



An account of the Perth South Suicide Prevention Trial

WA Primary Health Alliance
31 January 2021



Disclaimer:

Nous Group (Nous) has prepared this report for the benefit of WAPHA (the Client).

The report should not be used or relied upon for any purpose other than as an expression of the conclusions and recommendations of Nous to the Client as to the matters within the scope of the report. Nous and its officers and employees expressly disclaim any liability to any person other than the Client who relies or purports to rely on the report for any other purpose.

Nous has prepared the report with care and diligence. The conclusions and recommendations given by Nous in the report are given in good faith and in the reasonable belief that they are correct and not misleading. The report has been prepared by Nous based on information provided by the Client and by other persons. Nous has relied on that information and has not independently verified or audited that information.

© Nous Group

CONTENTS

Acknowledgement

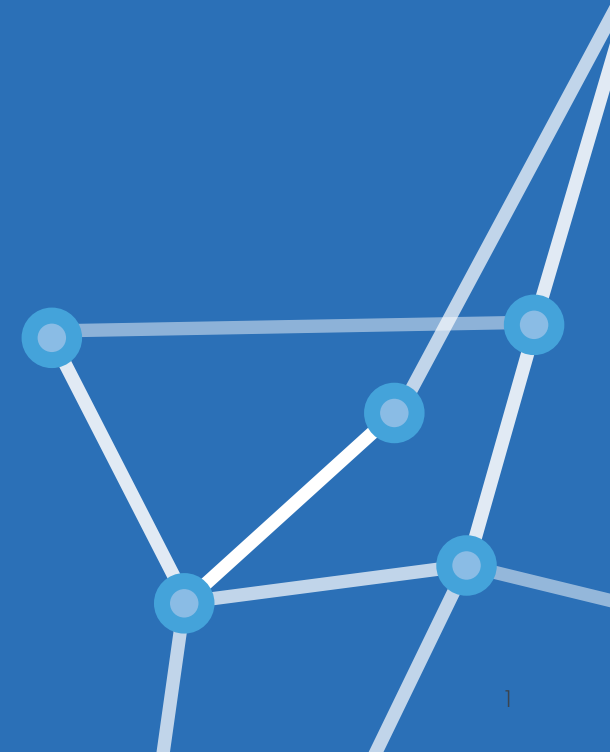
1	Executive summary	2
2	Perth South Suicide Prevention Trial: Background	7
3	Evaluation methodology	11
4	Context and overall findings	13
Appendix A PaRK CRSG membership		49

ACKNOWLEDGEMENT

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 Perth South Suicide Prevention Trial (the Trial) was initiated in 2017 by WA Primary Health Alliance (WAPHA) to identify effective approaches to suicide prevention for young people aged 16-24. The Trial has involved a wide range of activities aligned with the globally recognised Alliance Against Depression (AAD) model. These activities have been delivered across Western Australia's (WA) region of Kwinana, Rockingham, Serpentine-Jarrahdale, Mandurah, Murray, and Waroona. The Trial has been coordinated by WAPHA and guided by the Peel and Rockingham Kwinana (PaRK) Community Response Steering Group (CRSG) and will conclude in June 2021.

The evaluation of the Trial was commissioned by WAPHA and conducted by Nous Group (Nous) between October 2019 to 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 practice and policy in Perth South and similar contexts. The evaluation methodology draws heavily on the experiences and expertise of key local stakeholders, including service providers, health and mental health professionals, policy makers, and individuals with lived experience, in addition to WAPHA itself. 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 young people 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 health care.
- **PILLAR 4:** Community facilitators and stakeholders.

Table 1 overleaf summarises 13 groups or clusters of activities delivered across these pillars, outlining their core aim, their implementation status, their perceived effects and insights identified during this evaluation that can inform future practice and policy. 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. Insights for the future have been informed by the reflections of Trial stakeholders regarding what they believed worked well during the Trial, in addition to their reflections regarding what could have been done differently.

The evaluation has identified a number of positive outcomes of the Trial. At the individual level, activities have contributed to improved awareness of mental health and suicide, improved help-seeking behaviour, and improved wellbeing. At the community level, activities have improved people's willingness to discuss suicide, people's capability to support people with mental health issues, and community connectedness. At the service system level, activities have contributed to an increase in the capability and confidence of health professionals to support people with mental health issues. Additionally, the evaluation has identified four key insights regarding the Trial which could benefit future suicide prevention programming.

An approach to suicide prevention that includes activities targeting the individual, community, and service system can contribute to suicide prevention.

Large-scale suicide prevention programs benefit from robust design, planning, and monitoring and reporting.

The experiences and expertise of individuals with 'lived experience' are recognised as a valuable input to suicide prevention programs, including design, delivery, and evaluation.

To extend the outcomes of newly designed or adapted suicide prevention activities, early consideration, and planning for sustainability is required.

PILLAR 1:



General public: depression awareness campaigns

Activities

Inside My Mind public awareness campaign (complete): A multi-media campaign launched with the aim of increasing awareness and reducing stigma around depression and anxiety and promoting help-seeking behaviour.

Effects of these activities

- Inside My Mind has had a broad reach across the WA community and resonated with many people, including young people and families.
- Inside My Mind has helped to increase awareness in the community of the symptoms of depression and where people can go for help.
- A key change associated with Inside My Mind was an increase in people's willingness to talk about mental health and suicide openly.
- Inside My Mind may have contributed to a perceived increase in demand for youth mental health services in Perth South.

Insights for future activities

- Regional community members value public awareness campaigns that are centred on 'real people' and their stories.
- Public awareness campaigns need to be delivered through channels that are appropriate to their target audience.
- Effective suicide prevention campaigns involve the target audience in the design of public awareness campaigns.
- Public awareness campaigns delivered over time, benefit from being responsive to changes in the needs of their target audience.



Table 1 | Summary of findings

PILLAR 2:



Patients, high-risk groups and relatives

Activities

Postvention Community Response (ongoing):

An initiative that aims to mitigate the profound impact that suicide can have on bereaved individuals; by promptly identifying these individuals, and providing them with targeted support.

The National Empowerment Project (NEP) Cultural, Social and Emotional Wellbeing Program (CSEWB) (complete): A program designed for Aboriginal and Torres Strait Islander communities, which intends to build resilience among participants, strengthen their cultural, social and emotional wellbeing, and prevent psychological distress and suicide.

Coping with self-harm (complete): A resource that provides parents, carers, family members, and friends with practical guidance and information on how to support a young person through self-harm.

DB Teen (complete): Multi-family treatment program that aims to address emotional dysregulation amongst 14-18 year-olds through 12 weekly group sessions, individualised phone support and access to a phone 'app'.

Effects of these activities

- The Postvention Community Response has substantially improved support for bereaved families and others following a suspected suicide.
- The Postvention Community Response has helped to build and strengthen relationships between service providers in Perth South.
- A commonly cited effect of the Postvention Community Response was improved data sharing in relation to suicide.
- There was a reported increase in wellbeing among participants of the CSEWB Program.
- The 'coping with self-harm' resource addresses a key gap in the resources available for parents and carers of young people with mental health issues.

Insights for future activities

- Data on suicide and self-harm needs to be used by services to identify which groups should be targeted by suicide prevention activities.
- Community suicide prevention activities can benefit from engaging family and friends of people at high-risk of suicide.
- Local people and organisations are capable of coming together to deliver community responses that effect meaningful change, such as the Postvention activity.
- Community responses that are developed to address local needs require adequate resources and formal structures to be sustainable.



PILLAR 3:



Primary care and mental healthcare

Activities

Pilot of the Clinical Decision Support System and Pre-Appointment Check Up General Practitioner GP Tool (on hold): Tools designed to support GPs to assess the risk of young people presenting with mental health issues.

'Preventing suicide in children and young people' education session (complete): A specialised training to GPs and allied health workers to identify and support young people with depression or at risk of suicide and/or self-harm.

'The role of primary care' education session (on hold): Training to increase health professionals' skill and confidence in taking a detailed suicide history and developing a collaborative management plan.

'Identifying and Treating Depression in Primary Care' video lecture (complete): A lecture which introduces GPs to the AAD approach and guides them on how to effectively identify and manage depression.

LGBTI Therapeutic Training (complete): Training for youth workers, social workers, psychologists, psychiatrists, and service managers to build their knowledge and skills in relation to working with people who identify as LGBTI.

Effects of these activities

- A broad range of health professionals were reached through a variety of targeted training subjects.
- GPs who participated in training reported improved skills in relation to diagnosing and treating people with mental health issues.
- Health professionals who participated in training reported increased capability working with people who identify as LGBTI.

Insights for future activities

- Training and tools for health professionals should be informed by an understanding of what health professionals 'need' and 'want'.
- Nuanced strategies to encourage GPs to engage in training are necessary to maximise their attendance.
- Integrating physical and mental health training is an important step towards integrated care within the primary health care system.

The categorical classification of depression

1	10	100
<ul style="list-style-type: none"> • BIOLOGICAL DEPRESSION • ENDOGENOUS DEPRESSION • MAJOR DEPRESSIVE DISORDER • MELANCHOLIC DEPRESSION • BIPOLAR DEPRESSION 	<ul style="list-style-type: none"> • PSYCHOLOGICAL DEPRESSION • REACTIVE DEPRESSION • ADJUSTMENT DISORDER • NON-MELANCHOLIC DEPRESSION 	<p>STRESS and DISTRESS:</p> <p>Adversity: Poverty or financial insecurity; Lack of confidence; Relationship or relationship breakdown; Parenting; Carer role; Stress of unemployment; Bereavement and loss; Impairments and disabilities</p>

- Biological depressions are important because they are more difficult to treat. Patients with Bipolar Illness have the highest rates of recurrence.
- Non-biological depressions will mostly respond to various psychological support and other practical interventions, or sometimes a change in circumstances.

Table 1 | Summary of findings

PILLAR 4:

Community facilitators and stakeholders



Activities

Alliances Against Depression (ongoing):

Grassroots initiatives established by community members who are seeking to improve the mental health of their community.

Mandurah Mental Health Initiative (ongoing):

An initiative which involves identifying activities which contribute to one or more of the desired outcomes and distributing funds to them provided by WAPHA.

Mindframe training (complete): Training for communications and marketing professionals within health and mental health organisations on appropriate language to use when communicating about mental health and suicide.

Training for community members (complete):

Various training sessions with the objective of building the capability of the community to help those struggling with mental health issues or suicidal thoughts.

Appointment of a Lived Experience

Coordinator (complete): A Lived Experience Coordinator to represent the voice of lived experience in the Trial.

Effects of these activities

- Training helped to increase participants' willingness to talk about suicide openly.
- Community members who completed training reported increases in their capability and confidence to support people with mental health issues.
- Some activities in this pillar have contributed to an increase in community connectedness.
- There was an increase in wellbeing among those who participated in some activities in this pillar.
- Appointing a Lived Experience Coordinator during the Trial has helped foster respect for the voice of lived experience among service providers and community.

Insights for future activities

- Community members are highly motivated to increase their capability to support people with mental health issues or in a suicidal crisis.
- Suicide prevention training programs should be targeted yet have a broad reach to achieve meaningful and sustained change.
- Community members value opportunities to engage with and learn from people with lived experience.



02

PERTH SOUTH 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 share this knowledge with policy makers, researchers, and service providers across Australia. The NSPT is being delivered by 11 Primary Health Networks (PHNs) in 12 trial sites located across all Australian states and territories². Each trial site was selected based on evidence of a localised increase in suicide and focuses on suicide prevention for a specific high-risk target cohort.

Three trial sites were selected in WA, including Perth South, 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 Bellinger; 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

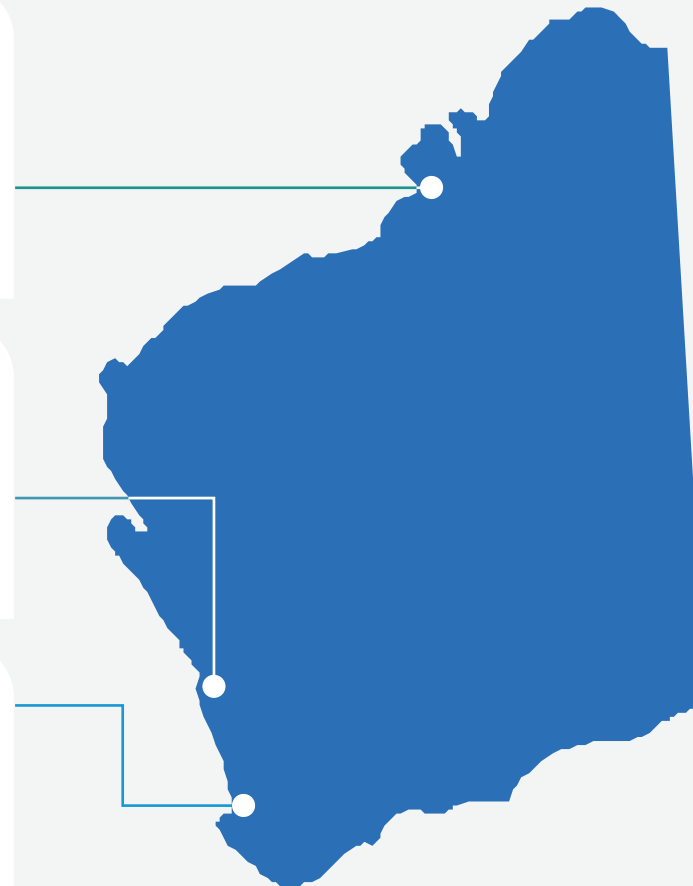
Focused on suicide prevention for men aged 25 to 54 years (specifically farmers, fishers, 'fly-in-fly-out' workers and Aboriginal communities)

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 Perth South

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

The evaluation of the Trial was commissioned by WAPHA and was conducted by Nous between October 2019 and September 2020. The aim of the evaluation is to provide an account of the Trial and its activities, and to identify insights to inform future suicide prevention policy and services in Perth South and similar contexts⁴. The evaluation is organised around the four pillars of the AAD model (see Figure 2) and framed by the Trial’s overarching aim of identifying effective approaches to suicide prevention 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

⁴ This evaluation has been conducted concurrent to a nationwide evaluation of all 12 trial sites, being undertaken by the University of Melbourne, which is expected to undertake detailed analysis of the longitudinal impact of the trials.

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 a range of data sources. Where possible, the evaluation uses quantitative data. However, due to availability and timing issues related to some sources of quantitative data, the evaluation predominantly uses qualitative insights. The evaluation benefits from a range of documentary evidence sourced from local stakeholders, including individuals who have delivered, coordinated, or participated in Trial activities.

Stakeholders engaged included service providers, local government representatives, health and mental health professionals, officers from various state and federal government agencies, WAPHA staff, and people with lived experience of mental illness and suicide.

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).

There are limitations to the breadth of data available to support the evaluation

The evaluation did not intend to assess the implementation success of the Trial, due to various limitations with data and engagement.

Further, our engagement revealed that many Trial stakeholders did not have visibility of the overall Trial and could only provide insights relating to the specific Trial activities they were involved in – this limited their ability to comment on the overall success of the Trial.

Limitations included:



POPULATION-LEVEL DATA in relation to suicide, suicidal behaviour, and mental health-related service usage for the Trial period was not available



TRIAL ACTIVITY REPORTS, including data on outputs and outcomes, were not consistently available



due to **COVID-19**, it was impossible to visit the Trial site to engage with all stakeholders.

04

CONTEXT AND OVERALL FINDINGS

4.1. Perth South Suicide Prevention Trial

3.1.1 Overall approach and scope of the Trial

The Trial commenced in 2018, with a focus on young people aged 16 to 24 years

In 2016, four young people in Perth South region died by suicide. Each loss of life impacted family, friends, and the wider community. The young people were known to one another directly or indirectly. In 2018, the sibling of one of the young people also took their own life. As the community responded to these events, it was recognised that 'postvention' support – assistance to those bereaved by suicide – was a critical gap in the region. In response, the PaRK Community Response Working Group (CRWG) was established, with the objective of identifying individuals bereaved by suicide and providing them with targeted support.

During the same period, the Perth South region was announced as one of the 12 NSPT sites. Reflecting the rates of suicide and recent suicide cluster, young people aged 16 to 24 years were selected as the target cohort. In December 2016, the PaRK CRWG became the advisory group for the Trial and evolved into the PaRK CRSG. The PaRK CRSG includes a broad and dedicated membership (see Appendix A) and has been supported by three WAPHA personnel:

- a **SUICIDE PREVENTION PROGRAM MANAGER** with oversight over the three WA trials
- a Perth South **SUICIDE PREVENTION TRIAL COORDINATOR** with oversight over the Trial
- a **PROJECT SUPPORT OFFICER**.

The Trial has consisted of two important phases of work – first, the planning phase from June to December 2017, and second, the implementation phase from January 2018 to June 2021. During the planning phase, WAPHA consulted several community, education, health and social services organisations to understand community needs and determine which suicide prevention activities should be delivered through the Trial. The implementation phase commenced in January 2018 and is expected to conclude in June 2021. It has involved at least 13 groups of activities across the four AAD pillars, which are the subject of this evaluation and are discussed in detail below.



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

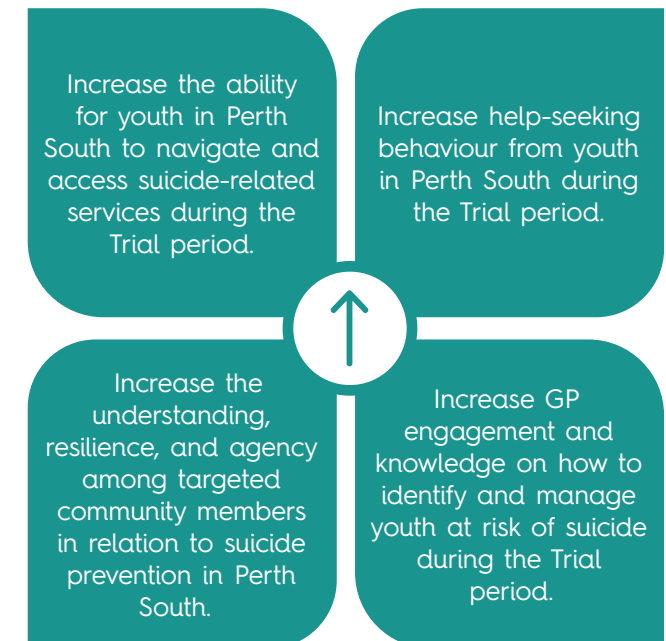
The overarching aim of the Trial was to reduce the incidence of suicide among young people aged 16 to 24 years in Perth South, and in doing so, identify effective systemic approaches to suicide prevention for young people.

To achieve its aims and objectives, the Trial has applied a community-based 'multi-level' approach, guided by the AAD model, to contribute to suicide prevention in Perth South. This approach involves concurrently implementing activities that target multiple levels by addressing society-wide stigma, providing support to high-risk groups, developing the capability and coordination of the service system, including health workers, and building community awareness and capability. The aim of this approach is that interventions at multiple levels - the at-risk individuals themselves, the community in which at-risk individuals live, and the service system that supports them and their immediate community - will increase at-risk individuals' access 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 future suicide prevention interventions.



The specific objectives of the Trial were to:



4.1.2 Overall effects of the Trial

Positive changes have been observed on the individual, community, and service system levels over the course of the Trial

The evaluation found that there is a perception the pre-Trial trend of suicide among young people has decreased during the Trial period. Numerous focus group and workshop participants reported that they thought the suicide rate of young people in Perth South had reduced during 2018-2020. Similarly, 84 per cent of survey respondents (16) identified that they believed the rate of suicide among young people in Perth South had reduced during this period. However, consultations with key stakeholders were not able to determine the extent to which these perceived trends could be attributed to Trial activities, as the Trial has been delivered in the context of multiple parallel interventions, programs, and services. Many believe that multiple service, systemic, and other inputs have contributed to this outcome

This evaluation has identified a number of positive outcomes associated with the Trial, which have been observed at individual, community, and service system levels over the Trial.



At the individual level:

Many stakeholders believed Trial activities have contributed to improved awareness in the community of mental health and suicide, improved help-seeking behaviour, and improved wellbeing.



At the community level:

Activities have helped to improve people's willingness to discuss mental health and suicide, improve people's capability and confidence to support people with mental health issues, and increase community connectedness.



At the service system level:

Activities have contributed to an increase in the capability and confidence of health professionals to support people with mental health issues, and stronger service provider networks.



We've noticed that ... there has been a big difference in terms of fewer young people are completing suicides.

-Focus group participant



Based on the available data, the Trial has helped to achieve outcomes on multiple levels, and in doing so, positively contributed to suicide prevention in Perth South. These outcomes are further explored below, organised under the four 'pillars' of the Trial.

4.1.3 Overall insights for future suicide prevention practice and policy

Reflecting on Trial activities and the outcomes the Trial may have contributed to, a number of key insights which could benefit future suicide prevention interventions have been identified:

An approach that includes activities targeting the individual, community, and service system can contribute to suicide prevention

Trial stakeholders identified that a critical success factor of the Trial was the multi-level approach adopted, guided by the AAD model. Stakeholders believed that delivering activities that intervened at multiple levels helped to enhance the effect of each activity. Further, the positive outcomes the Trial has contributed to tend to be associated with the contributions of multiple Trial and non-Trial activities which all sought to reduce risks and increase capability at multiple levels, rather than singular activities. Future suicide prevention programs would benefit from adopting a multi-level approach that incorporates activities targeting the individual, community, and service system. Such an approach recognises that suicide is a complex issue that can be driven by a broad array of factors, and its prevention requires a range of activities targeting multiple levels to be implemented concurrently. Adopting a multi-level approach to suicide prevention can enhance the effect of each activity, and thereby, support the overall impact of the program. Although the AAD framework was appropriate for the Trial, future suicide prevention interventions could explore other multi-level frameworks which have been developed nationally and internationally.

Large-scale suicide prevention programs benefit from robust design, planning, and monitoring and evaluation

Robust design and planning can help to increase the coherence and effectiveness of multiple concurrent activities in large-scale suicide prevention programs. Many Trial stakeholders shared a perception that the planning of Trial activities was not sufficient, relative to the complexity and volume of activities, with some describing the implementation of the Trial as 'ad hoc'. However, others noted that this perception may be a consequence of a lack of visibility around the design and planning activities which were undertaken such as large-scale community consultations, regular PaRK CRSG meetings, and a mid-implementation review conducted in mid-2019. Additionally, some Trial stakeholders reported challenges with tracking outputs and outcomes of Trial activities, limiting the ability to monitor and adapt activities. Some identified that the impact of the Trial could have been enhanced, if more robust and transparent mechanisms for design, planning, monitoring and evaluation were established.

It is important to note that the Trial faced a number of exogenous challenges which impacted the ability to design and plan effectively, including shifting timeframes. Initially, the Trial was to be delivered over a two-year period. However, this deadline for the conclusion of the Trial was extended twice. The impact this has had on design and planning may have contributed to Trial stakeholders' perception that Trial planning was insufficient. A few stakeholders highlighted that greater certainty and clarity around deadlines and resource allocation would be critical to the success of future large-scale suicide prevention programs.

Strong program management will benefit future large-scale suicide prevention programs. This would include rigorous design and planning at the onset of the program, to ensure the desired goals and outcomes are clear, and activities align and coordinate with one another. Further, this should be supported with robust monitoring and evaluation, to track outcomes and realise improvement opportunities.

The experiences and expertise of individuals with 'lived experience' are recognised as a valuable input to suicide prevention programs, including design, delivery and evaluation



The voice of lived experience
is so valuable.

-Focus group participant



To extend the outcomes of newly designed or adapted suicide prevention activities, early consideration and planning for sustainability is required

People with lived experience of suicide, including those that have experienced suicidal ideation, have previously attempted suicide and those bereaved by suicide, can offer critical insights to inform suicide prevention program design and delivery. However, analysis of the Trial suggests that the opportunities for the input of lived experience in the design and delivery of the Trial was limited. Although a Lived Experience Coordinator was appointed to elevate the voice of people with lived experience, several stakeholders believed that opportunities for those with lived experience to have input were not sufficient. For example, though some service providers sought advice from the Lived Experience Coordinator regarding the design and delivery of their activities on an ad hoc basis, this was not a formal role of the Lived Experience Coordinator. Further, the Trial sought to establish a lived experience advisory group to provide input into activity planning; however, it was not formed due to various challenges such as a lack of community readiness and uptake.

Trial stakeholders reported that individuals with lived experience need to participate in future suicide prevention practice and policy, as their experiences and expertise can help to inform effective intervention approaches.

Additionally, some stakeholders recommended that, recognising how valuable their participation is, such 'advocates' should be remunerated, as was the case with the Inside My Mind public awareness campaign participants with lived experience, the Lived Experience Coordinator, and lived experience speakers engaged as part of the Trial. Future suicide prevention interventions may benefit from formalising roles for individuals with lived experience in the design, delivery, and evaluation of activities.

The evaluation has found that Trial stakeholders view a number of activities as highly effective, including the Postvention Community Response, which provides targeted support to recently bereaved individuals. A key theme which emerged from consultations was a desire to extend these activities, and a concern that they may not be sustained after the conclusion of the Trial. Though many recognised that the Trial is time- and resource-limited, they were eager to see promising activities extended beyond the Trial period. Some workshop participants reported a belief that planning for the sustainability of suicide prevention activities has not been sufficient and recommended that sustainability should be an ongoing process of the Trial, supported by the monitoring of activity outcomes and engagement with service commissioners. Future community-based suicide prevention interventions could benefit from integrating sustainability planning into overall planning and governance processes. This could include the early identification of mechanisms and resources required to extend effective activities.

4.2 Pillar 1: General public: depression awareness campaigns



Activities in Pillar 1 target the general public and aim to enhance individuals' knowledge about depression, reduce the stigma around depression and suicide, and enable help-seeking behaviour. In the Trial, the activity associated with Pillar 1 was the Inside My Mind public awareness campaign.

Aim of communications



Total number of impressions across media channels



Top performer



PILLAR 1: Activities and outputs

Inside My Mind public awareness campaign

Inside My Mind is a public awareness campaign launched in Perth South and the Midwest in March 2019, with the aim of increasing awareness and reducing stigma around depression and anxiety and promoting help-seeking behaviour. In doing so, the campaign aimed to contribute to a decrease in the rate of suicide among target audiences in these regions. In Perth South, the target audience was young people aged 16 to 24 years. The campaign centred on four people with lived experience of mental illness or suicide from Perth South and the Midwest. For each person, the campaign presented a detailed story through video interviews and written accounts and invited an artist to create an artwork based on that person's story. Videos telling each person's story were developed and shared on a wide range of delivery channels, including social media, Big Mobile⁵, YouTube, and out-of-home advertisements. Inside My Mind comprised of three phases – each is explored in turn below.

Mar - Apr 2019	Nov 2019 - Apr 2020	Apr - Jun 2020
Phase 1	Phase 2	Phase 3
'Depression looks different to everybody'	'The journey back from depression looks different for everybody'	to support the mental health of the WA community during the COVID-19 pandemic
1,904,704	2,438,892	10,456,577
Social media	Snapchat	TikTok

⁵ Big Mobile involves capturing the device ID of individuals in the target audience when they enter a specific location or venue to then display advertisements across apps and websites on their phone.

Phase 1 of Inside My Mind

Phase 1 of Inside My Mind was delivered in Perth South between March and April 2019 with the aim of communicating that 'Depression looks different to everybody'. Channels used included social media, Big Mobile, YouTube, out-of-home advertisements, cinema advertising, and Google search. Inside My Mind received significant exposure in this first phase, accruing 1,904,704 impressions in Perth South. Of all the channels used in Phase 1, social media proved to be the most successful, accruing 1,318,526 impressions and 392,523 completed views, and reaching 179,866 unique individuals.

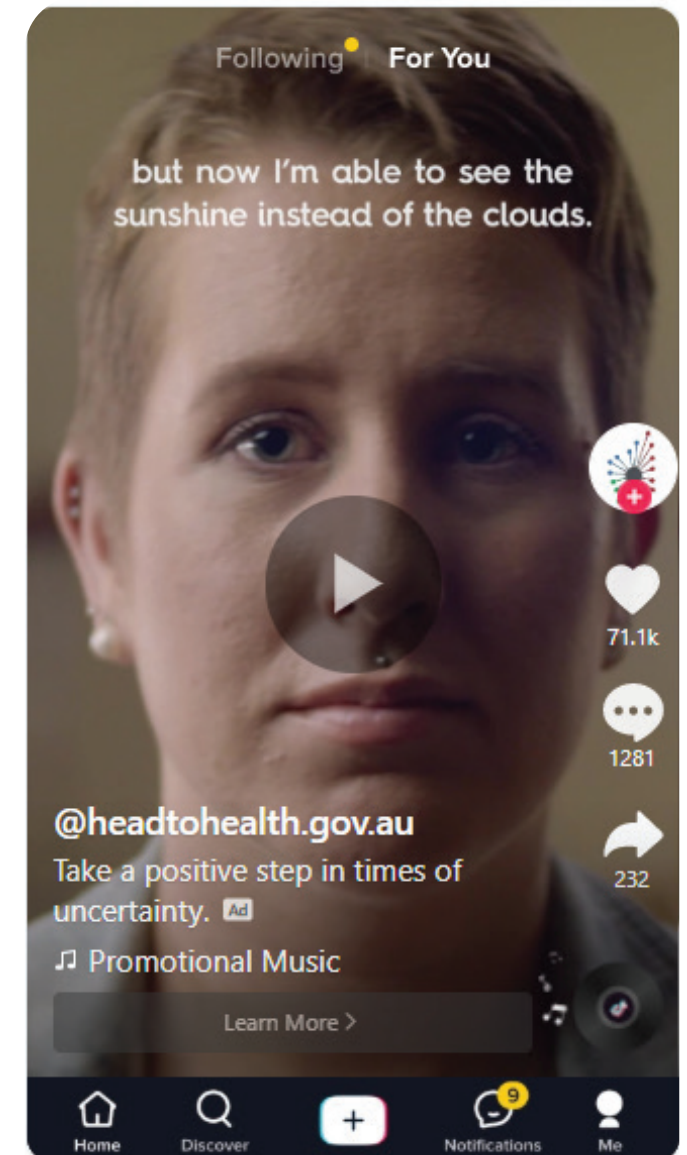
Phase 2 of Inside My Mind

In the second phase, which ran from November 2019 to April 2020, the campaign aimed to communicate that 'The journey back from depression looks different for everybody'. To learn more about the optimal channels for reaching young people, Inside My Mind explored two new channels - Snapchat and Spotify - to varying degrees of success. Of the 2,438,892 impressions in Perth South, 932,521 were from Snapchat and 222,381 from Spotify. While Snapchat proved to be highly effective in reaching young people, Spotify was seen as less successful. However, several Trial stakeholders suggested this was due to Inside My Mind being a visual campaign and not translating well into audio.

Phase 3 of Inside My Mind

Phase 3 of the campaign was delivered from April to June 2020 to support the mental health of the WA community during the COVID-19 pandemic. The target audience was expanded to include the general public across WA, recognising that many people might be newly experiencing depression, anxiety, and other mental health issues. Two changes were made to the campaign: first, the message was changed to focus on mental health in general; second, advertisements were linked to the Head to Health website for general mental health support. New and more innovative channels used in Phase 3 included Junkee Punkee, TikTok, and Twitch, which were selected based on their use among young people. Phase 3 of the campaign achieved a total number of 10,456,577 impressions across WA. Of these, 3,121,569 impressions were from TikTok, 242,939 were from Twitch, and 55,676 were from Junkee and Punkee.

Inside My Mind has now concluded.





PILLAR 1: Effect of these activities

Inside My Mind has had a broad reach across the WA community and resonated with many people, including young people and families

Inside My Mind achieved a high level of exposure, accruing over 18,000,000 impressions across WA since it was launched in March 2019. Additionally, the campaign reached many unique individuals. In Perth South, Inside My Mind reached over 522,000 unique individuals through social media alone. Based on these web analytics, the campaign has delivered on its objective of achieving a broad reach.

Furthermore, Inside My Mind not only reached a high number of people, but also resonated with many of them. The campaign has been positively recognised in the media industry, receiving a number of awards and nominations at the Campaign Brief Awards, Perth Advertising and Design Club Awards, and AIM WA Pinnacle Awards. Additionally, several Trial stakeholders engaged in the evaluation reflected positively on the impact Inside My Mind had had on them and people they knew, identifying that they had had a strong emotional response to the videos. Similarly, the company which installed campaign advertisements across Perth South and the Midwest identified that they had received universally positive feedback on the materials from these communities. The campaign clearly resonated with many people in the community and was well-liked.



We deliberately tried to ensure no one was left unreached. Normally, you would go for 70 per cent coverage, but we wanted to ensure we reached every single corner of the community.

-Focus group participant



Everyone who watches [the videos] has an emotional response. The content is powerful and resonates with people.

-Focus group participant



Inside My Mind has helped to increase awareness in the community of the symptoms of depression and where people can go for help

Insights from Trial stakeholders indicated that the campaign had succeeded in achieving its aim of raising community awareness of depression. Several focus group and workshop participants reported that Inside My Mind had, by achieving a broad reach and resonating with many in the community, helped to increase people's awareness of depression and anxiety and where they could go for help. Further, 100 per cent of Trial stakeholders surveyed (15) reported believing that the Trial had helped to improve young people's awareness of where they could seek help for mental health. Of these, 79 per cent (11) identified Inside My Mind as a key Trial activity that contributed to this change. Although this evaluation has not assessed the extent of improved awareness, knowledge, or practice among community members, responses from Trial stakeholders suggested that Inside My Mind may have helped to increase awareness.

A key change associated with Inside My Mind was an increase in people's willingness to talk about mental health and suicide openly

A number of Trial stakeholders identified that Inside My Mind has helped to increase people's willingness to discuss mental health and suicide openly, and thus, created the conditions for help-seeking behaviour. Several observed that young people, in particular, were now more comfortable to discuss these issues than prior to the Trial. They attributed this to the Trial's focus on raising awareness through a broad array of channels.



The young people that we were working with [before the Trial] ... weren't able to confide ... More young people open up now, particularly young males...

-Interviewee



Young people have been encouraged to speak out, to talk and to share ... because of the increased focus on education through a range of different avenues.

-Focus group participant



While this evaluation cannot define the scale of this effect, Trial stakeholder insights show the campaign has led to an increase in young people's openness to talking about mental health and suicide, which has in turn contributed to an increase in help-seeking behaviour, as explained below.

Inside My Mind may have contributed to an increase in demand for mental health services in Perth South

Consultations conducted during this evaluation revealed that demand for mental health services in Perth South has increased since the Trial commenced. For example, workshop participants identified that “... more people are seeking help,” and “...we are getting more and more referrals.” Data acquired from the WA Department of Health on public mental health service contacts supports this, revealing that service contacts among young people in Perth South increased 10 per cent from 12,979 in 2018 to 14,327 in 2019.⁶ Trial stakeholder insights and population-level data show there has been an increase in demand for mental health services in Perth South.

A number of focus group and workshop participants partly attributed the increase in demand to the Trial, particularly the campaign. They felt that Inside My Mind contributed to this by increasing people’s awareness of depression and where to go for help and increasing people’s willingness to talk about depression. This is supported by survey respondents, with 93 per cent (13) indicating that they believed Trial activities have helped to improve young people’s access to help for their mental health in Perth South. Of these, 54 per cent (7 out of 13) highlighted the campaign as a key Trial activity that has contributed to this change. The increase in demand for mental health services may be – at least in part – due to Trial activities such as Inside My Mind. However, it is important to note that the Trial has been delivered in the context of multiple parallel interventions, programs and services, and that reaching a conclusion on attribution is not possible.



We certainly receive a lot more self-referrals. It’s often a worried mum or worried dad – [we’re] getting a few more of those... With the media, the advertisements, people are saying “that’s what so and so is feeling,” they have noticed he is isolating himself, that he’s not acting like the child they knew, etc.

- Workshop participant



The Trial has driven demand. There is a lot of activity in the area ... Better awareness in the community drives that demand.

Workshop participant



⁶ WA Health, Number of Service Contacts among 16 to 24 year old’s from June 2017 to March 2020 [dataset], 22 June 2020.



PILLAR 1: Insights for future practice and policy

Regional community members prefer public awareness campaigns that are centred on 'real people' and their stories

Consultations revealed a preference for campaigns grounded in 'lived experience'. The positive reception of Inside My Mind was attributed to the emotional responses the campaign elicited in Trial stakeholders and others they know. For example, stakeholders compared Inside My Mind favourably to other mental health campaigns which centred on facts and statistics or employed paid actors, noting they "...didn't feel real, they felt awkward." Reflecting on the success of Inside My Mind, Trial stakeholders indicated that to be effective, future public awareness campaigns should involve real members of the community telling their stories.



The storytelling. The people. The stories ... were so powerful, honest and raw. I still watch them. They still touch me.

- Interviewee



Public awareness campaigns need to be delivered through channels that are appropriate to their target audience

Selecting the most effective delivery channels for a public awareness campaign requires an understanding of the target audience. Inside My Mind – which used a range of channels, including some that WAPHA had not used before – has provided valuable insight into which channels can effectively reach young people. Channels used to deliver Inside My Mind to young people included Snapchat, Spotify, Punkee Junkee, TikTok, and Twitch. Of these, Trial stakeholders highlighted Snapchat and TikTok as the best channels for reaching this cohort, based on the scale of impressions and 'swipe ups' to see more information achieved. Inside My Mind has demonstrated the importance of selecting delivery channels based on which platforms and venues are used most frequently by the target audience.



Real people and real stories made the message more powerful ... nobody ever assumed that they [were] actors.

- Focus group participant



When targeting young people ... we need to be agile in our use of channels ... This is a perfect example of meeting our audience where they are, even though it may not seem like where we would usually be.

- Inside My Mind: Ongoing Report Summary, WAPHA (2020)





Effective suicide prevention campaigns involve the target audience in the design of public awareness campaigns

Several Trial stakeholders acknowledged the importance of involving the target audience in the design of public awareness campaigns, asserting that their involvement is critical to ensuring the campaign appeals to, and resonates with them. The lack of involvement of young people in the design of Inside My Mind was identified as a shortcoming of the activity. When asked for recommendations for future suicide prevention practice and policy, many focus group and workshop participants identified that the target audience needs to be involved in designing public awareness campaigns.



Young people were not involved in the design process. We want to include the community and target groups in the process.

- Workshop participant



Public awareness campaigns must be responsive to changes in the needs of their target audience

Changes in the needs of the target audience can impact the extent to which a public awareness campaign appeals to, and resonates with them. Monitoring the needs of the target audience during campaign delivery and adjusting the campaign if required, in terms of key messages, target or mode, can be beneficial. Focus group participants identified the responsiveness of Inside My Mind as a key strength of the activity. In each phase, the messaging was changed to better meet the needs of the target audience. For example, although a third phase of Inside My Mind was not planned, there was an opportunity to use the campaign to support the WA community during COVID-19. It was recognised that people in the community may be newly experiencing mental health issues and may not identify with depression specifically. Therefore, the message was adjusted to focus on mental health more generally. By adjusting the message to better meet the needs of the target audience, Inside My Mind was able to remain relevant over time. This responsive approach was identified by many focus group and workshop participants as something for public awareness campaigns to take forward in the future.



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



Activities in Pillar 2 target people identified as being at higher risk of suicide than others in the community, as well as 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. In the Trial, activities strongly associated with Pillar 2 included the Postvention Community Response, the NEP CSEW Program, and the Coping with self-harm: a guide for parents and carers resource.

PILLAR 2: Activities and outputs

Postvention Community Response

The Postvention Community Response was initiated in 2016 in response to a spate of youth suicides in the Halls Head area, and a recognition that 'postvention' support was a critical gap in the Perth South region. The PaRK CRWG – now the PaRK CRSG – was established with the aim of mitigating the profound impact suicide can have on bereaved individuals. They did so by promptly identifying these individuals, engaging with them to understand their needs and providing them with targeted support.

Though the Postvention Community Response was launched in 2016, it was not until 2018 that the PaRK CRSG identified they were being made aware of only a small portion of the suspected suicides occurring in the region. In response, the PaRK CRSG developed and implemented the Immediate Notification Process, which incorporated police officers into the Postvention Community Response. Police officers play a critical role in obtaining immediate consent for support from those bereaved when responding to a suspected suicide. If consent is provided, police officers will notify the Postvention Coordinator, who will contact the bereaved within 24 – 72 hours to conduct an initial check-up and offer support. If the person is open to receiving support, the Postvention Coordinator will call an Emergency Response Team meeting to plan a response. Depending on people's needs, this could include counselling, support for schools, workplace support, financial assistance, aftermath and domestic cleaning, and assistance with food and transport. If necessary, the Emergency Response Team would reach out to the broader membership of the PaRK CRSG to identify service providers who could deliver the support required. Trial stakeholders suggested that the Postvention Community Response has responded to over 50 suspected suicides to-date.

The Postvention Community Response is ongoing.

National Empowerment Project (NEP) Cultural, Social and Emotional Wellbeing (CSEWB) Program

The NEP is an Aboriginal-led research project launched in 2012, in response to high rates of psychological distress, self-harm, and suicide within Aboriginal and Torres Strait Islander communities. To address these issues in these communities, the NEP intended to develop a nationally applicable program to promote cultural, social, and emotional wellbeing. In 2014, the NEP CSEWB Program was developed and launched in Perth South in 2017-18. The program aims to build resilience among participants, strengthen their cultural, social, and emotional wellbeing; and prevent psychological distress, suicide, and other related issues. The NEP CSEWB

Program is designed and delivered by Aboriginal people for Aboriginal people. The design of the program was informed by extensive engagement with communities in 11 sites across Australia. A Participatory Action Research approach was adopted to enable community members to participate as co-researchers, rather than as subjects. Furthermore, to strengthen community ownership over the program, a Community Reference Group (CRG) is established in each program site to support implementation, consisting of senior community members and includes representatives from the main family groups and relevant service providers. In the first year, it was

delivered once per week over a 12-week period in three sites across Perth South. While it is not clear how many people participated in the program in this round, 19 participants graduated (completed at least six modules out of 12). In the second year, the delivery approach was tailored to better meet the needs of the community – it was delivered twice per week over a six-week-period to two groups of participants in Kwinana. Of the 32 participants who commenced the program in the second year, 17 graduated.

The NEP CSEW Program has now concluded.



Coping with self-harm: A guide for parents and carers

In May 2018, Orygen conducted a systematic review to examine the perspectives of young people and parents on self-harm.⁷ The review concluded that to prevent self-harm repetition, promote help-seeking and reduce suicide risk, parents must be empowered to effectively support young people through self-harm. The *Coping with self-harm: A guide for parents and carers* resource (Coping with self-harm) intends to help empower parents to support young people who are self-harming. It is a resource that originated from the United Kingdom, which provides parents and carers with practical guidance and information on how to support a young person through self-harm. Orygen was engaged to adapt the resource to suit the Perth South context. To do this, Orygen consulted young people, parents and carers to understand their experiences and perspectives of self-harm. The resource was adapted and launched in early 2019. Since then the resource has been downloaded more than 12,000 times and over 6,000 hard copies have been sent out nationally.

[Coping with self-harm](#) is available for download on Orygen's website. An evaluation of the resource is being conducted to understand whether it succeeded in empowering parents to support young people through self-harm.



downloaded more than
12,000 times



and over
6,000 hard copies
sent out nationally.

DBT Teen

DBTeen is an evidence-based multi-family treatment program to address emotional dysregulation amongst 14-18 year olds. It has been custom built for WA's Primary Care context, based on Marsha Linehan's Dialectical Behaviour Therapy (DBT) protocol, along with Jill Rathus and Alec Miller's DBT Skills Manual for Adolescents. Young people, together with their family members, learn psychological skills through 12 weekly group sessions. Individualised phone support and access to a DBT phone app are available between sessions to support participants as they put their new skills into practice to manage challenging situations. To-date this evaluation has not been able to determine the scale of delivery of this initiative during the Trial.

DBTeen has now concluded.

⁷ S Curtis, Caring for Young People Who Self-Harm: A Review of Perspectives from Families and Young People, International Journal of Environmental Research and Public Health, 2018.



PILLAR 2: Effect of these activities

The Postvention Community Response has substantially improved support for bereaved families and others following a suspected suicide

Bereaved families and others need to be given appropriate and timely support after a loss, to mitigate or reduce the profound impact suicide can have on them. Prior to the initiation of the Postvention Community Response, support for people bereaved by suicide was seen to be a key gap in the service system; bereaved individuals typically needed to seek help themselves, and many did not know where to go. However, the Postvention Community Response has addressed this gap, by ensuring bereaved individuals are promptly identified and provided the support they need.

The Postvention Community Response has impacted the lives of those bereaved by suspected suicide in three ways. First, the Postvention Community Response provides bereaved individuals with targeted support in a timely manner, which some Trial stakeholders indicated could help accelerate their recovery journeys. Second, even when bereaved individuals do not initially want to access support, the Postvention Community Response helps them to 'not feel so alone'. Focus group participants shared that bereaved individuals find comfort in knowing that they can get support if they need it later. Third, the Postvention Community Response helps bereaved individuals by enabling them to focus on their own recovery – not on supporting others. Broadly, stakeholders engaged in this evaluation reported that the Postvention Community Response has improved support for bereaved families and others following a suspected suicide.



We are constantly getting positive feedback from families that have been supported after a loss [about] how beneficial it has been to their recovery journey.

- Survey respondent



We had a family who lost their child ... [The father] was very stoic, saying 'we're fine'. I was on holiday when I received a call from him, saying that he and the family were struggling. They accessed help when they needed it – not initially. This wouldn't have happened without the program [the Postvention Community Response]. The family accessed grief and other counselling. It makes a big difference to provide whatever support is needed. It communicates to the bereaved that 'we are here to support you'.

- Focus group participant



The Postvention Community Response has helped to build and strengthen relationships between service providers

By bringing a broad range of service providers together to work towards a shared goal, the Postvention Community Response has helped to strengthen service provider networks. This was supported by many focus group and workshop participants, who shared that by participating in the Postvention Community Response, they had built relationships they may not have otherwise formed and strengthened existing ones. Similarly, when survey respondents (12) were asked to reflect on what they felt worked well in the Trial, 67 per cent (8) identified coordination, collaboration, and teamwork. Based on these insights, the Postvention Community Response has succeeded in creating and strengthening relationships between service providers.

However, some Trial stakeholders believed that these new and improved relationships between service providers have not yet translated into formal links and pathways between services. As a result, whether a young person can access the services they require, can frequently depend on whether their referrer has relationships with those services. To improve the experience and outcomes for clients, service providers need to leverage the relationships they have established through Trial activities to move towards a more integrated service system. While efforts to address this issue have been planned, they have been put on hold due to COVID-19.

A commonly cited effect of the Postvention Community Response was improved data sharing in relation to suicide

Some Trial stakeholders identified that the Postvention Community Response has helped to improve data sharing related to suicide in Perth South. Prior to the Immediate Notification Process pilot, the only data sources on suicide incidence available to most service providers was coronial data, which has a significant lag time, and anecdotal information, which could be incomplete and unreliable. The Information Notification Process helped to address this issue. With the support of WA Police, timely data on all suspected suicides in Perth South was made available to the PaRK CRSG, who use it to inform postvention responses. It is important to recognise this data is not equivalent to, nor should it replace coronial data, as it identifies suspected not confirmed suicides. Regardless, the sharing of this data between WA Police and PaRK CRSG members represents an important step forward.



Bringing providers together in the PaRK CRSG has facilitated... stronger relational connections. Not that it wasn't there before, but it's more structured. Services are better networked.

- Workshop participant



There was a perceived increase in wellbeing among participants of the NEP CSEWB Program

The NEP CSEWB Program succeeded in improving participants' wellbeing across the cultural, social, and emotional domains. In relation to their cultural wellbeing, participants were supported to learn about Aboriginal culture and history, which in turn helped to strengthen their connection to culture. A 2019 evaluation of the NEP CSEWB Program in Perth South found that at the end of the program, "...all participants identified they felt pride and that Aboriginal culture was alive and strong." In relation to their social wellbeing, the program helped participants to build their confidence, new relationships, and a sense of belonging. In relation to participants' emotional wellbeing, the program helped to reduce psychological distress, with 74 per cent of program participants (11) demonstrating improvements in psychological distress and psychosocial functioning (Kessler 5). Clearly, the NEP CSEWB Program achieved its objective of increasing the wellbeing of participants across all domains.

***Coping with self-harm* has helped to fill a key gap in the resources available for parents and carers of young people with mental health issues**

Coping with self-harm was developed in response to an identified need for greater information about self-harm and what parents and carers should do. Focus group and workshop participants identified that they found the resource to be "...really needed..." and very informative. One focus group participant identified that they regularly provide *Coping with self-harm* to people who attend their mental health-related training, as they believe it is a useful resource for everyone – not just parents and carers. Moreover, Trial stakeholders shared that feedback from parents and carers had all been very positive. The evaluation cannot comment on whether *Coping with self-harm* has improved the capability of parents and carers of young people with mental health issues. However, the resource has succeeded in addressing a gap in the resources available for parents and carers of young people with mental health issues.



In the past 12 weeks I have been able to be taught about culture and the main points of attaining my social and emotional wellbeing. I am now comfortable in teaching my nieces/younger mob our ways, whilst learning how to stop intergenerational trauma for my babies when the time comes. I learnt that our communities and people have to stand together to achieve success for our youth and that you need to be stable emotionally and mentally to assist not only your own needs, but the needs of [others too].

- Participant quoted in the NEP CSEWB Program Evaluation, Perth 2018-19 (2019)





PILLAR 2: Insights for future practice and policy

Data on suicide needs to be used to identify which groups should be targeted by suicide prevention activities

While some groups are consistently at higher risk of suicide than others, trends in suicide can vary greatly from one community to another as well as over time. For example, although young people aged 16 to 24 years were considered to be the group at highest risk of suicide in Perth South at the commencement of the Trial, data on suspected suicides in Perth South reveals this might no longer be the case. Data acquired from the PaRK CRSG reveals that around 70 per cent of suspected suicides in Perth South since December 2018 were people aged 25 to 55 years.⁸ Trial stakeholders identified that it is critical that community-level data on suicide is used to identify which groups are targeted by suicide prevention activities. Furthermore, recognising that groups at the highest risk of suicide may change over time, Trial stakeholders identified that it will be important for trends in suicide to be regularly monitored, and for activities to be adjusted in response to any changes identified.

Suicide prevention activities need to target not only people at high-risk of suicide, but also their family and friends

Many individuals are more willing to seek mental health and other support from informal sources such as family and friends, rather than professionals. Furthermore, even when individuals access professional help, family and friends remain an important source of support. Consequently, suicide prevention activities need to not only target individuals at high-risk of suicide, but also their family and friends. Several Trial activities adopted a whole-of-family or whole-of-community approach, including Coping with self-harm and the Postvention Community Response, among others. Stakeholders identified that future suicide prevention activities must adopt a similar approach, targeting the family and friends of vulnerable people as well as the vulnerable people themselves, to effectively support high-risk groups.

⁸ Please note that this data is not official and is not equivalent to, nor should it replace coronial data, as it identifies suspected not confirmed suicides.

// We've noticed that ... there has been a big difference in terms of fewer young people are completing suicide. This has meant we needed to focus on other cohorts ... In the older population, we are seeing a rise in prevalence.

- Focus group participant

// Where do young people go? They go to friends, they go to family, they go to that caring person. The last one on the list is the health service provider.

- Focus group participant

Local people and organisations are capable of coming together to deliver community responses that effect meaningful change

Trial stakeholders suggested that the Postvention Community Response has demonstrated that local individuals and organisations are capable of coming together to deliver community responses which effect meaningful change. They felt it could inspire others to initiate community responses of their own. Further, given the success of the Postvention Community Response has had to date, it provides a useful blueprint for future community responses in the area of postvention. The Postvention Community Response has been recognised as a model of good practice in other jurisdictions, and is being replicated in a number of communities, including the Midwest.

Community responses must be supported by adequate resources and formal structures to be sustainable

The Postvention Community Response demonstrates that community responses need to have adequate financial and human resources and a formal structure in place to be sustainable over time. According to Trial stakeholders, sustainability has emerged as a concern for the Postvention Community Response due to a lack of these enablers of sustainability. For example, several focus group participants shared a belief that there may not be adequate human resources formally dedicated to the Postvention Community Response to enable sustainability.

Most service providers who are involved are supported to do so by their employer – it is not a formal part of their role. One Primary Care Navigator who is contracted for 0.2 FTE is the only resource formally dedicated to the Postvention Community Response. Unless adequate financial and human resources are sourced, and formal structures are put in place, sustainability will continue to be a critical issue for the Postvention Community Response. Learning from this, Trial stakeholders identified that it will be critical that future community responses put in place these three enablers of sustainability as early as possible. Without them, community responses will struggle to be sustained.



Everyone is very passionate.
It is a story of committed individuals who are willing to go the distance – to do more – to address people's needs.

- Focus group participant



It is based on personalities. If we win the lottery or get other jobs, it could fall over.

- Focus group participant



4.4 Pillar 3: Primary care and mental healthcare



Activities in Pillar 3 target a range of health and mental health professionals. These activities aimed to strengthen the skills of professionals in diagnosing and treating patients with mental health issues. Trial activities associated with Pillar 3 included the pilot of the Clinical Decision Support System (CDSS) and Pre-Appointment Check Up GP Tool (Check Up GP Tool), the 'Preventing suicide in children and young people' education session, 'The role of primary care' education session, the 'Identifying and Treating Depression in Primary Care' video lecture, the LGBTI Therapeutic Training, and DB Teen.

PILLAR 3: Activities and outputs

Pilot of the Clinical Decision Support System and Pre-Appointment Check Up GP Tool

Young people face a range of barriers to accessing primary care, particularly in regional contexts. Similarly, GPs face a range of challenges working with young people in primary care settings. Orygen was engaged through the Trial to consult with young people and GPs to identify these barriers and develop tools that would help to address them. Young people identified high costs, a lack of timeliness, having to retell their story several times, concerns about confidentiality and privacy, and a lack of recognition that GPs should be their first port of call as key barriers to service access.

Barriers highlighted by GPs included a lack of understanding of risk assessment, challenges establishing rapport with young people, and concerns about opening up a complex topic unless the young person raises it themselves. Informed by these insights, two tools were proposed and developed:

The Clinical Decision Support System (CDSS):

The CDSS is an electronic system which is designed to support GPs to help young people presenting with mental health issues. The GP is guided through a set of questions about the young person to rapidly assess their risk. Informed by the young person's responses, recommendations are generated for the GP's consideration.

The Pre-Appointment Check Up GP Tool (Check Up Tool):

The Check Up GP Tool is a screening tool which consists of a questionnaire to identify areas of distress a young person might be experiencing. Once the young person completes the questionnaire, a summary report with suggested management strategies and referral pathways is generated for the GP to review before the appointment.

Both the CDSS and Check Up GP Tool have been finalised. Prior to COVID-19, the tools were going to be piloted in a small number of GP clinics in Perth South in mid-2020. However, the pilots have been put on hold. There are plans to continue this activity when COVID-19 subsides.

'Preventing suicide in children and young people' education session

WAPHA reports that, following extensive consultation with young people, a specialised training session was developed for GPs and allied health workers to assist them in identifying and support young people with depression or at risk of suicide and/or self-harm, and developing appropriate practices with regard to identifying and managing risk. This evaluation has not been able to assess the scale of implementation of this activity.

'Preventing suicide in children and young people' education sessions have now concluded.

'Identifying and Treating Depression in Primary Care' video lecture

Dr Danny Rock and Dr Geoff Riley developed and delivered a video lecture titled 'Identifying and Treating Depression in Primary Care' which aims to introduce GPs to the AAD approach and provides them with guidance on how to effectively identify and manage depression in patients. The video lecture, unlike other training delivered in this pillar, targets GPs specifically, and contains information that may not be relevant to other clinicians. To encourage GPs to view the video lecture, it could qualify as self-directed learning in GPs' professional development plans. However, several focus group participants shared that this was not an effective approach, with one identifying that "...we tried to make it part of their professional development - but that had limited results." The video lecture has accrued 67 views on YouTube to date, however, this evaluation cannot determine how many of those views were GPs.

'Identifying and Treating Depression in Primary Care' is available to view on YouTube.



LGBTI Therapeutic Training

When the Trial commenced in mid-2017, some members of the PaRK CRSG identified a critical need for training in relation to working with people who identify as LGBTI. In response to this identified need, the National LGBTI Health Alliance and Living Proud were engaged to deliver the LGBTI Therapeutic Training to youth workers, social workers, psychologists, psychiatrists, and service managers in Perth South from October 2018 to December 2019. The LGBTI Therapeutic Training consisted of three components:



Introductory e-module:

64 participants completed a **1.5-hour e-module** between October 2018 and April 2019, which introduced them to the course and assessed their knowledge of working with people identifying as LGBTI.



Equal not the same

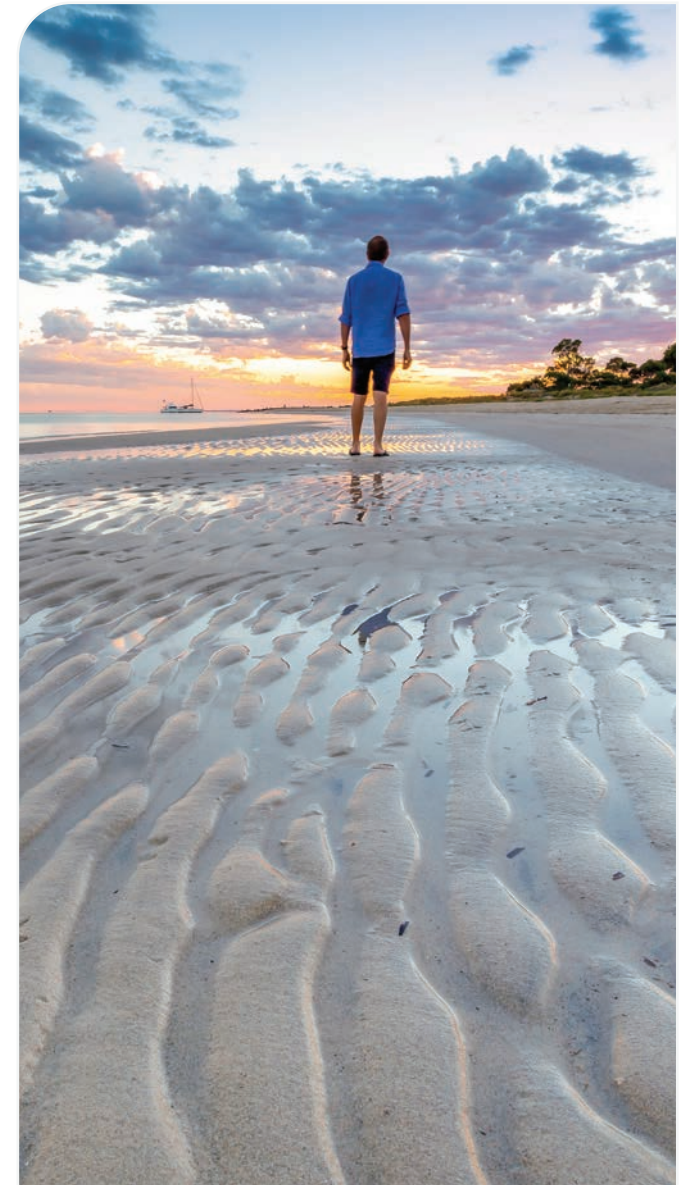
44 participants completed a **full-day face-to-face** training session which aimed to enhance participants' practical skills. Two training sessions were held in October 2018 and April 2019.



Practice wisdom:

8 participants completed a **two-day intensive training** session in December 2018 which aimed to help participants understand the complexity of identifying as LGBTI and improve in their role as a therapist with the LGBTI community.

The LGBTI Therapeutic Training has now concluded.





PILLAR 3: Effect of these activities

A broad range of health professionals engaged in training – however, involving GPs proved to be a major challenge

Trial stakeholders engaged through this evaluation, identified that a broad range of health professionals engaged in training. For example, health workers who attended the LGBTI Therapeutic Training included psychiatrists, psychologists, service managers, social workers, and youth workers. Trial activities sought to engage a wide array of health and allied health professionals, recognising the fact that they all play a key role in providing young people with the wrap-around support they need. While training activities reached a broad range of professionals, GPs proved to be highly challenging to engage. Many focus group and workshop participants identified that, in hindsight, training activities should not have adopted the same approach to engaging GPs as other health professionals. There are various strategies which should have been employed to encourage GP engagement (which are explored below). Although the Trial succeeded in reaching a broad range of health professionals, GP engagement was below what was intended.

GPs who participate in training reported improved skills in relation to diagnosing and treating people with mental health issues

Although GP engagement in training was lower than expected, Trial stakeholders reported that those who did engage, strengthened their skills in diagnosing and treating patients with mental health issues. A focus group participant shared that anecdotally, the 'Identifying and Treating Depression in Primary Care' video lecture had supported some GPs to become better diagnosticians by giving them more confidence to ask questions they might not have otherwise. Based on Trial stakeholder insights, some GPs who engaged in training felt their skills in diagnosing and treating patients presenting with mental health issues had been strengthened. However, this evaluation is unable to quantify the change in the capability of GPs and the impact it has had on patient outcomes.

// _____
I think the Trial under-targeted
and under-delivered for GPs.
- Workshop participant
_____ //

// _____
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
_____ //



Health professionals who completed the LGBTI Therapeutic Training reported increased capability and confidence in relation to working with people who identify as LGBTI

Post-training surveys completed by the participants of the LGBTI Therapeutic Training indicated that they felt their capability and confidence in relation to working with people identifying as LGBTI had improved. For example, a survey of Equal Not the Same participants revealed that they believed the module had helped to increase their confidence in supporting LGBTI people and develop strategies on how to support LGBTI people. Similarly, Practice Wisdom participants reported a 42 per cent increase in their knowledge about people who identify as LGBTI. Although the scale of participation was limited, these results indicate that the LGBTI Therapeutic Training was effective in increasing health professionals' capability and confidence in relation to working with people who identify as LGBTI.



PILLAR 3: Insights for future practice and policy

Training and tools for health professionals should be informed by an understanding of what health professionals need and want

Matching training and tools to the needs and objectives of health professionals is critical to ensuring they deliver meaningful value to them. Most Trial-related training and tools were well-matched to health professionals' needs and objectives. For example, Orygen's CDSS and Check Up GP Tool were designed to respond to barriers identified by GPs and young people through consultation. Similarly, the Trial engaged National LGBTI Health Alliance and Living Proud to facilitate the LGBTI Therapeutic Training in response to health professionals identifying a desire to learn how to better support LGBTI clients. A key strength of the training and tools in Pillar 3 was their alignment with the needs and objectives of health professionals. Trial stakeholders recommended that in the future, health professionals need to be consulted about their needs and objectives, and that this information should be used to inform training and tools.

This section outlines a number of key insights that have been identified, which can benefit future suicide prevention programming in Perth South and similar contexts.

Various strategies can be employed to encourage GPs to engage in training

Engaging GPs in training for health professionals and other Trial activities proved to be a major challenge. Reflecting on this, Trial stakeholders identified a range of strategies that could be employed in the future to promote GP engagement:

- GPs tend to prefer to be **TRAINED SEPARATELY** to other health professionals, as this ensures the training session is tailored to their context rather than generalised to suit all health professionals.
- Training needs to be **DELIVERED BY A RECOGNISED EXPERT**. GPs are more likely to engage in training that is facilitated by someone they see as an expert, who they want to learn from.
- GPs tend to be **HIGHLY PRACTICAL** and prefer training which is clearly and directly applicable to their role.
- GPs need to be **REMUNERATED** for their time. To encourage GPs to engage, training delivered as part of the Trial could constitute professional development. However, Trial stakeholders did not consider this to be an effective approach and suggested that remuneration would be essential in the future.



Trial stakeholders suggested that in the future, training targeting GPs could implement these strategies to ensure GPs are motivated to engage.

Integrating physical and mental health training is an important step towards integrating physical and mental health care

Some Trial stakeholders observed that there is a separation between physical health and mental health training for health professionals, despite research showing that “...the relationship between physical and mental health is bidirectional.”⁹ They reported that this separation has contributed to a division between how health professionals treat health and mental health diagnoses. This separation was reinforced in the Trial, with mental health training being delivered in isolation. However, integrating physical health and mental health training is a critical step towards integrating physical and mental health care. In the future, training for health professionals should ensure physical health and mental health are addressed together.



There seems to be this division between how we treat health and mental health diagnoses. GPs identified that there shouldn't be these divisions. They need to be dealt with hand-in-hand; they need to be trained together.

- Focus group participant



4.4 Pillar 4: Primary care and mental healthcare



Activities in Pillar 4, target community members and leaders, particularly those who are well-placed to identify and support at-risk people. These activities aim to build community members' confidence and skills in relation to supporting people with mental health issues, strengthen community connectedness, and improve the quality of media reporting about depression and suicide. Activities strongly associated with Pillar 4 included the Alliances Against Depression, the Mandurah Mental Health Initiative, Mindframe training, training for community members, and the appointment of a Lived Experience Coordinator.

PILLAR 4: Activities in this pillar

Alliances Against Depression

Alliances Against Depression (Alliances) are grassroots initiatives established by community members who are seeking to improve the mental health of their community. Alliances intend to connect and strengthen communities, bringing people together to implement the four pillars of the AAD framework, as shown in Figure 2 in Section 2 above. As part of the Trial, four Alliances have been established:

The **Kwinana Alliance** was the first Alliance to be established in Perth South, led by Passionate Lives. There was substantial enthusiasm around the initiation of the Kwinana Alliance, with around 90 service providers and community members attending the launch in 2017. Since then, the Kwinana Alliance has run a wide range of activities, such as clinician education, awareness-raising events, mental health and suicide prevention training to community members, mentoring for cultural groups to deliver training, and preparing a postvention plan for Kwinana.

The **Waroona Alliance** was the second Alliance to emerge in 2019, led by the Shire of Waroona. Activities that have been run by the Waroona Alliance include mental health and suicide prevention-related training for community members, World Suicide Awareness Day and R U OK Day events, Rhythm to Recovery workshops, and various activities aiming to improve the wellbeing of the Waroona community such as Park Pop Ups.

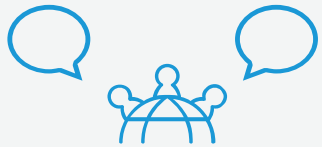
The **Rockingham Alliance** was the third Alliance to be established in Perth South in late 2019. Activities that have been delivered by the Rockingham Alliance include Youth Mental Health First Aid Training sessions, screenings of Suicide: The Ripple Effect at Ace Cinemas in Rockingham, an online course on how to reduce anxiety during COVID-19-related isolation, and Inspire Radio.

The **Murray Alliance** is the most recent Alliance to emerge, led by the Shire of Murray in 2020. Activities that have been run by the Shire of Murray under the Alliance and primarily targeted young Aboriginal people. They have included activities such as cultural events, Night Fields, Night Hoops, Bubble Soccer, cultural resilience training, and grief management training.

All Alliances are ongoing.

Mandurah Mental Health Initiative

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:



Greater 'community voice' around mental health.



Stronger connections and relationships in the community.



Increased social, emotional, and physical wellbeing, and resilience for individuals and the community.



Greater empowerment of the community to support local residents in times of need.



Increased engagement of young people in the community, schools, and peer-to-peer projects.



Stronger links between the community and youth mental health services.



The Mandurah Mental Health Initiative identifies activities which contribute to one or more of these outcomes and distributes funds to them provided by WAPHA. While the Mandurah Mental Health Initiative intended to run from September 2019 to June 2020, it has been extended due to COVID-19-related delays.

To date, the following activities have been, or are being, funded by the Mandurah Mental Health Initiative:

- **NEIGHBOURHOOD CONNECT:** Neighbourhood Connect aims to facilitate the formation of neighbourhood groups. To facilitate the initiation of these groups, Neighbourhood Connect runs Let's Get Neighbourly workshops, to equip people with the confidence and skills they need. Two workshops were facilitated before the activity was put on hold due to COVID-19.
- **TRANSITION TO SCHOOL PROGRAM:** The program aimed to support young people through the transition from primary to high school. 'Connecting 4 Kids' delivered four Transition to School Workshops that reached around 125 students. More workshops were planned; however, they were cancelled due to COVID-19. In place of these workshops, Connecting 4 Kids sent a worksheet out to 125 Year 7 students to encourage them to reflect on how they felt about learning from home.
- **REPAIR CAFÉ:** Repair Café involves bringing community members together to repair broken items for free. It gives community members an opportunity to not only learn new skills, but also to connect with one another. Prior to COVID-19, 12 community members participated in Repair Café and carried out 26 repairs.
- **BIKERESCUE AND RENew PROPERTY MAINTENANCE:** BikeRescue is Dismantle's mentoring program, which involves providing young people with counselling and soft-skill development while teaching them to repair bikes. ReNew Property Maintenance is a social enterprise, which engages BikeRescue graduates in paid work placements related to gardening, groundskeeping, and property maintenance. Currently, paid work placements are being sought for two young people living in Mandurah.
- **YOUTH CONNECTORS:** Youth Connectors is a peer-to-peer workshop which aims to bring young people together to have conversations about mental health and promote self-care. The first workshop held in mid-2020 was attended by five young people. Other workshops are being planned.
- **YOU CAN DO IT! RESILIENCE PROGRAM:** The Coastal Lakes College Parents & Citizens (P&C) secured funding for 'Armed 4 Life' to deliver a series of 1-hour workshops for all students. The aim of these workshops was to teach skills in five domains: Getting Along, Confidence, Persistence, Organisation, and Resilience.
- **WE/THEY/ME:** This photography project intended to be an exhibition of portraits and manipulated imagery, which exposed the community to the challenges that young people in Mandurah face. The exhibition intended to be shown at the Mandurah Performing Arts Centre before being moved to the Falcon Library.

The activities funded by the Mandurah Mental Health Initiative vary in terms of completion status, with many on hold due to the COVID-19 pandemic.

Mindframe training

Using stigmatising language relating to mental health and suicide can have a significant impact on those who are struggling with those issues. Recognising this, Mindframe training aims to educate people on the appropriate language to use when communicating about mental health, suicide, alcohol, and other drugs. The training provides an overview of the different types of language which can be used to describe mental health and explains the importance of word choice. Mindframe training also educates participants on how to appropriately interview people with lived experience. In Perth South, Mindframe training was delivered by Everymind as a full-day workshop to communications and marketing professionals employed by health and mental health organisations. The workshop involved an information-sharing component followed by an opportunity for participants to practice their new skills. Following the workshop, WAPHA staff organised visits to local media outlets to share key learnings from Mindframe training. Following these visits, local media outlets could seek advice from these WAPHA staff on their stories, to ensure they used appropriate language and portrayed the right messages. Although several local media outlets initially capitalised on this opportunity, this was not sustained.

Mindframe Training has now concluded.



Training for community members

Over the course of the Trial, a range of mental health and suicide prevention training sessions have been delivered, with the objective of building the capability of the community to help those struggling with mental health issues or suicidal thoughts. Training has included:

safeTALK

safeTALK is a half-day alertness workshop which prepares participants to recognise people who are experiencing suicidal thoughts or behaviours and connect them with resources.



A total of **64** community members were trained.

Mental Health First Aid:

Mental Health First Aid is a 12-hour course which aims to teach participants how to provide initial support to people experiencing mental health problem or crisis. Nine sessions were held in Mandurah, Waroona, and Pinjarra between July and October 2019.



Attended by **182** community members.

Mental Health First Aid for the Suicidal Person

Mental Health First Aid for the Suicidal Person is a four to five-hour workshop which intends to teach participants how to identify, approach and support someone experiencing suicidal thoughts and behaviours. Two sessions were delivered in Pinjarra in August and September 2019.



Attended by **45** community members.

Appointment of a Lived Experience Coordinator

Early in the Trial's implementation, a need to elevate the voice of people with lived experience with program and service delivery was identified. Expressions of interest were sought from community members with lived experience of suicide to participate in a lived experience advisory group and lived experience training, however, there were few responses. Following this, a Lived Experience Coordinator was appointed in April 2019. The role of the Lived Experience Coordinator included:

- **PARTICIPATING** in PaRK CRSG and other meetings to represent the voice of lived experience.
- **ENGAGING** with various community and cultural groups to share their lived experience and educate people about mental health and suicide.
- **ENCOURAGING** people to attend lived experience programs and workshops.
- **SUPPORTING** the development of lived experience advisory groups in Perth South and the Midwest.

The contract for the Lived Experience Coordinator ended in mid-2020.

Other training sessions that have been delivered as part of the Trial include ASIST, Youth Mental Health First Aid, Aboriginal Mental Health First Aid and Question Persuade Refer (QPR).

Training for community members is ongoing.



PILLAR 4: Effect of these activities

Training has helped to increase people's willingness to talk about suicide openly

Training has helped to increase community members' confidence in relation to talking about suicide. Trial stakeholders involved in delivering training identified that participants had reported improvements in their ability to listen and talk to others in relation to suicide. This is also supported by post-training surveys. For example, pre- and post-testing of Mental Health First Aid for the Suicidal Person participants revealed that 37 per cent more participants were comfortable talking about suicide after the training. Based on insights from Trial stakeholders and post-training surveys, training has helped to increase their willingness to raise and talk about the issue openly.

Community members who completed training reported increases in their capability and confidence in relation to supporting people with mental health issues

Training for community members has helped to strengthen their capability and confidence in relation to supporting people with mental health issues. For example, Mental Health First Aid pre- and post-testing showed that participants felt more confident in their ability to support someone with a mental health issue or experiencing a mental health crisis after the training. Similarly, pre- and post-testing for Mental Health First Aid for the Suicidal Person revealed that 57 per cent more participants knew the signs to look for in someone with depression or following a traumatic event such as a suicide or attempted suicide. Pre- and post-testing results indicate that training has helped to strengthen community members' capability and confidence in relation to support those with mental health issues.



The feedback we've had has been very positive – people felt that their ability to discuss and listen regarding suicide has improved.

- Focus group participant



In terms of individuals who walked away from safeTALK, people from evaluations said they were more ready, willing and able to deal with suicide. Training is very important – it is a key variable among a whole range that work together to have an impact.

- Focus group participant



Some activities in this pillar have contributed to an increase in community connectedness

Trial stakeholders believed that Neighbourhood Connect has contributed to an increase in connectedness in the Perth South community. For example, it was reported that most Let's Get Neighbourly attendees felt more capable and confident to connect with their neighbours. Despite being put on hold due to COVID-19, Neighbourhood Connect has made some progress in increasing community connectedness. Another activity that Trial stakeholders suggested has contributed to increased community connectedness is training. Some focus group participants suggested that by bringing people who may not have otherwise met, training has helped people to create new connections. As stated by one Trial stakeholder in the focus groups, "...when you make [training] available more broadly, people begin to network." Like Neighbourhood Connect, training for community members has contributed to increased community connectedness.

There was an increase in wellbeing among those who participated in some activities in this pillar

Several Trial stakeholders suggested Neighbourhood Connect and the Transition to School Program have helped to increase wellbeing among participants. It was reported that community members who attended Let's Get Neighbourly workshops felt happier and more connected. Similarly, young people who participated in the Transition to School Program reportedly experienced reduced stress. While there is no quantitative evidence of an increase in participant wellbeing, based on Trial stakeholder insights, these two activities have had a positive effect on community members. However, this evaluation cannot define the scale of this effect.

Additionally, the Alliances reportedly have had a positive impact on community member wellbeing. For example, the coordinators of the Murray Alliance reported that their activities achieved several outcomes, including improving the confidence and self-image of Aboriginal young people, increasing their sense of culture and identity, and reducing risk-taking behaviour among this group. Aboriginal young people who participated in these activities echoed these outcomes, suggesting these activities had helped to improve their wellbeing by "...making people feel happy," by "...[giving] one a sense of identity," and by "...[celebrating] our culture in a safe and awesome environment." Based on these Trial stakeholder insights, the Murray Alliance seems to have made a significant positive contribution to the wellbeing of young Aboriginal people living in the community.

// ————
The average Connector has gone from knowing 7 to 57 people in their neighbourhood.

———— //
- Focus group participant

// ————
The Transition to School Program has really had a wonderful impact on young people, to help reduce their stress.

———— //
- Focus group participant

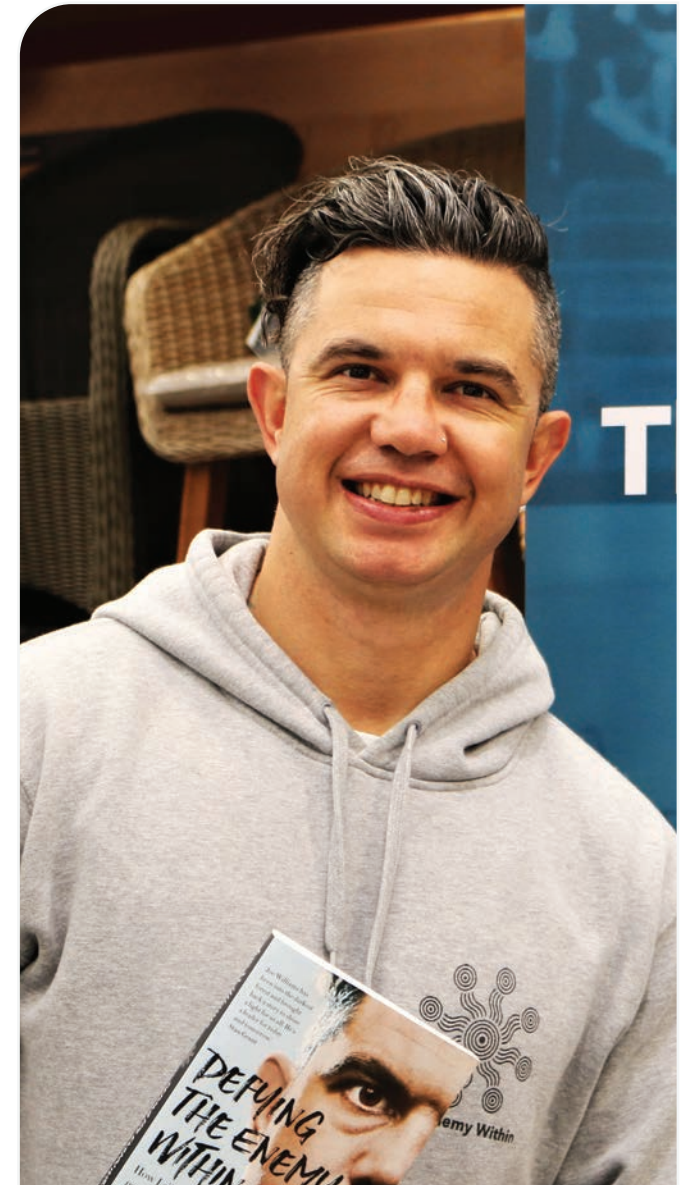
A key change associated with appointing a Lived Experience Coordinator was increased respect for the voice of lived experience

The appointment of a Lived Experience Coordinator has contributed to an increase in respect for the voice of lived experience. Prior to the appointment of a Lived Experience Coordinator, formal representation for people with lived experience on the PaRK CRSG was limited. Consequently, Trial stakeholders believed that some people did not understand the value of the perspective of those with lived experience. By providing valuable insight in PaRK CRSG meetings, the Lived Experience Coordinator demonstrated the importance of representing the voice of lived experience in conversations about mental health and suicide. Reflections from Trial stakeholders revealed that the Lived Experience Coordinator succeeded in raising the profile of lived experience



My experience [as Lived Experience Coordinator] was amazing ... At first, I didn't feel like I was on an even playing field ... They all had some form of lived experience [but] I argued that they were not representing lived experience, whereas I was speaking on behalf of those with lived experience. That was the changing point.

- Interviewee





PILLAR 4: Insights for future practice and policy

This section outlines a number of key insights that have been identified, which can benefit future suicide prevention programming in Perth South and similar contexts.

Community members are highly motivated to increase their capability to support people with mental health issues or in a suicidal crisis

A key insight shared by Trial stakeholders involved in delivering training was that there was a great deal of demand for training in Perth South. For example, one focus group participant noted that "...many requested more training," while another said that "...we had a long wait list of people wanting to attend – we couldn't meet the needs due to capacity." This evaluation cannot confirm the total reach of training; however, available attendance data regarding 'safeTALK, Mental Health First Aid' and 'Mental Health First Aid for the Suicidal Person' indicates that a relatively high number of community members (at least 268) accessed training, which demonstrates the community was highly motivated to build their capability. The Trial revealed that there is great demand among community members for opportunities to enhance their capability. Future suicide prevention programs need to incorporate mental health and suicide prevention training for community members, to capitalise on this motivation.

Training must be targeted, yet have a broad reach to achieve meaningful and sustained change

As many people are more willing to seek help for their problems from informal sources than professionals, it is critical that these informal sources are appropriately trained to assist those at-risk of suicide. For training to achieve meaningful change, it must be appropriately targeted at community members who are well-placed to identify and support at-risk people such as teachers, police officers, families and friends, and school and work peers. In the Trial, training was open to all community members rather than targeted at specific groups. Consequently, those best placed to identify and support at-risk young people may not have been reached by training. Further, for training to achieve sustainable change, it must achieve a broad reach in the community, so that as many community members as possible are equipped to support those in need. The attendance data available indicates that a relatively high number of community members (at least 268) engaged in training. Although training for community members might not have been targeted enough, it succeeded in achieving a broad reach. In the future, it will be critical for training to be targeted, yet have a broad reach to achieve meaningful and sustained change.

Community members value opportunities to engage with and learn from people with lived experience

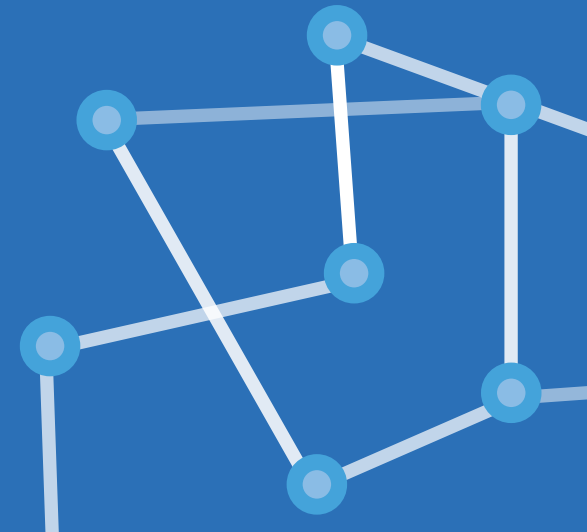
A key insight shared by Trial stakeholders was that community members valued opportunities to engage with and learn from people with lived experience. For example, training delivered by facilitators with lived experience seemed to be highly regarded by community members, with one participant sharing that "...it was nice to be trained by someone who has lived experience, and not just read it from a book." Similarly, the Lived Experience Coordinator found that community members were interested in hearing about their lived experience and felt safe opening up to them about their mental health. Based on these insights, it is clear that community members truly appreciated having the opportunity through the Trial to engage with and learn from people with lived experience. In the future, it will be important for community members to continue having opportunities to engage with people with lived experience, who can play a critical role as models of hope, and in reducing stigma around mental health and suicide.

Appendix A

PaRK CRSG membership

The PaRK CRSG includes a broad and dedicated membership, with representation from the following organisations (as of April 2020):

- Anglicare WA
- Child and Adolescent Mental Health Service
- City of Mandurah
- City of Rockingham
- Department of Communities (WA)
- Department of Defence (WA)
- Department of Education (WA)
- Department of Health (WA)
- Department of Veterans Affairs (WA)
- GP Down South
- headspace
- Helping Minds
- Kwinana Alliance Against Depression
- LivingWorks
- Mates in Construction
- Neami National
- Peel Community Mental Health Service
- Peel Youth Service
- Podiatry Wise
- Relationships Australia
- Richmond Wellbeing
- Roses in The Ocean
- Ruah Community Service
- Shire of Murray
- Shire of Waroona
- South Metropolitan Health Service
- St Vincent de Paul Society
- Te Urupu IMPI Inc
- Thirrili
- WA Police Force
- WA Primary Health Alliance
- Youth Focus



Contact

Web: <https://www.wapha.org.au>

Phone: 08 62724900

Email: info@wapha.org.au