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## 13 Summary of findings, suggested program improvements and conclusions

### 13 SUMMARY OF FINDINGS, SUGGESTED PROGRAM IMPROVEMENTS AND CONCLUSIONS

This chapter summarises NSPP achievements and the key Evaluation findings including suggested improvements.

To contextualise the achievements and findings, the chapter begins with an overview of the Evaluation objectives, the methods used to address these objectives, and the caveats and limitations that apply to the interpretation of findings presented in this Final Report.

#### 13.1 Evaluation overview

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

A mixed methods approach was used in the conduct of this Evaluation, using both quantitative and qualitative data sources. The historical component of project activities was assessed by means of a desktop review of existing documentation and data for each of the in-scope NSPP-funded projects. This included funding agreements, progress reports, final reports, internal evaluations and external evaluation reports. Gaps identified in the data provided were addressed via a survey of NSPP-funded organisations.

A Minimum Data Set (MDS) was developed and implemented, consisting of a series of data items specifically designed to support the current and ongoing evaluation of NSPP- and TATS-funded activities. Data collection using the MDS began on 1 October 2012 and continued until the end of March 2013. All 47 projects funded during the period provided MDS data, albeit incomplete data in a few cases.

Consultations were held with a range of key stakeholders and two literature reviews were undertaken to support the evaluation activities. Published evaluation reports of the Access to Allied Psychological Services Suicide Prevention Program (ATAPS Suicide Prevention service initiative) and MindMatters were also considered.

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

A number of limitations and caveats apply to the findings that follow. These include internal data limitations such as incomplete data and the relatively short timeframe of the Evaluation, and external factors such as the significant challenges related to the evaluation of suicide prevention programs, which are well recognised in the sector. These external challenges include the fact that suicide is a statistically rare event, attribution is difficult and there are many issues related to the quality and timeliness of suicide data.

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### 13.2 Appropriateness

Overall, the NSPP-funded projects conformed to the best practice recommendations of the LIFE Framework, providing 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 of suicide. Importantly, this mix not only occurs at state/territory level but also within individual projects.

The 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. However, other non-NSPP-funded initiatives (that are not part of this Evaluation) may be filling these gaps.

Those NSPP-funded projects that target Aboriginal and Torres Strait Islander communities reported using culturally appropriate interventions including: gatekeeper training; community-based approaches that promote resilience; and community-healing approaches that promote cultural practices and cultural continuity, such as return to country trips.

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, and awareness-raising and promotion of help-seeking.

While gatekeeper training and community capacity-building activities were among the **selective approaches** reported by the 49 projects, considerable variations exist in how these activities were delivered between target groups and settings. Services for people bereaved by suicide featured prominently. While only one project targeted the knowledge and awareness of medical practitioners, there were a number of other initiatives that supported GPs to better identify and refer suicidal patients to appropriate care. These include initiatives such as the ATAPS Suicide Prevention service initiative (*Section 4.8*) and the Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule (Better Access) Program.

Several projects used **indicated approaches** aimed at improving 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-reviewed literature as potentially harmful. Survey responses from funded organisations indicated that research and evidence was used in project design and implementation for 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 rates) were therefore recipients of the highest funding per capita.

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### 13.3 Effectiveness

#### 13.3.1 Outcomes and achievements

Assessing the effectiveness of NSPP activities was hampered by a general absence of quantifiable outcome measurement by the projects. Routine progress reports submitted by funded organisations were largely based on quantitative output and financial data, with narrative self-reports 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. This issue is not unique to the NSPP and has been a challenge for suicide prevention activities throughout Australia and internationally.

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

Based on self-reported assessments, most projects, including those in their infancy, reported having achieved their objectives. A wide range of project achievements were cited as a result of a diverse range of activities. The MDS data 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. Achievements related to these LIFE Action Areas were assessed using documentation, reports and survey responses from the funded organisations. Based on this data, self-reported achievements were demonstrated across the full range of LIFE Action Areas, particularly in relation to:

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

Positive unintended outcomes of the projects included positive reciprocity and expansion of project reach or goals. A negative unintended outcome was that some individuals felt that accessing services led them to be stigmatised in the community.

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 DoHA staff who administer the NSPP-funded projects spoke positively about the achievements of the projects; however they also expressed concern that the existing reporting mechanisms (progress reports, final reports) did not adequately capture information about project outcomes and impacts. Furthermore, it was noted that data generated through the NSPP has not been made available in the public domain or to funded projects.

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

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- Limited opportunities exist for funded organisations to share strategies and 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
- There was limited access to information and data about suicide prevention activities.

### 13.3.2 Effectiveness: Enablers and barriers

Project representatives identified a number of enablers that contributed to the success of projects. These included:

- Strong, effective relationships between service providers and a range of other community stakeholders
- Strong relationships within project teams
- Recruiting the right staff and providing them with adequate support.

Key barriers to project effectiveness included:

- Funding limitations (amount and duration)
- Difficulties recruiting and retaining staff
- Sub-optimal partnerships and relationships (and the amount of time invested in these)
- Difficulties reaching and engaging the project's target populations, including a number of specific challenges for Aboriginal and Torres Strait Islander populations and rural and remote populations
- Difficulties collecting data.

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

Project representatives made a number of suggestions for improving effectiveness, including:

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

## 13.4 Efficiency

Measuring efficiency in the suicide prevention context faces two key challenges:

- Lack of outcome data
- Difficulties assessing the cost of suicide and consequent economic benefit of prevention.

Considerable information is available regarding the inputs and outputs of NSPP-funded projects. As identified in *Chapter 6*, 16,222 individual and 2,425 group activities were delivered by the 47 projects that provided MDS data over the six months to March 2013.

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However, as detailed in *Chapter 8*, outcome measurement using validated tools has been rare among NSPP-funded projects. Only three of the 47 projects conducted evaluations that measured outcomes using validated tools (see *Section 8.3*). Challenges associated with outcome measurement are identified in *Chapter 8*, and *Chapter 12* identifies ways to improve outcome measurement in future.

A further key challenge is that there is limited information available about the financial cost of suicide in Australia (see *Appendix E*), making it difficult to determine the economic benefit of prevention. Indeed, the report on the Senate Inquiry into Suicide, *The Hidden Toll*<sup>115</sup>, sought to address this deficit by recommending that the Australian Government commission a detailed independent economic assessment of the cost of suicide and attempted suicide in Australia.

Efficiency was therefore examined from the following perspectives:

- Apparent cost efficiency of projects calculated by relating costs to outputs (ie, hours of service delivered), to enable analysis and comparison of average cost-per-hour of service delivery
- Sustainability of projects
- Potential efficiency improvements, based on consultations with project representatives and the Department.

This analysis found that:

- The cost per hour of service provision varied across projects
- Projects that provided relatively more hours of direct service provision (to individuals or groups) tended 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 the NSPP. Where projects did receive funding from other sources, the amounts received were relatively small. The vast majority of project representatives did not believe that their project would be sustainable without continued NSPP funding. Project representatives reported high levels of satisfaction with regards to the level of communication and responsiveness of the DoHA officers responsible for the administration of their project. Suggestions for improving DoHA administration of projects included:

- Improved contract management, eg, speedier notification of contract awards and greater engagement of DoHA contract managers with projects
- More streamlined reporting that is less repetitive and more inclusive of project activities
- Greater care in data management so that resubmission of data is not required.

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<sup>115</sup>Commonwealth-Government, *The Hidden Toll: Suicide in Australia. Report of the Senate Community Affairs Reference Committee*. 2010, Commonwealth of Australia: Canberra, p14.

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### 13.5 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 is 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. ATAPS provides consumers with access to evidence-based psychological services delivered by allied health professionals, and is administered by Medicare Locals. MindMatters was a national mental health promotion initiative for secondary schools that addressed some of the risk and protective factors for suicide. A review of previous evaluation reports for these two initiatives found 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 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
- Communication and direction from the Australian Government were seen as key factors that limited the extent to which the NSPP was integrated with other suicide prevention activities in Australia
- Some stakeholders argued that, currently, 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 NSPP-funded projects would not be able to continue in the absence of specific 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. Details of what this target should be or how it should be set were not specified.

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### 13.6 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, and adequate support, access to expertise and resourcing to do this should be provided. 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 and 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) 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.

#### Efficiency

##### 4. *Economic Analysis*

A detailed independent economic assessment of the cost of suicide and attempted suicide in Australia is needed in order to determine the economic benefit of prevention and 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 approaches to suicide prevention 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 improving 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)
- Improving 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
  - Improving understandings of 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 challenging social norms.

### 13.7 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 Final 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. These were addressed by obtaining more comprehensive data about project activities from the MDS (*Appendix C*) and through in-depth consultations with 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 unknown. Likewise, a refined analysis of activities could not be undertaken including participant demographics, target groups, and referral pathways, for example.

This Final Report is based on MDS data for only a six month period (October 2012 to March 2013); however, it provides an essential baseline for future measures. The Department's decision to extend

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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'* will remain unanswered. So, too, will 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 in terms of the selection, administration and analysis of appropriate outcome measures and tools is essential. First, a body of work needs to be undertaken in consultation with projects 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 comparability across projects would be great. Importantly, it would provide more robust information on which to base decisions about which projects should be continued, expanded upon, refined or eliminated. 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.

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

### ***13.7.1 Scene setting going forward***

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. One key emerging area is the impacts 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).

The recent developments and investments in e-mental health highlight the importance of these different service delivery modalities in providing treatment and support to people with mental health disorders.

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The utility of these modalities in the suicide prevention arena needs further investigation, including consideration of the age appropriateness of social media and the internet as modes of service delivery.

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. Released in May 2013 and supported by funding of \$17.8 million over four years (2013-14 to 2016-17), this new strategy prioritises local, community-led activities developed in close consultation with Aboriginal and Torres Strait Islander communities.

The strategy will provide opportunities to overcome many of the challenges related to the cultural appropriateness of services as well as the tools and approaches used for monitoring and evaluation purposes. With this development comes the question of whether projects that target Aboriginal and Torres Strait Islander populations are now more appropriately the domain of the new strategy rather than the NSPP.

There has been increased attention given to the local coordination of primary care. These coordination mechanisms offer the potential to further refine and integrate suicide prevention activities. This could include increased opportunities for collaborative engagement such as training for gatekeepers, including GPs and other health professionals.

Another important consideration is the NSPP's positioning relative to other activities being undertaken with at-risk groups targeted by the NSPP. This includes non-NSPP-funded suicide prevention organisations and wider mental health activities such as headspace and *beyondblue*. Possibilities for synergies between the NSPP and other players need to be considered.

Australia's long history of migration has resulted in it being the second most multicultural nation in the world.<sup>116</sup> This poses particular challenges for suicide prevention activity given the cultural and linguistic diversity of this immigrant population. These challenges are further compounded by the complex needs of refugee and humanitarian immigration streams.

These examples highlight the need to regularly review the range of projects that remain under the NSPP as policy and funding changes occur.

### 13.8 Concluding observations

Throughout the course of conducting this Evaluation, it has been gratifying for the evaluation team to see not only the passion with which people working in the suicide prevention projects go about their business, but also their genuine willingness to engage in data collection and evaluation activities, now and in the future. They, too, acknowledge that suicide prevention is an area characterised by a high level of complexity and a lack of conclusive guidance about the most effective strategies. Working with people at an extremely difficult time in their life is stressful and often very sad. In very challenging situations, this group of people work with passion and dedication and a high degree of willingness to do the best work they can.

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<sup>116</sup> National Centre for Social and Economic Modelling, 'Calling Australia home: The characteristics and contributions of Australian migrants' *AMP.NATSEM Income and Wealth Report*, Issue 27, November 2010.