batyr 2016

Impact Report

Executive Summary

Foreword

Since inception in 2011, batyr as an organisation has realised the importance of collecting data and information to inform us on the impact and outcomes of our programs. We are in an incredibly lucky position in which we get the opportunity to deliver programs to thousands of young people every month. It is vital we ensure that what we are delivering is not only engaging and educational, but also achieving the objectives relating to stigma reduction and increasing help seeking rates.

Over the last 4 years we have surveyed well over 20,000 young people through our internal processes and have been receiving very positive feedback, which has kept us motivated to get pushing further and further to reach more and more young people. In that process we have also recognised the need to deepen our understanding of the program outcomes.

And so at the beginning of 2016 we engaged with an external researcher, **Dr Alyssa Milton** to develop an impact report. Over ***3 months*** Alyssa undertook an extensive literature review to uncover the most relevant measures to include in our questionnaire, looking at stigma and help seeking in a way that aligns with the batyr feel and is appropriate for our high school & uni students. **Across 4 schools and 2 university campuses, 768 students** completed this questionnaire both before, immediately after and 3 months following their batyr@school or batyr@uni program. Within our batyr@school and batyr@uni programs, students are guided through the content by our trained facilitators. They hear from two inspiring young people with lived experiences of mental ill health, who have completed our Being Herd workshop and are trained to share their story in a safe, impactful and positive way. **It is these stories and personal experiences of living with and through mental ill health that we believe can make a difference in the lives of young people. By giving a voice to the elephant in the room, we believe others will realise that it's OK not to be OK, that they're not alone and that help is out there.**

This is just the first step towards building a solid evidence base behind the positive impact of our programs. We are proud of the team who have placed such a high priority on gathering this data and grateful for all the young people who have openly and honestly engaged in this research.

Lots more from us to come in this space. I hope you enjoy this impact report executive summary and continue on the journey with us.

Sam Refshauge

CEO batyr

Key Findings

1 Before the batyr program commenced, 60% of students indicated they would be likely to seek help from a mental health related service that provides support or information (health professionals, school counsellor, mental health related internet websites, or a helpline) if they were experiencing mental ill health. **After the batyr program,** almost three quarters of students **(72%) indicated they would seek help. At follow-up, help seeking behavioural intentions are sustained at a significant level (68%)** for the Internet, helplines and health professionals **(Graph 1).**

2 Students reported **significantly higher help seeking behavioural intentions** after completing the batyr program via:

- The internet (e.g. reachout.com, youthbeyondblue)
- Lifeline / kids helpline
- A health professional (e.g. my GP, a headspace centre)
- The school & university counsellor

3 After the batyr program, students reported **improved attitudes relating to recovery and empowerment.**

4 **Engagement** with the batyr program is **high for all students**. This high level of engagement was particularly evident for females and university students.

5 **Satisfaction** with the batyr program is **high for all students**. Again, this was particularly evident for females and university students.

Overview

// BACKGROUND

In 2015, batyr developed a survey that measured:

- Help seeking behavioural intentions if experiencing a period of mental ill health.
- Stigma beliefs towards those with mental ill health (including recovery and empowerment beliefs).
- Satisfaction and views towards the batyr program.

The survey was developed through a literature review of stigma reduction interventions (either educational and/or contact based) with school and university students. In total, questions from forty intervention papers (1998-2015), and six literature reviews were considered for inclusion. The final survey was piloted with students in early 2016 for content and length.

In 2016, the final survey was carried out at four schools and two universities at three time points:

- **Time point 1:** the baseline survey was conducted with students before the batyr program took place.
- **Time point 2:** the post-intervention survey was conducted with students immediately after the batyr program was delivered.
- **Time point 3:** the follow-up survey was conducted with students 3 months after the batyr program delivery.

All students in the year/grade that were present at school/university took part on the day of assessment at each time point.

// DEMOGRAPHICS

Table 1 presents the demographic and biographic details of the participants in the schools and universities who completed the survey at each time point.

Table 1

Demographic details

Item	Baseline n(%)	batyr program n(%)	Follow-up n(%)
School Information			
Type of school			
Public School	76 (14.8)	64 (14.2)	75 (17.1)
Private School	273 (53.2)	231 (51.2)	226 (51.6)
University	164 (32.0)	156 (34.6)	137 (31.3)
Location			
Urban / Suburban	374 (72.9)	315 (69.8)	324 (74.0)
Rural / Remote	139 (27.1)	136 (30.2)	114 (26.0)
Participant Information			
Gender			
Males	262 (52.0)	224 (51.0)	200 (48.1)
Females	237 (47.0)	209 (47.6)	208 (50.0)
Identify with other gender group	5 (1.0)	6 (1.4)	8 (1.9)
Ethnicity			
ATSI	17 (3.4)	13 (3.3)	14 (3.6)
Not ATSI	482 (96.6)	384 (96.7)	380 (96.4)
Parents born in Australia	247 (48.9)	224 (51.7)	230 (55.3)
Parents born overseas	258 (51.8)	209 (48.3)	186 (44.7)
Experience of mental ill health			
Personal experience	79 (15.9)	89 (21.6)	65 (15.7)
Family/ close friend experience	217(43.5)	197 (47.5)	201 (48.4)

Key insights

- Demographic results are consistent with ABS data for gender (98.2 males per every 100 females in 2015), rural/regional residents (32% of the population; ABS 2006) and ATSI peoples (3% of the population; ABS, 2011).
- Students' ethnicity was represented with approximately 50% of parents born overseas; with 28.2% of the population born overseas (ABS, 2015).
- Personal experience of mental ill health was lower than expected national averages for this age group (26.4% of 16 to 24 year olds; ABS, 2008). Interestingly, personal disclosure of mental ill health increased towards the expected national averages after the batyr program (21.6%), possibly indicating student's greater openness to disclosure after the program was delivered.

Program Impact

Help Seeking

// HELP SEEKING BEHAVIOURAL INTENTIONS

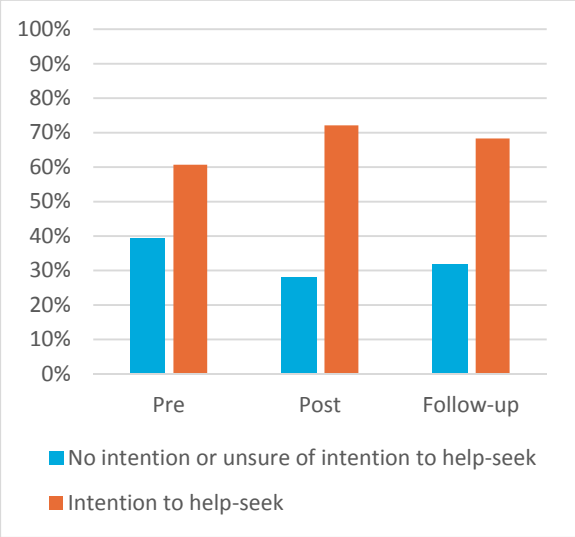
Changes in help seeking behavioural intentions* are presented in **Graph 1**. Results demonstrated there were significant differences in responses from baseline to immediately after the batyr program. After the batyr program, students reported higher help seeking behavioural intention for:

- The internet (e.g. reachout.com, youthbeyondblue)
- Lifeline / kids helpline
- A health professional (e.g. my GP, a headspace centre)
- The school & university counsellor

At baseline, the item with the highest overall behavioural intention score was family and friends; endorsement of this item increased after the batyr program but did not change significantly. Similarly, the item that received the lowest overall endorsement (I would not seek help) did decrease after the batyr program, however, the change was not significant. At follow-up significant improvements in behavioural intentions to seek help were sustained from original baseline measures, with exception of the school counsellor (although intention likelihood was still endorsed at a higher rate than at baseline). This tells us that there is a need to continue promoting the school and university counsellor continually after a batyr program.

Graph 1

Endorsement of seeking help for combined mental health services that provide information or support



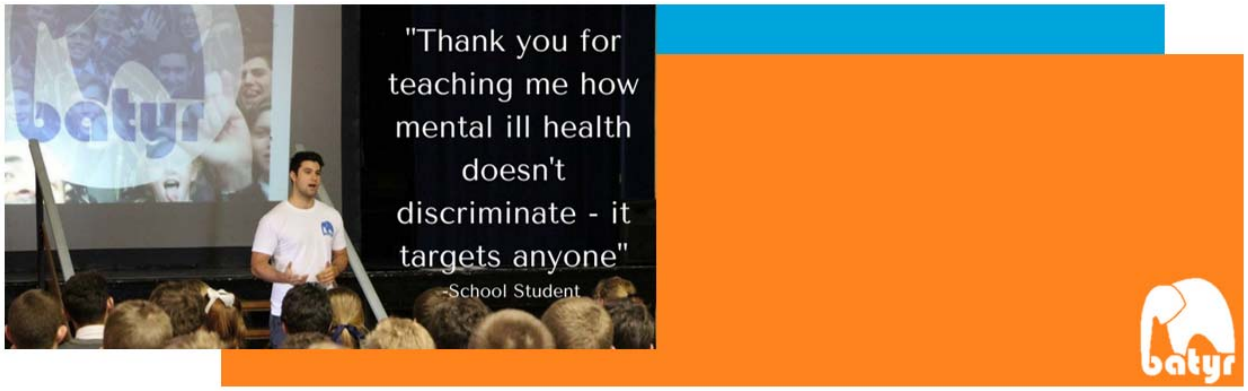
**Intention to seek help when experiencing mental ill health was assessed using an adapted version of Wilson et al.'s (2005) General Help Seeking Questionnaire (GHSQ).*

"This allowed for us to realise the importance of seeking help"

School Student

Program Impact

Stigma, Recovery and Empowerment



//STIGMA, RECOVERY AND EMPOWERMENT BELIEFS

Changes in stigma, empowerment and recovery attitudes* are presented in **Graph 2**. Results demonstrated significant differences in responses from baseline to immediately after the batyr program; with students reporting improved attitudes for recovery and empowerment items:

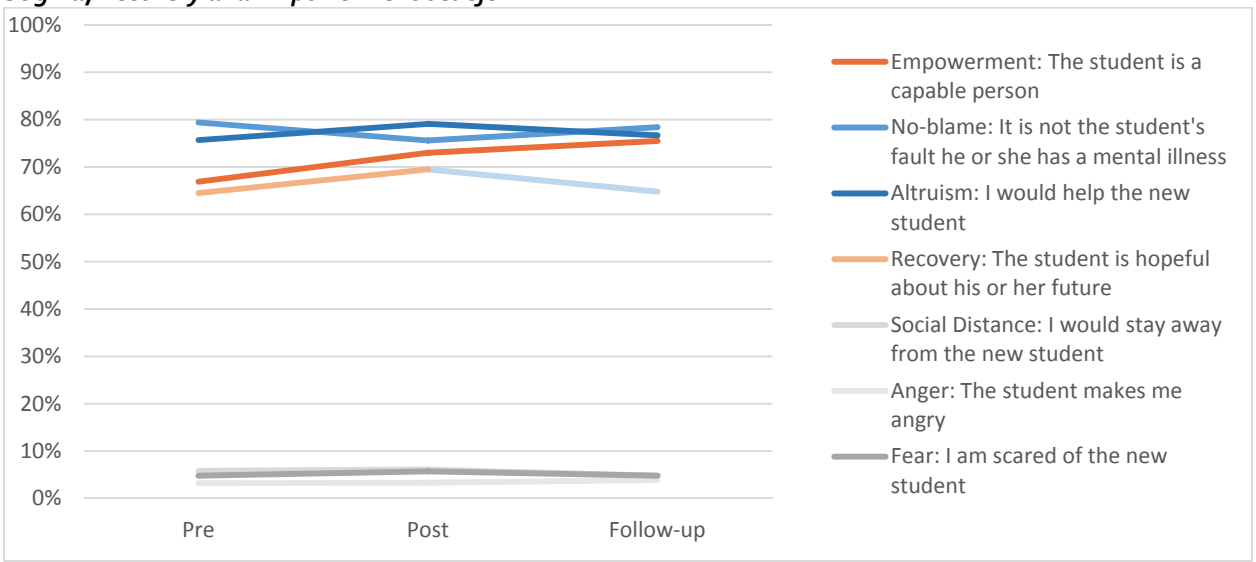
- The student is a capable person
- The student is hopeful about their future

For the full sample, there were no significant changes for any stigma-related items (positive items: no-blame, altruism; negative items: social distance, anger) from baseline to follow-up, which may be at least partially attributed to the already low stigma scores at baseline.

At follow-up, the empowerment item (the student is a capable person) effect was significantly sustained at a 99% confidence level.

Graph 2

Stigma, Recovery and Empowerment beliefs



Note: Significant changes represented by orange lines. Blue lines represent positive items (recovery, empowerment, no-blame, altruism). Grey lines represent negative stigma items (anger, fear and social distance)

**Stigma items were derived from the Revised Attribution 5-items Questionnaire adapted by Pinto-Foltz et al. (2011). Recovery and an empowerment were assessed using adapted questions from The Recovery Scale 3 (RS-3) and Empowerment Scale 3 (ES-3) by Corrigan and colleagues (2001, 2004).*

Program Impact

Student engagement and satisfaction

// ENGAGEMENT WITH THE BATYR PROGRAM

Student feedback on the batyr program was assessed immediately after the batyr talk was delivered.

Engagement was high across all groups. For the full sample, 78.1% of students reported they were either engaged or very engaged. Results for the full sample for this item is presented graphically in **Graph 3** below.

By gender, females were the most engaged, with 86.0% reporting that they were either engaged or very engaged (median=5; representing "very engaged"). By gender, males had the lowest engagement, with 16.8% reporting that they were not/not at all engaged. For males, however, engagement was still relatively high (median=4 representing "engaged").

By type of institution, university students were the most engaged, with 88.4% reporting that they were either engaged or very engaged (median=5; representing "very engaged"). Public schools were the least engaged, with 54.2% reporting that they either engaged or very engaged (median= 4 representing "engaged"). This may be a function of gathering data from one public high school only, and may not be generalisable across all public schools.

// SATISFACTION WITH THE BATYR PROGRAM

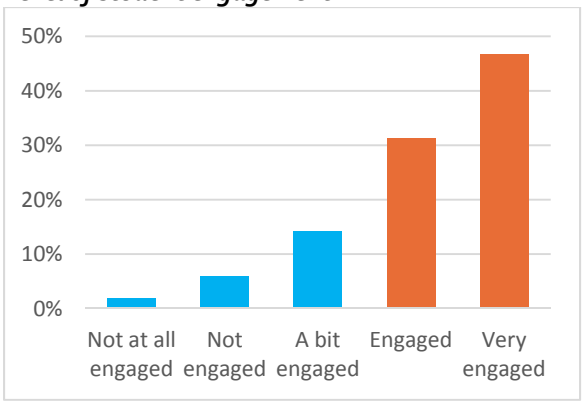
Eighty percent of all students agreed or strongly agreed with the satisfaction question "I would recommend the presentation to a friend". Results for the full sample for this item is presented in **Graph 4.**

Females were the most likely to recommend the program (85.6% agree/strongly agree; median=5; representing "strongly agree"). Interestingly - although the sample is too small for wider generalisation (n=9) - people who identified with the "other" gender group had the highest proportion of people endorsing that they would recommend the program to a friend (88.0% agree/strongly agree). Amongst males, 67.8% agreed/strongly agreed that they would recommend the program to a friend; although high (median=4; representing "agree"), this was the lowest endorsement rate amongst the gender groups.

By type of institution, university students were the most likely to recommend the program, with 91.8% agreeing/strongly agreeing that they would recommend the program to a friend (median=5; representing "strongly agree"). Although still high, public schools were proportionally the least likely to report that they would recommend the program, with 68.4% agreeing/ strongly agreeing with the statement (median= 4 representing "agree"). Again, this may be a function of only gathering data from one public high school.

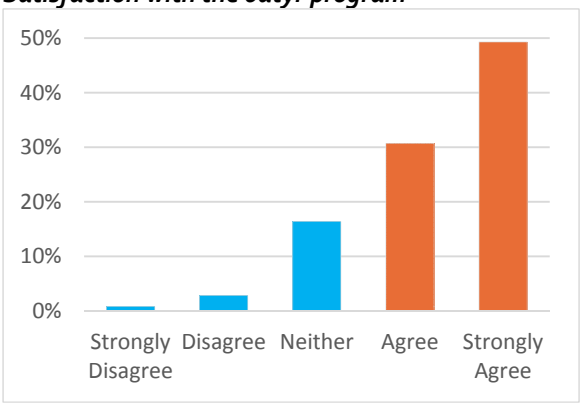
Graph 3

Level of student engagement



Graph 4

Satisfaction with the batyr program



// CONCLUSIONS

The results of this large-scale pilot study provide evidence towards the effectiveness of the batyr program. The impact of the batyr program is demonstrated through improving attitudes relating to recovery and empowerment and through improving students' help seeking behavioural intentions, sustained at 3-month follow up.

// ACKNOWLEDGEMENTS

batyr would also like to thank the schools and universities who participated in this report: SCEGGS Darlinghurst, Patrician Brothers' College, St Scholastica's College, Colyton High School, UNE and UTS.

// FULL REPORT

The full report (including the batyr survey, statistical analysis, additional figures/tables, further details about sub-groups and school groups, study limitations and references) can be accessed by contacting batyr (http://www.batyr.com.au/contact/).

This executive summary was developed by Alyssa Milton, Stephanie Vasiliou and Sam Refshauge based on the full report delivered to batyr in October 2016.

This is just the first step towards building a solid evidence base behind the positive impact of our programs. We are proud of the team who have placed such a high priority on gathering this data and grateful for all the young people who have openly and honestly engaged in this research.

"Have been to a lot of mental health talks. This was by far the best – relatable and suited for our age group, gave ways to deal and real scenarios."

School Student