



An account of the Midwest Suicide Prevention Trial

WA Primary Health Alliance
7 October 2020



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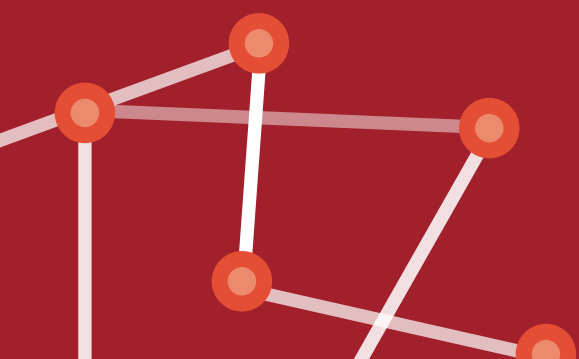
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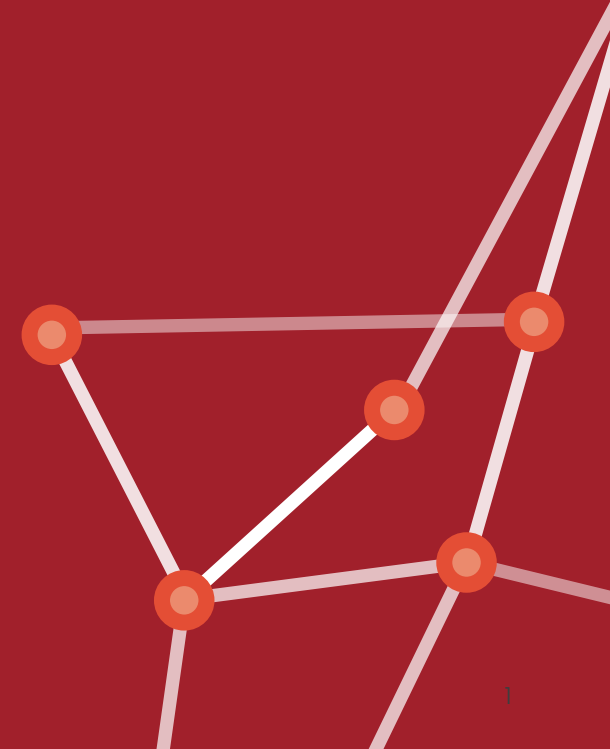


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The authors of this report acknowledge the lives of those that have died by suicide, and the experiences of their family, friends and community.

This report has been developed with the assistance of a broad range of committed and skilled service providers, health professionals, community members and lived experience advocates.

The voices of those with lived experience of suicidal ideation, attempted suicide and bereaved by suicide, and those that serve them, are recognised as invaluable.



01

EXECUTIVE SUMMARY

The Midwest Suicide Prevention Trial (the Trial) was initiated in 2017 by the WA Primary Health Alliance (WAPHA) to focus on suicide prevention for men aged 25-54 in the Western Australia (WA) Midwest region, with an emphasis on farmers, fishermen, 'fly-in-fly-out' workers, and Aboriginal communities. The Trial has involved a wide range of activities aligned with the globally-recognised Alliance Against Depression (AAD) model, including public awareness activities, support for high-risk groups, training of health professionals and education of community members. The Trial has been coordinated by the Midwest Suicide Prevention Steering Group Committee (Steering Group Committee) and will conclude in June 2021.

This evaluation was commissioned by WAPHA and was conducted by Nous Group (Nous) between October 2019 and September 2020. The purpose of the evaluation is to provide an account of the Trial and its activities, and to identify insights to inform future suicide prevention interventions, including suicide prevention practice and policy, in the Midwest region and similar contexts. The evaluation methodology draws heavily on the expertise and experiences of key stakeholders, including service providers, community members, policy makers and individuals with lived experience. See Section 3 for detail regarding the scope, method and limitations of the evaluation.

The evaluation aims to contribute to the Trial's overarching aim of identifying effective suicide prevention approaches for men and is organised around the four 'pillars' of the AAD model:

- **PILLAR 1:** General public: depression awareness campaigns.
- **PILLAR 2:** Patients, high-risk groups and relatives.
- **PILLAR 3:** Primary care and mental healthcare.
- **PILLAR 4:** Community facilitators and stakeholders.

Table 1 overleaf summarises the 14 groups of activities across each of these pillars, their effects and insights for future suicide prevention practice and policy. 'Insights for the future' draw both on effective elements of the Trial and lessons learned to provide guidance for future practice. Detailed findings related to the Trial and each pillar are provided in Section 4, including a description of the key activities, their outputs and effects, in addition to lessons learned that can serve as insights for future suicide prevention programming. These insights for the future have been informed by the reflections of Trial stakeholders on what they believed worked well in the Trial, in addition to their reflections regarding what could have been done differently.

This evaluation has identified a number of positive outcomes of the Trial. Stakeholders believe that many men in the region feel more comfortable to discuss their mental health and wellbeing, allowing some to overcome taboos associated with mental health. Further, stakeholders report that the number of men in the Midwest that seek support through mental health services has increased. Further, the overall awareness among community members and health workers is understood to have improved, including capabilities to address suicide and mental health.

The evaluation identified four key insights from the Trial, which could benefit future suicide prevention programming:

Future large-scale suicide prevention programs can benefit from clear strategies, with well-defined outcomes, scope and planning for long-term sustainability.

Suicide prevention is perceived to be under-resourced relative to crisis care, and communities seek greater access to both.

Suicide prevention is perceived to be under-resourced relative to crisis care, and communities seek a variety of services, including non-crisis treatment.

Regional communities and services highly value the involvement of local community the design, planning and delivery of suicide prevention activities.

PILLAR 1:



General public: depression awareness campaigns

Activities

The 'Inside My Mind' (IMM) public awareness campaign (complete) – a communications campaign to increase awareness and reducing stigma around depression and anxiety, and promoting help-seeking behaviour.

Mental Health Resource Coasters (complete) – mental health awareness and support messages printed on drink 'coasters' for public venues.

Dissemination of mental health information (ongoing) – in-person and publication-based information sharing by WAPHA.

Effects of these activities

- IMM connected with a large number of people in the Midwest due the scale and mixed-media approach of the campaign
- Awareness communication oriented in 'lived experience' and personal stories were effective in increasing the community's awareness of the range of symptoms of depression and anxiety
- Public awareness activities and clear information helped to address social taboos, and increased the willingness of some to discuss mental health.

Insights for future activities

- Public awareness campaigns grounded in lived experience connect well with target communities
- Public awareness campaigns achieve benefit by responding to the needs of their target audience
- Campaigns in regional contexts may need more localised content
- Public awareness campaigns can be responsive to the changing needs of their target audiences
- Campaigns could achieve further impact through clearer links to appropriate local service.



PILLAR 2:



Patients, high-risk groups and relatives

Activities

CheckMate Men's Health (ongoing) – a community-led men's network for coordinating local events and sharing information.

Tomorrow Man (ongoing) – workshops for men designed to challenge preconceptions of masculinity and promote emotional wellbeing.

Community Action Plans (ongoing) – documented plan designed to enhance community response to mental health across a range of factors.

Effects of these activities

- Men who attended mental health and social events had a positive response in the short-term
- Mental health information permeated more into the general community, contributing to a more supportive environment for at-risk men
- Self-organising increased amongst target groups, with some connection to broader mental health messaging.

Insights for future activities

- Local endorsement and word-of-mouth is important to building trust and participation, and needs to be capitalised on with strong follow-up
- There is no 'one size fits all' to supporting men – different groups need locally tailored approaches
- Adding a mental health component to existing community activities may be more effective than organising independent 'mental health events'
- Future activities should focus on proactively fostering connections with at-risk groups.



PILLAR 3:



Primary care and mental healthcare

Activities

Registrar and GP training (ongoing) – mental health workshops delivered by a respected senior General Practitioner to build capabilities of regional GPs.

Mental Health First Aid (MHFA) training (ongoing) – a first-response toolkit for responding to people suffering from mental illness.

Question, Persuade, Refer (QPR) training (ongoing) – a standardised approach to intervening with those at immediate risk of suicide.

Effects of these activities

- Training connected with many community members and professionals, increasing their understanding of mental health and suicide
- GPs and registrars that attended training increased their mental health-related knowledge and skillsets
- Stakeholders reported strong flow-on effects from taking a ‘train the trainer’ approach.

Insights for future activities

- MHFA and QPR training could be augmented to communicate more effectively with different audiences
- Community upskilling and ‘train the trainer’ approaches are both popular and effective, as they foster local ownership and investment
- Low overall numbers of health care professionals (and facilities) is a systemic issue throughout the Midwest – but mental health treatment is still predominantly channelled through GPs and hospitals.



PILLAR 4:

Community facilitators and stakeholders



Activities

Mindframe Plus media training (complete) – a training session for media and communication professionals on appropriate language and coverage for mental health-related stories.

The Chapman Valley Men's Shed 'Shinema' Project (ongoing) – a community-led project to stimulate community connection via a bus converted to provide a portable cinema.

Motivational speaking from Hope Assistance Local Tradies (HALT) (complete) – a series of presentations from a tradesperson who was motivated to promote mental health among tradespeople.

Roses in the Ocean (complete) – a not-for-profit organisation dedicated to helping people communicate their personal experiences of depression and mental illness.

Walk into the Light (ongoing) – a mental health awareness-raising event centred on a group walk at dawn.

Effects of these activities

- Some community activities had high benefit, but their effect had limited reach and duration
- Small scale suicide prevention initiatives were developed and have future potential for expanded impact
- Education activities helped foster discussions about mental health and suicide in non-clinical environments, with links to local services.

Insights for future activities

- Community education activities work well when organised around convenient times and locations for their target audience in order to maximise participation have meaningful impact
- Media training needs to be repeated at regular intervals due to high turnover of regional journalists.



02

MIDWEST SUICIDE PREVENTION TRIAL: BACKGROUND

The National Suicide Prevention Trial was launched in 2016 to identify effective approaches to suicide prevention for at-risk populations in Australia

The National Suicide Prevention Trial (NSPT) is an Australian Government Department of Health initiative that was launched in 2016 in response to increasing suicide rates and the emerging occurrence of 'suicide clusters'.¹ Concluding in 2021, the NSPT aims to identify effective systems-based approaches to suicide prevention for at-risk populations, and to share this knowledge with policymakers, researchers and service providers. The NSPT is being delivered by 11 Primary Health Networks (PHNs) across 12 trial sites in all Australian states and territories.² Each trial site was selected based on evidence of a localised increase in suicide and is focused on the prevention of suicide by a specific high-risk target cohort.

Three trial sites were selected in WA, including Midwest, each targeting a specific priority population

In March 2017, three trial sites in WA were selected, with each targeting a specific high-risk population. These included the:

- Kimberley Aboriginal Suicide Prevention Trial
- Midwest Suicide Prevention Trial
- Perth South Suicide Prevention Trial (the Trial).

The scope of each are outlined in Figure 1 below. WAPHA assumed primary responsibility for coordinating the three WA trial sites, including the Trial. More details on the scope, activities, and effects of the Trial are provided in Section 4.

¹ A 'suicide cluster' is understood to be a phenomenon in which multiple suicidal behaviours or suicides occur within an accelerated time frame, and sometimes within a defined geographical area, in some cases associated within an initial incidence of suicide.

² The 12 trial sites are Brisbane North ; North Burnett, Maryborough and Gympie; Port Pirie, Whyalla, Port Augusta, Port Lincoln and the Yorke Peninsula; Greater Darwin Area ; Kimberley; Midwest; Clarence Valley, Tweed/Byron, Lismore, Kempset and Bellingen; North Western Melbourne ; Perth South; Launceston, North West and Break O'Day ; Townsville; and Bourke, Brewarrina, Cobar and Walgett.

Figure 1 | Three WA trial sites

Kimberley Aboriginal Suicide Prevention Trial

Focused on suicide prevention for Aboriginal communities in the Kimberley region

Selected due to the age-adjusted suicide rate in Aboriginal communities being six times greater than the national average.

Midwest Suicide Prevention Trial

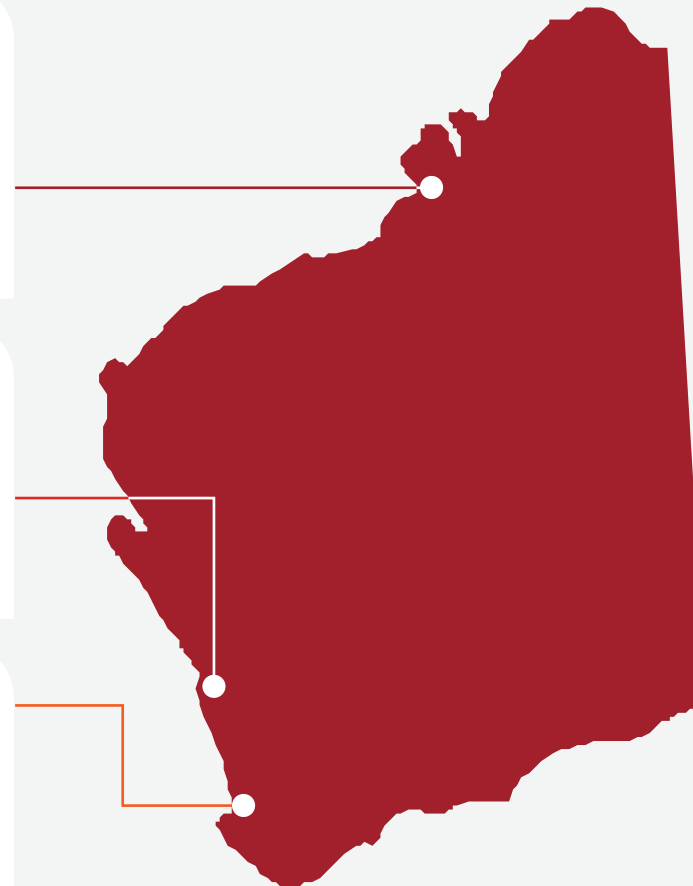
Focused on suicide prevention for men aged 25 to 54 years (specifically farmers, fishers, 'fly-in-fly-out' workers and Aboriginal communities)

Selected due to persistently higher suicide rate in the region, particularly among men.

Pert South Suicide Prevention Trial

Focused on Suicide prevention for young people aged 16 to 24 years

Selected due to persistently high suicide rate in the area, including a recent suicide cluster among young people.



The AAD model was selected as the conceptual framework to underpin the trials in WA, including the Midwest

To guide the development activities in each trial site, WAPHA selected the AAD model as the conceptual framework. The AAD model is a globally recognised approach to suicide prevention developed in Nuremberg, Germany that has been recognised as “...the world’s best practice for the care of people with depression and in the reduction of suicide.”³ The overall goal of the AAD framework is improved care for people living with depression and preventing suicidal behaviour.

The AAD model applies a community-based ‘multi-level’ approach which comprises of four categories or ‘pillars’ of activities to address individual community and system needs. Each pillar targets a different level within the population – from the individual, to the community, to the service system level. All pillars need to be implemented simultaneously to achieve sustained change. This approach has been understood as a community-based ‘multi-level’ suicide prevention intervention.



The Nuremberg Alliance Against Depression

The Nuremberg Project, an early version of the AAD framework, was initiated in 2001 to evaluate the effectiveness of a framework of action-oriented, community-based interventions in reducing suicide within target groups. Strong empirical evidence of efficacy is uncommon in suicide research; however, the Nuremberg Project found a 20 per cent decrease in suicidality in groups where the framework was applied. The Nuremberg AAD framework was used as the basis for a new European AAD, spanning 17 countries, which was recognised by the European Commission in 2005 as a best-practice approach to reducing suicidality across a range of cohorts, and recommended for international use.

Figure 2 | Four pillars of the AAD framework

PILLAR 1:

General public: depression awareness campaigns



Activities within this pillar target the general public. The aim of these activities is to enhance people's knowledge about depression, reduce the stigma around depression and suicide, and enable help-seeking behaviour.

PILLAR 2:

Patients, high-risk groups and relatives



Activities within this pillar target people who are at high-risk of suicide, and their families. The aim of these activities is to enhance people's self-help skills, facilitate access to care, and stabilise people who are in acute suicidal crises.

PILLAR 3:

Primary care and mental healthcare



Activities within this pillar target a range of health professionals, including GPs. The aim of these activities is to strengthen health professional's skills in diagnosing and treating patients with mental health issues.

PILLAR 4:

Community facilitators and stakeholders



Activities within this pillar target community members and leaders, particularly those who are well-placed to identify and support at-risk people. The aim of these activities is to build community members' confidence and skills, strengthen connectedness, and improve the quality of media reporting about depression and suicide.

03

EVALUATION METHODOLOGY

This evaluation seeks to provide an account of the Trial centred on each ‘pillar’ of activities and identify insights to inform future suicide prevention interventions

This evaluation of the Trial was commissioned by WAPHA and was conducted by Nous during October 2019 and September 2020. The purpose of the evaluation is to provide an account of the Trial and its activities, and to identify insights to inform future suicide prevention interventions, including policy and services, in the Midwest and similar contexts. The evaluation is organised around the four pillars of the AAD model (see Section 2) and framed by the Trial’s overarching aim of identifying effective suicide prevention approaches for young people.

Specifically, this evaluation seeks to address four key questions:

What were the **key objectives** that the Trial sought to achieve and why?

1

What **activities** were delivered during the Trial to achieve change?

2

What were the **outputs** and perceived outcomes of these Trial activities?

3

What **insights** can be gained from the Trial to inform future practice and policy?

4

The findings of the evaluation report draw on the perspectives and experiences of a diverse range of stakeholders and other sources

Analysis of the above evaluation questions has drawn upon data from a range of sources. Where possible, quantitative data is utilised, however, due to the timing and availability of some data the review predominantly uses qualitative insights. The evaluation benefits from a range of documentary evidence and, importantly, local stakeholders – including key individuals that have delivered, coordinated or participated in Trial activities. These sources help tell the story of the Trial in the Midwest from the perspectives of people who live in and serve the region.

Stakeholders engaged included community members, people with lived experience of mental illness and suicide, health and mental health professionals, local government representatives, officers from various state and Commonwealth Government agencies, WAPHA staff, and Aboriginal community members.

Data collection activities included:

- **ACTIVITY REPORTS**
- **STORIES OF IMPACT** from stakeholders (two participants)
- **an ONLINE SURVEY** (26 participants)
- **six FOCUS GROUP DISCUSSIONS** (19 participants)
- **six key INFORMANT INTERVIEWS** (six participants)
- **two WORKSHOPS** (nine participants).

Limitations

The evaluation did not seek to assess the implementation success of the Trial, due to limitations with data and restrictions on consultations.

Additionally, many stakeholders had contact only with select trial activities, and were unaware or unwilling to comment on the Trial as a whole.

Limitations included:



lack of **POPULATION-LEVEL DATA** relating to suicide, lack of suicidal behaviour and mental health-related service usage for the Trial period



inconsistently available **TRIAL ACTIVITY REPORTS** - including data on outputs and outcomes



Barriers to on-location stakeholder engagement due to the **COVID-19** pandemic.

04

FINDINGS

4.1. Midwest Suicide Prevention Trial

4.1.1 Overall approach and scope of the Trial

The Trial commenced in 2017, with a focus on men aged between 25 and 54 years

WA's Midwest is a large region covering approximately 25 per cent of Western Australia – from Leeman to Exmouth on the coast, and inland over 800km to Wiluna and the Gibson Desert.⁴ As of the 2016 census, its population was approximately 54,000 and the dominant industries are mining, fishing, agriculture and tourism – three of which employ a number of the sub-groups within the target cohort of the Trial. Even in more densely populated coastal areas, the Midwest region is isolated, and many residents report challenges accessing services and connecting with others at times. These constraints are particularly experienced in many Aboriginal communities in the region.

The Midwest was nominated as a site for the National Suicide Prevention Trial (NSPT) in March 2017. During the Trial's initial planning phase, Trial coordinators from WAPHA and the WA Country Health Service (WACHS) identified the key target cohort of the Trial by analysing a range of available data for the Midwest. This revealed an elevated risk of depression and suicide for older men in regional areas of WA, especially in certain sub-groups such as farmers, fishers, fly-in-fly-out (FIFO) workers, and men in Aboriginal communities. The relevance of suicide prevention for older men was further highlighted by

recent examples of suicide among this cohort in a number of Midwest communities. The Trials focus was thus defined specifically as “men aged 25 to 54, with a focus on farmers, fishers and fly-in-fly-out (FIFO) workers – as well as men in Aboriginal communities.”

In late 2017, a Steering Group Committee was established to contribute to the coordination of the Trial. The Steering Group Committee brings together service organisations and lived experience members from across the region to coordinate activities and share information. As of mid-2020 membership of the Steering Group Committee includes WAPHA, WA Country Health Service (WACHS), headspace, the (now) Department of Communities, Mission Australia, the Department of Education, the National Indigenous Australians Agency, General Practitioner representatives and community members with lived experience. The Steering Group Committee has since continued to work with WAPHA to oversee activities over the implementation phase of the Trial. The implementation phase commenced in January 2018 and is expected to conclude in June 2021. It has involved at least 14 groups of activities across the four AAD pillars, which are the subject of this evaluation and are discussed in detail below.

⁴ WA Country Health Service. “Midwest regional profile”. <https://bit.ly/3jwW9rC>

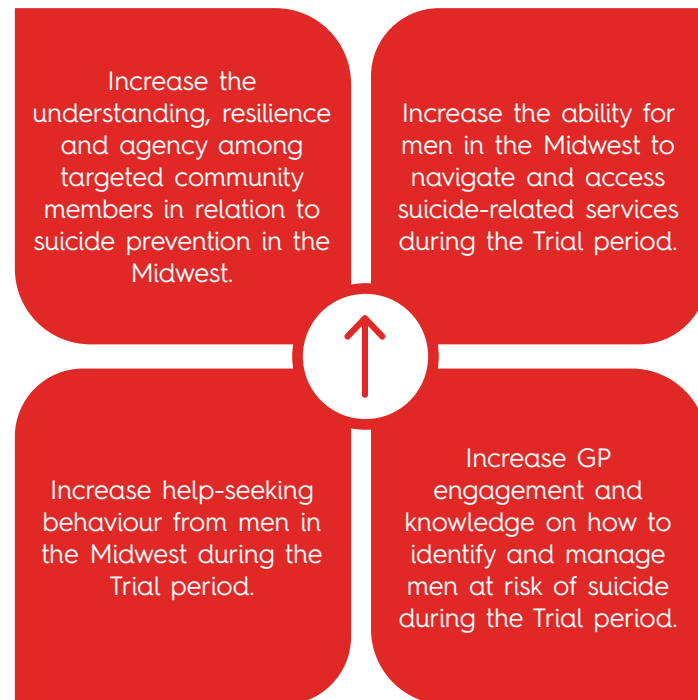
⁵ ABS. “Midwest”. 2016 Census QuickStats. <https://bit.ly/326yokg>

⁶ DPIRD. “Midwest”. <https://bit.ly/3bAWBCo>

⁷ A combination of: state-wide quantitative data analysis (provided by the Mental Health Commission); anecdotal evidence; and professional knowledge of the region – set against the criteria defined by the Commonwealth Government in establishing the NSPT.

The Trial has applied a community-based 'multi-level' approach to reduce suicide - targeting society, at-risk individuals, their community, and the service system

The overarching aim of the Trial was to improve screening and treatment of depression, and reduce the incidence of suicide among men aged between 25 and 54 years, with focus on farmers, fishers, FIFO workers and Aboriginal communities. In so doing, the Trial sought to identify effective systemic approaches to suicide prevention for men in the Midwest region. The specific objectives of the Trial were to:



To achieve its aims and objectives, the Trial has applied a community-based 'multilevel' approach, guided by the AAD model, to contribute to suicide prevention in the Midwest. This approach involves the concurrent implementation of activities that target multiple levels by addressing society-wide stigma, providing support to high-risk groups, develop the capability and coordination of the service system, including health workers, and building community awareness and capability. The intent of this approach is that interventions at multiple levels – the society in which at-risk individuals live, the at-risk individuals themselves, the service system that supports them and their immediate community – will increase the access of at-risk individuals to support and services at each of these levels.

The following section provides an account of the overall effect of the Trial and lessons learned, which can serve as insights for future suicide prevention practice and policy. Following this, the report describes the Trial activities and their outputs across the four pillars, their reported effects, and insights for the future suicide prevention interventions.

- 14** groups of activities
- 17** local government areas across the region
- Over 40** organisations have been and continue to be involved

In total, the Trial delivered 14 groups of activities in 17 local government areas across the region, including Carnamah, Chapman Valley, Coorow, Cue, Greater Geraldton, Irwin, Meekatharra, Mingenew, Morawa, Mount Magnet, Murchison, Northampton, Perenjori, Three Springs, Gascoyne Junction, Carnarvon and Yalgoo. Over 40 organisations have been and continue to be involved in delivering these Trial activities.

4.1.2 Overall effects of the Trial

Positive changes occurred at individual, community and service system levels over the course of the Trial

This evaluation found that many stakeholders believe the pre-Trial trend of suicide in the region decreased during the Trial period. Although data on suicide incidence is not yet available for the Trial period, numerous focus group and workshop participants perceived a reduction in the suicide rate in the Midwest during 2018 to 20. Similarly, 58 per cent (11) of survey respondents across the Midwest indicated they thought the activities of the Trial contributed to a reduction in the rate of suicide over a two-year period from 2018 to 2020. However, consultation of key stakeholders was not able to determine the extent to which these perceived trends were attributable to Trial activities, as the Trial was delivered in the context of multiple parallel interventions, programs and services. Many believe that multiple service, systemic and other inputs have contributed to recent **positive developments**.

These outcomes are summarised below, while, a number of additional outcomes are outlined in the following sections, reflecting on the effects of activities associated with each pillar.

Many men in the region feel more comfortable to discuss their mental health and wellbeing, allowing some to overcome long-standing taboos associated with mental health

Where Trial activities successfully engaged men in the target cohorts, stakeholders reported they were often more likely to communicate their mental health struggles with family, friends and other men, who they thought might be facing similar issues. A number of stakeholders reported this represented a significant change to common social norms among the cohorts, in which talking about mental health and wellbeing was considered 'taboo'. Analysis during the evaluation associated this outcome with a number of activities, including the Inside My Mind awareness campaign, Tomorrow Man workshops, MHFA training, and HALT training - representing a cross-section of all AAD pillars.

Positive outcomes

This evaluation identified a number of positive outcomes associated with the Trial, observed at individual, community and service system levels. Key outcomes of the overall range of Trial activities, reported by a range of stakeholders, include:



many men in the region **feel more comfortable to discuss their mental health and wellbeing**, allowing some to overcome long-standing taboos around speaking about mental health



increase in the number of people, including men, in the Midwest **seeking support through mental health services**



an overall **increase in awareness of and capability to address suicide and mental health issues** among community members and health workers, in the Midwest.

The number of people, including men, in the Midwest that seek support through mental health services has increased

A range of stakeholders – including those in health service delivery roles – reported an increase in demand for mental health services in the Midwest over the course of the Trial. Service providers in the region observed an increase in people, including men in the target cohort, seeking help related to depression and other mental health issues. Additionally, feedback indicated patients in health services were increasingly willing to discuss their mental health with professionals, including some in earlier stages of mental ill health. Although mental health service utilisation was seen as improved, many believe the Midwest lacked sufficient capacity to adequately meet the volume of service demand, and further support is required. While multiple factors can potentially account for the reported increase, many stakeholders believed that Trial activities contributed to this outcome. Increasing community understanding of mental health, addressing social taboos and increasing the availability of information about services appears to be linked with increased help-seeking among men.

Overall awareness among community members and health workers, including capabilities to address suicide and mental health has improved in the Midwest

Across the Trial, training and skill development activities were frequently reported by stakeholders as effective in increasing awareness and capability in relation to mental health in the Midwest. MHFA and QPR training activities are understood to have increased the capability of individuals, communities and service providers to identify and act on mental health risks, including suicidal ideation. Further, a key achievement of the Trial has been recognised as the demographic and geographic reach of training activities, which have been implemented in numerous locations with the support of ‘train the trainer’ components to upskill local people. Compounding the benefit of direct training, communications and public events also contributed to overall awareness and understanding of mental health. For example, the Inside My Mind awareness campaign (see Section 4.3) had wide reach and impact across the region and was reinforced with place-based approaches such as information pamphlets and distribution of mental health-related materials.



As part of the Trial we’ve noticed a definite increase in the number of services rendered, and the people coming in for services. People are more willing to talk about mental health issues, are more willing to come for help – and we’ve also got more resources that we can offer them.

- Dr Ray Borchers,
Midwest General Practitioner



4.1.3 Overall insights for future suicide prevention practice and policy

Reflecting on Trial activities, and the changes the Trial may have contributed to, identified four key insights which could benefit future suicide prevention programming:

Future large-scale suicide prevention programs can benefit from clear strategies, with well-defined outcomes, scope and planning for long-term sustainability.

1

Suicide prevention is perceived to be under-resourced relative to crisis care, and communities seek greater access to both.

2

Suicide prevention is perceived to be under-resourced relative to crisis care, and communities seek a variety of services, including non-crisis treatment.

3

Regional communities and services highly value the involvement of local community the design, planning and delivery of suicide prevention activities.

4



Future large-scale suicide prevention programs can benefit from clear strategies, with well-defined outcomes, scope and planning for long-term sustainability

A consistent message from stakeholders was that they did not clearly understand the overall vision for the Trial and the relationship between the various activities and initiatives funded by or supported by the Trial. Stakeholders reported that plans to deliver activities were not always clear and that their scope and timeframes were communicated in an ad hoc way, particularly as timeframes of the Trial changed. Some stakeholders, who reported being familiar with the AAD model, suggested that it appeared useful as a conceptual tool, but insufficient as a robust planning and monitoring mechanism of a large-scale intervention. While the AAD model brought value in targeting different areas of the community, it was not clearly developed with operational detail, such as specific targets for each pillar, nor planning for interactions between them. Stakeholders consistently recommended that clear intervention plans with well-defined milestones and outcomes would benefit future interventions.

Suicide prevention is perceived to be under-resourced relative to crisis care, and communities seek a variety of services, including non-crisis treatment

Mental health and suicide prevention services in the Midwest are often accessed during mental health crises, rather than during the onset of mental ill health and distress. This is a challenge across the mental health system across multiple regions and cohorts, however, was understood by stakeholders to be a particular challenge in the Midwest (due to the limited availability of tertiary and crisis mental health services in many locations). In general, the Trial focused on community-level prevention activities, developing the knowledge and capability of community members and non-specialists service providers. However, it included relatively few activities focused on improving access of at-risk men to non-crisis mental health services. The limited availability of mental health professionals in the region is a challenge, however, future suicide prevention interventions may benefit from addressing primary and non-crisis mental health service access.



Suicide prevention interventions could further benefit from targeting people surrounding high-risk men, such as family and peers, not just the men themselves

Stakeholders reported that men in the Midwest region are often highly influenced by people with whom they have an existing trusted relationship. Experienced regional service providers and community representatives have explained that men in the region can often find 'mainstream' approaches to mental health messaging and service provision as 'not for me'. Reflections by stakeholders on the activities of the Trial suggests that approaches to engage older men are more likely to success when they are endorsed by trusted, local people of influence. Further, a number of stakeholders have suggested that suicide interventions that target people that influence or "surround" high-risk men, such as family, peers and colleagues, can help to address suicide risks. Many view this as an important factor in the achievements of activities, such as MHFA training, QPR training and Tomorrow Man workshops, which utilised word of mouth through trusted community members. Future interventions may benefit from an explicit strategy of 'influencing the influencers' - seeding skills, knowledge and motivation via community groups and individuals adjacent to the target cohort.



You have to live 25 years in a regional town before they will accept you, and another five after that before you can say you're a local ... [we] are slow to adopt change from outside.

- Trial stakeholder



Regional communities and services highly value the involvement of local community the design, planning and delivery of suicide prevention activities

Although many stakeholders recognised the value of a regionally-based Trial coordinator, many stakeholders believed that the overall approach and identifying of Trial activities was often centrally determined rather than locally determined. Mechanisms for community consultation were established, particularly during the Trial's planning phase, however, consultation conducted during this evaluation indicates that some stakeholders value the involvement of community in intervention planning and design very highly and recommend that it be improved in the future. A particular concern that has surfaced during stakeholder interviews, related to a perception that some activities or approaches are "parachuted in" from other contexts. This suggests that in regional context, such as the Midwest, which have diverse populations that reside in a very large geographic region, require extensive and localised engagement in order to generate buy-in to activities. Future regional trials might allow for a more comprehensive consultation stage; communicate about the consultation more prominently; and continue to consult in a systematic manner throughout. This is likely to increase the positive perception of the Trial in Midwest communities, amplifying the impact and longevity of other outcomes.

Stakeholders observed that communities in regional areas are often accustomed to short-term health, mental health and social initiatives that are conceived externally to the region. However, it is understood that many community members and local service providers would prefer locally developed or adapted programs that can allow for community engagement over longer timeframes. The Trial included more than 14 group activities, across all four AAD pillars, however, some stakeholders have suggested that the Trial may have benefitted from delivering and closely assessing fewer activities, developed and delivered locally, than seeking to implement a broad range of activities. Further, a number of activities that have been developed in other contexts and/or are implemented by organisation outside of the region have faced implementation challenges. For example, some activities, such as Mindframe, were only implemented once rather than refined over multiple episodes, while others, such as the Community Action Plans, have not yet been completed. The unclear timeframe of the NSPT, which involve two single-year extensions, may be contributing factor for some of these issues.

Future community-based suicide prevention activities may benefit from a **'LESS IS MORE'** approach that maintains the multilevel structure of the AAD model, however, allows for more robust localised planning and monitoring of activities that can be adapted over time to improve their outcomes.

4.2 Pillar 1: General public: depression awareness campaigns



The range of symptoms are so broad that people may not understand what they experience is depression, so we used the four stories to educate people on a spectrum of symptoms, and how they manifest differently for different people.

- IMM organising partner

4.2.1 PILLAR 1: Activities and outputs

Inside My Mind public awareness campaign

Inside My Mind (IMM) was a broad-reaching mental health media campaign funded and developed by WAPHA, in partnership with several media organisations, which launched in March 2019 and was delivered across the Midwest and Perth South Trial sites through the subsequent period. It was developed to deliver on the 'Pillar 1 - General public: depression awareness campaign' - public awareness' goals of enhancing knowledge, reducing stigma and increasing help-seeking behaviour in relation to depression. The campaign sought to increase awareness about depression and reduce the stigma associated with it by presenting personal, authentic and relatable stories from people in both Midwest and Perth South Trial sites. The campaign used personal stories from individuals with lived experience to communicate key messages about how the symptoms of depression and anxiety can be recognised and help can be sought. The primary messages in the campaign were 'depression looks different for everybody' and 'the journey back from depression looks different for everybody'. Additional messages were developed for the Midwest, such as 'being silent isn't being strong'. These messages were designed to reach people who may experience but be unaware of the symptoms of emotional distress, depression and other mental health issues, and communicate that they are 'not alone' and there are ways to 'get better'. By introducing hope, shared experience and a potential path to improvement, it was intended that the campaign would ultimately reduce the suicide risks, including among older men.

The campaign focused on four specific individuals - each of whom had significant personal lived experience of mental health challenges. The campaign presented a detailed story of each individual through video interviews and written accounts and invited an artist to create an artwork based on that person's story. The age, gender and life context of each person differed, but all shared an experience of depression and a 'journey back' to improved mental health and wellbeing. Two of the campaign stories -- were selected, in part, for their relevance to men in the Midwest. One story has strong connections to the Midwest region, its communities and the Trial target group; they were born to a farming family in Three Springs, managed a farm in Mingenew for many years and worked as a FIFO worker. It was intended that messages from people with life stories reflecting the target cohort would increase the impact of the IMM messages.

IMM messages were primarily delivered via video, which was the central communication medium of the campaign. IMM content included short filmed segments, with individuals being recorded recounting and reflecting upon key events in their lives, while an artist created artworks based on that story. The combination of personal and 'visual' narrative was intended to capture audiences' attention, maximise the impact of the stories, and shift thinking about depression and suicide into an 'interpersonal space'. In order to maximise the impact of this approach, the campaign focused on distribution channels that were well-suited to presenting video, such as television, YouTube, social media and online advertising. Other mediums were also used, including images (e.g. banner ads, coasters), sound (e.g. radio) and text (e.g. Google Search results), but video was preferred.

IMM was delivered during three phases, each providing opportunities to develop and adapt key messages and communication channels to identified needs. Phase 1 of IMM was delivered in the Midwest between March and April 2019 with the aim of communicating that 'depression looks different to everybody.' Channels used included regional television, social media, targeted mobile advertising, YouTube, cinema advertising, Google search and an outdoor display at Geraldton airport. Regional television was one of the most effective mediums in Phase 1, attracting 2,291,700 TV views in the Midwest, with an average of 44 per cent of viewers within the target demographic for the Trial. Video on social media also had significant reach, with 512,597 'impressions' (instances where the campaign content was displayed) and 23,040 complete views (where the video advert was watched all the way to the end) – across 20,952 unique individuals.

Phase 2 of IMM was delivered in the Midwest between November 2019 to April 2020 building on the high engagement of Phase 1. The second phase took a more targeted approach to each cohort, with the goal of reaching more specific groups, including men in the Midwest. The message for Phase 2 was changed from 'depression looks different to everybody' to 'the journey back from depression looks different to everybody'; shifting focus from identifying depression and anxiety, to sharing the ways in which individuals had managed their mental health and wellbeing. This approach was intended to build on increased awareness and recognition of signs of depression and help translate this into help-seeking behaviour. Additional mediums were deployed in the Midwest during Phase 2, including radio (Geraldton HIT, WA Remote Radio, Hot Hits Carnarvon, and Triple M on mine sites), and posters in 25 hardware stores and 11 fitness centres across the Midwest.

Phase 3 of IMM was pursued as an extension to the previous phases in order to explore new communication channels and was delivered during April to June 2020. The target audience was expanded to include the general public across WA, recognising that many people might be unfamiliar with the experiences of depression, anxiety and mental health issues. Two changes were made to the campaign: first, the message was changed to focus on mental health in general; second, advertisements linked to the 'Head to Health' website for general mental health support. Phase 3 focused on the use of new media or broadcast platforms and de-emphasised some previously used mediums (such as cinema and licensed venues). The target demographic in the Midwest was less active on these new platforms, and as such the Midwest did not see so large an emphasis in Phase 3. There was, however, still meaningful engagement on platforms such as radio and more traditional online advertising.

This activity has concluded and WAPHA is currently exploring how materials can be shared with local organisations to allow for future use.



Mental Health Resource Coasters

To increase the reach of key mental health messages, WAPHA coordinated the production of a series of cardboard drink 'coasters' (of the kind typically found at pubs and other venues), which were printed with mental health awareness messages and including links to IMM. The coasters (Mental Health Resources Coasters) featured images of local people from the IMM campaign, and messaging designed to overcome a perceived 'culture of silence' related to the mental health and wellbeing of men. The coasters also featured phone numbers and website addresses for Lifeline. Over 30,000 coasters were produced and distributed to various venues throughout the Midwest. The coasters were widely adopted by establishments across the region, such as pubs, and WAPHA continues to distribute them. This activity was included in the Trial as it contributes both to 'Pillar 1 – General public: depression awareness campaign' – public awareness' goals around enhancing knowledge and reducing stigma, and to Pillar 4 – community facilitators and stakeholders' goals around community mental health confidence.

This activity has concluded; however, inventory of coasters remains and is distributed regularly as needed.

Dissemination of mental health information

As part of the overall goal of 'Pillar 1 – General public: depression awareness campaign' – General public: depression awareness campaign', to enhance knowledge and reduce stigma around depression and suicide, a range of activities were implemented across the Midwest to help disseminate mental health-related information. These activities provided information on mental health-related topics and related local services, aimed at increasing help-seeking behaviour in Midwest communities. One example is the ongoing partnership between WAPHA and Midwest Yellow Ribbon for Life, a suicide prevention not-for-profit, to produce 'lighthouse' pamphlets outlining support services available in Geraldton and across the Midwest. The 'lighthouse' pamphlets are simple but information-dense handouts containing contact details for a wide range of support services, including crisis lines, accommodation relief, youth support, men's and women's services, seniors' care, hospitals and more. Over the Trial period, 7,000 pamphlets were printed and distributed at various training sessions and other events organised throughout the Midwest region. In addition to the above, WAPHA set up 'stalls' or attended a large number of community events across the region, initiating conversations and disseminating mental health-related materials to health care professionals and members of the public. Face-to-face community awareness raising about anxiety, depression and suicide was also supplemented by the distribution of quarterly 'community fact sheets' on the Trial itself.

These activities are ongoing and are expected to be conducted throughout the remaining Trial period, until 2021.

Examples of implemented activities

LIGHTHOUSE PAMPHLETS

Information on contact details for support services handed out at various training sessions

7,000 printed and distributed

STALLS AND ATTENDANCE AT EVENTS

initiating conversations and disseminating mental health-related materials to health care professionals and members of the public



4.2.2 PILLAR 1: Effect of these activities

IMM connected with a large number of people in the Midwest due to its scale and reach

The IMM campaign had a broad reach and was viewed in different forms and via various channels by a large number of people across the region. A number of respondents and focus group participants emphasised the significant reach of the IMM campaign and noted that it was considerably larger in scale than many mental health campaigns they had personally experienced in the past. While 'impressions' metrics do not necessarily mean that every person connected deeply with the message, evidence from a range of consultation activities indicated the campaign was compelling for many, and valuable as a mental health and suicide communication exercise.

Stakeholders commonly indicated that they viewed the campaign as an innovative approach to mental health communication, due to its use of very personal, local stories on a large, professional 'stage'. The high production quality and concept of the campaign presented local stories with a high-level of effectiveness. The campaign elicited an emotional reaction from many community members, which many stakeholders reported as 'lasting'. This reaction was also common to venues in which IMM advertising content was published (e.g. posters, and later Mental Health Resources Coasters); venue owners and staff were typically very receptive to the message and keen to help share it. The wide reach and general popularity of the campaign contributed to an increase in overall awareness of, and knowledge about, depression and suicide in the Midwest.



The content [of the Inside My Mind public awareness campaign] is powerful and resonates with people.

- Trial stakeholder in the focus groups



Personal approaches to mental health awareness communication were effective in increasing the community's awareness of the range of symptoms of depression and anxiety

The IMM campaign emphasised different kinds and presentations of personal mental health struggles, which proved a useful counterpoint to more clinical diagnostic language in other communications. The campaign's depiction of regular people talking about their experiences with mental health connected more with many Midwest stakeholders than third-person narration of symptoms seen in other messaging. The immediacy of IMM helped communicate what depression might mean for different people, in different circumstances. It was a valuable way to help the general public better understand depression and promote help-seeking behaviour through positive examples.

This more personal approach was also evident in the face-to-face engagement activities carried out by WAPHA and its partners throughout the Trial, which helped introduce more people to positive messages. Personal interactions, and communications grounded in personal experience, were particularly important for the region. This may be because older men in the Midwest often did not relate strongly to bio-medical or 'clinical' language describing mental health and suicide. Review of various activities highlighted that many men were unwilling to say they had 'mental health issues', even if talking about symptoms of mental ill health directly. By contrast, the more personal approach of IMM and other engagements helped establish a relatable framework for understanding and discussing mental health issues. By communicating what mental health issues can actually look and feel like for men, the activities helped bridge the gap between lived experience and bio-medical perspectives.



We can definitely say that we met the goal of increasing awareness, with about 18,000,000 impressions [across the state] – this is very significant.

- Trial stakeholder in the focus groups





4.2.3 PILLAR 1: Insights for future practice and policy

Public awareness campaigns grounded in lived experience connect well with target communities

The IMM campaign's emphasis on telling 'real stories' from relatable people elicited stronger than usual reactions from Midwest stakeholders, in comparison to other recent mental health campaigns they had seen. Dramatised messages with actors on sets and animated graphics (in other campaigns) were seen by many as awkward and divorced from real-life context. By contrast, IMM was not fictional, and was described as "powerful, honest and raw." This was more effective than purely factual messaging, as it connected better with those who may not have recognised that they had a problem. This effect was stronger still for people who recognised that the stories in the campaign were from their region, especially if they knew the person, or knew of them. Future campaigns in the Midwest may benefit from even further focus on local stories and allows a wide range of local people from across the region to take part. Lived experience focus, with local flavour, was a powerful hook for many in the Midwest, and an opportunity to further connect mental health messaging with target audiences.

Public awareness campaigns benefit from using channels appropriate to the target audience

Although IMM was a powerful campaign on its own terms, its conception and design (around artwork and video) made it significantly more effective in video-centric mediums. Many stakeholders cited this as an issue for many men in the Midwest, especially farmers and fishermen, for whom video platforms are not consistently accessible. Radio remains the most relied-upon media channel for many in the region – especially for those in remote locations where even television reception is patchy. Men who frequently work in such remote areas are also inherently isolated themselves, putting them at higher risk of mental health struggles, but with lower connection to campaign messaging. While the IMM campaign did use radio, it was only introduced from Phase 2, and the campaign was designed primarily for visual impact. Where the campaign did align with adult male audiences on visual mediums, it was effective in its targeting, for example, 70 per cent of approximately 2 million television impressions in Phase 1 were men in the target cohort. However, its strongest impact was still via video by design, which several stakeholder groups felt may have limited its impact on particularly vulnerable, remote men, due to format alone. Stakeholders contended that a radio-first approach may have been even more effective for the region. Future campaigns targeting regional areas may benefit from even further tailoring to match appropriate channels (before the design of the content), to allocate resources for greatest impact on the target cohort.



The real people and the real stories make the message more powerful, and the response from the artists is similarly authentic. Nobody ever assumes that they are actors.

- Trial stakeholder in the focus groups



Future campaigns targeting **regional areas** may benefit from even further **tailoring** to match appropriate channels.

Regional campaigns may need more localised content, as some people do not identify with the region as a whole

While IMM was an emotionally resonant campaign, widely praised for its style, message and local emphasis, support was not universal. A number of stakeholders did not relate to the people in the stories and did not see their relevance to the Midwest. For some, the selection process for the IMM stories came across as opaque and lacking in community involvement, and the overall campaign was too narrow. Feedback indicated the reception may have been improved through greater representation of diverse locations across the Midwest, more relatable local stories, and better reflection of the circumstances in which many people live.

These observations stand in contrast to previously cited praise for the campaign and highlight a key challenge in trying to appeal to 'local sentiment' in the Midwest. 'Local' does not necessarily mean 'from the Midwest' for many people in regional towns, it means 'from Morawa' or 'from Shark Bay' etc – a very local level. Locals engagement and presence in the final product, is near-equal in importance to the actual content for some. Given how strongly 'local-ness' relates to positive reception for a proportion of stakeholders in the Midwest, future campaigns may benefit from having a more community-driven approach to design of content. This might include co-design with a wider range of community members, greater volume of stories (even at the expense of some depth), and/or a micro-targeting approach that adapts 'core' stories with packages of location-specific content.



Public awareness campaigns benefit by responding to the needs of their target audience

A number of stakeholder groups believed IMM lost some of its focus on the Midwest as the activity progressed and did not develop as many ideas specific to the region as were developed elsewhere. In Phase 3 particularly, some stakeholders felt the campaign increased emphasis on more social and online delivery platforms well aligned with youth in Perth South, but less suited to the older Midwest cohort. However, the wide age bracket of the Midwest target cohort (25-54) includes a younger male audience potentially more receptive to social media engagement (on more established platforms). This audience may have been better addressed with increasing online focus. The IMM campaign also focused more on radio and less on television in latter stages, including focus on mine site radio stations with high male listenership.

Stakeholder feedback on 'Midwest focus' may come in part from limited ongoing community consultation. The campaign progressed over many months without clear engagement with communities on what activities or messages were working or what were not. Even where changes were made to better suit the region, many were not aware. Analysis of data for 'Pillar 1: General public: depression awareness campaign' suggested that more local consultation and active iteration over the course of campaigns could help build greater engagement over time. This is particularly the case for regional communities which, as noted above, value specificity and place.

Awareness campaigns could achieve further impact through clearer links to appropriate local services

The Trial featured a wide range of approaches to awareness and information dissemination, with large-scale activities such as the IMM campaign at one end of the scale, and smaller local activities such as the Lighthouse pamphlets on the other. Each approach had strengths, but there are opportunities to better link up activities. While IMM had strong emotional impact, it had only limited direct connection to local services. For example, links on the IMM website typically redirect to national services only, without clear local options. By contrast, the Lighthouse pamphlets provided a large volume of local service information (at least for Geraldton), but had no direct connection with awareness and general information on mental health. Use of links to national services was primarily motivated by very high demand for local services, and a desire to direct audiences to services with immediate capacity to respond. However, this was not clear to many stakeholders, who questioned the relevance of national numbers and websites. Addressing supply constraints for local services is outside the scope of the Trial, but both local and national communications could benefit from further explanation of local relevance, and greater integration. This would contribute to a more connected experience: from large-scale, high-impact communications to tangible local services.

Future activities such as IMM that are designed around a multi-stage approach, or that are extended due to early success, may **benefit from more regular input, iteration and improvement along the way** to consistently address their audiences.

For **example**, there may be an opportunity to build on the content compiled in the Lighthouse pamphlets, categorise it by target cohort, and link it to other campaigns in the region (managing linkage to certain services over time according to demand).

4.3 Pillar 2: Patients, high-risk groups, and relatives



PILLAR 2: Activities and outputs

CheckMate Men's Health

CheckMate is a mental health initiative for men in rural areas to access support and services in their communities, including local support networks in their communities. It was first established in the Shire of Mingenew, and was coordinated by the Mingenew Community Resource centre. It was launched at the Mingenew Expo in August 2019 by West Coast Eagles football player, Josh Kennedy. WAPHA contributed Trial resources to the establishment of the project, and other funding partners have included Mingenew Silverchain Branch Committee and the WA Local Government Association. CheckMate supports the 'Pillar 2 - Patients, high-risk groups and relatives' goals of enhancing self-help skills and facilitating access to care for at-risk men by creating stronger community-based networks to support them.

Over the Trial period, CheckMate has worked to improve mental health outcomes for men in the Midwest through several streams of activity, including:

Maintaining local, regional and wider networks, linking organisations, connecting state and national initiatives and services at a local level, and communicating local perspectives. This was intended to enrich service design with local perspective, so that high risk cohorts in Midwest communities could receive more coordinated care.

Distributing information to service delivery organisations, community groups, community members, and particularly men in the Midwest. This was intended to increase the access of high-risk individuals and those caring for them to information regarding potential points of care.

Tomorrow Man workshops, in partnership with the national Tomorrow Man organisation, to provide a safe place for blokes to gather and break down 'unhealthy' stereotypes about masculinity.

Local events, such as community 'sundowners' to encourage 'checking on a mate' as a future practice of regional community life.

The primary means of maintaining the CheckMate network was through an email distribution list for each target community. Membership was solicited through various events and online promotions (including social media and the CheckMate website), and contacts were collected and organised by the CheckMate team. This distribution list was used to send out information and organise a variety of local events. These events were typically organised by men themselves, who used the CheckMate network to develop ideas, plan, and promote events to others in their area. CheckMate also helped WAPHA and WACHS suicide prevention staff to coordinate the delivery of Mental Health First Aid and 'Question, Persuade, Refer' training across the Midwest.

The CheckMate approach to men's mental health is not inherently to the Midwest and could be applied in other contexts. Organisations in other regions in WA have already expressed interest to apply the approach, including Augusta in the Great Southern, Greenbushes in the South West, Bruce Rock and Corrigin in the Wheatbelt, and Shark Bay in the Gascoyne. This will be supported by developing a CheckMate Program Template for application elsewhere.

This activity is ongoing and is expected to be conducted throughout the remaining Trial period, until 2021.

Tomorrow Man

Tomorrow Man is a national organisation dedicated to disrupting stereotypes of masculinity and engaging with men in a 'traditional' male environment to 'strengthen emotional muscle' and 'giving men the tools, they need to live a healthy life'. The organisation facilitates workshops with workplaces, education, sport, and community institutions, in addition to delivering keynote presentations, to explore and define 'healthier' conceptions of masculinity. Tomorrow Man trained a Perth-based facilitator, Rhett Corker, who has been involved in delivering workshops in the Midwest. Tomorrow Man workshops were included as a Trial activity to support at-risk men to speak more about their struggles, learn to take better care of their mental health and reach out for help. Tomorrow Man held a number of 'A Night with the Blokes' events in the Midwest, organised as part of the CheckMate initiative. The workshops were funded through the Trial, in addition to the Foundation for Rural and Regional Renewal and CBH Group. A preliminary round of workshops were conducted in 2018 to 19. Feedback was positive from those who attended and further workshops were planned for 2020.

The 2020 workshops benefitted from the use of a WA-based facilitator, and better coordination with local partners. Five workshops were conducted based on a framework that allowed the presenters to adjust their style to suit the group attending any given session. All workshops started with a barbeque and general 'yarn' for an hour, in a familiar context such as a local bush fire station, community hall or Men's Shed. These social gatherings were organised in collaboration with local partners, who acted as hosts for the evening to overcome barriers that sometimes exist between 'outsider-run' events in regional communities. Having created a relaxed and welcoming environment, the workshops were successful in engaging a large number of local men across the Midwest. Attending men were engaged in conversations about how regional men can manage mental health and emotional wellbeing.



Workshops were planned in Mingenew, Perenjori and Three Springs, however, were postponed due to COVID-19 movement restrictions. In addition to the 'A Night with the Blokes' workshops, Tomorrow Man also delivered a youth-orientated workshop at the Carnamah District High School. This was not an official component of the Trial but was built on the same messages regarding masculinity and mental wellbeing.

This activity is ongoing and is expected to be conducted again during the remaining Trial period, in late 2020 and 2021.

Community Action Plans

Community Action Plans (CAPs), also referred to as Community Wellness Plans, seek to build community resilience in the Midwest and assist at-risk men through coordinated service delivery and community support. CAPs are documents developed through extensive community consultation, to capture a wide range of input from communities on the issues they face that impact suicide risks and help-seeking. These issues are addressed through a series of defined actions, activities and communication mechanisms for coordinating various responses. The plans are deliberately wide in scope, encompassing suicide prevention and mental health, physical health, alcohol and other drugs, and 'structural' community wellness issues such as shared spaces, bike paths and walking trails. The overall goal of the CAPs is to change the environment in which at-risk men live by providing a multitude of community-based positive influences. It is intended that these influences will increase men's self-help behaviour through positive community interaction and better access to services.

The concept of CAPs developed in response to patterns of suicide and suicidal behaviour across generations and throughout community networks in various Midwest communities. The patterns of risk were initially noticed anecdotally, and then deliberately mapped across families and social groups by social workers and members of the Geraldton Region Aboriginal Medical Service (GRAMS). This mapping process was one of the early contributing factors in the selection of the Midwest as an NSPT trial site, as it highlighted a perceived 'normalisation' of suicide in communities that were not being addressed. The research clarified the seriousness of the challenge, and ultimately CAPs were proposed in 2019 by various stakeholders as a potential avenue of response.

CAPs are nearing completion or planned for the locations indicated in Figure 3 on the following page.

Workshops were conducted in the following communities:

- **DONGARA**, organised in partnership with the Dongara Volunteer Bush Fire Brigade, with 25 participants.
- **HOPE SPRINGS**, at the Hope Springs Community Farm rehabilitation centre, with existing members of the program.
- **COOROW**, in partnership with the Coorow Elders real estate company, with 15 participants.
- **CARNAMAH**, at the Carnamah Men's Shed with 28 participants.
- **Morawa**, with 31 participants.

Figure 3 | CAPs planned locations

Meekatharra

Coordinated by WACHS – initial plan developed in 2019/2020, but redeveloped commenced in July 2020, with adapted methodology due to COVID-19, planned for completion in early 2021.

Carnarvon

Coordinated by GRAMS – commenced early 2020, delayed by COVID-19 but planned for completion in late 2020/early 2021.

Mount Magnet

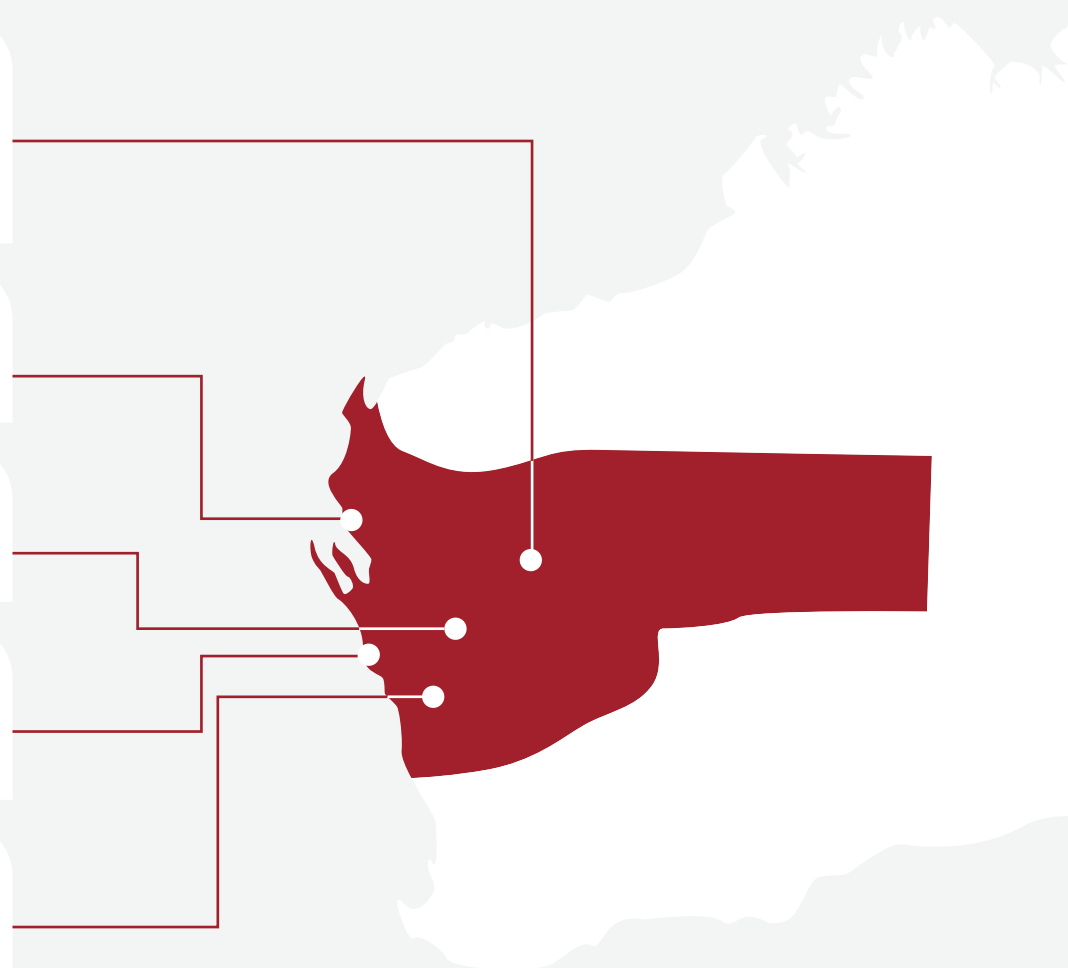
Coordinated by GRAMS – commenced early 2020, delayed by COVID-19 but planned for completion in late 2020/early 2021.

Geraldton

Coordinated by GRAMS – commenced early 2020, delayed by COVID-19 but planned for completion in late 2020/early 2021.

Three Springs

Coordinated by WACHS – commenced in 2019, delayed by COVID-19 but currently near-final (August 2020).



Although the CAPs are still in planning or draft stages, some of the activities they describe have begun to be implemented or have been implemented for some time. An example of this was the Three Springs plan to establish confidential consulting rooms for local counselling services in

Three Springs promote connections to these services for people in need. The rooms, counselling, formal and informal referral networks, and community members have existed for some time; however, improved connectivity was accelerated by the CAP planning process. WAPHA has provided funding,

coordination input and direct assistance in the development of the various plans – particularly in Geraldton – and will also play a role in the dissemination and implementation of the plans. This activity is ongoing, with most CAPs due for release in coming months.



4.3.2 PILLAR 2: Effect of these activities

Men who attended mental health and social events had a positive response in the short-term

CheckMate and Tomorrow Man had a significant impact on the groups they engaged. Many who participated or talked to participants, that Tomorrow Man effectively overcame the scepticism of some attendees and successfully communicated key messages. Some participants who had not previously talked publicly about mental health, noted that the sessions created a safe environment for them to share their experiences in a way that 'felt right for them'. Stakeholders believe the sessions contributed positively to future help-seeking of attendees and their peers. However, attendance of workshops lower than expected, and some stakeholders highlighted that the success of the sessions were not follow-up with other activities. While interest in wellbeing increased within the target communities, some suggested that this outcome was short-lived. The activities clearly established the value of and demand for, male-orientated mental health engagement – as well as the need for more ongoing support.

Mental health information permeated more into the general community, contributing to a more supportive environment for at-risk men

The increased presence and activity of mental health group, such as CheckMate, were effective in disseminating key information into target communities. Evaluation focus group attendees emphasised that strong family and community engagement was critical to ensuring that men in the target cohort were adequately supported, because "they are the people who have the closest relationship" with at-risk men. As engagement of men in events was a challenge, information flow and support to other parts of the community – such as family – was considered by many stakeholders as important as direct engagement with the primary target group. The increased availability of information and support for and from trusted family members and friends was an important outcome from Trial activities, as it increased the immediate resources available to people supporting those in the target cohort.



A secondary outcome [was that for] many community groups – such as martial arts or craft groups – there is more information that can be accessed by attendees about mental health and service supports.

- Survey respondent



Self-organising increased amongst target groups, with some connection to broader mental health messaging

Location-based groups established through CheckMate were effective in encouraging men to organise their own activities – typically ‘sundowners’ or other social events. This marked a small but significant shift as, although similar events were organised prior to CheckMate, the association with the initiative and its goals raised the profile of mental health for men in Midwest communities. The majority of events stemming from CheckMate were small, self-organised and local. These self-organised events were sometimes connected with the specific mental health messages associated with the Trial. While community and peer-group connections are a positive outcome, some stakeholders believed that improved links to mental health information and available supports would have been beneficial. This may have limited the effectiveness of some events as a means of increasing mental health knowledge and capability, despite their other benefits.





4.3.3 PILLAR 2: Insights for future practice and policy

Local endorsement and word of mouth is important to building trust and participation, and needs to be capitalised on with strong follow-up

The development of activities in 'Pillar 2: Patients, high-risk groups and relatives' involved progressive engagement with the community and building of trust over time. Stakeholders reported that many men were initially 'sceptical' of attending events, despite recognising suicide as an important community issue, as they were uncomfortable with personal involvement and social stigma. The events with highest attendance and engagement, however, typically benefited from strong word-of-mouth from other communities or wider networks within the region. Tomorrow Man was frequently cited as an example of this phenomenon. Stakeholders saw local support and endorsement as highly important, observing that men in Midwest communities are very 'locally-orientated', and less interested in initiatives they perceive to be 'external'. Where engagement from men was strong, this did not always translate into long-term engagement or outcomes. Future suicide prevention activities could mitigate this effect through structured long-term project planning for series of activities, with engagement plans that account for continued interaction, maintenance of contact, and iteration of activity content to build and retain interest. This would further contribute to long-term increases in knowledge, support and help-seeking behaviour.

There is no 'one size fits all' approach to engaging men – different groups need very different approaches

Community-specific approaches to engagement in the Midwest appear to consistently result in higher levels of engagement and positive outcomes. For example, WAPHA commissioned the Geraldton Aboriginal Medical Service to gather information for developing several CAPs. This took the form of 'yarning circles' drawing on practices within the Aboriginal community, including storytelling, whilst being mindful of issues of 'shame'. The 'yarning circle' approach has some similarities to group-driven dialogue of Tomorrow Man workshops and CheckMate, however, each approach reflects specific practices that are suitable for their intended audience. The Tomorrow Man workshop is an example of tailoring activity design effectively, incorporating minor adjustments to all workshops to the specific context of different locations. 'Pillar 2: Patients, high-risk groups and relatives' engagement approaches that were effective were often associated with 'localised' approaches. Future suicide prevention activities should be designed or adapted to reflect key considerations of the community they seek to benefit.

Adding a mental health component to existing community activities may be more effective than organising mental health events

While Trial activities successfully engaged men, some stakeholders believed that at-risk men were less likely to attend events that were explicitly communicated or constructed as mental health related. Lack of understanding about what mental health means, and depression-driven self-isolation, can lead to refusal to seek help (e.g. 'I don't need anyone, I'm fine'), which stakeholders described as commonplace behaviour amongst men in fishing, farming, FIFO areas, and Aboriginal communities. More nuanced efforts are likely to be required to break through to these groups. Many stakeholders suggested that mental health messages should be integrated into existing club activities, sports events and community gatherings frequented by men. This was a significant component of several Trial activities across several pillars, including speakers in Men's Sheds, and presence at Rotary events and trade shows. Planning for future suicide prevention activities seeking strong and sustained engagement from Midwest men could further incorporate consideration of how and where men meet, and the way they interact, to design activities. This is likely to increase the number of men who are exposed to valuable mental health and suicide information and include particularly high-risk individuals who avoid other more mental health-specific events.

Future activities could focus on proactively fostering connections with at-risk groups

Many stakeholders noted that individuals who are experiencing emotional distress, loneliness and isolation can become increasingly socially disconnected over time. This can result in at-risk men not being captured by 'broad-brush' community programs and events (ultimately even including general social events over time). Compounding factors of 'stubbornness', shame, and increasing disconnection from common channels of communication can further isolate at-risk men. Many stakeholders felt that more could be done to build their capability and capacity to connect through existing community networks. Examples of men 'coming in from the cold' through sustained interaction with friends and family were known to some and served as an inspiration. While events such as Tomorrow Man appear to be effective for those who attend, and may have a radial impact through attendees that practice their knowledge and skills in the community, future activity design may benefit from further exploration of how to effectively encourage community outreach that targets highly isolate, high risk men. A potential option is additional training, beyond existing crisis-orientated programs, to teach techniques and approaches that are effective in breaking through to self-isolating individuals. This would further bolster progress in increasing support for and self-help behaviour from at-risk groups by connecting with those who are currently most distant from help.

// I think taking the program to an organised group (i.e. bowls club, football, cricket club) would have better engagement for us.

- Survey response

4.4 Pillar 3: Primary care and mental healthcare



PILLAR 3: Activities and outputs

Registrar and GP training

Mental health training is an increasingly important component of professional development for general practitioners and other medical non-specialists, as they are often the first point of contact for people requiring specialist mental health services. In the Midwest, regular training is particularly important, as the region is subject to high turnover of doctors. Registrar and GP training was conducted through a series of in-person presentations from Professor Geoff Riley, former head of the Rural Clinical School of Western Australia and long-time educator of health professionals in regional WA. The presentations focused on 'upskilling' medical professionals regarding key mental health-related competencies, providing information on developing practice trends and new research. The presentations were designed to strengthen the skills of Midwest professionals' regarding mental health diagnosis and treatment. The activity was intended to contribute to the overall Trial goal of decreasing suicidality in the Midwest by improving the identification and support for at-risk men through the primary healthcare system. Five sessions were held in the last year, for a total of 82 participants, with a significant volume of reported positive feedback. Video recordings of Professor Riley's presentations are also available. Professor Riley's status as a respected health leader and an experienced educator, contributed to strong attendance and status associated with the training.

This activity is ongoing, with further presentations planned through to 2021.

Mental Health First Aid training

MHFA training was chosen as a Trial activity in the Midwest to provide tangible guidance for identifying people with mental health issues, including suicidal behaviour. The training borrows terminology and methods from traditional First Aid training to deliver clear, actionable and practiced steps for early detection, intervention and crisis support for a range of common mental health conditions. These conditions include anxiety, depression, schizophrenia, bipolar disorder, eating disorders and addictions; during the Trial the activities were delivered with a particular emphasis on depression and anxiety.

The training was delivered by a joint WAPHA and WACHS two-person team. Over the course of the Trial, 168 people participated in MHFA training. A total of 18 sessions were conducted during 2018 and 2019 in Mingenew, Carnamah, Three Springs, Morawa, Coorow, Geraldton, Northampton, Kalbarri, Gascoyne Junction, Denham and Exmouth.

One training session was adapted to incorporate a 'train the trainer' component, teaching 15 participants the core skills of MHFA in addition to how to teach others. These participants have received ongoing support from WAPHA to achieve accreditation in MHFA. The purpose of this approach was to create a 'snowball effect', building an expanding network of people throughout Midwest communities who have the knowledge and confidence to take action in supporting mental health.

This activity is ongoing, with further training planned.

The training has three areas of focus:

DIAGNOSTIC CRITERIA

Explaining different presentations of mental illness.

PRACTICAL ACTION

What steps to take to provide appropriate care for someone in crisis.

ROLE-PLAY

Putting the first two steps into action in 'real-world' scenarios.



Question, Persuade, Refer training

QPR is a suicide prevention intervention method, developed by the QPR Institute, an international organisation dedicated to suicide prevention training. The phrase 'QPR' is deliberately evocative of 'CPR' and describes three stages of suicide crisis intervention: Question, Persuade and Refer. QPR provides practical mental health care skills, with a specific focus on the goal of reducing suicidality. In QPR terminology, those who learn the QPR method become 'gatekeepers' – individuals who are able to:

QUESTION

The knowledge and skills to ask the right questions, to recognise the warning signs of suicide.

PERSUADE

Confidence and appropriate language to approach and speak with, and offer hope to, the person at risk.

REFER

Know how to get help and connect the person with the right support to save a life.

The sessions were conducted through a one-hour workshop or through online training modules, which were delivered between July 2019 and June 2020. The trainers for QPR were provided by WAPHA and WACHS. 238 people participated in over 34 sessions, which were conducted in Carnamah, Three Springs, Geraldton, Kalbarri, Denham, Exmouth, Carnarvon. Average attendance for sessions in Geraldton was approximately five people, with sessions in smaller towns across the Midwest typically seeing higher numbers (approximately 12 per session). For sessions where feedback was recorded satisfaction was rated 'extremely high', with anecdotal evidence from other sessions to indicate a positive response from the large majority of participants.

This activity is ongoing, with further sessions planned in 2021.



4.4.2 PILLAR 3: Effect of these activities

Training connected with a large number of community members and professionals, increasing their understanding of mental health and suicide

Training for Midwest community members and staff from service delivery organisations – including both MHFA and QPR – was one of the most broadly attended activities among Trial stakeholders, with 46 per cent of survey participants, and a large number of focus group stakeholders participating. Feedback regarding the training – provided through survey responses, individual interviews, focus groups and workshops – were consistently positive and with many stakeholders cited the training as the most effective activity in the Trial. MHFA was also commonly referred to by stakeholders who had not attended the training, with positive word-of-mouth associations suggesting a high profile in the region. High standard mental health and suicide intervention training was widely welcomed among stakeholders and participation was indicative of high levels of demand. This positive feedback by community members was mirrored in feedback from professional staff in various shire councils, government agencies and other organisations. These stakeholders believed the training had increased their organisations' performance in relation to mental health outcomes. Feedback on MHFA and QPR activities presented evidence that the Trial contributed to its objective of strengthening skills in mental health diagnosis and treatment.

GPs and registrars that attended training increased their mental health-related knowledge and skillsets

Mental health training was an important and valued component of professional development for GPs and registrars in the Midwest, contributing to a meaningful development of skills. While mental health is increasingly emphasised in medical school curricula (including recently announced MHFA training for all medical students Australia-wide), analysis of the Trial indicates that GPs still seek training to assist them in their ability to provide care for an increasing volume of mental health cases. The training sessions delivered by Professor Geoff Riley were well-attended, relative the cadre of professionals in the Midwest region, and anecdotal feedback was uniformly positive. Based on the feedback provided, it is likely that GP and registrar training had a meaningful effect on the overall strength of clinicians' skills in mental health diagnosis and treatment.



GPs [who watched the video lecture] frequently conveyed that 'now, I can do the medical complexity bit – I can say whether they have melancholic or non-melancholic depression'.

- Focus group participant



Stakeholders reported strong flow-on effects from taking a 'train the trainer' approach

Both MHFA and QPR emphasised elements of community upskilling and a 'train the trainer' approach. This resulted in the development of key mental health response skills across a broad range of cohorts within Midwest communities. A number of stakeholders shared anecdotes of community response to trauma, suicide, or other mental health events that were perceived to be markedly more structured and supportive than examples prior to the training. These scenarios typically involved the identification of signs of declining mental health in an individual or group within a community by training participants and others, and subsequent action from community members and/or professionals to provide support and avert further decline.

Community 'champions' that complete trainings are reported to have helped disseminate mental health information to community members in need. This is particularly valuable in communities where mental and general health services are not easily accessible. Community champions and 'train the trainer' activities were popular because stakeholders viewed it as a 'local-first' approach, that helped the community to 'help itself', rather than relying on external visits. In regional communities with strong cultures of self-reliance, this was effective not only in addressing the immediate crises, but also in bolstering overall community confidence. These activities made a contribution towards the overall 'Pillar 3 - primary care and mental health care' goal of strengthening mental health diagnosis and treatment. It also contributed to 'Pillar 2 - Patients, high-risk groups and relatives' goals of enhancing self-help skills, facilitating access to care, and helping stabilise people in acute suicidal crises.





4.4.3 PILLAR 3: Insights for future practice and policy

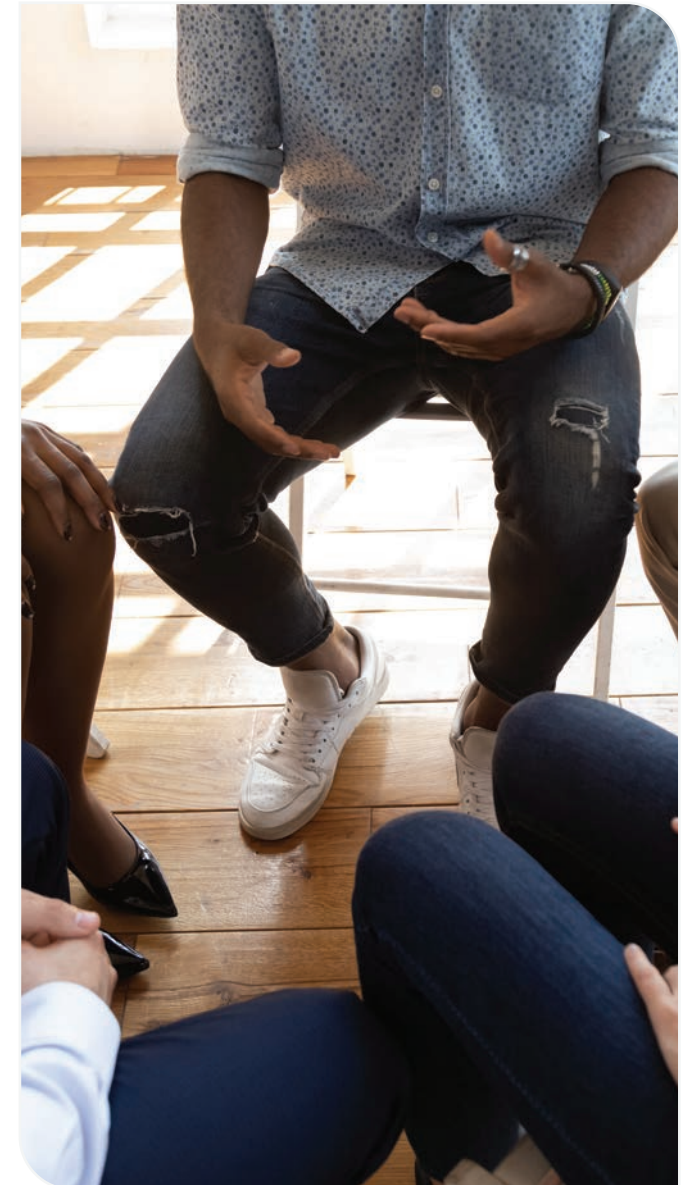
MHFA and QPR training could be augmented to communicate more effectively with different audiences

Some training delivered in the Midwest – most notably MHFA – was perceived to be clinically ‘technical’ and orientated towards primary care health workers, which some participants found overwhelming. For those with non-clinical backgrounds, the sessions could be experienced as unwelcoming and confusing, due to more complex medical terminology and concepts. These reactions – shared by stakeholders consulted in the evaluation – were reported by general community members and non-clinical service providers. Many stakeholders indicated that while they were interested in diagnostic terminology that was shared during the training, they found it ‘difficult to follow’, and some reported that they struggled to recall key information subsequent to the activity. Other stakeholders reported that they appreciated that the content was not ‘dumbed down’ and felt less intimidated after learning terms they previously didn’t understand.

MHFA and QPR are accredited courses oriented towards professional health care in their approach. However, this is also true of traditional first aid, which has been adapted in many ways to suit varying audiences. MHFA and QPR remain popular activities with strong impact, however, feedback from some attendees indicates that the content was not always ideal for non-technical audiences. This is especially important given the popularity of community upskilling and ‘train the trainer’ elements, which spread practical knowledge and skills relevant to suicide prevention beyond the health workforce. While the courses themselves are formally accredited and cannot be changed, they could be augmented through options such as ‘jargon buster’ handouts for key terminology, breakdown and explanation of key principles in more plain English, or attention to the presentation of examples to suit a variety of contexts.

Community upskilling and ‘train the trainer’ approaches are both popular and effective, as they foster local ownership and investment

As noted above, community upskilling and ‘train the trainer’ activities were effective training activities, resulting in the spread of information and skills within at-risk communities. Community members and professionals alike reported feeling empowered by learning how to teach mental health skills to others, not simply implement them. Community members often saw teaching as a way of making a difference in an area they previously felt ‘powerless’ to address. The impact on the community from this sense of agency was meaningful. Training local community members to train peer community members, the distribution and application of can be increased and sustained.



Low overall numbers of health care professionals (and facilities) is a systemic issue throughout the Midwest – but mental health treatment is still predominantly channelled through GPs and hospitals

Although health care professionals and healthcare infrastructure are in short supply in the Midwest, GPs and hospitals continue to be the primary means of treating mental ill health in the region. The lack of health care professionals is a well-acknowledged and long-running challenge in regional and remote WA, and the problem was outside the scope of the Trial to address. The challenges of GP recruitment and retention in the Midwest are compounded for mental health treatment, where long-term outcomes are often associated with long-term relationships between patient and professional. In light of these challenges, a number of stakeholders suggested the Trial could have focused more on testing care-orientated roles, driven more by social and community workers than physicians. Future suicide prevention interventions could do more to establish and sustain non-clinical, community-based options for non-crisis and crisis mental health treatment. The foundations for building the capability and capacity of community-based care were explored in the Trial, mainly through staff training, and a more comprehensive approach (developed in consultation with all groups operating in the space) may be worthwhile in the future.



4.4 Pillar 4: Primary care and mental healthcare



PILLAR 4: Activities in this pillar

Mindframe Plus media training

Mindframe is a national organisation that provides training, primarily for media professionals, regarding appropriate approaches to communication for mental health and suicide, as well as alcohol and other drugs. Mindframe Plus is an in-depth tier of Mindframe's training portfolio that is specifically targeted at regional areas. The training was selected as a Trial activity because it explicitly targets the 'Pillar 4 – community facilitators and stakeholders' objective of improving media reporting about depression and suicide. Mindframe Plus provides participants with an overview of language that is appropriate to describe mental health-related news, and explains the importance of phrase choice associated with suicide – e.g. 'died by suicide' as opposed to 'committed suicide' – and the impact language can have. The training also discusses how appropriate choice of 'story', 'message' and medium can have a positive impact on mental health in a region, as well as techniques for interviewing people with lived experience. The overall objectives of Mindframe Plus are to:

- support collaboration between local organisations and across sectors
- support local organisations that work with media
- support the media
- reduce risk that may be generated by inappropriate reporting
- empower local stakeholders
- communicate and ensure the application of the Mindframe communication guidelines
- help trial sites develop and implement a media strategy and communications protocol
- ensure trial sites determine a reporting mechanism for their strategy and protocol.

Two Mindframe Plus sessions were delivered during the Trial; one for local journalists and media professionals, and another for people in service delivery roles with a communications focus. Trainers delivered one session in person, and another via video link (due to issues with the coordination of inter-state flights to Geraldton).

This activity is concluded.

The Chapman Valley Men's Shed 'Shinema' Project

Recognising the importance of improving the mental health of their community, the City of Mandurah is leading the Mandurah Mental Health Initiative, which intends to achieve six inter-related outcomes:

Shinema (shed + cinema) project was established during the Trial to bring a bus with a cinema projector to rural towns, hold screenings, and create a place for community connection. It was developed during the Trial as it provided an opportunity for strengthening community connectedness. The initiative was organised by the Chapman Valley Men's Shed, and is staffed and attended by Midwest men. The Shinema bus is painted with a mural of famous actors and movie scenes, and features an integrated projector screen, sound system and generator so screenings can theoretically be held anywhere. Trial funding assisted with the renovation and upgrade of the bus, including remuneration for the time of the men involved. The first screening was well attended and was held in Mullewa in November of 2019, featuring local bands providing live music, barbeque and popcorn. Shinema paused over the festive season, with the intention of resuming in 2020, however, was delayed due to COVID-19. The project has been re-funded for 2020-21 with plans to hold screenings at five additional communities. See the 'activity spotlight' below for a description of the impact of the Shinema project.

This activity is ongoing, with future events planned.



Activity spotlight: the 'Shinema' project

As part of the evaluation process, stakeholders were asked to provide 'stories of impact' – personal accounts of their experience with the Trial, and the changes they saw in their community as a result of what they were involved in. One such story was provided by the Chapman Valley Men's Shed, who were responsible for the Shinema idea – and for bringing it to life. The following story describes the Shinema project in the words of the men who created it, and touches upon many of the goals of 'Pillar 4 – community facilitators and stakeholders', including working with community members, building confidence and skills around mental health, and strengthening community connectedness.

"We had a great idea for a travelling show that could set up virtually anywhere. For that idea to become alive we needed to attract support from a funding body. The people in this story are the men involved with the Shinema project, run by the Chapman Valley Men's Shed..."

After [running a screening] you need to meet and troubleshoot and reflect. This has two observable effects on the main crew: men from different walks of life and a wide range of ages and abilities are working together for a greater good and as a result see people from the communities that are receiving the service to come together and have a great time. As a team there is the creation of the space and the time for people to come together and feel alive, this is the very fabric of community.

The main cause for... the togetherness and good communication between crew members intrinsically, and the value in creating good community interactions for the community at large, was created by the collaboration between the people with the dream and the tremendous and generous support from WAPHA, kickstarting the capacity and capabilities of the project.

The people enjoying [Shinema] did not exactly know what to expect, and had all senses stimulated... the music from local artists, the smell of the BBQ and popcorn, the main feature (an Australian produced movie projected onto a screen on a funky bus with an awesome sound system in a vicinity outdoors [that was] safe and familiar to the participants). The behaviours and actions you could see on the faces and body language of all involved is smiles, hugs, families on the lawn on a big blanket or on beanbags/chairs/eskies, a relaxed happy atmosphere, a cultural event provided in the great outdoors. This crossover of culture and nature does not only affect the people in the moment of delivery, it reverberates and has resulted into great feedback from the communities visited.

The Chapman Valley Men's Shed is involved in other great projects, but the Shinema project is not only reaching close communities and the men themselves, the Shinema project has great potential to touch the lives of people in further away communities, the men themselves act, commit and feel that they belong to a great cause. This is a fun way of bringing people together, and in this it is also a powerful tool in suicide prevention. We are able to bring across important messages using the power of community spirit, and a bus full of modern multi-media equipment that can be set up by a number of dedicated members of the Chapman Valley Men's Shed. This actually makes me proud to be part of this project and deepens my friendships and relationships with the people involved, being great for mental health.

WAPHA was a great catalyst for our project and has given us a boost through their financial support and their great communications."

Motivational speaking from Hope Assistance Local Tradies

WAPHA funded a series of community presentations throughout the Midwest by Jeremy Forbes, the founder of HALT. The presentations from HALT were chosen as a Trial activity due to their specific emphasis on the experience of tradesmen, and the direct and male-orientated style of Jeremy's communication. Stakeholders believed that the content was well matched with the Trial's target cohorts and their life experience, as well as the 'Pillar 4 – community facilitators and stakeholders' goals of increasing confidence and skills in relation to mental health. Jeremy spoke publicly at community events up to five times a day at various locations, during March-April 2018 and June 2019. For each location, Jeremy was provided information on local services and support options, which he integrated into his presentation. The 2018 sessions were well attended, with up to 50 people at some sessions, and garnered significant positive feedback – but 2019 saw a significant drop in numbers (without clear cause).

This activity is concluded.

Walk into the Light

'Walk into the Light' was an awareness raising event organised by Midwest Yellow Ribbon and Geraldton Suicide Prevention Action Group. It first held in Geraldton on World Suicide Prevention Day in September 2019 and September 2020. The 2019 event encouraged people to congregate at 5:00am (prior to sunrise), and walk together on a pre-planned route over the next 90 minutes (during sunrise) to arrive at a catered breakfast (which was funded by WAPHA). The transition from darkness to light and emphasis on group activity and "togetherness" were intended to show the possibility of hope in the face of suicide and increase community confidence in supporting mental health. The event had a turnout of 22 participants, which some associated with the early start time. The 2020 event was conducted during the late and attracted approximately 60 attendees.

This activity is ongoing, with a 2020 event planned.

Roses in the Ocean

Roses in the Ocean is a national organisation that helps people with lived experience of mental health and suicide to share their experience through a variety of mediums, with a focus on building a powerful story. The activity was supported by the Trial due to Roses in the Ocean's expertise in helping community members share mental health experiences, in line with the overall goal of community connectedness outlined in 'Pillar 4 - community facilitators and stakeholders.' WA Primary Health Alliance commissioned a Roses in the Ocean representative to visit the Midwest to hold conversations across the region - including consultations in Carnarvon and a meeting in Geraldton in late 2019 - and to establish a lived experience network in the Midwest. The Geraldton meeting experienced relatively low attendance (six attendees), and there was limited uptake from the community in Carnarvon. Progress was then halted due to COVID-19.

This activity is concluded.





4.5.2 PILLAR 4: Effect of these activities

Some activities had high benefit, but with limited reach for a limited time

Feedback on the immediate benefits of most activities under Pillar 4 was consistently positive across stakeholders in different groups. Many people reported that they, or people they knew of, had learned new information, gained valuable perspectives, developed new skills – or simply connected better on issues of mental health with other community members – when they attended events. Generally, stakeholders believe that activities were appropriate to the communities in which they were delivered and achieve a positive impact. However, many stakeholders consulted during this evaluation observed that some benefits were short-lived, because activities were often only run for a short time and were perceived to have had limited involvement for community members prior to or following an event. Several stakeholders reported their belief that events were under-promoted and/or organised with short notice, resulting in lower engagement due to lack of awareness. Mindframe Plus was cited by several stakeholders as a ‘missed opportunity’ for these reasons. Work has begun to address these issues through connection with regional governance support, and longer-term community co-ordination and support through CAPs.



Small scale suicide prevention initiatives were developed and have future potential for expanded impact

The Chapman Valley Men’s Shed Shinema project has been limited in its scale, supporting a small group of men from Chapman Valley to build the Shinema van itself, and with one screening held. However, the activity was one of the most cited examples of positive impact within the Trial, across all stakeholder groups. The project was perceived as beneficial due to the immediate benefits to those who organised it and those who attended the Mullewa screening. Further, Shinema has been an example of local people mobilising to help their own communities, fostering a sense of individual, group and community agency. Small-scale, grass-root initiatives, such as Shinema, can have a significant impact with limited funding. With strong community involvement in design and delivery, the investment in Shinema has grown to have a larger impact, connecting and motivating communities, and spreading positive mental health outcomes across the region.

Education activities helped foster discussions about mental health and suicide in non-clinical environments, with links to local services

Addressing stigma and providing support to those that experience mental health issues, including suicidal risk, is critical to suicide prevention. Enabling group and community discussion to occur in public forums – rather than private and/or medical environments – has had a significant impact in the Midwest. When education activities targeted at the general public applied language, concepts and communication approaches that were appropriate to the context of the target community, they were most effective. For example, stakeholders praised the distribution of mental health coasters into pubs and bars - venues that are often associated with traditional conceptions of masculinity - as a non-overt way of effectively introducing mental health messages, including information about support. Similarly, stakeholders noted the impact of ‘frank’ messages through HALT presentations with large groups of ‘men’s men’. Communications in these forums was viewed as effective as they were, at times, ‘rough and ready,’ and were perceived to be ‘honest’ compared to ‘more polished’ public health communications. Stakeholders consulted during this evaluation noted that men in the Midwest can typically be ‘very pragmatic’ and ‘no-nonsense’, and value direct communication. The Trial activities were perceived to present messages about suicide and mental health in an authentic way were often viewed as effective. This contributed to the overall Pillar 4 goal of connecting communities with better mental health education and increasing skills and awareness.





PILLAR 4: Insights for future practice and policy

Community education activities work well when organised around convenient times and locations for their target audience to maximise participation and achieve impact

Some education activities delivered during the Trial were successful in finding an audience. However, some activities struggled to reach their target audience due to timing, venue choice and other factors. HALT local tradies events were, at least initially, strongly attended, with 50+ people at some sessions. These sessions were organised around times and places where men in the target cohort were likely to engage. Similarly, the Shinema project proved a popular concept – with significant interest and requests for Shinema screenings – as the activities were ‘brought to’ the target audience. In contrast, however, some activities in the Trial struggled to achieve target attendance, due to misalignment of timing, venue or approach with the preferences of attendees. Future suicide prevention activities might look to include an explicit planning stage for time and venue in the context of their target audience, including testing with the target group if possible. There are already strong examples of well-aligned events succeeding in the Midwest, and it would be worthwhile further tracking as to what potential contributing factors were and applying them to future activities. This will help ensure that future initiatives have the attention of a significant number of the right people, in order to further build mental health skills and confidence, as well as community connection in the region.

An example of this reported by stakeholders was the inaugural Walk into the Light event, which was conducted during sunrise and had few attendees. Several stakeholders suggested that although the concept was sound, an early start time was ill-suited for an event that sought to support people with depression, for whom sleep difficulties can be a challenge.

Media training needs to be repeated at regular intervals due to high turnover of regional journalists

Stakeholders engagement of this evaluation recognised the value of Mindframe Plus training activities. Developing the capability of media professionals to appropriately communicate issues related to mental health and suicide, is an important feature of a systemic approach to suicide prevention. A learning that has been identified by some stakeholders is that developing these capabilities in an enduring way, can require more intensive and dynamic approaches. While the Mindframe Plus training delivered in Geraldton was valued, it is reported to have had limited lasting effect on the community, as attendees of the session did not remain in the region after one year. Stakeholders noted that regional media can be subject to similar workforce challenges as regional healthcare, with transience among journalists for example. This can result in attrition of knowledge and skills, especially when recently introduced. Stakeholders observed some positive changes in media reporting of mental health and suicide in the immediate subsequent to the Mindframe Plus training, however, noted a return to problematic language and less-than-ideal reporting in some areas soon after. Planning for future suicide prevention activities could include a timetable of training, developed in partnership with media organisations and widely communicated, with a syllabus of new and refresher content to sustain interest and keep capability levels high.

In order for the positive effects of training, such as Mindframe, to be embedded in Midwest media organisations, the training could be delivered more regularly and with the support of local institutions.

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