

Take a minute (Youth)

Evaluation Framework and Preliminary Outcomes

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Acknowledgements

Acknowledgement of Country

We acknowledge the Pakana and Palawa people of Lutruwita, the traditional owners of the land upon which we live and work.

We pay respects to Elders past and present as the knowledge holders and sharers. We honour their strong culture and knowledge as vital to the self–determination, wellbeing and resilience of their communities.

We stand for a future that profoundly respects and acknowledges Aboriginal perspectives, culture, language and history.

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Disclaimer

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Researcher Reflexivity Statement

The research team take a constructivist epistemological position, acknowledging that knowledge and understanding is influenced by the interacting subjectivity of both participants and researchers. It is therefore important that the positionality of the research team and potential impacts on the methodological and analytic decision-making are acknowledged.

Megan Wells and Antonio Mendoza Diaz, members of the research team who conducted data collection and analysis, are registered/clinical psychologists practising in Australia, and work primarily with young people in need of moderate to high intensity services. Their understanding of and involvement in the mental health system in Tasmania shapes their understanding of the perspectives shared by participants, as do the experiences shared with them by clients within the Tasmanian mental health system. Megan and Antonio are also both adults, neither of whom are originally from Tasmania, aiming to accurately understand and convey the perspectives of Tasmanian young people. Antonio is a heterosexual man of Latino background. He endorses liberal and humanist social and economic values and tends to take an intersectional lens in his clinical and research work. Megan is a white, queer woman, and endorses similar values and clinical perspectives. Their value-systems and personal experiences, shaped by positions of privilege, influence their understanding of the Tasmanian mental health system, the social context in which the study was conducted, and the experiences shared by participants in the study.

Executive Summary

Improving youth mental health is an important public health target, both in Tasmania and across Australia, with young people experiencing high rates of onset of mental ill health and a substantial proportion of young people experiencing high levels of psychological distress. Historically, mental health has been conceptualised as the absence of mental illness, however more recently it is understood as comprising both the absence of mental ill-health and the presence of positive mental wellbeing [1-3]. Within this framework, the prevention and treatment of mental ill-health and the promotion of positive mental wellbeing are two conceptually distinct, but equally important, mechanisms of improving overall mental health.

Wellbeing literacy – the ability to communicate about and comprehend information about wellbeing in a flexible way that is adaptable across contexts, and the ability to use these skills to improve wellbeing [4,5] – is one mechanism through which improved mental wellbeing may be achieved. To this end, the Mental Health Council of Tasmania developed and delivered a novel intervention, titled Take a minute (Youth), which aimed to improve wellbeing literacy among Tasmanian young people. The intervention adopted a peer-led model and was piloted in schools and community organisations across Tasmania in 2025-2026.

The research team developed and applied a theory-driven evaluation framework to examine the preliminary outcomes of the Take a minute (Youth) intervention. The evaluation framework draws on predominant models within the field of implementation science, including the RE-AIM framework[6] and the consolidated framework for implementation research (CFIR)[7]. The resulting framework scaffolds an evaluation of both the implementation process and intervention outcomes, and can be applied recursively to facilitate continuous program improvement. The framework may be adapted to evaluate similar youth-focused initiatives, such as future iterations of the Take a minute (Youth) intervention or other wellbeing- and wellbeing-literacy focused interventions.

The preliminary evaluation of the Take a minute (Youth) intervention illustrates many of the complexities, enablers, and barriers associated with the implementation of novel, youth-focused interventions. Intervention uptake was limited (approximately 6% uptake among schools and 11% uptake among community organisations contacted for participation), and fidelity to the intended structure of the intervention was hindered by variations in capacity and efforts to optimise intervention flexibility and reflexivity. Qualitative feedback from stakeholders yielded a series of key insights into the implementation and experiences of the program, which related to the process of implementation, experiences and roles of stakeholder groups, the intervention itself, the context of implementation, and program-specific considerations such as outcomes, sustainability, and risk-management. Results highlight the importance of establishing clear and operationalised program objectives prior to commencing implementation, utilizing collaboration to bolster creativity, and leveraging feedback to enhance motivation, engagement, and buy-in to the intervention. Successful implementation

relied upon intrinsically motivated and engaged stakeholders, and strong pre-existing relationships between key stakeholders (particularly between Mentors and Peer Leaders) was essential for building Peer Leaders' confidence and ensuring that support and debriefing pathways functioned effectively. Overall, the program was experienced as enjoyable and appealing, and the integration of practical activities and role-play into the training session were perceived to support effective learning. The implementation of the program was impacted by various contextual factors, including resource limitations, alignment with school/organisational ethos, and perceived need. While few risks or negative impacts of the program were described and many ancillary benefits were reported, the reported outcomes of the program did not consistently align with the intended outcomes of the intervention, which centred on the promotion of positive mental health via improvements in wellbeing literacy. This may have related to variability in understanding of the intended goals of the program and the conceptual distinctions between the promotion of positive mental wellbeing and the prevention of mental ill-health.

The preliminary evaluation of the Take a minute (Youth) program identified a number of strengths of the program's implementation, in addition to a number of recommendations to support future implementation of similar youth-focused initiatives:

Key Findings

Intervention and Implementation Strengths

- Use of developmentally appropriate intervention strategies, including interpersonal and practical elements, support satisfaction and engagement with the intervention.
- Early engagement with external evaluators allows for the development and application of a tailored evaluation framework.

Recommendations

- Clearly articulated program objectives and structure, developed prior to implementation, support effective implementation, intervention fidelity, and evaluation.
- Commitment and buy-in from key partners, including governing bodies and organisational leadership, prior to implementation is likely to improve intervention uptake.
- Implementation is impacted by contextual factors such as need, resources, and governance considerations. Implementation strategies should be tailored accordingly

There are several limitations of the evaluation which should be noted when interpreting the results. Limitations arose around both the uptake of the intervention and uptake of the evaluation, particularly the quantitative outcome surveys, which hinders our ability to draw robust conclusions about the intervention's effectiveness. Additionally, the preliminary evaluation included only sites and individuals who elected to participate in the program, and therefore reasons for non-participation among those who did not choose to

engage could not be captured. Future research which examines the experiences, outcomes, and effectiveness of the program among diverse groups of young people, including Aboriginal and Torres Strait Islander, culturally and linguistically diverse, and gender and sexually diverse young people is warranted if future iterations of the intervention are developed and disseminated.

This report outlines the development and application of a tailored evaluation framework, which can be adapted to evaluate future community-based youth-focused initiatives. The framework draws on established implementation science frameworks to scaffold a robust and comprehensive intervention evaluation. Based on the application of the framework to the preliminary evaluation of the Take a minute (Youth) program, key recommendations for future intervention implementation include developing clearly articulated program objectives and structure prior to implementation; early engagement and commitment from key stakeholders, including governing bodies and organisational leadership; and balancing tailored and responsive implementation with intervention fidelity to optimise program outcomes.

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1. Purpose and Scope of Report

This report outlines an evaluation framework that can be used for the assessment of psychosocial interventions targeting youth mental health. The framework is then applied to the preliminary implementation of the Take a minute (Youth) program, developed by the Mental Health Council of Tasmania (MHCT). The project was conducted by researchers from the Tasmanian Centre for Mental Health Service Innovation (TCMHSI), with funding and support from the MHCT.

The evaluation framework sets out the evaluation processes for the Take a minute (Youth) program, guided by best-practice guidelines and frameworks for implementation and evaluation research. The Take a minute (Youth) Evaluation Framework aims to scaffold a comprehensive evaluation of the program, ranging from individual program experiences and outcomes to program uptake and dissemination outcomes. The framework includes evaluations of the effectiveness of the intervention, implementation facilitators and challenges, and acceptability/uptake of the program. To achieve this, the framework encompasses data collection from a range of key stakeholder groups, including young people participating in the program, the broader student body at participating organisations, program facilitators, and leadership within organisations participating in the program.

The results presented in this report provide preliminary data on the effectiveness and implementation of the Take a minute (Youth) program during its pilot dissemination. The results are intended to inform the ongoing development and dissemination of the program and inform implementation efforts for comparable future initiatives. Given the early stage of program dissemination at the time of the present evaluation, the results should be interpreted as preliminary in nature.

1.1 Independence of Evaluation Team

The Take a minute (Youth) program was developed and implemented by the MHCT. The TCMHSI was involved in the project as external evaluators, independent of both the development and implementation of the intervention. The TCMHSI team developed the evaluation framework and procedures, in consultation with the MHCT to review alignment of the framework with the program objectives. During the course of implementation, representatives from the TCMHSI supported the MHCT with recruitment to the program by making contact with prospective sites to explain evaluation components. The TCMHSI had no further involvement in the recruitment or implementation of the intervention at participating sites following this initial contact with prospective sites.

1.2 Note on the Continuation of the Take a minute (Youth) Program

At the time of writing, the pilot implementation of the Take a minute (Youth) program has concluded. Resources developed for the program will remain accessible through the Mental Health Council of Tasmania. However, active implementation of the program and recruitment of intervention sites has ceased, pending funding and resource availability. The program will be reviewed based on the outcomes of the pilot.

1.3 How to Read this Report

The report begins with an overview of the background literature relevant to the Take a minute (Youth) program. The subsequent sections of the report describe the development and implementation of a theory-driven evaluation framework. The preliminary evaluation of the Take a minute (Youth) program is drawn on throughout the report as a case study to illustrate how this framework may be applied in a real-world evaluation context, the challenges that may be faced when disseminating and evaluating a novel intervention, and the lessons learned from the initial implementation of this evaluation framework. Finally, key findings from the evaluation are presented, including recommendations for future intervention implementation.

2. Background

Mental health is an important facet of public health. In 2019, the Global Burden of Disease study estimated that mental disorders accounted for approximately 125 million disability adjusted life years globally [8], and there is a high burden of mental ill-health among youth [9]. The National Survey of Mental Health and Wellbeing (NSMHW) estimated that 22% of Australians aged 16-85 have experienced a mental illness in the past 12 months [10], while the 2021 Australian census estimated that 11% of people in Tasmania have been diagnosed with a psychological disorder - the highest rate among all Australian states and territories [10]. For young people in Australia, rates of mental ill-health are higher among those living in areas of high socioeconomic disadvantage and those living in outer regional areas, compared to major cities and areas of socioeconomic advantage [11]. Given the high prevalence of mental ill-health in Tasmania and the high proportion of young people living in socioeconomically disadvantaged and regional areas in the state, it is likely that Tasmanian young people are particularly vulnerable to mental ill-health, although the exact prevalence among this cohort is not known.

Although mental health has traditionally been defined as the absence of symptoms of mental illness, increasing evidence supports a distinction between the absence of symptoms and the presence of positive mental wellbeing [1-3]. Accordingly, mental health is now largely understood via a dual-continuum model [12,13], with mental illness and mental wellbeing constituting two related but distinct facets of overall mental health (see Figure 1). While there is no universally accepted definition of mental wellbeing, it has been conceptualised as encompassing both eudaimonic and hedonic wellbeing [14,15]. The dual-continuum understanding of mental health has important implications for mental health promotion efforts, pointing to the importance of historically underutilised approaches to improving mental health. Specifically, while traditional approaches have focused on the prevention and treatment of symptoms of mental illness, the dual-continuum model of mental health suggests that interventions aimed at promoting mental wellbeing are a distinct and equally important component of a comprehensive mental health promotion strategy [14,15].

Figure 1 - The Dual Continuum Model of Mental Health, Adapted from Iasiello and van Agteren (2020)



Wellbeing literacy refers to **the ability to communicate about and comprehend information about wellbeing** in a flexible way that is adaptable across contexts, and the ability to use of these skills to improve wellbeing [4,5]. With foundations in positive psychology paradigms and Sen's capability approach, wellbeing literacy is theorised to support positive mental health and flourishing through the development of individuals' capability to use language in a wellbeing-promoting way [4,5]. Although the construct is relatively novel, it has been suggested that wellbeing literacy is one avenue through which positive mental health may be improved, mediating and/or moderating the relationship between positive psychology interventions and improved wellbeing [4]. Preliminary evidence supports the validity and utility of wellbeing literacy as a construct, with wellbeing literacy positively associated with but conceptually distinct from wellbeing-related constructs including life satisfaction, resilience, and mental wellbeing and negatively correlated with indicators of mental ill-health [16]. Wellbeing science scholars have suggested that rigidity and a lack of consideration for context hinder the effectiveness of traditional positive psychology interventions [4]. Wellbeing literacy interventions may overcome this limitation by focusing on enhancing individuals' repertoire of skills to communicate about and maintain their wellbeing, rather than applying one-size-fits-all intervention strategies [4,17]. While ongoing research is needed to further validate the concept of wellbeing literacy and characterise its role in developing positive mental health, early work on the conceptualisation [4,5,16] and applications of this construct in educational settings [18-20] is promising.

According to the dual-continuum model of mental health, the presence or absence of mental wellbeing can occur anywhere across the continuum of mental ill-health. This suggests that the promotion of mental wellbeing is important for all people regardless of the presence of absence of psychological distress, rather than focusing only on individuals exhibiting signs of mental illness. For young people, schools are well-placed to facilitate such population-level interventions given that the vast majority of young people in Australia attend schooling [21]. The integral role of schools in population-level mental health promotion is widely recognised, including through a range of policies and recommendations disseminated globally by United Nations agencies [22]. Results of meta-analyses suggest that school-based interventions for the prevention of mental ill-health have a small positive effect [23], with similar results observed for some other health outcomes [24]. A recent review of Australian research found that a majority of school-based wellbeing interventions have no statistically significant impact on wellbeing [25]. However, universal interventions may be subject to ceiling effects, with authors suggesting that small positive outcomes of universal interventions may be meaningful at the population level [25]. Despite the key role that schools can play in supporting the wellbeing of students and the emerging evidence for the influence of wellbeing literacy on wellbeing, to our knowledge there are no existing school-based programs aimed at improving wellbeing literacy for young people in Tasmania.

2.1 Take a minute

Take a Minute is a mental wellbeing literacy campaign developed by the Mental Health Council of Tasmania (MHCT) with consultation and input from the Tasmanian community [26,27], who specified that they wanted a program which focused on the 'positive' elements of mental health, rather than focusing on mental ill-health. The campaign encourages participants to engage in brief daily activities to reflect on the personal strengths and resources that support their mental wellbeing. Take a Minute was originally targeted at adults and delivered via a web-based campaign, and has now been expanded to include a mobile application that guides participants through daily activities to support wellbeing and wellbeing literacy [28]. A preliminary evaluation of the campaign with adults supported the acceptability of the intervention [27,29].

2.2 Take a minute (Youth)

Take a minute (Youth) is an adaptation of the original Take a Minute campaign, also developed by the MHCT, which is designed to be delivered within schools and community organisations working with young people [30]. The program

involves training a cohort of young people within a school/organisation to act as 'Peer Leaders' within their community, who then facilitate activities aiming to promote mental wellbeing and wellbeing literacy. Peer Leaders are supported by identified 'Mentors' within their school/organisation (for example, wellbeing officers or staff within the school/organisation), who work collaboratively with the Peer Leaders to develop and implement wellbeing literacy activities within their community.

Prior to commencing their roles as Peer Leaders, young people attend a training session facilitated by the MHCT. The training is typically delivered on-site at the young people's school or organisation but may also be adapted for online delivery. Training typically lasts one hour, and comprises four modules: self-care, boundary setting, communication skills, and developing wellbeing activities.

After completing their training session, Peer Leaders are supported by their on-site Mentor to facilitate wellbeing literacy activities in their school or organisation. Peer Leaders are provided four core themes that guide the wellbeing literacy activities: exploring belonging, creating a sense of safety, celebrating achievements, and uncovering strengths. Peer Leaders are supported to facilitate brainstorming activities for each of the core program themes, encouraging their peers to identify people, places, or things that create belonging and safety and to reflect on their achievement and strengths. Peer Leaders are also encouraged to work collaboratively with their Mentor to develop and implement other wellbeing and wellbeing literacy activities in their school/organisation. The combination of prescribed program activities and flexible development of new activities aims to provide a scaffold for Peer Leaders and Mentors, while maintaining scope for creating unique interventions grounded in the needs and culture of each participating school/organisation.

The intention of the program is that participating schools and organisations are supported by the MHCT through regular check-ins and support with activity facilitation and program problem-solving. However, the program ultimately aims to be sustainable, meaning schools can continue to implement the program independently following a period of initial engagement and training by the MHCT.

The development of the Take a minute (Youth) program continued alongside the program's initial dissemination and implementation, with feedback from prospective schools and organisations around barriers to engagement informing adaptations to the program. The program was initially developed with the goal of optimising flexibility for schools and organisations to implement in a way that best met their specific needs and capacity. However, early feedback from prospective schools suggested that the absence of a clear program structure or guide for implementation resulted in a lack of clarity around the program's scope and purpose and disincentivised uptake. In response to this feedback, in June 2025 the MHCT developed a more structured version of the program which could

be adopted by participating schools and organisations and adapted as needed to suit the implementation context. The guide provided schools with a set of example activities to be completed at regular intervals (approximately one activity per week) across a school year. Additional information regarding the development of the Take a minute and Take a minute (Youth) programs may be requested from the Mental Health Council of Tasmania.

With the Take a minute (Youth) program in mind, the research team developed an evaluation framework focused on the effectiveness and scalability of a school-based wellbeing literacy program. The evaluation framework draws on the existing implementation context (described below) and examines both the outcomes of the program (including its effectiveness, acceptability, scalability, and uptake) and the process of implementation (including the success of the program's dissemination and the enablers and barriers to successful implementation).

3. Development of an Evaluation Framework for a Youth-Focused Wellbeing Literacy Intervention

This section outlines the process of developing the Take a minute (Youth) Evaluation Framework, including the implementation science frameworks which informed the framework development, the selection of evaluation methodologies and data sources, and the outcomes and processes captured by the final evaluation framework.

3.1 Process of Framework Development

The evaluation framework for Take a minute (Youth) was informed by evidence-based guidelines on intervention and implementation evaluation. The process of developing the framework is outlined below:

1. Identification of existing implementation/evaluation research frameworks and resources. Frameworks identified as relevant to the current project included the **RE-AIM framework** and **the consolidated framework for implementation research (CFIR)**. The framework also draws on an evaluation framework previously developed in the context of a Tasmanian health service by members of the research team.

↓

2. Existing frameworks and resources adapted and operationalised for application to the evaluation of the Take a minute (Youth) program.

↓

3. Development of a draft framework.

↓

5. Draft framework reviewed by the program developers (MHCT) for alignment with the intended intervention aims.

↓

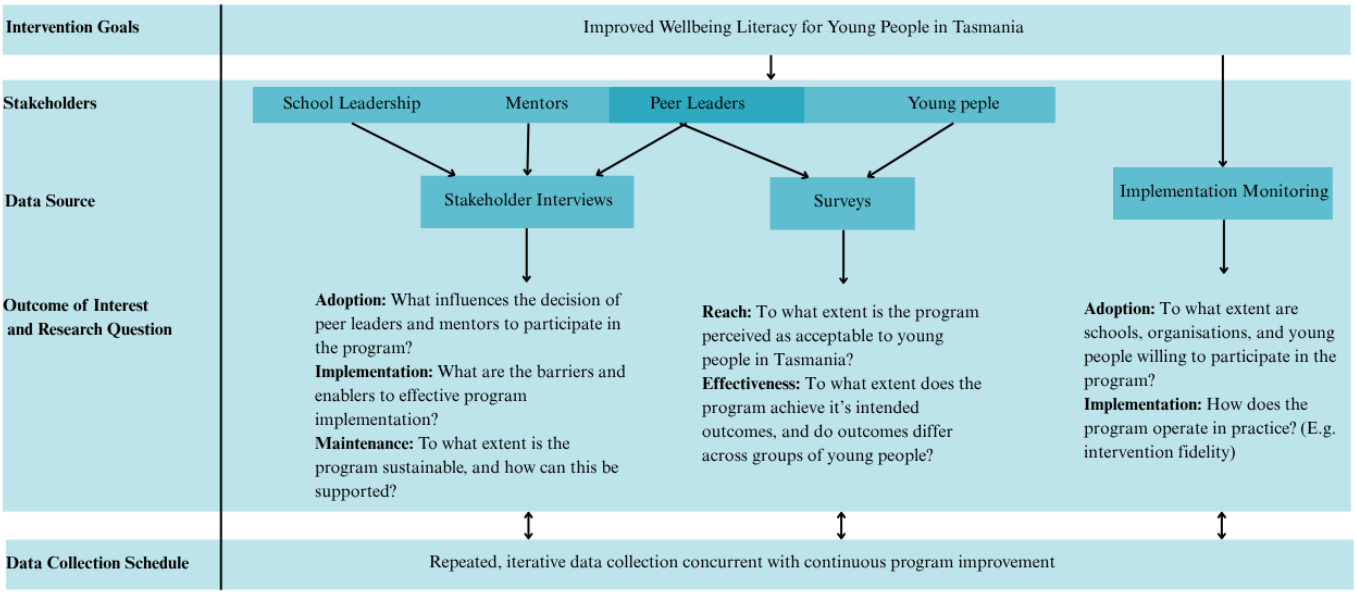
4. Updated evaluation framework created based on feedback obtained in Stage 4 of the framework development and presented back to program developers.

3.2 Evaluation Framework

Figure 2 presents the Take a minute (Youth) Evaluation Framework. The framework was developed to allow ongoing evaluation and continuous improvement of the Take a minute (Youth) program, allowing for iterative cycles of data collection and program development and adaptation. The framework also

aims to facilitate the evaluation of both the program's implementation process and the outcomes of the intervention. Further detail regarding each facet of the evaluation framework is provided below.

Figure 2 - Take a minute (Youth) Evaluation Framework



3.2.1 Evaluation of Implementation Processes

Evaluation of the implementation process is guided by the consolidated framework for implementation research (CFIR) [7]. The CFIR outlines a set of constructs, grouped into five domains, that may act as enablers or barriers to effective program implementation. The CFIR can be used to systematically examine factors influencing program implementation and has been applied to both schools-based [31] and peer-led interventions [32,33].

For the purposes of the evaluation of the Take a minute (Youth) program, the CFIR served as a foundation for the development of the interview guides and scaffolded the interpretation of results. The domains outlined in Appendix 1 are drawn from the CFIR framework and are adapted to ensure appropriateness to the evaluation of Take a minute (Youth). Each domain represents a broad aspect of intervention implementation, comprised of many individual constructs, which can facilitate or hinder implementation effectiveness.

3.2.2 Evaluation of Implementation Outcomes

Outcomes of interest for were drawn from the RE-AIM framework, which outlines five key components of effective intervention implementation: reach, effectiveness/

efficacy, adoption, implementation, and maintenance [6]. The RE-AIM framework domains and their operationalisation for the purposes of the Take a minute (Youth) evaluation are outlined in Appendix 2.

3.2.3 Selection of Data Sources and Evaluation Methodologies

Selection of appropriate research methodologies and data sources underpins the evaluation framework. Methods and data sources must be consistent with the identified research aims, including the key outcomes and processes of interest drawn from the CFIR and RE-AIM frameworks. A mixed-methods evaluation methodology was selected, rather than a purely quantitative or qualitative approach, to ensure a comprehensive evaluation framework which could effectively evaluate the Take a minute (Youth) program and be adapted to the evaluation of future youth-focused initiatives. The use of a mixed-methods approach facilitates both examination of measurable program outcomes and implementation processes, and qualitative feedback and suggestions for further refinement of the program.

The Take a minute (Youth) Evaluation Framework was developed to allow for recursive cycles of data collection concurrent with continuous program improvement, rather than scaffolding a single discrete evaluation. The ability to conduct iterative evaluation was deemed appropriate as the intervention was created with the intention if being adaptive and responsive to the needs of the community, and therefore was anticipated to evolve over time. Furthermore, program represented a novel approach to improving wellbeing literacy among young people, which has not to our knowledge been previously evaluated. In instances where an intervention with extensive empirical support is applied to a community without adaptation, it may be that a single instance of evaluation is appropriate.

Following the selection of evaluation methodologies, the research team identified key stakeholders from whom evaluation data would be collected. For the Take a minute (Youth) program, key stakeholders identified for the preliminary evaluation included: 1) people involved in intervention oversight, such as organisational staff and leadership; 2) those involved directly in intervention delivery, such as school or organisational staff members; 3) young people participating in the program as Peer Leaders; and 4) the broader cohorts of young people where the program is being delivered. In future evaluation cycles or in the application of the evaluation framework to other initiatives, stakeholders for evaluation may also include parents, siblings, teachers, and members of the broader community.

4. Preliminary Implementation of the Evaluation Framework: The Take a minute (Youth) Case Study

The Take a minute (Youth) evaluation framework (presented above) scaffolds our evaluation of the extent to which the intervention meets its intended aims, is acceptable to the target population, and is disseminated and implemented effectively. The sections below illustrate the utilisation of the evaluation framework for the preliminary evaluation of the Take a minute (Youth) program. Each component of the framework is described, including key considerations for conducting an evaluation. The results of the preliminary evaluation of Take a minute (Youth) are presented throughout as an illustrative case study of the use of the framework. Challenges and lessons learned from the preliminary implementation of the evaluation framework are discussed throughout.

4.1 Evaluation Component 1: Implementation Monitoring

Data relating to the implementation process provide important insights into the feasibility, acceptability, barriers, and sustainability of an intervention. It is essential that implementation processes, including methods for assessing implementation success, are considered from the beginning of the implementation process to facilitate effective program dissemination and the collection of meaningful information about the success and process of program dissemination. Pertinent data may include the rate of program uptake, reasons for non-participation, dissemination and recruitment strategies, and intervention fidelity. For the purposes of the Take a minute (Youth) evaluation, implementation data collected included rate of program uptake, geographic spread of participating schools/organisations (rurality; categorised according to the Modified Monash Model (MMM) [34]), method of recruitment, participant characteristics and retention, and deviations/variations across schools/organisations in program implementation.

4.1.1 Results: Take a minute (Youth) Uptake, Implementation, and Fidelity

Intervention Uptake and Retention

Recruitment of schools and organisations was conducted by representatives from the MHCT, with support from members of the research team. Prospective sites

were contacted via a variety of channels, including emails, phone calls, face-to-face visits, and webinars.

Both DECYP and non-DECYP schools were contacted to participate in the Take a minute (Youth) program, with participation in additional elements of the evaluation (surveys, stakeholder interviews) not required for program participation. Schools from the North, North-West, and Southern regions of Tasmania were contacted for participation. Of the 65 secondary schools contacted for participation in the program between January 2025 and February 2026, four implemented the program, reflecting approximately a 6% program uptake rate (Figure 3). Schools successfully recruited represented regional (MM2; n=3) and rural schools (MM3-MM5; n=1). There were no remote schools (MM6-MM7) recruited for the program, and there are no schools classified as metropolitan (MM1) in Tasmania. Participating schools were a combination of DECYP (n=3) and non-DECYP schools (n=1).

Between June 2025 and December 2025, 35 community organisations were contacted for participation in the Take a minute (Youth) program. Organisations contacted for participation included community mental health service providers, sports clubs, council youth groups, and other youth-focused community organisations. Of the 35 organisations contacted for participation, four (11%) implemented the program (Figure 3). Organisations successfully recruited included council-affiliated youth advisory groups, and youth-focused non-government and not-for-profit groups in Tasmania.

Figure 3 - Program Uptake

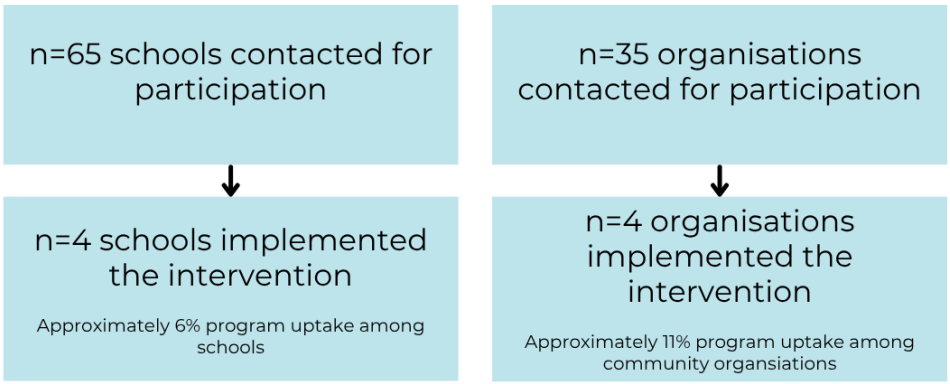
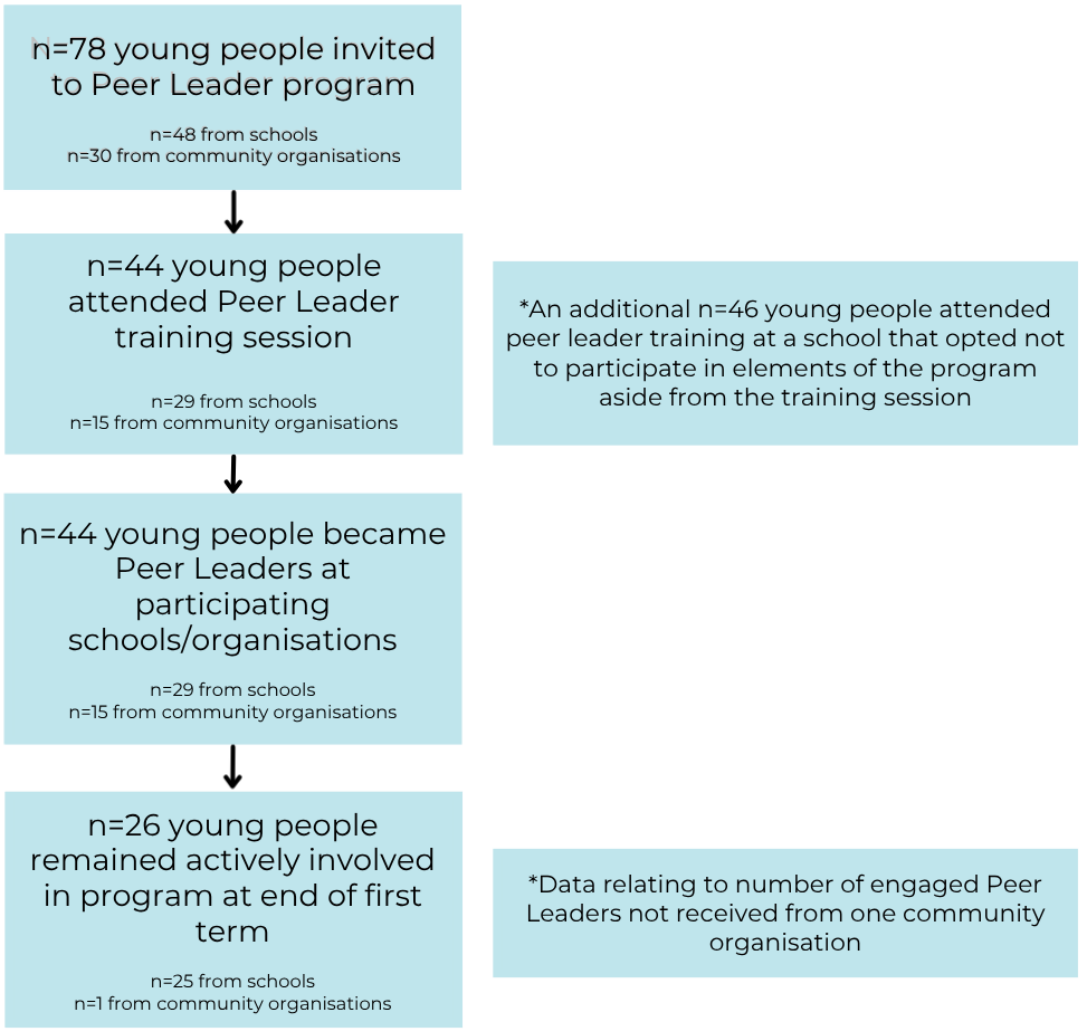


Figure 4 presents the recruitment and retention rates of young people from participating schools and organisations. The majority of peer leaders who remained engaged with the program at the 3-month follow-up period were participating in a school context, with only one young person from a community organisation actively participating in the program at the end of the first term. Feedback from participating organisations suggests that this is likely a reflection in variability in the ways in which the program was implemented in community

organisations compared to schools. Across the three community organisations that provided data on Peer Leader retention, one indicated that their young people were integrating peer leader skills into their pre-existing roles rather than actively participating in a “Peer Leader” role, and two indicated that planning was underway to commence adoption of the Peer Leader role. Therefore, no young people were actively engaged as Peer Leaders at these organisations at the time of data collection.

Figure 4 - Uptake and Retention of Peer Leaders



Across participating schools and community organisations, 13 staff members were invited to participate in the program as mentors, of whom 12 agreed to participate in the program. This suggests high program acceptability among staff, however it is also possible that only schools and organisations whose staff had capacity and interest in the program were successfully recruited into the program, which may skew this recruitment data while providing a measure of the program’s appeal.

Intervention Implementation and Fidelity

The program was designed with a focus on adaptability to suit the needs and capacity of participating schools and organisations. Specifically, prescriptive activities, schedules, or program structures were not provided, and instead participating sites were encouraged to structure their Peer Leadership team and conduct wellbeing literacy activities in a way that met their needs and capacities. Given the high level of variability in implementation and intervention structure across participating sites, implementation fidelity was captured broadly, by recording whether trained Peer Leaders developed and conducted wellbeing-literacy-focused events within their school/organisation. To examine the extent to which this aim was achieved, the key MHCT contact for each school/organisation conducted regular follow-ups to enquire about activities and initiatives run as part of the program.

Across participating schools and organisation, initiation of wellbeing literacy activities as part of the program was variable. One participating school implemented weekly activities drawing on resources provided by the MHCT, which aligned with the intended structure of the Take a minute (Youth) program. Conversely, two schools and one community organisation opted to add a Take a minute activity to pre-existing events run within the school/organisation, with each school/organisation integrating Take a minute into one pre-planned event during the ~3 month follow-up period. The one remaining school and three remaining community organisations either did not engage in any activities directly related to Take a minute (Youth) during the data collection period or did not provide data about activities undertaken. Overall, 25% of participating schools and 0% of community organisations implemented regular Take a minute (Youth) activities during the implementation period, with the remaining sites either integrating the intervention into existing programs or not engaging beyond the initial Peer Leader training session.

While the program was designed with a focus on adaptability and reflexiveness, the limited implementation of wellbeing-literacy activities in participating schools and organisations likely limits the effectiveness of the intervention in achieving its intended aim of improving wellbeing literacy for young people in participating communities, particularly those who were not directly involved as Peer Leaders in the program. These outcomes suggest that in order to meet the intended aims of the intervention, assessing and supporting the capacity of participating schools and organisations to conduct regular wellbeing-literacy activities, or the provision of structured frameworks to scaffold these activities, may be beneficial for successful implementation. Similarly, a model of continuous improvement may be better suited to flexible evaluative frameworks such as plan-do-study-act cycles, rather than the more robust evaluative framework adopted at the outset.

4.2 Evaluation Component 2: Stakeholder Interviews

Peer Leaders and school/organisation staff involved in delivering the program were invited to attend an interview with a member of the research team. Of the four schools and four community organisations that implemented the program during the recruitment period, two school and two community organisations, with a total of 35 Peer Leaders and eight Mentors, elected to participate in stakeholder interviews. From these eligible participants, a total of six peer leaders and six mentors provided consent and completed an interview, representing approximately 17% of eligible Peer Leaders and 75% of eligible Mentors. Interview guides were purposively developed by the research team using the CFIR and the RE-AIM framework to address key implementation processes and outcomes of interest.

4.2.1 Qualitative Data Analysis Procedures

Qualitative analysis followed a reflexive thematic analysis approach [35-37]. A broad coding framework was developed *a priori* based on key research questions and the domains contained in the CFIR (implementation process factors, individual factors, innovation factors, inner setting factors, and outer setting factors), and the coding framework was iteratively and reflexively refined throughout the coding process. In line with this approach, preliminary coding was conducted in parallel with data collection, such that concepts and themes identified in early interviews could be further explored in subsequent interviews.

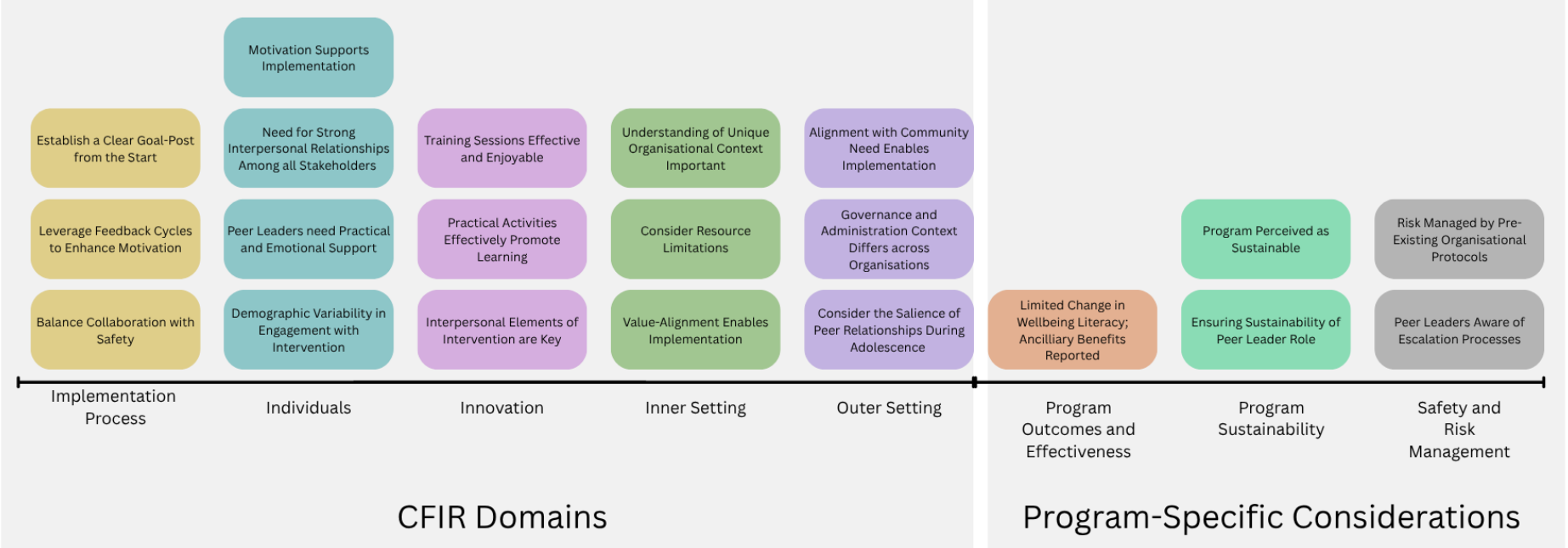
Preliminary coding was conducted by one member of the research team (MW). Following coding of the first five interviews, the coding framework was reviewed with a second member of the research team (AMD) to examine conceptual coherence, parsimony, and interpretations of data. The coding framework was then refined and applied to the remaining interviews, with codes and themes adapted and added as needed based on subsequently analysed interviews. The final coding framework was again reviewed by a second member of the research team to develop the final thematic structure.

The above procedure for the coding of qualitative data could be replicated for similar investigations aiming to examine both the implementation process and key program-specific outcomes of a novel intervention. The approach accommodates the examination of theory-driven constructs relevant to the successful implementation of the intervention, while remaining reflexive and ensuring that unexpected and novel insights identified in the data are captured in the final analytic framework.

4.2.2 Results: Feedback from Stakeholder Interviews

The results of the stakeholder interview analysis are presented below under eight broad domains, structured around the domains of the CFIR and key research questions. Figure 5 provides an overview of themes developed from qualitative analysis of interview transcripts, and in-depth analyses are provided below.

Figure 5 - Summary of Key Factors Influencing Intervention Implementation



Implementation Process Domain

Theme 1: Clarity regarding the objective of the program and the role of peer leaders facilitates effective implementation

Mentors described the importance of having a clear and comprehensive understanding of the program and implementation process prior to commencing. This was perceived to be important from a risk management perspective, allowing organisational leadership to gauge and mitigate potential risks associated with participation.

> "Well, I wanted to know exactly the content, because I've got accountability to parents and guardians. Really that's about safeguarding again."
>
> (Organisation 1, Mentor 1)

A lack of clarity around the objectives and structure of the program was reported by some participants, including confusion about the relationship (and differences) between the Take a Minute campaign and the Take a minute (Youth) initiative. Participants also had differing understandings of the role of Peer Leaders, with some participants describing Peer Leaders as promoters of positive mental wellbeing (in line with the program's objectives) and others describing Peer Leaders as playing a support role for their peers. Given that the program does not intend or adequately train young people to act in peer support roles within their communities, it is important that both Mentors and Peer Leaders have a clear understanding of the nature of the Peer Leader role to prevent scope-creep and ensure the safety of young people participating in the program.

Some participants suggested arranging site-visits prior to implementation as a way of facilitating effective, comprehensive communication about the nature and process of implementing the program. Importantly, it was suggested that these discussions should be conducted not only with leadership, but also with prospective Mentors and Peer Leaders prior to commencing the program. Pre-implementation meetings were perceived to have differing purposes for different stakeholder groups, including the provision of a clear rationale to support schools/organisations to adopt the program, facilitating smooth implementation strategies for mentors, and ensuring consistency across individuals' understanding of the program's nature and aims.

Theme 2: Feedback cycles can be leveraged to improve buy-in for the program

Feedback was highlighted as an effective tool for improving confidence and motivation to continue with the program, particularly in contexts where program implementation was more resource-intensive. Participants described a sense of fatigue or overwhelm among school staff with the introduction of "yet another program", however this fatigue was overcome as positive outcomes of the program became apparent.

> "I reckon at first when we shared it with staff they were like "oh my God, here we go, here's another program"... But by week 4-5 they're like "Ok, this seems to be, this

> has stuck". Especially the teachers straight after that lesson... the students are more calm, they're already focused, they've got their sillies out, so to speak".
>
> (School 1, Mentors 1 and 2)

Positive feedback was similarly important for peer leaders conducting wellbeing activities. Classroom teachers were described as having the ability to bolster peer leaders' confidence, while observing positive responses from other students supported peer leaders to manage concerns about judgement from their peers.

> "The teachers made up feedback forms at the end of the activities, and it was the teachers telling us about the good feedback we had gotten from the activity. So that kind of helped a lot as well."
>
> (School 1, Peer Leader 2)

Given the role that feedback and demonstrated positive outcomes can play for peer leaders, mentors, and staff, it is likely that feedback cycles could be leveraged to improve buy-in and motivation for program participation. For example, collecting routine feedback for Peer Leaders using targeted items to elicit reflection on strengths and successes may support Peer Leaders' confidence. Additionally, routine collection of broader measures of program success may be helpful to overcome the fatigue associated with introducing novel interventions within a strained education system.

Theme 3: Collaboration across organisations must be balanced with ensuring psychological safety

Collaboration across organisations was described as a resource for producing novel and creative ideas around program implementation. However, the importance of psychological safety and trusting relationships among young people participating in the Peer Leader training session was also highlighted. The absence of pre-existing, trusting relationships among young people attending the Peer Leader training session was perceived to hinder comfort and trust in the group, whereby reducing engagement and group cohesion.

> "But even [with young people with no pre-existing relationships attending Peer Leader training together] it worked okay... and that was more around the collaboration... But again, I think that the conversations would have been more real [had the young people had pre-existing trusting relationship]... because again when you're talking about mental health, you need that trust in the room."
>
> (Organisation 2, Mentor 1)

It is possible that the lack of clarity about the Peer Leader role contributed to concerns about psychological safety within the group. The intention of the session was to prepare young people to act as Peer Leaders and promote wellbeing in their school, rather than to discuss mental ill-health or prepare young people to provide mental health support to their peers. Thus, ensuring that all stakeholders clearly understand the objectives of the training session may alleviate concerns around psychological safety in joint training sessions, while retaining the benefit of idea-sharing across organisations or schools.

Individuals Domain

Theme 1: Strong motivation to implement or participate in the program is essential for effective implementation

Motivation and engagement were key for all stakeholders involved in the program. Visible commitment from leadership was perceived to improve engagement among other staff, and the engagement and enthusiasm of Mentors was key in motivating and acquiring resources for Peer Leaders.

> "If you have a [mentor] who's there in the meeting and who's not motivated, who's not engaging with conversation, you're not gonna have students showing up... but if you have a [mentor] who's, like, really engaged, who really wants to be a part of it, you're going to get students showing up feeling invigorated and feeling like the committee can make a difference"
>
> (School 2, Peer Leader 3)

Mentors were also key in the initial introduction of the program, with the program largely implemented because individual staff within schools and organisations were seeking opportunities for their young people. In this way, the intrinsically motivated and engaged mentors were not only essential during the implementation of the program, but were also a necessary pathway through which interventions and initiatives can reach young people.

Many Peer Leaders described altruistic motives for participating in the program and held strong values around the importance of mental health and peer support. This alignment of the program with peer leaders' pre-existing values likely enhanced their motivation and engagement in the program, however it may also reflect a self-selection process in which wellbeing-related programs are accessed primarily by individuals with existing knowledge or interest in the topic. Similarly, the program was primarily accessed by young people with previous experience in leadership roles. This may have supported their ability to take ownership and initiative within the program, but may result in reduced opportunities for young people with diverse background and experiences to participate in the program. Given that not all participating schools/organisations continued to conduct wellbeing-literacy initiatives after the Peer Leader training session, this self-selection of participants may hinder the ability of the program to effectively improve wellbeing literacy for groups of young people not drawn to leadership positions or with limited pre-existing knowledge around mental health.

The motivation of student cohorts was also an important factor influencing the program's implementation within school settings. Students were described as reluctant to engage in voluntary activities, particularly novel activities that have not been previously implemented among their cohorts. Use of incentives to promote participation was suggested to overcome this difficulty, however this may be challenging to implement given resource limitations within schools and community organisations. Some participants suggested that routinely embedding wellbeing-related activities into curriculum may be an effective avenue through which engagement could be improved over time.

> "I feel like when activities are more established people are more likely to get involved, so I feel like if we keep running activities like the wellbeing wall… the students will see it more and they'll be more willing to engage"
>
> (School 2, Peer Leader 3)

Motivation and engagement were identified as key enablers of effective implementation, influencing the initial uptake of the program, influencing the groups of young people likely to engage in the program, and determining whether wellbeing-related activities will be successfully facilitated within participating schools. The results highlight the importance of gauging and enhancing motivation among all key stakeholders, particularly in the context of universal interventions where broad participation is required. The results also suggest that specific strategies to support diverse groups of young people to engage with the program may increase the reach of the program, compared to relying on highly engaged and motivated young people to opt-in to program participation.

Theme 2: Strong interpersonal relationships, rapport, and communication between stakeholders will support implementation

Interpersonal relationships had an important impact on Peer Leaders' experience of the program and success in their peer leader roles. The ability of training facilitators to develop rapport and communicate effectively with young people was highlighted by participants, including their collaborative and respectful communication, relatability, and multimodal teaching approaches.

> "I like how when she was reading the stuff she was actually connecting with the people and not just reading the slides with no emotion or anything"
>
> (School 1, Peer Leader 1)

Alongside the importance of connection between training facilitators and Peer Leaders, participants also described the importance of the Peer Leaders' relationships with other students and their Mentors. Strong relationships with other students supported Peer Leaders in their role by increasing confidence and likelihood that they would be approached by peers for information about wellbeing. Additionally, trusting relationships between Peer Leaders and mentors enabled Peer Leaders to seek support in their role when needed, and reduced barriers for Peer Leaders to refer their peers to adult supports. Given the importance of strong relationships with Peer Leaders, Mentors with limited experience or relationships with students may benefit from support and co-facilitation with staff who are strongly embedded within the student cohorts to improve Peer Leaders' engagement and enable effective risk-management.

> "I'm not here very often so a lot of the kids don't even know I exist, and it's really hard to create those bonds… unless you're seeing them often, you don't create relationships"
>
> (School 2, Mentor 1)

Theme 3: Peer Leaders need practical, logistical, and emotional support from staff and peers to be successful in their roles

The roles of staff in enabling Peer Leaders to engage effectively with their roles was frequently discussed by participants, including the practical, logistical, and emotional supports needed. Participants noted that relying on Peer Leaders to conduct wellbeing activities was challenging at times due to inconsistent attendance at school, and Mentors often provided pre-prepared resources and materials to support Peer Leaders in their role. The collaboration between Peer Leaders and Mentors was integral in the successful delivery of wellbeing initiatives, and sufficient resources and time for staff to actively support Peer Leaders in an ongoing capacity is an important determinant of program success.

> "I feel like the teachers [make is easier to be an effective peer leader], although they're not doing much, they're just being there and being a stand-by really helps"
>
> (School 1, Peer Leader 3)

Mentors and staff also played an important role in providing emotional support and encouragement for Peer Leaders, which supported Peer Leaders' confidence to deliver the program. Similarly, debriefing between Peer Leaders allowed young people to support one another through the program.

> "I think, like, hearing how other peer leaders went in classes, and hearing how, like, no one else was going through issues of being judged or anything. I think that definitely helped"
>
> (School 1, Peer Leader 2)

While much of the emotional support provided by staff and peers for Peer Leaders occurred on an ad hoc basis, it was an important factor that improved Peer Leaders' confidence to engage with their roles. In light of the important role that debriefing and emotional support played in the implementation process, embedding routine debriefing or brainstorming sessions between Peer Leaders and staff, alongside ad-hoc debriefing and support, may be appropriate to ensure that this important mechanism is optimally utilised.

Theme 4: Engagement in the program will vary according to demographics such as age and gender

Characteristics such as age and baseline wellbeing were reported to impact Peer Leaders' engagement with the program. Mentors described difficulty recruiting younger adolescents who may be less confident engaging with students outside their social networks, and observed the voices of younger students being overshadowed by older participants in the group. It was also suggested that older Peer Leaders may be more engaged and empowered to take develop wellbeing activities compared to younger students, who may require more structured support in their roles.

> "[Student] and [Student] are both year 7 students and so I do feel for them when they come to the meetings because I feel they're not heard. They're overridden by everyone else and I guess that is challenging"
>
> (School 2, Mentor 1)

Age was perceived to intersect with gender by one participant in the study, who reflected that gendered norms and perceptions of masculinity may impact program engagement among younger boys in particular.

> "I think with our boys, some of our boys took it more seriously than the younger boys... I'm not sure whether it's that gender thing about, you know, "I'm a man, I'm meant to be strong", that narrative we're giving."
>
> (Organisation 2, mentor 1)

Group composition and dynamics are important considerations for group training, and it may be that adaptations are required to align the content and delivery of the training to each cohort. Alternatively, it may be that the program is best suited to meet the needs of some populations of young people more than others, and should target those populations accordingly. Where groups do comprise diverse cohorts of young people, consideration should be given to strategies to optimise engagement for all participants, particularly those who may be higher risk of disengagement or being overshadowed, such as younger participants in the group.

Innovation Domain

Theme 1: The program is enjoyable and appealing, with the Peer Leader training session identified as a particularly effective element of the intervention

The Peer Leader training session was broadly viewed as both enjoyable and effective by both participating young people and mentors. Practical activities and role-plays were perceived to be particularly effective, and young people described a high level of readiness to engage in their roles as Peer Leaders following completion of the training.

> "I thought it was fun. I liked the activities where we got to actually use the things that we were being taught. It was definitely fun and definitely a good experience."
>
> (School 1, Peer Leader 2)

The breadth of content was perceived to be appropriate for target population and the scope of the program. Participants highlighted that young people may have limited prior exposure to concepts relating to mental health or wellbeing literacy, and therefore appreciated that the training was introductory-level and involved content that was relevant to young people's everyday lives. Self-care was highlighted by one participant, who noted that the inclusion of this topic set the training apart from other leadership and mental health support training programs.

> "I think it ran quite well. A good range of topics was touched on – a variety, but not too in-depth or too many. I think relevant topics to the everyday of what kids are going through"
>
> (School 2, Mentor 2)

Some participants suggested that allocating time for additional training sessions may be beneficial to improve the comprehensiveness of the program and support knowledge retention. The format of conducting relatively short training sessions (approximately 1 hour in duration) was viewed as appropriate, with longer sessions placing increased demands on attention and risking disengagement of participants. Consistent with previous research suggesting that refresher interventions may be required to support sustained intervention effects [38], some participants suggested that additional training sessions may be beneficial, either to allow the inclusion of additional content, or as a recap to support effective learning.

> "I feel like it could have been split into, like, two shorter sessions, where you could have gone over a certain topic or something in one session so you could really take it in and learn about it properly, not just have to go onto the next topic one after another"
>
> (School 2, Peer Leader 1)

The provision of Peer Leader training in a group context was broadly acceptable for participants. Given the sensitive nature of mental health discussions, it was suggested that conducting training in small groups was appropriate and ensured that all students were adequately supported and heard.

> "I think if there was more people it would have been a lot more stressful and I would have found it a lot harder to be there. And if there was less people I feel like there wouldn't be as much opinions so I could get other people's ideas and views"
>
> (School 2, Peer Leader 2)

Group training was perceived by both Peer Leaders and Mentors to support collaboration and idea-sharing, deepen learning through exposure to other students' perspectives, and allow Peer Leaders to practise their skills with peers. Group-based training also reduces the time- and resource-burden for participating schools and organisations, supporting the feasibility of the program whilst enhancing learning outcomes for participants. Furthermore, collaboration across organisations or schools was also perceived to support program effectiveness by facilitating communication about approaches to conducting wellbeing-literacy activities. Thus, the importance of communication and interaction within the program was viewed to enhance not only the learning of individual Peer Leaders, but also support creativity in program delivery at the school- or organisational-level.

> "I thought [conducting role-plays with other students] was really good. I thought it gave people a chance to, like, give it a go.... and people got the opportunity to see different approaches and how different minds would engage with the same instructions"
>
> (School 2, Peer Leader 3)

Theme 2: Use of practical activities, variety in activities, and multimodal communication is appropriate for this population and program aims

The use of appropriate teaching and communication strategies for the target population was highlighted by participants as an important consideration in the effectiveness of the Peer Leader training session. The incorporation of multimodal communication, for example providing both written and verbal summaries of information, into didactic elements of the training session was viewed as an effective way of supporting knowledge retention. Practical activities were consistently described by Peer Leaders as the most engaging and effective element of the training session, allowing students to learn from one another and develop their skills through practical application. Indeed, some young people expressed a desire for more time to be spent planning and practising delivering wellbeing-literacy activities within the training session, as this was viewed as particularly important to improve their confidence in the Peer Leader role.

> "Maybe, like, more activities where we show what we do with the kids [wellbeing literacy activities]... just so you understand what the kids in the classes are going to be doing, because that way you can help them better. Like, if they come up with a problem you're like, "Oh yeah, I've done this, you can just do this""
>
> (School 1, Peer Leader 2)

The program was perceived to use developmentally appropriate and accessible language, however a need to cater to young people's various learning styles or personalities was highlighted. Specifically, participants noted the challenges that neurodivergent young people may face in engaging with the Peer Leader training session, and suggested that alternative ways of engaging during the session (aside from verbal communication) may be important for some young people. Similarly, adaptability of the Peer Leader role was viewed as important to allow young people to contribute in ways that align with their personal strengths and resources.

> "I feel like the program, though it was engaging for me, might not have been engaging for other students because, youw, everyone learns differently and engages differently...it might have been challenging for them to speak from front of a group of people on things that might be quite personal to them"
>
> (School 2, Peer Leader 3)

Theme 3: Peer-led and interpersonal elements of the program are key

The peer-led and interpersonal elements of Take a minute (Youth) were highlighted as key components of the program, contributing to the appeal of the program and differentiating it from other youth leadership roles. Mentors highlighted the key role that peers play as confidants for youth cohorts, and were drawn to the program due to its focus on empowering young people to adopt leadership roles and promote wellbeing among their peers.

> "Our staff members… go "it's our student leadership are running it, so let's support them"
>
> (School 1, Mentor 1)

For young people, the interpersonal interactions facilitated during the training session were described as a highlight of the program, and connecting groups of young people to enhance wellbeing in their community was central to the intervention. Among Peer Leaders who went on to conduct wellbeing-literacy activities within their schools, the opportunity to engage with their peers and facilitate collaboration among students was an integral and enjoyable element of the program.

> "[I like] watching [the students] work together, because most of the activities we do are group activities and it's really fun to, like, watch them all work together and contribute to the activity"
>
> (School 1, Peer Leader 1)

Despite the logistical challenges and resources required to effectively support young people to lead wellbeing initiatives, the peer-led and peer-to-peer elements of the program were important to both Mentors and Peer Leaders. These findings align with models of youth development that highlight the centrality of peer influence for this population [39] and suggest that the peer-leadership element of the intervention may increase satisfaction and effectiveness of the program and differentiate Take a minute (Youth) from other available interventions.

Inner Setting Domain

Theme 1: Understanding the school/organisation context facilitates effective implementation

The extent to which the unique context of each individual school/organisation could be understood and accommodated was an important factor influencing the program's implementation. Mentors described a range of pre-existing wellbeing-related activities being conducted within their schools or organisations, and their approach to negotiating how Take a minute (Youth) fitted into or alongside these existing programs. For some participants, there was confusion about whether Take a minute (Youth) existed as a standalone program, or whether it was intended for integration into existing wellbeing curriculums. For other participants, existing activities were viewed as an achievable opportunity to promote Take a minute (Youth) principles within their communities.

> "Everything for Take a Minute just sort of fits into how we always run an activity… That's where I guess the beginning was really quite confusing because I was like "I'm promoting Take a Minute" and then it changed to "No, we're running activities for Take a Minute"… It's sort of like we're doing this [Take a Minute activity], but it's for R U Ok day"
>
> (School 2, Mentor 1)

The level of need for the program was also impacted by school/organisational context. Specifically, for schools with comprehensive wellbeing curriculums and extensive student

support, need for the program was viewed to be lower and fitting new wellbeing-literacy initiatives into the year was a greater challenge, compared to schools with less extensive pre-existing wellbeing curricula. In one such school, the program was described as a *"one-off [training session] to empower kids" (School 2, Mentor 2)* rather than an ongoing program to be embedded into the school, highlighting the differences in understanding and implementation of the program across contexts.

Some participating Mentors also referenced a general hesitation among schools to introduce new programs. In part, this was attributed to the perception that schools already have embedded support staff and do not require additional prevention interventions, while other participants suggested that schools may be hesitant to change the status quo where current systems are perceived to be adequate.

> "Yeah, it was just so difficult for schools to engage around that because they'd say "oh we've got a social worker, we've got psychologists, they can deal with that". But again, you want that preventive stuff so that they don't need the psychologist and the social worker as much"
>
> (Organisation 2, Mentor 1)

Additional considerations such as the size of the school/organisation, the ages of prospective peer leaders, and potential resource limitations were also highlighted by participants, suggesting that these factors must be taken into account when planning for implementation. The results point to the importance of a comprehensive assessment the school/organisational context in which the program will be implemented, including need for the program, capacity and resources to enable effective implementation, and hesitations or barriers to implementation.

Theme 2: Limited time and resources available in schools and organisations

Availability of resources and time significantly impacted implementation of wellbeing initiatives in both schools and organisations, although the ways in which these limitations were described varied across contexts. Within school contexts, staffing and time limitations were described as barriers to implementation. Mentors described limited time and capacity to introduce new programs, and noted that implementation effectiveness could be enhanced with increased dedicated time allocated for staff to facilitate wellbeing initiatives. Limitations on the time available for students to facilitate or plan wellbeing initiatives was also raised, with students missing class to prepare or facilitate activities.

> "So 100%, if my role was probably a little bit more hours, it would be easily achieved to be able to run all these things really, really well."
>
> (School 2, Mentor 1)

Conversely, mentors from community organisations tended to reference program cost when discussing resource limitations and intervention feasibility. Cost effectiveness was a key consideration for organisations in which funding may be limited, particularly where fundraising and grant opportunities are relied upon to support program uptake.

While schools and organisations identified different barriers or challenges associated with program implementation, resourcing limitations were a common theme across both settings. Consideration must be given to the specific limitations faced by each organisation, including whether and how the initiative can be adapted to fit within these constraints while still meeting its core aims.

Theme 3: Alignment of program with existing ethos of organisation, school, or staff facilitates effective implementation

Implementation of Take a minute (Youth) was enabled by its alignment with the ethos and values of the organisation or school, or those of individual staff facilitating the program. Mentors involved in facilitating the program tended to have a pre-existing focus on wellbeing, whether through an explicit element of their role (for example, wellbeing officers) or through personal values and educational/training backgrounds. This foundation of knowledge and value on mental health and wellbeing informed mentors' interest in the program and enhanced motivation for participation.

> "Prior to doing teaching, I've been heavily involved in youth groups and supporting students through sporting and different avenues.... I see the benefit of what I can do in my classroom if I've got students that [are] fully supported in their wellbeing, both by great teaching and peer support... So to have this concept that peers can lead and support each other means that it's easy to have a safer learning environment in the classroom, so it's absolutely spot-on where I'm at"
>
> (School 1, Mentor 2)

Beyond enhancing stakeholders' motivation to participate the program, alignment with school/organisational needs, strategy, and ethos was a key consideration in the decision to implement the program. Strong alignment between the aims of the program and the attitudes or priorities within the school or organisation enabled easier introduction of the program, reduced implementation barriers, and provided a clear rationale for adoption of the intervention.

> "We're pastoral care based, so the majority of the time we put students' wellbeing above anything, obviously except their education... So I think you'd find the majority of our teachers and the majority of our leadership would be very for these kinds of programs"
>
> (School 2, Mentor 1)

Peer Leaders also recognised the ways in which a focus on wellbeing with their school enabled them to engage more effectively in their role by ensuring access to support and debriefing as needed and through alignment between the goals of Peer Leaders and staff priorities.

> "I would say every teacher at this school cares about the wellbeing of every student and with just that simple fact, the school already does a lot to promote wellbeing and care for every student"
>
> (School 2, Peer Leader 3)

Outer Setting Domain

Theme 1: The program meets a community need, however conceptual clarity is needed to align perceived outcomes with the program's theoretical framework

Participants suggested that the program met the needs of young people in the Tasmanian community, which contributed to Mentors' decision to adopt the intervention. In particular, Mentors noted that mental health is a salient concern for young people in the community and identified prevention and early intervention as important program targets.

> "They [mental health systems] sort of prioritise those critical cases... not the primary preventative stuff which can actually reduce some of the stuff at the tertiary end... which Take a minute does, which is quite interesting"
>
> (Organisation 2, Mentor 1)

When discussing the needs met by the intervention, participants often characterised the program as a training session to educate young people on how to support their peers, when to refer peers for adult support, and to prevent or reduce mental ill-health. While these are important targets of intervention, the dual continuum model of mental health differentiates between interventions which prevent and treat mental ill-health, and those that promote positive mental wellbeing [1]. Given that the aim of the intervention is to promote positive mental wellbeing via the development of wellbeing literacy in the community, it is notable that this positive wellbeing promotion was not often discussed by participants as a need met by the program. This may result from a lack of shared language around positive mental health, with positive mental wellbeing often conflated with the absence or prevention of symptoms of mental ill-health. Alternatively, it may result from differences in understandings of the objectives of the intervention. These findings highlight the importance of developing shared conceptual understandings prior to program implementation, particularly among Mentors likely to shape Peer Leaders' understanding of the program ongoingly.

Theme 2: Administrative requirements in schools mean implementation planning must commence several terms ahead of practical implementation

Governance structures and administrative processes were discussed as a significant barrier to program implementation by mentors. In school settings, participants described lengthy administrative delays associated with the requirement for multiple layers of approval, including from individual staff, staff teams, school leadership, and regulatory bodies. Difficulties with introducing additional programs were also noted in contexts where activity scheduling and approvals may be conducted well in advance of each school term, creating additional barriers to program implementation.

> "It's not as simple as "this is what we want to do, so we're going to do it". It involves my boss, it involves other higher above people, and depending on what you want to do you have to check with so many people. And then when you've got kids involved you've then got to email their teachers and say "this child is participating in this""

(School 2, Mentor 2)

In contrast, administrative and approval-related challenges were not described in community organisations. Rather, these organisations implemented their own assessment processes to determine whether a program should be introduced, which included considerations such as the extent to which the program met an identified need in the community, cost effectiveness, and risk assessment and mitigation. In contrast to school-based processes, young people in community organisations were described as having an active role in determining whether and how initiatives should be introduced to their organisation, with the importance of young people's agency and autonomy highlighted.

> "And then I always involve the young people in every aspect – holistic participation"
>
> (Organisation 1, Mentor 1)

Theme 3: Young people are motivated by worry about their reputation among peers

A key element of the Take a minute (Youth) program is the use of young people as facilitators of wellbeing activities within their schools or communities. While this empowerment of young people was perceived to be one of the benefits of the program, concerns around reputation and judgement by peers were described by young people who had facilitated such activities. Despite this concern, participants suggested that fears of judgement or nerves about presenting in front of peers dissipated over time with consecutive positive experiences.

> "Well I don't really like talking in front of big groups of people, but I do it anyway and I just feel like, I don't know, really judged or something sometimes"
>
> (School 1, Peer leader 1)

While improvements in confidence may be an important benefit of the program, it is also possible that speaking in front of peers may discourage some young people from participating in the program, and Mentors noted the importance of tailoring activities to support students with varying levels of confidence to adopt leadership roles. Similarly, they observed that participation in wellbeing-related activities among student cohorts may be impacted by perceived impacts on reputation, with young people less likely to participate in activities that are not endorsed by students with strong social influence. In response to this implementation challenge, Mentors described adopting creative strategies to impart knowledge without impacting on students' social status.

> "I think you've got to tread very carefully with what events we do and what we encourage them to do, that they're not seen that they're ostracised from their peers or doing things that their peers wouldn't do"
>
> (School 2, Mentor 2)

Peers play an increasingly key role in young people's lives as they progress into adolescence, and the Take a minute (Youth) intervention is predicated on the opportunity for peers to influence one another's wellbeing-related behaviours. However, the

importance of peer influences and social standing may also adversely impact program participation when influential peers discourage program participation or young people experience concerns about loss of social standing. Careful consideration to the various ways in which young people can promote wellbeing literacy in their communities, including the use of creative strategies that don't place young people as the "face" of the initiative, may help overcome this engagement barrier.

Program Outcomes and Effectiveness

Theme 1: Participants did not identify improvements in wellbeing literacy as a result of the program, but many ancillary benefits were observed

Participants described a broad range of positive outcomes resulting from the Take a minute (Youth) program, particularly for Peer Leaders, and tended to report few or no negative outcomes. The most commonly reported outcome was improved confidence among Peer Leaders, including confidence speaking in front of peers, confidence in interpersonal interactions, and confidence to refer peers for adult support as needed.

> "I think it's definitely made me more confident with speaking in front of a crowd. Like, I know a classroom is obviously a small crowd, but it's still a crowd"
>
> (School 1, Peer Leader 2)

Additional benefits described by Peer Leaders included fostering relationships with staff and other students, improved knowledge around mental health, improved communication skills (particularly around boundary-setting), building awareness of existing skills, encouraging critical thinking around intervention content, and improved awareness of school-based support pathways. The program was also perceived to provide structure and purpose for students seeking leadership roles and opportunities.

> "[the best thing about being a peer leader is] getting to go around to the other students and getting to know them better.... just making friends with everyone around the school."
>
> (School 1, Peer Leader 1)

Where regular wellbeing literacy activities were integrated into the curriculum, Mentors suggested that the program had contributed to improved student attendance and reduce disruptive behaviours in the student body, with the benefit perceived to outweigh any burdens of implementing the intervention. Conversely, participants from another school suggested that the program had not impacted the number or nature of wellbeing initiatives conducted within the school, with participants suggesting that additional activities were not required due to their extensive existing wellbeing curriculum. Across schools and organisations, a number of participants also suggested that engagement in the program increased attention to wellbeing, either among Peer Leaders themselves or among staff through the introduction or discussion of wellbeing-related activities.

These ancillary benefits, while encouraging, do not evidence the program's effectiveness in meeting its intended objective of improving wellbeing literacy among Peer Leaders and other young people in their communities. The importance of clarity around program goals

is worth restating, as divergent understandings of the intent of the intervention may contribute to the incongruence between reported and intended outcomes. The development of expertise around wellbeing literacy and positive mental health internally, prior to commencing the program roll-out, may support the provision of clear and consistent messaging around intended program outcomes. In the context of the Take a minute (Youth) program, this requires de-coupling the concept of positive mental health from the absence of mental illness and the development of shared understandings of concepts such as mental wellbeing and wellbeing literacy.

Program Sustainability

Theme 1: Program perceived to fit within resource limitations and capacity, with flexibility identified as important for program sustainability

Participants described the intervention as sustainable in terms of resource requirements and time commitment, and suggested that the training could be facilitated on a semi-regular (e.g. annual) basis. Flexibility and variety in the activities conducted as part of the program were noted as important to support ongoing implementation, where repetitive activities or events may reduce enthusiasm for the program over time.

While a number of barriers to introducing new initiatives were described, particularly in the school context, Mentors noted that ongoing maintenance of a program is easier and more effective than initial implementation. This was attributed in part to the reduced administrative barriers for ongoing program implementation compared to the introduction of new interventions, and in part to the opportunity to re-use resources (e.g. wellbeing literacy activities, presentation materials).

For Peer Leaders, conducting wellbeing-related activities was easier when they were a part of students' regular routine, and it was reported that young people may be more willing to engage in activities that have been are routinely conducted within the school. Thus, the primary barrier to conducting wellbeing-related initiatives within schools, and to effectively engaging students in such initiatives, may be the initial implementation period. Once these interventions are embedded, administrative barriers, resource burdens, and engagement difficulties appear to be attenuated.

> "I think it definitely makes it a lot more difficult because it's something new that a lot of students haven't engaged with, and so they don't really want to be the first ones to engage with it"
>
> (School 2, Peer Leader 3)

Theme 2: The sustainability of Peer Leader roles was influenced by stressors and intrinsic motivation

Although there were no observed harms attributed to the Take a minute (Youth) program, some participants noted that the role could become be stressful, and Peer Leaders may adopt a sense of responsibility or become overly involved in the difficulties of their peers.

Where Peer Leaders were responsible for conducting regular wellbeing activities within their school, participants noted that this additional responsibility may feel overwhelming, and noted the importance of accessible avenues for Peer Leaders to take breaks and seek support in their roles. Additionally, it was noted that students may be more likely to share their mental health difficulties with Peer Leaders compared to other students, which carries the risk of emotional distress for Peer Leaders. One Peer Leader noted the increased expectations placed upon students in leadership positions, and reflected that this may inadvertently result in unnecessary pressure and stress.

> "Generally as a leader, there's a lot more expected of you. You're expected to uphold a higher standard at the school... I do feel the pressure to be the best version of myself, but also... I want to be the best version of myself regardless of whether I'm part of the Student Leadership Committee or not. So I suppose I do feel the pressure, bit it's not pressure directly related to being a part of the wellbeing committee"
>
> (School 2, Peer Leader 3)

At times, the content of the intervention may interact with personality characteristics of Peer Leaders, leading them to adopt inappropriate responsibility for other student's difficulties. While this was not described as a direct result of Take a minute (Youth) (rather, participants generally noted that the program had been explicit in encouraging students against this behaviour), young people with high levels of empathy and a desire to support their peers may be drawn to participate in the program, which may then inadvertently enhance their sense of responsibility for their peers.

> "My fear would be that students who feel that they need to care too much or help too much might take on that burden themselves... But I think you can only empower kids so much, they've also got to do it themselves as well."
>
> (School 2, Mentor 2)

Indeed, in describing their experiences, some Peer Leaders expressed that having others share mental health difficulties with them (within or outside the Peer Leader role) can have a negative impact, and at times they expressed a desire to help students in ways which may be outside the scope of the Peer Leader role. Thus, the provision of adequate support and debriefing for Peer Leaders is essential, as is ongoing guidance around the scope of the Peer Leader role.

> "Some people feel more comfortable coming up to you and talking about their mental health problems. And that's not a problem, and their mental health shouldn't be considered a burden, but it can be, you know, quite challenging for some people"
>
> (School 2, Peer Leader 3)

Safety and Risk Management

Theme 1: Risk is managed by risk assessments conducted within schools or organisations prior to implementation of pre-existing risk-management strategies

Participants from community organisations described risk assessment as an important step in the decision to trial the Take a minute (Youth) program, while this was not mentioned by school-based participants. This may relate to the additional layers of approval required for program implementation in school contexts, whereby risk-assessment is undertaken by high-level leadership or governing bodies, rather than by school staff directly involved in the program. The placement of burden of responsibility appears to differ between school and community-based contexts, where schools rely upon standardised procedures undertaken at the governance level, whereas in community organisations this responsibility is located with program facilitators.

Participants described a range of embedded risk-management strategies in place alongside Take a minute (Youth). School staff described regular check-in processes for students and structured pathways for students seeking support, which were perceived to attenuate risks of Peer Leaders becoming overburdened in their roles.

> "I think no matter where the kids turn there is going to be someone there that can help them, or at least direct them where to go. And obviously our Peer Leaders are very well-versed in how our system works"
>
> (School 2, Mentor 2)

Although pre-existing risk-assessment, risk-management, and support strategies were embedded in participating schools and organisations, specific strategies to support Peer Leaders in their roles are also necessary. Strong relationships between Peer Leaders and mentors/staff were important, with Peer Leaders more likely to seek support from staff with whom they have pre-existing relationships. Supports were generally perceived as accessible for Peer Leaders in a timely manner, and Peer Leaders described a preference to seek access to these supports on an ad-hoc basis and in a manner which they felt comfortable with.

> "I know when I need to talk to someone I just email them first and then it's kind of like, you end up having a meeting with them when they have the time. I feel like that's a pretty easy and comfortable way, because you don't have to say anything straight up about what you're going to talk about"
>
> (School 1, Peer Leader 1)

Theme 2: Peer Leaders are aware of when and how to refer students for adult support, but attitudinal barriers may hinder this ability

In general, Peer Leaders reported feeling aware of when and how to refer their peers for adult support. They often described script for initiating this referral as a key learning outcome of the program, and this was perceived to improve their confidence to seek adult support for their peers. However, attitudinal barriers to referring peers to adult support were noted, as participants reported feeling pressure to be a support person for their

peers, which for one participant stemmed directly from their involvement in Take a minute (Youth) and related wellbeing-initiatives.

> "Maybe sometimes you might feel like you've got more pressure to, like, be someone they can come to, just because you've done that extra thing [Peer Leader training] that not everyone has done"
>
> (School 2, Peer Leader 1)

Additionally, some Peer Leaders described difficulty setting boundaries around their support for their peers due to feelings of guilt and fear of damaging their interpersonal relationships. Young people felt that they were letting others down by setting boundaries around the scope of their role, particularly when they perceived disclosures from their peers to be an indicator of trust, and viewed seeking adult support as a betrayal. For some, there was a dissonance between their personal values around supporting others and the boundaries of their roles as Peer Leaders.

> "It [saying that you are not the appropriate person to support someone] kind of upsets me, because I'll be the type of person who is like "Yeah, you can tell me all your troubles and everything", and I'll try to help them through that. But being told that you have to say no and you'd have to tell them to get someone more qualified about it is... kind of upsetting"
>
> (School 1, Peer Leader 2)

As with seeking support for themselves, Peer Leaders described trusting relationships with staff as an important enabling factor which made it easier for them to refer peers to support when needed. The results suggest strong relationship between mentors and Peer Leaders should be considered a prerequisite for program implementation, given the key role that these relationships play in both ensuring that Peer Leaders have accessible supports for themselves, and enabling them to refer peers for adult support when needed.

4.3 Evaluation Component 3: Outcome Surveys

Outcome surveys are implemented before and after the implementation of an intervention to characterise participants and quantitatively assess the outcomes and acceptability of the program. Surveys may also facilitate the collection of brief qualitative feedback about a program which is likely to provide less depth compared to semi-structured interviews, but which can be collected from a greater number of participants in a less resource intensive way. Data items used in outcome surveys should be validated (where possible), relevant to the outcomes of interest, and appropriate to the population to which they are being administered. Items and measures selected for the preliminary evaluation of the Take a minute (Youth) program are presented in Appendix 3.

During the preliminary dissemination of the Take a minute (Youth) program, a small number of quantitative surveys were completed by participating Peer Leaders. Of the four schools and four community organisations that implemented the program during the recruitment period, two schools and two organisations elected to distribute surveys to

their cohort of Peer Leaders. From these, 11 peer leaders provided consent and completed pre-intervention surveys, seven of whom returned completed post-intervention surveys.

No participating schools or organisations elected to distribute surveys to young people not participating in the program as peer leaders. This may reflect logistical challenges associated with obtaining consent and arranging data collection for entire grade cohorts within schools, resource constraints which make large-scale data collection within a school less feasible or acceptable compared to data collection with a select number of students, or a lack of clarity about the intended target population for this element of the evaluation.

4.3.1 Results: Outcome Surveys

Of the seven Peer Leaders who returned completed surveys before and after participating in the Take a minute (Youth) program, age raged from 13 years to 19 years. Five (71%) participants identified as women/girls, and two as men/boys. Five (71%) participants completed the program in a school setting, and two in community organisations. All seven participants reported having previously been taught strategies to maintain good mental health, and five (71%) reported having ever received mental health support.

At the commencement of the intervention, the mean score on the Wellbeing Literacy scale (WELLIT-6 [16]) was 31.6 (SD = 4.5) and average score on the Warwick-Edinburgh Mental Wellbeing Scale-Short Form (WEMWBS-SF [40]) was 25.3 (SD = 4.5). At three months post-implementation, the mean score on the WELLIT-6 was 31.4 (SD = 6.6) and mean score on the WEMWBS-SF was 24.4 (SD = 4.4). No inferential analyses were completed to compare baseline and post-intervention scores due to the small sample size, however inspection of these descriptive statistics reveals no clear changes in scores over the course of the intervention.

Intervention acceptability was measured using the Acceptability of Intervention Measure (AIM [41]), a four-item self-report, Likert-scale measure with total scores ranging from 4 to 20. At three-months post-implementation, the mean score on the AIM was 16.7 (SD = 2.0, range = 14-19). While these scores suggest relatively high acceptability of the intervention, it is important to note that treatment acceptability and satisfaction scores may be skewed toward positive results due to desirability bias or non-response bias. Moreover, previous research has suggested that data collected through satisfaction measures may be incongruent with people's qualitative experiences of an intervention [42]. Therefore, while treatment acceptability remains an important consideration in the evaluation of novel interventions and the results here are promising, data should be interpreted with caution and in the context of complementary data, such as effectiveness, fidelity, and qualitative experiences [43].

5. Key Findings and Recommendations

This report outlined the development of a theory-driven evaluation framework and its application to a novel peer-led mental wellbeing literacy intervention for young people in Tasmania. The Take a minute (Youth) evaluation Framework scaffolds the evaluation of intervention outcomes, enablers and barriers, and implementation characteristics (e.g. uptake, dissemination strategies, fidelity). The framework can be adapted to evaluate future interventions, including youth-focused initiatives. The results of the preliminary evaluation of the Take a minute (Youth) program may guide the development of future adaptations, including culturally, linguistically, and contextually adapted versions of the intervention. Moreover, the observed enablers and barriers to implementation may inform implementation efforts for future school- or community organisation-based interventions. Key findings from the evaluation, including identified strengths and recommendations for future implementation efforts, are outlined below.

Key Findings

Intervention and Implementation Strengths

1. Use of developmentally appropriate intervention strategies, including interpersonal and practical elements, support satisfaction and engagement with the intervention.

2. Early engagement with external evaluators allows for the development and application of a tailored evaluation framework.

Recommendations

1. Clearly articulated program objectives and structure, developed prior to implementation, support effective implementation, intervention fidelity, and evaluation.

2. Commitment and buy-in from key partners, including governing bodies and organisational leadership, prior to implementation could improve intervention uptake.

3. Implementation is impacted by contextual factors such as need, resources, and governance considerations. Implementation strategies should be tailored accordingly while maintaining intervention fidelity

5.1 Intervention and Implementation Strengths

1. **Use of developmentally appropriate intervention strategies, including interpersonal and practical elements, support satisfaction and engagement**

An identified strength of the program was its alignment with the developmental stage of its target population of young people. Participants noted the use of developmentally appropriate language and the focus on introductory-level concepts relating to mental health and wellbeing. Among both Mentors and Peer Leaders, the peer-to-peer focus and interpersonal elements of the program differentiated Take a minute (Youth) from other initiatives and improved participant satisfaction. This interpersonal focus effectively capitalises on the salience of peer relationships for young people and the key role that peers play in determining health behaviours [44,45]. The use of practical activities during the Peer Leader training session was effective, and aligned with learning principles suggesting the practical application of skills and subsequent reflection consolidates learning [46,47]. Consideration for the developmental stage and tasks of young people supports engagement and effectiveness of psychosocial interventions, and future programs should similarly align with developmental principles.

2. **Early engagement with external evaluations allowed for the development and application of a tailored evaluation framework**

The engagement of an external evaluation team in the early stages of implementation planning enabled the development and preliminary application of the evaluation framework. This preliminary evaluation investigated the effectiveness of recruitment and dissemination strategies, program experiences and acceptability, and sustainability of the intervention. Moreover, the specific factors influencing the success of the implementation could be explored, which may inform and enhance future interventions. Early embedding of evaluation processes also allowed for comprehensive evaluation capturing data across all stages of implementation.

The method of evaluation should be tailored to the stage of the intervention's development. While comprehensive and structured evaluation is appropriate for established interventions, more flexible quality improvement methodologies may be better suited in instances of ongoing development. In the context of the Take a minute (Youth) intervention, adjustments to program structure after the commencement of the evaluation may have hindered the ability to accurately capture some elements of the intervention or differentiate between outcomes of the differing program structures. It may be helpful to explicitly discuss the stage of the program's development in early discussions about evaluation, and to offer examples that bridge knowledge gaps between evaluative and implementation-focused approaches.

As illustrated by the implementation of the Take a minute (Youth) program, evaluation should be considered and embedded across all stages of intervention implementation.

This early and consistent consideration to evaluation ensures that meaningful data can be collected throughout the entire implementation process, from recruitment to maintenance, and aligns with the principles of evidence-based intervention and continuous program improvement.

5.2 Recommendations

1. **Clearly articulated program objectives and structure, developed prior to implementation, supports effective implementation, intervention fidelity, and evaluation**

Stakeholders described varying understandings of the objectives of the Take a minute (Youth) intervention and the roles of Peer Leaders. Although the intervention is grounded in the dual-continuum model of mental health [13,14] and was intended to target the promotion of positive mental wellbeing and wellbeing literacy, the Peer Leader role was characterised at times as a mental health support role. Moreover, participants described limited understanding of the structure of the intervention in the early stages of implementation planning, which may be explained by the shift in program structure that occurred in parallel with the rollout of the program.

When discussing perceived outcomes of the intervention, participants described a wide variety of benefits, which included improved confidence among Peer Leaders, fostering relationships between students and staff, improved knowledge of mental health diagnoses/difficulties, improved communication skills, and improved awareness of school-based support pathways. While these are important and valuable outcomes, there is limited alignment between the described benefits of the program and mental wellbeing literacy or awareness of strategies/resources to promote positive mental health. It is possible that the dissonance between the reported program outcomes and the theoretical framework underpinning the intervention is related to the lack of clarity about the intended outcomes of the intervention among participants and – to some degree – among the teams responsible for the project's rollout.

The limited fidelity to the intended structure of the program among participating schools and organisations may also reflect variations in understanding of the program. Data relating to intervention fidelity suggested that many participating schools/organisations implemented few or no wellbeing-related activities following completion of the Peer Leader training session, and the intervention was described by participants at these sites as being primarily targeted toward Peer Leaders. It may be that intervention fidelity would have been higher had the program been conceptualised within participating sites as targeting wellbeing-literacy among entire cohorts of young people, rather than being a program aiming primarily to upskill Peer Leaders.

These results underscore the importance of ensuring a strong and consistent understanding of the theoretical basis and structure of the intervention across all

stakeholders, including program facilitators, leadership at participating organisations, and program participants. In practice, this may involve discussion of the theory-alignment of the program in preliminary meetings with prospective sites, consistent messaging about the objectives of the program across all communication and promotional materials, and structured mechanisms to check understandings of the intervention among participants.

2. **Commitment and buy-in from key partners, including governing bodies and organisational leadership, prior to implementation may improve intervention uptake**

Initial uptake of the program was slow, with a relatively small proportion of schools and organisations contacted for participation ultimately implementing the intervention. While this may be unsurprising given the novelty and the limited resources available for intervention implementation, recruitment efforts in this context are resource-intensive, with limited return in terms of active engagement. Given the complexities described by participants in obtaining approval for new programs and interventions, it is possible that alternative recruitment strategies may have improved intervention uptake. For example, early collaboration and program endorsement by key high-level stakeholders, such as representatives from DECYP and other governing bodies, may have facilitated a more structured and strategic roll-out of the intervention. Indeed, development of strong stakeholder relationships is identified as an important element of implementation with in school contexts within expert-developed implementation guidelines [48].

Within participating schools and organisations, motivation and commitment from school/organisational leadership, teaching staff, Mentors, and Peer Leaders were identified as key factors influencing the success of the program. In particular, the advocacy of individual staff members was reported to have influenced the initial uptake of the program, and ongoing excitement and engagement among staff provided motivation and encouragement for Peer Leaders in their roles. Motivation and engagement were likely enhanced by the extent to which the program aligned with the values and ethos of stakeholders and participating organisations, which was described as an important enabler of implementation by many participants.

Commitment and buy-in for the program were observed to play an important role in the uptake, implementation, and maintenance of the intervention across multiple levels, ranging from commitment from high-level decision-makers to the motivation of individual program participants. Implementation efforts may be optimised using practical strategies to promote and leverage commitment to the program, for example: leveraging buy-in from high-level stakeholders to facilitate large-scale promotion and recruitment; ensuring commitment from school and organisational leadership prior to implementation to support the roll-out and allocation of resources; involving motivated staff within participating schools/organisations to enhance participants' confidence and engagement;

and implementing strategies, such as structured feedback mechanisms, to promote motivation among individual participants.

3. **Implementation is impacted by contextual factors such as need, resources, and governance considerations. Implementation strategies should be tailored accordingly while maintaining intervention fidelity**

Implementation of the Take a minute (Youth) program varied widely according to the context of participating schools and organisations. Limited program uptake points to the need for specific evidence-based implementation strategies, particularly in the unique context of the educational system. The use of structured implementation guidelines, such as those specified in the SISTER project [48], may have supported these efforts.

Implementation in community organisation settings was less complex in terms of administration and governance, while participants in school-based settings described substantial barriers or delays in implementation relating to administrative and approval requirements. In schools with comprehensive wellbeing curricula, identified need for the program was lower and challenges were identified around integrating additional peer-led wellbeing literacy activities into the already busy school calendar. Participants also described various context-specific considerations associated with the implementation of novel interventions, which included staffing capacity, time availability, physical resources availability, and funding and cost.

These contextual considerations have implications for both recruitment of schools/organisations and the implementation process itself. With regard to recruitment, it is likely that targeted recruitment of sites with an identified need for the intervention would reduce commitment of resources to contexts in which the intervention may have limited effectiveness, while also improving satisfaction and perceived sustainability of the intervention [49]. This targeted recruitment would likely be supported by the presence of clearly articulated objectives (see Recommendation 1), which could be communicated to leadership prior to implementation to examine needs-alignment.

Following recruitment to the program, the results suggest that implementation must be tailored to suit the capacity and resource availability of participating schools and organisation, while maintaining fidelity to the objectives of the intervention. In the context of the Take a minute (Youth) program, flexibility and adaptability to each school/organisation was at the forefront of the implementation, which ensured that the intervention was feasible and accessible for a broad range of schools/organisations. However, this strength in terms of flexibility may have reduced fidelity to the intended program structure, with a substantial proportion of participating sites conducting one or no wellbeing literacy-related activities during the evaluation period. Ensuring a balance between flexibility and fidelity is an important consideration, as attempting to modify the program to suit stakeholder demands may have limited the program from achieving a clear identity. One way of achieving this balance may be through the development of a

core program structure/model, with available adjustments that are peripheral to the core, which may be adapted to specific implementation contexts.

5.3 Limitations of the Evaluation and Future Directions

The results of the preliminary evaluation of the Take a minute (Youth) program should be interpreted with consideration to several important limitations. Limitations arose around both uptake of the intervention and uptake of the evaluation. Limited appetite among participating sites for evaluation of the intervention hindered the ability to collect representative data from participants in the intervention. Although the evaluation framework was structured to minimise burden and optimise acceptability by allowing sites to selectively participate in each element of the evaluation, 38% of participating sites (50% of schools, 25% of community organisations) declined to participate in any direct data collection (either outcome surveys or stakeholder interviews). While understandable given resource and time constraints were consistently identified as barriers, this hinders our ability to draw robust conclusions about the intervention's effectiveness. In particular, the absence of quantitative data relating to program outcomes for Peer Leaders and their cohorts precludes statistical analysis of quantifiable program outcomes. Strategies to improve the acceptability of data collection within schools and community organisations should be considered in future evaluations of the intervention to improve the generalisability of findings, perhaps by embedding data capture elements within program activities.

Due to resource and timeframe constraints, the preliminary evaluation of the Take a minute (Youth) program included only sites and stakeholders who participated in the program during pilot implementation. While this provides important insights into experiences of program implementation, which can inform continuous program improvement, it does not capture the perspectives of the schools, organisations, and individuals who declined participation in the intervention. It is likely that feedback from these individuals and institutions would provide additional insights into the reasons for the limited adoption of the intervention observed in the evaluation. Similarly, the results described above should be interpreted as preliminary evidence during the pilot stages of program implementation. If the program is to be continued, or in future applications of the evaluation framework to similar initiatives, ongoing evaluation should be embedded into routine intervention delivery. Future adaptations of implementations of the intervention should also consider examining the acceptability, effectiveness, and experiences of diverse cohorts of young people in the program, including Aboriginal and Torres Strait Islander, culturally and linguistically diverse, or gender and sexually diverse young people.

6. Conclusions

The evaluation framework presented in this report scaffolds a comprehensive evaluation of a school- and community-based wellbeing literacy program, which was developed and piloted at schools and community organisations across Tasmania. The framework draws on best-practice implementation science frameworks and can be adapted for application to comparable youth-focused initiatives. The framework was applied to the preliminary evaluation of the Take a minute (Youth) program, developed and delivered by the MHCT, with a series of key learnings and recommendations identified. Results highlighted the importance of clear program objectives and structure, early engagement and commitment from key stakeholders, and the balance of contextual responsivity with intervention fidelity. The program and its implementation strategy exhibited a number of strengths, which related to its developmental appropriateness, use of practical and interpersonal elements to support learning and engagement, and embedding of evaluation throughout the implementation process. Learnings from this preliminary evaluation may inform future iterations of the Take a minute (Youth) program or implementation efforts for similar youth-focused interventions. The report may also be used to inform the adaptation of the evaluation framework for future initiatives, with key considerations and learnings presented and the Take a minute (Youth) program used as an illustrative example throughout.

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Appendix 1 – Operationalisation of CFIR Domains for Take a minute (Youth)

CFIR domain	Original definition (as described by Damschroder et al.[7])	Operational definition for current evaluation framework	Constructs contained within this domain
Innovation	The 'thing' being implemented.	Take a minute (Youth).	Innovation source, innovation evidence base, innovation relative advantage, innovation adaptability, innovation trialability, intervention complexity, innovation design, innovation cost.
Outer setting	The setting in which the Inner Setting exists (e.g. the hospital system, school district, state). There may be multiple outer settings and/or multiple levels within the Outer Setting (e.g. the community, system, state).	Tasmanian school system, Tasmanian community.	Critical incidents, local attitudes, local conditions, partnerships and connections, policies and laws, financing, external pressure (societal pressure, market pressure, performance measurement pressure).
Inner setting	The setting in which the innovation is implemented (e.g. the hospital, school, city). There may be multiple Inner Settings and/or multiple levels within the Inner Setting (e.g. the unit, classroom, team).	Schools and community organisations in which the implementation is implemented.	Structural characteristics (physical infrastructure, information technology infrastructure, work infrastructure), relational connections, communications, culture (human-equality centredness, recipient centredness, deliverer-centredness, learning-centredness), tension for change, compatibility, relative priority, incentive systems, mission alignments, available resources (funding, space, materials and equipment), access to knowledge and information.
Individuals	The roles and characteristics of individuals.	The individuals and teams involved in implementing the Take a minute (Youth) (e.g. MHCT), facilitating the Take a minute (Youth) program (e.g. school staff/teachers, mentors), and participating in the program (Tasmanian young people and students).	High-level leaders, mid-level leaders, opinion leaders, implementation facilitators, implementation leads, implementation team members, other implementation support, innovation deliverers, innovation recipients. Need, capability, opportunity, motivation.
Implementation process	The activities and strategies used to implement the innovation.	The strategies and activities used to implement the Take a minute (Youth) program.	Teaming, assessing needs (innovation deliverers, innovation recipients), assessing context, planning, tailoring strategies, engaging (innovation deliverers, innovation recipients), doing, reflecting and evaluation (implementation, innovation), adapting.

Appendix 2 – Operationalisation of RE-AIM Constructs for Take a minute (Youth)

RE-AIM[6] construct	Original definition	Definition for current evaluation framework	Example Measurement Strategies
Reach	"The absolute number, proportion, and representativeness of individuals who are willing to participate in a given initiative, intervention, or program, and reasons why or why not."	The number, proportion, and representativeness of young people willing to participate in the Peer Leadership program. The reasons for participation or non-participation of young people in the Peer Leadership program.	Number and demographic characteristics of youth who participate in the Peer Leadership program. Comparison of demographic characteristics of youth who participate and decline to participate in the Peer Leadership program. Qualitative evaluation of reasons for participation/non-participation in the program.
Effectiveness	"The impact of an intervention on important individual outcomes, including potential negative effects, and broader impact including quality of life and economic outcomes; and variability across subgroups (generalizability or heterogeneity of effects)."	The impact of the Peer Leadership on 1) the mental health and wellbeing of young people who engage in the program, and 2) the mental health and wellbeing of the communities of which Peer Leaders are a part. Any adverse outcomes of the Peer Leadership program, including but not limited to increased mental distress for peer leaders or broader communities. The effectiveness of the Peer Leadership program across subpopulations of young people. The cost of implementing the Peer Leadership program, weighed against the observed benefits of the program.	Administration of validated outcome measures for peer leaders pre- and post- intervention. Administration of validated outcome measures for broader school communities pre- and post- intervention. Qualitative evaluation of the perceived outcomes of the Peer Leadership program for trained Peer Leaders. Qualitative evaluation of the perceived outcomes of the Peer Leadership program with other relevant stakeholders (e.g. mentors/supervisors, teachers, parents).

Adoption	"The absolute number, proportion, and representativeness of settings and intervention agents (people who deliver the program) who are willing to initiate a program, and why."	The number, proportion, and representativeness of communities (e.g. schools, youth community organisations, etc.) willing to implement the Peer Leadership program. The reasons for willingness/non-willingness to implement the Peer Leadership program.	Number and characteristics of communities willing to implement the Peer Leadership program. Comparison of characteristics of communities willing/not willing to implement the Peer Leadership program. Qualitative evaluation of reasons for willingness/unwillingness to implement the Peer Leadership program.
Implementation	"At the setting level, implementation refers to the intervention agents' fidelity to the various elements of an intervention's key functions or components, including consistency of delivery as intended and the time and cost of the intervention. Importantly, it also includes adaptations made to interventions and implementation strategies." "At the individual level, implementation refers to clients' use of the intervention strategies."	The extent to which communities (e.g. schools, youth community organisations) implement the Peer Leadership program as intended (including but not limited to number of Peer Leaders trained, components of the training modules, adherence to supervision/mentorship protocols). The nature of and reasons for any changes made to the program implementation protocol. The extent to which trained Peer Leaders implement the strategies taught in the Peer Leadership program, and the nature of and reasons for changes made by Peer Leaders to the intervention strategies.	Characterisation of the activities implemented as part of the program within participating schools/organisations. Qualitative evaluation with Peer Leaders, Mentors, and school/organisation leadership of facilitators and barriers to successful implementation of the program.
Maintenance	"At the setting level, the extent to which a program or policy becomes institutionalized or part of the routine organizational practices and policies. Within the RE-AIM framework, maintenance also applies at the individual level. At the individual level, maintenance	The number, proportion, and representativeness of communities (e.g. schools, youth community organisations) that continue to implement the Peer Leadership program after the initial implementation and evaluation stage.	Regular ongoing characterisation of the activities implemented as part of the program within participating schools/organisations. Assessment of retention of peer leaders and mentors within the program.

	has been defined as the long-term effects of a program on outcomes after a program is completed. The specific time frame for assessment of maintenance or sustainment varies across projects."	Reasons for ongoing implementation and/or cessation of implementation of the intervention. The extent to which the outcomes of the Peer Leadership program (described above, see 'effectiveness') are maintained for trained peer leaders and their communities.	Assessment of retention of schools/organisations within the program. Recurrent administration of validated outcome measures for peer leaders and students. Qualitative examination of the perception of school/organisation leadership and mentors about the feasibility of ongoing implementation of the program.

Appendix 3 – Quantitative Survey Items

Demographic data captured in surveys distributed to peer leaders included age (years), grade, and gender (man, woman, non-binary, another term, prefer not to answer). Previous exposure to wellbeing interventions was captured using the following items: have you previously been taught strategies to maintain good mental health (yes/no), and have you ever attended any mental health support (yes/no). These items aimed to broadly capture young people's perceptions of whether they had ever been provided with any support around mental wellbeing or mental health, rather than capture objective data around previous service use or treatment. Wellbeing literacy was measured using the WelLit-6 [16]. The WelLit-6 comprises six items scored on a 7-point Likert scale, with responses ranging from 1 (strongly disagree) to 7 (strongly agree). The measure has demonstrated robust psychometric properties when applied to youth populations in Australia [16]. Mental wellbeing was measured using the seven-item version of the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) [40], which has been validated for use among young people [50,51]. Finally, academic buoyancy was assessed using the Academic Buoyancy Scale, which has also demonstrated sound psychometric properties among adolescents [52].

All of the measures outlined above were re-administered to participating peer leaders approximately 3 months after completing their peer leader training. The acceptability of the program was also measured using the Acceptability of Intervention Measure (AIM), a validated three-item measure of intervention acceptability [41]. Peer leaders were also asked to provide qualitative feedback about the program in an open-text format using the following items: 1) Is there anything you like about the program? If yes, please describe, 2) Is there anything you dislike about the program? If yes, please describe, and 3) How do you think the program could be improved?