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1 EXECUTIVE SUMMARY

Australian Healthcare Associates (AHA) was appointed by the Australian Government Department of Health and Ageing (DoHA) in May 2012, to undertake the *Development and Implementation of an Evaluation Framework for Suicide Prevention Activities* (the Evaluation). The Evaluation assessed activities funded under the National Suicide Prevention Program (NSPP) and selected elements of the Taking Action to Tackle Suicide (TATS) package, over the seven-year period from 2006-07 to 2012-13.

This Final Report presents the Evaluation results and findings.

1.1 Introduction and background

Suicide is a significant public health problem, both in Australia and internationally. Suicide-related behaviour, both fatal and non-fatal, has substantial emotional effects on family, friends, peers, and general community, and from an economic point of view, places a considerable burden on health care resources. Pathways to suicide are often complex and multi-faceted, and prevention strategies therefore encompass a wide range of approaches.

In Australia, the National Suicide Prevention Strategy (NSPS) provides the platform for national policy on suicide prevention. One component of the NSPS is the Living Is For Everyone (LIFE) Framework which provides the overarching evidence-based strategic policy framework for suicide prevention in Australia. Originally developed in 2000 and updated in 2007, the LIFE Framework outlines the vision, purpose, principles, action areas and proposed outcomes for suicide prevention in Australia. In September 2011 the LIFE Framework was adopted in all jurisdictions as Australia's overarching suicide prevention framework.

The NSPS is operationalised through the National Suicide Prevention Program (NSPP). This Australian Government program provides funding to a range of projects, including local community-based projects as well as national projects that take a broad population health approach to suicide prevention, including research. Drawing upon the priorities set out in the LIFE Framework, the NSPP funds universal, selective and indicated suicide prevention activities.

The Taking Action to Tackle Suicide (TATS) package was part of the Australian Government's response to the Senate Community Affairs References Committee Inquiry into Suicide in Australia and was introduced as a 2010 election commitment. The TATS package provides further support for suicide prevention through universal and population-wide approaches and through community-led responses.

The central aim of the NSPP/TATS program is to reduce suicide attempts, the loss of life through suicide and the impact of suicidal behaviour in Australia.

As indicated above, this Evaluation examined activities funded under the NSPP and selected elements of the TATS package, over the period from 2006-07 to 2012-13.

1.2 Objectives of the Evaluation

The Evaluation analysed NSPP/TATS-funded project activities from 2006 to 2013 and had two broad objectives:

- Evaluate existing activity under the NSPP and new activities funded under the 2010 TATS package, in order to determine appropriateness, effectiveness and efficiency of these activities within the broader policy context

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- Inform the evidence base for future policy direction and implementation of suicide prevention activity and to create and put in place a comprehensive evaluation framework for ongoing use.

This Final Report presents:

- Introduction (*Chapter 2*), background and policy context (*Chapter 3*) and details of the evaluation methods adopted (*Chapter 4*)
- Profile of the in-scope NSPP/TATS-funded projects (*Chapter 5* and *Appendix A*), plus a snapshot of project activities over the six months to March 2013 (*Chapter 6*)
- Findings in relation to the appropriateness, effectiveness and efficiency of the specified projects (*Chapters 7 to 10*)
- The policy context for the NSPP and findings relating to the alignment and integration of the NSPP with other suicide prevention efforts underway in Australia (*Chapter 11*)
- Suggestions to improve outcome measurement of suicide prevention activities (*Chapter 12*) and an overall summary of findings, suggested improvements and conclusions (*Chapter 13*).

Chapters 5 to 11 each conclude with a summary of findings.

1.3 Methods

The Evaluation employed a mixed methods approach, using both quantitative and qualitative data sources. Information was obtained from:

- Project documentation/data submitted to DoHA by funded organisations, as part of DoHA's contract management of the 49 projects evaluated. This includes funding agreements, progress reports, final reports, internal evaluations and external evaluations
- An online survey developed by AHA that was completed by projects, comprising a mix of closed questions, rating scales and open-ended text responses
- Workshop consultations with project representatives conducted late in 2012
- Consultations with key stakeholders including:
 - State/territory government representatives responsible for developing/implementing jurisdictional suicide prevention strategies (referred to as jurisdictional suicide prevention representatives)
 - Peak body representatives
 - Suicide prevention experts
- Consultations with representatives from DoHA Central Office (CO) and State and Territory Offices (STO) that are responsible for administering NSPP-funded project activities (referred to as DoHA STO/CO representatives)
- Published evaluation reports of the Access to Allied Psychological Services (ATAPS) Suicide Prevention service initiative) and MindMatters
- Data collected and submitted by 47 projects for the six month period October 2012 to March 2013, using the Minimum Data Set (MDS) developed and implemented by AHA.

All information was systematically analysed, including thematic analysis of narrative data. A range of descriptive statistics was generated from the quantitative data analysis. The development of findings

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was supported by the Stage 2 Literature Review (*Appendix E*), which enabled project activities to be considered in light of the evidence for best practice.

Throughout the Evaluation, an advisory group provided critical feedback regarding the direction of the evaluation and the findings.

1.4 Caveats and limitations

A number of limitations and caveats apply to the findings presented in this Report, particularly in relation to internal and external data. Internal data limitations include incomplete data, the relatively short timeframe of the Evaluation, and the absence of quantifiable outcome measures. External factors relate to the significant challenges involved in evaluating suicide prevention programs which are well recognised in the sector including the fact that suicide is a statistically rare event, attribution is difficult and issues related to the quality and timeliness of suicide data.

1.5 Summary of findings

Key findings are outlined below, under the headings of appropriateness, effectiveness and efficiency. Findings are also presented regarding the position of the NSPP in Australia's suicide prevention efforts.

1.5.1 Appropriateness

This report demonstrates that NSPP-funded projects provide a range of activities across the LIFE Action Areas, using a mix of approaches and targeting a broad range of groups known to be at higher risk, as advocated in the LIFE Framework. Importantly, this mix not only occurred at state/territory level but also within individual projects.

Overall, project activities address most of the recognised target groups. Some gaps are evident at state/territory level in terms of the number of projects and the reported coverage of higher risk groups (Section 6.6.2). However, other non-NSPP-funded initiatives (which are not part of this Evaluation) may be filling these gaps.

A mix of universal, selective and indicated approaches was evident in project activities. A number of NSPP-funded projects used **universal approaches** to address media reporting of suicide and mental illness, awareness-raising and promotion of help-seeking.

Gatekeeper training and community capacity-building activities were among the **selective approaches** reported by the projects; however, there was considerable variation in the way these services were delivered across target groups and settings. While only one project targeted the knowledge and awareness of medical practitioners, there are a number of other initiatives that support GPs to better identify and refer suicidal patients to appropriate care. These include the ATAPS Suicide Prevention service initiative (see *Chapter 11*) and the Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule (Better Access) Program.

Several projects used **indicated approaches** which aimed to improve access to care and support pathways for people following suicide attempts, for example by improving transition from the emergency department to primary care or community mental health services.

Importantly, none of the NSPP-funded projects reported using activities or approaches that were identified in the peer review literature as potentially harmful. Survey responses from funded organisations indicated that research and evidence were used in project design and implementation for

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the majority of projects. The range of activities reported included a mix of innovative and established evidence-based activities in terms of target groups, settings and approaches.

NSPP project funding per capita varied considerably between jurisdictions. However, in general, jurisdictions with the lowest funding per capita were those with the lowest age-standardised suicide rate and those with the highest funding per capita were those with the highest age-standardised suicide rate. Jurisdictions with the greatest need (ie, highest age-standardised suicide rate) were therefore recipients of the highest funding per capita.

1.5.2 Effectiveness: outcomes and achievements

Effectiveness is defined as the extent to which an intervention or program produces desired or intended outcomes.¹ Assessing the effectiveness of NSPP activities was hampered by a general absence of quantifiable outcome measurement by NSPP-funded organisations.² As addressed in Chapter 10, outcome measurement is not something that funded organisations have engaged in to any great extent to date. This issue is not unique to the NSPP and has been a challenge for suicide prevention activities throughout Australia and internationally. Routine progress reports submitted by funded organisations were largely based on quantitative output and financial data, with narrative self-report used to describe the effects of activities. Outcome measurement involving validated tools has been rare among NSPP-funded activities. Even in cases where independent external evaluations had been undertaken, most reported on the achievement of project objectives rather than on short, medium or long-term outcomes.

The dearth of validated and standardised tools limited the extent of comparison that could be made between projects engaged in similar activities across the program.

Most projects reported having achieved their objectives. While a lack of outcome data made it difficult for projects to demonstrate their effectiveness, a diverse range of activities and a wide range of project achievements were cited. The MDS identified that 16,222 individual client contacts/activities and 2,428 group activities occurred over the six months to March 2013.

The LIFE Framework lists a number of LIFE Action Areas that describe the intended effect of the NSPP. Projects' achievements related to these LIFE Action Areas were assessed using documentation/reports and survey responses from funded organisations. Based on this data, self-reported achievements were demonstrated across the full range of LIFE Action Areas, particularly in relation to:

- Improved understanding of imminent risk and how best to intervene (particularly through gatekeeper training and community awareness approaches)
- Improved access to support for people at risk of suicide and, in some cases, improved knowledge, attitudes and help-seeking behaviours of those at high risk
- Improved community strength through capacity-building approaches, particularly for some well-defined target populations
- Provision of information about suicide prevention
- Improving the profile of risk and protective factors at the individual level.

¹ J Davidson, 'Effectiveness', in S Mathison (ed), *The Encyclopedia of Evaluation*, Sage Publications, London, 2007, p.123.

² Outcomes include 'changes, results, and impacts that may be short or long term; proximal or distal; primary or secondary; intended or unintended; positive or negative; and singular, multiple, or hierarchical. Outcomes are enduring changes, in contrast to outputs, which are more specific.' S Mathison, 'Outcomes', in S Mathison (ed), *The Encyclopedia of Evaluation*, Sage Publications, London, 2007, p.288.

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Although significant achievements have been identified, it should be noted that it is not possible to determine the extent to which the NSPP-funded activities have impacted on rates of suicide.

The documentation/reports and survey responses submitted by funded organisations indicate areas with scope for improvement. These areas include:

- Limited opportunities exist for funded organisations to share strategies/best practice
- There was little evidence that regionally integrated approaches were operating
- The ability to achieve long-term, structural change was beyond the scope of many projects. Many projects reported that this partly due to the short-term nature of NSPP funding
- Many project representatives expressed a desire for greater support to evaluate their activities
- Limited access to information and data about suicide prevention activities.

1.5.3 *Effectiveness: enablers and barriers*

Project representatives identified several enablers that contributed to the success of projects. Relationship building between service providers and other stakeholders was reported to be vital but time-consuming and sometimes complicated by a lack of clarity around roles and responsibilities.

Recruiting and retaining appropriate staff was identified as important. Maintaining strong relationships within the project staff team and providing staff with adequate support was a high priority for many projects. Where difficulty was encountered with staff recruitment or retention, this presented a significant barrier. Most problems were reportedly due to the short-term nature of NSPP funding or insufficient funding to deliver the number, range, intensity or geographical coverage of services needed.

A further barrier to program effectiveness was difficulties experienced in engaging with some target groups due to:

- Competing priorities within settings such as schools and workplaces
- Social stigma relating to suicide which resulted in a reluctance to talk about suicide or seek help
- Time and distances required to attend meetings/appointments.

Project representatives reported that a number of project-specific design issues had impacted effectiveness, and that sub-optimal data collection and evaluation had limited their ability to measure effectiveness.

Project representatives were asked to provide suggestions for improving project effectiveness. The most commonly cited responses were:

- Improved collaboration with, and coordination between, funded organisations
- Providing support for organisations to improve capabilities in project development and evaluation
- Larger funding amounts and longer funding periods.

1.5.4 *Efficiency*

Efficiency was examined from an operational perspective, as follows:

- Analysis of the apparent cost efficiency of projects, by relating costs to outputs (ie, hours of service delivered) to calculate and compare average cost per hour.
- Sustainability of projects.

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- Potential efficiency improvements, based on consultations with project representatives and the Department.

This analysis found that:

- The average cost per hour of service provision varies across projects
- Projects that provide relatively more hours of direct service provision (to individuals or groups) tend to have a lower cost per hour and hence appear to be more efficiently delivering services
- Projects that spend relatively more time on travel and event/activity planning, appear to have higher costs, ie, travel and event/activity planning appear to be key driver of costs.

In relation to sustainability, more than half of the projects indicated that they receive no funding other than through the NSPP (Section 0). The vast majority of project representatives do not believe their project would be sustainable without continued NSPP funding.

Project representatives reported high levels of satisfaction with the level of communication and responsiveness of the DoHA officers responsible for the administration of their project. There were some suggestions for improving DoHA administration of projects, related primarily to improvements in contract management and data collection and storage.

STO and CO staff believed that the DoHA National Alignment (DNA) changes will lead to more efficient administration of the NSPP projects, however these benefits have not yet been realised.

The absence of quantifiable outcome data restricted not only the extent to which the effectiveness of the NSPP could be evaluated in this current report, but also the range of economic analysis that could be conducted. This highlights the need for a detailed independent economic assessment of the cost of suicide and attempted suicide in Australia in order to determine the economic benefit of prevention, to help inform future investment decisions.

1.5.5 Positioning the NSPP in Australia's suicide prevention efforts

The NSPP represents one component within a complex range of suicide prevention activities in Australia. While it was outside the scope of this Evaluation to map these in detail, a desktop review of two initiatives was undertaken; namely the ATAPS Suicide Prevention service initiative and the MindMatters initiative. MindMatters was a national mental health promotion program for secondary schools that addresses some of the risk and protective factors for suicide. Review of previous evaluation reports for these two initiatives indicated that:

- The ATAPS Suicide Prevention service initiative is an appropriate and effective suicide prevention intervention. The efficiency of the program has not been established due to a lack of data.
- MindMatters has had high levels of uptake and acceptance across Australian schools and appears to be an appropriate intervention. The evaluation reports produced to date (from 2006 to 2012) do not address the effectiveness or efficiency of the program.

Through interviews, stakeholders expressed a range of views regarding the positioning of the NSPP in Australia's suicide prevention efforts. The following findings emerged:

- People working in the suicide prevention sector held mixed and sometimes confused views of what the NSPP is. Many did not see the NSPP as a distinct component of the Australian Government's activity around suicide prevention, and several confused the NSPP with the NSPS or the LIFE Framework.

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- Communication and leadership between DoHA, the jurisdictions, states and territories and the sector was seen as an area for improvement, to ensure the NSPP is integrated with other suicide prevention activities in Australia.
- Some stakeholders argued that suicide prevention is too strongly linked to a mental health agenda, at the expense of a broader social determinants approach.
- Stakeholders felt that most of the funded NSPP projects would not be able to continue in the absence of NSPP funding, and that the impact of this would be felt by service users at the local level.
- Stakeholders stressed the importance of a strong and continuing Australian Government commitment to suicide prevention.
- The concept of setting a national suicide reduction target was raised by several stakeholders; however details of what this target should be or how it should be set were not specified.

1.6 Opportunities for program improvement

Based on the findings of this Evaluation, including consultation with stakeholders, the following opportunities for program improvement are presented for consideration, under the headings of effectiveness, efficiency and appropriateness.

Effectiveness

1. *Positioning suicide prevention*

Suicide prevention should be promoted as a whole-of-government and whole-of-community endeavour that stretches beyond the domain of mental health/illness.

2. *Evaluation*

All Australian Government-funded suicide prevention activities should be rigorously evaluated, with adequate support, access to expertise and resourcing to do this. Where possible, the findings from these evaluations should be made available in the public domain.

3. *Improving outcome measurement*

A range of factors at project and national level need to be considered to improve outcome measurement and thus facilitate a greater range and depth of evaluation of NSPP activities.

Project-level considerations include: capacity building; oversight and information sharing regarding the use of appropriate qualitative and quantitative tools/measures; and expanding collaborations/partnerships between projects and the research sector to bridge the evidence–practice gap. Outcome evaluation at the macro level (state/territory/national level) is a matter for public health specialists, not individual projects.

At a national level, the key considerations are data related and involve inclusion of suicide attempts (not just completed suicides) as outcome measures, improved data linkages and ongoing improvement of suicide death data.

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Efficiency

4. *Economic Analysis*

A detailed independent economic assessment is needed of the cost of suicide and attempted suicide in Australia in order to determine the economic benefit of prevention, to help inform future investment decisions.

5. *Administration*

Consideration should be given to administering NSPP funding through a single office in order to improve efficiencies and reduce duplication and fragmentation of suicide prevention efforts.

6. *Funding*

Funding surety would assist projects with recruitment, expansion and sustainability. An open and transparent tendering process would ensure that innovative suicide prevention approaches are supported alongside established programs.

Appropriateness

7. *Strengthening DoHA's role*

Opportunities for strengthening the Australian Government's role in leading and coordinating suicide prevention activities across Australia should be explored. This includes considering:

- Better coordination between federal and jurisdictional suicide prevention activities
- Mechanisms for improved communication and information-sharing between all stakeholders in the suicide prevention sector
- A stronger role for the Australian Government in setting and disseminating the policy agenda (through appropriate consultation)
- Improved coordination, facilitation and funding of strategic, translational research that addresses the key evidence gaps in suicide prevention. Opportunities include:
 - Exploring the most appropriate strategies for those who are at immediate risk
 - Better understanding community risk and protective factors
 - Determining the most effective ways to build community and individual resilience
 - Exploring opportunities for measuring outcomes.

8. *Areas for continued work*

Continued work aimed at improving public awareness about mental health issues, encouraging help-seeking behaviours and reducing stigma is important. Community development in this area provides impetus for social change and the challenging of social norms.

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1.7 Conclusions

The overall objective of the Evaluation was to inform the evidence base for future policy direction and implementation of suicide prevention activity, and to put in place a comprehensive evaluation framework for ongoing use. This Report provides an analysis of the appropriateness, effectiveness and efficiency of NSPP-funded projects from 2006 to 2013.

The initial retrospective evaluation of the projects encountered many data limitations that were addressed through obtaining more comprehensive data about project activities from the MDS (*Chapter 6 and Appendix C*) and through in-depth consultations with key stakeholders. Direct engagement with funded organisations has been one of the strengths of the current Evaluation and differentiates it from prior evaluations where such engagement was not possible.

As a result, this Evaluation represents the most extensive evaluation of NSPP-funded activities to date, and provides government with a solid foundation upon which to base future program-related decisions. Data derived from the MDS has been particularly valuable in this regard. Prior to the implementation of the MDS, existing project data could only be used to generate a broad overview of project activities. While areas of activity could be established, the scale of this activity was absent. Likewise, a refined analysis of activities could not be undertaken including participant demographics, target groups, and referral pathways, for example.

This Report is based on MDS data for only a six month period (October 2012-March 2013), however the 16,222 individual client contacts/activities and 2,428 group activities recorded for that period provides an essential baseline for future measures. The Department's decision to extend MDS data collection for a further 12 months to May 2014 means that comparable data on NSPP-funded activities will ultimately be available for a 20-month period.

Despite these achievements and advances, information gaps still remain. This is particularly true in relation to outcome measurement. While the MDS has contributed greatly to the process evaluation of the NSPP, outcome measurement represents the next major frontier for NSPP evaluations. Without outcome measurement, the question of *'what works for whom in what circumstances, in what respects, and how'* remains unanswered. So too do questions of economic efficiency.

Consequently, at this time it is not possible to assess whether alternative configurations of suicide prevention activities funded under the NSPP would be beneficial. This Evaluation found that the current community-based approach appears to be responsive to local need. However the absence of outcome measurement has impeded comparison of this approach with potential alternative future strategies, such as:

- Smaller number of larger programs
- Different mix of larger and smaller programs
- Delivering services and influencing behaviour through online mediums, including social media.

Implementation of outcome measurement needs to be a facilitated process. Capacity building at project level is essential in terms of the selection, administration and analysis of appropriate outcome measures and tools. First, a body of work needs to be undertaken in consultation with project representatives to compile a taxonomy of appropriate tools and where needed, develop additional tools (quantitative and qualitative).

Such a task is beyond the remit of individual funded organisations. Although this would represent an additional cost to government, the returns in terms of national consistency in measurement and

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comparability across projects would be great. Importantly, it would provide the information on which to base decisions about which projects should be continued, expanded upon, refined or eliminated; something which this current evaluation lacks the outcome data to do. Incorporation of appropriate outcome measurement would also enable learnings from the NSPP to inform the international evidence base.

Nonetheless, despite these information gaps at project level, this Evaluation provides important insights for decision makers. Recent evidence of what works is summarised and consolidated in the literature reviews, while the extent of community support for NSPP projects serves as a strong indicator of the perceived appropriateness of suicide prevention activities at local level.

1.7.1 *Concluding observations*

The social and environmental factors related to suicide are complex and dynamic. As a result, outcome measurement will need to evolve as new risk and protective factors are identified and new programs and initiatives are implemented in response. Key emerging areas include the impact of social media and the internet on suicide and self-harm risk. These impacts may be negative (eg, through exposure to methods of self-harm or suicide) or positive (as a medium for service provision for some groups). Age appropriateness of social media and the internet as modes of service delivery will need to be considered, particularly where older age cohorts are involved.

Policy and funding changes also add to the dynamic landscape of suicide prevention in Australia. The introduction of Australia's first National Aboriginal and Torres Strait Islander Suicide Prevention Strategy is one such example. With this development comes the question of whether projects targeting Aboriginal and Torres Strait Islander populations are now more appropriately the domain of the new Strategy rather than the NSPP. This highlights the need to regularly review the range of projects that remain under the NSPP, as policy and funding changes occur.

Going forward, organisation funded to undertake suicide prevention activities, the government funding these activities and ultimately those at risk of suicide, can mutually benefit from the opportunities for program improvement identified in this report.