STRIDE | Contact+Connect
Communications Report

19 May 2017
ACKNOWLEDGEMENT

An overview of beyondblue’s STRIDE initiative

Following an open, competitive process, beyondblue with donations from the Movember Foundation, commissioned six action research partnerships to answer a key question:

“Can digital interventions, implemented at a local population level, promote change across the knowledge, attitudinal and/or behavioural components of stigma experienced and/or exhibited by men aged 30 to 64 years?”

The partnerships were all required to involve multiple perspectives – local community, academics, evaluators and designers – each contributing to an integrated innovative digital project.

The Stigma Reduction Interventions: Digital Environments (STRIDE) Initiative investigated the ‘real world’ effectiveness of evidence-informed interventions and prioritised research partnerships between the community and academics.

The six commissioned projects were:

- Better Out Than In, led by the AFL Players Association
- Contact+Connect, led by Incolink
- Out of the Blue: Pete & Dale, led by VAC
- Tell Your Story, led by UNSW Refugee Trauma and Recovery Program
- The Ripple Effect, led by National Centre for Farmer Health
- Y Fronts, led by CGA Consulting

beyondblue received results of the six projects in mid-2017. These results provided us with insights into how to best use digital channels to promote behaviour change in men in their middle years so they report less stigma around mental health and/or suicide.

More information on the STRIDE Initiative, including detailed results of the research, is available at: beyondblue.org.au/stigma.

STRIDE is a beyondblue project funded with donations from the Movember Foundation.
A Stigma Awareness Program for Male Construction Workers

Contact+Connect is a Smartphone-based program for unemployed male construction workers aged 30-64 in Victoria, Australia. Participants receive weekly SMS messages over a six-week period containing digital content designed to grow awareness and reduce stigma around anxiety, depression and suicide.

The program included two surveys (one at sign-up and one on completion of the program), and seven SMS interventions which addressed different aspects of mental health and wellbeing. Participants were randomly separated into two groups – an intervention group who received the program, and a control group who did not receive the program. This enabled us to compare the two groups and gauge the effectiveness of the program on reducing mental health stigma.

Contact+Connect was a joint initiative between Incolink, Deakin University, University of Melbourne and The Creative Works.

How did it work?

Contact+Connect participants were sent seven SMS messages over a six-week period, plus two detailed online surveys. The SMS messages contained links to online content created by our team such as videos, podcasts, infographics, written information and a specially created interactive microsite. The surveys were conducted pre- and post-program and enabled us to gauge self-stigma and suicide ideation among participants before and after completing the program.

Planning and concept design

Workers in the construction industry tend to be male and are statistically at greater risk of suicide than those in the general population. Construction workers are also likely to have higher levels of stigma towards mental health issues than the general population, making them less likely to seek help. Due to the project-based nature of construction work, it is common for workers to experience periods of unemployment which can increase their risk of mental health problems and lead to a sense of disconnectedness, adding another barrier to help-seeking.

Our goal was to develop a high quality mental health education program that construction workers could relate to, but would not be threatened by. This meant taking a consultative approach, so we assembled two focus groups from the industry to assess the suitability and relevance of our program and to suggest topics for inclusion. It was the focus groups who suggested we include practical information for job seekers – an idea that went on to become week five of the program.

We designed the program around seven interventions delivered over six weeks (one and two were delivered together in week one), each of which targeted a different aspect of stigma and mental health. The program structure included the following modules:

- Intervention 1 – Welcome to Contact+Connect
- Intervention 2 – Information about depression, anxiety and other mental health issues
- Intervention 3 – Mental health myths versus facts
- Intervention 4 – Recognising the signs of poor mental health
- Intervention 5 – The best ever guide to finding work and training for construction workers
- Intervention 6 – Where to find support when you need it
- Intervention 7 – The five ways to wellbeing
Contact+Connect digital intervention was designed specifically for Smartphones. We recognised that a large number of construction workers may not have access to, or the ability to use, a desktop computer – yet many of them have a Smartphone. Choosing SMS as the key delivery method for our program meant participants could view messages when it was convenient for them and didn’t need to travel to a particular location or speak about their feelings over the phone. We believe this was a strong selling point for our program.

We wanted to reach out to men who would not ordinarily participate in a mental health program such as those in regional locations with limited access to mental health services, or those who find it difficult to acknowledge they are struggling with depression, anxiety or suicidal thoughts.

Program delivery

We used an online communications platform called Whispir to send personalised web-enabled SMS messages to large numbers of participants. The messages contained links to a broad range of digital content such as videos, podcasts and websites, and for this reason, participants needed a web-enabled Smartphone to participate. We designed Contact+Connect around this broad range of content formats to reflect the diverse learning preferences of our participants.

The main thrust of our program was a series of video stories where real construction workers shared their personal experiences with mental illness, and the steps they took to get well. Our program also included animations, interactive infographics, podcasts, links to mental health service providers and a Contact+Connect microsite built especially for the program. All the content we created had a construction-centric ‘look and feel’ to appeal to the audience.

A unique aspect of the project was that we proactively reached out to a difficult-to-reach group of people – unemployed male construction workers. This is not usually done in intervention studies, which tend to rely on participants making contact with the program. It is unlikely that many of those we targeted would seek support themselves, hence the importance of making direct contact and inviting them to register for our program.

Key outcomes:

- 868 registered participants (Feb 2016-Mar 2017)
- 681 baseline surveys completed (187 dropouts)
- 488 of participants completed program + both surveys (252 intervention and 236 control)
- 75% of intervention participants and 72% of control participants completed the program

Key learnings

Analyses of the baseline survey provided valuable data on stigma, social support and suicidal thoughts among construction workers. Results showed that different age groups reported notable differences in the different types of stigma (shame, self-blame, help-seeking stigma). Younger workers had higher self-blame and help-seeking inhibition while older workers had higher shame. More investigation on age-associated stigma is recommended.

There was a minor difference in stigma by relationship status, with the exception of widowed workers who reported slightly higher levels in stigma. Workers who were not in stable relationships with partners (e.g., divorced, separated, or never married) reported more frequent suicidal thoughts. We also
found that workers with less social support reported higher levels of stigma and thoughts about suicide. Those with higher levels of social support generally reported less stigma and lower suicidal ideation.

We compared changes over time in the intervention group to the control group. In general, there were small reductions in stigma from prior to post-participation in both groups. When we compared workers with high stigma between the two groups, there was more stigma reduction in the intervention group. However, there was no statistically significant difference between the intervention and control changes. Most encouragingly, we found a reduction in suicidal thoughts by those who received the intervention as compared to the control group (who did not receive the program).

The results of the Contact+Connect evaluation suggest that Smartphone-based brief contact interventions are feasible for communicating about mental health with construction workers. We would recommend exploring different combinations of frequency and duration of content delivery to improve on our initial successes in reducing stigma and improving mental health outcomes for our target audience.

Improving social support for at-risk construction workers shows promising potential for future initiatives to reduce stigma and improve mental health in this sector. Digital intervention can be an impactful and cost-effective tool to provide light and non-intrusive contact to a wide audience which could lead to individuals seeking a more personal intervention – such as visiting a counsellor or speaking to a loved one about how they are feeling.

On a final note, while stigma often stands in the way of someone who is struggling with a mental health issue and who could benefit from seeking help, we suggest that “putting it out there” and asking questions that get participants thinking about their mental health – as our program did in both the baseline and follow up surveys – and supporting this with meaningful, engaging content that is relevant to them is worthy of further investigation.

**Recommendations**

While we found a high proportion of suicidal ideation amongst the participants as compared to general population, encouragingly we found that participating in the program had a significant impact on suicide ideation with a reduction of 8% in the intervention group.

We observed that being in the program did cause a slight reduction in stigma in control groups and would recommend further investigation of delivery frequency and intensity to determine the optimal “contact” for further “connection” by participants.

We would recommend a program like Contact+Connect for future outreach with construction workers and suggest a program like this may also be useful for delivery of health and wellbeing information to workers in the industry.