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Mates in Manufacturing Suicide Awareness Pilot Program Final Evaluation Report

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Partners

Australian Manufacturing Workers Union (AMWU) and Western Sydney University (WSU) are the key partners in this implementation evaluation, with other partners in the broader Randomised Control Trial being Deakin University, Mates in Construction (National), Richmond Fellowship, University of Melbourne, Black Dog Institute, Monash University, and University of Melbourne.

Participants

We also acknowledge the dedication and enthusiasm of the participating worksites who have been piloting the program and helping to organise the research interviews, and give many thanks and much respect to the 44 amazing volunteers who have participated in interviews and focus groups.

Executive Summary

This report incorporates the qualitative evaluation of the implementation of the Mates in Manufacturing Pilot Suicide Prevention Program, as funded by SIRA, and delivered in conjunction with Australian Manufacturing Workers Union and Mates in construction. The research sought to examine the extent to which a peer-to-peer suicide prevention project could be translated from the Construction industry across to the Manufacturing industry, and whether the program would enhance mental health literacy, reduced stigma around mental health and suicide, increase the different dimensions of helping behaviours (help-seeking, help-offering and help-acceptance), increase in social connections in the workplace, and catalyse a shift in industry culture towards more mentally healthy work environments.

In total, six companies participated in the pilot across ten New South Wales pilot sites, to receive training and monitor post-intervention implementations across the different locations. Five of the sites were intervention sites and the other five were control sites, where control sites received the program eight months after the intervention sites to enable comparison of base survey data (reported elsewhere). In total forty workers across the intervention pilot sites volunteered for in-depth interviews, the data being complemented by four additional volunteers from the Project steering committee and Mates Field Officers.

A number of key enablers and barriers to program implementation were identified in the data as relevant for the manufacturing industry, including the importance of enablers such as a workplace advocate, key management support, program flexibility, work group-based communication and peer support, and the importance of incidental messaging. Significant barriers include the variable levels of interest and engagement by management and employees, low Connector visibility, latent and enduring stigma and the challenge of accommodating a higher level of gender and culture diversity.

Overall, the training was rated very highly by interview participants with increased mental health literacy and increased confidence in help offering being positive outcomes from the training. Post-training, there has been some movement around the reduction of stigma but no discernible difference to date in help-seeking behaviours, likely as a result of the time period from training till interview, and the fact that the Mates program is much more focused on help offering than help seeking. There was varying success across the pilot sites in the extent to which management could implement a more positive work environment. Several sites witnessed management adopting more empathic and supportive practices, indicating some organisational shift in priorities, however there was little reference to the systematic development of healthy workplace policy.

There is evidence to suggest very strong positive outcomes on some factors and less convincing implementation on others to date. This mix may be a function of the delays in program roll-out (due to COVID, administrative and industrial actions) and so there is great opportunity for future research to more intricately evaluating the implementation further down the track.

Introduction

MATES was a 2007 initiative of the Queensland Building and Construction Industry in response to the 2006 AISRAP report on suicide and its prevention. The industry requested that a program to be developed to suit the specific needs of the industry and its workers. The MATES in Construction suicide prevention program (https://www.Mates. org. au) does not provide clinical services but utilises a community development approach to mental wellbeing and suicide prevention in the workplace which provides peer support and aims to connect workers to a range of clinical and non-clinical supports. There are three stages of training in the MATES approach: a one-hour General Awareness Training (GAT) is provided for all workers on a site; a half-day 'Connector' for voluntary participants, and a two-day LivingWorks' Applied Suicide Intervention Skills Training (ASIST). MATES in Construction has featured in a World Health Organisation global resource as an example of best practice (See https://Mates.org.au/news-media/who-provides-roadmap-to-global-suicide-prevention).

The MATES program is distinguished from other mental health programs, which have been evaluated positively but have no specific standing within an industry. The program started with delivering early intervention training and support to employees working in the construction industry. This pilot program has the purpose of translating this knowledge and impact of suicide awareness training into the Manufacturing industry. The Australian Manufacturing Workers Union (AMWU), in collaboration with MATES, advocated for the establishment of a program and formed a Steering Group to shape the design (adapted from MATES in Construction) and oversee its roll out, calling it the MATES in Manufacturing Pilot Project. The Steering Group includes representatives from MATES in Construction, the research team, manufacturing worksite employers, the Australian Industry Group (AIG) and unions representing workers at participating sites.

The MATES in Manufacturing pilot is the main study under the 'Workplace' stream of the BUOY Project on preventing suicide in men and boys, funded by the Australian National Health & Medical Research Council (NHMRC) Medical Research Future Fund Million Minds. The implementation evaluation is partly funded by a grant from the New South Wales State Insurance Regulatory Authority's (SIRA) "Recovery Boost - Better Workplace Mental Health" program.

The lead researcher under the NHMRC grant is Prof Anthony LaMontagne from Deakin University, and the lead researcher under the SIRA grant is Dr Neil Hall from Western Sydney University (WSU). This report covers the implementation evaluation of the program, funded by SIRA, for which WSU was engaged.

Background

The Australian Institute of Health and Welfare (2020) confirms that Australian males are at a significantly higher risk of death by suicide than females. Of the 3249 suicides recorded in Australia in 2022, approximately 75.5% were men (ABS 2022). Roche et al (2016) identified that traditional masculine behaviours and/or the stigma associated with mental health can influence men to avoid seeking help for mental health problems. Although the prevalence of

depression and anxiety is higher among women in the general population, help-seeking levels of men are lower than women across Australia (Roche et al 2016). When men go through life events such as loss of employment, relationship breakdown, financial distress and bereavement that impact on their social connectedness, they are less likely to seek help. There is currently little research about help-offering, which is the foundation of MATES programs. Encouraging men to offer help and support to their friends going through difficult times may be an effective way of improving general connectedness by reducing isolation, which further improves mental health and well-being (Arbes et al 2014). In a recent study by Cheesmond et al. (2020), people from rural towns of New South Wales felt that "a service provider with lived experience of suicide or mental health" makes it easier for people to approach for help. However, this comment can only be attributed to the formally employed peer-support workers who are there to facilitate this change of behaviour and the findings may be different for informal peer-support.

Whilst employment can create an opportunity to have regular activity, a social network and an identity, it can also be a source of emotional stress which will have a negative impact on employee's mental health (Roche et. al, 2016). This is more prevalent in occupations where there are excessive workloads, monotonous work and lack of control over their job. In Australia, the automotive and engineering trades account for the 4th highest (per capita) suicide rate category based on employment and the 3rd highest based on raw numbers, whilst blue collar labourers are 5th highest (per capita). These employment categories reflect most workers within manufacturing sector and reflect a disproportionate level of suicides and suicidality when compared to the broader community. Guntuku et al (2021) and Milner et al (2015) identify unemployment as a risk factor for depression and suicidal behaviour, particularly for males, and argue that poorer mental health literacy, stigma and stoicism present barriers to help-seeking.

Ross et al (2019) showed that MATES in Construction programs improved awareness of suicide prevention and its contributing factors among more than 184,000 workers across Australia. These findings, along with those of Doran et al (2021) suggest that these results can be replicated in other similar industries such as Manufacturing workers. It is also critical to acknowledge the strengths of this model being a workplace intervention where there is an existing infrastructure and framework for men to be in their comfort zone while attending the training. Another factor is to embrace the peer-model by creating "connectors" by training every employee of the workplace to facilitate help-seeking and help-offering in the person-centred approach. King et al (2023) suggest that MATES face-to-face training has relevance and is shown to be appropriate for construction workers, and that there is also evidence that MATES programs contribute to reduction of suicide stigma, short term shifts in suicide beliefs and improved help-seeking intentions.

Whilst the above literature advocates strongly on the need for mental onsite health training for workers in the manufacturing sector, there may be barriers to implementing such programs. In similar work being undertaken with Police, LaMontagne et al (2021) identified common logistical barriers to implementation and continuity of programs such as shift work, rostering and staff turnover. More individualized barriers related to low morale, lack of trust in superiors and cynicism about the value of the program. Alternatively, two of the key change-facilitators were having an identified and influential station champion, and a flexible program that could be tailored to staff needs. Workers may generally be sceptical of mental health programs provided by their employers as they feel imposed and often accompanied by suspicion of confidentially/privacy not been maintained due to the ownership of these programs by their employers. This problem was highlighted by Rafferty et al (2020), who summarised triggers, facilitators and barriers to implementing mental health initiatives in Australian business. Workers reported feeling dubious about participation in these programs in case it signalled an end to their employment. Employers broadly were sceptical or opposed to any program championed by a union, despite many recognising that mental health is an issue for all Australians and that business must be part of the solution. Whilst there is a desire by many quarters of business to do something, a large barrier is knowing what that something is. Furthermore, although the training provided by MATES focuses mainly on men working in the male dominated industries, it is important to note that there are women working in these sites who should have equal access to the training.

LaMontagne & King (2023) reported some workplace-based programs that have been effective in improving suicide prevention literacy, reducing stigma, and enhancing helping behaviours, finding that distinctive features of successful programs address knowledge, attitudes and interpersonal skills, and the restricting of workplace access to means of suicide. Importantly – in looking to future interventions and research – they point to the need for programs to broaden their focus to encompass not just individual-oriented interventions but also the work environments that increase the risk of suicide.

Objectives

This research sought to examine the extent to which a pilot peer-to-peer suicide prevention project, conducted by MATES in partnership with Australian Manufacturing Workers Union (AMWU), could enhance mental health literacy and increase help-seeking, help-offering and help-acceptance behaviours among its members. Expected outcomes include:

- Increase in help seeking, help offering and help acceptance (helping behaviour),
- Increase in social connections in the workplace,
- Reduced stigma around mental health and suicide,
- Catalyse a shift in industry culture towards more mentally healthy work environments.

Program overview

With the invitation of the AMWU and later under the auspice of the Mates in Manufacturing Pilot Steering Committee with the assistance of the AWU and MATES, the following companies were engaged as participants in the program:

Table 1: Participating companies

Batch 1	Size	Batch 2	Size	Batch 3	Size
Stramit - Cardiff	25	Opal Revesby	150	Bluescope - Chullora	60
Stramit – Erskine Park	88	UGL Broadmeadow	350	Rondo – Erskine Park	226
UGL Auburn	321	Thales Garden Island	440		
Thales - Lithgow	142	Bluescope - Granville	60		

Five of the companies were designated as intervention sites for the qualitative research interviews, with the remainder as control sites. The intervention included training at three levels: General Awareness Training (GAT), Connector Training and Applied Suicide Intervention Skills Training (ASIST). The overarching research questions included:

- To what extent was MATES in Manufacturing rolled out as intended?
- What were the barriers and facilitators to participation in, and implementation of, MATES in Manufacturing?
- How has the program been received - (i.e. has the program encouraged a change in attitudes to suicide, and a change in site cultural dynamics, over the course of the pilot)?

Methodology

Ethics approval was received for the qualitative research on the program from WSU Human Ethics Review Committee in September, 2021. (This approval was in addition to the ethics approval on the quantitative data obtained from Deakin University. It was seen as the most practical approach to delineate the two arms of the project as they were being funded from different sources with different reporting timeframes.) Participants were able to complete the training and not be compelled to participate in an interview. As identified by LaMontagne et al (2022) in the published protocol, informed consent was provided on recruitment and scheduling of interviews, with the assurance that they could withdraw at any time without impacting on their participation in the training and worksite implementation.

The Mates in Manufacturing program was officially launched in December 2021 at UGL Unipart Rail Services, Auburn. Originally, pre-COVID19, there was a planned timeline for qualitative interviews agreed at the start of the project, which were progressively amended as public health policies and procedures changed in response to developments in the COVID pandemic. AMWU were able to negotiate with the funding body to revise overall timelines

for the project to account for delays and interruptions resulting from the series of COVID19-related lockdowns and restrictions.

Data collection

Initial plans for the research included:

- Two rounds of interviews with intervention group participants, with the first interview to fall a few months after participants' first start receiving GAT, and the second to fall 10 months later.
- One interview with control group participants to occur about 6 months after commencing the intervention.
- Focus group with MATES Field Officers

In light of the delays related to COVID19 and the subsequent revisions to the program roll out and reporting timeframe, it was decided that there be just one set of interviews with intervention group participants only (i.e. not control sites), and that they should occur roughly 6 months after training had been delivered. Subsequently, extensive communications between company representatives, the AMWU and the university researchers enabled posters to be displayed in lunchrooms, meeting rooms and other appropriate locations onsite at each of the participating companies. These communications and actions resulted in the confirmation of dates and times to interview voluntary participants. Interviews were scheduled after at least Connector Training had at occurred at each worksite, and **forty** interviews were conducted across **four** of the five participating sites, most of which were on-site and in person.

In addition to interviews at the participants sites, **two** interviews were also conducted with MiM steering committee members, and the focus group included **two** MATES Field Officers, conducted over zoom.

Data analysis

The data was analysed utilising Braun & Clark's (2021) description of experiential and reflexive thematic analysis, with the two authors cross-scrutinising the progressive development of themes. Training participant interviews were analysed separately from steering committee member interviews and the MATES Field Officer focus group, after which an integrated analysis was applied. As indicated in LaMontagne et al (2022), the qualitative implementation evaluation entailed characterising barriers and facilitators to implementation as well as participant experiences of the pilot program as a whole.

Limitations

The main limitation to the research was the aforementioned delay in starting the project due to COVID. This delay then did mean that participant interviews at one site could not be organised in time. A further implication of the delays and revised timelines was that there was no opportunity to do the planned round of follow-up interviews further along in the post-training implementation of the program. Nevertheless, the average of 10 interviews per site was as anticipated.

Findings and discussion

Demographic data was not formally recorded for the qualitative interviews as it was in the questionnaires completed under the Million Minds funding, although it is safe to approximate that 95% of participants identified as male, and there were a lower proportion among the interviewees of diverse cultural backgrounds than would be expected from the manufacturing sector. The reported length of time as an employee at their current worksite ranged from 2 years to 30 years, with most tenures in between reasonably represented.

In terms of training undertaken, out of the forty interview participants, all of them had completed the General Awareness Training, and twenty-six (65%) had completed the Connector Training. ASIST had not yet taken place on any of the worksites, but at least three participants had already registered their interest with their managers in attending this next level of training. It is not surprising that those who volunteered to be interviewed would be among the workers motivated to continue upskilling around mental health and suicide, although – as will be discussed later – the availability of further training was more than likely to be related to how well the companies engaged with the program.

After a multi-layered thematic analysis of the data, functional themes were identified and are represented below. As can be seen from Table 2, there a number of themes that cross over the different groups, and the ensuing discussion of findings integrates all data sources.

Table 2: Themes across data sources

Worksite interviews		
Individual motivations	*Experience of post-training*	*Impressions of training*
Lived experience	Increased confidence in help-offering	Good match for industry
Concern for others	Increased mental health literacy	Trainers relatable
Priority issue	No difference in help-seeking yet	Need to be rolled out faster
Work Health & Safety	Workplace champion	Stigma
Work group-based communication	Diverse management responses	Connector visibility
Broader workplace communication		

Steering committee interviews	**Field Officer focus group**
Motivation and engagement	
Significant need for workplace program	Engagement with companies
Diverse uptake from different sections	Variable engagement with training
External supports visiting site	Stigma
Passionate advocate	Variable support from management
Paternalistic management style	Connector visibility
Training	
Training a good match for manufacturing	Some early miscommunication
More women in manufacturing	Manufacturing more multicultural
Needs to be rolled out faster	Training rooms differed in quality
Broaden out beyond pilot sites	Better preparation for field officers
Pushing through the pandemic	Seeing the training as a burden

Motivation and engagement

The most common individual motivation amongst the interview participants for engagement with the program came from their close lived experience with mental health issues or suicide. This lived experience could have been their own, their family members or close friends. At any of these levels, this lived experience enabled an interpersonal empathy and concern for others that saw many of them move through the General Awareness Training and take up the Connector Training.

> *I was excited about being one of the pilot sites. I'm passionate about mental health. I've struggled with it since I was a young teenager and in particular suicidality for the last 13 years, so I was very excited to have some proactive effort in that space.*
>
> *Mate, I'm all for doing everything I can 'cause it's so important. So I've done 1 and 2 and I'm signed up for 3!*

Some participants had no close lived experience of mental health or suicide, but still indicated that suicide prevention should be a priority issue in the workplace. Knowing of it happening in their specific workplace, or having been made aware through training that it is a major issue either in their industry, or for males specifically, was another key personal motivator.

The interview volunteers all carried a high level of motivation for their involvement, but field officers reported varying levels of engagement among the broader cohorts of training participants. This unsurprising variation includes the enduring passion of some participants for workmate wellbeing and structural change, through to loss of interest, perceived irrelevance of the program, past experiences with similar initiatives and even workers' suspicion of management. They also believed that the ongoing influence of stigma about mental health and suicide was a contributing factor, especially as a taboo subject among culturally diverse groups.

On a more organisational level, placing suicide prevention into a Work Health & Safety framework gave an added impetus for workers to engage with the program, one participant stating:

> *It's a critical health and safety matter; we need to do something about alienation, isolation.*

This is not to say that engagement was consistent across all companies and all levels of the organisation, and in fact variable levels of response were reported. Some sites started highly motivated and sustained their engagement through positive ongoing actions. Alternatively, high levels of company engagement in the early stages of the pilot program were evident, but became more variable as the pilot went on, with one contributing factor being the time taken to roll out the program creating a general lowering of interest. A second factor in the disengagement was reported as management placing mental wellbeing as a lower priority beneath their primary focus on outputs and production.

> *It's a bit of a paternalistic management style, you know, top-down and just focus on outputs and expect workers to follow directives without having much input.*

Placing less importance on ‘intangible benefits’ like employee wellbeing was thought to potentially further widen the divide between management and frontline workers, leading to scepticism and hesitancy from the latter especially if they felt that their voices weren't valued and decisions about the program's rollout were made without consultation.

The other area of variable engagement identified was across different sections of a company (e.g. factory/floor, finance, logistics, managers), where levels of commitment took different appearances. Where the work group were the drivers of activity post-training, there was a more side-by-side approach in work group support and communication, and some amount of willingness to extend that support outside of the workplace. On the other hand, there were experiences of not much happening at all. When managers were driving the implementation, there was a broader, whole company approach but with acknowledgment that markers of Connector visibility may need to be different across the range of sections. Conversely, where there was lower support from management, there was very little noticeably occurring on site, and even less off site.

On a final positive note, during this pilot program one of the most distinguishable determinants for successful implementation and engagement seems to have been the existence of passionate individuals or "advocates". These are individuals who genuinely understand, value, and resonate with the program's objectives, bringing a level of authenticity that can motivate others to engage. These advocates are the key to initiating and action in the workplace, and the interview participants identified that they could come from any section within the company.

Impressions of the training

The feedback on the delivery of the training was almost exclusively positive. There was clear indication from all the interview participants that the crossover of the program from the construction industry to the manufacturing industry was fairly seamless. In terms of content and language it was reported by many as *“a good match”*, given the many similarities between industries and the initial tailoring of the content by the AMWU and Mates.

In nominating possible areas for improvement, and even though most of the participants were male and of Anglo background, some indicated that a minor adaptation could be made to accommodate a higher percentage of female employees in manufacturing, *e.g. “it could be less blokey”*. Similarly, as manufacturing is somewhat more culturally diverse than construction, some language barriers were reported with both the training and the surveys.

Trainers were viewed as relatable in their manner, communication style and even down to what they wore. For example, one interviewee was particularly impressed with the trainers’ thoughtfulness and preparation:

> *If training was during shift, they’d wear Hi-Viz; if it was a day off, they’d wear regular clothes. And they came out here. There’s respect for the workers in that.*

The respectful attitude of the trainers was paramount in people’s reception of the training content, and it was seen as very important that the training was delivered in-person and onsite. Training participants and trainers both described the training rooms as mostly

appropriate but there was some variation in quality with regard to size, acoustics and equipment, which wasn't a great inconvenience for GAT but did affect the delivery of the Connector training intermittently. It would be preferable if there could be a guaranteed minimum standard around these elements, but that is hard to predict and does rely on the available resources of the worksite.

Pushing through the COVID19 pandemic was regarded as a major achievement, and the eventual delivery of training was very welcome, however there was general agreement across all data sources that it would have been preferable it was rolled out faster. COVID notwithstanding, other contributing factors to delays included the level of company engagement and whether they and the employees viewed the training as a burden rather an opportunity. Further, field officers felt they could have been better prepared in terms of clearer communication about what was expected of them in terms of the evaluation of the training.

Post-training worksite impact

In the same way that engagement with the program was not entirely consistent across companies, it is fair to say that the worksite impact of the training to date has been variable. There have been some very positive developments already, but also some sites where less has been achieved than what was hoped for.

All interview participants reported having greater awareness of suicide and mental health issues (e.g. incidence, warning signs) than previously, and a better knowledge of where to go for help when required. This increased mental health literacy was evident regardless of whether they had completed Connector training or GAT. For those who had completed Connector, almost all participants felt more confident in making themselves known as such, and there was a common theme around their increased confidence to approach someone to offer help, should they be concerned about them.

> *Now – but not before – if I think a crewmate might be struggling, I'll go up and ask if they're OK. It doesn't matter if they think I'm sticking my nose in, I'll do it anyway. It's more important they know someone's got their back if they're having a hard time.*

Despite this shift in help-offering, participants reported no noticeable difference in employee help-seeking, which may be attributable to a number of factors. First, it is likely too early in the post-training phase to tell. Second, there is no doubt that stigma around mental health and suicide still play a part in people's reluctance to talk about it and ask for help when they are in distress. That this reticence serves only to increase feelings of isolation and alienation shows how stigma is still such a significant force in creating a cycle of despair, regardless of the training's success in debunking some myths and encouraging more open communication about the issues. Third, the participants identified the disparate strategies for Connector visibility as an issue. Vests, hard-hats, and stickers were the most common means of identification but they depend on what section you work, and some are more easily identifiable than others. Furthermore, the GAT trained interviewees thought that not all Connectors made themselves obviously noticeable, a number of people saying they didn't know if their work group had one. A common report amongst the Connector

trained interviewees was of being fairly active in identifying and promoting themselves. They also had other suggestions such as distinguishing visible markers similar to those of fire wardens or first aid officers.

It is important to note that it is unrealistic to expect that the MATES program could achieve wholistic cultural stigma changes regarding suicide and mental ill-health as a result of a single round of training. The training is the start of a program designed to change workplace culture and challenge adopted biases, but achievement of change is anticipated to develop over years not months, and therefore maintenance of the program is essential. Each workplace, even within company structures, is expected to adopt this cultural change at their own speed, the barriers and enablers discussed in this report are found to be influential on the speed that progress occurs.

As already noted, diverse management responses continued in the post-training implementation stages (with associated levels of worker trust or scepticism in some instances). There were a few references to management's promotion of Employee Assistance Programs but nothing systematically implemented. Participants fed back that some workplaces have improved their broader workplace communication and incidental messaging about the MATES program, and about suicide prevention more generally. Posters in the lunchroom was a common experience, or stickers about contact people placed next to first aid kits. In terms of the most effective means of communication and support, the majority of worker interviews agreed that work group-based interaction was the way to go.

> *It's the ones you work with every day that you know better if they need a hand. And when we have a quick catch-up before the shift to lay out the work for the day, you can also do a check-in with how everyone's going.*

These strategies were dependent on someone taking the initiative, which was easier when the work group lead was also a trained Connector. The depth of activity was a little more difficult if it was not the same person, but still achievable. In this context, a workplace advocate was mentioned again for not just initiating engagement with the program, but also sustaining post-training implementation. Their passion, often stemming from personal experiences or deep-rooted empathy, served as a beacon for others, motivating them to participate actively and seek the benefits offered by the program. However, the transient nature of passionate advocates also presents challenges, as their absence or departure from a site can lead to a vacuum in leadership and enthusiasm which affects the initiative's continuity. This highlights the need for a more systematic approach to identifying, supporting and emboldening such advocates within an organisation and to create back-up plans in the event that they move on. When advocates move on, there should be mechanisms in place to ensure that their passion and commitment don't depart with them but instead become ingrained in the organisational culture.

Moreover, the emphasis on the importance of passionate advocates also subtly underscores potential shortcomings elsewhere in the system. It hints at potential gaps in organizational buy-in or clarity, suggesting that when the broader system may not be fully engaged, these individuals become the linchpins holding the program together

The importance of external supports was emphasised. On one level, knowing who you can go to for help out of family, friends and local services and groups was key. On a more systemic level, however, the companies' relationships with MATES and with the Union were also highlighted as a pivotal theme. MATES' involvement indicated an external validation of the importance of mental health in the workplace, and their role is crucial in upskilling the workforce. That the training programs in the construction industry have already been positively evaluated has contributed to a smoother translation into the manufacturing industry. However, the varying degrees of management's responsiveness reveal the complexities involved in uniformly implementing and benefiting from these supports.

Historically, unions have played a protective role, ensuring the welfare and rights of workers. During this pilot, it was reported that the AMWU's involvement and perspective considerably may have shaped the workforce's understanding and reception of the training and initiatives introduced by external supports. The influential role of union representatives became evident when it was mentioned that a delegate misunderstood the program as being union-led, emphasising the weight their stance carries with the workers.

A harmonious collaboration between these entities, including a shared vision and clear lines of communication, are paramount for ensuring that worker wellbeing, mental health and suicide prevention are prioritised and adequately addressed.

Conclusion

Summary of enablers and barriers

A summary of enablers and barriers to the delivery and implementation of the pilot program is set out in Table 3 below.

Table 3: Summary of enablers and barriers

Enablers	Barriers
Workplace advocate	Training as a burden
Support structures for advocates	Low Connector visibility
Connector visibility	Low engagement from management
Management valuing staff	Accommodating gender and culture diversity
Incidental messaging	Unforeseen delays
Work group-based communication	Miscommunication
Flexibility of program	Focus on output/performance
Peer to peer model	Worker mistrust
External supports	Stigma

As can be seen, there are a number of enablers that have their flipside as barrier, for example high/low management support, Connector visibility/invisibility. Overall, these enablers and barriers correspond with previous studies conducted on MATES or similar programs in comparable industries (e.g. Gullestrup et al 2023; Doran et al 2021; Ross et al 2020; LaMontagne & King T 2023; King K, Liddle & Nicholas 2023; Milner et al 2015; King T, Fleitas Alfonzo et al 2023) identify enablers such as the importance of the passionate advocate, targeted training, high visibility of support staff, employees feeling valued in their

work environment, and an organisational culture aligned with mental health activities. Many of the studies cited above also identify barriers such as internalised stigma, stoicism, lower mental health literacy, worker suspicion, competing work priorities, and limited company resources. These similarities imply that the implementation and success of MATES in Construction should indeed make a smooth transition into Manufacturing, as was indicated by interview participants.

On a somewhat newer note, the greater diversity of roles and the workforce composition in Manufacturing present new opportunities and challenges arising from this evaluation. For example, Connector visibility may not be as straightforward as construction sites and therefore may need to be more overt and deliberate, with flexibility for how people are identified across different sections of a company. The peer-to-peer model of support may accordingly operate differently across a worksite with administrative staff, managers and work groups all developing bespoke incarnations. The incidental messaging can be accommodated in multiple sites and in multiple ways such as lunch rooms, office space, first aid kits, factory floors and other recognised assembly points. In addition, the more culturally diverse workforce requires a more nuanced approached to the program. Cultural adaptation of the training and translation of written resources into multiple languages, as suggested by Nepal et al (2022) and AISRAP (2006) in relation to Mental Health First Aid, is one way of achieving better engagement with the training and addressing the additional cultural dimensions of stigma.

Finally, there are some comments to be made in relation to the primary objectives of the research around assessing the delivery of the training, the nature of helping behaviours, the increase in social interaction, the reduction of stigma, and the development of healthy workplace environments.

Success of the training

From the data gathered, it is apparent that many employees felt better informed post-training. It wasn't just the information that had an impact on their literacy but also the way it was conveyed, allowing for empathy and understanding. However, like any multifaceted training program, there were varied responses. Some sites responded with high enthusiasm, while others are taking longer to see tangible results. This discrepancy may be related to the training's delivery, or to varying degrees of onsite support, or to existing workplace culture. In any case, the findings suggest that a flexible approach (rather than one-size-fits-all) might be the most effective strategy for creating a sustainable onsite program.

Helping behaviours

Arguably one of the most direct indicators of the program's success is the observable change in help-offering behaviours. In some sites, particularly where there was a more concerted show of support from management and higher visibility of the identified connectors, employees were more proactive in seeking out those in distress, reflecting both empathy and a grasp of the training's principles. But beyond just the action, it's the motivation behind it that's noteworthy: workers didn't just offer help because they were trained to, they genuinely wanted to support their colleagues. In other sites, while greater awareness was palpable, it wasn't always translated into actionable outcomes. This point

justifies the need for reinforcing mechanisms, through refresher courses or ongoing support groups/systems which forms part of the ongoing program. Despite this increase in participants' mental health literacy and confidence, help-receiving behaviours were difficult to track at the early post-training stage. Similarly, there appeared to be no discernible increase yet in onsite help-seeking behaviours from those in distress, which is most likely to be related to either the short timeframe of the interviews post-intervention, or the operation of latent stigma (see below).

Social connections

A thriving workplace isn't just about individual performance—it's about the collective. The enhanced social connections post-training showcase this. Workplaces that once may have felt divided or isolated began to observe more collaboration, mutual concern, and a sense of unity. Lunch breaks, for instance, became more than just a pause from work; they transformed into opportunities for employees to check on one another. While not universally experienced across all sites, where it was observed, the change was significant. Going forward, initiatives could focus on strategies to strengthen these bonds further, extending the training to social gatherings such as workplace BBQ's, and the transition of onsite initiatives to more purposeful offsite interaction.

Stigma

Mental health stigma has been historically ingrained in many societies and industries, but a shift in such attitudes is noticeable. The findings suggest that workplaces that once might have considered mental health a taboo topic began engaging in candid conversations, indicating a more accepting environment. However, while the decline is promising, it isn't absolute. In some pockets, lingering stigma persists, which suggests that periodic interventions targeting specific misconceptions might be necessary. Some workers have expressed that MATES training programs have debunked the myths through effective personal testimonies from those who've experienced mental health challenges. However, sites with higher numbers of workers from diverse cultural backgrounds or who spoke a language other than English still pose a challenge and it may need a longer-term approach to see the intended change.

Healthy work environments

Beyond just individual well-being, MATES aimed to catalyse a holistic change in the work environment. Several sites witnessed management adopting more empathic and supportive practices, indicating an organisational shift in priorities. Mental health wasn't just an individual's concern – it was a collective responsibility fuelled by an increased understanding of the broader workplace conditions and social factors that shape an employee's mental wellbeing. Such a shift is indicative of long-term change, as it suggests that mental health and well-being can be integrated into the foundational principles of a workplace given certain conditions. However, there was very little reference to workplace policy other than the use of the WHS framework and a few brief comments about promoting Employee Assistance Programs. Companies can further develop healthy work environments by also including family-friendly workplace policies, allowing paid time off for help-seeking, and more expansive or flexible sick leave/compassionate leave arrangements.

Future opportunities

Beyond the primary objectives, the initiative offered insights into potential avenues of improvement and possible ongoing research:

Role-specific Content: A notable observation was the differential impact based on roles within the organisation. Customising content to cater specifically to different roles could make the training more relatable and effective. There could also be an opportunity to include some cultural adaptation of the training material to better suit the cohorts.

Sustained Support: The importance of post-training support cannot be understated. Creating platforms where employees can connect, share experiences, and seek guidance might be instrumental in ensuring long-term success.

Operational Improvements: Some logistical challenges were encountered in certain sites. A comprehensive review could help identify and rectify these for smoother future implementations.

Follow-up research: Should funding and overarching organisational support be available, being able to pursue some follow-up interviews another 6-12 months down the track would provide much richer data to make judgements about post-program implementation and success.

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Appendix A – Research interview questions

What was your initial understanding of the Mates in Manufacturing program?

Did you participate in any of the formal training components of MATES in Manufacturing? (GAT / Connector / ASIST)

If no:

Why didn't you participate? (probe: limited advertising/information in advance? Competing priorities? Lack of management support for attendance? Uneven support for attendance [some work groups/shifts encouraged to attend while others were not?] lack of confidence/trust in the program?)

If yes:

- Which components did you participate in?
- What engaged you?
- How did you find the field officers delivering the program? Did they make an effort to connect with you and the other attendees of GAT/Connector/ASIST?
- Is there anything from GAT/Connector/ASIST that has really 'stuck' with you?
- Are there any ways in which the program changed how you think about suicide? Did it confirm some of your existing beliefs or assumptions?
- Did you have any personal Eureka/lightbulb moments that have changed how you see, or connect with, your workMates?

Connector / ASIST specific:

- What motivated you to become a Connector / ASIST volunteer?
- What kinds of skills did you develop when you went through Connector/ASIST?
- Have you used these skills since? (ask for examples)

Workplace engagement with / acceptance of the program

- Have you noticed any changes in your work group that may be due to the rollout of MATES in Manufacturing?
- Are Connector and ASIST-trained workers visible onsite? Are there any posters or visual cues advertising their presence? Are there Connectors who are accessible to work group members in your shift (e.g. do morning/afternoon/evening work groups each have at least one Connector in their midst?)
- Have you noticed any changes in how management engages with workers, which may be due to MATES in Manufacturing?
- Are there any indicators that organisational leads in your workplace are trying to be more supportive of suicide prevention efforts specifically, or workers' health and wellbeing more generally?

Overall reflections, summing up

MATES in Manufacturing is new, and it's been adapted from an existing program – are there particular elements that you think align well with the needs of manufacturing workers? Is there anything that seems clunky/ill-fitting for manufacturing workers?

MATES in Manufacturing is new, and it's been adapted from an existing program. With that in mind:

- Did the program seem relevant to you?
- Does it seem relevant to the manufacturing industry more broadly?
- Are there particular elements that you think align well with the needs of manufacturing workers?
- Is there anything that seems clunky / ill-fitting for manufacturing workers?
- Are there characteristics/aspects of the industry that we should be speaking to, but haven't addressed well in the program (to think about wording)

Any other comments?

Appendix B – Focus group questions

You all have experience delivering the MATES program in blue collar settings. How did you find the engagement of manufacturing companies in the program relative to say, construction companies who participate in MATES in Construction?

- Did you take any steps to encourage company engagement and understanding of the program? Can you describe them?
- How did you find the process of engaging with company representatives about the program – were there some aspects of the program that they found easy/straightforward to understand? Were other aspects more difficult for them to understand or accept?
- Did any companies or sites disengage during the pilot period? If so, can you describe what happened?
- There was a broad range of manufacturing companies who participated in the pilot – did you find that some companies could more straightforwardly align with the MATES in Manufacturing program, and what was expected of them (i.e. supporting workers to take 'time out' from their production schedule to participate in GAT/Connector/ASIST; supporting workers' right to confidentially access case management or other supports; actively promoting the program) while others found program rollout more challenging?

Can you tell me about your experience delivering GAT and Connector sessions?

- What were the main challenges you experienced? (probe: logistical challenges like finding appropriate meeting spaces, educating site management on the need for these components, engaging workers)
- What were the main successes, or 'wins', you experienced?

Are there any challenges that you encountered in remaining bipartisan during program rollout? Were you welcomed by both management and union reps when you visited site, or were there tensions that sometimes needed to be managed?

For field officers who deliver LivingWorks ASIST training: Can you tell me about your experience delivering ASIST to manufacturing workers? What were the main challenges, and successes, that you experienced?

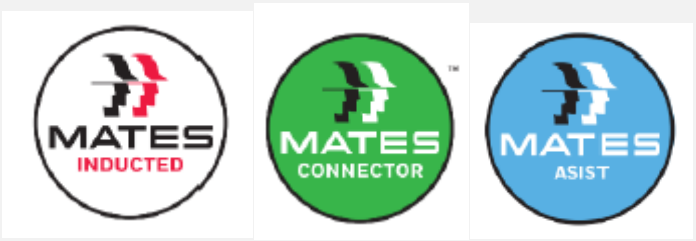
With regards to case management: what has your experience been of working with manufacturing case management clients one-on-one? Were there any unforeseen surprises – positive or negative- in offering case management in this context?

Is there more that you would like to be doing with your role as a field officer?

At this early stage, what we call MATES in Manufacturing – as a program – has been largely 'lifted' from MATES in Construction, which has served as a template. Are there particular elements that you think align well with the needs of manufacturing workers, on the ground? Is there anything that seems clunky/ill-fitting for manufacturing workers?

Appendix C – Recruitment materials and Ethics approvals

Mates in Manufacturing Suicide Prevention Project



If you have been part of the MATES suicide prevention program, Western Sydney University would like to hear from you about your experience.

If you're interested, you'll be invited to an interview, either face-to-face or on Zoom with one of our researchers. The interview will take 30-45 minutes, and can be at a time of day or night that works best for you.

Participation is voluntary, and your input will help us understand how to better prevent suicide and support mental health in the workplace.

To find out more or to volunteer, please contact Neil Hall from WSU on 0417 2 78 645 or email n.hall@westernsydney.edu.au

We look forward to hearing from you!

WESTERN SYDNEY
UNIVERSITY

HUMAN RESEARCH ETHICS COMMITTEE

30 September 2021
Doctor Neil Hall
School of Social Sciences

Dear Neil,

Project Title: "Mates in Manufacturing Suicide Prevention Project. Measuring the impact of on-site peer-to-peer mental health training to improve help-seeking and help-offering behaviour"

HREC Approval Number: H14506
Risk Rating: Moderate

I am pleased to advise the above research project meets the requirements of the National Statement on Ethical Conduct in Human Research 2007 (Updated 2018).

Ethical approval for this project has been granted by the Western Sydney University Human Research Ethics Committee. This HREC is constituted and operates in accordance with the National Statement on Ethical Conduct in Human Research 2007 (Updated 2018).

Approval of this project is valid from 30 September 2021 until 30 March 2023.

This protocol covers the following researchers:

Neil Hall, Tania King, David Henry, Shravan Gunlulu, Anthony LaMontagne, Laura Cox

Summary of Conditions of Approval

1. A progress report will be due annually on the anniversary of the approval date.

2. A final report will be due at the expiration of the approval period.

3. Any amendments to the project must be approved by the Human Research Ethics Committee prior to being implemented. Amendments must be requested using the HREC Amendment Request Form.

4. Any serious or unexpected adverse events on participants must be reported to the Human Research Ethics Committee via the Human Ethics Officer as a matter of priority.

5. Any unforeseen events that might affect continued ethical acceptability of the project should also be reported to the Committee as a matter of priority.

6. Consent forms are to be retained within the archives of the School or Research Institute and made available to the Committee upon request.

7. Approval is only valid while you hold a position or are enrolled at Western Sydney University. You will need to transfer your project or seek fresh ethics approval from your new institution if you leave Western Sydney University.

8. Project specific conditions:
There are no specific conditions applicable.

Please quote the registration number and title as indicated above in the subject line on all future correspondence related to this project. All correspondence should be sent to humanethics@westernsydney.edu.au as this email address is closely monitored.

Yours sincerely

Associate Professor Gabrielle Weidemann
Presiding Member,
Western Sydney University Human Research Ethics Committee

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Ethics Reference: H14506
Expiry Date: 30 March 2023

HUMAN RESEARCH ETHICS COMMITTEE

2 November 2021

Doctor Neil Hall
School of Social Sciences

Dear Neil,

RE: Amendment Request to H14506

I wish to formally advise you that the Human Research Ethics Committee has approved your request to amend your approved research protocol H14506 "Mates in Manufacturing Suicide Prevention Project. Measuring the impact of on-site peer-to-peer mental health training to improve help-seeking and help-offering behaviour".

The approved amendments are:

Add Chris Lockwood to the research team.

Add new participant group: MATES Field Officers. New information sheet and consent form.

Remove quantitative survey from the research design.

Project specific approval conditions:

Please quote the registration number and title as indicated above in the subject line on all future correspondence related to this project. All correspondence should be sent to humanethics@westernsydney.edu.au as this email address is closely monitored.

Regards

Associate Professor Gabrielle Weidemann
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Ethics Reference: H14506
Expiry Date: 30 September 2023

HUMAN RESEARCH ETHICS COMMITTEE

14 October 2022

Doctor Neil Hall
School of Social Sciences

Dear Neil,

RE: Amendment Request to H14506

I wish to formally advise you that the Human Research Ethics Committee has approved your request to amend your approved research protocol H14506 "Mates in Manufacturing Suicide Prevention Project. Measuring the impact of on-site peer-to-peer mental health training to improve help-seeking and help-offering behaviour".

The approved amendments are:

Ethics approval extended until 30/09/2023.

Project specific approval conditions:

Please quote the registration number and title as indicated above in the subject line on all future correspondence related to this project. All correspondence should be sent to humanethics@westernsydney.edu.au as this email address is closely monitored.

Regards

Associate Professor Gabrielle Weidemann
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