Wellness Connect Consumer Consultation: Understanding experiences of psychosocial support and how the outcomes of support could be measured

Priscilla Ennals
September 2025

Acknowledgments

Many thanks to the participants of this workshop who generously shared their experiences and ideas. Thank you to the Wellness Connect team and managers who supported engagement with this work.

We acknowledge Aboriginal and/or Torres Strait Islander peoples and communities as the Traditional Custodians of the land we work on and pay our respects to Elders past and present. We recognise that their sovereignty was never ceded.

We celebrate, value and include people of all backgrounds, genders, sexualities, cultures, bodies and abilities.

Wellness Connect is supported by funding from Adelaide PHN through the Australian Governments PHN Program.

Contact us

Neami National Head Office
4–8 Water Road, Preston VIC 3072
P 03 8691 5300
F 03 8678 1106
hello@neaminational.org.au

neaminational.org.au

Contents

The consultation: what we did and why 4

Themes from the workshop 5

Reaching out for support is difficult 5

Service and staff that see me, get me 5

I am strengthening and growing 6

Many needs, not enough time: ‘Churning’ through services but needs still not met 6

Groups are great for connection and building skills and confidence 8

Domains of support that people are using, or could use 9

Supports utilised through Wellness Connect 9

Measuring success of psychosocial programs 11

Appendix 1. Domains of psychosocial support 14

Appendix 2. Domains of support with examples of types of support that might be included in broad domain 15

More information 20

The consultation: what we did and why

This consultation was conceived to provide input into several activities external to Neami, that were seeking to evaluate and develop psychosocial support programs. Neami determined that strong participation from people with lived experience of the programs was important to make sense of our own services and to share into these external projects.

One three hour, in-person workshop was held with participants of Wellness Connect in Adelaide. The workshop plan was developed by Priscilla Ennals (researcher) and Steve Price (Stream Lived Experience Lead) and delivered by Priscilla Ennals and Kelly Buttignol (Senior Service Manager) on 11 September 2025.

The workshop focused on:

- connecting with each other and building a comfort agreement
- exploration of wellbeing and psychosocial supports
- understanding individual and shared experiences of receiving support through Wellness Connect
- understanding the domains of support that people have accessed and valued through Wellness Connect
- considering different ways of measuring the success of the program.

Ten people had responded to invitations to participate and seven participated on the day. Participants were adults between 30 and 60 years. Demographic data was not collected. Participants had all been connected with Wellness Connect, one was early in their engagement and six were near the end of 12 months (maximum) engagement.

This report summarises the outputs of the workshop.

Themes from the workshop

Reaching out for support is difficult

Participants described how reaching out for support is difficult and made more difficult when you can't find a relevant service that will accept you or welcome you. Many participants had made many prior attempts to access relevant supports, sometimes unsuccessfully. They spoke of having their guards up because of mental health issues, trauma, prior negative experiences of services and past harms. One participant spoke of being the first generation in her family not to be removed from family/stolen and how that embeds a genuine fear of engagement and trust,

> 'Generations before us we were taught not to reach out. I'm first generation not taken from my family. So, you don't share, you don't reach out. I only found this service by mistake but even so, your guard is so high it is hard to lower it…I feel like I am going to be rejected, failed, let down'.

This illustrates how prior experience influences people's willingness and ability to reach out and if they do, influences their willingness to share more fully what is going on for them.

Service and staff that see me, get me

Participants characterised their relationships with staff as supportive, about connection, clear communication, transparency, being heard, responsive, attentive, non-judgemental, and 'they don't forget about me'.

Strong focus on the relationship developed with an individual staff member – most obvious when that relationship ends and participants described grief at loss of the relationship, the loss of being known by someone and then losing that support.

A carer participant, who had been caring for her father with longstanding mental health issues was connected to Wellness Connect to support her and father's re-application to the NDIS. A single mother of a teen, trying to keep her own employment, and caring for her father whose needs were becoming more complicated, she described extensive and frustrating efforts gathering evidence for an application that was then rejected. She spoke of the relief of being listened to, heard and seen by the Wellness Connect worker.

> 'How much less stress I had as a carer compared to trying to do it [apply to the NDIS} alone. He made everything so much easier…. he did a support letter. When I read that letter, you tell your story so many times (pause) it was emotional to read. My voice was heard. He put that into writing, but it was exactly what we were going through, it was spot on, he knows us, he nailed it…. He made it easier for my GP too by providing templates… He has seen us as people not just another NDIS application.'

The sense that many staff had 'been through stuff too' was described by participants as useful because this meant they 'get it'. Relationships with staff were described by all participants as very important to their overall experience and linked to the benefits they gained from the service.

> ‘I am so grateful [speaking through tears] when I get care – we are all going through something really hard and it is so hard to reach out, and when you get someone who cares [unable to complete sentence – others in the group agreed verbally and nonverbally].’

I am strengthening and growing

Strengthening self | empowerment | personal growth

Participants spoke of developing a sense of agency and capacity as they engaged with Wellness Connect staff. They described how they were addressing issues, having needs met, connecting with groups, growing as people and feeling strengthened in themselves. Being understood, including having aspects of their identity recognised and respected, contributed to feeling worthy and agentic.

> ‘I came in with no expectations, I have learnt to have no expectations. There were things I couldn’t unravel in my head, but my worker helped me sort it out – helped me grow as a person and helped me manage my mental health.’

There was no indication of workers doing things for people if they were able to do those things independently, but participants valued when staff advocated on their behalf or supported them practically to get over a hurdle or stuck point. For example, one participant shared having challenges navigating bureaucratic phone calls and was surprised when their worker offered to help, ‘being alongside me, like when I babble on the phone offering to be there with me while I call – so he can help – it blows me away’.

Many needs, not enough time: ‘Churning’ through services but needs still not met

There was a strong emphasis in the discussion on the time period available for support (maximum of six-month active support – one to one contact – and up to six months ‘passive’ support where people can continue to attend groups), with most participants concerned it was not long enough. Participants spoke of the range of needs they were experiencing and the often-lengthy periods they had been unsupported before having the courage to ask for help. Some participants spoke of trauma in their lives through childhood and adulthood and how this impacted their views of themselves and had made them question their worthiness for receiving support. Most of the available services are only available for a limited number of sessions or period of time. One participant shared:

> ‘I have spent a long time not reaching out – suffering and the need has been so long in the making. A long time to reach out to get any support. I didn’t know where to start. So hard reaching out for help. I have blocked out childhood trauma and all the life trauma. I have been exposed to a lot. Grief and loss come in different ways. And then to trust and then to lose a worker – it is another loss. They referred me to another service – it is quite horrific, their attitude – it is totally different.’

Participants spoke about having many and longer-term needs but felt they were being shuffled through the system, with one now asking up front about this, ‘I have gotten to point where I walk into a service and ask – how long have I got?’ Another spoke of previous engagement with very helpful supports that were also time limited, feeding what feels like a cycle of assessment, brief support and exit, leading to feelings of loss.

‘Six visits at Relationships Australia – then another six visits because of my emergency situation. When I had to finish I cried.’

Participants described how for many, 18–24 months is a more realistic period of time for support to be meaningful.

Several participants spoke of trust beginning to be established as they approached the six-month mark when they were no longer eligible for one-to-one support. They said this felt like – ‘goodbye – we are closing the door on you’, and ‘there is a lot going on…right at the end you start to get comfortable with that person and then they are gone’. When contemplating what this meant, despite having considerable issues and needs for ongoing support – one participant shared ‘*I’m* devastated – what now? Feel like you are alone and don’t know where to turn, it is sending my mental health down’.

> ‘My worker is amazing – but everything finishes totally in November – so she says no check-ins. But I still need help. She says I can’t help with that anymore, but she started it with me and I need her help to finish it.’

Most of the participants described layers of diverse needs that they revealed over time. ‘There is a cross over with so many other risk factors – domestic and family violence, homelessness, disability, physical health, systems abuse’. They described sharing more as they built trust with their worker and saw that they were being taken seriously. The time limited nature of support and the cost of other supports contribute to feeling under pressure to make the most of services and concerned about what would follow once their support period ended.

> ‘And when you can’t rely on your own self – [you question] is it [the support offered by a service] real? Is it going to hurt us or hinder us – sometimes we can’t trust our own minds. We are trying to talk ourselves into – it is going to be ok, but it is not ok. It is hard to break – from childhood into adulthood – and we are trying to face, scary facing it because we don’t know what the outcome is going to be. I revert back to my default – I am going stay in here [inside me] because I don’t trust. Everything about us is limited – time for services, resources, financial burden, it is financially nonviable – we don’t have cash to see a psychologist or psychiatrist, to go for regular counselling that is going to burn our pocket.’

> ‘I can’t afford to be as sick as I am. When I look at my budget for the week and the medication costs more than the food I can buy. And you look at wanting to get support. And after a Medicare rebate – I am still 120$ out of pocket. I can’t afford my medical needs. Everything else directly impacts my mental health and wellbeing.’

While participants highly valued the support they received, they emphasised the impact of the loss of these relationships along with the fact they felt left without adequate support. One participant had argued to re-access the service successfully. Others suggested more gradual endings, and more flexibility than fixed time-periods.

> ‘Could we have a more graduated ending? Check-in calls at one month, three months six months – to see if things are stable rather than go cold turkey?’

> ‘I have had several big losses lately – but I am being shut off even though I really need it now. Sometimes there has to be some flexibility. They could ask, do you need some extra time? This needs to change – more flexibility.’

Groups are great for connection and building skills and confidence

All seven of the participants had engaged with groups offered through Wellness Connect. They valued the broad group of people they had met and welcomed the engagement with others, including the suggestions shared by other group members. Several described being discouraged from talking about more personal circumstances and were frustrated about being ‘capped on what you can speak about’.

Support to attend first group sessions by their worker was highly valued and enabled participation that otherwise might have been difficult, ‘it lessened my anxiety and made it possible to go’.

Participants spoke of learning skills, and building confidence and social connections through the groups, specifically mentioning, cooking groups, coffee and adventure, balance, body and mind, art groups, and self-defence. Small group sizes and an awareness that everyone was going through some sort of challenge made it easier to join and continue with groups.

One participant highly valued being able to attend a social group that supports their gender identity and appreciated being able to connect with others who are part of a minority but who are overrepresented in the mental health system. One participant noted some unanticipated impacts of one group and felt the four sessions over four weeks were not long enough considering the impact it had for her.

‘Self-defence very empowering and good but very triggering – I was working through that in ways I didn’t expect’.

Groups provided some participants the opportunity to stay connected with staff they had built relationships with, and some described regularly attending groups as a way of sustaining that connection. For some the opportunity to stay connected and check-in with a particular staff member was as important as the content or social value of the group.

Domains of support that people are using, or could use

A card sort activity – using cards describing domains of support (Appendix A) – was used to gather an understanding of the types of support that participants were utilising through Wellness Connect. This method was engaged in actively by all participants. A list of examples (Appendix B) was provided to unpack the domains if they wanted more information or examples for each domain. Participants identified between three and 12 domains they were being supported in. The individual lists are presented here to demonstrate the variation and mix in support domains accessed by individuals.

Supports utilised through Wellness Connect

Participant 1	**Participant 2**	**Participant 3**	**Participant 4**	**Participant 5**	**Participant 6**	**Participant 7**
Mental wellbeing	Mental wellbeing	Community connections	Mental wellbeing	Mental wellbeing	Mental wellbeing	Mental wellbeing
Social connection	Social connection	Basic resources	Social connection	Social connection	Social connection	Social connection
Family violence	Community connections	Finances	Community connections	Meaningful things to do / time use	Community connections	Community connections
Legal issues	Basic resources		Basic resources	Relationships	Basic resources	Daily living activities
Neurodiversity	Spirituality		Spirituality	Stigma and discrimination / prejudice	Spirituality	Finances
	Meaningful things to do / time use		Identity	Identity	Physical health	Identity

Participant 1	Participant 2	Participant 3	Participant 4	Participant 5	Participant 6	Participant 7
	Daily living activities		Meaningful things to do / time use	Alcohol and other drug use	Employment	
	Problem solving / overcoming hurdles		Problem solving / overcoming hurdles	Cultural connection		
	Family violence		Physical health			
	Relationships		Housing			
	Stigma and discrimination / prejudice		Transport			
	Legal issues					

Some participants wanted to explain how interrelated the domains of support were. That support and validation in one area, for example family violence, had a range of impacts on other domains – sometimes needing additional supports and sometimes opening possibilities to think differently about needs or wellbeing. Another example is the impact of physical health issues having a direct impact on mental wellbeing and how poverty means access to medication or other treatment is not always possible, compounding distress and struggle.

Participants were also offered the chance to identify any support domains they needed/wanted support in. All participants generated longer lists of supports they ‘would value’ compared to the lists generated for support they ‘had access to through Wellness Connect’. This indicates that despite having access to supports the full range of people’s needs are not being addressed. The highest number of domains they would value was 19 and the smallest number was five. An additional domain was identified by two participants – support around the wellbeing of their family unit. They noted that when one or more loved ones/dependent family members were unable to get their needs met or were distressed, this directly impacted their own mental health and wellbeing. Being supported by Wellness Connect to navigate access to supports for a loved one made a real difference on their own wellbeing.

Measuring success of psychosocial programs

When asked to comment on how the success of the service should be measured all participants immediately spoke about the quality of the staff and the relationships they established with consumers, inferring that is what they value about the service. For example, they described a successful service as culturally responsive, trauma responsive, confidential, safe, transparent, non-judgemental, and inclusive. They wanted to measure if the service 'helped me grow'.

Importantly they wanted any measurement to acknowledge the potential impact of life circumstances and how they impacted people – for example they emphasised how stressors in relation to housing, finances, family and domestic violence, and other family members, impacted their overall mental health and wellbeing, sometimes irrespective of their receipt of effective and valued services. They wanted anyone interested in evaluating the success of a program to think about mental health and wellbeing as a whole and to take notice if life stressors – things not within their control, or the service's control – 'are impacting on a person's wellness trajectory'.

One participant highlighted how measures don't 'acknowledge the constraints placed on workers by the organisation or how the worker is supported by the organisation', expressing concern that more negative outcomes could be used against staff when it is not their fault.

Another participant raised concern about measurement of success more generally in the context of services that have a fixed time limit arguing that measuring can feel like it is just for show.

There was concern that measurement can be 'hit or miss' and depends on 'how much you trust the person who is asking' or what you think the right answer is 'to get what you need'. There were diverse responses including, 'Some people sugar coat what is going on when they answer the survey – you think – I'm ok, I'm ok' and 'sometimes you are so shut down it is hard to answer'. A participant felt any measure could be helpful depending how it was done and how it was used, noting that 'if I don't know how I am and it helps me get the support I need it could be helpful…. as long as the feedback is wholistic, because anything can be turned negative. It requires a lot of trust with the person doing it'. One participant said you 'need to look beyond to see what is actually going on. To read the room. How is the person? What do they need? If you ignore people, they don't feel like they are seen or heard.'

> 'What is the point [of asking] if it is all time limited – because if you are going to ask at the end and you still have all these issues, they say see you later anyway. It is just for the boss. They don't care about what you need or how you are going.'

Participants were invited to provide feedback on two proposed outcome measures, The Life Skills Profile and The Flinders STBH-Q. There was not adequate time to review the Living in the Community Questionnaire. It took time to read and process what each measure was asking, and inadequate time was available to review each item in detail.

Feedback on both outcome measures are summarised below.

	Positives	Concerns / Negatives	Other Comments
Flinders STBH-Q	Liked the scale language e.g. not at all connected to very connected Inclusion of visuals makes it feel less clinical Group of participants agreed some things would likely show a change as result of engaging in the Wellness Connect service. One person said they liked Q17 and 'even though it wouldn't change over time it is important to understand where a person is and why they might be like that'.	Weird having a scale of 0–8 (why 8?) Don't like Q17 – My childhood was…. [your childhood matters but it is not going to change. You can go beyond your childhood – things can change in adulthood. I don't think this question should be there] Q17 could be reframed to be 'The impact of my childhood on my current situation is…. [this would help explain what is going on and what they need support with]. I'm not sure why all these things [items] are on here.'	Having access to something doesn't mean you use it or always use it.
The Life Skills Profile	Could be helpful if staff are seeing what is happening for someone this could help – 'if I don't know how I am, and it helps me get the support I need it could be helpful'.	Don't like concept of being rated by staff and maybe not knowing how you are rated. 'People think different about different people – it could cause a lot of problems.' 'It looks like they are trying to judge if you should be here or not'. 'I'm traumatised from every question – how do they know the answers – even if you present well, it doesn't mean that you are.' 'I worry about transparency, bias, context, judgemental, it is not trauma informed.' 'Don't like this is done to me not with me.' 'Doesn't allow any space to explain answers – like to explain my disability or neurotype.'	'To me I am seeing a medical focus'. 'What about all the other things that matter that are not included here?' 'I know a lot of people have trauma, but they can mask it – not everyone can see that so you can misjudge what people need or what is going on for them'.

Reflecting overall on what participants discussed about these two outcome measures, the following principles should be prioritised in the tools used to measure the success of the program:

- Consumers want to be involved and respond themselves (not be rated without their knowledge).
- Items should be relevant to the kinds of supports people are accessing.
- The length of any measures used should be considered – shorter the better.
- Recognise that people have different needs, and need supports in different domains, and in different domains over time – find ways to measure these things rather than measuring everything or not much.
- Use of scales and visuals are useful (may need some guidance about scales).
- There should be an expectation of possible change for each item because of engagement with the service.
- How measures are conducted and the findings used and shared is as important as the tool itself.
- Need to be clear about the purpose of the measure and how it will be used and explain this. Consumers are rightly wary about tools that might exclude them from access to services – this may lead to responses that are likely to get people their desired result.
- Recognise that consumers may not be able to share freely early in a service engagement and this may confound early measurement.

Appendix 1 – Domains of psychosocial support

- Mental wellbeing
- Physical health
- Social connection
- Relationships
- Housing
- Home maintenance
- Education
- Employment
- Daily living activities
- Alcohol and other drug use
- Legal issues
- Family violence
- Finances
- Basic resources
- Transport
- Language
- Meaningful things to do/time use
- Community connection
- Problem solving/overcoming hurdles
- Neurodiversity
- Stigma and discrimination/prejudice
- Spirituality
- Identity
- Cultural connection
- [Family wellbeing/unity] – added by participants

Appendix 2 – Domains of support with examples of types of support that might be included in broad domain

This is not intended as an exhaustive list but as a range of example supports.

- Mental wellbeing
  - Managing stress
  - Exploring psychological distress
  - Dealing with trauma
  - Managing thoughts
  - Navigating voices
  - Managing mood
  - Managing fears and worries
  - Coping with ups and downs of life
  - Energy and motivation
  - Pain
  - Co-occurring conditions and disability
- Physical health
  - Movement
  - Exercise
  - Preventive health
  - Nutrition and weight
  - Illness treatment
  - Managing health conditions
- Social connection
  - Spaces to connect
  - Confidence and social skills
  - Overcoming hurdles to connection
  - Joining social groups
- Relationships
  - Family

  - Friends
  - Children and dependents
  - Neighbours
  - Pets
  - Professional relationships
  - Relationship challenges/breakdown
  - Boundaries and protecting self
- Housing
  - Affordability
  - Getting housing
  - Sustaining housing/tenancies
  - Longer term housing planning
  - Homelessness and housing insecurity
  - Overcrowding and safety
  - Safety in and outside of the home
- Home maintenance
  - Home maintenance
  - Hoarding
  - Cleaning
  - Gardening
- Education
  - Finding educational opportunities
  - Applying for education
  - Managing educational settings and tasks
  - Support with education/keeping up
- Employment
  - Job seeking/Finding employment
  - Connecting with employment supports
  - Job satisfaction/stress
  - Keeping a job
  - Managing work stress

- Daily Living activities
  - Establishing daily routines
  - Self-care (showering etc)
  - Shopping and budgeting
  - Cooking and sourcing meals
  - House cleaning
  - Managing bills
  - Personal admin/forms etc
- Alcohol and other drug use
  - Minimising harm from use
  - Reducing use
  - Understanding reasons for use
  - Stopping use
  - Managing withdrawals
  - Accessing specialist supports/rehab
  - Accessing regular support groups/mentors
- Legal issues
  - Identification
  - Criminal issues – victim
  - Criminal issues – perpetrator
  - Navigating family and domestic violence
  - Debt and finance
  - Fines
  - Legal orders
  - Post justice support
  - Refugee/migration issues
  - custody
- Family violence
  - Navigating relationships
  - Exploring options
  - Leaving relationships/housing

    - Court orders and disputes
    - Managing fallout
    - Supporting children
    - Securing safety
- Finances
    - Navigating costs of living
    - Debt
    - Centrelink and payments
    - Access to financial support/counselling
    - Budgeting
    - Financial planning
- Basic resources
    - Food
    - Clothing
    - Energy
    - Phone
- Transport
    - Costs
    - Using public transport
    - Learning to drive
    - PT fines
    - Knowing where to go/navigating
- Language
    - Interpreter access
    - Access to communities/supports who speak my language
    - Navigating health systems with second/other language
    - Communicating/understanding complex concepts
- Meaningful things to do/time use
    - Establishing routines
    - Exploring interests
    - Relaxing

  - Finding purpose
  - Volunteering
  - Leisure activities – passive and active
  - Social activities
- Community connection
  - Knowing and exploring my community
  - Connecting with others
  - Finding people with similar interests
  - Finding ways to belong
- Problem solving/overcoming hurdles
  - Identifying and exploring issues
  - Persisting through challenges
  - Talking problems through
  - Trying solutions
  - Picking up after setbacks
- Neurodiversity
  - Navigating environments
  - Meeting sensory needs
  - Understanding sensory preferences
- Stigma and discrimination/prejudice
  - Knowing my rights
  - Understanding/identifying discrimination
  - Navigating discrimination and stigma
  - Navigating sharing information about me/others and my/others situation
- Spirituality
  - Exploration of spirituality
  - Support to engage in spiritual activities
  - Support to connect with others/organisations
- Identity
  - Exploration of identity(identities)
  - Connection with activities or organisations in support of identity

- Cultural connection
    - Exploration of cultural identity and mob
    - Pursuit of cultural activities
    - Support to connect with cultural organisations
- [Family wellbeing/unity] – added by participants in workshop
    - Support to navigate the health and wellbeing needs of other family members
    - Support to explore family member needs

More information

Priscilla Ennals
Senior Manager, Research and Evaluation

Neami National
03 8691 5300
priscilla.ennals@neaminational.org.au