

# Improving the quality of suicide prevention programs and services

Strengthening the evidence-base with evaluation and collaborative partnerships

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### Suicide in Australia

- In 2016, 2,866 people died by suicide
- Suicide is the leading cause of death for Australians aged between 15-44
- Suicide is preventable, yet it is one of the most significant public health challenges in Australia and overseas

(Australian Bureau of Statistics, 2016)

### Context

- Unprecedented funding in suicide prevention research
- In June 2017, Government dedicated \$12 million to suicide prevention research
- \$600,000 dedicated to developing The Suicide Prevention Hub: Best practice programs and services
- We need to learn what works and what doesn't
- Suicide prevention sector is relatively young and the evidence-base is growing







- Support service planning
- Improve coordination
- Build an evidence-base
- Drive quality improvement

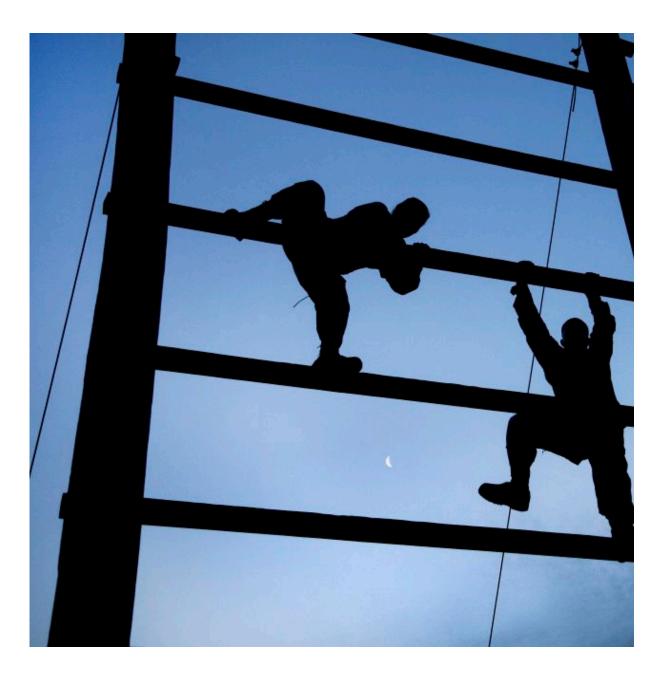






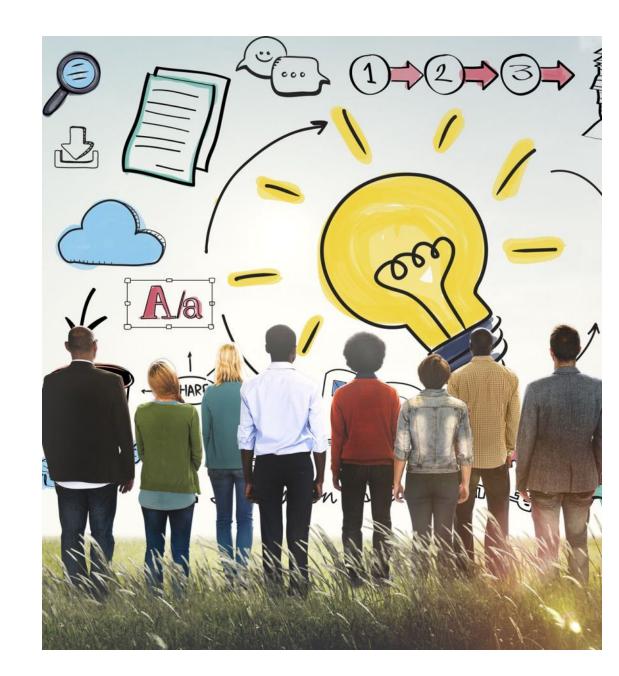
## The challenge

- Engaging the sector
- Developing a quality framework
- Implementation



### Stakeholder engagement

- Expert Advisory Group people with lived experience, researchers, academics, program and service providers, clinicians, commissioning organisations
- Pilot with sector stakeholders



### Even the shadowy places!



An online resource to support sharing and learning of evaluated suicide prevention initiatives.



### The Hub and its core functions



### The Hub's review framework

#### Partial evidence

Research/evaluation activity has only focussed on certain components/target groups/settings; and/or the body of evidence indicates inconsistency in terms of whether the program or service achieves its impact(s); and/or rating only based on one or two research/evaluation projects.

#### Process evaluation only

Only the implementation of the program or service has been researched/evaluated. Outcomes and impacts of the program or service have not yet been explored.

#### Recency

The most recent research/evaluation activity occurred more than two years ago.

#### Program adaptations and adjustments Significant program adjustments have occurred since evaluation activity was conducted; and/or the program/service not been specifically adapted for the Australian context; and/or the program/service has been adapted for the Australian context but the adapted version has not been researched/evaluated.

#### Specificity of the body of evidence

While there is evidence behind the program or service, the organisation itself has not been evaluated in terms of its delivery of the program or service.

#### Independence of

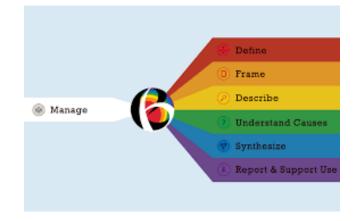
research/evaluation conducted

Research/evaluation activity was conducted by staff from the same organisation as that which delivers the program or service.

Safety protocols and/or monitoring of adverse events in place

Limited evidence provided that protocols/procedures (and/or governance arrangements) are in place to ensure the ethical and safe operation of the program or service.

Involvement of experts by experience (people with a lived experience of suicide) Experts by experience not involved in the design of the program/service itself, the design of safety and quality aspects, the delivery of the program/service or research/evaluation on the program/service.





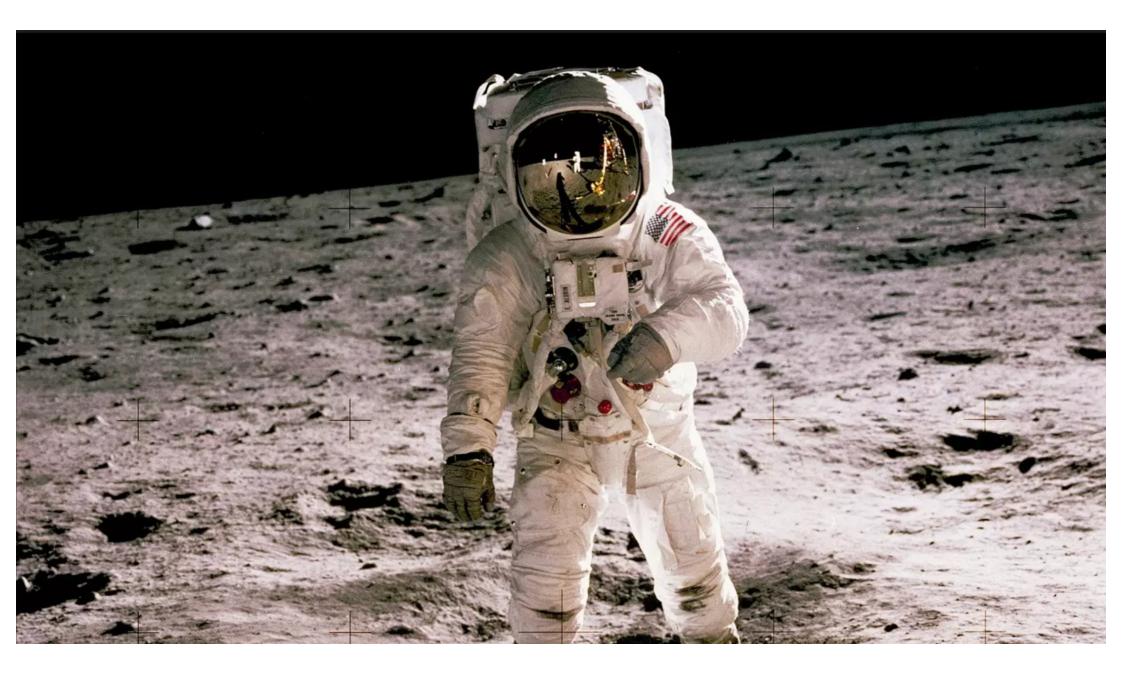
Australian Government

National Health and Medical Research Council



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### Find out more about The Hub

www.suicidepreventionhub.org.au

Get in touch!

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