

15 September 2025

To Whom It May Concern,

Re: Summary of Independent Review of *Mental Wellbeing Training*

This letter confirms the outcome of an initial review of a new mental wellbeing peer support training program called *Mental Wellbeing Training* (hereafter referred to as the 'training program' or 'course'). developed and delivered by *Alcohol Drug, Mental Health and Education Specialists Pty Ltd* and *Fearless Fox Training Pty Ltd* (together, the 'provider').

Introduction & Summary

Swick Learning was engaged by the providers to conduct an independent, early-stage review of key aspects of the *Mental Wellbeing Training* program, assessing its design and function for alignment with the purpose and objectives of the program, while also interpreting early feedback from both participants and the managers who commissioned the training.

This review was conducted in two stages. The first stage, undertaken before the course launched, reviewed the pedagogical choices made in the development of the course against the stated objectives. The second stage, undertaken after the course had been delivered 28 times across seven different organisations, incorporated feedback from participants and the commissioning managers. This document finalises the second stage of the review and concludes the engagement.

Approval statement:

Based on the information available, we believe it is reasonable to expect the *Mental Wellbeing Training* program to provide an effective introduction for student leaders with little to no prior experience in providing peer-to-peer mental wellbeing support, on navigate these situations with confidence, while remaining within their skill level and responsibilities, given the relatively short length of the program. The evidence base remains preliminary, and until rigorous and longitudinal evaluation is conducted, these conclusions should be regarded as an early but encouraging indication rather than a conclusive appraisal.

A more detailed explanation of our approach and reasoning in reaching these conclusions is provided in the following sections.

Purpose and Objectives

The intended audience for the training program is young adults, particularly those in tertiary education institutions who are stepping into student leadership roles. These leaders are generally responsible for guiding and supporting younger students across a range of topics to help them thrive at the institution, including encouraging them to seek necessary support. The course aims to equip these leaders with a working knowledge of one significant aspect of this: mental wellbeing.

The primary learning objective is to equip participants with the knowledge and confidence to:

- empathetically respond to signs of declining mental health;
- appropriately encourage those affected to seek support; and
- effectively report concerns to their supervisors.

A significant parallel objective is to ensure that these student leaders monitor the impact of their responsibilities on their own wellbeing and take appropriate steps to prevent this from becoming overwhelming.

Mental Wellbeing Training has been developed in response to market demand for a learning experience that addresses some challenges which the existing alternatives were perceived to have not yet overcome. These challenges include the course length compared to other student leader training programs, the risk of student leaders overstepping their first responder role, and cultural barriers to full participation by diverse groups.

The training program is therefore intended to offer a shorter, more targeted alternative to existing options. It aims to reduce cultural barriers to participation, clarify the expectations of student leaders' roles as first responders, emphasise responder self-care, and optimise training time to ensure it does not overshadow the other essential skills these young adults are expected to develop as part of the onboarding to their roles.

The provider's chosen approach to achieving this is to deliver training in a format, length, and style that is highly engaging and relevant for the target audience, while ensuring that the substantive content and advice align with current evidence and recommended practices from more established and advanced programmes.

The goal of this stage of the review, then, is to assess — to the extent possible in these early stages — whether someone commissioning this training program can reasonably expect it to achieve the stated goals (above) from the course design, materials, and feedback using the approach described below.

Approach

Phase 1: Desktop Review

For the first phase of this review, we reviewed the course content, the accompanying instructor manual and a sample of the underlying evidence they are based on. Our focus areas were to determine:

1. whether the course effectively condenses the key teachings from longer, established programs into a clear and structured format;
2. how well-fitted the course materials are to a diverse cohort of student leaders; and
3. the extent to which the content is informed by appropriate and available evidence.

Firstly, assessing whether the training program has effectively condensed the vast amount of potentially relevant information into a shorter, highly interactive format remains a matter of informed judgement. While we now have early data from learners and managers, the true effectiveness of any training intervention can only be fully understood under controlled or longitudinal conditions, which are beyond the scope of this review. The assessment therefore considers whether the course design appears likely to achieve its stated goals, given the available evidence and observed delivery.

When examining the evidence base supporting the course content, we considered three factors:

1. the credibility and strength of the sources used;
2. the relevance of those sources' findings to the course goals and target audience; and
3. their recency.

We sampled a selection of sources that informed the facilitator's guide using purposive sampling. The sources were chosen based on two criteria:

1. those most heavily relied upon; and
2. those underpinning the most significant claims within the guide.

On the matter of evidence, while the second phase of this review provides initial feedback data from learners and commissioning managers, the evidence base remains limited. These findings offer early insights into participant learning and engagement, but they cannot definitively establish causality or predict outcomes across all contexts. At this stage, the assessment evaluates whether the program is grounded in a reasonable interpretation of relevant sources and early learner experiences.

Phase 2:

In the second phase, we examined feedback from participants who completed the training and from managers who commissioned it to explore whether the program's goals were being met and identify any additional relevant insights. The activity in this phase included:

- Analysing survey data collected from participants on their learning experience and their confidence in applying the course content. Participants completed pre- and post-training surveys on the same day as their training sessions, administered by the providers, between July 2024 and May 2025. The questionnaire was reviewed for question clarity, cognitive load, leading bias, and scale alignment. Only very minor issues with scale alignment were identified, which are unlikely to affect interpretation. Raw data were provided to us and analysed independently. A summary of key survey data is presented in *Appendix A: Summary of Participant Survey Data*.
- Conducted interviews with a sample of managers from four organisations who had commissioned the training to gather their reflections on the course's impact, adherence to its goals, and observed behavioural changes in the participants over time. The four organisations were a representative mix of those organisations that typically commission the course, interviews were conducted between May and June 2025.
- Observed a training session delivered to a representative group to assess fidelity of implementation, including how closely facilitators followed the prescribed methods outlined in the documentation reviewed in the first phase.

Observations

The observations below outline key characteristics of the course likely to be significant to a supervisor of student leaders who is considering commissioning the training:

The materials are evidence-informed. Almost all sections of the documentation draw on research or expert opinion. This evidence base includes robust sources such as five systematic reviews. Information on the prevalence of mental health and illness was drawn from credible government and international data sets. Information on action steps that can be taken to initiate help appear to be anchored in that of leading / peak bodies. Where traditionally weaker evidence is used, this was in response to information gaps and intentional research questions about the domain-specific ways the participants will apply this course content.¹

¹ Evidence regarding tertiary students acting as mental health first responders is much too limited to yield reliable insights about what works and why. As a result, the provider has triangulated their understanding from various adjacent studies of non-specialist first responders. This seems reasonable under the circumstances.

The course design should prove to be engaging for the target audience. The use of Lego Serious Play® (LSP) is not only a novel entry point for most participants, but could be expected to assist those who face cultural, lived experience, or other barriers to full participation in the training. Its inclusion in the program appears to be thoughtful and informed by documented experiences of similar audiences and training settings. While LSP cannot work for everyone, and some criticisms exist, most of its challenges appear to burden the facilitators rather than the participants. The majority of other (non-LSP) activities are designed to foster critical engagement with the material.

The feedback confirmed that this less formal approach and the more interactive format helped participants clarify concepts, set intentions, and engage critically in comparison to previous training where they felt – rightly or wrongly – that they were there to memorise material. The LSP activities were also reported to improve their focus, expression, and engagement. These comments on the quality and tone of engagement were the single strongest theme in the learner feedback

The course design makes considerable effort to safeguard participants' wellbeing throughout the learning experience. One of the main objectives of creating a new training program was to reduce the emotional and cognitive load experienced by the target audience. This goal appears to have been addressed through clear upfront indicators for learners to notice if they have been affected by the material, providing ample breaks, and the deliberate sequencing of the content. Additionally, the course materials directly address mental health (not only mental illness), including a standalone segment on self-care.

The feedback on this aspect was not particularly prominent, being only 6% of the qualitative feedback collected. However, where it was discussed, it did affirm that although the topics are unavoidably heavy, the content was made easier to engage with and less fatiguing or draining.

The course makes a clear and direct attempt to define the scope and boundaries of the target audience's role. While the specific procedures, boundaries and handover points will vary across employers and geographies, the tendency for student leaders to exceed their roles is a known issue. The course's explicit treatment of topic is likely to have a favourable impact on this risk.

Managers noted that the course appeared to reinforce role boundaries, although other organisational strategies aim to achieve this as well, making it difficult to isolate the course's contribution to the improved outcomes in this area.

The selection of situations, scenarios, and mental health conditions aligns well with the target population. Participants and managers generally agreed the chosen conditions and level of detail was appropriate given the length of the course. Managers praised this aspect as a particularly strong feature of the program, noting that it gives participants exposure to situations they are likely to encounter. Some also suggested the providers offer further tailoring to match

the most common scenarios in their organisation's own recent history, highlighting the value that is placed on practical relevance of training programs in this domain.

There is a reported authenticity to the course, which appears to have positively influenced participants' perceptions and behaviours post-training. This was a strong theme in the feedback from both managers and participants. Managers' observations of the participants' sustained behaviour changes included: conducting more mental health conversations, stereotyping less, and having greater attentiveness to the range of indicators that someone might be struggling with mental health. They reported their early detection of mental health concerns seems to have improved as a result of the training.

Some potential drawbacks of the program's design, which a manager commissioning this training program should be mindful of, could be:

- The interactive format – and the inclusion of LSP in particular – carries the potential for sensitive information to be shared in-session. No concerns were raised to date, though it remains a risk to consider.
- Variation in the experience or style of the course facilitators could affect the consistency of the learner experience, particularly with interactive methods like LSP.
- The shorter duration of the program means that, in terms of pure volume of content, learners will cover less material compared to longer training programs such as Mental Health First Aid. This program is not (and, by all accounts, is not intended to be) a direct substitute for those training programs.
- The one-off format means participants may need additional reinforcement to fully retain and apply the content in their roles over time, which your organisation may need to actively support.
- The course is not nationally accredited. This appears to have been made clear from the program's inception, however your organisation may heavily weight the additional formality, verification, or transferability that accreditation can provide.
- The degree to which the program is tailored for student leaders in tertiary education settings could result in some gaps in their understanding of the language most commonly used in broader mental health first responder training and practice (for instance, learning the mnemonic 'RRRR' in this program in place of 'ALGEE'), which has the potential to cause miscommunications if these differences are not separately addressed by your organisation.

Limitations

While this review offers insights into the *Mental Wellbeing Training* program, it is important to remain mindful of the following limitations:

- The review focuses primarily on the course materials, underlying sources, and early feedback rather than a comprehensive assessment of the program's impact. While we have considered its discernible impact, the evidence is still emerging, and the conclusions should be regarded as preliminary.
- The desktop review did not access all relevant sources or perspectives in existence. It was limited to a sample of the evidence provided, with clear criteria for sampling and review, as described.
- The conclusions outlined in the previous section draw on the materials, delivery methods, and early feedback, and in part represent professional judgements, rather than definitive predictions, about how these insights might play out in future training engagements.
- Only a single observation of the program being delivered took place, where the provider was aware in advance that the observation would occur. As a result, variation in facilitators or learner cohorts have not been fully captured in this review.
- The conclusions in this letter may not be applicable to all contexts or settings where the training program might be implemented.
- Given this course is targeted to a specific setting, this review probably over-weighted knowledge contained in publications and has not incorporated tacit knowledge about what works in this particular context.
- The review occurred over a relatively short period of time (August 2024 – May 2025) and, since new training programs are generally subject to iteration/tend to evolve the observations made in this initial review may become outdated if significant revisions occur.
- Potential ethical issues related to the use of training methods or the handling of sensitive information disclosed during the course have not been considered.

Future Directions for Evaluation:

This initial review is an admirable first step and lays a strong foundation for comprehensive evaluations to be conducted in the future. Below are recommendations for additional measures which would continue to strengthen the evidence base for the program's effectiveness going forward:

- Conduct interviews or focus groups with participants to gain a deeper understanding of their experiences with the training and to gather feedback on its overall effectiveness.
- Measure learners' knowledge retention over time, ideally through assessments or observation, rather than relying solely on self-reported gains.
- Engage a subject matter expert and/or highly experienced practitioner in mental health first responding to review the specific wellbeing support strategies recommended in the program against current best practice.
- Collect reflections from facilitators on participant engagement and comprehension, as well as any challenges encountered and potential areas for improvement from their perspective.
- Incorporate specific attempts to measure the program's effectiveness in addressing and accommodating cultural differences among participants.
- Track participants individually over time to measure average knowledge or skills gains, which would allow adjustment for those with prior experience or previous training in the same topic.
- Consider conducting a comparative analysis with other training programs, potentially through benchmarking and control or comparison groups (acknowledging this would be challenging to initiate).

Concluding Remarks

We would like to acknowledge the positive intent of the provider, *Alcohol, Mental Health and Drug Education Specialists* and *Fearless Fox Training*, in creating this new training experience. This review process has revealed that significant effort gone towards ensuring the program meets the perceived unmet needs of the target audience and, by extension, the goals of creating it. The fact that the providers have sought an independent review at the earliest opportunity should underscore their commitment to quality and our interactions throughout the review suggest they are genuinely focused on discovering better approaches to longstanding challenges in training for peer-to-peer student wellbeing support.

Given our extensive experience working with tertiary students and observing them applying information about mental wellbeing, our intuition is that greater levels of experimentation and iteration is needed to successfully tailor training on these topics to student leader roles – which is what this program represents. The willingness of the provider to respond to the reported drawbacks of existing programs and attempt something new will generate new knowledge about what works, which will ultimately be a service to the sector.

Contact:

For further information about the *Mental Wellbeing Training* program, please contact the Program Design Manager Isabel Fox (0410 247 795) or the Program Delivery Manager Ashley Gurney (0488 551 543).

For further information about this letter or the underlying review process, please contact the Cam Bestwick, Director, Swick Learning (cam@swicklearning.com).

Sincerely,



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Director
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Ankita Sen
Evaluation & Wellbeing Lead
Swick Learning

Disclaimer:

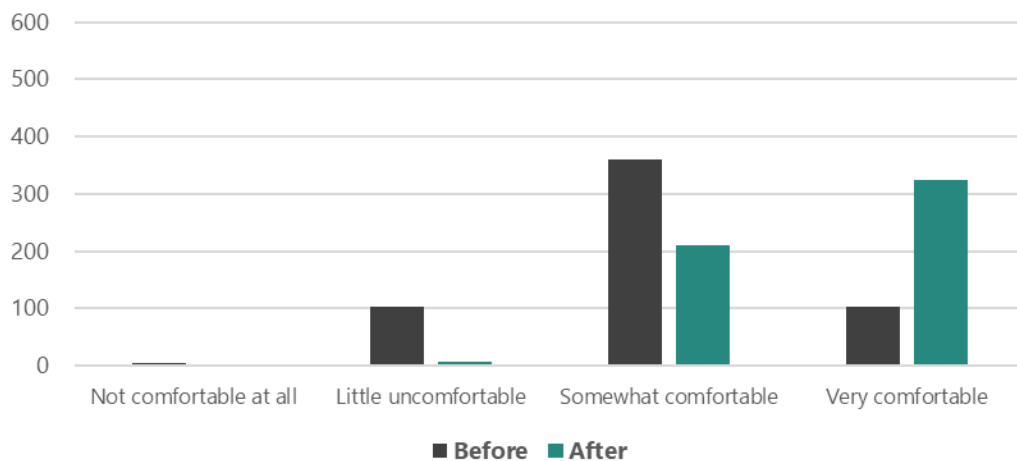
This review offers an informed opinion of the aforementioned program based on the information available and analysis feasible during the review period. While it aims to provide valuable information to support decision-making, it is essential to appreciate that each organisation has unique circumstances, and this review does not account for specific individual or organisational contexts, nor does it consider the financial or resource implications of implementing the program. Consequently, the findings and recommendations should not be relied upon as the sole basis for decision-making, and it is not a substitute for professional judgment. Readers are encouraged to seek additional information and consult with relevant experts to ensure their decisions are well-informed and tailored to their specific needs.

Appendix A: Summary of Participant Survey Data

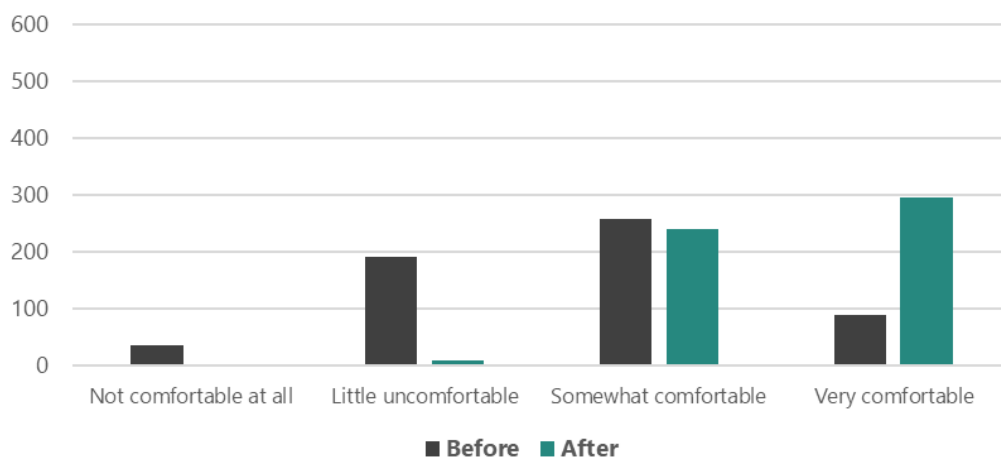
Participants' self-reported gains:

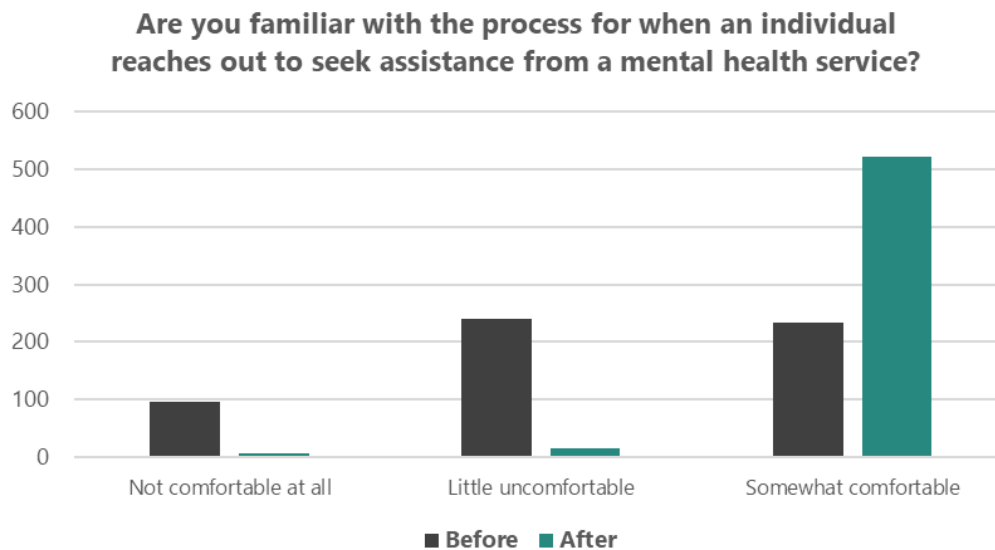
The following charts summarise responses to three survey questions that provide the greatest insight into participants' experiences of the *Mental Wellbeing Training* program. Results are presented for both pre- and post-training surveys. Of the 1,112 survey responses, 571 were pre-training surveys and 541 were post-training surveys, an attrition rate of 5.25%. The responses were drawn from 28 different training sessions across seven different host organisations.

Would you currently feel comfortable in assisting an individual who is having a mental health problem?



Would you currently feel comfortable in asking an individual if they are having thoughts of suicide?

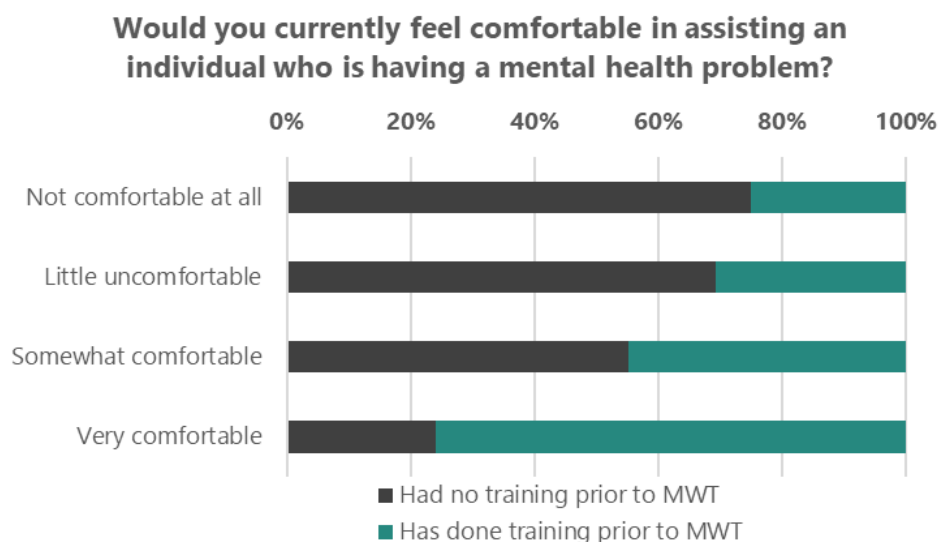




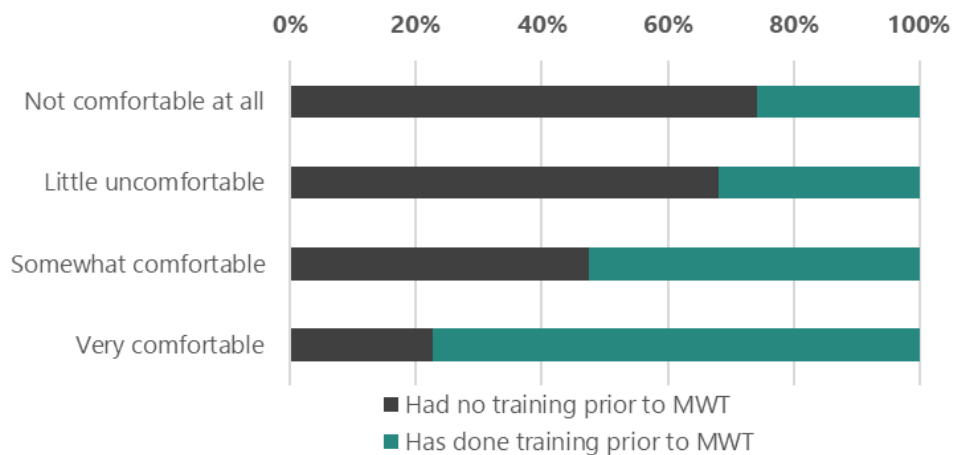
Participants with to prior training:

Because participants who have previously undertaken mental health support training prior to this program may show smaller reported gains in knowledge or confidence from this program (given their higher starting point), it is important to consider outcomes separately for those with and without prior training. However, the available data did not allow us to disaggregate post-training outcomes on this basis.

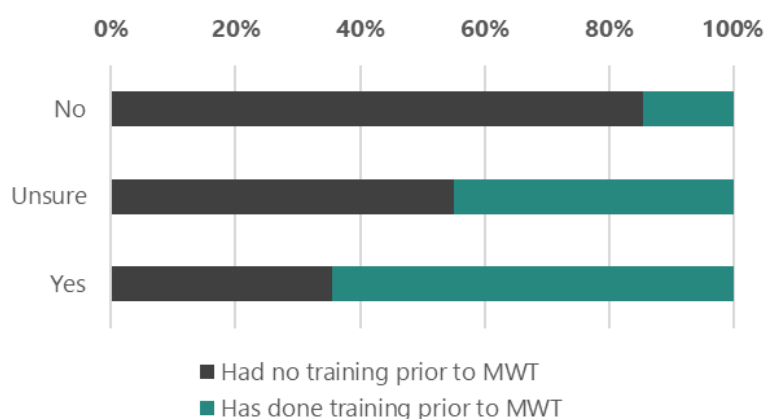
What can be reported, instead, is a breakdown of participants' pre-training confidence levels, at the beginning of *Mental Wellbeing Training* (MWT), according to whether or not they had exposure to similar training in the past.



Would you currently feel comfortable in assisting an individual who is having a mental health problem?



Would you currently feel comfortable in assisting an individual who is having a mental health problem?



Demographic differences:

Cross-tabulations were conducted for all demographic variables to explore potential differences in outcomes. Post-training results were largely consistent across age, gender, and the participants' role in their organisation. One notable exception was international students, who reported slightly lower confidence than other groups in asking about suicide, though they started from a much lower baseline. Additionally, older participants tended to report higher confidence prior to the training, likely reflecting prior experience or previous training.