



# NATIONAL SUICIDE PREVENTION TRIAL

COUNTRY SA LOCAL  
EVALUATION  
2021 EXECUTIVE SUMMARY





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## Acknowledgements

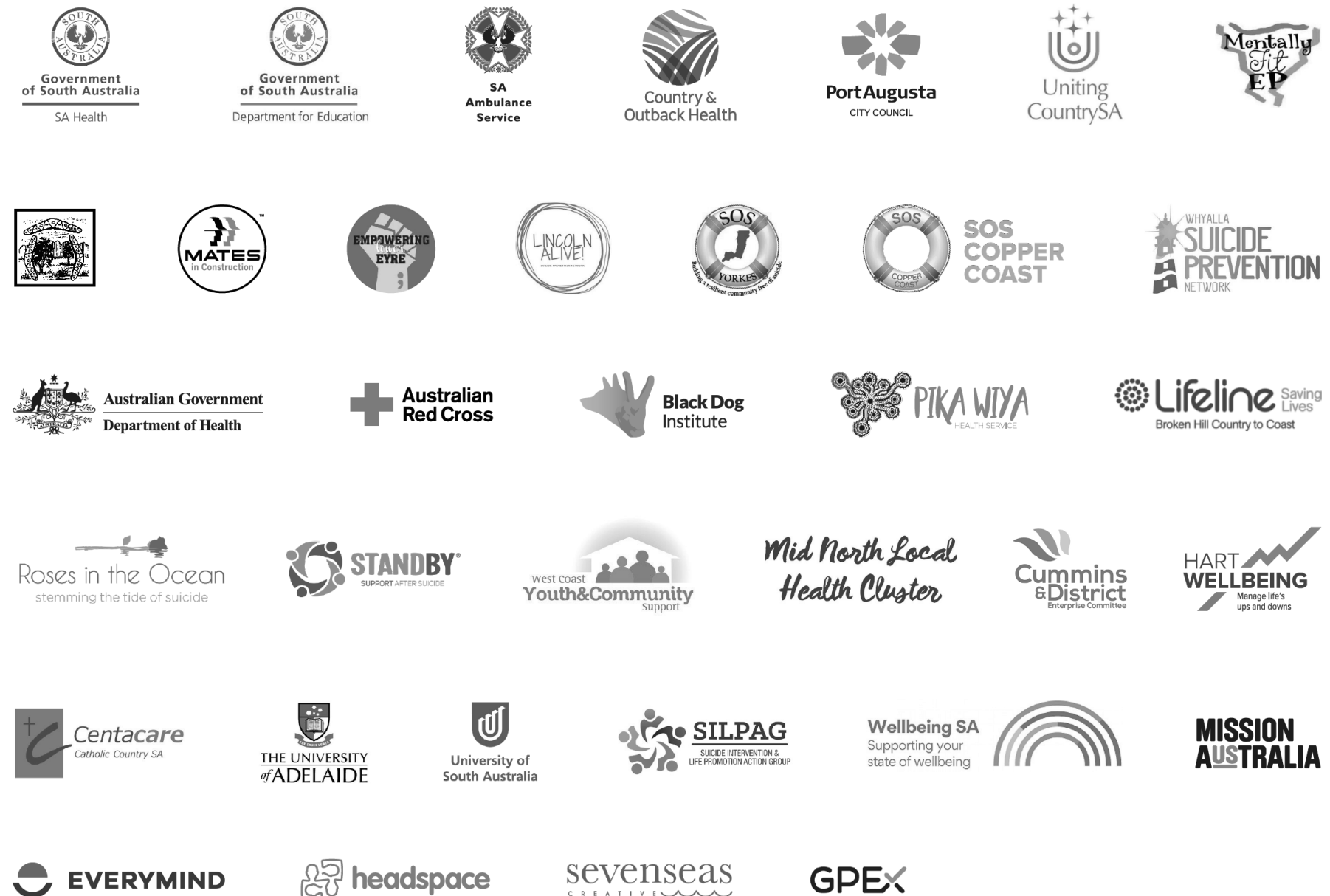
We would like to acknowledge the Traditional Owners, Custodians and Elders on whose lands the National Suicide Prevention Trial ('Trial') was undertaken. We also acknowledge the spiritual relationship and beliefs the Traditional Custodians have with their country.

Our thanks to our evaluation partners for the Trial including the Mental Health and Suicide Prevention Research and Education Concentration, University of South Australia Clinical and Health Sciences and the University of South Australia's Department of Rural Health.

We gratefully acknowledge the valuable contribution of people who generously gave their time and contributed their experiences and perspectives for their time and openness in sharing their expertise, gained from personal lived experiences during the Trial. Thank you also to the CSAPHN Mental Health Alcohol and Other Drugs Team Staff who worked on this project.

The National Suicide Prevention Trial was funded by the Australian Government Department of Health.

We thank the many organisations and community groups, as well as community members with lived experience of suicide who continue to support the work of the Country SA National Suicide Prevention Trial. We thank the many organisations and community groups, as well as community members with lived experience of suicide who continue to support the work of the Country SA National Suicide Prevention Trial.



## Background

In 2017 Country South Australia was announced as one of 12 national suicide prevention trial sites by the Commonwealth Government. The National Suicide Prevention Trial ('Trial') gathers evidence from the Primary Health Networks (PHN) in relation to suicide prevention activities in regional Australia; and aims to understand what strategies are most effective in preventing suicide for at-risk populations.

The Country SA PHN (CSAPHN) Trial adapted elements of the Black Dog Institutes [LifeSpan model](#) which is a systems-based approach to the delivery of suicide prevention combining nine strategies into one community-led approach incorporating health, education, frontline services, business and the community.

CSAPHN focused on three population groups, in the following South Australian local government areas: Port Augusta; Whyalla; Port Pirie; Port Lincoln; and Yorke Peninsula. These populations groups are appropriately targeted, as the highest proportion of suicides in 2019 occurred in young and middle-aged cohorts (ABS 2020).

1. Youth (12-24 years),
2. Adult Males (25-54) and
3. Aboriginal and Torres Strait Islander



## Document Purpose

Between 2018 and 2020, CSAPHN commissioned the Mental Health and Suicide Prevention Research and Education Concentration, the University of South Australia Clinical and Health Sciences and the University of South Australia Department of Rural Health to undertake evaluations of activity delivered by the Trial. This combination of evaluators was sought to enable an overarching view of outcomes as well as detailed analysis of component parts using culturally appropriate evaluation partners where appropriate.

Furthermore, the CSAPHN Mental Health Alcohol and Other Drugs Team undertook an independent evaluation of the Youth Aware of Mental Health (YAM) Training.

This summary will focus on the evaluation completed by University of South Australia Mental Health & Suicide Prevention Research and Education Concentration (commissioned in October 2020) of whole of population activities and training, complemented by highlights from evaluations that deep dive into specific areas of focus or priority population. Detailed evaluation reports are published on our [website](#) where publicly available.



## Scaling of activity against levels of interventions

### Awareness and Stigma Reduction



- Comic Book Launch (Whyalla Suicide Prevention Network)
- Community Calendar Launch (SOS Yorkes)
- Coping with Stress during COVID-19: Toolbox Sessions (Mates in Construction)
- Drink Coasters (Mentally Fit EP, Port Augusta Suicide Intervention & Life Promotion Action Group)
- Everyone has a Story Film Project (Mentally Fit EP)
- Family Fun Day (Pika Wiya Health Service Aboriginal Corporation)
- Family Fun Day Get Out (Empowering Lower Eyre)
- First Responders Wellness Event (Whyalla Suicide Prevention Network)
- First Responders Awareness Films (Whyalla Suicide Prevention Network)
- Men's Health Event Yorketown (SOS Yorkes)
- Mental Health football round (Empowering Lower Eyre, Mentally Fit EP)
- QPR TV Campaign (developed by CSAPHN)
- Reflection Seat Project (Lincoln Alive)
- The Ripple Effect Documentary Screenings (SOS Yorkes, Whyalla Suicide Prevention Network, Mentally Fit EP)
- Roses in Ocean Walk (Whyalla Suicide Prevention Network)
- Rotary Men's Wellness Campaign (Mentally Fit EP)
- Save our Mates Wellbeing Roadshow (Hart Wellbeing)
- SOS Copper Coast Website Development (SOS Copper Coast)
- Stand Up for Mental Health (Whyalla Suicide Prevention Network)
- Suicide Prevention Calendars (Mentally Fit EP, SOS Yorkes, CSAPHN)
- Totally Mental 'Cloudy' Animation Film (Whyalla Suicide Prevention Network)
- World's Biggest Comic Book (Whyalla Suicide Prevention Network)
- You Me Which Way (Youturn formally known as United Synergies)

### Education and Training



- Accidental Counselling (Lifeline)
- Connecting with People (SA Health)
- Connector Development (Mates in Construction)
- Deadly Thinking Training (Rural & Remote Mental Health)
- General Awareness Training (GAT) (Mates in Construction)
- GPEx Webinars and Workshops.
- LivingWorks ASIST (Applied Suicide Intervention Skills Training)
- LivingWorks SafeTALK
- LivingWorks START
- Mental Health First Aid (MHFA)
- MindFrame Plus (Everymind)
- QPR (Question Persuade Refer)
- Roses in the Ocean: Voices of Insight
- Roses in the Ocean: Our Voice in Action
- Suicide story workshop (Mental Health Association of Central Australia)
- Youth Aware of Mental Health program (YAM)

### Treatment and Crisis Support (following a suicide attempt)



- Aftercare – Aboriginal and Torres Strait Islander (Pika Wiya Health Service Aboriginal Corporation)
- Aftercare – General Population (My Life, Country and Outback Health)



## What Community said they needed

Between late November 2017 and early February 2018, CSAPHN conducted consultation workshops along with an online survey as part of the National Suicide Prevention Trial throughout the targeted catchment locations.

The themes and priorities identified through the consultation process were used to provide a snapshot of perceived gaps and service needs within the trial region.

### The key gaps highlighted by the local community within suicide prevention



Follow-up care after a suicide attempt



Stigma around suicide



Suicide Prevention training opportunities



Workforce collaboration



## What we did

Evaluations of the Trial activities were commissioned by CSAPHN and used mixed methods of data collection ranging from focus groups and interviews with key stakeholders to examining retrospective and prospective survey data and Trial data sets held by CSAPHN, such as the Primary Mental Health Care Minimum Data Set.

Taking a mixed method approach to evaluation means that we can learn from a richer picture of information beyond quantitative assessment only.

### Improving emergency and follow-up care for suicidal crisis

• Two Aftercare Services

**550+** clients **6,500+** sessions



### Did You Know.....

CSAPHN established Australia's first Aboriginal specific Aftercare model delivered by an ACCHO and co-designed with the local Aboriginal Community.



Improving the competency and confidence of frontline workers to deal with suicidal crisis

- Establishment of a formal cross jurisdiction referral mechanism between emergency responders and postvention service providers.
- Introduction of joint training with postvention providers for all South Australian Police Cadets.

### Promoting help-seeking, mental health and resilience in schools



**951+**

Students, staff and instructors have undertaken Youth Aware of Mental Health, Impacts of online bullying, QPR or ASIST training.

**112** people upskilled in safe and purposeful media training



## National Suicide Prevention Trial

Activity and achievements

Current as of 30 April 2021

**774,181**

Total number of people engaged through the trial

Made up of

**67,348** + **439,800** + **267,033**

Service Access  
Training  
Community Projects  
Consultation

TV Campaign  
Social Media  
Page Views  
Engagement



### Training the community to recognise and respond to suicidality

**4,563**

people have undertaken relevant training



- QPR training
- ASIST
- SAFETALK
- Accidental Counselling
- Mental Health First Aid
- GAT Training
- You Me Which Way
- Suicide Story training
- Roses in the Ocean training

### Equipping primary care to identify and support people in distress

**167**

GPs & Health Professionals who have undertaken relevant training



**78** Community Events held

### Encouraging the community to be part of the change

**32** community grants



Awarded to a range of community groups and organisations.

over \$300,000 invested to build capacity of community Suicide Prevention Networks to support network activity.

## Statement from an Evaluator

"Suicide prevention is a community wide, collective endeavour requiring widespread engagement and contribution. A public health approach to suicide can help us target universal interventions for the public, health, and human service workers as well as target individuals at risk groups. The need to raise the profile of help seeking and awareness of where to go for support in suicide prevention is a national priority.

The data from this report highlights that this has been achieved among most of the people who participated in the evaluation. The findings are also encouraging of practical information helping people obtain confidence and competence in approaching someone in distress and encouraging them towards help and safety.

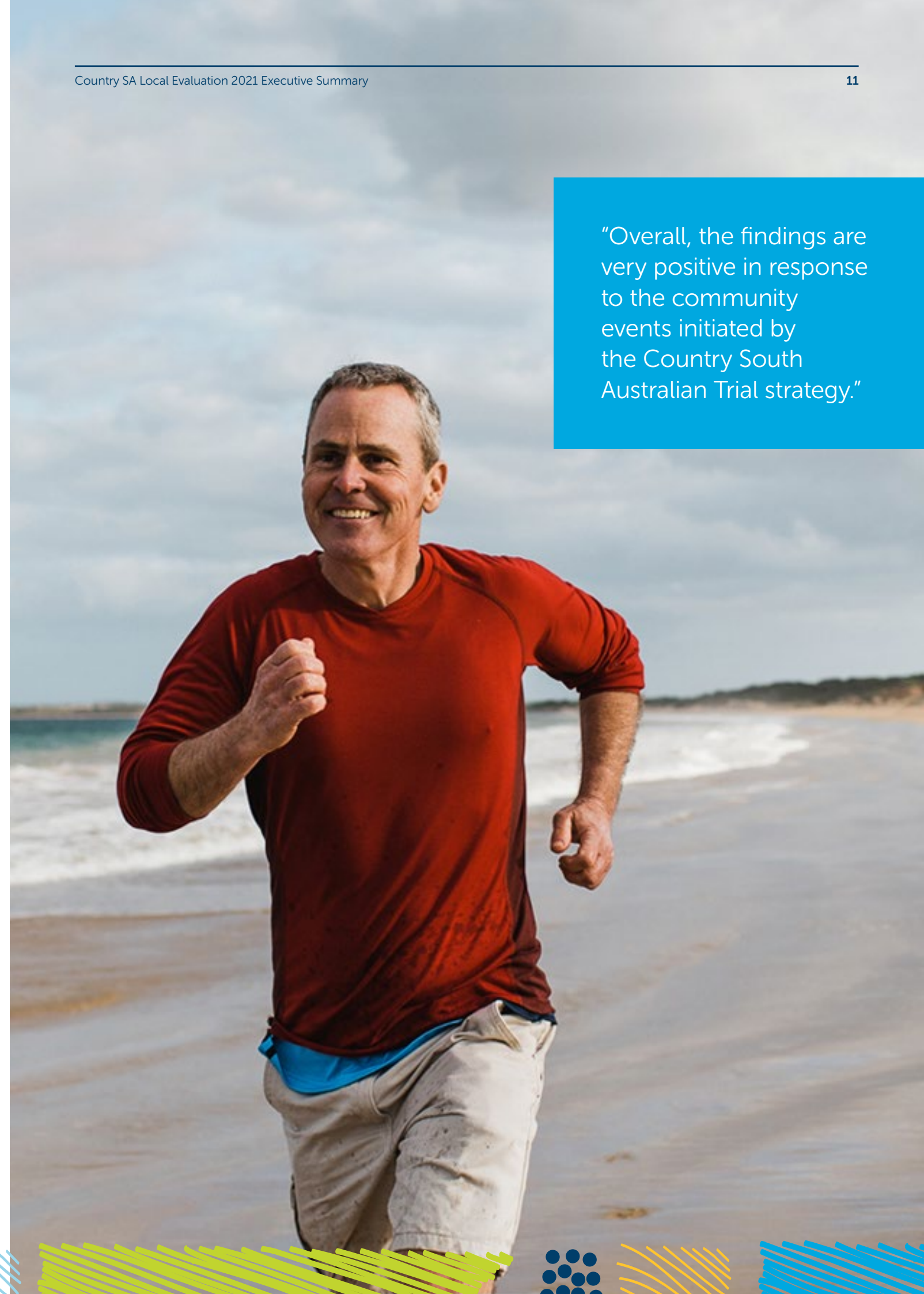
The evaluation demonstrates the desired effectiveness of prevention programs for both community and professional groups alike. These are promising results for they contribute to the major aim of interrupting the trajectory towards suicide by encouraging people to accept and receive help from others, as well as help offering and advocacy on behalf of others.

While these findings are encouraging what is less clear is to capture to longer term impact of an individual intervention, or whether a particular suite of programs can effect changes over time as well as identify scope for improvements in future program content or delivery.

Overall, the findings are very positive in response to the community events initiated by the Country South Australian Trial strategy. This is demonstrated by the need's analysis from the community consultations and how many of these were addressed by targeted community events and training interventions."

**Mental Health and Suicide Prevention Research and Education Concentration, University of South Australia Clinical and Health Sciences**

"Overall, the findings are very positive in response to the community events initiated by the Country South Australian Trial strategy."





## What post Trial Focus Group Discussions told us

Most encouragingly, in the focus groups/interviews following the Trial 98% of people the evaluators talked with, including those who accessed Aftercare services, reported that attending a Trial activity or event had impacted on them in a variety of ways. The most frequent impact was an increased competence and confidence (58%) to communicate more openly and connect with people (63%), even 'strangers'.

"It's very intangible, ... to really assess the impact of individual actions. ... It all comes down, to a very broad definition of suicide prevention, which is life affirmation. And any act of kindness is, by definition, suicide prevention".

Following activities there was an increased awareness of suicide and suicide prevention, with a decrease in judgement and stigma, and an increase in confidence and competence to openly communicate and connect with those in suicidal distress. As a result, there was an increase in compassion, a determination to help and make a difference, and some people interrupted suicidal pathways of those in distress. Subsequently, there were flow on effects within the community and increased capacity building in suicide prevention as people applied what they had learnt.

The most impactful strategies were those that were community driven, relevant and relatable to the local population, and included participant engagement and connection.

In post Trial focus groups/interviews there was a stated increase in individual and community awareness of mental health and mental illness generally" and of the statistics of suicide. As one person said, "I think we can all do more if we're more aware".

There was a stated increased consciousness that suicide does not discriminate and that it can be "preventable". As highlighted by one interview, "people are no different, we all go through the same things, and it can affect any one of us".

Focus group/interview participants reported being "more aware of how people are" going within the workplace and community including those identifying as gender diverse. Not only was there an increase in listening, talking and engaging with people using more appropriate suicide-related language but there was an increase in compassion and help offering with some expressing that it was a privilege to 'be with' people at such vulnerable times in their lives. Several demonstrated a felt sense of gratitude to be working in the suicide prevention space. There was also acknowledgement that "services and people are doing really amazing things" within the community.

One interviewee emphasised the important role that awareness has on people being able to recognise that "they are *actually* struggling, and that they can *actually* do something about it" before they can even reach out for assistance.

There was also a flow on, or ripple effect from people who had attended the Trial activities as conversations and learnings were shared. Furthermore, there was an increase in community engagement and support for suicide prevention activities and examples of businesses (such as gyms) partnering with service providers to run wellbeing events.

The most effective activities appeared to be:

- LivingWorks ASIST (Applied Suicide Intervention Training)
- Drink Coasters (Mentally Fit EP, SILPAG);
- World's Biggest Comic Book (Whyalla Suicide Prevention Network);
- Stand Up for Mental Health (Whyalla Suicide Prevention Network; and
- QPR (Question Persuade Refer).

The Roses in the Ocean Walks were also highly valued, and people looked forward to these. However, it is very important to view these results conservatively, because 34% of the commenting sample were from Whyalla, thus all regions and activities were not equally represented.

Furthermore, those who attended the First Responders events, while a smaller sample providing a voice, were extremely impressed with the events and considered these activities essential for engaging first responders, many of whom identified as male. Likewise, the Rotary Men's events were highly valued, and most of the Men's Roadshows were reported favourably. Refer to table in the full evaluation report for more detail.





# Suicide Prevention Training

As part of the Trial, we offered a range of suicide prevention training to assess suitability and impact by region and audience.

In comparing the impact of training, it must be noted the differences such as the range of attendee numbers and roles within the trainings, as well as the diversity of the aims, content, presenters, and mode of training delivered. That said, key findings are listed below.

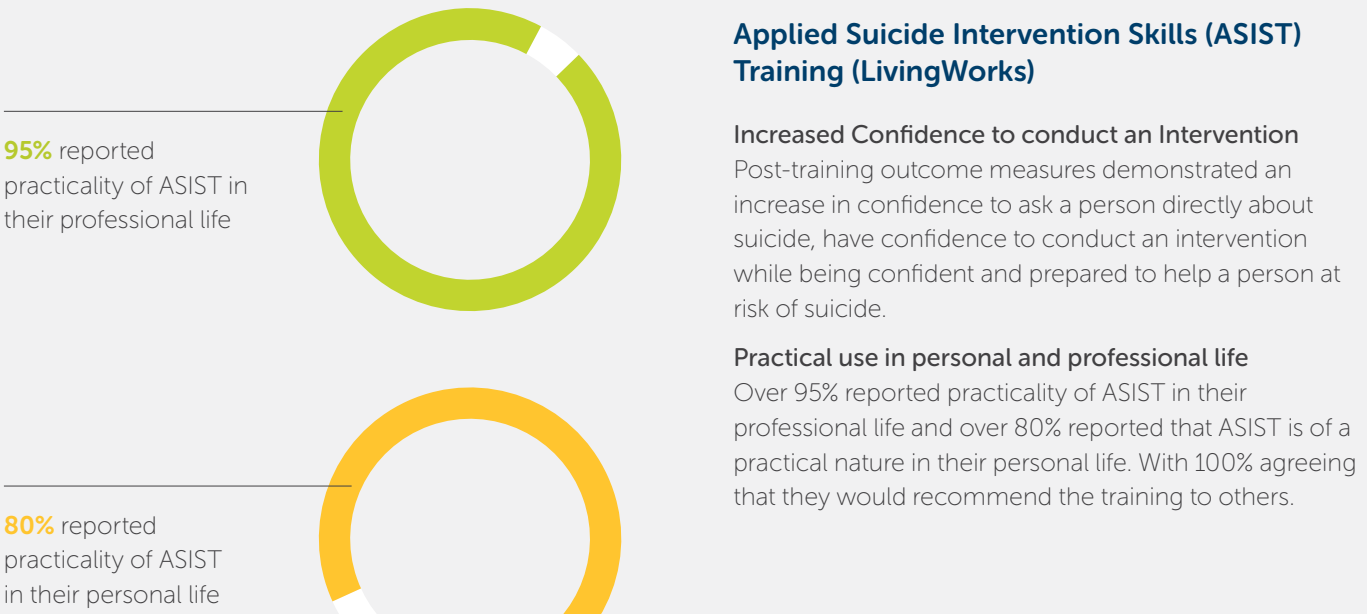
## What we Found

All suicide prevention training data demonstrated positive changes in knowledge and attitudes about suicide with high mean scores across all key training objectives.

Therefore, it is suggested that choice should be given to local communities to select evidence-based training that targets the specific training needs with the most appropriate training service type that addresses the corresponding need.

## Strengths of Individual Training Events

In the first phase of the evaluation UniSA reviewed surveys collected before and after training. Here is a snapshot of their perceptions pre and post training, listed by training course. It is clear from these results that, at the time of participation, people found these training programs useful both in terms of increased confidence as well as knowledge/skills building.



**60%** reported increased knowledge and skills to support families bereaved by suicide



### GPEx Webinars

#### Increased Confidence in Safety Planning and Follow-up Care

All professions in attendance (GPs, Mental Health Clinicians, Nurses and Administration staff) reported high mean scores on skills in asking about suicidality, implementing a safety plan and providing follow-up care.

#### Increased Knowledge and Skills to Support Families

More than 60% of respondents reported an increase in their skills and knowledge on how to support families who are bereaved by suicide while using appropriate language.

**Increased** skills to manage a suicidal person in practice, identify risk factors, and implement relevant follow-up



### GPEx Workshops

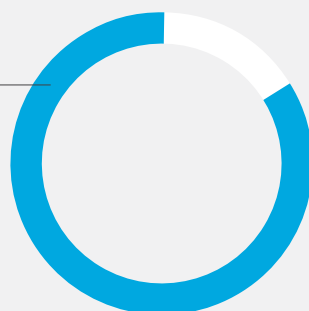
#### Increased Knowledge to Identify and Assist

Post-training outcome measures identified high mean scores for increased knowledge and confidence to identify and assist someone at risk of suicide.

#### Improved Skills to Support a Suicidal Person

Overall mean scores indicate that learning outcomes were rated highly, demonstrating increased skills to manage a suicidal person in practice, identify risk factors, and implement relevant follow-up.

**84.2%** reported they felt prepared to talk to a person about suicide



### SafeTalk Training (LivingWorks)

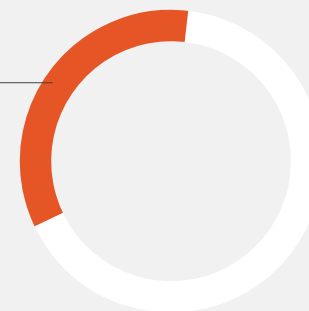
#### Increased Confidence to conduct an Intervention

84.2% reported that after completing the LivingWorks SafeTalk training they felt prepared to talk to a person about suicide.

#### Recommend training to others

100% had intentions to tell others that training was beneficial.

**34%** indicated they had used the skills learnt to help someone at risk of suicide



### Mates In Construction

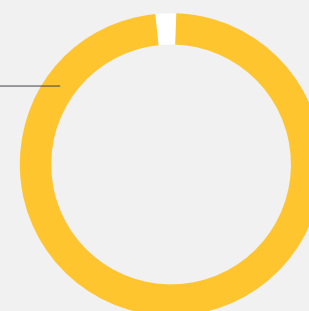
#### Increased Knowledge and Confidence

All three training programs delivered by Mates including LivingWorks ASIST, GAT (General Awareness Training) & Connector Training demonstrated an increase in people's knowledge, confidence to provide help and awareness on where to connect someone at risk of suicide to.

#### Applying Knowledge into Practice

At 6-month follow-up 34% of attendees indicated that they had used the skills learnt to help someone at risk of suicide and overall mean scores demonstrated a high agreement that they would notice that a workmate was struggling or would be likely to seek help if they were thinking of suicide themselves.

**98%** believed QPR training would help them in helping someone who was suicidal



### Question Persuade Refer Training (QPR)

#### Increased Confidence, Skills and Knowledge

Post training outcome measures demonstrated an increase in people's confidence, skills and knowledge to carry out the QPR Intervention. Furthermore, results showed trends that increased positively on all key variables of the training.

#### Practical use in helping self or others

Over 98% reported that they believed QPR training would help them in helping someone who was suicidal. Approximately one third intended to reach out to a person they knew to offer help and ten percent decided to seek help for themselves.



# Evaluating Youth Suicide Prevention Training

Youth Aware Mental Health (YAM) is a universal mental health promotion and suicide prevention program for young people aged 14-16 years of age. The program is aimed at encouraging adolescents to learn about and discuss everyday mental health concerns, promote peer support, and provides youth with a guide to local resources and services available.

The aim of the CSAPHN YAM implementation was primarily to assess the effectiveness of the program in increasing help-seeking behaviours and reducing suicidal ideation and suicide attempts. Secondary aims of the project were to investigate the program's impact on suicide literacy, help seeking intentions, and general mood disorder symptoms. To determine the impact, data was collected at baseline, post intervention and 6 months after completion.

To evaluate these factors the Paykel's Suicide Feelings and General Help-Seeking Questionnaire were utilised. Overall help-seeking increased from baseline to post intervention and remained constant at the 6-month follow up. Interestingly, the increase in help-seeking post intervention correlated with a decrease in depressive symptoms. Likewise, suicidal ideation decreased post intervention and continued to show reductions at the 6 month follow up.

Overall, the expected outcomes were achieved for the study, whereby a reduction in suicidal ideation and an increase in help-seeking behaviour was evident in the students who partook in the YAM program and the evaluation.

## What has been the impact of YAM?

CSAPHN have implemented the Youth Aware of Mental Health program (YAM) to three rural high schools and undertook a separate evaluation of this part of the Trial.



Decrease in  
Suicidal Thoughts



Decrease in  
depressed mood



Increase in  
intentions to seek  
help if needed

## Teacher Testimonial

"The YAM program was taught to our Year 10 students, where they developed their knowledge and understanding of mental health in a manner that wasn't confronting for them. Students learnt through the use of classroom posters, information booklets, visual presentations, role-plays and group discussions. Students identified the differences between feelings, stress, crisis situations, depression and suicidal thoughts.

The group discussed and learnt a variety of methods to support themselves, friends and family members to help them in the future. The program was well received by students at our school and we hope to continue the program in the years ahead."

**Craig Fitzgerald**  
Teacher, Department of Education



# Community Event Participation

As well as training, a range of community events were funded as part of the Trial. You can see these listed on the left hand side of the diagram of the first page of this summary report as well as in the appendix of the detailed evaluation report.

From an evaluation perspective, the University of SA sent a questionnaire to anyone noted as participating in a community event and/or training program. This survey was used to better understand Trial program attendees’ attitudes to suicide, and confidence or competence interacting with people at risk of suicide, since attending Trial activities between 2017 and 2020. Many people participated in more than one of the 56 community events or activities in the Trial region.

The research evaluated which suicide prevention strategies worked best across the key variables; what improvement outcomes occurred because of the trial strategy; and which activities had the greatest community impact across the trial region.

Focus group discussions and interviews were also held in the final phase of evaluation to explore people’s retrospective experience of their attendance at Trial community events. That is, any subsequent changes in attitudes towards suicide, confidence interacting with people at risk of suicide, or awareness of local suicide support networks in their PHN region.



## What we Found

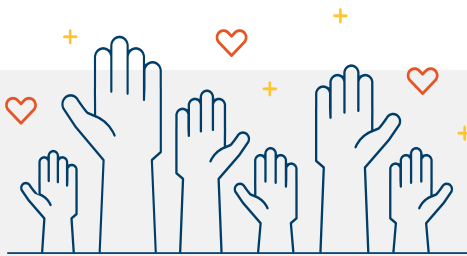
Results reinforced the positive effects of the community events, particularly in relation to populations in regional South Australia.

Given the higher incidence of suicide in regional compared to urban areas evaluators recommended that the community events most valued by individual communities be retained and funded in an ongoing capacity.

## How did each event or activity score against evaluation criteria?

Go to the evaluation report on our website to [view a full table of mean scores](#) and standard deviations for each of the survey items according to the community events that were attended most.

## Top 12 events or activities with the highest attendance or engagement



- |  |   |
|--|---|
| 1 QPR Training (Question Persuade Refer)                             | 7 Suicide Prevention Drink Coasters (Mentally Fit EP, Port Augusta Suicide Prevention Network SILPAG)     |
| 2 Applied Suicide Intervention Skills Training (LivingWorks)         | 8 SafeTalk Training (LivingWorks)   |
| 3 Accidental Counseling (Lifeline)                                   | 9 Save our Mates Roadshows (Hart Wellbeing)   |
| 4 Suicide Prevention Calendars (Mentally Fit EP, SOS Yorkes, CSAPHN) | 10 Ripple Effect Documentary Screenings (SOS Yorkes, Whyalla Suicide Prevention Network, Mentally Fit EP) |
| 5 Roses in the Ocean Walk (Whyalla Suicide Prevention Network)       | 11 Connecting with People Training (SA Health)  |
| 6 Rotary Men’s Wellness Events (Mentally Fit EP)                     | 12 GPEx Webinars and Workshops. (GPEx).   |



## A few points of interest are:

- Firstly, it should be noted that mean scores show positive responses to all of the most attended community events including positive scores in relation to:
  - Knowledge attainment that suicide is preventable
  - Suicide risk factors and suicide warning signs
  - Stigma
  - How to refer people in suicidal distress for professional help
  - Compassion
  - Confidence to help others
  - Intentions to seek help for oneself
  - Understanding cultural difference
  - Sharing by recommending events to other people.
- Suicide Prevention Drink Coasters rated highest for understanding that suicide is preventable but did not rate highest on any other factor. Which may indicate that the intended message of the campaign was to address this point, and if so, it was very successful in doing so.
- Question, Persuade, Refer (QPR) training rated lowest (which is the most favourable response) to stigmatizing attitudes towards people who talk about suicide. Therefore, QPR training might be the best option when targeting stigma reduction in the community or chosen organisation.
- GPEx training had the best results for increasing knowledge around the warning signs of suicide and this may be relevant for clinical or frontline workplace applications.
- The Ripple Effect Documentary scored the highest on all the other suicide prevention factors in the survey which included compassion, confidence to help oneself and others, knowledge of risk factors and cultural difference, and where to refer a person to appropriate services. The documentary was also the most highly rated for recommending the event to others.





## Impact of Aftercare Services

The provision of appropriate care after a suicide attempt is important for reducing future suicide attempts and suicide deaths. A suicide attempt represents a strong predictor of future suicide attempts or suicide. Providing care after a suicide attempt reduces the risk of future suicide attempts. Typically, this involves providing immediate support in the persons chosen setting in which they feel safe. In addition to being cared for by people who understand the affected persons context.

A general population Aftercare Service was introduced into all five communities after consultation identified that this was a current service gap across the trial region. The My Life program was implemented and delivered by Country

and Outback Health. During the three-year timeframe the service supported over 200 clients and delivered more than 3212 support sessions.

The Aftercare service data Identified that service provision is effective in reducing depressive symptoms over time and maintaining symptoms at low rates. The Kessler 10 psychological distress scores reduced progressively over three time points during one episode of care per client indicating successful aftercare treatment. Therefore, continuation of these services has been recommended by the evaluator. For more information the full evaluation report can be accessed on our [website](#).



"It's really nice to speak with them ...kind of like freedom ... and it was good".

## Evaluating an Aftercare Service Model in an Aboriginal Community Controlled Health Organisation

The Aboriginal Aftercare Service program commenced in July 2018 and aimed to prevent suicide by providing follow-up support for people who have attempted suicide. The Aboriginal Aftercare Service was implemented and managed by Pika Wiya Health Service Aboriginal Corporation of Port Augusta.

In February 2018 CSAPHN commissioned the University of South Australia Department of Rural Health to evaluate the Aboriginal Aftercare Service. In this evaluation, we aimed to understand the effectiveness of the Aftercare Service and its service delivery model in reducing suicide. In addition, we were asked to identify areas of the service which worked well and areas in which the model could be further strengthened. We also sought to identify the potential for replication of the service model with other Aboriginal communities in South Australia.

The data we examined established that elements of the service model are closely aligned with good practice in suicide prevention in Aboriginal communities. Such as the service being provided by an Aboriginal Community Controlled Health Service Organisation, responding quickly to new referrals and comprehensive engagement with clients.

Other examples of good practice include:

- co-location with the Social and Emotional Wellbeing Team,
- multiple service pathways,
- flexible entry and re-entry,
- inclusion of kinships,
- involvement of traditional healers in clients care,
- incorporation of postvention services,
- provision of psychosocial models of care
- help with clients' practical problems such as assistance with housing and vocation.

We note and applaud that the model occurred with the engagement of the Port Augusta community in its design.

As well as the Aboriginal Aftercare Service being well received in the community, it was recently recognised as a promising and emerging crisis suicide prevention program by the Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention.

However, community elders, service providers and staff did bring to our attention the importance of a sustainable funding model. We are very pleased to report that since this evaluation took place, this work has informed significant Federal Budget investment in implementation of Aboriginal Aftercare Service on a national scale.

The full evaluation report including findings and a diagrammatic representation of the Aboriginal Aftercare Pathway are available on our website.



## Key Findings

While full evaluation reports, including detailed recommendations by the evaluators, are available on our website, highlighted below are key outcomes and points for future consideration.

- Increased visibility of ways to know, understand and act proactively in suicide prevention in regional communities affirms the Trial as the largest scale 'in place' suicide prevention activity regional South Australia has seen. 774,181 individual touchpoints across multiple means were recorded and documented during the life of the Trial.
- A systems-based approach to suicide prevention is an opportunity to create conversations around suicide in the community. Given suicidal behaviour is a response to acute distress involving multiple factors in a person's life, the Trial created a community wide opportunity while simultaneously:
  - Strengthening capacity of both community and the clinical and frontline workforce to recognise, connect and respond to early signs of distress.
  - Increasing community competence and confidence to communicate more openly and connect with to anyone, even strangers about suicide related distress.
  - Supporting a shift in community attitudes towards more compassion towards people presenting in distress, including critical life stressors related to suicide, increased help-offering, reduced stigma and increased help-seeking.

### National



- Localised strategy and activity created an evidence base, informing future funding and policy direction at a national level, specifically the Aboriginal Aftercare Service Model.
- Large, sustained investment in suicide prevention strategy, activity and service delivery in regional South Australia is consistent with the National Suicide Prevention Advisor's Final Advice to government and highlights the benefits of localised initiatives.

### State



- Timely access to support after a death by suicide is now achievable with the development of South Australia's first cross jurisdictional state-wide postvention referral mechanism.
- Evidenced-based School Suicide Prevention training is effective in decreasing suicidal thoughts and increasing intentions to seek help.
- Aftercare service provision in Country SA is effective in reducing depressive symptoms over time and maintaining symptoms at low rates. While successfully interrupting pathway of suicide and increasing intentions to seek help if needed.
- The knowledge and Insights from those with a Lived experience of suicide are vital in the co-design and development of community suicide prevention strategy and activities.

### Local



- Community driven suicide prevention events such as those delivered by Local Suicide Prevention Networks have positive effects on populations in regional South Australia, resulting in positive changes in knowledge and attitudes about suicide in the short to medium term. Future focus can be orientated to supporting longer term sustainable impacts over time.
- The Suicide Prevention training programs provided positive changes in knowledge and attitudes about suicide with all key training objectives being met. Developed and expanded partnerships across all services and community settings can provide a foundation of choice for local communities to select evidence-based training that targets their specific training needs with the most appropriate type, duration and intensity that addresses the corresponding need.

## Points for Future Consideration



### Sustainability

While funding in 2021-22 will continue to support trial sites to continue essential activity, ongoing funding beyond June 30 2022 is not guaranteed, it is essential in sustaining and building on the momentum of rural and regional initiatives implemented by the Trial.

Emphasis on appropriate contingency and sustainability plans are essential while building on learnings from the Trial. Aftercare, a key success of the trial, was a strong feature of the 2021-22 Budget with ongoing funding commitments made for both universal suicide aftercare services as well as co-designed aftercare services for Aboriginal and Torres Strait Islander people.

Future activities surrounding integration, stakeholder engagement, oversight and partnerships will continue to be priorities within Regional Planning and ongoing State based collaborations and agreements. However, funding flexibility and volume surrounding community-based training and education will be harder to replace and sustain.



### Lasting Impacts

In the short to medium term, local communities will continue to benefit from the investment, resources and services which are part of ongoing funded Trial site activities, as highlighted by the evaluation findings.

An ongoing challenge for PHN's and the wider field of suicide prevention is to better understand how and if the desired impact of these activities – both individual and as part of an overall program – can be sustained over time. While building an evidence base for longer-term impacts of various suicide prevention approaches used in the region over time was not in the scope of this project finding a way to measure this is of regional, state and federal interest.



### Community Partnerships

Ongoing partnerships with local lived experience representatives and suicide prevention networks are seen as essential to ensure that regional, rural and remote community voices are heard, and their values and priorities continue to play a vital role in shaping local suicide prevention activities and services.

The importance of keeping the human experience of suicide at the heart of prevention activities was a strong theme throughout the trial regions. The crucial role people with lived experience of suicide play through informing governance structures, community advisory groups and taskforces can't be gauged or understated.



### Resource Intensive

Simultaneous implementation of multiple strategies across multiple regions is resource intensive, requiring significant system resources, time, funding research and analysis.

This modelling can be challenging from an operational perspective and the level of funding required cannot be replicated within PHN budgets to continue the myriad of activity delivered under the Trial.



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