Research & Evaluation Kookaburra Kids programs

Who are AKKF programs designed to support?

AKKF's referral base is currently organised into two cohorts reflective of needs:

1. Children living with familial mental illness from the general community.

2. Children living with familial mental illness from frontline / emergency service community.

What impacts are measured by AKKF's evaluation research?

1. Connectedness: do participants experience a sense of belonging, worth, shared understanding, and propensity for continued contact within AKKF and usualsocial networks?

2. Mental Health Literacy: can participants accurately identify and use information about mental health and mental illness, particularly sitgmatising beliefs and misconceptions?

3. Help-seeking intentions: what is the likelihood participants will access support from a range of formal and informal supports when they are faced with personal and emotional problems?

4. General psychological wellbeing: are participants experiencing distress and difficulty associated with common mental health issues?

5. Intention to continue support and satisfaction: are participants likely to re-engage / return to programs, would they recommend to someone else with similar needs, and how did they perceive the program?

6. Help-seeking behaviours and pathways to support: did participants undertake any helpseeking behaviours following programs? What pathways are taken by participants as they attempt to meet their emotional and personal needs?

Familial experiences of post program effects related to mental healthiness, help-seeking, and connectedness: do families (parents and participants / siblings) report changes to family processes (e.g., communication, conflict resolution, openness) following programs and what are the perceived benefits of any changes?

How are these impacts measured?

AKKF's evaluation research activities are undertaken in compliance with the national guidelines for Human Research Ethics.

The approach to evaluation and research acknowledges our work involves young people (deemed to be a vulnerable research population) and families who, based on previous experience and prior research, may feel reluctant towards service engagement and providing formal feedback. Separation between AKKF's research arm and the service-delivery arms is a strategic approach that aims to increase objectivity of activities in addition to safety and impartiality of feedback processes to participants. Table 1 below details the process by which each of the impacts highlighted above are measured, along with specific tools / approaches to data capture:

Table 1: Outcome variables, methodology, measures, and process of evaluation

Outcome variable	Methodology		Measures & Process	
Connectedness	I.	Quantitative post program questionnaire, repeated measure (i.e., longitudinal follow up)	I.	EPOCH* [2] connectedness item (adapted for cohort)
	II.	Standardised interview with participants and parents' follow-up	II.	Qualitative and quantitative items targeting hypothesised connectedness menchanisms
	III.	Anecdotal feedback (unsolicited)	III.	Parent and child direct feedback via compliments/ feedback to programs team
Mental Health Literacy	I.	Quantitative pre and post program questionnaire, repeated measure (i.e., longitudinal follow up)	I.	Children's Knowledge Scale of Mental Illness * [3]
	II.	Standardised interview with participants and parents	II.	Qualitative and quantitative items targeting observed changes in mental health awareness and openness
Help-seeking intentions	I.	Quantitative pre and post program questionnaire, repeated measure (i.e., longitudinal follow up)	I.	General Help-Seeking Questionnaire*[4]
General psychological wellbeing	I.	Quantitative pre program questionnaire repeated longitudinally (i.e., at 12 months, 24 months)	I.	Kessler 6 (K6)* [5] adapted for cohort

Intention to continue and satisfaction	I.	Quantitative post program questionnaire items, repeated measure	I.	Standardised items devised to meet cohort needs
Help-seeking behaviours and pathways to support	I.	Qualitative and quantitative interview at 6months and repeated (i.e., 18 months)	I.	Actual help-seeking behavior questionnaire *[4], structured and semi-structured interview items
Familial experiences of post program effects	I.	Qualitative and quantitative interview at 6months and repeated (i.e., 18months)	I.	Participant and parent perceived / observed changes relating to mental healthiness, family communication, help-seeking

Each of these items are empirically based measures or have been used in published research. References and relevar citations are provided in the reference list at the end of this document.

Research and evaluation data is collected in a de-identified form to protect respondent anonymity, though does include useful demographic information that provides insight to gender, age, child-perceived mental health diagnosis and other situational variables of interest.

What measurable evidence of program impact is available?

Despite being in its early stages of development and growth, AKKF's research and evaluation program has generated publishable findings related to both program impact, and the relevance of peer-grouped, relational, and activity-based approaches to mental health early intervention for vulnerable young people. This includes evidence of statistically significant pre to post change in mental health literacy for participants, and changes in help-seeking intentions as depicted in Table 2 below.

Table 2: Pre- and post test Means and rank order for mental health knowledge and help seeking intentions from different sources.

Variable	Pretest			Posttest			
	Mean	Rank	SEM	Mean	Rank	SEM	n
Mental Health Knowledge*	4.79	na[b]	0.18	5.89	na	0.13	123
Intentions to seek help							
Friend	4.78	2	0.17	4.66	2	0.16	111
Parent	5.20	1	0.19	5.26	1	0.18	110
Other relative	4.57	3	0.17	4.23	4	0.18	107
Teacher	3.45	6.5	0.18	3.24	8	0.18	109
Other adult (e.g., coach)	3.22	8	0.16	3.14	9	0.15	112
School welfare team	3.54	5	0.17	3.33	7	0.17	111
Mental Health Professional	4.16	4	0.19	4.24	3	0.16	112
Phone helpline	3.06	9	0.17	3.82	5	0.17	112
Doctor/GP	3.45	6.5	0.19	3.54	6	0.17	101
Religious leader/chaplain	2.25	10	0.16	2.29	10	0.15	111
No one[a]	2.53	na	0.19	2.57	na	0.18	108

Note: Minor variation in sample sizes for each variable due to missing data resulting ranging from n = 101 to n= 123,
[a] indicates reverse scored item with scores closer to 1 indicating higher help seeking intentions [b] "na" indicates not applicable.
* Indicates significant change in pre-post means.

Interpreting the help-seeking data: what can this tell us and why does this matter?

Help-seeking intentions are viewed as important predicators of active and effective coping for "early stage" challenges to mental healthiness and are therefore key variables in early intervention.

The research methods in place for AKKF's programs enable investigation of questions regarding not only the degree to which help-seeking intentions change, but also how do they change and for whom. Ongoing analysis of changes across gender, age, location, and other demographic variables will enable better understanding of nuanced needs, longitudinal impacts and critical feedback upon which programs can be continuously improved.

A sample of why the research matters is provided in the graphs below. The figure below depicts feedback from young people about reported changes within their family relating to mental health and healthy functioning in the six months after programs. It demonstrates most in this small pilot sample reported changes in important aspects of family life including communication, openness and working together on problems of a personal and emotional nature:

Figure 2: pilot feedback about self-perceived changes at 6 month maintenance interviews

33. **In the past six months, have you noticed any changes in the way you are able to talk/communicate about mental health within your family?**
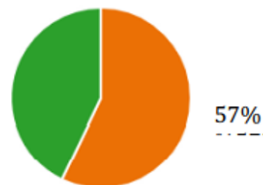
Choose one of:
0 = no
1 = yes
2 = unsure

If no or unsure, go to Q37.

● 0	0
● 1	4
● 2	3

57%

34. **If yes, what have you noticed is different?**

For each option, choose one of:
0 = no
1 = yes

■ 0   ■ 1

Increased openness	75%
Better understanding	100%
Working together on mental health	75%
Reduced conflict	
Other	25%

100%   0%   100%
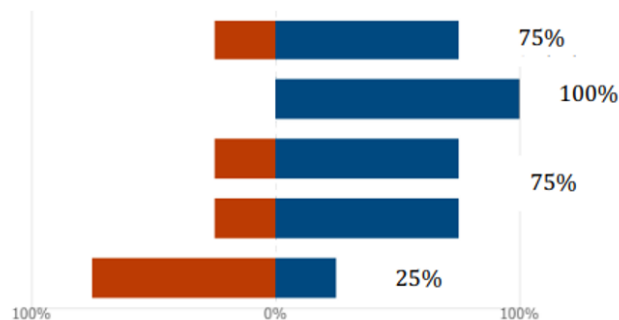
The follow-up interviews also enable feedback about impacts on post-program helping seeking behaviour including who young people sought help from and for what kinds of problems.

Figure 3 below indicates "first signs" of the need for help in the sample group included more worry than usual (80%), along with physical symptoms (e.g., tummy pain, headaches; 60%).

20. **What did you notice that made you think you should get help for emotional or behavioural problems?**

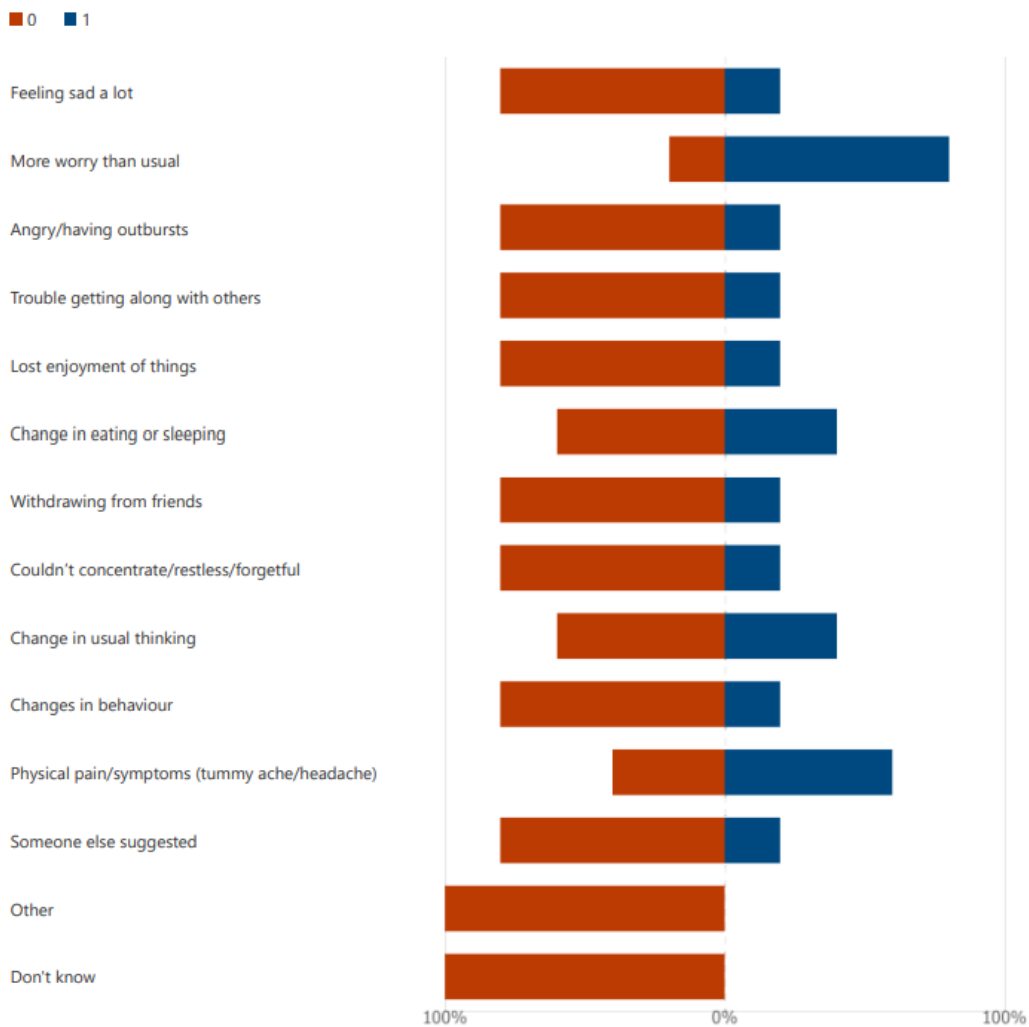*For each option, choose one of:*
0 = no
1 = yes

Figure 3: Symptoms and signs that prompted help-seeking by young people after programs (6month follow up).

In addition to providing valuable information about the kinds of symptoms and signs most noticeable within specific cohorts of young people, this kind of feedback provides insight to the effectiveness of programs in improving awareness of common symptoms of pre-clinical mental health issues and "early warnings" that help is needed.

The following feedback provides a snapshot of the pathways of help-seeking undertaken by this sample group of participants. Over time, continued analysis of the nature of help-seeking pathways by young people from different groups (e.g., specialist cohorts, varied ages, and genders) can inform questions such as "what pathways tend to work best for whom, and for what kinds of early symptoms?" in addition to highlighting areas of unmet need and tailoring service delivery.

15. **If yes, who did you seek help from FIRST?**

For each option, choose one of:
0 = no
1 = yes

Figure 4: Step 1of 3 in actual help-seeking pathways of young people who sought support for personal and emotional problems in the 6 months following programs
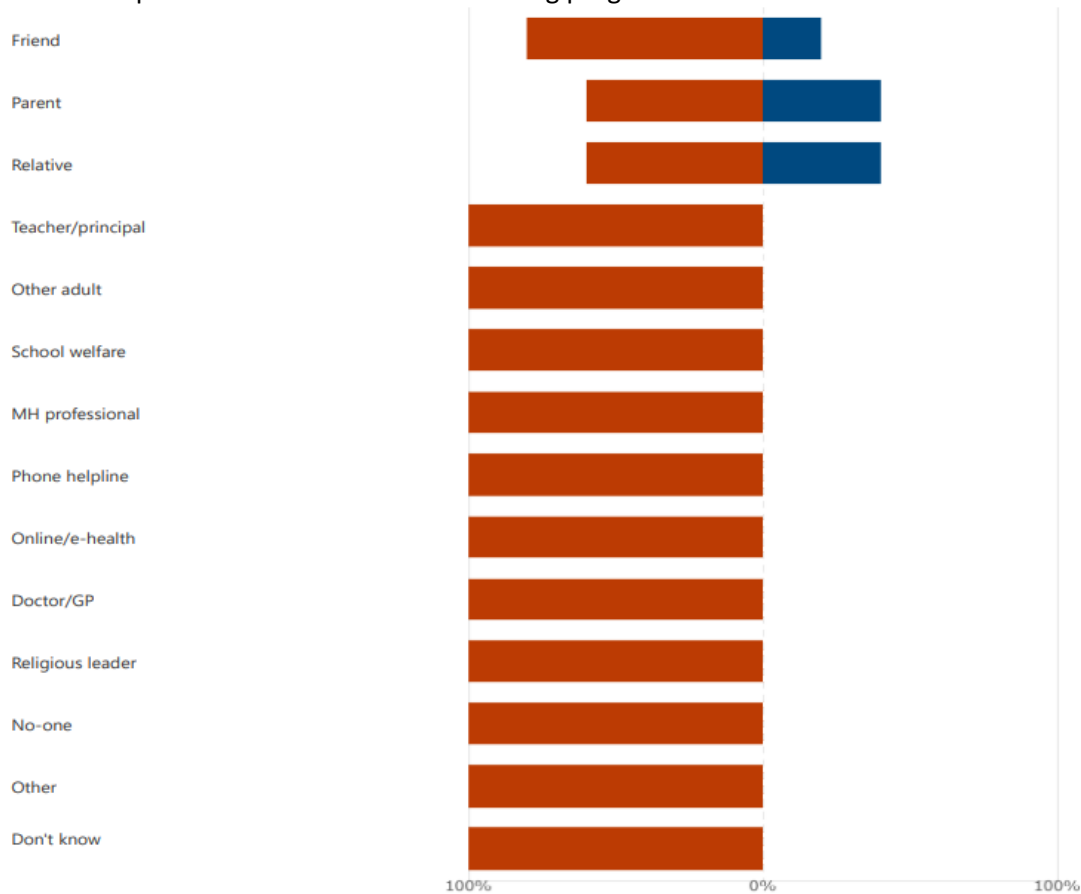
What are future directions and goals for the continuous improvement of AKKF's evaluation and research activities?

1. We continue to refine and evaluate both the methods of data capture (i.e., questionnaires and measures) aligned with feedback and the changing literature regarding mental health early intervention while retaining key outcome measures (e.g., mental health literacy, help-seeking).
2. We are committed to a collaborative and responsive research and evaluation program that maintains fidelity and integrity to its foundations at the same time enables direct input by end-users and partners. This includes a commitment to co-design and reciprocal feedback loops to ensure relevant information and feedback is shared when and where it is needed.
3. We are committed to increasing the rigour of our research designs including adoption of randomized controlled trial methodologies and the establishment of a normative sample. We will balance participant needs against the importance of more robust research outputs to ensure the wellbeing and mental healthiness of participating young people continues to be the highest priority.
4. As the scale of our research data grows, we will increasingly focus our methods and analyses on trying to understand the mechanisms through which positive changes are gained. This "process of change" research will assist not only in the refinement of AKKF programs but will enable more cost-effective service delivery by our partners and a valuable contribution to the mental health early intervention field.
5. Further key priorities include the diversification of feedback regarding measured impacts and ensuring more timely dissemination of information by investing and supporting a sustainable, professional, and high integrity research arm.
6. External and peer validation of our research regarding program impacts continues to be a key feature of activities going forward. This has included partnerships with several tertiary research institutions (i.e., University of Wollongong, Macquarie University, University of Western Australia, James Cook University) which helps ensures the objectivity and standard of our research and direct links to contemporary evidence. Program impacts were subjected to external evaluation in 2021, with positive findings and recommendations suggesting expanded support for AKKF's programs.
7. We plan to continue an active participation in the research community supporting mental health early intervention for young people who live with parental / familial mental illness, including academic publications, dissemination of findings at conferences and investigating other opportunities to share and contribute to national and international knowledge base. Below are snapshots of publications in peer-reviewed journals relating to AKKF programbased research from 2021.

Concluding remarks:

It can be said with confidence that AKKF programs do make a positive impact for participants that is both measurable and meaningful. Continued evolution of AKKF's semi-autonomous research and evaluation program will see enhanced capacity to deliver high quality, high confidence and high 13 resonance evidence of impact and investment to valued partners and stakeholders in the next 3-5 years. This document provides a snapshot of the information gathered in support of AKKF's program effectiveness to date though is by no means an exhaustive resource.