Evaluation of
The Shed Online

Beyond Blue Limited
(beyondblue)

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## Glossary

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACT</td>
<td>The Australian Capital Territory</td>
</tr>
<tr>
<td>AMSA</td>
<td>Australian Men’s Shed Association</td>
</tr>
<tr>
<td>LF&amp;R</td>
<td>Lifestyle family and relationship</td>
</tr>
<tr>
<td>NSW</td>
<td>New South Wales</td>
</tr>
<tr>
<td>NT</td>
<td>The Northern Territory</td>
</tr>
<tr>
<td>P&amp;MH</td>
<td>Physical and mental health</td>
</tr>
<tr>
<td>QLD</td>
<td>Queensland</td>
</tr>
<tr>
<td>SA</td>
<td>South Australia</td>
</tr>
<tr>
<td>TAS</td>
<td>Tasmania</td>
</tr>
<tr>
<td>TSO</td>
<td>The Shed Online</td>
</tr>
<tr>
<td>VIC</td>
<td>Victoria</td>
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<tr>
<td>WA</td>
<td>Western Australia</td>
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</table>
Executive summary

beyondblue appointed Deloitte Access Economics to undertake an evaluation of The Shed Online (TSO), an online platform for men (particularly those over 55 years) to socialise, learn and share skills as well as providing information on health and well-being.

With a view to providing recommendations for beyondblue to inform future provision, the evaluation of this public health initiative has two main objectives:

- To examine user experience of TSO; and
- To assess the performance of TSO against its stated objectives:
  - to create a social and interactive online community that strengthens wellbeing;
  - to provide access to information about health and the health system;
  - to increase awareness of depression and anxiety;
  - to decrease levels of stigma of depression and anxiety; and
  - to encourage men to seek help.

The purposes of this evaluation are to:

- highlight areas where TSO can improve its performance to better meet its objectives, as well as feedback on what aspects are working; and
- provide recommendations as to how to retain Shed Online members and increase the number of members, visitors and interactions.

METHODOLOGY

In line with the objectives and purposes, this evaluation was designed to comprise four complementary methodological components:

- Web analytics and analysis of member demographics (Chapter 2);
- Qualitative thematic content analysis of forum discussion (Chapter 3);
- Semi-structured telephone interviews with current and past members (Chapter 4); and
- Online survey of user experience (Chapter 5)

MAJOR FINDINGS

Awareness about TSO: The TSO users learnt about the website through a range of sources, but the primary sources were through the internet and the Australian Men’s Shed Association (AMSA). According to the online survey, 53.8% were members of the AMSA. Referrals from other organisations were much less, with 12% of respondents reporting awareness gained through beyondblue, 4% from Movember and a small number of website referrals from other partner organisations. The lower referral to TSO from Movember may be a reflection of the misalignment in target populations: the latter generally appeals to younger men whereas TSO is targeting men’s over 55 years.
Coverage of TSO: There is evidence that TSO’s reach extended beyond the target male population (those aged 55 or over and those in non-metropolitan areas). While web analytics data and survey responses indicated that the target group were in the majority, a smaller but substantial proportion of members were aged below 55 years of age and from a metropolitan area. This suggests that an online platform was beneficial for a broader group of men than those in the target group. There appears to be scope to expand membership and visitor coverage in certain geographic areas. Coverage of TSO membership and website visits was broadly proportional to the population of men in different jurisdictions, and in metropolitan and non-metropolitan areas. However, there were geographical variations, with a lower reach in areas such as Western Australia and the Northern Territory and in areas outside of Brisbane and Hobart.

Reasons for visiting TSO and lack of involvement: The primary reasons for individuals to visit TSO were to seek information on a broad range of issues affecting men, and to join an online social group with other men, and there is evidence that TSO was meeting the needs of a large majority of users: high level of satisfaction to the website content and accessibility, and high frequency of visits. Importantly, participants felt a strong sense of support as a community. Main reasons for lack of involvement among some participants included: inadequate representation of the broad interests of men, with a focus on trade-based activities and over focusing on mental health issues which has been perceived as dispiriting and lacking celebration.

Outcomes of participation: A significant proportion of survey respondents agreed or strongly agreed that their participation in TSO resulted in them feeling “part of a supportive community” (51%) and understanding that there were “a lot of other men who experienced similar issues” to them (58%). Furthermore, survey findings indicated that:

- TSO has raised awareness among respondents about depression (40% agreed or strongly agreed), anxiety (36%) and other issues affecting men (54%);
- TSO appeared to have reduced the stigma associated with depression and anxiety among a considerable group of survey respondents (29%-39% agreed or strongly agreed, and 11%-13% disagreed or strongly disagreed to the survey statements relating to stigma); and
- 41% of survey participants agreed to the statement that they knew “how to take action to deal with depression or anxiety” if they need to.

Survey respondents were overwhelmingly positive about the statements relating to the functionality of TSO. In terms of content, respondents felt that they could rely on TSO to obtain trusted information and generally found the content on depression or anxiety useful.

On the discussion forums and moderation process: A considerable proportion of the survey respondents had visited the discussion forums. However, most of the forum participants played a passive role by reading other people’s posts without contributing regularly themselves. A majority of evaluation participants thought the moderation process was both necessary and beneficial to the quality of discussion. However, they were divided about whether the forum should be moderated by health professionals external to the TSO community or members of TSO, with some expressing concerns about the level of intervention and the lack of transparency and consistency in the current moderation process. One suggestion was a separate discussion area for those who were in a highly vulnerable mental state where only approved members could provide advice.
CONCLUSIONS

TSO has successfully achieved its aim in creating an interactive online community for men to socially connect with other men with similar interests. Through TSO, users received social supports in the forms of informational support, instrumental support, companionship support, and emotional support. The enhanced connectivity and supports provided by TSO appeared to enhance the wellbeing of a majority of users, especially among those who participated in the discussion forums.

TSO appears to provide adequate access to information about health and the health system, but the website’s content did not fully resonate with many users, in particular, the focus on depression and anxiety which some found dispiriting. Meeting the information needs of a diverse group of users will be an ongoing challenge.

TSO has increased the awareness and appeared to have reduced the stigma associated with depression and anxiety in a considerable group of TSO users. However, a substantial proportion of users may not yet feel comfortable to socialise or to talk about depression or anxiety. This suggests that TSO and beyondblue more broadly may need to further refine its messaging and approach to and continue its efforts in addressing the stigma associated with depression and anxiety among men. Similarly, ongoing effort is required to enhance help-seeking behaviours. Other options would be to state the target audience on the site, or have a specific web section just for men who wish to focus on information and discussion relating to depression and anxiety.

The objectives of TSO may not have adequately aligned with the objectives of partner organisations, and the expectations and preferences of the website users. The website’s focus on men’s mental health and trade-based activities did not resonate with a considerable group of users. For these reasons, TSO would need to clarify and understand its target audience to refine promotion and uptake of the website, including through engagement with current and future partner organisations.

RECOMMENDATIONS

To achieve better tracking of website performance, beyondblue should consider the specification of a set of performance benchmarks, which would need to reflect both TSO’s goals and the aims of partner organisations, as well as with consideration to the findings of this evaluation. Setting benchmarks and tracking performance would help direct the available resources in a more responsive and effective manner such that the program is optimising the intended outcomes of the initiative for the right target audience.

To improve better recruitment of new members/visitors to the website, beyondblue may consider having better promotion of TSO through partner organisations, including via their newsletter. In addition, beyondblue may consider improving non-branded referral to TSO through search engine optimisation, but the cost may be prohibitive.

To improve user experience, beyondblue may consider the following changes:

- depicting an imagery that is consistent with the range of topics covered in TSO, not just trade-based imagery;
• a more balanced approach in presenting information specifically relating to men’s mental health, and other general issues affecting men, considering the objectives of TSO and partner organisations, and explicitly stating its purpose on the site;
• providing better guidance to first-time visitors about how to use various features of the websites – with possibly a specific area just for men with mental health issues;
• optimising some webpages for touch screen interface (e.g. discussion forums);
• piloting a self-moderation process whereby users have the opportunity to highlight offensive remarks by clicking on a “thumb down” voting buttons, or having a small group of TSO members to share the responsibility of moderating the forum alongside current moderators.
1 Background

*beyondblue* appointed Deloitte Access Economics to undertake an evaluation of The Shed Online (TSO), with a view to informing *beyondblue* to guide decisions about the future provision of this initiative.

1.1 Mental health in older men

Approximately 32% of Australians will experience a mental disorder at some stage in their life (Australian Government 2011). Mental disorders are associated with considerable social and economic effects. In 2003 in Australia, mental disorders accounted for approximately 13% of the total burden of disease, and were the largest single cause of the non-fatal burden of disease (loss of health related quality of life) (Begg 2007).

In 2007 almost half of Australian males (48% or 3.8 million) aged between 16 to 85 years had experienced a mental disorder in their lifetime (ABS 2008). Of these, 36.8% (1.4 million) experienced symptoms in the 12 months period prior to the ABS Survey (AIHW 2011). Anxiety disorders (11%), substance use disorders (7%) and affective disorders (5%) were the most common illnesses reported by men experiencing a mental disorder.

A sizeable proportion (8.7%) of men aged 55 years and older reported current symptoms of mental disorders, even though younger males were more likely to be afflicted than older men (Chart 1.1) (ABS 2008 cited in AIHW 2011). Anxiety disorders were the most common mental health disorders reported by men aged 55 years and older.

**Chart 1.1: ‘Current’ mental disorders among males, 2007**

![Graph showing current mental disorders among males, 2007](source: ABS 2008, cited in AIHW 2011)
### 1.2 About The Shed Online

*beyondblue*, the national depression and anxiety initiative, is an independent, not-for-profit organisation working to increase awareness and understanding of depression, anxiety and related substance-use disorders throughout Australia and reduce the associated stigma (*beyondblue* 2012).

In November 2010, *beyondblue* launched a public health initiative known as “The Shed Online” (TSO), with a view to providing an online platform for men to socialise, learn and share skills. This initiative was developed in collaboration with the Australian Men’s Shed Association (AMSA) and with financial support from Movember.

The Shed Online was developed on the same evidentiary basis that supports the model of the AMSA’s Men’s Shed initiative (Hayes and Williamson 2006), which suggests a number of benefits including:

- decreasing social isolation;
- enhancing self-esteem;
- increasing access to specific information about health; and
- providing a mediating structure between the ‘everyday world of men’ and the health care system.

Similar to the ‘physical’ Men’s Shed initiative, TSO aims to recreate a safe and supportive space in which men can confidently discuss and exchange information, including information relating to their mental well-being. The primary target group for the program is men aged 55 years and older; and a secondary focus is men from non-metropolitan areas.

TSO has five specific objectives to promote men’s mental and physical health:

- to create a social and interactive online community that strengthens wellbeing;
- to provide access to information about health and the health system;
- to increase awareness of depression and anxiety;
- to decrease levels of stigma of depression and anxiety; and
- to encourage men to seek help.

TSO is a website that allows the public to view the majority of its website contents. Visitors to TSO can choose to register as a member. Registered members have a range of additional benefits compared with other non-registered visitors, including the ability to post in the discussion forums, participate in online games and puzzles, and receive regular newsletters. As part of the membership registration process, individuals are required to provide a screen name, surname and first names, email address, postcode, password and consent to the terms of membership.

The discussion forums in TSO are currently moderated by mental health professionals to ensure the quality of the wall posts. All submitted wall posts are filtered through a pre-defined list of words that could be potentially offensive to other participants. Most wall posts appear on the forum immediately unless they contain word(s) from the filter list. In this event, the moderators would review the post before appearing on the forum. Where
necessary, the moderators may delete inappropriate posts and similarly forum participants may request to delete their own post.

1.3 Evaluation objectives and methodology

This evaluation has two objectives:

- to examine user experience of TSO; and
- to assess the performance of TSO against its stated objectives (see previous page).

The purpose is to:

- highlight areas where TSO can improve its performance to better meet its objectives, as well as provide feedback on what aspects are working; and
- provide recommendations as to how to retain Shed Online members and increase the number of members, visitors and interactions.

In line with the objectives and purpose, the evaluation was designed to comprise four complementary methodological components:

- Component 1: Web analytics and analysis of member demographics;
- Component 2: Qualitative thematic content analysis of forum discussion;
- Component 3: Semi-structured telephone interviews with current and past members; and
- Component 4: Online survey.

1.4 Evaluation questions

There are 10 specific evaluation questions which can be categorised into three broad groups:

**Brand awareness:**

- How did users learn about TSO?
- Are TSO members also members of The Men’s Sheds?

**Facilitators and barriers to using the website:**

- Why did users continue using the website?
- Why did users stop using the website?
- Did the users find the content to be informative and useful?
- What do users think of the discussion forums and moderation?

**Meeting the program objectives:**

- Has TSO created a social and interactive online community that strengthens wellbeing?
- Has TSO provided access to information about health and the health system?
- Has TSO increased awareness of depression and anxiety?
- Has TSO decreased levels of stigma surrounding depression and anxiety?
- Has TSO encouraged men to seek help?
1.5 Report structure

This report outlines the findings of this evaluation, and is structured as follows:

- **Chapter 1** – Background information;
- **Chapter 2** – Web analytics and analysis of member demographics;
- **Chapter 3** – Qualitative thematic content analysis of forum discussion;
- **Chapter 4** – Semi-structured telephone interviews with current and past members;
- **Chapter 5** – Survey of user experience; and
- **Chapter 6** – Summary of evaluation findings and recommendations.
2 Web analytics and analysis of member demographics

This component of the evaluation was aimed at providing descriptive information about the interaction patterns of TSO website users according to web analytic data and member demographic data.

2.1 Method

Demographic data for members were extracted from a membership database by beyondblue, with a view to assessing whether TSO has reached the intended population. Other website statistics were extracted from Google Analytics with access granted by beyondblue. The observation period for website statistics was between 1 March 2012 and 31 August 2012. This observation period represented the 6 months prior to the inception of this evaluation, and was consistent with or close to the observation period/ time points for other components of this evaluation.

A range of metrics was examined in this analysis, including day and time of website visits; new versus returning visitors; and webpage statistics. User experience specialists analysed these metrics with consideration given to the following success factors:

- **User demographics**: TSO draws the target audience to the website; and
- **User behaviour**: website users interacted with the website as intended.

It is worth-noting that using web analytic benchmarking to indicate the performance of a website is a topic subject to ongoing research. Benchmarking is particularly challenging for web analytic metrics because they vary considerably according to the type of website and the interpretation should be based on the website/organisation goals. As such, the web user experience specialist in the research team interpreted the metrics based on informal comparison with other websites, and with consideration to published information.

2.2 Results

2.2.1 Member demographics

**Age of registered members**

As at 8 October 2012, TSO had a total of 6,319 visitors who registered as members\(^1\). Of those members who provided information on their year of birth (69.7%), the median age was 59 years and the most frequently reported age (i.e. the “mode”) was 65 years. The median and modal ages were in line with the primary target group of the initiative: men aged 55 years or older.

\(^1\) This figure excluded TSO and AMSA administrators and moderators. Only registered members can post in the discussion forums, participate in online games and puzzles, and receive regular newsletters.
As illustrated in Chart 2.1, a substantial proportion (37.7%) of registered members was younger than 55 years. The reported age of members ranged from 17 to 90 years, although 50% of members reported an age between 48 and 68 years. The substantial proportion of members below 55 years of age indicated that TSO’s reach extended beyond the primary target age group and would most likely have conferred benefits for this broader group of men.

**Chart 2.1: Age distribution of TSO registered members**

**Geographic distribution of registered members**

More than half of all registered members recorded a postcode within the states of New South Wales (30%) and Victoria (24%). Other user postcodes also broadly reflected population shares, with Queensland (at 21%), South Australia (10%), Western Australia (9%), Tasmania (3%), the Northern Territory (2%) and the Australian Capital Territory (1%) (Chart 2.2a).

**Chart 2.2: Distribution of TSO registered members by (a) jurisdiction and (b) remoteness**

Key: NSW – New South Wales; VIC – Victoria; QLD – Queensland; WA – Western Australia; SA – South Australia; TAS – Tasmania; NT – Northern Territory; ACT – Australian Capital Territory.
TSO had reasonable membership coverage of men located outside of major cities in Australia. Approximately 38% of all registered members of TSO recorded a postcode in inner and outer regional Australia; whereas 60% of members recorded a postcode located within a major city. This is reasonably consistent with the population statistics that 68.8% of the total male population resided in a major Australian city (ABS 2008; ABS 2012).

It is challenging to assess, based on the membership data, whether TSO reached men who would benefit from participating in TSO. This is because the target population for TSO was broadly defined as men over 55 years and those from non-metropolitan areas. Given that not every man over 55 years in non-metropolitan areas would require social support from an online social platform like TSO, it was difficult to ascertain what would be the optimal size of the male population in each jurisdiction. Furthermore, it is likely that some men who visited TSO chose not to become registered members. As such, the membership data is likely to underestimate the true reach of TSO.

Two potential benchmarks for assessing reach include the male population in each jurisdiction, and the prevalence of depression and anxiety. For the first, a comparison was made between the distribution of members by jurisdiction, and the overall ‘expected’ target population from each jurisdiction, assuming the ‘expected population’ had the same proportion by age group as the member population. That is, across all jurisdictions, the greatest expected uptake would be from men aged between 60 and 64 years (19%) and lowest among adult men aged less than 24 years and above 80 years (around 1%) (see Chart 2.1). This analysis found that the overall uptake of TSO membership was about 1% (6,286 ÷ 615,938) of the total ‘expected’ population (Table 2.1). Considering that anxiety disorders and affective disorders (including depression and bipolar disorders) afflicted 6.6% and 1.3% of men aged 55 years and older respectively (AIHW 2011), and that TSO is an initiative with objectives broader than promoting mental health, the uptake of membership suggested that there is opportunity for TSO to achieve greater reach.

<table>
<thead>
<tr>
<th>Jurisdiction</th>
<th>Number of members§</th>
<th>Relative member proportion (a)</th>
<th>Expected* population (b)</th>
<th>Relative population proportion (a ÷ b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NT</td>
<td>87</td>
<td>1.4%</td>
<td>6,026</td>
<td>1.0%</td>
</tr>
<tr>
<td>SA</td>
<td>634</td>
<td>10.1%</td>
<td>46,745</td>
<td>7.6%</td>
</tr>
<tr>
<td>TAS</td>
<td>581</td>
<td>3.1%</td>
<td>15,272</td>
<td>2.5%</td>
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<tr>
<td>QLD</td>
<td>1311</td>
<td>20.9%</td>
<td>123,098</td>
<td>20.0%</td>
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<tr>
<td>VIC</td>
<td>1530</td>
<td>24.3%</td>
<td>150,501</td>
<td>24.4%</td>
</tr>
<tr>
<td>NSW</td>
<td>196</td>
<td>29.7%</td>
<td>64,762</td>
<td>32.5%</td>
</tr>
<tr>
<td>WA</td>
<td>1865</td>
<td>9.2%</td>
<td>199,981</td>
<td>10.5%</td>
</tr>
<tr>
<td>ACT</td>
<td>82</td>
<td>1.3%</td>
<td>9,553</td>
<td>1.6%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>6,286</td>
<td>100%</td>
<td>615,938</td>
<td>100%</td>
</tr>
</tbody>
</table>

§Members who provided a valid postcode; *Calculated based on total male population by age group reported by ABS (2011) multiplied by the percentage participation in corresponding age group in the member population.
On the basis of the uptake rate by jurisdiction, the membership coverage was reasonably proportional to the ‘expected’ target male population in these jurisdictions. TSO has an adequate coverage of members in the NT, SA, TAS, QLD and VIC (Table 2.1). NSW, WA and the ACT had membership uptake lower than the ‘expected’ target population, as indicated by the member-to-population distribution ratio of below 1. There are two possible explanations: (1) men in these jurisdictions had less need to participate in TSO, or (2) coverage of TSO could be improved further in these jurisdictions.

2.2.2 Statistics on website visits

Number of website visits from all visitors

A total of 105,831 visits to TSO from members and non-members were recorded by Google Analytics between 1 March 2012 and 31 August 2012, inclusive. During this period, there was a substantial increase in the number of website visits (Chart 2.3), which grew from an average of 382 visits per day in March to 898 per day in August. In addition, as shown in red lines in Chart 2.3, there were ‘spikes’ of high frequency visits approximately twice a month. This overall growing trend of website visits and ‘spikes’ is explainable by the promotional activities of TSO during this time period, and therefore indicative of the success of these promotional activities.

Chart 2.3: Number of visits to TSO between 1 March to 31 August 2012

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2 Need could be influenced by a range of factors including prevalence of depression and anxiety, availability of social groups, and access to the internet, to name a few.

3 Promotional activities included a bimonthly eNewsletter and a range of advertisements (e.g. Facebook, Twitter and Google advertisements) since mid-April.
User location based on web analytic data

The web analytic data indicated that 93% of the visits were from locations within a metropolitan area. Only 2,457 (2%) of visits were from locations in non-metropolitan areas, and the remainder were from locations outside of Australia. Visitors of the website from locations outside of Australia had much higher ‘bounce’ rates compared to Australian visitors, who had a greater tendency to continue viewing other pages within TSO. The majority of website visits were by people living in Australian capital cities - accounting for 90.3% (92,391) of all visits.

The distribution of visits by Australian jurisdiction, and by capital cities in these jurisdictions (Chart 2.4), was similar to the geographic distribution of registered members. Almost two-thirds of all visits to TSO were from locations within NSW (30%) and VIC (33%), broadly consistent with the combined population shares of these jurisdictions. The remaining 37% of visits were distributed identically from a jurisdictional and capital city perspective; from QLD-Brisbane (18%), SA-Adelaide (8%), WA-Perth (7%), ACT-Canberra (2%), TAS-Hobart (2%) and NT-Darwin (0.1%) (Chart 2.4).

Chart 2.4: Distribution of website visits to TSO from 1 March 2012 to 31 August 2012 by (a) jurisdiction and (b) capital city

To account for different population sizes of men at different geographic locations, a similar analysis was conducted to that described in section 2.2.1 (p.11), that is, the ratio between actual visits versus the ‘expected’ visits was estimated. This method assumed the probability of visiting TSO was directly proportional to the ‘expected’ target male population. It is worth-noting from the outset that this assumption may not hold if the number of website visits was disproportionately contributed by a small sub-group of website visitors; unfortunately, web analytic data was not able to inform this. Table 2.2 (p.14) describes the ratio calculation and is illustrated in Chart 2.5 (p.14).

---

4 A metropolitan area was defined as an area with a population of 100,000 or more.
5 A bounce rate represents the percentage of visitors who enter a website and then leave the site (i.e. “bounce”) without viewing other pages of the website.
Table 2.2: Ratio of website visits to population of men aged 55-79 years

<table>
<thead>
<tr>
<th>Jurisdiction</th>
<th>Number website visits</th>
<th>Relative proportion of visits (a)</th>
<th>Expected Population*</th>
<th>Proportion of population (b)</th>
<th>Ratio visit to population (a ÷ b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>VIC</td>
<td>32,481</td>
<td>33.2%</td>
<td>150,501</td>
<td>24.4%</td>
<td>1.37</td>
</tr>
<tr>
<td>ACT</td>
<td>1,837</td>
<td>1.9%</td>
<td>9,553</td>
<td>1.6%</td>
<td>1.34</td>
</tr>
<tr>
<td>SA</td>
<td>7,797</td>
<td>8.0%</td>
<td>46,745</td>
<td>7.6%</td>
<td>1.01</td>
</tr>
<tr>
<td>QLD</td>
<td>18,016</td>
<td>18.4%</td>
<td>123,098</td>
<td>20.0%</td>
<td>0.93</td>
</tr>
<tr>
<td>NSW</td>
<td>29,578</td>
<td>30.2%</td>
<td>199,981</td>
<td>32.5%</td>
<td>0.92</td>
</tr>
<tr>
<td>WA</td>
<td>6,453</td>
<td>6.6%</td>
<td>15,272</td>
<td>2.5%</td>
<td>0.66</td>
</tr>
<tr>
<td>TAS</td>
<td>1,605</td>
<td>1.6%</td>
<td>64,762</td>
<td>10.5%</td>
<td>0.60</td>
</tr>
<tr>
<td>NT</td>
<td>107</td>
<td>0.1%</td>
<td>6,026</td>
<td>1.0%</td>
<td>0.14</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Capital city</th>
<th>Number visits</th>
<th>Relative proportion of visits (a)</th>
<th>Expected Population*</th>
<th>Proportion of population (b)</th>
<th>Ratio visit to population (a ÷ b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brisbane</td>
<td>16,679</td>
<td>18.1%</td>
<td>54,411</td>
<td>14.2%</td>
<td>1.29</td>
</tr>
<tr>
<td>Melbourne</td>
<td>29,450</td>
<td>31.9%</td>
<td>108,113</td>
<td>28.1%</td>
<td>1.14</td>
</tr>
<tr>
<td>Sydney</td>
<td>28,763</td>
<td>31.1%</td>
<td>122,741</td>
<td>31.9%</td>
<td>0.98</td>
</tr>
<tr>
<td>Adelaide</td>
<td>7,757</td>
<td>8.4%</td>
<td>33,187</td>
<td>8.6%</td>
<td>0.92</td>
</tr>
<tr>
<td>Hobart</td>
<td>1,389</td>
<td>1.5%</td>
<td>6,064</td>
<td>1.6%</td>
<td>0.86</td>
</tr>
<tr>
<td>Canberra</td>
<td>1,837</td>
<td>2.0%</td>
<td>9,541</td>
<td>2.5%</td>
<td>0.83</td>
</tr>
<tr>
<td>Perth</td>
<td>6,409</td>
<td>6.9%</td>
<td>46,798</td>
<td>12.2%</td>
<td>0.57</td>
</tr>
<tr>
<td>Darwin</td>
<td>107</td>
<td>0.1%</td>
<td>3,566</td>
<td>0.9%</td>
<td>0.14</td>
</tr>
</tbody>
</table>


Chart 2.5: Ratio of website visits to population of men aged 55-79 years by (a) jurisdiction and (b) capital city*

*The ACT (essentially Canberra) has a lower population share among jurisdictions than Canberra has among capital cities; this resulted in the change in ranking when all visits were from Canberra.

The analysis suggests the following:
- There was a higher concentration of visits from users located in Brisbane and Hobart than from areas in Queensland and Tasmania respectively outside of these capital cities, as indicated by the fall in ratio when populations and recorded website visits outside of these capital cities were incorporated into the calculation;
- As indicated by the relatively stable ratio, visits to TSO by men located in Melbourne, Sydney, Adelaide and Perth metropolitan areas and other non-metropolitan areas in VIC, NSW, SA and WA, were proportionate to their relative population size; and
• Visits to TSO were consistently lower in the NT and WA than the rest of the country; this could be indicative of the lack of internet access for men within the target group in these areas or to cultural or other factors (e.g. higher Indigenous population shares).

2.2.3 User behaviour

Day and time of visit and posts

There was a remarkably even distribution of visits to TSO at any day during the week, although visits to TSO were slightly lower during weekends (Chart 2.6a). The number of website visits was also relatively evenly spread within the 12-hour period between 9am and 9pm (Chart 2.6b). These observations indicate that the majority of TSO users were not limited by factors such as work and opening hours of internet facilities to access the website.

However, despite the relatively even distribution of website visits, there was a bimodal distribution of posts in the discussion forum, with the first peak occurring between 9am and noon, and the second peak occurring between 6pm and 8pm.

Chart 2.6: Visits to The Shed Online by (a) day and (b) time

New versus returning visitors

During the observation period, 64.3% (68,047) of visitors were new to TSO (Table 2.3). This corresponded to a ratio between new and returning visitors of 2:1. This ratio was reasonable given the promotional activities undertaken during this period which have attracted a higher traffic of new visitors to the website. Given its primary objective in building an online community, having a greater proportion of returning visitors might be considered a future success factor for TSO, such that community interaction could be sustained.

New visitors spent an average of 3 minutes in viewing an average of 3.44 webpages, and about 57.14% of users left the website without viewing pages other than the landing page (i.e. ‘bounced’) (Table 2.3). As expected, returning visitors spent a longer period of time (8
Web analytics and analysis of member demographics

minutes) within TSO, viewed more pages (5.82 pages), and had a much lower bounce rate of 35.7%. In web analytics, what constitutes an acceptable level of bounce rate differs by the nature of a website: for a technical support website, a low proportion of return visitors would be preferred but for a commercial website, a high level of new visitors is more desirable. Based on the statistics on all websites, an average bounce rate of 40% to 55% is considered “average” and a bounce rate between 26% and 40% are considered “good” (Website Analytics 2010). Google Analytics Monthly Benchmark Report also reported an average bounce rate of 40-60% for a content website like TSO. These operational definitions suggest that TSO provided a reasonable level of engagement for both new and returning visitors.

Table 2.3: Descriptive statistics by type of visitors

<table>
<thead>
<tr>
<th>Parameters</th>
<th>New visitor</th>
<th>Returning visitor</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of visitors</td>
<td>68,047</td>
<td>37,784</td>
<td>105,831</td>
</tr>
<tr>
<td>Number of page views per visit</td>
<td>3.44</td>
<td>5.82</td>
<td>4.29</td>
</tr>
<tr>
<td>Average visit Duration (minute: second)</td>
<td>3:03</td>
<td>8:06</td>
<td>4:52</td>
</tr>
<tr>
<td>Bounce rate for all pages</td>
<td>57.14%</td>
<td>35.70%</td>
<td>49.48%</td>
</tr>
</tbody>
</table>

Webpage statistics

The web analytic data indicated that, excluding the homepage, “Discussions” (i.e. discussion forums) and “Activities” were the most visited webpages in TSO (Chart 2.7a). The discussion forums had a relatively low bounce rate of 31%. The average visit length was 1 minutes 29 seconds (Chart 2.7b). These statistics indicated that participation in the discussion forums was one of the primary reasons for visiting TSO. Indeed, 17% of web traffic on the homepage was directly channelled to the discussion forums. For the “Activities” section of the website, the subsections on “Games” and “Men’s Sheds” were particularly well utilised, which accounted for 35% and 29% respectively of all visits to the “activities” section.

Chart 2.7: Webpages visited in TSO and the visit duration
“Blog” was the least visited content area of TSO and this was reflected in the short average visit duration of 23 seconds (Chart 2.7). This indicates that blogging may not be of interest to most of TSO’s users. Other lower utilised webpages included “Events” (2%), “Chat” (3%), “News” (3%), and “Health & Lifestyle” (3%). Low engagement levels in the “Chat” section may indicate that live chat was not a preferred method of interaction for TSO users, or that a ‘critical mass’ was not reached to keep up with a meaningful and spontaneous discussion. The “Blog” and “Chat” components might need to be reviewed, for example if they are resource-intensive to maintain, or if “News” or “Events” are high maintenance to update. However, this should be balanced by the potential value of these pages to those who do use them. There is a need for greater understanding of visits to these pages, through the survey feedback.

For “Health & Lifestyle”, there are several possible explanations for the low visit rate:

- obtaining published information was not a key reason for users of TSO to visit the site;
- visitors to TSO had obtained adequate knowledge on the published topics and did not require repeated visits; and/or
- the published content was not engaging.

Given the acceptably low bounce rates on most of the topics within “Health & Lifestyle”, the first two dot points above are more likely to be the explanations. This will be explored further in later parts of this evaluation. For the registration page, 32% people who arrived at the registration page successfully signed up as a member and activated their account.

**Web referrers to TSO**

There were similar proportions of TSO visitor inflows directly from TSO’s web address (34%), from a search engine (32%) and from another webpage (30%) (Chart 2.8a). Only a small proportion of visits during the observation period were directed from an advertisement (4%).

Significant proportions of those referrals from a search engine or webpage were from Google (54%) and Facebook (21%) (Chart 2.8b). Referrals from websites of organisations affiliated with TSO or beyondblue during the observation period were much lower: AMSA (8%), Movember (<1%)⁶ and Arthritis Australia (<1%). There were no referrals from other organisations in partnership with beyondblue such as the National Heart Foundation of Australia, Diabetes Australia, the Cancer Council or Relationships Australia. Although some of the visitors who were referred to TSO via Google and Facebook might have learnt about TSO from these partner organisations, the overall low rate of referrals suggested that it may be valuable if awareness about TSO via these organisations is mutually promoted.

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⁶ Low referral rate from Movember is expected because the observation period did not include the months around November, during which the charity campaign was launched.
Keyword search

Searches were examined that referred to the keywords of “shed” or “shed online” and their ‘exploded’ terms. The analysis found that 71% of all searches referred to “shed” as the keyword (Chart 2.9a, p.18), and 42% specifically referred to “shed online” (Chart 2.9b, p.18). The bounce rate was 28% for those referred to “shed” in their search indicating most recorded searches were likely to be intentional rather than serendipitous. Together, the statistics indicated a reasonable level of brand awareness among visitors of TSO, either through the AMSA or direct marketing campaign of TSO. However, given the overall uptake of TSO (see discussion on page 11), further optimisation of TSO content areas to attract more referral traffic via ‘non-branded’ searches (e.g. through searching for topics about men’s health issues) could potentially improve its uptake.
Mobility of TSO users

Approximately 11% of visitors used a mobile device to access TSO. The increase in the traffic to TSO over the period between March 2012 and August 2012 (see Chart 2.3, p.12) corresponded with an increase in the percentage of mobile users. For example, on the 2nd of August, the proportion of users using a mobile computing device to access TSO increased to 16%. This was likely to be due to the promotional activities being undertaken. The increase means that when launching campaigns or special events, the site should cater for the needs of mobile device users.

Of all visits using a mobile device, 86% of mobile traffic came from an iPad (53%) or iPhone (33%). The peak of visits using an iPad coincided with the peak of wall posts (see Chart 2.6b). Given that the website is not currently optimised for iPad and iPhone, customisation to these devices may improve user experience.

Chart 2.10: (a) Mobility of TSO users (b) time variation of access for iPhone and iPad users between March and August 2012

2.3 Summary of findings

In summary, analysis of member demographic data and web analytic data found the following:

- TSO’s reach extended beyond the primary target male population, as indicated by a substantial proportion of members below 55 years of age (37.7%).
- Noting that TSO has a coverage broader than depression and anxiety, the uptake of TSO among the male population is 1% of Australian males who would be ‘expected’ to participate in TSO, compared to 7.9% prevalence of anxiety and affective disorders among males aged 55 or over. Coverage of TSO membership and website visits was reasonably proportional to the population of men in different jurisdictions and metropolitan and non-metropolitan areas.
- In the six months prior to the evaluation, the number of website visits grew from 382 visits per day in March to 898 per day in August. Furthermore, there were ‘spikes’ in
activity about twice a month. This is indicative of the effectiveness of the promotional activities (e.g. bi-monthly newsletters and advertisements on Facebook and Twitter) during the period between April and August 2012.

- TSO had 1 returning visitor for every 2 new visitors. Given its primary objective in building an online community, having a greater proportion of returning visitors might be considered a future success target for TSO.

- TSO provided a reasonable level of engagement for both new and returning visitors, as indicated by viewing time (3 and 8 minutes respectively) and number of webpages viewed (3.4 and 5.8 page views), and bounce rate (57.14% and 35.70%).

- Participation in the discussion forums was one of the primary reasons men visited TSO, along with “Activities”. The “Blog” and “Chat” sections were used less than other sections which might indicate that live chat and blogging were not a preferred method of interaction for TSO users. There is a need for greater understanding of visits to these pages, through the survey feedback.

- Significant proportions of referrals from a search engine or webpage were from Google and Facebook. There were a small number of referrals from webpages of partner organisations. It may be valuable if awareness about TSO via these partner organisations is mutually promoted.

- There was evidence of an acceptable level of brand awareness among visitors of TSO, based on the number of searches specifically referring to “shed” (71%) or “shed online” (42%) as keywords. However, further optimisation of TSO content areas could attract more referral traffic via ‘non-branded’ searches (e.g. through searching for topics about men’s health issues) and therefore improve its uptake.

- Approximately 11% of visitors used a mobile device to access TSO. Customisation of the most frequent used webpages on TSO to these devices would improve user experience.
3 Qualitative thematic content analysis of forum discussion

The discussion forum of TSO currently organises user-generated content into the following seven topic areas:

- **Fix it and DIY**: Discuss woodwork, metalwork, renovations, car restoration and more;
- **General**: Discuss anything and everything you want;
- **Hobbies and interests**: Discuss gardening, cooking, technology, reading, art, music, movies, automotive, mechanical, business, finance and more;
- **Lifestyle, family and relationships**: Discuss topics on family, lifestyle and relationships;
- **Men’s Sheds**: Welcome to the AMSA discussion;
- **Physical and Mental Health**: Discuss topics on health issues, healthy living and mental health; and
- **Sports and leisure**: Discuss footy, rugby, cricket, tennis, travel, fishing, camping, outdoor activities and more.

The aim of this evaluation component was to quantitatively and qualitatively assess content of the discussion forums at TSO, with a view to explore the nature of interactions among forum participants.

### 3.1 Method

#### 3.1.1 Data extraction

All discussion ‘threads’ in the topic areas of “Lifestyle, family and relationships” (LF&R) and “Physical and mental health” (P&MH) were extracted. The research team recognised that other topic areas in the discussion forums potentially contributed towards creating a social and interactive online community also. However, this evaluation conducted content analysis on a select set of forum discussions under these two topic areas, consistent with beyondblue’s *raison d’ètre* as well as the focus of evaluation questions on depression and anxiety.

In each of the two topic areas, the researcher identified the 15 most discussed threads so as to ensure an adequate coverage of the subjects discussed. Because the number of wall posts was highly uneven in these threads, with a number of threads having less than 20 posts, the wall posts were extracted according to the following predefined rules to ensure representativeness:

- For threads with >100 posts, extract 40 posts;
- For threads with 21 to 99 posts, extract 20 posts;
- For threads with <20 posts, extract all posts.
To avoid under-representativeness of forum discussions, this analysis excluded threads that had less than 10 posts. Posts that were removed by the moderator at a member’s request were also not considered in the analysis.

3.1.2 Data analysis

Descriptive statistics were used to summarise the characteristics of the data extracted. We presented the median number of posts, median number of views or median ratio of views to posts to describe the central tendency of the dataset because most of the distributions were highly skewed. For the thematic content analysis, two team members scanned the extracted wall posts and developed a coding and classification scheme that could be applied to the entire set. These members then read all comments and independently assigned them into one or more of the identified themes. Where there were discrepancies in assigning the theme, the two evaluators would discuss until a consensus was achieved. If required, any conflicts were considered and adjudicated by the third evaluator. Codes were entered into the Excel database for descriptive quantitative and qualitative analyses. When examining social interaction within the forum, the analysis distinguishes social support according to the typology that involves four types of supports: emotional, informational, instrumental and companionship (Williams 2004).

3.2 Results

3.2.1 Data characteristics

Between the inception of the discussion forum (December 2010) and date of data extraction (11 September 2012), there were a total of 142 and 51 discussion threads initiated respectively in the topic areas of P&MH and LF&R (Table 3.1). The level of participation in these discussion threads varied substantially. In P&MH, the thread on “Depression” attracted more than 743 posts, whereas 43% of the threads received less than 5 responses. On average, there were 6 posts for every thread initiated. However, the number of views was significantly higher, with approximately 92 views for every wall post. Furthermore, the number of unique individual posters (88) was small relative to the number of views. Therefore, the figures suggested that the discussion forums had a considerable audience who chose to participate only as observers.

### Table 3.1: Characteristics of discussion forum in the topic areas of P&MH and LF&R

<table>
<thead>
<tr>
<th>Key characteristics</th>
<th>Topic area</th>
<th>Physical and mental health</th>
<th>Lifestyle, family and relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of threads</td>
<td></td>
<td>142</td>
<td>51</td>
</tr>
<tr>
<td>Total number of posts</td>
<td></td>
<td>1958</td>
<td>786</td>
</tr>
<tr>
<td>Median* number of posts in a thread (min-max)</td>
<td></td>
<td>6 (0 – 762)</td>
<td>10 (0 – 104)</td>
</tr>
<tr>
<td>Number of threads with less than 5 posts</td>
<td></td>
<td>61 (43.0%)</td>
<td>9 (17.6%)</td>
</tr>
<tr>
<td>Total number of views</td>
<td></td>
<td>101,466</td>
<td>39,049</td>
</tr>
<tr>
<td>Median* number of views in a thread (min-max)</td>
<td></td>
<td>550 (83 -14651)</td>
<td>614 (116-2822)</td>
</tr>
<tr>
<td>Median ratio of views to posts*</td>
<td></td>
<td>92</td>
<td>61</td>
</tr>
<tr>
<td>Number of unique posters</td>
<td></td>
<td>88</td>
<td>99</td>
</tr>
</tbody>
</table>

*Median and median based ratio are presented because the distribution was highly skewed.

Source: TSO webpage; data extracted on 11/09/2012
Similar characteristics were observed in the topic area of LH&R. In this case, the median number of posts was 10 for every thread initiated, and there were 61 views for every wall post. The overall level of participation also varied substantially (0 to 104 posts), but the distribution of wall posts is not as skewed as that in the LF&R topic area.

Characteristics of extracted data

A total of 642 wall posts were extracted from the 15 most discussed ‘threads’ in each of the topic areas of P&MH and LF&R (Table 3.2). Of these wall posts, 13 were removed at a member’s request, making the final set of 629 wall posts for analysis.

A range of subjects was discussed in these two topic areas. However, a large majority of the wall posts related to mental health, particularly about depression and anxiety. In the 30 most discussed threads extracted, 18 threads were related to depression and anxiety which contained 74.7% (1,273/1,705) of the total number of posts. This suggests the participants of these forums had a particular interest in seeking or engaging in discussion about anxiety and depression.

Table 3.2: Topic and wall posts extracted from the discussion forum of TSO

<table>
<thead>
<tr>
<th>Nr</th>
<th>Physical and mental health Subject</th>
<th>Total</th>
<th>Extracted</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Depression*</td>
<td>743</td>
<td>40</td>
</tr>
<tr>
<td>2</td>
<td>Can’t cope - going downhill</td>
<td>121</td>
<td>40</td>
</tr>
<tr>
<td>3</td>
<td>Frequency of urination through the night</td>
<td>51</td>
<td>20</td>
</tr>
<tr>
<td>4</td>
<td>The wrong crowd</td>
<td>37</td>
<td>20</td>
</tr>
<tr>
<td>5</td>
<td>Wish I could stop smoking</td>
<td>34</td>
<td>20</td>
</tr>
<tr>
<td>6</td>
<td>My unwanted behaviour</td>
<td>32</td>
<td>20</td>
</tr>
<tr>
<td>7</td>
<td>Discussing depression, it’s not easy *</td>
<td>29</td>
<td>20</td>
</tr>
<tr>
<td>8</td>
<td>Confused about most everything</td>
<td>27</td>
<td>20</td>
</tr>
<tr>
<td>9</td>
<td>Rickardo</td>
<td>23</td>
<td>20</td>
</tr>
<tr>
<td>10</td>
<td>Wanting my life back or to end now *</td>
<td>23</td>
<td>20</td>
</tr>
<tr>
<td>11</td>
<td>I will not be a father</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>12</td>
<td>Seeking advice for my husband</td>
<td>19</td>
<td>19</td>
</tr>
<tr>
<td>13</td>
<td>Depression-the posts grow</td>
<td>19</td>
<td>19</td>
</tr>
<tr>
<td>14</td>
<td>Mid-life crisis, or depression</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>15</td>
<td>I am so happy have not feel like this for a long time</td>
<td>17</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td><strong>TOTAL</strong></td>
<td><strong>1,213</strong></td>
<td><strong>333</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lifestyle, family and relationship Subject</th>
<th>Total</th>
<th>Extracted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disappointed in myself</td>
<td>104</td>
<td>40</td>
</tr>
<tr>
<td>Abusive wife</td>
<td>73</td>
<td>20</td>
</tr>
<tr>
<td>Are there other gay guys in this network</td>
<td>66</td>
<td>20</td>
</tr>
<tr>
<td>Calling all artists</td>
<td>27</td>
<td>20</td>
</tr>
<tr>
<td>A bit isolated, lonely and down...</td>
<td>27</td>
<td>20</td>
</tr>
<tr>
<td>Happiness</td>
<td>26</td>
<td>20</td>
</tr>
<tr>
<td>Divorce</td>
<td>24</td>
<td>20</td>
</tr>
<tr>
<td>Life purpose</td>
<td>23</td>
<td>20</td>
</tr>
<tr>
<td>I need a man’s opinion/advice</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>Separation, custody and mental health</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>How to help husband who is feeling down and lost *</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>Depressed anxious lonely</td>
<td>17</td>
<td>17</td>
</tr>
<tr>
<td>Enduring power of attorney</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td>What am I supposed to do</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td>52, married 22 years, no close relationships, closing down</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>492</strong></td>
<td><strong>309</strong></td>
</tr>
</tbody>
</table>

*Threads related to depression and anxiety
Source: TSO www.theshedonline.org.au/discussions/index/10/all-discussions [extracted on 11/09/2012]
3.2.2  Thematic content analysis

Four main themes emerged from scanning the extracted wall posts:

- **Seeking information or support**
- **Sharing information**
  - personal experience or story;
  - knowledge about health or issues with treatment;
  - knowledge/experience about healthcare system;
  - general information/advice/opinion.
- **Interpersonal support and community interaction**
  - empathetic or affirmative comments;
  - comments to reduce stigma;
  - encouragement to seek help and or support
  - offer to help;
  - comments about TSO and ‘shedders’;
  - acknowledgement (e.g. thank you, congratulations, welcome back);
- **Self-moderation by the online community**
  - highlighting posts that can potentially affect the quality of forum discussion e.g. irrelevant post, offensive remarks; and
  - seeking or providing further clarifications, or suggesting changes.

These thematic categories were used to code the wall posts during the content analysis. Only one further category was identified when analysing the sampled posts, that is, negative reactions to the forum starter and/or other members. Note that many of the wall posts contained more than one theme and were accordingly coded into more than one category.

3.2.2.1  Quantitative analysis

The two topic areas were reasonably similar in terms of the distribution of the main themes (Chart 3.1, p.25). A large proportion of all extracted wall posts (about 60%) related to sharing of information, or interpersonal support and community interactions. This corresponds to about 7.5 responses for every post requesting information or support, indicating that forum participants were responsive to those in need of information or support.

TSO discussion forums were moderated by mental health professionals. However, the analysis identified a number of “self-moderation” posts (9%). Self-moderation tended to occur more in the P&MH topic area, possibly because of the more sensitive nature of the issues being discussed. The relatively low number of “self-moderation” posts suggested that the moderation process in place was reasonably effective, and some of the forum participants were active in complementing the existing moderation process to maintain the quality of discussion. Only 1% of all responses related to a negative sentiment expressed towards either the thread starter or other forum participants.
The thematic category on information sharing was further disaggregated to explore quantitatively how information was shared (Chart 3.2). As expected in an online platform intended to promote social interactions, more than 90% of the posts related to personal experience or general information/advice/opinion about a particular issue. Only a small number of posts referred to information specifically about the healthcare system (e.g. health funds, limited availability of healthcare services in a particular area) or specific knowledge about health and treatment issues (e.g. adverse events or success rate of treatment). These statistics indicated that participants connected socially and supported one another through sharing personal experience or advice. Qualitative analysis of social supports is presented in Section 3.2.2.2 on page 26 of this report.

Chart 3.2: Quantitative analysis of information
For the themes of “interpersonal support and community interaction”, two in every five posts in the two topic areas expressed empathy or affirmation to an issue or comment by forum participants (e.g. “my heart goes out to you”) (Chart 3.3). There was also a considerable proportion of wall posts (12% to 18%) that referred to TSO as a community, using language such as “shedders”, “our shed” and “e-Shedders”. A number of wall posts encouraged or referred forum participants to seek professional help (9%) or offer to provide personal help (4%). The online participants showed appreciation for the support they received from those who were empathetic about their circumstances (“acknowledgement”).

**Chart 3.3: Thematic results for Interpersonal support and community interaction**

Overall, the analysis indicated that TSO discussion forums provided an effective online platform for participants to seek and provide social support, particularly through sharing personal experience on a particular issue.

The following section provides a qualitative description of a select set of wallposts to highlight the nature of social interactions observed in the forum. It also highlights evidence of self-moderation by the website’s community. Note that for better readability and maintaining privacy, some posts have been minimally edited and all quotes were sourced from the discussion forums.

### 3.2.2.2 Qualitative analysis

A significant proportion of the sampled posts related to seeking and providing informational support to solve problems. Participants were open in sharing their past experience and journey through adversity, and were willing to “speak from what [they] know based on [their] experiences and observations, and a good deal of intelligence”. In sharing personal experience, the participants showed a high level of empathy and validated others’ experiences as common within the context of the issue.
It sounds like you have really been through the mill … All I can say to you is I think most of us who suffer this illness tend to do the same, lock ourselves away not wanting to be around other people, but that is not the right road to travel to beat the illness, it will only serve to feed it further. I locked myself away for many years and it is only in recent times I have forced myself to start getting out there trying new things.

I have been on the other side of this situation... I watched my wife going through hell while trying to deal with it...

I think there are a lot of us guys going through the same thing or have experienced it before. ... For me, I shut down for a long time, went through depression, turned to drink and in the end just decided to move away from the area we had both lived in for a very long time. Started a new job and I guess just moved on, with the help of a very good mate, today I’m fine.

There were a number of comments that mitigated social or cultural stigma on certain issues by asserting that “don’t feel it is pointless” and “don’t ever apologise for sharing your burden - a burden shared is a burden halved”. These statements were important in encouraging the forum participants to communicate more freely about the issues without the concern for disapproval.

In sharing the experience, many of the forum participants also offered hope and encouragement by asserting the finite nature of the experience and achievable goals. This is evident in statements such as “seeing the light”, “will get better”, and “better things will slowly emerge”, “you can do it”.

It will take time but you can and will heal yourself .... You will feel a great weight lift off your shoulders.

... Take it from me....it isn’t easy - but you can do it.

You just have to say it’s over ... there is light at the end of the tunnel and it’s all good

Very tough situation you are in - but - things can and will get better... it will be a journey to a better place where you can relax and have some mojo.

The forum participants showed a genuine interest in supporting the participants seeking help by actively following up on their progress.

How did things go? We're listening.

Keep us up to date on how you are going.

I have been wondering what has become of you as I haven't heard back.

The forum discussions often led to advice, guidance, suggestions, or useful information. Many of the forum participants provided practical information (i.e. instrumental support) from their own experiences. This ranged from providing different ways to address depression to step-by-step methods to alleviate problems.
... stay off the grog, get counselling, have a milo before bed, exercise etc. I have bought a "kindle" and you can download self-help audible books very cheaply.

The forum is great because people can give you the hands on practical help... Stuff they have tried and worked. I guess his GP is the first step....

Ask yourself this question: "What must I DO so that I will NOT have the regret(s) that will come upon me if I do nothing?" That is a start. Now take some time out for yourself (go to the park if you have to) and think on the question above. You will be surprised to find that your brain will come up with an answer.

Evidence of companionship support also emerged from the sampled wall posts:

If he would like to talk... for what it's worth...he can call me...

If you would like to speak to me by phone ...

If in Melbourne, I'll have one [coffee] with you.

Overall, the online interactions often translated into a strong sense of emotional support among forum participants. Indeed, there is evidence of a sense of relief and comfort and personal empowerment because of a reduced sense of isolation and enhanced feelings of self-determination to overcome the issue.

Hello Men, Thanks for your contributions and words of advice ... after an hour of reading the last few pages of posts - I realise I am not really that badly off, so thanks - your chat has lifted me out of my hole. ... Gents, there is hope at the end of the rainbow. Keep working at it, and press on!

Well, thanks to all of you shedders! ... it is fortifying to know that I am not alone. That is one of the great things I've noticed in the short time I've been in this shed. .... I'm finding out as much as I can about strokes but it's good to hear from a survivor.

Even though we have never met and we've only been communicating for just on a week now, I appreciate all the heartfelt help and advice that I've received from virtually strangers and I just wanted you to know how helpful your kind thoughts have meant to me in my time of need.

While discussion on mental health issues was one of the most prominent themes in the forum discussions (see section 3.2.1), it is worth noting that forum participants provided detailed information for a range of issues facing men that were broader than depression and anxiety or the health system.

You may wish to speak to a family law specialist ... ask about applying to the Family Court for a protective custody order & the strategies to accompany the application. .... At the top of the page here you can also access Relationships Australia.
In my dealings with State & Federal Governments sending them submissions/applications for grants, one of the main criteria for eligibility is that the organisation or group be Incorporated. ...

Here is a link to a useful site, however for EPA’s in WA.

In contrast to the positive social interactions in the majority of the threads, the sampled wall posts also identified some strongly opinionated threads: one referred to the subject of sexual preference7 and another on the participation of women in TSO and Men’s Sheds8. However, only a minority of threads were intentionally provocative in tone and a large majority of posts aimed at providing a constructive discussion on controversial issues. Overall, the forum participants were inclusive and supportive of participants from diverse backgrounds. Two examples are shown below:

Example 1:

Member 1: Don’t apologize or feel sorry for telling us your story, you are among friends here and if we can help we will mate. I’m a homosexual but I hope you won’t hold it against me.

Member 2: I write with respect and would like you to accept this response the way it is meant. I have just read your beautiful life story and how you come through the canyon and out the other side, congratulations on your effort, also your support for a fellow shedder if that is what we’re called.

Member 1: Thanks for your kind words to a fellow 'shedder'...

Example 2:

Female participant: I hope women are welcome. I really need a man’s view.

Male participant: G’day, it takes guts to ask like this. You’re welcome as far as I’m concerned, some of us have 'issues' as you can see from other topic

A number of positive responses from male participants followed.

Female participant: Hi guys, Thank you for all your wonderful open comments...

The discussion forum was moderated by a mental health professional during the observation period. Nevertheless, among the posts sampled, there were a small percentage of posts demonstrating the members’ effort in maintaining the quality of the forum discussion by highlighting posts that were irrelevant or potentially offensive.

We’ve drifted way off topic in the last two posts. Gentlemen, I would respectfully ask you to both stick to the topic which is the very serious matter of a fellow human being.

I do find your post offensive in the fact it is not made in the true spirit of what this website is trying to achieve in being supportive and not provocative.

7 “Are there other gay guys in this network?”
8 “Men’s Shed or Women’s Shed????” This thread was directly referred to in one of the top 30 threads selected.
So now we have a member who feels that he has to dissect other member’s messages. The Shed won’t last long if you feel that you have to do this.

Such remarks most often had a positive result on the quality of discussion, with the posters acknowledging the potential insensitivity and showing willingness both to apologize and to accept an apology.

Please forgive me for wandering off your original topic.

Thanks for your responses guys. I understand. I apologise for my presumptuous post.

Don’t be sorry mate, I agree with your sentiments entirely ... A forum is supposed to allow a person the chance to speak and be judged/counseled/admired/pitied/whatever. Straight-out supercilious ridicule should not be part of a forum.

3.3 Summary of findings

Analysis of a select set of wall posts from the discussion forums on “Physical and Mental Health” and “Lifestyle, family and relationships” showed evidence for the following statements:

- Depression, anxiety and other mental health issues dominated the forum discussions.
- The number of views was significantly higher than the number of wall posts and the number of unique individual posters, indicating the discussion forums had a considerable audience who chose to participate only as observers.
- There were five overarching themes identified: seeking information or support (8%); sharing information (62%); interpersonal support and community interaction (60%); and self-moderation by the online community (9%); negative reaction to posts comments (1.4%).
- Participants connected socially and supported one another primarily through sharing personal experience or advice.
- Four types of social support were observed from the wall posts – informational support, instrumental support, companionship support and emotional support. This has led to relief and comfort as well as personal empowerment.
- There were some strongly opinionated threads with a small number of provocative posts. However, a large majority of posts aimed at providing a constructive discussion on controversial issues.
- There was some evidence of self-moderation in addition to the formal moderation process.

Overall, TSO discussion forums appeared to provide a supportive place for men to connect with others, and receive information, encouragement and hope.
Semi-structured telephone interviews with members

4 Semi-structured telephone interviews with members

In this section of the report, we present the findings from semi-structured interviews with a small group of TSO members, with a view to gaining an in-depth understanding of their experience with using the website. The interviews were also used to inform the development of an online survey of TSO visitors.

4.1 Method

Qualitative interviews were conducted with users of TSO. Users were pre-identified by beyondblue from TSO’s membership database. All participants provided informed consent. The recruitment process aimed to sample 16 TSO members representing both sporadic and frequent users, as well as current and past members.

The 30-minute individual telephone interviews were guided by a script developed in advance by the research team (Appendix A). The questionnaire was provided to members in advance to facilitate members’ preparation. Issues discussed in the interview included:

- the channels through which the members learnt about TSO;
- barriers to and facilitators for using the site;
- the usefulness of the published contents and member-generated contents; and
- the perceived effectiveness of the discussion forums and moderation process.

The collected qualitative information was analysed using a method similar to the grounded theory approach, in which the researcher coded the collated responses and grouped them into similar concepts and categories. This is in contrast to the a priori coding framework employed in the qualitative thematic content analysis. The identified themes were finalised based on the consensus of two research team members, with a selection of verbatim comments presented.

It is worth noting that these interviews formed part of the quality assurance activities for TSO. As such, no personal information, such as age or medical condition, was collected in the interviews.

4.2 Results

4.2.1 Characteristics of recruited participants

beyondblue sent group emails to registered members of TSO during the recruitment phase. However, there was a low response rate which precluded selection on the basis of whether members were sporadic or frequent users, past or current members. Consequently, interviews were conducted with individuals who consented to participate. To date,
eighteen members have provided consent to beyondblue to participate but only 14 have re-confirmed consent with the research team. To date, the research team has completed 14 interviews. Two of the participants provided written responses because one had hearing impairment and the other had a preference to provide a written response.

All except one of the interviewees were frequent users of TSO; and there was only one past user of TSO. For frequent users, visiting frequency ranged from every few days to over six times per day. Most of these respondents were active participants in the discussion forums. As such, a number of responses were directed specifically towards this component of the website. About 50% of respondents indicated, without being prompted by the interviewers, that they experienced depression.

4.2.2 Awareness of TSO and reasons for visiting

The interviewed members learnt about TSO via a range of channels. These included:

- the internet e.g. beyondblue, Facebook, search engines;
- advertisements e.g. radio and newspaper coverage such as an interview with Men’s Health Ambassador Tim Mathieson;
- referral from friends/current members; and
- referral from the AMSA.

Most interview respondents first visited TSO to join an online community of men in the mature age bracket. The underlying reasons varied. For example, some interviewees lived in a physically isolated area and therefore did not have regular contact with other men, whereas others did not share the same interests as their current peer groups and sought to find companionship online with people having a broader range of interests. Some interview participants wished to expand their existing peer group, including those who also suffered from depression and/or anxiety. One member joined because of his involvement with the AMSA and another because of his involvement with Men’s Wellbeing – an online community that focuses on developing the wellbeing of men to foster healthy relationships, families and communities. Both were interested in seeking more information about all issues affecting men. Others joined TSO so that they could actively help other men in need, whether it was from their personal experiences, expertise or simply out of altruism.

Several interview participants noted that they returned to TSO regularly because they felt supported during their initial visits and had felt a sense of community from visiting the discussion forums. The sense of support and community could either be from other TSO members who showed empathy towards their personal circumstances or from passively observing/reading about others who faced similar challenges in life. A number of members who initially sought help from the others stayed on the site because they would like to reciprocate the support they received to the online community. In general, irrespective of the initial reasons for joining TSO, interview participants maintained their participation in TSO community because of a sense of improved wellbeing.

In contrast, one interview participant who had visited TSO only once in the past 6 months noted that he had difficulty with relating to the site. He felt that TSO was too focused on the “traditional trade-based perception of men”. This included the presentation of the site with images of “woodwork”, “workshop” and “men with tools”. Further, he had the
impression that TSO was only specifically catering for men who had retired from the workforce and who needed help to fight depression and other mental health problems. For this interview participant, the broader interests of middle-age men were not adequately captured in TSO. For example, he would be interested in seeing topics specifically about father-and-son relationships and bringing up children. He suggested that TSO should present positive and “energetic” images of men rather than focusing too much on the topics of woodwork, and depression and anxiety.

4.2.3 Participation in TSO and wellbeing

A majority of members agreed to the statement that TSO has improved their wellbeing and that of others. However, a number of interview participants indicated that they visited TSO out of interest/curiosity or for ‘blokey’ companionship, rather than specifically seeking to improve their wellbeing.

All interview respondents with depression believed that their participation had a positive influence on their wellbeing, especially their participation in the discussion forums. To them, knowing others in similar situations or others who were simply there for emotional support – “another mate” – had allowed them to express problems more confidently. They believed that their involvement in TSO had helped to decrease a sense of isolation, and provided them with a sense of acceptance and hope for overcoming personal difficulties.

No interview participants commented that the site had decreased their wellbeing. However, this could be due to respondent bias because almost all of the interview participants were frequent users of TSO. Nevertheless, there were concerns that some advice or comments made in the discussion forums could potentially have negative effects on the wellbeing of other participants, especially those members who would have required professional health advice or to be referred to professional services. Some examples included highly subjective and/or inaccurate advice about medical conditions or treatments, or advice that may be confrontational which could cause further distress or rejection rather than mitigating issues (e.g. posts on women participation and gender equality, or comments on sexual orientations, see discussion on page 23). Although there was a formal moderation in place in the discussion forum, some members suggested having separate discussion areas for those who were in a highly vulnerable mental state where only approved members could provide advice (either high quality or professional advice).

Most members stated they had become more confident in seeking professional help or in recommending others to seek help within and outside of TSO. Specifically, many interview participants stated they had recommended TSO to those who were seeking help with depression and anxiety, or to their friends as a “good place to visit” and in which to be involved. Many members also found that their participation in TSO had encouraged them to be active and undertake particular activities outside the site (e.g. exercise programs, painting, and lawn balls).

4.2.4 Usability of the website

Nine interview participants stated that the website was easy to navigate and use. However, a number expressed that it was difficult to navigate, two noting that it was difficult until they “got used to how the site worked”. Other comments regarding the website included:
• the main navigation bar should be re-ordered to achieve more emphasis on the website content than on the discussion forum;

• some interviewees expressed a preference for the video information because it was “easier than reading”, whereas others had a preference for readable material or downloadable content because of either limited bandwidth or download limits on their home internet connection;

• some participants noted the site required “too many clicks” to get relevant information, or that they would “get a bit lost” in the site and could not find where they were;

• the topics covered in the “Health and Lifestyle” areas were too generic; a more detailed coverage would be preferable;

• the spacing on the forum topic pages should be adjusted to fit more information on one computer screen for ease of locating information;

• for the discussion forums, the latest member who posted instead of the time of post should be included in each topic to avoid the need to repeatedly open webpages to check if there were any replies to a particular post and feeling “frustrated” when there were no replies; and

• some participants found being automatically logged out of the forums “confusing”. They were unsure why they were logged out when they had not clicked the ‘logout’ button and were frustrated by having to re-enter their credentials.

Eight interviewees reported that the content of the website was informative and had good coverage. Nevertheless, most felt that the focus on depression and anxiety was obvious and a more balanced approach on all issues affecting men would lessen the stigma of both physical and mental health, not just mental health. Additionally, three members specifically mentioned the “Activities” section of the website as very helpful.

4.2.5 Webpage content on depression and anxiety

Five interview participants had viewed the webpage content on depression and anxiety in TSO. Several members who did not have depression or anxiety mentioned that they chose not to view this section of the site, stating reasons that they “would find it depressing to read it”, “couldn’t understand why so many people would have it” or “it wouldn’t tell me more than what I already know about it from other sources”. However, one member who did not have depression stated that he found the page useful and learnt a more about depression and its solutions. He believed that the site had made him more empathetic towards those affected by depression and recognised that giving advice was “far from easy”.

The four interview participants who self-identified as people with depression or anxiety had mixed views about the content on depression and anxiety. Two stated that they found the information not particularly useful, noting that the information was rather “superficial” to their current knowledge, or that they did not find it applicable to helping with their depression. In contrast, the other two found the content useful because TSO not only provided updated information, but also reinforced existing knowledge about particular topics. Irrespective of whether the interviewees had viewed the depression and anxiety webpages or not, all interviewees believed that TSO had improved their awareness about depression and anxiety, either through having an ongoing reminder that there were many others with these issues, or there were people who required support.
4.2.6 Interaction among TSO members in the forum discussions

Eleven of the interviewees had visited the discussion forum of the site. Positive interaction among TSO members was considered the primary reason that the interviewed members visited TSO. This was expressed even when the interview participants did not actively participate in the discussion forums, with statements often ranging from “just knowing there are like-minded people as me”, “knowing others are going through the same issues as me”, and “other sites are a bit infantile (jokingly)...I was the oldest member on other forums”. Six expressed that the forums increased their sense of community, for example, reducing isolation, particularly as their group of friends deceased or they became immobile. Two found it “liberating” that they could discuss issues that they never had the ability or inclination to discuss before with their peers (e.g. depression and spirituality).

One noted that while the interaction was useful, he was not always comfortable interacting through a written medium because it was harder to communicate than through face-to-face meetings. This therefore made it difficult for him to be comfortable discussing issues. Suggestions to address this included using video conferencing (e.g. Skype groups), or having regular groups (e.g. Meet-up Groups or organised men’s breakfasts).

Relationships formed

Several members stated that they had built good relationships following their participation in the discussion forums. In fact, some members thought it would be a great idea to meet all forum participants in person e.g. a state by state get together, or an Australia-wide get together. Suggestions for who should organise it included both TSO formally arranging it or by members informally (although some expressed reservations that they would feel rejected if they organised it and people did not show up). There were two primary reasons for this suggestion: “it would be a good way to strengthen relationships off the site” and “it would provide an opportunity build rapport with TSO staff”.

Interaction between members

Member viewpoints varied on the issue of how they should be able to interact with other TSO members. Two members believed that the forum process was too formalised and should allow for them to be more ‘blokey’, such as having fewer language restrictions, less intervention on what was considered appropriate, less auto-moderation. Others felt that considering the target group, and that it was a forum which did not allow members to see other’s body language and tone that the current restriction around interaction was absolutely needed.

While the members indicated that they felt safe to interact on the forums, there were points of contention. For example, two interviewees felt that women should not be included on TSO, one felt that they should, whereas one member suggested that women should be given a separate forum area. Two were of the opinion that discussing issues related to depression should not be handled by the members, but only by those qualified to give advice. Another felt the forum had a badgering atmosphere and that he was unable to have his views heard. It should be noted that eight members felt that they were encouraged to discuss issues and were comfortable to do so.
Three interviewees mentioned that they had never had the chance to explore or express themselves as openly as they have on the site and that this really helped their wellbeing. Four interviewees expressed a willingness to see TSO as an actively involved environment rather than just having a few people constantly involved.

It is worth-noting that one member mentioned that he had noticed that particular groups were using contacts gleaned from the forum to target vulnerable people in order to pressure them to join their organisations (or in his wording ‘cults’).

Preferences for TSO

There was a preference expressed by those that had visited Men’s Shed and TSO that TSO provided a lot more than a Men’s Shed. The responses included the breadth of information available and the fact that they were not interested in what the Men’s Shed provided (such as woodworking and metalworking) but had other interests (such as having a yarn or a coffee) and that those social needs were able to be met by TSO (absence the physical coffee but there were multiple suggestions for a physical get together of TSO members).

Four interviewees, including one who was not actively posting on TSO, felt that it needed more active members who were willing to post more often. The reason for this was so that the discussions seemed active and alive and that even if they could not participate in the conversation that they felt like it was occurring around them. Two members felt that it would mean that there were more members on the forum that would have opinions and experience that they could relate to and discuss issues with, as opposed to a limited subset of the current membership. Another felt that it would increase the quality of the content available.

4.2.7 Moderation process

The moderation process was familiar to most interviewees. Views on the moderation process strongly affirmed the concept but varied on how intrusive the process was considered to be, how much transparency should occur, and whether the current method resulted in positive or negative outcomes. Three interviewees liked the current implemented moderation process, seven felt that it could be improved. The main reasons people felt comfortable talking about various issues on the site were: seeing other people post similar issues, the concept of anonymity, and the moderation process.

Feedback about moderation

Views varied on how good the current moderation process was. Two were all for having posts automatically moderated seeing it as a necessary step in ensuring healthy discussion (stops inappropriate ‘spur of the moment’ posts or deliberately abusive posts). Three were against the requirements to have posts approved, especially with the approval process taking so long\textsuperscript{9} that it made them feel like it was not worth bothering to discuss the topic (comments stating, “it slows the discussion so it becomes hard to have a conversation” or “I would post and then just go to sleep”). Two believed that they were being specifically and

\textsuperscript{9} As noted in Section 1.2, only a small proportion of wall posts that contained word(s) from a pre-defined list of potentially offensive words would be deleted or delayed in appearing in the forum. Most wall posts would have appeared on the forum immediately.
unfairly targeted by the moderators. Members believed that moderation was being too stringent or that it was being too subjectively applied, especially if an innocent post was auto-moderated. One believed that it was not strict enough because low quality or degenerated posts are still occurring.

A number of complaints above stemmed to transparency. Two members were unsure why some posts were moderated when others were not. One noted that the explanatory email provided a generic response that did not explain what he had actually done wrong leading to feelings of being deliberately targeted by the moderators. Two believed that they were targeted for auto-moderation on all of their posts. There were questions over the authenticity of the moderation process stemming from the members feeling they could not build a relationship with the moderator e.g. other members could know who they were from their expression of interests or photo or name, but the moderator provided none of that information.

Though even with the above noted, only one member explicitly stated that he was discouraged from posting or expressing his views because of the moderation process. Another member who criticised the moderation process mentioned multiple times that TSO had better moderators than on any other forum he frequented (and which was the reason that he sought and joined TSO).

**Effectiveness of moderation**

Opinions on the effectiveness of moderation varied. One member expressed that he knew he was abrasive to members but that it was in his nature and he would wilfully continue to be so in the future. However, he said that having his posts constantly deleted had caused him to be slightly better. Two mentioned the discussion thread on spirituality had created contention amongst TSO members which had broken down relationships between some participants. These interviewees felt that the moderation process could have stopped the discussion before it got to the point of affecting the bond of TSO community. In contrast, two participants felt that there should be less moderation because they felt that moderation only served to narrow discussion to one bland opinion rather than allowing multiple viewpoints to be expressed.

Members also raised the issue of deletion of posts from the discussion forum, both for and against. Two believed that deleting posts in entire conversations was disconcerting and did not help them get information from threads when they were seeking similar advice. One felt that deletion was needed for them to be able to express their personal issues or feelings. Conversely, one believed that deleting the posts allowed people to not be held accountable for what they had written and also made it difficult to understand the thread. Another member felt that moderation needed to be stricter to ensure that threads did not degenerate, that “hate posts” did not exist and that low quality or posts deliberately done to make other respondents react negatively did not bury good quality information.
4.3 Summary of findings

In summary, interviews with a small group of TSO members found the following:

- The interviewed members learnt about TSO via a range of channels, including the internet, advertisements, friends or current members, and partner organisation such as the AMSA.

- Most interview respondents first visited TSO to join an online community of men in the mature age bracket, to seek companionship, to gain and provide social support from/to people with similar interests, and/or to seek or offer information.

- Interview participants noted a sense of community from visiting the discussion forums and improved their wellbeing.

- One interview participant who had visited TSO only once in the past six months felt that TSO was too focused on the “traditional trade-based perception of men” and depression. He suggested that TSO should present positive and “energetic” images of men rather than focusing too much on the topics of woodwork and mental health.

- The majority of the interviewees reported that the content of the site was informative and had good coverage. Nevertheless, some felt that the focus on depression and anxiety was obvious and a more balanced approach on all issues affecting men would lessen the stigma of both physical and mental health.

- Interview participants affirmed the need for moderation in the discussion forums but varied on the effectiveness of current process, including the level of intervention by moderators, and the transparency of the moderation process.
5 Survey of user experience

This section of the report presents the findings of a web-based cross-sectional survey of TSO’s users, with a view to understanding the users’ interaction and experience with TSO. Specifically, the survey aimed to examine:

- brand awareness about TSO;
- barriers and facilitators to use of the website in terms of content, functionality and usability; and
- whether TSO has met its objectives in:
  - creating a social and interactive online community that strengthens wellbeing;
  - providing access to information about health and the health system;
  - increasing awareness of depression and anxiety;
  - decreasing levels of stigma of depression and anxiety; and
  - encouraging men to seek help.

5.1 Method

5.1.1 Setting and sample size

The cross-sectional survey invited participation from all registered members of TSO and other visitors to the website (www.theshedonline.org.au). The sample size requirement for the survey was determined according to membership data because this was the most robust figure available indicating the population of TSO users. Assuming a 60% response rate, 5,000 members and a population with 50% of the attribute of interest (i.e. most heterogeneous population and conservative assumption), we estimated 150 survey responses would be required to provide 95% confidence with a margin of error of ±5%. The following formula was used to estimate the required sample size:

\[
\hat{n} = \frac{p(1-p)}{\frac{A^2}{Z^2} + \frac{p(1-p)}{N}}
\]

where:
- \( n \) = sample size required
- \( N \) = population number
- \( A \) = level of precision
- \( Z \) = confidence interval
- \( p \) = proportion with attribute of interest
- \( R \) = estimated response rate

5.1.2 Survey design and key measures

The survey questionnaire was designed with reference to the evaluation questions, from the findings of the semi-structured interviews with participants (see chapter 4), beyondblue’s depression monitor questionnaire, and feedback from the beyondblue’s evaluation panel. The survey was broadly divided into 5 sections (Appendix B) to measure:

- characteristics of survey participants;
- participants’ involvement with the TSO website;
- participants’ experience with using TSO;
- participants’ experience with the discussion forums in TSO; and
- participants’ suggestions to improve TSO.
Table 5.1 itemises the survey domains and key measures. The full questionnaire is presented in Appendix B.

**Table 5.1: Main questionnaire domains and key measures**

<table>
<thead>
<tr>
<th>Domain</th>
<th>Key measure</th>
</tr>
</thead>
</table>
| Participants characteristics | • age group  
• sex  
• primary place of residence: jurisdiction and metropolitan or non-metropolitan*  
• TSO and AMSA membership status |
| Brand awareness | • channels through which members learnt about TSO  
• willingness to recommend TSO to others |
| Involvement | • frequency of visit  
• primary reason(s) for visit |
| Wellbeing | • feel better  
• picked up a new skill or hobby  
• living a healthier and more active life  
• feel like being part of a supportive community  
• feel there are a lot of other men who experience similar issues |
| Information and awareness | • better understanding of depression  
• better understanding of anxiety  
• better understanding of other health issues affecting men. |
| Stigma | • more likely to socialise with people with depression or anxiety  
• feel more comfortable talking about personal experience of depression or anxiety  
• feel more comfortable talking to others about their experience of depression or anxiety |
| Help seeking | • took action to deal with depression or anxiety  
• took action to deal with other health issues |
| Health system | • know how to take action to deal with depression or anxiety if need to |
| Functionality and usability | • information technology devices used to access TSO  
• barriers and facilitators to use of TSO – internet access, website layouts, privacy |
| Website content | • find the content interesting  
• reliance on TSO to obtain trusted information  
• usefulness of the content on depression  
• usefulness of the content on anxiety  
• response if a particular content section was removed from TSO |
| Discussion forums | • Participation frequency  
• Ease of use  
• Feel comfortable sharing personal issues and experiences on the forums  
• Appropriateness of moderation process |
| Overall satisfaction | • Level of commitment to recommend TSO |

*Outside cities that have 100,000 or less population
5.1.3 Piloting

The survey was piloted with four telephone interviewees who reviewed the contents of the questionnaire to assess the appropriateness of survey questions (i.e. face validity). More extensive validity testing was not possible because of the short evaluation timeframe. However, pilot responses suggested a good degree of reliability.

5.1.4 Fielding

The survey was hosted on an online survey platform called Survey Monkey™. Participants were recruited from TSO entry webpage via a link and through email invitations sent to the TSO’s membership database. Participation was voluntary. The advantage of recruiting from TSO was that potential respondents would recognise the evaluation was endorsed by beyondblue. While hosting on TSO may have led some potential respondents to question whether the evaluation was independent, endorsement by beyondblue was considered more likely to result in the required sample size.

5.1.5 Data collection, validation and analysis

The collected data were ‘cleaned’ and/or validated by:

- removing invalid responses (e.g. participants who selected ‘I prefer not to answer this question’ throughout the entire questionnaire);
- standardising open-field responses with the existing categories where appropriate;
- removing inconsistent responses in questions where multiple selections were permissible (e.g. selected a valid response and also selected “I prefer not to answer this question” – in this case the latter response was removed); and
- creating a new category to classify first-time visitors.

On the last dot point above, because the survey questionnaire did not provide a selection choice for first-time TSO visitors, a small number of first time visitors who participated in the surveys were directed by the pre-specified survey logic to questions that were not applicable to them. In this case, participants noted their first-time visit in the open-field text boxes. Accordingly, a new category was created to classify first-time visitors.

The data was analysed according to univariate descriptive statistics. For questions that requested responses on a 5-point Likert-type scale to indicate how strongly the participants agreed or disagreed with a statement, the analysis used the following weighting categories, with the assumption that equidistant attributes between the Likert items was observed, or inferred, by respondents from the symmetric scaling:

- Strongly disagree: -2
- Disagree: -1
- Neither agree nor disagree: 0
- Agree: +1
- Strongly agree: +2

On the basis that the symmetric and balanced ordinal scale approximates an interval-level measurement, the analysis computed a mean weighted score to describe the central tendency of the responses (see Norman (2010) for further theoretical discussion if required).
5.2 Results

5.2.1 Survey response

A total of 561 responses were collected between 8 October 2012 and 16 October 2012. Over 300 responses were collected in the first 48 hours of launching the survey — significantly more than the planned sample size of 150. However, to avoid biasing the sample towards those who visited TSO most frequently, the survey remained in the field for an additional seven days so that those who only visited once a week or during the weekend would be captured. Of the total 561 responses, 558 responses were valid\(^\text{10}\). Four hundred and thirty five respondents (77.9%) answered all questions (i.e. cumulative attrition rate of 22.1%).

5.2.2 Characteristics of survey participants

The analysis examined the characteristics of survey participants to assess the representativeness of the sample. While the profile of the TSO user population is unknown, characteristics of survey respondents were compared to those of members via the membership database. A comparison with web analytic data and information gathered in other components of this evaluation were also conducted where appropriate (e.g. website visits by geographic location).

As explained below, the characteristics of survey participants were broadly comparable to the observations from the analysis of member demographics, web analytics, and thematic content analysis (on female participants). Given the high survey response rate of 77.9%, the recruited survey participants were highly likely to be representative of the overall TSO’s user populations. However, similar to all other surveys, there is a likelihood that past users of the TSO were under-represented but the degree of this was not possible to ascertain.

5.2.2.1 Age and geographic locations

Table 5.2 presents the distribution of survey participants by age and jurisdiction. A large proportion (81%) of survey participants were aged older than 55 years – the primary target group of TSO. Survey participants who indicated as TSO members also had similar age distribution to that of all survey respondents. The membership database indicated that 37.7% of registered members were younger than 55 years (see Section 2.2.1). As such, there were proportionately more TSO members older than 55 years participated in the survey than what would be expected according to the membership demographic (i.e. 81% of survey respondents aged >55 years versus 62.3% in the membership database).

The distribution of survey participants by jurisdiction broadly reflected population shares of men. This is similar to the observations from analytics data on website visits (Section 2.2.2). The difference in the relative proportions by jurisdiction between survey participants and web analytic data were generally less than one percentage point (Table 5.2). The only exceptions were South Australia and Victoria — men from Victoria were slightly under-represented and men from South Australia were slightly over-represented in the survey.

\(^{10}\) Three participants selected 'I prefer not to answer this question' throughout the entire questionnaire.
population, if one accepts analytic data as the standard. It is worth-noting that the differences could be related to differences in visit proportions at different point in time.

Table 5.2: Survey participants by age and jurisdiction (% of total participants)*

<table>
<thead>
<tr>
<th>Age group</th>
<th>Australia</th>
<th>ACT</th>
<th>NSW</th>
<th>NT</th>
<th>QLD</th>
<th>SA</th>
<th>TAS</th>
<th>VIC</th>
<th>WA</th>
</tr>
</thead>
<tbody>
<tr>
<td>40 years or younger</td>
<td>4.3</td>
<td>0.0</td>
<td>0.7</td>
<td>0.0</td>
<td>0.4</td>
<td>0.5</td>
<td>0.4</td>
<td>1.8</td>
<td>0.5</td>
</tr>
<tr>
<td>41 to 55 years</td>
<td>13.7</td>
<td>0.2</td>
<td>4.5</td>
<td>0.2</td>
<td>3.2</td>
<td>1.6</td>
<td>0.4</td>
<td>2.7</td>
<td>0.9</td>
</tr>
<tr>
<td>56 to 65 years</td>
<td>37.4</td>
<td>0.9</td>
<td>11.5</td>
<td>0.7</td>
<td>8.3</td>
<td>4.5</td>
<td>1.3</td>
<td>7.2</td>
<td>3.1</td>
</tr>
<tr>
<td>66 years or older</td>
<td>43.9</td>
<td>1.3</td>
<td>12.9</td>
<td>0.5</td>
<td>9.9</td>
<td>5.4</td>
<td>0.7</td>
<td>9.5</td>
<td>3.6</td>
</tr>
<tr>
<td>I prefer not to answer</td>
<td>0.7</td>
<td>0.0</td>
<td>0.2</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.5</td>
<td>0.0</td>
</tr>
<tr>
<td>Total survey</td>
<td>100.0</td>
<td>2.3</td>
<td>29.9</td>
<td>1.4</td>
<td>21.8</td>
<td>12.1</td>
<td>2.7</td>
<td>21.8</td>
<td>8.1</td>
</tr>
<tr>
<td>Web analytics proportions</td>
<td>100.0</td>
<td>1.3</td>
<td>29.7</td>
<td>1.4</td>
<td>20.9</td>
<td>10.1</td>
<td>3.1</td>
<td>24.3</td>
<td>9.2</td>
</tr>
</tbody>
</table>

Key: NSW – New South Wales; VIC – Victoria; QLD – Queensland; WA – Western Australia; SA – South Australia; TAS – Tasmania; NT – Northern Territory; ACT – Australian Capital Territory.

*Figures may not add up due to rounding

About half of the survey participants were from non-metropolitan areas (48.2%). This is more than the proportion observed in the web analytic data on website visits (40%). Nevertheless, the relative distributions by age and by jurisdiction remain reasonably consistent with the overall metro/non-metro distribution (Chart 5.1 and Chart 5.2).

Chart 5.1: Metropolitan/non-metropolitan distribution by jurisdiction
5.2.2.2  Sex

Almost all respondents (99%) were males. However, consistent with the observations in the thematic content analysis presented in section 3, there were a small group of female users who participated in the survey.

5.2.2.3  TSO and AMSA membership status

A majority of survey participants who provided information on membership status (91%) were members of TSO (Table 5.3). About half of all respondents were members of AMSA, 1% were unaware of AMSA and a further 1% preferred not to answer the questions (figures are not presented in Table 5.3). Respondents who were members of AMSA were also more likely to be members of TSO, with 95% of AMSA members also a member of TSO.

Table 5.3: Membership status of survey participants

<table>
<thead>
<tr>
<th>TSO membership</th>
<th>AMSA membership</th>
<th>Responses</th>
<th>Yes</th>
<th>No</th>
<th>Prefer not to answer</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>220</td>
<td>168</td>
<td>2</td>
<td></td>
<td>390 (91%)</td>
</tr>
<tr>
<td>No</td>
<td>No</td>
<td>9</td>
<td>28</td>
<td>0</td>
<td></td>
<td>37 (8.6%)</td>
</tr>
<tr>
<td></td>
<td>Prefer not to answer</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td></td>
<td>2 (0.4%)</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>231</td>
<td>196</td>
<td>2</td>
<td></td>
<td>429 (100%)</td>
</tr>
</tbody>
</table>
5.2.3 Brand awareness about TSO

The survey asked the respondents how they first learnt about TSO\textsuperscript{11}. Consistent with the website referral statistics presented on page 18, a large majority of respondents learnt about the website via the internet: 28% through search engines and 12% through internet social media such as Facebook and Twitter (see Chart 5.3, p.44). Organisations in affiliation with TSO were also a main channel through which survey participants learnt about TSO, with 27%, 12% and 4% of survey respondents stated AMSA, beyondblue and Movember as the referral sources, respectively. The proportion referred from AMSA differed substantially from that observed in web analytics (8%, 11%, 0% respectively, see Chart 2.8) probably because of the different observation periods.

The survey data also showed some evidence of the effectiveness of advertising campaigns with a meaningful level of awareness gained through print advertising (12%), radio advertising (6%), and billboard advertising (2%). Family and friends were another source of referral (9%), whereas 3% of respondents identified health professionals as the source.

\textbf{Chart 5.3: How respondents became aware of TSO}

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{chart53.png}
\caption{How respondents became aware of TSO}
\end{figure}

Note: Respondents could select multiple responses.

5.2.4 Reasons for visit

Chart 5.4 on page 46 illustrates the reasons for first visits to TSO. Survey respondents indicated that the primary reason for their first visit was to seek information on issues affecting men (43%), to pick up a new skill or hobby (23%), about health and the health system (21%), a Do-It-Yourself project (17%) and general advice (17%). Similar to the broad and general scope of information sought, a large proportion of survey participants wanted to join an online social group with other men (32%) or join a support group that discussed all issues concerning men (31%), rather than a support group specifically on mental health issues (16%).

\textsuperscript{11} Multiple selections for this question were permissible. All responses for ‘other reason’ included television, articles, advertisement or Facebook; these responses have been recoded into existing categories.
When asked about the reason(s) for their ongoing visits to TSO, 78% of respondents noted the same reason(s) as their first visit. This suggests that TSO met the needs of a substantial proportion of first-time visitors and managed to meet their needs on an ongoing basis. Of the 21% of respondents who stated their reasons had changed, there remained a strong focus on the website’s content, with 45% indicating that they found the content interesting (Chart 5.6). Another primary reason for their visit was to participate in the discussion forum (36%), but as expected, most respondents only participated passively rather than actively. A large proportion of respondents who selected ‘other reasons’ noted their visits were in response to email newsletters from TSO, rather than for a specific purpose.

### Chart 5.4: Initial reasons for visiting the TSO

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>I wanted to learn more about issues affecting men.</td>
<td>43.0%</td>
</tr>
<tr>
<td>I wanted to pick up a new skill or hobby.</td>
<td>22.8%</td>
</tr>
<tr>
<td>I wanted information about health and the health system.</td>
<td>21.1%</td>
</tr>
<tr>
<td>I wanted help with a DIY project.</td>
<td>16.6%</td>
</tr>
<tr>
<td>I wanted some advice from other men.</td>
<td>17.2%</td>
</tr>
<tr>
<td>I wanted to share what I know about an interest of mine.</td>
<td>23.4%</td>
</tr>
<tr>
<td>I wanted to share what I had been going through.</td>
<td>10.3%</td>
</tr>
<tr>
<td>I wanted to join an online social group with other men.</td>
<td>32.2%</td>
</tr>
<tr>
<td>I wanted to join a support group that discussed all issues concerning men.</td>
<td>30.6%</td>
</tr>
<tr>
<td>I wanted to join a support group specifically on mental health (e.g., anxiety and depression).</td>
<td>15.9%</td>
</tr>
<tr>
<td>Other reasons</td>
<td>14.9%</td>
</tr>
<tr>
<td>I cannot remember.</td>
<td>4.6%</td>
</tr>
<tr>
<td>I prefer not to answer this question.</td>
<td>1.1%</td>
</tr>
</tbody>
</table>

Note: dark blue indicates information seeking, medium blue indicates information sharing, light blue indicates group participation, and grey indicates other responses.

### Chart 5.5: Changing reasons for visiting TSO

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>I like reading the discussion forums.</td>
<td>20%</td>
</tr>
<tr>
<td>I like contributing to the discussion forums.</td>
<td>7%</td>
</tr>
<tr>
<td>I find the content interesting.</td>
<td>49%</td>
</tr>
<tr>
<td>I like using the chat room.</td>
<td>9%</td>
</tr>
<tr>
<td>I prefer not to answer this question.</td>
<td>2%</td>
</tr>
<tr>
<td>Other</td>
<td>14%</td>
</tr>
</tbody>
</table>

---

12 One per cent of participants preferred not to answer.
5.2.5 Recentness and frequency of visits

5.2.5.1 Respondents who had visited in the 3 months prior to the survey

Eighty four per cent of respondents had visited the website in the 3 months prior to the survey. Respondents aged over 55 years or from a non-metropolitan area were more likely to have visited the website in the 3 months prior to the survey than those younger than 55 years (86% versus 72%) or from a metropolitan area (87% versus 80%). As expected, there was a high likelihood of an AMSA or TSO member to have visited TSO recently, with 93% and 90% of AMSA and TSO members reporting a visit in the 3 months prior to the survey, respectively.

Of those respondents who reported a recent visit, a large majority were frequent users: 43% visited at least once a week, 95% visited at least once a month, and only 4% visited less frequently than once a month (Chart 5.6). There was no difference in terms of visit frequency by age groups, although non-metropolitan users were more likely than metropolitan users to have visited at least every two weeks (71% versus 68%).

Chart 5.6: Visit frequency among respondents who visited in the 3 months prior to survey

5.2.5.2 Respondents who had not visited in the 3 months prior to the survey

Of those that had not visited the website in the 3 months prior to the survey, a majority of visits occurred between three and six months ago (51%) but a substantial proportion had not visited for more than 12 months (Chart 5.7). Note that a large majority of the participants who selected “I prefer not to answer this question” indicated that they were a first time visitor to TSO.
As expected, these infrequent users had visited the website less regularly (Chart 5.8) than those who had visited in the three months prior to the survey (Chart 5.6), with a large proportion of respondents (33%) reporting a frequency of every three months or less. However, a substantial proportion (35%) of these infrequent users had in fact accessed TSO at least once a month previously. The reason(s) why these users changed their frequency of use is explored in the next section.
5.2.5.3 Reasons for reduced frequency of visits

There were a number of non-respondents to this question, making interpretation of findings challenging. Nevertheless, the data indicated that a substantial proportion of respondents reduced their level of participation because they did not find the published information to be useful (18%) or the website to be of interest (11%) (Chart 5.9). About 7% of respondents noted difficulty in using the website. Two per cent of respondents indicated that support from TSO was no longer needed, and none of the respondents cited a bad experience with TSO moderators or members as their reason for reducing their website frequency. Of those respondents who selected ‘other reasons’, time constraints were the main barrier for them using the websites more regularly.

Chart 5.9: Reasons for reduced frequency of visits

5.2.6 Outcomes of using TSO

The questionnaire asked respondents whether they agreed or disagreed with a series of statements relating to the potential benefits of using TSO. As illustrated in Chart 5.10 (p.50), most respondents indicated a neutral view on these statements (they selected ‘neither agree nor disagree’). However, a much greater proportion of survey respondents indicated agreement than disagreement. The analysis did not identify any differences in terms of responses by age group, with fewer than 1% difference for any response categories when the dataset was split by ≤55 years versus >55 years age groups.

Respondents were more likely to report an ambivalent position on the statements about wellbeing: “feel better about myself”, “picked up a new skill or hobby”, and “living a healthier and more active life” (Chart 5.10). More respondents disagreed than agreed to the statement that they “have picked up a new skill or hobby” through TSO. This observation most likely suggests that TSO primarily enhanced existing skills or hobbies, rather than stimulated adoption of new skills or hobbies because most TSO users would have a range of existing skills to share, and the webpage statistics indicated that “Activities” was one of the most visited sections in TSO.
A significant proportion of respondents agreed or strongly agreed that their participation in TSO resulted in them feeling “part of a supportive community” (51%) and that there were “a lot of other men who experienced similar issues” to them (58%). This provides further evidence that TSO has created an online community that strengthens wellbeing.

**Chart 5.10: Respondents’ level of agreement to statements relating to the potential benefits of TSO’s participation**

While most respondents indicated a neutral view (they selected ‘neither agree nor disagree’), participation in TSO appeared to have raised awareness among a considerable proportion of respondents about depression (40% agreed or strongly agreed), anxiety (36%), and other health issues affecting men (54%). TSO appeared to have reduced stigma among a considerable proportion of respondents about depression and anxiety. The questionnaires posed three statements relating to a reduced sense of stigma about depression and anxiety:

- “more likely to socialise with people with depression or anxiety”;
- “feel more comfortable talking about personal experience of depression or anxiety”; and
- “feel more comfortable talking to others about their experience of depression or anxiety”

For these statements, most respondents expressed a neutral position, but more respondents were in agreement with these statements (29%-39%) than otherwise (11%-13%). However, it is well recognised that overcoming stigma associated with mental illness is highly challenging for any public health initiative. It typically requires a multilevel approach that encompasses changes in social policy as well as altering the attitudes, practices and portrayal by the individuals with mental illness and their family, the general public, and mental health professionals (Hindshaw and Stier 2008). With this caveat in mind, while it is encouraging to observe a meaningful level of agreement for these statements, ongoing effort would be needed for TSO, in conjunction with other mental health initiatives, to achieve an even greater reduction in the levels of stigma associated with depression and anxiety among men.
In a similar vein, a majority of respondents were neutral about whether TSO was valuable in enhancing help-seeking behaviour or receiving support from health system. However, 41% of survey participants agreed that they knew “how to take action to deal with depression or anxiety” if they needed to. It is worth-noting that a smaller proportion (23%) agreed to the statement “…took action to deal with depression or anxiety”. This may reflect that not all TSO participants suffer depression and/or anxiety and therefore action to address it is not required.

To understand the weight of agreement to the statements posed, a weighted score was calculated where “strongly disagree”, “disagree”, “neither agree nor disagree”, “agree”, and “strongly agree” were assigned a categorical rank of -2.0, -1.0, 0.0, 1.0 and 2.0, correspondingly. There was overall agreement to most statements except “have picked up a new skill or hobby” and “took action to deal with depression or anxiety”.

![Chart 5.11: Respondents’ weighted level of agreement to statements relating to the potential benefits of participation in TSO](chart-5.11).

Note: Weighted results for all respondents, with the score reflecting the extent to which respondents agreed or disagreed with each statement: 2=strongly agree, 1=agree, 0=neutral, -1=disagree, -2=strongly disagree.

### 5.2.7 TSO website access, functionality and content

#### 5.2.7.1 Computing devices

Most of the survey respondents (84%) used a desktop computer and/or notebook/laptop computer to access TSO. Nevertheless, a considerable proportion of respondents used a
‘tablet’ computer (9%) or mobile phone (6%) to access the webpage. This is consistent with the observation from web analytics data (page 19). Customising TSO to these devices may improve the user experience.

**Chart 5.12: Computing device used to access TSO**

![Chart 5.12: Computing device used to access TSO](image)

5.2.7.2 Website functionality and content

Survey respondents were overwhelmingly positive about the statements relating to the functionality of TSO (left section of Chart 5.13 on page 53; the top four statements on page 53):

- 87% agreed or strongly agreed that “I can access all elements of the website using my desktop or netbook/laptop computer without problems”, with a weighted score of 1.1;
- 86% agreed or strongly agreed that “my internet data download cap allows me to use The Shed Online as much as I would like”, with a weighted score of 1.1;
- 74% agreed or strongly agreed that “the layout of the website directs me to the relevant sections quickly” with a weighted score of 0.9; and
- 83% agreed or strongly agreed that TSO “does not share my personal information with other organisations and I am not concerned about my personal privacy being affected by use of the website”; with a weighted score of 1.1.

Twenty nine respondents who disagreed with the any of the above statements provided further comments. There were several users from remote Australia who noted that the cost and speed of internet access was a barrier for them to some elements of TSO (e.g. video clips). There were several comments about the difficulty in navigating the discussion forums, especially in relation to the need to expand every topic area to have an overview of discussion threads13 or inability to read the newest posts without opening the threads.

---

13 The current layout only presents 3 threads per topic.
Other comments identified negative experiences such as inability to complete membership registration (n=1) or inability to open a publication in pdf format (n=1). While important to note, these comments are unlikely to represent general experience.

**Chart 5.13: Respondents’ level of agreement to statements relating to TSO’s website functionality and content**

- I can access all elements of the website using my desktop or notebook/laptop computer without problems.
- My internet data download cap allows me to use The Shed Online as much as I would like.
- The layout of the website directs me to the relevant sections quickly.
- I understand that The Shed Online does not share my personal information with any other organisations and I am not concerned about my personal privacy being affected by use of the website.
- I can rely on The Shed Online to obtain trusted information.
- I find content on The Shed Online interesting.
- I find the content on anxiety useful.
- I find the content on depression useful.

**Chart 5.14: Respondents’ weighted level of agreement to statements relating to TSO’s website functionality and content**

- I can access all elements of the website using my desktop or notebook/laptop computer without problems.
- My internet data download cap allows me to use The Shed Online as much as I would like.
- The layout of the website directs me to the relevant sections quickly.
- I understand that The Shed Online does not share my personal information with any other organisations and I am not concerned about my personal privacy being affected by use of the website.
- I can rely on The Shed Online to obtain trusted information.
- I find content on The Shed Online interesting.
- I find the content on depression useful.
- I find the content on anxiety useful.

Note: Weighted results for all respondents: 2=strongly agree; 1=agree; 0=neutral; -1= disagree, -2=strongly disagree. *Dark blue and light blue indicate statements relating to functionality and content, respectively.
The degree of agreement for the website content was generally less than the website functionality (Chart 5.13), although there was still a very high proportion of respondents who noted that they found the content interesting (79% agreed or strongly agreed) and can rely on TSO to obtain trusted information (64%). This corresponded to weighted scores of 0.9 and 0.7 for these two statements respectively (page 53).

As illustrated in Chart 5.13, more respondents agreed than disagreed that the content specific to depression or anxiety was useful. However, the overall level of agreement was relatively weak, with a weighted score of 0.5 (Chart 5.14) because a significant proportion of respondents were ambivalent (about 40%).

**5.2.7.3 Responses to hypothetical removal of a content area**

In order to gauge the relative importance of different content areas, the questionnaire posed a series of hypothetical scenarios where a broad content area was removed from TSO and respondents were asked whether they would miss it or not. The content areas removed included: Videos and Shed TV interviews; Health and Lifestyle; News; Events; Activities; Chat room; Blog; and Discussion forums.

Across all content areas, there was a large proportion of respondents who indicated that “they might miss it” (Chart 5.15). The level of attachment was relatively strong for the sections on “Health and lifestyle”, “Discussion forums” and “Activities”, with 42%, 37% and 37% of respondents respectively indicating that they would definitely miss it. The corresponding figures for the section on “News”, “Events”, “Chat room”, and “Blog” were 35%, 31%, 21%, and 15%, respectively.

Consistent with the low webpage visits (see Chart 2.7, page 16), respondents indicated that they would not miss the “Blog” and “Chat room” and awareness rates were not high for these content areas. The negative weighted scores for these content areas further support the observation that “Blog” and “Chat room” were not engaging TSO users (Chart 5.16).

In contrast, “Events”, “News”, and “Health & Lifestyle” each only accounted for about 3% of the statistics on webpage visits (see Chart 2.7), but a considerable proportion of survey respondents indicated they “might miss it” or “would definitely miss it”. This suggests that these information pages are important and should be maintained, even though these pages were less frequently visited.
Chart 5.15: Responses to hypothetical scenario that a content area was removed

Chart 5.16: Weighted responses - hypothetical scenario that a content area was removed

Note: Weighted results for all respondents: 1=I would definitely miss it; 0=I might miss it; -1=I wouldn’t miss it.
5.2.8 Participation and experience with discussion forums and forum moderation

A considerable proportion (69%) of the survey respondents visited the discussion forums (Chart 5.17). As expected, most of the forum participants played a passive role, reading other people’s posts without posting (39%), or posting on fewer than five occasions (16%). A relatively small proportion (8%) of participants actively contributed to the discussion forums.

About half of the survey respondents who had visited the discussion forums (56%) agreed or strongly agreed that the forums were easy to use; only 6% disagreed with this statement (Chart 5.18). Forty nine per cent of respondents found that the members in discussion forums gave useful advice or suggestions to solve problems and only 6% disagreed. Compared to these observations, fewer forums participants (36%) felt comfortable sharing personal issues and experiences on the forums and 14% indicated they did not feel comfortable sharing personal issues and experiences. This is in line with the observation that most forum participants did not post messages. Overall, the analysis found positive weighted scores for these three statements (Chart 5.19), although the level of agreement was relatively ambivalent.

For statements in relation to forum moderation, respondents were largely in agreement that the process of moderation by health professionals was necessary (78%), and that moderation of discussion forums was beneficial to the quality of discussion (78%). This is confirmed in the weighted score of 1 for these statements (Chart 5.19). A smaller but still substantial proportion (60%) of survey respondents agreed to the statement that the current moderation process in place was appropriate, with a weighted score of 0.7.
Chart 5.18: Respondents’ level of agreement to statements relating to discussion forums

- I find the forums easy to use.
- I think that the forums should be moderated by people within The Shed Online community, rather than mental health professionals.
- I feel comfortable sharing personal issues and experiences on the forums.
- I believe the current moderation process is appropriate.
- I believe moderating The Shed Online is necessary.

Chart 5.19: Respondents’ weighted level of agreement to statements relating to discussion forums

- I find the forums easy to use: 0.6
- Members in the discussion forums give me useful advice or suggestions to solve problems: 0.5
- I feel comfortable sharing personal issues and experiences on the forums: 0.3
- I believe moderating The Shed Online is necessary: 1.0
- I believe moderating The Shed Online is beneficial to the quality of the discussion: 1.0
- I believe the current moderation process is appropriate: 0.7
- I think that the forums should be moderated by people within The Shed Online community, rather than mental health professionals: 0.1

Note: Weighted results for all respondents: 2=strongly agree; 1=agree; 0=neutral; -1=disagree, -2=strongly disagree. *Dark blue and light blue indicate statements relating to forums and forums moderation, respectively.
However, respondents were more divided over the statement on whether the forums should be moderated by people within TSO, rather than mental health professionals, with 27% disagreed and 35% agreed to the statement (Chart 5.18).

Thirty eight respondents provided additional comments. Most of these comments reiterated the respondents’ position about whether mental health professionals should be involved in the moderation process. A number (n=10) suggested mental health professionals were essential to ensure a safe environment especially for a small group of forum participants who were in a vulnerable mental state. While recognising that most forum participants were “well-meaning”, these respondents generally emphasised that only an “expert” had the necessary professional skills to provide a safe-guard for an “amorphous” online community. In contrast, other respondents (n=4) commented that forum participants were “mature adults” who would have the ability to recognise posts which would negatively impact on the quality of forum discussion and who could intervene without the involvement of an external expert.

Six respondents suggested an alternative approach whereby a small group of TSO members would share the moderation responsibility with the mental health professionals, with a view to assisting (“take some load off them”) and promoting greater ownership of the forum by participants. It was suggested that this small group of TSO members could be selected by the website administrators on the basis that they had consistently shown respect and regard for the other members in their posts.

5.2.9 Respondents’ suggestions to improve TSO

Survey participants were asked to provide suggestions on how they thought TSO could be improved. There were a total of 143 responses which represented 33% of those who completed the survey. Of these, 93 responses provided suggestions to improve TSO, whereas the remaining responses either expressed endorsement for the status quo or comments relating to personal circumstances.

The suggestions for improvement were largely related to four themes: website content, future development of the website, greater partnership and networking with other organisations and specific website functional features. These themes are discussed in turn below.

5.2.9.1 Content

A number of respondents noted that TSO had an obvious emphasis on men’s mental health, especially on depression and anxiety (n=6). This might have led to the impression that the website had a narrow focus on mental health, especially to first-time visitors and “ordinary old blokes who just want to bond with other old like-minded blokes”. The suggestion was to balance the depression/anxiety “bandwagon” with broader interests and issues on the wellbeing of men. For men who are in need of mental health support, one participant noted that “many men who may be in need could be more subtly lead to help and discussion”. Similarly, there were comments that TSO appeared to overemphasise woodwork and metalwork, and should promote broader areas of interests. Furthermore, a few participants noted that TSO appeared to have a focus on Victoria or Melbourne (n=3).
In line with the suggestions above in terms of broadening the website content coverage, a majority of participants suggested an increase in the scope and depth of topic areas in TSO (n=47). These include further information on:

- **interests and activities** – gardening, travelling, lawn bowling, finance, woodwork, camping, restoration, sports, home maintenance and mechanical subjects;
- **men’s health** – prostate cancer, health outcomes, more in-depth discussion about health issues;
- **Men’s Sheds** – information about Men’s Sheds at different locations (e.g. time and contact details, feature articles), practical information on operation (e.g. financial support, provision of facilities, list of projects being undertaken);
- **Events** – promote smaller-scale events, more information for regions other than Melbourne or Victoria; and
- **Others** – product reviews, downloading Smartphone apps.

Nevertheless, two respondents recognised the challenges of having to cover a broad range of interests and suggested that TSO should prioritise some topics according to the prevailing needs for the target audience and cover with greater depth.

Lastly, two respondents had found it difficult to locate specific information because of the broad definition of topics.

### 5.2.9.2 Future development of the website

There were 18 suggestions relating to future development of TSO. Three respondents suggested that the website should allow the online community to go through “controlled evolution” on the basis of its members meeting a minimum set of rules of participation and under minimal guidance from the website administrators. One respondent felt that the website was designed with a “tone and language” that did not reflect the target audience’s experience and maturity (“a bit patronising”). Similarly, a respondent noted that the website administrator should actively seek inputs from members to identify potential areas where members could contribute to enrich the site.

There were four comments suggesting that newly joined members would find familiarising themselves with different content areas challenging (e.g. chat room and discussion forums). In addition to providing more information on how to use different features of the website, one member suggested an “induction process” whereby a “buddy” would provide assistance by answering any questions to a new member who might be intimidated by the online environment. Another member suggested having more real-time interaction with a representative from TSO to discuss new members’ needs and to suggest content available to satisfy those needs.

Five respondents suggested TSO should be “regionalised” so it can be used by participants as a platform to connect and socialise with other “local” participants in a particular geographic region, potentially outside of TSO. Two respondents suggested TSO allow members to search for specific information (e.g. events) or members (with consent) in a particular location. Similarly, one respondent suggested having member’s profiles so that others can identify members with similar interests.
5.2.9.3 Greater partnership and networking with other organisations

There were 18 comments that suggested stronger and broader partnership with other groups and agencies. Many of these comments were related to greater links with local Men’s Sheds. Others suggested better linkages with fitness groups and mental health support groups.

5.2.9.4 Specific website functional features

Survey respondents recommended the following list of website functional features for consideration:

- displaying the most recent posts in the discussion forums first rather than last;
- displaying more details on TSO home page;
- introducing a search function or presentation by geographic location;
- having a better search function to locate topic of interests (e.g. specific projects);
- introducing member profiles with interest and hobbies and allow members to search by interest;
- allowing participants to comment on published articles;
- providing easier access to postal and contact information; and
- better links to the websites of other relevant organisations.

5.2.10 Respondents’ commitment to recommending TSO

The survey asked the respondents whether they had recommended or would recommend TSO to the others. As illustrated in Chart 5.20, 65% of respondents had recommended TSO and 86% would recommend TSO, suggesting a high degree of satisfaction with the website. Only 6% of respondents said they would not recommend TSO.

Chart 5.20: Respondent’s level of commitment to recommending TSO
Of those respondents who provided reasons for why they had not or would not recommend TSO (n=16), 23% expressed their dissatisfaction with the website, 52% did not have the opportunity, 16% were relatively new to the website, and the remaining two participants were “unsure”. Reasons for dissatisfaction are summarised below:

- The website did not represent the broad interest of men and appealed only to a mostly ‘blokey’ group;
- The website overly emphasised depression and anxiety and lacked positive stories/celebration;
- There were better online sources of information and social support;
- There were limited numbers of participants in the discussion forum;
- The website was difficult to navigate (‘felt lost’).

5.3 Summary of findings

The survey has confirmed and expanded on a range of observations from other evaluation components presented in chapters 2 to 4, as summarised below.

- The characteristics of survey participants were broadly comparable to the observations from the analysis of member demographics, web analytics, and thematic content analysis (on female participants).
- A large proportion of survey respondents were aged older than 55 years (81%) – the primary target group of TSO. About half of these respondents (48.2%) were from non-metropolitan areas of Australia. Similar to the observations from membership data, a large proportion of survey participants aged below 55 years and a very small proportion of female participants suggested that TSO had a reach greater than it intended.
- About half of the survey respondents reported an affiliation with the AMSA. This suggested that AMSA was one of the main sources of TSO users. Indeed, 27% of survey respondents reported AMSA as one of the sources of how they first became aware of TSO.
- Consistent with the website referral statistics, a large majority of respondents learnt about the website via the internet: 28% through search engines and 12% through internet social media.
- TSO users visited the website to seek information and social support on a range of issues affecting men rather than specifically mental health related issues.
- Of those respondents who reported a visit within the last three months (84%), a large majority were frequent users: 43% visited at least once in a week, 95% visited at least once a month. This suggested that TSO was meeting the needs of these survey respondents.
- A significant proportion of respondents agreed or strongly agreed that their participation in TSO resulted in them feeling “part of a supportive community” (51%) and that there were “a lot of other men who experienced similar issues” to them (58%). Furthermore, survey findings indicated that:
  - TSO has raised awareness among respondents about depression, anxiety and other issues affecting men;
  - TSO appeared to have reduced stigma among a considerable group of survey respondents about depression and anxiety; and
• 41% of survey participants agreed to the statement that they knew “how to take action to deal with depression or anxiety” if they need to.

• Survey respondents were overwhelmingly positive about the statements relating to the functionality of TSO. In terms of content, respondents felt that they could rely on TSO to obtain trusted information and generally found the content on depression or anxiety useful.

• Respondents were most likely to miss (i.e. endorse the statement “I would definitely miss it”) the web sections on “Health & Lifestyle”, “Discussion forums” and “Activities” if these sections were removed, but least likely to miss the “Chat room” (21%) and “Blog” (15%).

• A considerable proportion (69%) of the survey respondents visited the discussion forums (Chart 5.17) but most only read other people’s posts without posting (39% of the total), or posted on fewer than five occasions (16% of the total).

• Respondents were largely in agreement that the process of moderation by health professionals was necessary (78%), and that moderation of discussion forums was beneficial to the quality of discussion (78%). Nevertheless, some survey respondents suggested an alternative approach whereby a small group of TSO members would share responsibility with the health professionals for moderation, with a view to assisting the current moderators (“take some load off them”) and promoting greater ownership of the forum by participants.

• Respondents suggested various ways to improve TSO, including:
  • offering greater content coverage that is balanced between mental health issues and other areas of interest;
  • providing “controlled evolution” on the basis of its members meeting a minimum set of rules of participation, and under minimal guidance from the website administrators;
  • regionalising the presentation and content such that TSO can be used by participants as a platform to connect and socialise with other “local” participants in a particular geographic region;
  • Promoting and initiating further partnership with other related organisations (e.g. AMSA, fitness groups); and
  • Providing a range of specific website functional improvements (e.g. displaying the most recent posts in the discussion forums first rather than last).

• Respondents had a high level of satisfaction with TSO, with 65% of respondents having recommended TSO to others, and 86% indicating they would recommend TSO. Consistent with comments made in other parts of the survey, some respondents were dissatisfied because the website did not represent the broad interest of men and appealed only to a mostly ‘blokey’ group. Furthermore, these less satisfied participants suggested the website overly emphasised depression and anxiety and lacked positive stories/celebration.
6 Summary of evaluation findings and recommendations

This evaluation was designed with four evaluation components: web analytics and analysis of member demographics (Chapter 2), thematic content analysis of forum discussions (Chapter 3), semi-structured telephone interviews (Chapter 4), and survey of user experience (Chapter 5). The evaluation components aimed to address 10 pre-specified evaluation questions:

- How did users learn about TSO?
- Are TSO members also members of The Men’s Sheds?
- Why did users continue using the site?
- Why did users stop using the site?
- Did the users find the content to be informative and useful?
- What do the users think of the discussion forums and moderation?
- Has TSO created a social and interactive online community that strengthens wellbeing?
- Has TSO provided access to information about health and the health system?
- Has TSO increased awareness of depression and anxiety?
- Has TSO decreased levels of stigma of depression and anxiety?
- Has TSO encouraged men to seek help?

This section provides a synthesis of the findings, with a view to answering the above questions and providing recommendations to inform the future provision of TSO.

6.1 How did users learn about TSO and were TSO members also members of AMSA?

The TSO users learnt about the website through a range of sources, but the primary sources were through the internet and the AMSA. According to the online survey, 53.8% were members of the AMSA. Referrals from other organisations were much less, with 12% of respondents reporting awareness gained through beyondblue, 4% from Movember and a small number of website referrals from other partner organisations. In line with the suggestion from survey respondents to better promote this initiative through greater partnership with other organisations, it may be valuable if awareness about TSO via these organisations is mutually promoted.

On this note, TSO would need to explore and understand whether these organisations have shared organisational goals with TSO in relation to men’s general wellbeing and mental health. Indeed, the lower referral to TSO from Movember may be a reflection of the misalignment in target populations: the latter generally appeals to younger men whereas TSO is targeting men’s over 55 years. Furthermore, in line with the organisational goal of...
beyondblue, TSO has an emphasis on men’s mental health issues, particularly depression and anxiety. The evaluation found that a considerable proportion of TSO users found this emphasis dispiriting. Similarly, the trade-based emphasis of TSO was clearly associated with its affiliation with the AMSA. However, participants of this evaluation have expressed that such emphasis does not reflect the broader interests of men who may potentially use TSO as a platform to socialise with other men.

For these reasons, TSO would need to (re)consider its program objectives alongside the needs of its (prospective) users, and the alignment of these objectives with those of partner organisations. Once these are clarified, TSO would need to work with them to understand ways to expand their promotion of TSO.

**6.2  Scope to expand the reach of the website**

There is evidence that TSO’s reach extended beyond the target male population (those aged 55 or over and those in non-metropolitan areas). While web analytics data and survey responses indicated that the target group were in the majority, a smaller but substantial proportion of members were aged below 55 years of age and from a metropolitan area. This suggests that an online platform was beneficial for a broader group of men than those in the target group.

There appears to be scope to expand membership and visitor coverage in certain geographic areas. Coverage of TSO membership and website visits was broadly proportional to the population of men in different jurisdictions, and in metropolitan and non-metropolitan areas. However, there were geographical variations, with a lower reach in areas such as Western Australia and the Northern Territory and in areas outside of Brisbane and Hobart (see section 2.2.2).

More broadly, an analysis found that the overall uptake of TSO among the male population was approximately 1% of Australian males who would be ‘expected’ to participate in TSO. In view of the fact that TSO has objectives aiming to promote general men’s wellbeing that is much broader than anxiety and depression, there is much room for TSO to achieve greater reach because the prevalence of anxiety and depression in men aged over 55 or over alone was 7.9%.

**6.3  Why did users continue to use the website?**

The primary reasons for individuals to visit TSO were to seek information on a broad range of issues affecting men, and to join an online social group with other men. The analysis found evidence that TSO was meeting the needs of a large majority of users:

- TSO met the informational needs of users: 79% of survey respondents agreed or strongly agreed that the content on TSO was interesting, and 63% agreed or strongly agreed that they could rely on TSO to obtain trusted information.

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14 Calculated based on total male population by age group reported by ABS (2011) multiplied by the percentage participation in corresponding age group in the member population (see page 10).
• The users found the website to be accessible, with a very high proportion of survey respondents (89%) noting that they were able to access all elements of the website without problems and the website layout directs them to relevant sections quickly (72%).

• The overall satisfaction with TSO was reflected in the considerable proportion of website users visiting TSO at least once in a week (43%), or at least once a month (95%). Furthermore, a large proportion of survey respondents also indicated that they had recommended (65%) or would recommend (86%) TSO.

Importantly, TSO is meeting the need of users who wanted to join an online social group with other men. TSO users noted a strong sense of support as a community, where they could relate with each other and share experiences or personal stories. For example, interview participants indicated that their involvement in TSO had connected them with “like-minded people as me” who were going through similar issues. Some participants also indicated a reduced sense of isolation, and felt empowered (“liberating”) by having a channel to learn and discuss issues more openly with their peers. Findings from the survey experience confirmed these views. A significant proportion of respondents agreed or strongly agreed that their participation in TSO had resulted in them feeling “part of a supportive community” (51%) and that there were “a lot of other men who experienced similar issues” to them (58%).

6.4 Why did users stop using the website?

Past users represented a much smaller group in the telephone interviews and online survey than current users. This is similar to other evaluations that examine the user experience. Although it was not possible to ascertain the true extent to which users had stopped using TSO, survey respondents provided useful information about their reasons for lack of involvement, including that:

• the website did not adequately represent the broad interests of men. In particular, TSO appeared to focus primarily on the traditional trade-based image of men (“the blokey type”), with a focus on wood- and metal-work;

• there was an over focus on mental health issues which, while important, were not applicable to many men. As such, the TSO projected an image that is “depressing” and lacking celebration;

• there are better alternative online sources of information and social support;

• there were limited numbers of participants in the discussion forum; and

• it was difficult navigating TSO.

On interpreting the negative sentiments towards over-focusing on mental health issues (second dot point above), TSO would need to consider whether its primary focus is to promote general wellbeing for all men, or to improve wellbeing mainly for men with mental health issues. These negative sentiments could also indicate that there was stigma associated with depression or anxiety among this group of respondents who stopped using the website.

One possibility for beyondblue to consider is that the site actually states its target group on http://www.theshedonline.org.au/about. Currently, the ‘target group’ is broadly
communicated in the embedded YouTube videos of this section as “men of all ages” and “men on the other side of forty”. If relevant, words could be inserted to the effect that the site has a particular applicability for men to talk about any mental health issues they would like to, among many other topics; and that many of the guys are over 55 – but younger guys and even gals who have concerns about men’s health are welcome too.

It is worth-noting that none of the responses from past participants cited a bad experience with TSO moderators or members.

6.5 Did users find the content to be informative and useful?

Participants of the telephone interview and web-based survey generally viewed the content published on TSO as interesting and useful. However, a considerable proportion (about 55%) of respondents to the online survey did not endorse (i.e. disagree or neutral) the usefulness of the website content on depression and anxiety. This reaffirms the observation that the website’s focus on depression and anxiety did not resonate with many users. Again, if applicable, making it clearer on the site that people with depression and anxiety are a focus group may assist. Alternatively, the website could have a specific section that is focused on mental health issues so others can opt out of those sections.

Although not within the specific scope of this evaluation, a number of interview participants and survey respondents noted the usefulness of the content published in the e-Newsletters that were sent periodically to registered members. Indeed, the bimonthly ‘spikey’ observed in website statistics suggested that a large number of members might be relying on the e-Newsletters to have quick updates about the TSO community.

6.6 What did users think of the discussion forums and moderation?

A considerable proportion of the survey respondents (69%) had visited the discussion forums. However, most of the forum participants played a passive role by reading other people’s posts without contributing regularly themselves. This is in line with the observation that only 36% of forum participants felt comfortable sharing personal issues and experiences on the forums, 14% did not feel comfortable, with the remaining largely neutral (40%) or prefer not to say.

Nevertheless, a substantial proportion of participants found the information obtained from other forum participants useful and were able to access the forum without problems, although there were also substantial proportion of participants who were neutral (see page 57):

- 49% of respondents found that the members in discussion forums gave useful advice or suggestions to solve problems; only 6% disagreed; and
- about half of the survey respondents (56%) agreed or strongly agreed that the forums were easy to use; only 6% disagreed.
In relation to the forum moderation, survey respondents concurred with the positions expressed by the interviewees that a moderation process was both necessary (78%) and beneficial to the quality of discussion (78%). However, similar to interview participants, survey respondents were divided about whether the forum should be moderated by health professionals external to the TSO community or members of TSO, expressing concerns about the level of intervention and the lack of transparency and consistency in the current moderation process. Interview participants also expressed concern that the moderation process has reduced the interactivity of the forum because there was a lag-time in between submitting a message and the post became visible in the forum. It is worth-noting that this only affected a minority of wall posts that contained word(s) from a pre-defined list of potentially offensive words, and most wall posts would have appeared on the forum immediately. In view of the needs to have a moderation process and to promote greater ownership of the forum by participants, some survey respondents suggested that the forum be jointly moderated by a small group of TSO members alongside the current moderators. These member moderators would be nominated by the TSO administrators on the basis that they had consistently shown respect and regard for the other members in their posts. This alternative approach could be feasible because the thematic content analysis of wall posts found evidence that some participants had already informally taken the role of a moderator by highlighting inappropriate posts respectfully.

6.7 Has TSO achieved its objectives?

To reiterate, TSO’s objectives have been defined as follows:
- to create a social and interactive online community that strengthens wellbeing;
- to provide access to information about health and the health system;
- to increase awareness of depression and anxiety;
- to decrease levels of stigma of depression and anxiety; and
- to encourage men to seek help.

6.7.1 Creating a social and interactive online community that strengthens wellbeing

TSO online community primarily consisted of men wanting to socially connect with other men in the mature age bracket who had similar interests. Importantly, a sizable group of younger men and a minority group of women also contribute to this online community. These participants were mostly seeking companionship and information/advice on a broad range of issues affecting men. Many of these participants visited the forum regularly, with more than 90% of users visiting the website at least once a month and one in five visiting multiple times per week.

Wellbeing is a very broad notion that encompasses physical, social, economic, psychological, and spiritual states. As such, a range of factors can influence a person’s subjective sense of wellbeing, many of which would be beyond the scope of TSO, and indeed, any public health initiatives. With this in mind, this evaluation found multiple sources of evidence indicating that TSO has appeared to create a social and interactive online community that strengthens wellbeing, summarised below.
As presented in Chapter 3, analysis of the posts in the topic areas of “Lifestyle, family and relationships” and “Physical and mental health” suggested that that forum participants were highly empathetic to the circumstances of those in need, and connected socially and supported one another primarily through sharing personal experience or advice. For the two topic areas analysed, there was considerable evidence that TSO provided four types of social support:

- informational support;
- instrumental support;
- companionship support; and
- emotional support.

Participation in the forums often led to a sense of relief and comfort, as well as hope and personal empowerment. The analysis only identified a very small percentage of posts (1.4%) related to a negative sentiment expressed towards either the thread starter or other forum participants. There were a small number of strongly opinionated threads which attracted some provocative posts. However, a large majority of posts were aimed at providing a constructive discussion on controversial issues. Interview participants and survey respondents also confirmed that TSO has provided a platform for them to connect with men with shared interests and circumstances, which would otherwise be not available to them.

Despite the evidence pointing towards strengthened wellbeing among TSO participants, as expected, participation in TSO has not universally translated into wellbeing in some participants. In the online survey, a considerable proportion of respondents were neutral to the statements that participating in TSO made them feel better, or live a healthier and more active life. Furthermore, more respondents disagreed than agreed to the statement that they “have picked up a new skill or hobby” through TSO. Furthermore, some interview participants and survey respondents noted that TSO’s clear focus on depression and anxiety, and the domination of these topics in the discussion forums had discouraged their engagement with website. In view of this, future provision of TSO would be shaped by clarifying TSO’s objectives and its relationship with those of AMSA and other partner organisations. This would provide a better definition of the website’s target audience, and further develop strategies for engaging this target group, possibly through finding the right balance between raising awareness and providing support to men with mental illness, as well as promoting the general wellbeing of other men who do not suffer from mental illness.

### 6.7.2 Providing access to information about health and the healthcare system

TSO covered a range of topics related to health and the healthcare system, primarily in the “Health and Lifestyle” section. As at November 2012, this section covers 19 topics. According to web analytic data extracted for the period between 1 March 2012 and 31 August 2012, visits to this section of the website only constituted 3% of the total visits. Despite this relatively low level of visits, a large proportion of survey respondents indicated that they “would definitely miss it” (42%) or “might miss it” (42%) if the “Health and Lifestyle” section were removed from TSO. This indicates that many users place high value on the health information they obtain from this section. Indeed, as noted in section 6.5,
participants of the telephone interview and the web-based survey generally endorsed the coverage and usefulness of the content published on TSO. Two interview participants noted that TSO not only provided updated information, but also reinforced existing knowledge about particular topics. About half of the survey respondents also indicated that they could rely on TSO to obtain trusted information.

In contrast, some users did not find the content engaging because the information, especially on depression and anxiety, was rather “superficial” to their current knowledge, or they did not find it applicable to their personal circumstances. This is consistent with the findings from online survey that a considerable proportion (about 40%) of respondents did not endorse the usefulness of the website content on depression and anxiety. Some survey respondents also suggested more in-depth discussion about health issues, and cover other health topics such as prostate cancer.

In summary, TSO appeared to have provided adequate access to information about health and health system, but meeting the information needs of a diverse group of users would be an ongoing challenge.

6.7.3 Increasing awareness of depression and anxiety

Many participants of this evaluation noted TSO’s clear focus on depression and anxiety. Although many survey respondents were neutral to the statements that they felt like having “a better understanding of depression” (41%) or “a better understanding of anxiety” (43%), substantially more respondents agreed with these statements than disagreed (40% and 36% respectively). Interview participants also noted that TSO had improved their awareness about depression and anxiety, either through having an ongoing reminder that there were many others with these issues, or there were people who required support.

6.7.4 Decreasing levels of stigma of depression and anxiety

The evidence of reduced stigma of depression and anxiety through TSO were gathered primarily through the web-based survey. The survey found that respondents were more likely to agree (29%-39%) than disagree (11%-13%) to the following three statements relating to stigma:

- “more likely to socialise with people with depression or anxiety”;
- “feel more comfortable talking about personal experience of depression or anxiety”;
- “feel more comfortable talking to others about their experience of depression or anxiety”

However, a substantial proportion of survey respondents were neutral to all three statements above (44%, 47% and 37% respectively). This suggests that ongoing effort would be needed for TSO, in conjunction with other mental health initiatives, to achieve an even greater reduction in the levels of stigma associated with depression and anxiety among men.

6.7.5 Encouraging men to seek help

The web-based survey found that a considerable proportion of respondents noted that they “took action to deal with depression or anxiety” (44%) or “took action to deal with other
health issues” (37%) as a result of their participation in TSO. Importantly, 41% of survey participants agreed to the statement that they knew “how to take action to deal with depression or anxiety” if they needed to. These statistics suggested that TSO has had a meaningful impact in encouraging men to seek help.

6.8 Conclusion

This evaluation found evidence that TSO has successfully achieved its aim in creating an interactive online community for men to socially connect with other men with similar interests. A considerable proportion of men under 55 years of age who are not identified as the primary target audience participate in TSO. TSO users welcome the strong sense of support, ability to relate with each other and share experiences or personal stories offered by the site. Through TSO, users received information, instrumental support, companionship, and emotional support. The enhanced connectivity and supports provided by TSO appeared to enhance the wellbeing of a majority of users, especially among those who participated in the discussion forums where participants expressed a sense of relief and comfort, as well as hope and personal empowerment.

TSO appears to provide adequate access to information about health and the health system. TSO users generally endorsed the level of coverage and usefulness of the published information from the website, although some expressed a preference for broader coverage and greater depth. However, the website’s content did not fully resonate with many users, in particular, the focus on depression and anxiety which some found dispiriting. Meeting the information needs of a diverse group of users will be an ongoing challenge.

There is evidence that TSO has increased the awareness and reduced the stigma associated with depression and anxiety for many of its users. However, a substantial proportion may not yet feel comfortable socialising with people experiencing depression or anxiety or talking about depression or anxiety. This suggests that TSO and beyondblue more broadly may need to further refine its messaging and approach to and continue its efforts in addressing the stigma associated with depression and anxiety among men. While the evaluation found evidence that a considerable proportion of survey participants knew “how to take action to deal with depression or anxiety” if they needed to, ongoing effort is required.

The evaluation found that the objectives of TSO may not be adequately aligned with the objectives of partner organisations and the expectations and preferences of the website users. As noted above, some evaluation participants found the website’s focus on depression and anxiety discouraged them from having a closer engagement with TSO. Similarly, website content and imagery focusing on trade-based activities did not resonate with many users who had a broad range of interest outside woodwork and metal work. For these reasons, it would be useful to clarify and understand the TSO target group to refine promotion and uptake of the website, including through engagement with partner organisations. This will provide TSO with a user-based foundation for balancing the objectives of raising awareness and providing support to men with mental illness on the one hand with promoting the general wellbeing and supporting the mental health of men who do not currently experience mental illness, but may do so in future.
6.9 Recommendations

The following recommendations have been formulated based on findings from the evaluation of TSO.

First, to achieve better tracking of website performance, beyondblue should consider the specification of a set of performance benchmarks. This set of benchmark would need to reflect both TSO’s goals and the aims of partner organisations, with consideration to the findings outlined in this evaluation. One common approach to developing performance indicators uses the ‘SMART’ criteria (Specific, Measurable, Achievable, Realistic, and Timely). By tracking these performance measures over time, beyondblue would be able to direct the available resources in a more responsive and effective manner such that the program is optimising the intended outcomes for the right audience of the initiative.

Subject to further refinement of TSO’s goals alongside the aims of partner organisations, availability of resources and planned implementation of promotional activities, some indicators that may be used to track the ongoing performance of TSO include:

- **number of TSO members**: this could be benchmarked against the prevalence of depression and anxiety in men aged ≥55 years (7%), or the prevalence of comorbidity of mental disorders in men aged ≥55 years if a particular health issue is targeted (e.g. cardiovascular disease and depression) (see AIHW 2012);
- **a greater shift in participation towards the target population**: greater relative proportion of participants aged ≥55 years and those resided in non-metropolitan areas, than those aged <55 years and residing in metropolitan area;
- **number of website visits**: this could be benchmarked against the observation that promotional activities could drive an increase in the number of visits per day as much as seven fold over a six-month period, with the caveat that the rate of increase could be slowing over time as the target population contracts in size (see Chart 2.3);
- **ratio between new and returning visitors**: this ratio was 2:1 during the observation period during which there were considerable promotional activities. During a period of lesser promotional activities, a ratio of 1:2 may be considered;
- **utilization rate of the “Chat” and “Blogs”**: if promotional activities are planned to enhance these sections;
- **number of unique posters** in the discussion forum; and
- **level of satisfaction** to various sections of the webpage.

To improve better recruitment of new members/visitors to the website, beyondblue may consider having better promotion of TSO through partner organisations, including via their newsletter. This recommendation is in light of the relatively low level of referral from partner organisations and the effectiveness of e-Newsletter in attracting visitor traffic to TSO. On strengthening partnership with other organisations, the future provision of TSO would benefit from clarifying TSO’s objectives with those of partner organisations such that a better reach to the target audience could be achieved. An additional way to improve recruitment is to improve non-branded referral to TSO through search engine optimisation, but the cost may be prohibitive.
beyondblue may consider the following changes to enhance user experience, with a view to retaining more website visitors:

- The website presentation could be further enhanced by depicting an imagery that is consistent with the range of topics covered in TSO, not just trade-based imagery. This recommendation was in light of a number of evaluation participants noting the lack of representation for the broad range of interests of men, and appeared to have over-focused on trade-based activities.

- With consideration to the objectives of TSO and partner organisations, beyondblue may consider a more balanced approach in presenting information specifically relating to men’s mental health, and other general issues affecting men. The presentation of information should aim at creating a positive image of men, with a stronger focus on promoting wellbeing. beyondblue might consider explicitly stating its purpose and target group on the site.

- beyondblue should consider providing better information to first-time visitors about how to use various features of the websites, especially for the discussion forums and online chat room.

- With the increased use in mobile devices to access TSO, some webpages could be optimised for touch screen interface (e.g. the discussion forums and activities). This would improve user experience and improve the ability of forum participants to interact more frequently with TSO.

- For the moderation process, beyondblue could consider a self-moderation process whereby users have the opportunity to highlight offensive remarks by clicking on a “thumb down” voting buttons. Self-moderation could improve spontaneity and the flow of forum discussion, empower the forum community to self-moderate, and save cost. beyondblue may also consider the proposed alternative process by survey respondents of having a small group of TSO members to share the responsibility of moderating the forum alongside current moderators (see section 6.6).
7 References


Australian Institute of Health and Welfare, 2011. The health of Australia’s males, Cat. no. PHE 141. Canberra: AIHW.


Appendix A

Questionnaire for the semi-structured interviews

[Introduction] Deloitte Access Economics is currently working with beyondblue to conduct an evaluation of a beyondblue website called The Shed Online. The purpose of this evaluation is to understand your experience with using the website so that beyondblue can make this website as successful and effective as possible.

[Re-confirm consent] beyondblue has informed us that you have agreed to participate in this interview, and I expect it will take about 30 minutes. Are you still happy for this interview to go ahead?

[Informed consent] Before we start, I’d like to confirm with you that any information you give us will be confidential and will not be used in any way that can identify you. You are free to withdraw from the interview at any time. You are also free not to answer any particular question during this interview. Before we start, do you have any questions?

[Start of Interview]

First, we would like to understand how you have used The Shed Online.

1. How did you come to know about The Shed Online?

2. Have you visited the website in the past 3 months?
   2.1. <If Yes> On average, how often do you visit The Shed Online?
   2.2. <If No> When did you last visit The Shed Online?
       2.2.1. On average, how often did you visit The Shed Online before you stopped?

3. What were the reasons why you first visited The Shed Online?
   <For current user>
   3.1. Are these still the reasons why you are using the website?
   3.2. If the reasons have changed, why are you still visiting the website now?
   <For past user>
   3.3. Why did you stop visiting The Shed Online?
   <Please proceed to the next question if cannot remember>

I’ll now ask about your satisfaction with the webpage, focusing on its content, usefulness and functionality.

4. Overall, what do you think about the website? For example, did you find it easy or difficult to “surf” the website?

5. How useful, or not, do/did you find the content of the site?
   5.1. What are the contents that you find particularly useful, or not?
       5.1.1. Have you visited the sections on depression and anxiety in “Health and Lifestyle”?
5.1.1.1.  **<If Yes>** What did you learn from visiting these sections of the website?
5.1.1.2.  **<If No>** Why have you not visited these sections?

6.  **Have you visited the discussion forums in The Shed Online?**
   **<If Yes>**
   6.1. Why do/did you visit the forums?
   6.2. Do/did you feel comfortable talking about various issues in the forums? Why?
   6.3. What do you think about the forum and the moderation process?
   **<If No>**
   6.4. Why have you not visited them?

The next set of questions will ask about how your participation with The Shed Online has affected your wellbeing.

7.  **Overall, how has involving in The Shed Online affected your wellbeing?**
   7.1. improved awareness about depression and anxiety;
   7.2. feel more comfortable in discussing issues;
   7.3. feel more confident to seek help and encourage the others to seek help in times of difficulty? e.g. visited GP, went to a counsellor, stopped drinking too much.

8.  **From your participation on The Shed Online, have you been encouraged or supported to undertake particular activities outside the site?**
   **<If Yes>**
   8.1. What are these activities?
   **<If No>**
   8.2. Why have you not felt being encouraged or supported to undertake activities outside the site?

I now have one final question.

9.  **What suggestions do you have for improving The Shed Online?**

**[Final remarks]** We are now at the end of interview. I’d like to thank you for your assistance. The information collected will be very helpful to beyondblue to ensure that The Shed Online is meeting your needs as a user.

**[Conclusion of interview]**
Appendix B

Questionnaire for online survey
The Shed Online - Survey of user experience

WELCOME

WHAT THIS IS ABOUT
We would like to understand whether any improvements can be made to The Shed Online. beyondblue has appointed Deloitte Access Economics to evaluate The Shed Online, with a view to understand whether visitors to the website find it useful and effective in promoting men’s mental and physical health.

HOW YOU CAN HELP
We would welcome your response to this survey by 28 Oct 2012.

ABOUT THE SURVEY
The survey takes around 15-20 minutes to complete. It is divided into five sections:
• brief information about you;
• your involvement with The Shed Online;
• your experience with using The Shed Online;
• your experience with the discussion forums;
• the next steps for The Shed Online.

SOMETHING YOU NEED TO KNOW
Your participation in this survey is entirely voluntary. You may choose not to answer any question.
If you are unable to complete the survey in one attempt, simply close the browser using the "x" button on the top right corner of your screen; the survey will save your answers to the last completed page, and you can come back at any time later to finish it. However, you are only able to submit the completed survey once by pressing "done" on the last page.

YOUR PRIVACY
Deloitte Access Economics will treat all information gathered in the strictest confidence. None of the questions enable individuals to be identified. In addition, we will only report aggregated summaries of the survey results to ensure individuals cannot be identified.

CONTACT
If you have any questions about this initiative please contact Deloitte Access Economics.
About you

1. Please select your age group.
   - 40 years or younger
   - 41 to 55 years
   - 56 to 65 years
   - 66 years or older
   - I prefer not to answer this question.

2. Sex
   - Male
   - Female
   - Prefer not to say

3. Which state/territory do you live in?
   - Australian Capital Territory
   - New South Wales
   - Northern Territory
   - Queensland
   - South Australia
   - Tasmania
   - Victoria
   - Western Australia
   - Overseas
   - I prefer not to answer this question.

4. Where is your primary place of residence?
   - Metropolitan area
   - Non- Metropolitan area (i.e. outside cities that have 100,000 or less population)
   - I prefer not to answer this question.

5. Have you been a member of a Men’s Shed?
   - Yes
   - No
   - I don’t know what a Men’s Shed is.
   - I prefer not to answer this question.
6. **How did you first learn about the site?**
   Please tick all that apply
   - Australian Men’s Shed Association (also known as Men’s sheds or AMSA)
   - *beyondblue*
   - Movember
   - Billboard advertising (i.e. posters)
   - Radio advertising
   - Print advertising (e.g. newspaper, magazine, pamphlets)
   - Internet search (e.g. Google, Bing)
   - Social media (e.g. Facebook, Twitter)
   - Family/friends
   - Healthcare professional
   - Don’t remember
   - I prefer not to answer this question
   - Other <please specify within 30 characters>

7. **Are you currently a registered member of The Shed Online?**
   - Yes
   - No
   - I prefer not to answer this question.

8. **What were the primary reason(s) why you first visited The Shed Online?**
   Please tick all that apply.
   - I wanted to pick up a new skill or hobby.
   - I wanted help with a DIY project.
   - I wanted information about health and the health system.
   - I wanted some advice from other men.
   - I wanted to learn more about issues affecting men.
   - I wanted to share what I know about an interest of mine.
   - I wanted to share what I had been going through.
   - I wanted to join a support group specifically on mental health (e.g. anxiety and depression).
   - I wanted to join a support group that discussed all issues concerning men.
   - I wanted to join an online social group with other men.
   - I cannot remember.
   - I prefer not to answer this question.
   - Other reasons <please specify within 500 characters>
9. Prior to this visit, have you visited the website in the past 3 months?
   - YES <Go to Q10>
   - NO <Go to Q12>
   - I prefer not to answer this question.

10. On average, how often do you visit The Shed Online?
   - Every day
   - Once a week
   - A few times a week
   - Every two weeks
   - Once a month
   - Every two months
   - Every three months or less
   - I prefer not to answer this question.

11. Are you currently visiting The Shed Online for the same reason(s) as you first visited the site?
   - YES <Go to Q0>
   - NO <Go to Q15>
   - I prefer not to answer this question.

12. When did you last visit The Shed Online?
   - Between three to six months ago
   - Between six to twelve months ago
   - More than twelve months ago
   - I prefer not to answer this question.

13. On average, how often did you visit The Shed Online before your last visit?
   - Every day
   - Once a week
   - A few times a week
   - Every two weeks
   - Once a month
   - Every two months
   - Every three months or less
   - I prefer not to answer this question.

14. Why did you stop visiting the website?
    Please tick all that apply.
    - I no longer need support from The Shed Online.
    - I find the website too difficult to use.
- It did not interest me.
- I do not find the information published on The Shed Online to be useful.
- I did not have a good experience with The Shed Online moderators.
- I did not have a good experience with other Shed Online members.
- I prefer not to answer this question.
- Other reasons <please specify within 500 characters>

15. **Why are you still visiting the website now?**
   **Please tick all that apply.**
   - I like reading the discussion forums.
   - I like contributing to the discussion forums.
   - I find the content interesting.
   - I like using the chat room.
   - Other reasons <please specify within 500 characters>

---

**About your involvement with The Shed Online**

The following questions relate to how you have benefited from using The Shed Online.

16. **To what extent do you agree or disagree with the following statements?**

<table>
<thead>
<tr>
<th>As a result of using The Shed Online, I ...</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neither agree nor disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
<th>Don’t know/ prefer not to say</th>
</tr>
</thead>
<tbody>
<tr>
<td>...feel better about myself.</td>
<td></td>
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<tr>
<td>have been living a healthier and active life.</td>
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<tr>
<td>feel like I am part of a supportive community.</td>
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<tr>
<td>feel there are a lot of other men that experience similar issues to me.</td>
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<tr>
<td>feel like I have a better understanding of depression.</td>
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<tr>
<td>feel like I have a better understanding of anxiety.</td>
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<tr>
<td>feel like I have a better understanding of other health issues affecting men.</td>
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<td></td>
</tr>
<tr>
<td>feel like I would be more likely to socialise with people with depression or anxiety.</td>
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<td></td>
</tr>
<tr>
<td>feel more comfortable talking about <strong>my experience</strong> of depression or anxiety.</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
### As a result of using The Shed Online, I...

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neither agree nor disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
<th>Don’t know/prefer not to say</th>
</tr>
</thead>
<tbody>
<tr>
<td>feel more comfortable talking to others about <em>their experience</em> of depression or anxiety.</td>
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</tr>
<tr>
<td>took action to deal with depression or anxiety.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>know how to take action to deal with depression or anxiety if I need to.</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>took action to deal with other issues.</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

### About your experience using The Shed Online

17. **Which of the following electronic devices do you use to access The Shed Online?** *(Please tick all that apply)*
   - Desktop computer
   - Notebook/laptop computer
   - ‘Tablet’ computer e.g. iPad, Galaxy Tab etc.
   - Mobile phone
   - I prefer not to answer this question

18. **The following statements are related to the functionality and usability of the website.**
   **Please choose one option for each row.**
   **From your experience, please indicate how strongly you agree or disagree.**

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neither agree nor disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
<th>Don’t know/prefer not to say</th>
</tr>
</thead>
<tbody>
<tr>
<td>I can access all elements of the website using my desktop or notebook/laptop computer without problems.</td>
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<tr>
<td>My internet data download cap allows me to use The Shed Online as much as I would like.</td>
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<tr>
<td>The layout of the website directs me to the relevant sections quickly.</td>
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</tr>
</tbody>
</table>
I understand that The Shed Online does not share my personal information with any other organisations and I am not concerned about my personal privacy being affected by use of the website.

Please comment within 500 characters if you disagree with any of the above statements.

19. The following statements are related to the content of the website. Please choose one option for each row. Based on your experience, please select a choice to indicate your view.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neither agree nor disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
<th>Don’t know/prefer not to say</th>
</tr>
</thead>
<tbody>
<tr>
<td>I find content on The Shed Online interesting.</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I can rely on The Shed Online to obtain trusted information.</td>
<td>○</td>
<td>○</td>
<td>○</td>
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</tr>
<tr>
<td>I find the content on depression useful.</td>
<td>○</td>
<td>○</td>
<td>○</td>
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</tr>
<tr>
<td>I find the content on anxiety useful.</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<td>○</td>
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</tbody>
</table>

Please comment within 500 characters if you disagree with any of the above statements.

20. Please indicate how you would feel if the following content sections were removed from The Shed Online. Please choose one option for each row.

<table>
<thead>
<tr>
<th>Section</th>
<th>I would definitely miss it</th>
<th>I might miss it</th>
<th>I wouldn’t miss it</th>
<th>I don’t know it exists</th>
<th>I prefer not to say</th>
</tr>
</thead>
<tbody>
<tr>
<td>Videos and Shed TV interviews</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Health and Lifestyle</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>News</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Events</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Activities</td>
<td>○</td>
<td>○</td>
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<td>○</td>
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</tr>
<tr>
<td>Chat room</td>
<td>○</td>
<td>○</td>
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<tr>
<td>Blog</td>
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</tr>
<tr>
<td>Discussion forums</td>
<td>○</td>
<td>○</td>
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</tr>
</tbody>
</table>
About your experience with the discussion forums

21. Which of the following statements best describes your interaction with the forums?
   - I have not visited the discussion forums. <go to Q25>
   - I no longer visit the discussion forums. <go to Q22>
   - I only read other people’s posts and have not posted messages. <go to Q23>
   - I read other people’s posts and have posted messages on less than 5 occasions. <go to Q23>
   - I read other people’s posts and have also posted messages regularly. <go to Q23>
   - I prefer not to answer this question.

22. Why did you stop visiting the forums?
   Please tick all that apply.
   - I no longer need support from online community (e.g. I have obtained enough information).
   - I find the forums too difficult to use.
   - I do not find the information shared on the forums useful.
   - I did not have a good experience with The Shed Online moderators.
   - I did not have a good experience with The Shed Online members.
   - I prefer not to answer this question.
   - Other reasons <please specify within 500 characters>

23. From your experience, please indicate how strongly you agree or disagree.
   Please choose one option for each row.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neither agree nor disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
<th>Don’t know/prefer not to say</th>
</tr>
</thead>
<tbody>
<tr>
<td>I find the forums easy to use.</td>
<td>○</td>
<td>○</td>
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<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Members in the discussion forums give me useful advice or suggestions to solve problems.</td>
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<td>○</td>
</tr>
<tr>
<td>I feel comfortable sharing personal issues and experiences on the forums.</td>
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</tr>
</tbody>
</table>

Please comment within 500 characters if you disagree with any of the above statements.

24. The following questions relate to the moderation of The Shed Online. The Shed Online is currently moderated by mental health professionals.
   Please choose one option for each row.

Deloitte Access Economics

Commercial-in-Confidence
<table>
<thead>
<tr>
<th>I believe moderating The Shed Online is necessary.</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neither agree nor disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
<th>Don’t know/prefer not to say</th>
</tr>
</thead>
<tbody>
<tr>
<td>I believe moderating The Shed Online is beneficial to the quality of the discussion.</td>
<td>○ ○ ○ ○ ○ ○ ○ ○</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I believe the current moderation process is appropriate.</td>
<td>○ ○ ○ ○ ○ ○ ○ ○</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I think that the forums should be moderated by people within The Shed Online community, rather than mental health professionals.</td>
<td>○ ○ ○ ○ ○ ○ ○ ○</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Please comment within 500 characters if you disagree with any of the above statements.

**The next steps to improve The Shed Online**

25. Please provide a suggestion or suggestions for how you think The Shed Online could be improved.
   <Please specify>

26. Have you recommended The Shed Online to others?
   ○ YES
   ○ NO
   ○ Not sure/prefer not to say
   If your answer is “No”, why not?
   <Please comment within 500 characters>

27. Would you recommend The Shed Online to others?
   ○ YES
   ○ Not sure/prefer not to say
   ○ NO
   If your answer is “No”, what are the changes required to The Shed Online in order for you to recommend it to others?
   <Please comment within 500 characters>

**Thank you for completing this survey.**
Limitation of our work

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