

# Introduction

- Suicide is a major health and social issue in which evaluation of what works to prevent deaths and attempts is underdone.
- Evaluation of suicide prevention is fraught with complexity and challenge.
- Some particular approaches to evaluation may support better conduct and use of evaluation in suicide prevention.

# Suicide – a Leading Cause of Death

- Suicide is the leading cause of death for men under 44 years and women under 34 years of age.
- More than 2,000 Australians each year take their own lives; more than one in eight Australians have thought about taking their own life; 4% have made suicide plans and 3% have attempted suicide during their lifetime.
- Men are more likely to take their own lives than women: men account for around 75% of suicide deaths in Australia.
- Indigenous Australians, people in rural and remote areas, gay, lesbian bisexual and transgender people, and young people are also at greatest risk.

# Evaluation of Suicide Prevention

- The current knowledge of what works in suicide prevention is quite limited.
- A 2005 review by Mann et al of research and evaluation on suicide prevention published in the Journal of the American Medical Association found that there were:
- *“...only two prevention strategies where there was evidence of effectiveness: educating physicians to detect, diagnose and manage depression and restricting access to lethal methods of suicide.”*

# Senate Inquiry into Suicide

- *Associate Professor Jane Pirkis outlined research undertaken which reviewed the 156 projects funded under the original NSPS. While the organisations which received funding for these projects were contractually obligated to evaluate '...in practice the evaluations were methodologically too weak to contribute much to the evidence base regarding what works and what doesn't work in suicide prevention'.*
- *AISRP highlighted that only 60 per cent included an effectiveness evaluation component and none of those evaluated the impact of the interventions on the actual suicide rate.*

# Inquiry Finding

- *New research should focus on the efficacy of suicide prevention interventions and results should be widely available to practitioners and others. The Committee has recommended additional funding for research should be provided through the National Suicide Prevention Program, including the evaluation of suicide prevention interventions. A suicide prevention resource centre should be established to collect and disseminate research and best practice regarding suicide prevention.*

# Inquiry Recommendations

- In recommendations 35, 38 and 39, the Inquiry identified three levels at which evaluation of suicide prevention can occur:
  - Policy evaluation – how effective are the policy priorities in the National Suicide Prevention Strategy?
  - Program evaluation – what works and what doesn't in projects designed to impact on suicide prevention?
  - Intervention evaluation – what clinical and non-clinical interventions are efficacious?

# Government's Response

- The Government has committed to an evaluation framework under the National Suicide Prevention Strategy from July 2011.

# Why is evaluation so hard?

- “Every suicide is a different story; every suicide is unique.”

David Knesper, University of Michigan Depression Centre

# Factors Related to Suicide

- Biological – family risk, brain chemistry, gender, physiological problems
- Predisposing – psychiatric disorders, substance abuse, personality profile, severe illness
- Proximal – hopelessness, aloneness, impulsiveness
- Immediate Triggers – public humiliation, access to weapons or means of death, severe defeat, major loss.
- Socio-economic factors also apply, eg: greater suicide rate during economic downturn and race/ethnicity (Goldsmith et al 2002)

# The Key Challenge

- A major difficulty therefore in the evaluation of what works and what does not for suicide prevention is that the links between particular interventions and a reduction in lives lost are hard to establish clearly.

# Policy Evaluation

- Policy level evaluation is difficult in Australia because of the unreliability of suicide death statistics means it is hard to measure true change (pre and post numbers)

# Program and Service Evaluation

Several factors come into play:

- the link between program activity and saving lives is hard to establish – so many factors are involved in a person's suicidality and actions to take their life
- program and services may have clear objectives, but it is difficult to measure beyond outputs and immediate impact
- data gathering is complicated – suicidal persons are highly vulnerable and ethical considerations apply when collecting data and feedback for evaluation

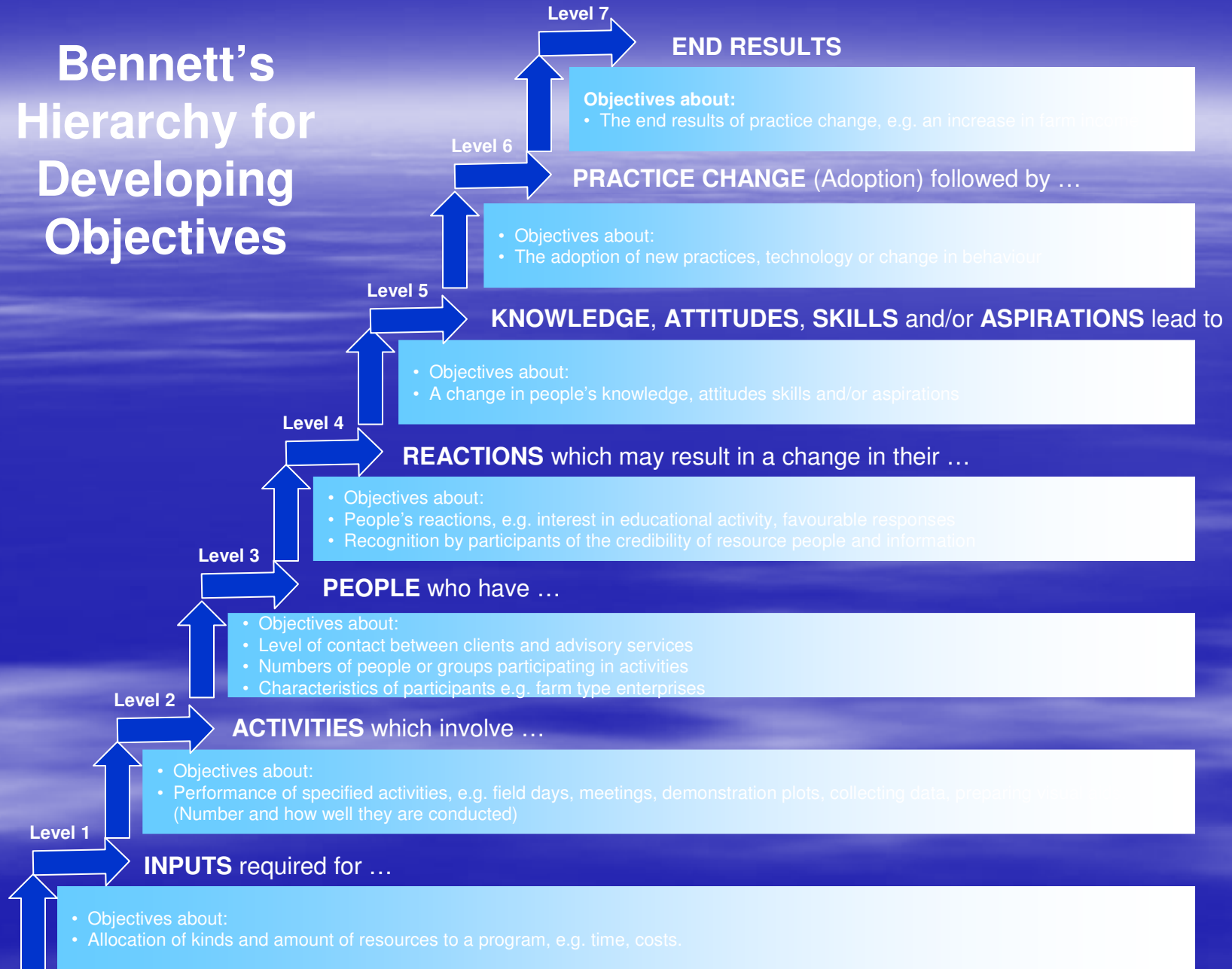
# Research Methods

- Suicide remains relatively rare so population health studies are hampered by trying to find sufficient numbers of suicidal persons and deaths to examine.
- Randomised Control Trials are not easily applied to suicide prevention activities – how can one select a ‘control’ group for universal initiatives, for example? For targeted groups, ethical issues surrounding the formation of ‘control’ groups apply.
- Suicidal persons may be difficult to engage in research – practical issues as well as ethical issues.

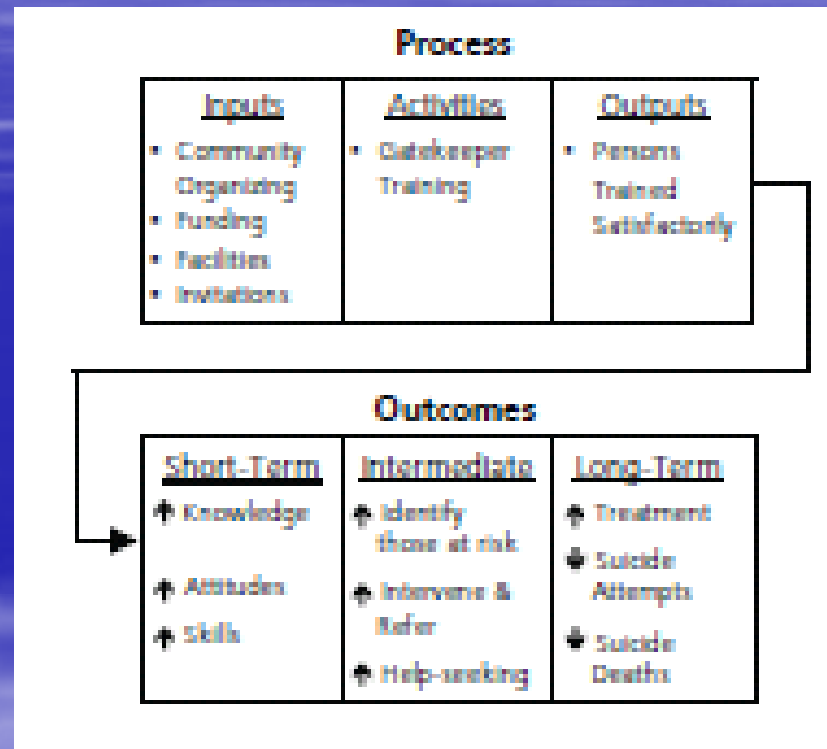
# What does evaluation theory and practice offer?

- How does program design and program evaluation methods assist?
- What do mixed methods offer for data and information collection on suicide prevention?
- How does utilisation of evaluation influence evaluation objectives and methods?

# Bennett's Hierarchy for Developing Objectives



# Gatekeeper Training



# Program Target Audience

- An evaluation of the ATAPS extension services for consumers at risk of suicide of ATAPS – through GPs – concentrated on the entry or target audience factor.
- *The Interim Evaluation Report for this program indicates the services have been positively received, are attracting increasing numbers of referrals and are providing services to a different group of consumers to those normally seen by ATAPS services, hence complementing the general ATAPS program.*

# Mixed Methods

- In 2009 a group of eminent commentators including Niner, Perkis, Dudley and others published in the Australian eJournal for the Advancement of Mental Health:
- *Many felt that evaluation efforts should employ mixed methods, should be multidisciplinary and should be relevant to the Australian context. They also argued that there was scope for increasing the utility of research findings by communicating them in a manner that would enable them to be utilised by policy-makers, planners and practitioners.*

# Qualitative Data

- Qualitative information has great relevance to the evaluation of suicide prevention programs as it captures the attributes of people engaged in programs – target audiences – and allows for greater data collection on the immediate impact of the intervention services.

# Example – Lifeline 13 11 14

- The Lifeline crisis line is based on an assumption of short term intervention during a personal crisis. A critical qualitative measure is whether or not the caller to the crisis line ‘felt heard’, that is assesses the contact as respectful, no-judgemental and focused on the personal issue. Theory tells us these facets are essential to gaining trust and therefore supporting help seeking behaviour at the time of the call and after the call.

# Address the Personal

“Services need to stop asking people ‘what is wrong with you’ and start asking ‘what has happened to you’.”

Mental health consumer advocate

# Most Significant Change



# Realistic Evaluation

- Social programs are an attempt to address an existing social problem – that is, to create some level of social change.
- Programs ‘work’ by enabling participants to make different choices.
- Making and sustaining different choices requires a change in participant’s reasoning and/or the resources they have available to them. This is known as a program ‘mechanism’.
- Programs ‘work’ in different ways for different people.
- The contexts in which programs operate make a difference to the outcomes they achieve.
- Context + Mechanism = Outcome.
- Good understandings about ‘what works for whom, in what contexts, and how’ are portable.

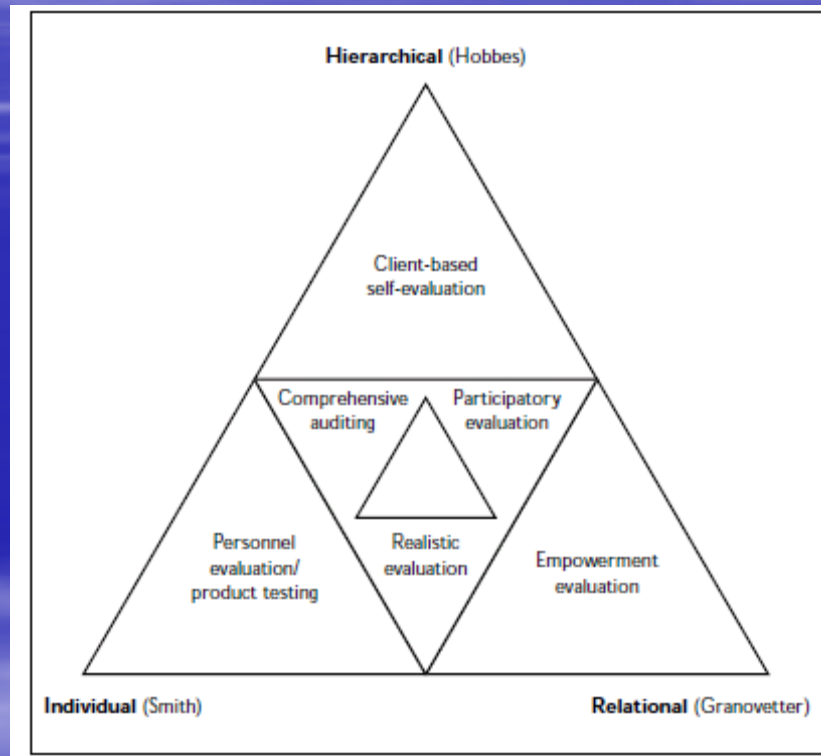
# Matching Evaluation to Use

- Patton's Utilisation Focused Evaluation raises the issue of for whom is evaluation undertaken and for what purpose.
  - instrumental purpose
  - knowledge generation
  - participative evaluation

# Social Development

- Picciaotto from The World Bank, identifies in the journal Evaluation in 2002 three approaches to describing social order, as a way of better understanding the links between development and mainstreaming:
  - Hierarchical – which is based on social order through authority and structure. Evaluation within these structures is favoured.
  - Individualistic – which is based on self interest and motivation. Evaluation through consumer or population preference is favoured.
  - Relational – social networks, informal connections create social reality. Evaluation through knowledge and influence assessments – more likely to be participative.

# Multi-faceted Outlook



# Concluding Remarks

- Mixed methods – bring in the qualitative data and examine who and how is being engaged in programs and intervention services
- View suicide prevention policy and programs as mechanisms to achieve social change
- Match evaluation to purpose – service performance monitoring and external evaluation has a place, but so does participative and formative evaluation to generate knowledge on what works and why.