evaluation interview. Given the small sample size, students, AWG members and Lead Agency representatives were included as one group in the data analysis, all denoted as project participants (PP) and allocated a number to protect their anonymity (n=10). The evaluation also included analysing the administrative data collected by the Lead Agency. This involved an employer workshop (n=5) and an analysis of student feedback forms (n=7).

Evaluation methodology

The evaluation applied a qualitative approach, including individual in-depth, semi-structured interviews that have been complemented by administrative data collected and shared by TEMHCO. This included various forms such as inquiry, intake, and feedback forms. The data was collected by an

evaluation team member (NTK) with experience in evaluating and researching community mental health and social and emotional wellbeing in the NT.

AWG members (n=8) were asked about their backgrounds, perceived program impact, and thoughts on the planning and implementation of the project. This involved questions about the challenges that students with mental health issues could face and the necessary support for these students to succeed with their studies, placement and job. The interviews also covered areas such as support provided by the Lead Agency, Peer Mentors and AWG, program management, recommendations for sustainability, barriers, challenges, opportunities, and lessons associated with the pilot project.

Lead Agency representatives (n=1) were asked about their backgrounds, Peer Mentor roles, students' experiences, perceived program impact, workplace mental health awareness training, project planning and implementation.

Student interviews (n=1) aimed to explore their backgrounds, including their mental health journeys, reasons for participating and studying in the program, previous study and work history and associated challenges and barriers. Students were also asked to describe their experiences with the project. For instance, the course they enrolled in, the education provider that delivers the chosen course, timetable, attendance, challenges, placement, job seeking, satisfaction, received support, and areas where they would need more support. In addition, these interviews also identified the areas of program impact (see Appendix D for interview guides)

Interviews were recorded and transcribed verbatim. After each interview, the evaluation team contacted the participants and asked them to provide feedback on their interview transcripts. This was an important form of member-checking to ensure the accuracy of the details shared, which was successfully applied in previous peer studies in the NT (Tari-Keresztes et al., in press; Tari-Keresztes et al., 2020; Tari-Keresztes, Girdler, et al., 2022; Tari-Keresztes, Gupta, et al., 2022; Tari-Keresztes et al., 2021). Individual interviews were analysed with NVivo (computer-assisted qualitative data analysis software), applying thematic analysis.

Chapter 4: Evaluation findings

This chapter describes the evaluation findings of interviews conducted with project participants, which includes information on the following:

- need for creating supported pathways for students with mental health challenges in the NT;
- challenges students with mental health issues face;
- enhancing support for students with mental health challenges;
- student cohort in the pilot and their experiences;
- project governance: management, roles, and responsibilities; and
- learnings gained in the pilot.

Need for creating supported pathways for students with mental health challenges in the NT

They all agreed that this pilot is crucial for considering the unique NT context and for better understanding ways to promote engagement within psychosocial support activities, growing the local evidence base, and supporting the emerging peer workforce.

The pilot was considered necessary to fill an existing gap in employing people with psychosocial support needs and providing supported education pathways.

> *"I think it's very important. There is a big gap with psychosocial employment and education as well. I think it's fantastic that there is a group out there that's willing to support these individuals." (PP1)*

Participants also described it as a potential avenue for opportunities, including employment, rebuilding their sense of hope and purpose, and building 'pillars' to support the recovery journey of people with LE of mental illness.

> *"Oh look, just pathways of opportunities… I think it's hugely important…. I mean not just the potential job outcomes but just the pathway of helping them rebuild that sense of hopefulness and purpose and the key pillars.. in the mental health recovery principles" (PP2)*

> *"I think what's really important is that we've got an organisation that's consumer-led piloting a model for a supported study pathway, which could actually turn into an employment pathway for the participants." (PP5)*

Adopting trauma-informed practice in the delivery of peer-led programs and skilled peers for peer worker positions were considered crucial in creating a safe space and preventing people from being re-traumatised.

> *"I think it's a really important opportunity for people that….experienced mental illness and are in a phase [or in a] state of recovery….to be able to learn the skills of how to support somebody else without being impacted…without being [re-traumatised] too much…and knowing what to do with that…and…hopefully it's going to prevent people from becoming really unwell in the workplace" (PP3)*

> *"What is important is to have people around [who] understand trauma without it being spoken about. These types of people can create a secure space without words" (PP4)*

Supported education pathways may also allow students with mental health challenges to be involved in a group-based learning environment if they choose. This may help them to overcome the feeling of isolation, which has previously been identified as a risk factor associated with poor mental health.

> *"…connection with others, the group is where we educate each other… It improves learning. It is that complex learning environment that helped me; it strengthened my capacity to learn on many levels. My mental health became worse in isolation. It was like the presents of others assisted me on so many levels that enabled learning to be established" (PP4)*

> *"…being able to support and allow the students to support each other. So you don't feel so alone. And I think that's why sometimes people like to go to groups and because they want to [be included.]" (PP10)*

Anyone experiencing mental health and related challenges, including their families and friends, may benefit from this pilot, potentially providing an upskilled local workforce. This includes breaking down stigma and decreasing feelings of isolation.

> *"more opportunities to support the growth in this of the workforce in this area supports better outcomes for anyone experiencing mental health difficulties or their support people… and [it] decreases…isolation, [the] feelings of isolation…feelings of stigma… being able to understand how that access supports..." (PP8)*

As the participants below have shared, learning from a pilot like this is very valuable in building a new way forward and for enhancing the planning and delivery of subsequent initiatives.

> *"I think that's really important and shouldn't be underestimated…having this evaluation, done by Flinders University to capture the learnings and for that to be available to continue to build on for other initiatives to learn from is really valuable" (PP5)*

> *"I think it's really important…to capture where we are and what we have learned as we emerge in this space - as a* workforce and community. Especially as *these kinds of initiatives start to come to fruition, there's lots of learning. It's really important to capture this so that we can keep improving and building on this. We need solid foundations for how we practice and where we move next - so we're not just going in blindly. All the hiccups and challenges are really important in establishing and translating this work in the local context and to contribute to the emerging evidence base." (PP6)*

Challenges students with mental health issues face

In the interviews, participants reflected on an array of difficulties students with mental health issues may face, including individual, societal, organisational and sectoral challenges. These findings reflect general difficulties identified, not necessarily those specific to students involved in this pilot. Those experiences will be shared in a later stage of this chapter.

While mental health challenges impact multiple domains of life, including health, quality of life, and relationships, low self-esteem and self-confidence were the most significant reported impacts.

"When you've been impacted by mental health, wellbeing [or] other related challenges, it disrupts and disconnects you from things in your life - health, quality of life, relationships, being engaged in the things you care about, and with the people that you love. But it seems that one of the biggest impacts is on your self-esteem, your confidence being eroded - so everything becomes a lot harder." (PP6)

"I do believe it's the confidence…in themselves or their belief in themselves….[For example] I'm seen as a fairly confident person, but when it comes down to that sort of things, it can eat away at you. You're not sure and question capabilities and start retreating." (PP7)

Individual skills regarding communication, self-advocacy, problem-solving and help-seeking were also described as challenges.

"There are also more personal challenges like having self-advocacy skills, being able to communicate with confidence, knowing how to work through challenges and get the assistance that you might need to help you push through." (PP6)

Participants mentioned that their fear of failure, various stages of the recovery journey, triggers, feeling overwhelmed, and pressure associated with studies were potential challenges for these students.

"…the challenges come about with a person's state of wellbeing at the time because it ebbs and flows, and I think another challenge is… perhaps not knowing or not feeling like they're going to be able to complete on time" (PP3)

"When experiencing a really high level of anxiety as that exacerbates your mental health condition. It is about knowing your triggers. The ones that trigger your mental health episodes…. if you're not aware of them, then they can be brought into the externalised world, which in turn creates problems for the ability to study. That's the problem rather than your mental health issue." (PP4)

"The experiences of people in recovery mean move in cycles. There are periods of wellness but then times where the challenges that you have to respond in your life to can really overwhelm your resources to be able to push through." (PP6)

"The judgment that you put on yourself is escalated because of the fact that you have a condition that doesn't make you feel that you are a valuable person…the fact of studying is a high-pressure side of things. You know the fear of failure." (PP7)

Moreover, on an individual level, students' circumstances, such as family issues, financial situations, and balancing multiple responsibilities, also present challenges.

"I went to [study] …and I was going alright until I met [my partner] who failed my course and everything… I had a lot of difficulty getting there and doing it. My [partner] used to remove wheels off my car. I'd have to get a bus… 3 buses to get there. I had two children that had to go to school" (PP9)

"Being able to pay for textbooks, to take time off work, to juggle multiple family roles and commitments [also present challenges]" (PP6)

English language, literacy and numeracy are other challenges that need to be considered when delivering programs of this nature to marginalised communities.

> *"People might not have experience in being able to access learning at school, let alone post-school qualifications. The readiness and skills required to engage in learning can be huge or insurmountable…. The literacy barriers are related to accessing the system itself and then the pedagogy or domain of education and study itself. There are assumptions that people have access to language and knowledge and those invisible conventions and ways of doing things. For example, 'What does research mean, and how do you do it? What does referencing mean, and how do you do it?' And so on and so forth."* (PP6)

Most participants described stigma, both externalised and internalised, as the most significant challenge to overcome at societal and community levels. In general, it was considered that mental health challenges are considered a taboo topic. This has a significant impact on individuals, not just in their studies but also when it comes to employment.

> *"I think stigma from other people is a massive barrier that they're facing at the moment because it's not a physical disability. It can't be seen. It's something that's quite easily disguised by somebody if they choose to disguise it…. mental health is viewed as a taboo subject. It's negatively looked upon if somebody is disclosing…"* (PP1)

> *"If someone has needed to take a break, or if they've had challenges… let alone if they have even being able to access the workforce in the first place - that's where the stigma of mental health and other challenges really start to come into play. It can definitely be external, but stigma becomes internalised to the point where a sense of paralysis and anxiety pervades where you become concerned about your ability to do the work and how you will be perceived."* (PP6)

The type of course delivery can also present challenges. Face-to-face and group-based learning were thought to be more appropriate than online delivery, which requires self-motivation, confidence, computer literacy skills and access to technology and the internet.

> *"So, I think the fact that a lot of vocational education and training is delivered online can be a problem. There are barriers around access to technology. It also requires someone to be quite self-motivated, self-sufficient, and confident doing that sort of thing and people who've experienced individual mental health challenges… That can be quite daunting for them… particularly if they've previously tried to study at some point in their life, and that's been at a time when they've become unwell, and so they've been unsuccessful in previous study…I believe it's beneficial for people with lived experience to be in a face-to-face environment or have support in a face-to-face environment to ensure that they're able to overcome any potential confidence or anxiety issues related to participating in online learning"* (PP5)

> *"…online [studying] is a little bit difficult for some people who don't have the computer literacy skills or access to [computer] and even internet…."* (PP10)

Challenges relating to the education system were also shared. Participants highlighted the rigidity, intense workload, inappropriate support structures, and education providers' limited readiness to involve students with mental health challenges.

"Inflexible study loads, deadlines, doing learning remotely – there are so many different challenges… When you're a student, the system is not set up to support you and meet you where you're at. Rather it tries to drag you into a pre-existing structure and format, ways of interacting, and ways of learning that really aren't responsive to support you and meet you where you're at. Rather, it tries to drag you into a pre-existing structure format ways of interacting ways of learning that really aren't responsive to people's living experiences and needs." (PP6)

"Had to be home for [my kids], and I was getting in trouble at [school] for leaving and being back home by 2:45 because it actually went till 4:30…. No, I did not get any support from anyone in any place, including the lecturers, to do my [studies]" (PP9)

"…it's an old system that is very slowly changing… the old schooled ways that you know, once you have a mental health issue, then that's it. You're you're of no use." (PP10)

In addition, the course level content may also present challenges, as described below.

"[Cert IV] is actually quite a high level of study requirements. And I do think having known peer workers who have gone into the program previously outside of this [pilot]…they found it very challenging… the level of educational.. and the study load was quite large… but also some of the topics, whether it's about suicidal ideation or deliberate self-harm or things around trauma experiences have been difficult to then kind of keep that [in] separation." (PP8)

The conversation about study pathways led to discussions about job readiness, employment opportunities and related challenges for people with mental health issues. Among them, difficulties in the application process, poor workplace practices, and the readiness of workplaces to involve employees with mental health issues.

"Some other challenges are attending interviews or orienting to a new workplace; workplaces can be incredibly stigmatising with poor wellbeing practices and cultures…. Identifying some of the literacy challenges and needs so that people can actually access the education. It is not just about the learning content; there are all these invisible conventions and prescribed ways of navigating the education system that are not made explicit. I always make the comment to people who are considering study for the first time that, 'You need a degree to complete the application process. "(PP6)

"In the employment space, if a co-worker does not understand your mental health, they can easily exacerbate it, causing you to have an episode. That is where your self-awareness and being able to take a timeout to take the time you need to reset and move forward." (PP4)

While many workplaces participate in mental health awareness training and profess to offer employment counselling services; this is still not enough. Participants reinforced this should not just be just a 'tick-a-box exercise.'

"…a lot of businesses will say that they participate in mental health, first aid courses and have an [employment assistance program] in place. I don't believe that goes far enough… I do believe that businesses themselves need to be aware of what supports they can put in place to support employees with mental health [issues]." (PP7)

Among the challenges, some participants also mentioned stigma directed to the lived experience workforce

> "I think there is definitely an element of almost stigma….I find that people that have lived experience… it's just about labelling them as people with lived experience; then it almost does them a dis-service…" (PP2)

> "…they don't necessarily wanna do the course [in peer work or] identify straight out to the workforce... So I think that's important that people are just not pigeon[hole] you're doing that because you mentally unwell." (PP3)

Thus, community education is necessary to avoid stigmatisation and to enhance the understanding of peer work.

> "…it's almost like saying what you're qualified purely on the basis that you've had lived experience, and we all know that people's lived experience… it almost has that tendency of falling into being another trap, like it's almost another label. So they're going from almost feeling like they're a… client or a participant within the mental health community to then just being labelled as a worker." (PP2)

Some participants emphasised that if someone, especially a young person, decides to pursue a career in peer work, they need to learn how to use their experiences to support others going through similar challenges. They also need to have good communication and advocacy skills. Having LE is not equivalent to professional peer work. This is a vital concept; otherwise, there is a risk of re-traumatisation or harming others.

> "Young peer workers or young people wanting to get into peer work, finding that providing that peer support can at times be a bit challenging…. going too close to home about my own experience…." (PP8)

Enhancing support for students with mental health challenges

The discussion about the potential difficulties also identified ways to enhance support for these students to succeed at both an individual and organisational level.

First, it is crucial to show students what the possibilities are in terms of education; some may not know what these pathways look like or how best to navigate them. People with LE of mental health issues and experiences that have successfully completed studies are well-positioned to showcase what is achievable.

> "People having the opportunity and exposure to understand what's possible in terms of education. If you haven't had experience in a variety of workplaces and settings, or if you are limited by your socioeconomic status - you might not have had opportunities to get some insights into what's possible. Considering the possibility of study when you're in recovery involves revisiting and reimaging your identity - which may have been shattered through your experiences. " (PP6)

> "Individuals need to see what they are working to and what they can achieve to then go… I can do this…. there is not a lot of exposure to success… Individuals, no matter who they are, need to know they can achieve something, and you can, you know, be proud of whatever it is that you do." (PP7)

This conversation highlighted the significant role of peer mentors and peer mentoring, which was one of the critical elements participants frequently described.

> *"[showing the possibilities] can be done by some form of mentoring …showcasing…. So having people that the audience can relate to and sort of say, hey I can do this too, inspire, this was my experience… be able to put it in practice so it's not just somebody standing there saying this is what I can do, but actually showing them...themselves so that that peer person going OK, you've taken that step. I've inspired you a little bit, or whoever has inspired you. So now how do we do it, which is true mentoring"* (PP7)

> *"I think mentoring or counselling is going to be a big requirement for any individual embarking on study, especially if they've been out of school for a little while. Somebody with mental health may have some additional barriers in terms of confidence and their ability to maintain that study as well"* (PP1)

> *" I think just being able to tease out what our potential challenges or if you find that there are they are coming up you need to have an opportunity to reflect on them, to understand and hopefully learn from those experiences"* (PP8)

> *"I think it's about having really good mentoring and support. Alongside the potential study support and I think what's really helpful is having like peer work specific. Mentoring about juggling the challenges of, you know, at times sharing your own experience where appropriate and knowing what's OK to share that doesn't leave you feeling more vulnerable than you meant… Mentoring and supervision that can be external"* (PP8)

Then, opportunities to build confidence, self-awareness and self-reflection were also described as necessary attributes worthy of embedding into student support processes.

> *"It would be valuable for students to have access to a person who can work through that process with them. Not do it for them - but to be available to assist, and I think that's so important because people often give up at that point because they feel stupid. When you have low self-confidence, self-esteem and you're still emerging into a person with a stronger identity who can imagine study as a possibility - you can be quite fragile and become overwhelmed."* (PP6)

> *"Build self-awareness around the triggers, so I'm not externalising blame where it's not appropriate, so making sure the support is there in any capacity. When it is needed"* (PP4)

> *"I just wanted to have some people to talk to… for me, it was very good in the fact that I thought you're not too bad off… I started to go to a [support group]. I looked up, and I wanted to go where I could sit down and talk to like-minded people"* (PP9)

Decisions made about studies need to be self-determined.

> *"Having people self-identify what might be their personal study, wellbeing and recovery challenges along the road might be. This could happen through a series of conversations with the same person - explore their hopes and their fears. You could use some scaffolded documents to help to assist that person to explore the full picture for themselves, to understand the challenges that might affect their ability to engage and succeed."* (PP6)

A participant also described that assistance in making decisions about study pathways needs to be incorporated into student support models. This should include discussions about personal circumstances, commitment levels, likely resources, and probable support needs.

> *"Support for people as they're making decisions about study - so being able to support that person to self-identify. What would it mean to study? What are the requirements not just at the technical level but at the personal level? So how much time, what kind of resources would I need? What kind of supports would I need to do this? We want everybody to succeed. It's not about excluding people from education, which unfortunately is the way the systems seem to be geared at the moment" (PP6)*

> *"…this support to build the building blocks is important. So the support, like we said, even if it's transport or accessing the capabilities to become qualified" (PP2)*

As we see above, most agree that there is much to do to prepare a person with mental health challenges for study. One participant also emphasised the importance of self-awareness and self-reflection in class settings. Another participant emphasised the benefits of a stepped approach to study, especially in peer work, as has been identified in previous studies (Armstrong, 2021; Tari-Keresztes et al., 2021).

> *"…they probably do need to be prepared a little bit more…even before they enter into some of the training so that they're already starting to be self-aware and self-reflective in those [challenging] moments rather than just being all in and unfortunately then becoming disruptive." (PP2)*

> *"The particular domain of study - mental health peer work - requires a more staged approach so that people have the opportunity to get to know the language and the literacy of that domain before they have to demonstrate their understanding. This is what enables them to engage with the content. It is important for students to have the opportunity to develop a relationship with the educator and support person so that relationships can develop and needs be explored. So it's almost like a preparation or additional phase before that staged approach happens" (PP6)*

Allowing students to debrief and consolidate their new learning would be another opportunity to support them, especially when stepping into the workforce.

> *"…at some point in… would be beneficial to…just really help them then debrief what it is they've learnt…and then help them consolidate their identity around what this new opportunity now looks like for them…to get them prepared for the workforce just to transition them out… of being a client into a participant… [then] transitioning out of being a participant into being a professional." (PP2)*

The necessary support required at an organisational level must include flexibility in studies, providing a safe learning environment, essential and appropriate adjustments in study plans/schedules, and access to additional pastoral care and support.

> *"So primarily, I think it's important for the trainer to be talking to people about their needs, including their mental health needs…and providing what is their right, which is to reasonable adjustments and additional support so that they can overcome those barriers and access their learning." (PP5)*

"…it's paramount that [training providers need to] flexible… [and] the sector needs to have…. a safe work environment" (PP3)

Some participants mentioned that providing mentoring and supervision to education providers and trainers and to management and staff in workplaces committed to employing people with LE of mental illness would be valuable as well.

"The mentoring or counselling side of things would be a great support, not just for participants [students] but also for employers…. or the education team" (PP1)

"I do believe that…also needs to go down through to the RTO and through to the [employers].. mentoring or training, mentoring as to how to deal with this people. … Not just the individual taking that responsibility…So I think it does need to be a whole inclusive mentoring, professional development, support, whatever name you wanna put to work that needs to work to achieve that" (PP7)

Peer mentors also need supervision, as described below.

" [having an external supervisor who has lived experience] is just another opportunity to professionalise or legitimise their workforce because it is legitimate, but also it's an expectation of clinical positions usually to have that external supervision, so it should be an expectation on the peer workforce as well. But yeah, again, just having someone to bounce ideas off and really deeply kind of understand. They reflect on challenges and work through them. If there are any." (PP8)

Student cohort in the pilot and their experiences

Since the student voice in the evaluation is very limited, most experiences shared here are indirect reflections by the governance team, including AWG members and Lead Agency representatives.

The project aimed to involve students from priority cohorts, such as youth, Aboriginal and Torres Strait Islander people, and LGBTQI+ and CALD populations. Many AWG members did not know much about students' backgrounds.

"I cannot speak as to whether they have been able to reach those targets or not because I don't know what the student participants are like…it's really hard to say what's been happening because I don't know what the student cohort looks like." (PP1) –

As the participants describe below, the pilot had significant limitations regarding the reach of these priority groups.

"Yeah, probably wasn't as diverse as I think the intention probably was… there's definitely a lot that can be done. I think too it's tricky because when dealing with some of those minority groups …. [that] probably would have added another layer of complexity of trust within that whole group of [students]" (PP2)

"I do not believe [the pilot] reached all these groups… I think [this access was] very limited" (PP4)

While the student cohort reflected a diverse blend of mental health experiences, more needs to be done to achieve the aimed goals with the identified marginalised groups. This would require a more targeted approach.

"I think for the pilot, they did a pretty good job of having a mixed cohort probably just diverse in their own mental health experiences…. So I think this particular cohort for a pilot was a good blend. But I think for the desired outcome to really target and try and create an opportunity for some of those minority groups…. It could. Yeah, it could do better. It could do more." (PP2)

"When you throw a wide net out, you have to speak [that] type of language that people will understand what the purpose of why you're doing it…even though they want the application to be very wide, one policy does not fit them all though" (PP4)

"[I talked to] one of the disability employment service providers, and nobody knew about the project…. youth providers knew nothing about the project… people that are looking for work are Indigenous, and nobody knew [anything about] this project." (PP7)

No mapping and planning were undertaken in relation to relevant courses available within the NT, which resulted in a lack of clarity about the available courses and what qualifications students were working towards. While there are now limited pathways available for a Cert IV in Peer Work, participants identified that some mental health courses (e.g. Cert IV in Mental Health) have an explicit clinical focus. This clashes with more contemporary non-clinical course content associated with personal recovery and recovery-oriented language applied in the peer work study. Indeed, course content built on a clinical approach can be traumatising for students with mental health challenges if not delivered sensitively.

"I have heard some feedback from only one of the students that it was unclear to them which qualification they were enrolled in… They thought they were enrolled in the Certificate IV. in Peer Work and came to realise several months in they were enrolled in the Certificate IV. in Mental Health… which is indicative, I think of the lack of certificate IV Peer Work pathways." (PP5)

"If we want peer mentors, then they need to do the peer mentor…. certificate because mental health certificate is a little bit more on the clinical side… If you having a person who has mental health issues and is not having a good day [that can be] traumatising." (PP10)

Thus, lecturers and trainers need to know the student cohort, understand the impact of mental health issues, and implement changes in support that respond to student needs.

"I think the lecturers need to know…the cohort of the students." (PP10)

"And that would require the vocational trainer to understand mental health issues, see how it can impact a person's behaviour and primarily not to judge or stigmatise their students. I think that's really important. The trainer not only understands it, they make the sort of adjustments to support them to access their learning. I think the trainer also needs to provide those opportunities for students to access them face to face or regularly so that they can, you know, keep an eye on how the students going and adjust the level of support they're providing accordingly."(PP5)

Some students started to study an entry-level mental health skillset as part of the Cert IV in Mental Health course, including the following five units:
- CHCMHS011 Assess and promote social, emotional and physical well-being;
- CHCMHS002 Establish self-directed recovery relationships;
- CHCMHS003 Provide recovery-oriented mental health services;

- CHCMHS008 Promote and facilitate self-advocacy; and
- CHCMHS005 Provide services to people with co-existing mental health and alcohol and other drug issues.

While it was an introductory course, many students enrolled, but by the end of the course, many of them dropped out.

> *"…the five units were introductory units… So it was basically seeing where they're literacy, numeracy, comprehension…. levels were at for them to continue… Only two or four completed that." (PP10)*

> *"…there were about 20 people…Maybe the third month in that [it] dropped down to four people." (PP9)*

Participants mentioned difficulties associated with the intense workload, course content and personal challenges, including AOD issues and family responsibilities. These all impacted study participation and progression.

> *"The [skillset course was] very intense… some of the stuff they were talking, the things from America…and when you go online and look it up, a lot of the references are all in America, right, which is different [from the local context]… there [were students with AOD issues]…another [student] that had a little baby at home [which is the] biggest, most intense job…others had little kids…. and then we had other people that were separated, you know, they've got all that ship to work, kids and swapping and [that is] dreadful much"(PP9)*

> *"One of the students has a drug and alcohol issue. When he was triggered, or he couldn't do it, then he'd lose all hope… few people couldn't or didn't know or didn't have the support to balance home life, family life and study life… I think there [were some students] that had young children..and that's a lot of organising… you have to be aware that you could drop out or burn [out]" (PP 10)*

Lack of transportation and the financial burden of out-of-hours school care for children were also highlighted as potential reasons for dropout since these issues were not mapped out at the program commencement.

> *"So the challenges they faced were one, lecture started at [an education provider].. so it's a long way to travel. Secondly, they didn't have their own vehicle, so [they] would have had to have been by bus….[the Lead Agency] didn't have the capacity to transport due to that, transportation was not included in the funding…. And before-school care and after-school care costs money… I don't think it was really addressed at the beginning…. As in, let's map it out. These other issues up here. How are we going to support the student to do this?" (PP10)*

Also, some students' motivation was only related to enhancing their economic situation and subsequent job prospects, and complex class dynamics disrupted their learning.

> *"…[some students had] focus and a discipline issue…. and being able to sort of manage and monitor themselves " (PP2)*

> *"I wanna higher pay that that was their objective not to help people" (PP9)*

Participants appreciated the support they received, mainly from their education providers, but the challenges were complex and often resulted in course non-completion.

> *"[students were] very grateful. They really have enjoyed it, and they are getting a lot of support." (PP2)*

> *"…the support that [the student] is getting is directly from [the lecturer], and [the student] actually has someone who is very well educated in this space, who is helping [the student]." (PP3)*

> *"It is like [the] physical body had experienced a viral infection, and now the worse of it has passed…it leaves you with that feeling…. If the right support is not provided, it will have an opposing effect." (PP4)*

Some participants pointed out that necessary support from the peer mentors was not available for the students because of the lack of peer mentors' previous experience in mentoring.

> *"I didn't even know they were…peer support workers. I thought they were doing the course along with [the students], which is what they were doing, rocking up and doing the course…[they were] nice [people], lovely… and friendly and everything…but they had no more idea than [the students]" (PP9)*

> *"[students] being relied on by the mentors to try and do that, whereas they were learning skills at the same time" (PP7)*

Project governance: management, roles, and responsibilities

Participants reflected on difficulties from an organisational and governance perspective. The project was supported by a part-time Program Manager, three part-time Peer Mentors and an AWG. However, as mentioned previously, there were personnel changes in these roles during the project cycle, leading to a lack of continuity.

Two persons and an acting manager filled the Project Manager position during the course of the evaluation, and the Lead Agency is again recruiting someone for this position. The responsibilities attached to this position are crucial to the pilot's success. A greater level of clarity is required about the duties of the role, including a heightened sense of self-awareness about the skills and experience necessary among those employed into the position.

> *"I think with any program management or project management, it's recognising what skills you don't have or what knowledge you don't have and then being able to bring in nice people next to you…[program managers may] feel that they have to do it all…[but] instead [it] is you actually delegated out to other people to do, and you manage that from there and you manage the personalities and everything from it. You don't actually have to do it yourself… You don't necessarily need to be an expert in across the whole system…So it's recognising your own…lack of skills or your triggers or whatever else. There are challenges and everything…and then putting that conscious effort into OK, I don't do this, or this is I'm getting nervous because it's falling down…Who do I go and talk to.." (PP7)*

> *"So [if] there's one person that's calling the shots [and a person] in the middle is not [that can be problematic]. [If this person] doesn't have the capacity yet to implement what's needed…. that's where the significant dysfunction is occurring." (PP3)*

Without addressing these concerns, the workplace demands placed on the project manager remain unabated. This is exacerbated if there is additional tension among key personnel, including that within the governance team.

> *"I think it was a lot for that project manager to try and absorb." (PP7)*

> *"…there was [also] a clash of personalities…"(PP10)*

Good planning and management skills, clear communication, understanding AWG members' experiences, connection and network, and building feedback in project management are necessary to achieve the project goals. However, the pilot had challenges in these domains.

> *"I think the lack of knowing what the next stage [impacted the pilot]… [and] understanding the dynamics of the people that they've got at the working group would have been really good….So I think the project management…needs to understand the strengths..that is on that working group, what their role is…I don't want to sound like it's a knocking; I think that that comes down to the skills of the project manager too." (PP7)*

> *"Lack of communication to provide others with the opportunity to have input and extend the circle of knowledge [was missing]… there's lots of things that I don't know. The only things that I know are being part of that working group and what happened." (PP1)"*

> *"I've just kind of offered my thoughts and suggestions to the project officer, you know, in relation to the things that they had raised and you know, maybe some ways to…address that." (PP5)*

Communication was also poor at critical program junctures.

> *"I think [the Lead Agency] information sharing was restrictive, it felt that it had to be controlled by one person or two people…. that then creates barriers….When we had the meetings? That was good. We could speak about viewpoints but did anyone really listen or extend on that viewpoint…it was all about the funding that the organisation was going to receive because they were a part of it. What part of Cert IV or Cert III we could support? So funding was secured. This really took away the focus of what supports were needed in this space for mental health-related issues…[and] I think the communication level may have been interfered with by different groups of people. These people were competing for their views while others were not being heard." (PP4)*

> *"I think it was just more to communication that I think needs to be to be developed more." (PP7)*

The participant below advised more engaging communication was important.

> *"I do not believe these different organisations communicate with each other. It leaves someone who is living with mental health without support, and the system (policymaker) adds to the already lost sense of self. I felt left out during the process." (PP4)*

While the Project Manager needs support from AWG to navigate the various challenges, this needs to be communicated; otherwise, AWG's potential to help will be missed.

> *"…the project officer needs a very supportive….AWG… [but] do they know how they're supposed to be supporting Project Officer?...[the monthly meetings] was about showing*

them what [the project is] doing and…everything's really great…which wasn't the case….”
(PP10)

“…within those meetings, there has been some reported feedback of the difficulties that the individuals had in navigating through the training and the support that they were getting and also the high dropoff that has occurred.” (PP7)

If the communication is not transparent, some may feel that the project is going fine and there is no need for further support or quality improvement.

“ Things have been going OK. I haven't heard any disaster stories or anything, so I imagine that in itself is a very good thing.” (PP8)

As one participant described, AWG members did not understand the student cohort well, making it even harder for them to provide the necessary support. While AWG knew why they were invited to sit on the advisory group and were generally very passionate about the project, there was confusion about the project aims. For instance, whether the pilot will prepare students for peer work, employment in community services or, more broadly, in businesses outside of the health and community service sectors.

“We didn't meet the cohort until the cohort started; nobody on the committee had any idea about the cohort….” (PP2)

“So, for me, it's about increasing awareness in the business community and getting as many people as we can into work across the board, not just in the mental health space… And I think people understood why they were there because they had a lot of passion and commitment to developing a peer workforce and acknowledging that there is the need for it. So I certainly believe that there was the right mix.” (PP7)

Some AWG participants felt they could not contribute to the project implementation as key decisions had been made about the project prior to their engagement. It was also expressed that the AWG was not utilised maximally.

“I wouldn't say the advisory group did [support the planning and implementation]…I probably would just like to have been part of it earlier…. Just to actually hit the time frames and the milestones that were needed…it feels like we're behind the eight ball, but this many people in the room…should know how to motivate this forward…” (PP2)

“As far as planning and implementation, I don't think the advisory group was in that consultation side of things, so it was more the fact that, well, this is what we're going to do, and then the advisory group went ‘oh well, we could help with that…”(PP7)

“I would really like to be able to probably participate in it [AWG] a bit more [actively]…”
(PP8)

Most participants were satisfied with the experience and expertise sitting in the AWG; however, some suggested further representation in funding, workforce development, sectoral bodies, students, clinicians, and, most importantly, in lived experience, including independent LE voices.

“I think that the group that they have at the moment is quite a good strong group, but I guess there's always room for improvement.” (PP1)

"Funding knowledge. Yeah, definitely need someone from the Department of Industry, Tourism and Trade or [Department of] Health…. Because they fund training…. So to get there buyin which again somebody like me like is sort of the middle link where I went back to them advocating…. So to have somebody from the department, from workforce development, on that committee obviously helps turn the wheels between how we get from a good idea to how we actually get to build a strong workforce." (PP2)

"We need to have a sector body… who's moving in the right direction…who can actually inform the decisions around what's going to happen to support the students in the future…." (PP3)

"Again, it's very policy-making. That means that everyone's coming to the table that wants to say this is what we're going to develop policy-wise; it is missing some therapists, some more people coming from different cultural backgrounds with lived experience. It is structured around the development of policies which does not balance through the lens of lived experience…. It's lost in policy-making instead of being captured through the lens of support for Mental Health Issues" (PP4)

"I think probably…the student voice is not strong… [and] certainly I think you need lived experience representation, independent lived experience representation, that's not attached to the project or attached to some other organisation or the organisation's own staff. That would have been, in hindsight, what I think probably would have been good for that group - to actually have one or two of the students join the steering group potentially…the way that organisational leaders or peak leaders see things …. is different from the way things are on the ground. So have to have a voice from on the ground within [AWG] to clear things up" (PP5)

Also, a participant emphasised that it would have been more effective if they had more clarity about what was required of them, so they could have decided who was the best person within their organisation to support the pilot.

"What can I be doing better…? Am I the best person within my organisation to be coming? And I think at different times I've really wanted to support [the] senior peer support workers to be involved because to me they're definitely the leaders in that space." (PP8)

While a participant shared that managing and engaging with a large advisory group can be challenging, it can be more productive if structured well.

"Look, I think there's so many benefits of having that many people invested in changing the narrative and building programs and projects of this nature. So you do want a lot of people's buy-ins, but as we know, like committees that become that big…. here's only a small number of them that are really going to contribute" (PP2)

"Breaking the groups into smaller groups may bring a lot more variety of ideas to the table…. it would be more productive… Keep the policymakers in a particular group. Maybe in a section and then see how that policy links with this student group or the advisory group etc. They all definitely want to be at the table together; it is like brainstorming, breaking it down to see how everything works into together. Because you just get over it, when people tend to want to dominate the policy part of it, and the real support systems are just lost" (PP4)

"Having a small advisory group to start off with and then expanding from…most probably would have been a lot better. Because then it could be OK in the planning of the project. These are some of the things, then get the wider group to... What are the risks? What are the strategies we can put in place to get these risks and then go from there?" (PP7)

"I do feel like the level of engagement, and the range of different services involved initially was amazing… many people [were] on the 1ˢᵗ meeting… [from] different organisations… I think there's been attempts to bring an incredibly broad range of people on board and organisations and experience on board…. [but] the NT is a transient place, so there is a lot of movement and changes, but I do think you've got a good solid [team] who is still actively engaged" (PP8)

They agreed that turnover in positions in the NT is also a permanent factor that needs to be addressed in project planning.

"Look, I think there's been some challenges of, there's always workforce turnover in the NT and… So it has like, I recognised that the difficulty for the lead organisation to have a change over in the project officer role. I can see that. But you know that... It's, it's constantly an issue in the NT, so that's not directly linked to them in any way, shape or form. But you know you can understand how that impacts… That project, yeah, especially with a short timeline." (PP5)

Despite the difficulties in managing the project and the AWG, some recognised the potential of the advisory group to become an overarching steering group for the peer workforce, as the below participant summarised.

"So what I could see and what I know from other peer projects which had governance or steering groups - and a lot of those same people attended them- that they provide an incredible advantage to the project and brought their support for the workforce movement. You know, that's why I would like to actually see an overarching steering group for the workforce. They offer their support very generously… from practical things like the use of a room through to NT level, you know, systems-level advocacy…. for funding, to provide some places for the workforce. So I think that…….. They're incredibly valuable……to the project and to any peer project, really…" (PP5)

In addition to the Project Manager and the AWG, Peer Mentors were also significant contributors to the project. However, they were limited in their ability to influence project outcomes for various reasons, such as a perceived lack of skills and experience, insufficient support and professional development, and concerns about ambiguous position descriptions and responsibilities.

"I don't think they had had experience in peer mentoring before..." (PP10)

"I don't know if their role was completely defined… but [this role] is probably needs to be defined a little bit more…." (PP2)

As discussed previously, experienced and qualified peer mentors are vital in providing appropriate, trauma-informed, and recovery-oriented mentoring. These are skills that need to be learned and practised.

"It's like role modelling the behaviour… it's a key, important. And the second thing [is that this is] not about you… It's about the other person…. I find that a lot of peer workers wanna

talk about their experience…. How they fixed something? How they did something? What I like is to be solution-focused and problem-solve with the person [and] ask them what their ideas… [and] so you don't trigger the person." (PP10)

In addition to the challenges mentioned above, the Lead Agency had to move office locations in the middle of the project, which caused additional disruptions to project continuity. This placed additional pressure on the pilot and the personnel involved.

"I felt that they were working in a very messy environment, to be honest." (PP7)

Learnings gained in the pilot

Participants shared their perspectives about the learnings they gained throughout the pilot project. They all appreciated the Lead Agency's initiative to implement this vital pilot and get it evaluated in a context with significant sectoral and organisational readiness issues.

"I believe the intent was very good, and I do believe that the professional side of things, so the professional understanding of mental health and the understanding of the value of peer workers…certainly the [Lead Agency] have those skills, they have that experience, and this project has come from a very valued place." (PP7)

"I think it's really a good project…if provided the right support can empower others, doesn't matter what barriers they have in life…[also] the project research is great…" (PP4)

"I think they've done a really good job. I think a lot of it was, you know, they were also figuring it out as it was evolving…. They were elements where there was quite a bit of confusion, but again, I think the confusion also came from the fact that they didn't know how to access the funding for the students…" (PP2)

However, the emerging peer movement in the NT cannot progress without purposeful work implemented in developing supportive policies, legislation, and practices at a jurisdictional level.

"…how we make them into policies and procedures. I feel like nothing's been done with that. And I know it's a big job, but in order for the program to thrive… And people to remain well in the workplace. And for others to receive the appropriate support when needed. This has to happen." (PP3)

Similarly, establishing an overarching LE workforce steering group has merit in the context of emerging peer initiatives.

"I would say that consideration should be given to…. a lived experience workforce steering group for the whole of the NT, and this should be supported by the peak bodies who part of their role is to advocate for workforce development, should have representatives from the funding bodies as well as… Peer workers, industry representatives, or, you know, like Industry Skills Council and some organisational leaders. I think that needs to happen." (PP5)

In addition, the lack of available pathways to peer work; and the lack of skilled peer mentors were identified as primary barriers to the project. Thus, implementing supported, stepped pathways and linking students with organisations is necessary for professionalising the workforce.

"I think there is a need……to connect the training pathway with the... sector and get these work placements which support employment…[also] needs to be more pressure and more funding

*toward the Certificate IV in Peer Work… [and] people need to have access to a peer worker……
and non-accredited training before they can jump into that level of study or they will fail and will
fail in recovery…and so what was going to be primarily a vocational pathway into Peer work is
instead a supportive pathway into Cert IV mental health…[we need] need this organisation,
other organisations, the Allies on the steering group to continue to work toward breaking down
these barriers, because that's the only way that workforce will get up and running." (PP5)*

Offering students the opportunity to study part-time was also deemed a key strategy to help students balance various responsibilities. Also, peer mentors need access to study units in order to provide the necessary support for the students.

*"[I wonder] whether the students can do this study as a part-time and not a full time.
…[part-time] should be offered… the other thing that I wasn't aware of was that the peer
mentors -unless they're doing the studies themselves - cannot access the units online."
(PP10)*

Participants mentioned the need for an increased understanding of peer work, available funding, broader representation of LE people and professionals in the priority cohorts, and the need to include student voices in the AWG.

*"I think we need to be very clear about the use of the word peer work……it means you have
a position description, and you have some sort of training to be able to use your lived
experience…. in a way that supports recovery. So these students are students of the
community services or mental health qualifications who have lived experience. They are
not peer work students because they are not learning how to use their lived experience in
a way that's intentional…. Really important that everyone in the sector understands that
having lived experience does not mean you are a peer." (PP5)*

*"It just is all about understanding the fundamental building blocks. So the plan, knowing
the timelines… being able to then have specific milestones…There are going to be some of
the ones that will keep steering it, like keep building that momentum…. " (PP2)*

*"I think it's really important [to engage with people] on the ground; they have much better
insight Into what they actually need with their [support]…It's not like going to the hospital
with a broken leg…it's different, and every single person is different." (PP10)*

*"Although there's been a lot of work done in this space, especially in the NT in the last
couple of years… services, perhaps still not getting it about what peer work actually is as
a really legitimate professional." (PP8)*

Generally speaking, the intake process was fast and poorly planned, resulting in significant dropouts in the student cohort. Thus, mapping out their motivation and necessary support needs is a critical first step to consider in future iterations. In addition, offering pre-vocational courses, following a stepped approach, and exploring other relevant courses that complement Certificate IV in Peer Work would be beneficial.

*"If you're trying to get 15 people, you need to be selling to 150 people to then get your,
you know, 30 people to then eventually get your 15." (PP7)*

"The Project Officer then said that it was 15 students [enrolled at project start]. You know, actually, you should at least get 20 because you need to look at a drop-off… and the project start] was pretty much hitting the floor running." (PP 10)

"I think [pre-vocational learning] is particularly important for people who…are still learning about recovery… it might be a while since they've worked or studied… [or] if they've never done any prior study of an equivalent level to a certificate IV, I think putting them in the deep end with the certificate IV is setting many of them up to fail. So what, I think the non-accredited peer work training…should be highly recovery orientated and supportive… and it should definitely not be delivered online…because it's those people's first opportunity to try on…….what it feels like to be a peer worker and to understand what would be expected of them. If they went on to work as a peer worker and, of course, ideally, they would also go forward and do some accredited training as well… Yeah, it's there absolutely a step pathway…Jumping into a cert [IV], particularly one that's online without people around them, that's not recovery orientated in my mind. It's got a high chance of failure, and … If people think that's OK, then they're failing in their duty of care." (PP5)

"Sometimes I wonder if this course [and these] subjects are the right fit…but it doesn't feel like it's really hitting the mark… I think it's sometimes it's to do with that [level of study]. I think it's sometimes to do with the content….I found [IPS] much more useful and more practical. The rationale is for peer work; it's about peer support…with maybe [cert iv] not quite hitting the mark in terms of what the qualification is In terms of the content…because I think we're missing out on some potentially really great peer workers or scaring them off." (PP8)

Time restraints should also be thoughtfully considered in project planning to balance deadlines and to enable the development of trust with students, especially with short-term funding cycles, as was required in this pilot.

"It'll take time because I just have to keep slowly talking to [a student] about it until [they] feel safe." (PP10)

"I felt a little bit late, like it was probably September 2021, and their deadline was by June 2022. So we did have to kind of move pretty fast by the time we got to the conversation at the start of this year to [discuss] how are we gonna progress this?... I felt like I was walking into a room that was already sort of pretty well established with some of their ideas around the program, and that was probably where I was more surprised with the number of people that were in that room with… how little progress it had both when the program is obviously funded to the point where we're going. You want to finish people in Cert IV's by June next year, and we're already in October." (PP2)

"You know, delivering the training over Christmas and everything…that was a challenge, and I think I think the timing most probably was that my the main challenge and then the access to the people…" (PP7)

Building on evaluation findings identified in the current and previous projects and developing genuine collaborations with relevant organisations and groups were necessary to reduce sectoral silos and develop the next steps for peer initiatives.

"Keep informed on what initiatives are out there so as not to replicate… as such, I try to encourage people to collaborate and not duplicate projects… from the evidence that had been on the other projects that were similar, the learnings could have been taken from that." (PP7)

"Having now learnt from that and going into the next one saying, alright, well, this is what we need to do to frame it now and so that we can continue to step through the stages in the appropriate time frames is obviously a good lesson like." (PP2)

"I think this project is really important. I think the evaluation is really important. It's OK that……we're learning a lot along the way from our challenges…They haven't quite been able to achieve what they set out to achieve. But what will come from it will be incredibly valuable for…….the growth…….and improvement of the lived experience workforce in the NT." (PP5)

The project should require a stronger and more targeted advertising approach to access the identified priority populations and to ensure transparent and culturally relevant communication. In addition, more regular meetings with the whole project team would have been beneficial.

"I am thinking it could have been advertised better…and reach more persons through the sector." (PP3)

"Management needs to be transparent with the workers…if something isn't working like even with reporting… [it is important] to sit with the peer mentors or the support workers because they're the ones on the ground. Not coming from what I think is have. Dumb. I think that's, you know, being transparent with the staff." (PP10)

"It's a bit hard to stay, I think, to keep track of it because probably the meetings are a little bit far apart… So yeah, this is something that can be improved…. I think they could be more frequent… Not so far apart, or there could be some maybe messaging that comes from the organization between times." (PP5)

Above the support provided to students, mentoring employers and workplaces was also vital to raise awareness about mental health issues and creating welcoming environments for them. However, this also requires thoughtful planning.

"[there was a training] for managers….that was, really good. [There was] a manager working with the person who had autism and Asperger's…[who] this routine… every day and loved it and did it every day, the same thing. And [the manager] thought, oh, he must be getting bored with that. So [they changed the routine]…then the person had a mental health breakdown and never came back to work. [The manager] really wanted the education of how could he have done that better… [the Lead Agency] is supposed to go to Katherine Tenant Creek, Alice [to deliver workshops] and I don't see what the scope of [doing it outside the Darwin region]." (PP10)

"To have people trained in [the peer] workforce, and their workforce isn't supportive…. The [existing] structures [in the NT] are not supportive enough…and that comes under the Human Rights Act. We need everyone has the right to be safe…there's an interest to do the certificate [IV in] mental health peer work… However, there's hesitancy because of the lack of development in structures." (PP3)

Access to transportation was a significant issue faced by students. Consideration of a group tutorial at the Lead Agency would have been valuable.

> *"It would have been great for the lecturer of those units to come out to [the Lead Agency]. I think that would have worked a lot better, and you can do those things these days. …. They can access and sit in there, be mentored, and do that group tutorial. And I think they probably needed the group tutorial stuff because it's good to bounce ideas." (PP10)*

A participant mentioned that soft skills such as communication are necessary for peer workers and community service workers with LE to implement conversations about mental health issues and to socialise key concepts in the broader community. Thus, this needs to be included in their studies.

> *"We're not taught how to have those conversations, so I think that would be one good skill to pursue." (PP10)*

Also, more structured meetings could help bring the various experiences and expertise together.

> *"You know, I think even breaking it up into different sections….Yeah, that could be achieved by linking into those diversities, bringing that together." (PP4)*

Participants agreed that it would be valuable if the project could be continued and capture students' experience directly.

> *"[I recommend] that the project continue because, again, I feel that it's very valuable, and I do believe that [the Lead Agency] is the in the position to be able to drive this. It's just, you know, getting the right mix, the right balance happening… I think it's something that needs to continue…." (PP7)*

> *"I'm curious to know how those students are going and how they're managing, how they're finding it… To know what would the fact be? What [were] the factors that led to people dropping out? I know there was a high drop-out rate." (PP8)*

They agreed that the learnings and the evaluation were valuable and would help the project team to be more prepared if ongoing funding could be secured.

> *"I think it's a fantastic learning curve, and we've certainly grown from it, you know. But I think the first instance it was just…. let's say we weren't ready. Or we [did not] know how to be ready." (PP10)*

> *"I think it's really important…to capture where we are and what we have learned as we emerge in this space as a community and as these kinds of initiatives start to come to fruition and because there's lots of lots of learning… as we move into the next initiative and to the next initiative.. [so] then we have some really solid foundations of where we go. So we're not just going in blindly… including all the hiccups and challenges is… really important in creating a local context and, you know, the emerging evidence base." (PP6)*

There was a consistent narrative among participants that organisations, such as the Lead Agency, need consistent funding; longer funding cycles; long-term evaluations; established placement pathways; continuous strategic, high-level support; and ongoing professional development opportunities to sustain supported study pathways.

> *"Well, consistency [in funding is] obviously [needed]… think that that that would be the biggest that would be the biggest key to just make sure that it's locked in and it's consistent*

and it and it's allocated to that particular cohort so that we can continue to build momentum throughout." (PP2)

"You would need a four- or five-year project at least to capture the true essence of creating a solid outcome… a true representation …. [a short-term evaluation] is not capturing enough." (PP4)

"I would like to see if there were some funding allocated… someone at [the Lead Agency] who could continue to mentor and hold these students on work placement." (PP5)

"We need to continue to really work on what pathways there are for ongoing professional development and career pathways and things like that... across all levels of kind of, yeah, service delivery or management." (PP8)

"More coordinated approach to bringing different organisations and stakeholders together…. at the big picture level, so not the project deliverables… So high-level collaboration and strategic planning would really help a program like this succeed so that multiple players could do their bit towards the same objectives and outcomes…." (PP6)

Administrative data

The Lead Agency collected administrative data from employer workshop participants and students. This data is relatively basic, including five workshop feedback forms (n=5) and student feedback forms (n=7).

Based on the data shared with the research team, some employers attended the workshop in person, while some participated online. Participants considered the workshop valuable in enhancing their understanding of the benefits of employment for people with mental health challenges, peer worker roles, and social exclusion and employment difficulties for those with these issues.

Students indicated who they were studying with, which included Star College Australia (n=6) and Charles Darwin University (n=1). Most were happy with their progress and enjoyed their studies. However, they identified many difficulties in their personal circumstances, such as family situations, transportation, balancing responsibilities to catch up with studies, and daily routine.

Chapter 5: Conclusion

This chapter summarises the findings and includes recommendations based on the evidence identified throughout the evaluation.

Participants highlighted the importance of the project in filling a critical gap in psychosocial education and employment, providing an avenue for employment, personal recovery, peer work skills, experience in group-based, supported learning and building the evidence base of the pilot. They reflected on challenges students with mental health issues may face, such as low self-confidence, poor self-esteem, minimal self-reflection, fear of failure, feeling overwhelmed, and the influence of triggers and stigma. Further difficulties with communication, lack of confidence with self-advocacy, delayed help-seeking, and limited problem-solving skills were also mentioned. These challenges were reportedly exacerbated by individual circumstances, literacy and numeracy levels, and previous bad experiences with studies. Participants described significant difficulties relating to the education system, such as rigidity, online delivery, inappropriate types of support, course levels and content, and issues with sectoral and organisational readiness. These students' support needs were described by strong peer mentoring, opportunities to increase their confidence and skills, mapping out individual circumstances, pre-vocational preparation, a stepped approach to study pathways, consolidating key learnings, and preparing and mentoring education providers.

Table 2. Supporting evidence and recommendations

Supporting evidence in the evaluation	Recommendation
The pilot had minimal success accessing priority groups such as Aboriginal and Torres Strait Islander people, youth, LGBTQI+ and CALD populations.	A more targeted approach in recruitment, utilising AWG knowledge and networks, including the extension of AWG membership to organisations representing relevant priority groups. Employ peer workers that identify with the relevant priority groups.
The project aim was ambiguous to some AWG members and students alike.	Ensure the Terms of Reference for the AWG are discussed and approved by all parties. Improve communication with students and the project governance team through more regular meetings, email contacts, phone conversations, and strategic, engaging discussions.
The main barriers at organisational and sectoral levels were lack of clearly defined policies and practices to guide peer work; and poorly mapped study pathways designed to enhance peer work options.	Establishing an overarching jurisdictional-wide steering group for the peer workforce could provide high-level structured support to develop and trial policies and practices relevant to peer work. Clearly map peer work education, training and employment pathways in the NT.

Students' low confidence levels and skills such as communication, self-advocacy, problem-solving, and help-seeking were potential challenges they faced during their studies.	Assess individual self-confidence prior to enrolment in vocational studies to ascertain student readiness and needs. Provide students with opportunities to experience evidence-based personal recovery activities and improve their skills and readiness before they commence vocational studies. Adopt group-based learning with a stepped approach to mentoring during study.
Some participants described that there is a significant stigma associated with the peer work profession.	Keep investing in education targeting employers and the broader community about what peer work means and why it is important. Ensure there is ongoing professional development for emerging peer workers to build skills, confidence, and achievement within the profession.
Organisational and sectoral readiness was a significant barrier.	Build on experiences gained in previous local and national peer initiatives, provide mentoring and supervision for organisations, workplaces, and employers, including peer mentors, and develop an NT or Darwin Community of Practice in Peer Work.
There was a breadth and depth of expertise and experience in the AWG. However, some suggested inviting further representation, such as broader LE representation, students, and people familiar with navigating relevant funding and policy contexts.	Expand the membership of the AWG to include LE, student, priority population and government representation.
The pilot experienced a notable drop-out in student participation in, and completion of, their enrolled study programs. Among the reasons, individual circumstances, the intensity of the course, available study options, course content, and the unavailability of peer mentoring were mentioned.	Apply a more targeted approach in the intake process, and leave time to map out students' motivation, readiness to study, personal challenges, and necessary supports to maximise participation, achievement, and completion in their chosen study path.
The position descriptions and responsibilities were ambiguous, and peer workers lacked some critical skills.	Utilise AWG knowledge in developing job descriptions and recruitment and keep investing in professionalising the workforce
The data collected by the Lead Agency is minimal.	Mapping administrative and service data requirements is needed to guide future monitoring and evaluation activities and to inform continuous quality improvement.

	Train staff within the Lead Agency to collect pertinent data for monitoring and evaluation purposes.
The project had multiple aims as follows: 1. "Teach people with mental health challenges work and job skills". 2. "Encourage employers to hire more people with mental health challenges". 3. "Help people with mental health challenges to find support and places to work". In this project cycle, the focus was mainly on the first aim, and the remaining two got less attention.	Keep focusing on creating safe workplaces for the emerging local peer workforce.
The evidence collected about students' direct experience, psychosocial activities implemented during students' placement, pilot impact on studies, employers' experience with the workshop, and administrative data provided by the Lead Agency was limited. In addition, evidence about the effectiveness of the-networking event to bring students and employers together, and the experiences of the peer mentors, are missing in this evaluation.	Continue investing in the evaluation to further strengthen the evidence base of LE interventions of this nature, as this plays a vital role in informing strategy development for the local, emerging peer movement on the next best steps.

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Appendices

Appendix A: Engagement and key activities

Table 1. Engagement and key activities

Dates of Engagement	Participants	Activity (purpose)
06/2021	TEMHCO representatives evaluation team	Development of the finalised Project Outline
27/10/2021	TEMHCO representatives AWG members evaluation team	Project overview Terms of Reference Evaluation outline Feedback, risks, and risk management
01/12/2022	TEMHCO representatives AWG members evaluation team	Project updates (promotion, barriers, risks and risk mitigation)
09/12/2021	TEMHCO representatives	Mental Health Awareness/ Capacity building employment Workshop I. at Palmerston
23/02/2022	TEMHCO representatives AWG members Evaluation team	Project updates (current situation, student statistics, barriers, risks, plans)
02/2022 – 04/05/2022	Evaluation team	Ethics application development and approval
01/2022-04/2022	Evaluation team	Transition from Menzies to Flinders
04/2022-06/2022	Evaluation team	Data collection I.– AWG members
25/05/2022	TEMHCO representatives AWG members Evaluation team	Project updates (ethics, workshop, student statistics, placements, risks)
07/2022-08/2022	Evaluation team	Report writing I. and data analysis I.
24/08/2022	TEMHCO representatives AWG members Evaluation team	Project updates (activity plan, lessons learnt and required actions)
08/09/2022 – 11/10/2022	Evaluation team	Data collection II.– AWG members, students and Lead Agency representatives Data analysis II.
11/10/2022- 31/10/2022	Evaluation team	Report writing II.

Appendix B: Ethics approval

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Postal: PO Box 41096, Casuarina NT 0811, Australia
Location: John Mathews Building (Bldg 58),
Royal Darwin Hospital Campus, Rocklands Drv, Casuarina NT 0810
Ph: (08) 8946 8600   Fax: (08) 8946 8464
Website: menzies.edu.au
ABN: 70 413 542 847

4 May 2022

Professor James Smith
Flinders University
james.smith@flinders.edu.au
CC: noemi.tarikeresztes@flinders.edu.au
Via Email

Ethics Administration Office
File Reference Number: HREC-2022-4265
Phone: (08) 8946 8687 or (08) 8946 8692
Email: ethics@menzies.edu.au

Dear Professor Smith,

HREC Reference Number: 2022-4265
Project Title: *Professionalising the NT peer workforce and expanding peer supports for Territorians who experience mental health challenges*

Thank you for letter dated 07/04/2022 and taking the time to respond to the issues of concern identified by the Human Research Ethics Committee of the Northern Territory Department of Health and Menzies School of Health Research (HREC) at its meeting held on the 23/03/2022.

This project was considered by the HREC and the Aboriginal Ethics Sub-Committee (AESC) and assessed against guidelines for human research including the NHMRC *National Statement on Ethical Conduct in Human Research 2007*.

I am pleased to advise that **full ethical approval** of this research project has been granted following assessment by representatives of both the AESC and the HREC. Please note that approval applies only to research conducted after the date of this letter and continued approval is dependent on annual reporting.

Approval Date: *04/05/2022*

Approval is granted for the above research project until the next report due date.

Annual progress report due: *06/09/2022*

Approved timeframe (subject to compliance and annual reporting): *04/05/2022 to 06/09/2022*

The nominated sites/s participating in this project that have been approved by this HREC is/are:

- **Greater Darwin Region**
- **Katherine**

Please note:
- Researchers must comply with site specific governance regulations, data custodian and other stakeholder requirements.
- This HREC cannot approve sites in Central Australia or other States and Territories, and local site-specific ethics approval should be sought.

The documents listed below are approved:

Document name
HREC Application Form
Interview Guide
Participant Information Sheets
Participant Consent Forms
Study Protocol
CV for Prof James Smith
Support letters

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Response to Conditional Approval

APPROVAL IS SUBJECT TO the following conditions being met:

1. The Coordinating Principal Investigator will **immediately report anything that might warrant review** of ethical approval of the project.

2. The Coordinating Principal Investigator will notify the Human Research Ethics Committee of the Northern Territory Department of Health and Menzies School of Health Research (HREC) of any event that requires a **modification or amendment to the protocol or other project documents** and submit any required amendments in accordance with the instructions provided by the HREC. These instructions can be found on the Menzies' website.

3. The Coordinating Principal Investigator will submit any necessary reports related to the **safety of research participants (e.g. protocol deviations, protocol violations)** in accordance with the HREC's policy and procedures. These guidelines can be found on the Menzies' website.

4. The Coordinating Principal Investigator will **report** to the HREC **annually** and notify the HREC when the project is completed at all sites using the specified forms. Forms and instructions may be found on the Menzies' website.

5. The Coordinating Principal Investigator will notify the HREC if the project is **discontinued at a participating site before the expected completion date** and provide the reason/s for discontinuance.

6. The Coordinating Principal Investigator will notify the HREC of any plan to **extend the duration of the project past the approval period listed above** and will submit any associated required documentation. The preferred time and method of requesting an extension of ethical approval is during the **annual progress report**. However, an extension may be requested at any time.

7. The Coordinating Principal Investigator will notify the HREC of his or her **inability to continue as Coordinating Principal Investigator**, including the name of and contact information for a replacement.

8. The safe and ethical conduct of this project is entirely the responsibility of the investigators and their institution(s).

9. Researchers should immediately report anything which might affect continuing ethical acceptance of the project, including:

    - Adverse effects of the project on participants and the steps taken to deal with these;
    - Other unforeseen events;
    - New information that may invalidate the ethical integrity of the study; and
    - Proposed changes in the project.

10. Approval for a further twelve months, within the original proposed timeframe, will be granted upon receipt of an annual progress report if the HREC is satisfied that the conduct of the project has been consistent with the approved protocol. Report templates are available on the Menzies ethics webpage.

11. Confidentiality of research participants should be maintained at all times as required by law.

12. The Patient Information Sheet and the Consent Form shall be printed on the relevant site letterhead with full contact details.

13. The Patient Information Sheet must provide a brief outline of the research activity including: risks and benefits, withdrawal options, contact details of the researchers and must also state that the Human Research Ethics Administrators can be contacted (telephone and email) for information concerning policies, rights of participants, concerns or complaints regarding the ethical conduct of the study.

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14. You must forward a copy of this letter to all Investigators and to your institution (if applicable).

<u>**This letter constitutes ethical approval only**</u>.
This project, including amendments to the research protocol or conduct of the research which may affect the site acceptability of the project, cannot proceed at any site until separate research governance authorisation has been obtained from the CEO or Delegate of the institution under whose auspices the research will be conducted at that site, if not already obtained.
Any transfer of data is subject to institutional research governance arrangements for data ownership, data custodianship, and data transfer agreements.
Please forward this approval letter to the relevant research governance office.

Should you wish to discuss the above research project further, please contact the Ethics Administrators via email: ethics@menzies.edu.au or telephone: (08) 8946 8687 or (08) 8946 8686.

The Human Research Ethics Committee of the Northern Territory Department of Health and Menzies School of Health Research wishes you every continued success in your research.

Yours sincerely,

Dr. Bianca Middleton
Chair – Fast Track Committee
Human Research Ethics Committee
of the Northern Territory Department of Health
and Menzies School of Health Research
http://www.menzies.edu.au/ethics

This HREC is registered and certified for multi-site review with the Australian National Health and Medical Research Council (NHMRC) and operates in accordance with the NHMRC *National Statement on Ethical Conduct in Human Research (2007)*. **NHMRC Reg no. EC00153**

Appendix C– Participant Information Sheet and Consent Form

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PARTICIPANT INFORMATION SHEET
(INDIVIDUAL INTERVIEWS)

**Professionalising the NT Peer Workforce and expanding peer supports for Territorians
who experience mental health challenges**

This is yours to keep

What is the evaluation about?
This evaluation will aim to assess the effectiveness of the 'Professionalising the NT Peer Workforce and expanding peer supports for Territorians who experience mental health challenges' (NT Peer Workforce) project. This involves a collaboration between College of Medicine & Public Health, Flinders University (Flinders) and the Top End Mental Health Consumer Organisation (TEMHCO).

Who will undertake this evaluation?
The evaluation team will be co-led by Professor James Smith and Dr Tari-Keresztes. Other team members include Dr Himanshu Gupta and Mr David Aanundsen.

What is the evaluation doing?
The evaluation will assess the appropriateness and effectiveness of the Peer Workforce project on student study experiences and outcomes, and their subsequent capacity to enter the community services workforce. It will also evaluate the impact of Peer Workers in raising the mental health awareness of participants (attendees) through workshops delivered at workplaces and organisations that support participants. The evaluation approach has been co-designed by Flinders and TEMHCO staff and Peer Workers. It will apply a qualitative approach, including individual interviews with participants, including students, Peer Workers, lead agency representatives, and Advisory Working Group (AWG) members. You have been identified as a key stakeholder belonging to one of these groups.

What will happen during the evaluation?
This participant information sheet relates to the individual interview component listed above. You have been identified as a potential participant. We would therefore like to invite you to participate in an individual interview. It is anticipated these will last between 45-60 minutes.

If you agree to participate, we will ask you about your background, study, and work history. We will explore the program impact and identify issues, challenges and opportunities associated with the project. We will also have questions about student experiences with their studies and perceived support.

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It is important that we properly record the discussions and the information that people share. We will write down and audio record what is said and done during interviews. The information you share will be used to build the evidence-base about the effectiveness of the Peer Workforce project. You will not be identified at an individual level in any research reporting.

Your information will be anonymous. This means that the information you share will not be used in reports, conferences, journals or on websites in such a way that you could be identified. Also, you are free to withdraw at any time during your participation in the individual interview without any negative consequences.

Any information you share that requires mandatory reporting will be reported accordingly.

A final report and presentation will be publicly available upon project completion. A copy can be provided to you upon request.

Benefits and Risks
If you choose to participate, you will be assisting in building the evidence-base of programs supporting the development of the Peer Workforce in Darwin. If you choose not to participate, it's OK.

If you feel concerned or distressed during or after the interview, the following helplines and services can be accessed free of charge:
- Northern Territory Mental Health Line: 1800 682 288
- Beyond Blue: 1300 224 636
- Lifeline: 131114
- Mental Illness Fellowship of Australia NT: 1800 985 944

Ethics Committee Clearance
This evaluation has been approved by the Human Research Ethics Committee of the NT Department of Health and Menzies School of Health Research.

Who can I contact if I have a question or want more information?
If you have any questions about this form, the evaluation or about the use or exclusion of any particular information you provide, please contact Professor James Smith at Flinders on 0455088501 or via email at james.smith@flinders.edu.au

If you have any concerns or complaints regarding the ethical conduct of the study, you are invited to contact Ethics Administration, Human Research Ethics Committee of the NT Department of Health and Menzies School of Health Research on (08) 8946 8600 or email ethics@menzies.edu.au

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CONSENT FORM - INDIVIDUAL INTERVIEWS

Professionalising the NT Peer Workforce and expanding peer supports for Territorians who experience mental health challenges

This means you can say NO

I have talked to _____ at _____ about this evaluation. I would like to be part of it.

	Please circle	
I understand:		
... what is written on the Participant Information Sheet.	Yes	No
... what this evaluation is about, including the purpose, procedures, benefits and risks associated with my participation in this evaluation.	Yes	No
... who I can contact if I have any questions regarding the evaluation or ethical conduct.	Yes	No
... my information will not be used in reports, conferences, journals or on websites in such a way that I could be identified.	Yes	No
... that I can choose not to answer questions.	Yes	No
... that I am free to withdraw at any time during my participation in the evaluation without any negative consequences	Yes	No
... that in the event I pass away, my information will still be used for analysis purpose	Yes	No
... that any information I share that requires mandatory reporting will be reported accordingly	Yes	No
... that the information I provide may be used in future research projects relating to mental illness or social and emotional well-being	Yes	No
I am happy for my words (such words do not identify the participant) to be used in project outputs such as reports, presentations, frameworks, education programs, conferences, journals, or websites.	Yes	No
I am happy for the information I share in the interview as part of this evaluation to be audio recorded.	Yes	No
I am happy to be contacted again in the future to be invited to participate in another relevant study
(if yes, please provide your phone number and email below)	Yes	No

Signed: _____

Full name: _____

Date: _____

Email (optional): _____

Phone number (optional): _____

Name of Witness: _____

Signature of Witness: _____

If you have any questions about this form, the evaluation or about the use or exclusion of any particular information you provide, please contact Professor James Smith at Flinders on 0455088501 or via email at james.smith@flinders.edu.au.

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If you have any concerns or complaints regarding the ethical conduct of the study, you are invited to contact Ethics Administration, Human Research Ethics Committee of the NT Department of Health and Menzies School of Health Research on (08) 8946 8600 or email ethics@menzies.edu.au

APPENDIX D – Interview guides

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Interview guides

The individual interviews with students will evaluate the program impact on their studies, work skills, and mental health and wellbeing. Furthermore, data collection among Lead Agency representatives and Advisory Working Group members will identify the current issues, challenges, and opportunities associated with the NT Peer Workforce project.

Areas to include in the individual interviews

- Participants' background
  This will consist of sociodemographics, study and work history. Where it is relevant, the background information will also include the mental health journey experience.

- Students' experiences with the NT Peer Workforce program
  This will explore students' overall experiences with the community service studies, including barriers, challenges, opportunities, and perceived support. This will also help understand their reasons for enrolment and satisfaction with the program.

- Perceived program impact:
  This will include questions about the program impact on students' studies and capacity building and their relationship with others and their mental health and wellbeing.

- Planning and implementation:
  These questions will identify the current issues, challenges and opportunities associated with the (1) project planning and implementation, (2) support from AWG, and (3) mental health awareness training to organisations

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Students:

Participant Background

- Sociodemographics checklist
- Tell me a little bit about yourself and your background.
- Could you please explain your mental health journey? You can share as little or as much as you want.
- Where did you hear about the NT Peer Workforce program? (probe: referral)
- Why did you decide to participate in this NT Peer Workforce program?
- Please describe your study history for me. What have you studied previously?
- What barriers did you face during your studies?
- Do you work or are you looking for work? If so, tell me a bit about that.
- Do you experience any challenges at your workplace or in undertaking tasks and responsibilities associated with your role?
- How would you describe your previous employment? What were the main challenges you faced?

Student experiences with the NT Peer Workforce program:

- Which VET course did you enrol in and why?
- Which training provider delivered the course?
- What does your timetable look like? (Probe: How often do you attend? Is it online or in-person?)
- Have you experienced challenges because of the cost of the course? (Probe: health care card, job trainer, scholarship, VET fee loan)
- Has the technical resource requirement of the course (e.g. computer) presented challenges for you?
- Please describe how satisfied you were with the chosen course?
- What challenges have you faced during your studies? (Probe: academic language, confidence, stigma, etc)
- What support did you get from the Peer Workers/TEMHCO?
- In what area have you needed the most support?
- Where did you do your placement? What activities did you complete?
- What support did you get from the Peer Workers/TEMHCO with your placement?
- Could you describe your experiences? What were some of the challenges you faced?
- Have you already tried to seek a job and/or a volunteer position? Please tell me about this experience.
- What support did you get from the Peer Workers/TEMHCO in seeking a job?
- What further support would you need?

Perceived program impact:

- How well have the Peer Workers/TEMHCO supported you in your studies? Could you please give me an example of the support you received that helped you with your studies?

- How would you describe your satisfaction with the support you received from the Peer Workers/TEMHCO?
- How has this program helped you to be prepared for a job in the community service sector? (Probe: support, skills, qualification, etc) What else would you need in seeking employment or in securing a job?
- How would you describe your relationship with the Peer Workers? What qualities have you valued most?
- Please tell me how has the program impacted your relationships with others (Probe: students, peers, family, etc)
- Could you please tell me if you think you have experienced any changes in your mental health and wellbeing while participating in the program?

Other Questions:
- Would you recommend this program to others? Why?
- Do you have any other feedback you would like to share?
- Have the COVID-19 measures impacted your studies/job seeking in any way?

Lead Agency representatives (Project Officer, Peer Workers)

Participant Background
- Please introduce yourself in a couple of sentences. You can share as much or as little as you want. You could describe your background, position, how long you have been working in this position, and what attracted you to the position.
- Could you please explain your mental health journey? You can share as little or as much as you want.
- Please describe your qualifications and work experience. What has your work history looked like?
- What are key functions of your role? (Probe: required skills, qualifications and responsibilities)
- Have you previously worked in a peer role?
- How did you become a Peer Worker?
- Please describe in your own words what peer work means and the main functions of a Peer Worker.
- What kind of support do you need in this role? How well supported do you feel in this role by TEMHCO and other Peer Workers?

Student experiences with the NT Peer Workforce program
- Please describe your experiences with supporting the students in their studies. What support did they need? What challenges did they face?
- How many students have you supported?
- What were the challenges you faced in supporting them?
- How could you help them? Please give me an example of how you supported them.
- How could the students be supported better?
- Please describe the recruitment/intake process for me.
- What support did the students require with their studies/placements/job seeking?
- What kind of new psychosocial support activities did they participate in at TEMHCO?

Perceived program impact:
- How would you describe the impact of your support on students' studies/job seeking?
- How is your relationship with your students?
- How do you think the support impacted participant relationships with others and their mental health and wellbeing? If so, in what ways?

Planning and implementation:
- Why do you think this project is important for people living with mental health challenges?
- Please describe the challenges and opportunities associated with program management/implementation/ planning.

- What has been the most challenging situation in managing the project to date?
- What worked/didn't work well in the program? Why?
- How would you describe the contribution of the Advisory Working Group in providing direction for the project? How did they support the program?
- What do you think about the mix of expertise and experience on the Advisory Working Group? Is it the right mix? Are there any skillsets/expertise/experience missing?
- Please share your experiences with the recruitment process (students).
- What was the most significant learning in the project?

Mental health awareness training (TEMHCO staff experiences with delivering the program)

- Please describe the content of the training you delivered.
- Why is this mental health awareness training necessary?
- What are the project aims associated with the delivery of this training?
- How could the delivery of this training support the NT Peer Workforce Training?
- How many training sessions did you deliver? Who were the attendees? (Probe: organisational background)
- How would you describe the attendees' attitude during the training?
- What were the challenges you faced while delivering the training?
- What were the attendees' challenges with the training?
- What are your views about increasing mental health awareness within workplaces?
- What could be the benefits of employment for people living with mental health challenges?
- What could be the source of stress at a workplace for people living with mental health challenges?
- How could the work stress be managed more effectively for people living with mental health challenges?
- How could workplaces be more inclusive for people living with mental health challneges?
- What were the key lessons you learnt?

Other Questions:

- Have the COVID-19 measures impacted the project in any way?
- Have you received any feedback from students that you want to share? If so, how will you use this information?
- Do you have any other feedback you would like to share?

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Advisory Working Group members

Participants' background

- Please introduce yourself in a couple of sentences. You can share as much or as little as you want. You could describe your background, position, how long you have been working in this position, why you have been nominated to sit on the Advisory Working Group.
- Why did you accept the invitation to be a member of the AWG?

Students' experiences with the NT Peer Workforce program

- Have you heard any feedback about students' experiences with the studies/placement/job seeking? If so, what was that?
- What do you think are the main challenges people living with mental health challenges could face in their studies/seeking and securing a job?
- How could they be supported in their studies and to gain appropriate work skills to pursue a career in the community sector?
- In your view, how well did TEMCHO/Peer Workers support the students?

Perceived program impact:

- Have you received any feedback about the impacts of the program? (Probe: students' studies, work skills, relationship with others, mental health and wellbeing)
- Do you consider the project to be successful? Why/Why not?

Planning and implementation:

- What do you think about the mix of expertise and experience on the AWG? Is it the right mix? Are there any skillsets/expertise/experience missing?
- How engaged did you feel on the AWG? Have you been attending the meetings regularly?
- Please describe how the AWG has supported the planning and implementation of the project?
- What has/hasn't worked well in the AWG? Why?
- What are your thoughts about program management?
- Do you think this project is important for people living with mental health challenges? If so, why? If not, why not?
- What do you think are the main challenges and barriers to the project? Why?
- The project has priority cohorts/primary target populations. Do you know what these are? Do you think the project reached these cohorts? In what ways could have this been improved? (Probe: recruitment, engagement strategies)
- What would be your recommendation about the sustainability of the program? How could that be best achieved?
- What were the lessons learnt in this project?

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Other Questions:
- Have you received any feedback from students that you want to share?
- Do you have any other feedback you would like to share?
- Do you have any recommendations regarding the project?