

Learning together – Reflections on the evaluation of the Victorian place-based suicide prevention trial from the community, the policy maker and the evaluator



AES conference 2022



Acknowledgments

Acknowledge we're meeting on the traditional Country of the Kurna people, and we pay our respect to Elders past, present and emerging.

We acknowledge and pay our respects to the traditional owners across the 12 Victorian trial sites. The authors and the Sax Institute acknowledge the Gadigal people of the Eora Nation as the traditional owners of the land where we work and pay our respects to Elders past, present and emerging.

We acknowledge the contribution of people with lived experience of a mental health issue and caring (lived experience), and value and appreciate the contribution of this expertise throughout the evaluation.

We acknowledge and very much appreciate the many people who contributed their time to help with organising, collecting and/or processing the various data presented in this report, and the many people who shared their time and honest reflections to provide feedback about the place-based suicide prevention trials through our surveys and/or interviews. These people include the site coordinators, other PHN and DH staff working on the trials, the many and varied organisational partners and community members involved with the trials, as well as other people living and/or working in the trial communities.



Agenda



Setting the scene

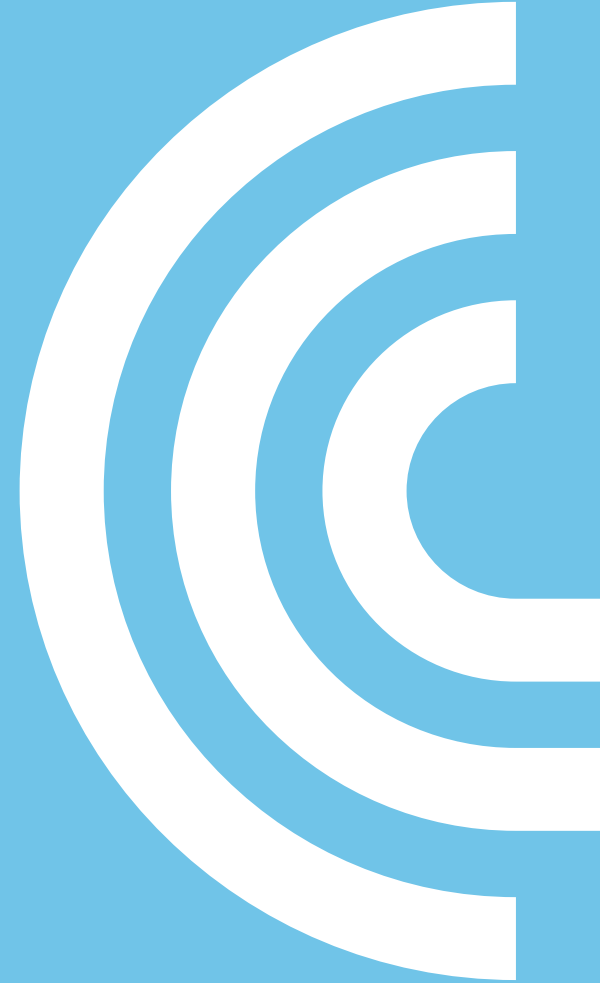
Reflections from the evaluation users

Panel discussion – embedding evaluation, iterative learning,
principles & opportunities for improvement

Questions



Setting the Scene

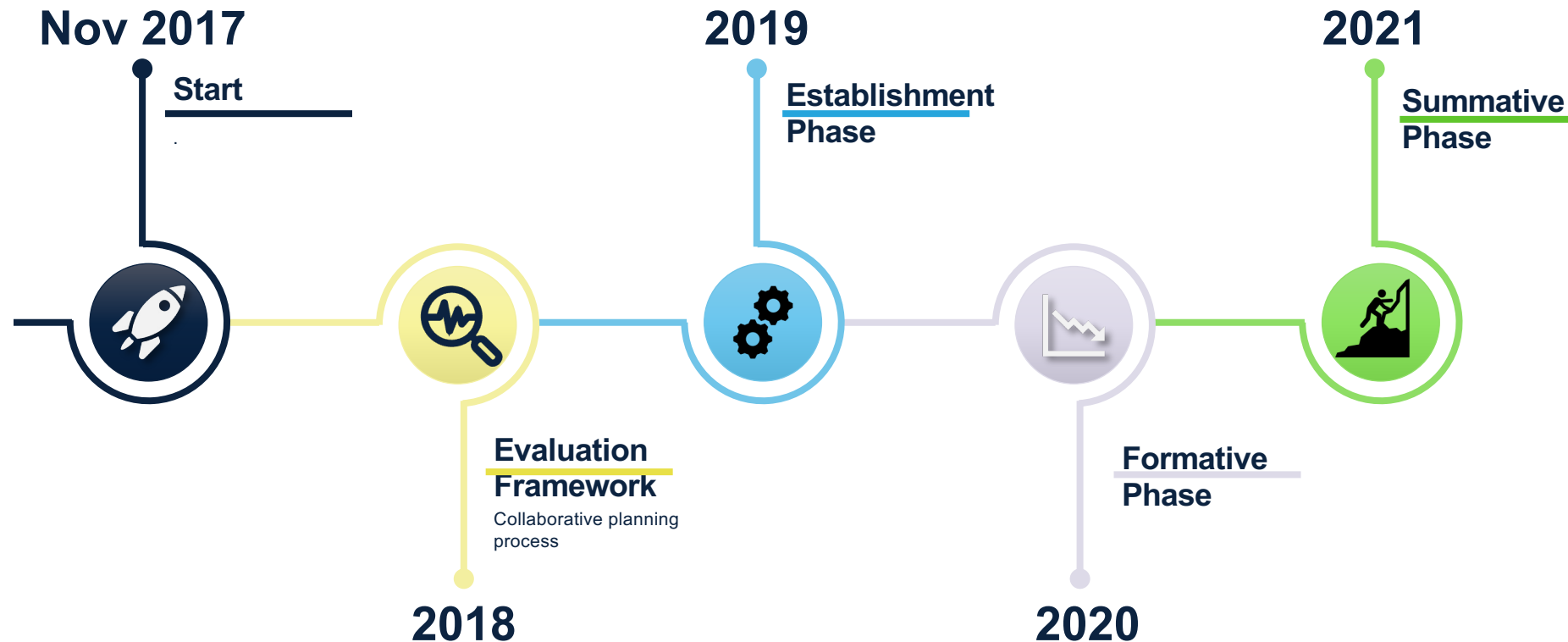


Key Features of the place-based suicide prevention trial

- **Systems-based approach** in 12 communities, all 6 Vic PHNs - metro & regional, 18 LGAs
 - Locally developed in collaboration with key stakeholders, incl lived experience voices
- Co-investment with Primary Health Networks
- Implementation late 2017 to June 2021
- Suicide prevention strategies informed by evidence (incl Lifespan model)
- Multi-level, complex, evolving/ adaptive design & implementation
- Adopted aspects of a collective impact approach



Multiphase evaluation approach



Monitoring data
(Qrtly)

Community & stakeholder
surveys – 3 time points

Interviews/groups discussions
– 3 time points

Mixed model
analyses

Multiphase evaluation approach

Establishment

Exploring the trials' **early development** re partner relationships, governance structures, overall operating model, and any early learnings

Formative

Understanding how the trials are **progressing** with improving local suicide prevention systems, and factors influencing progress

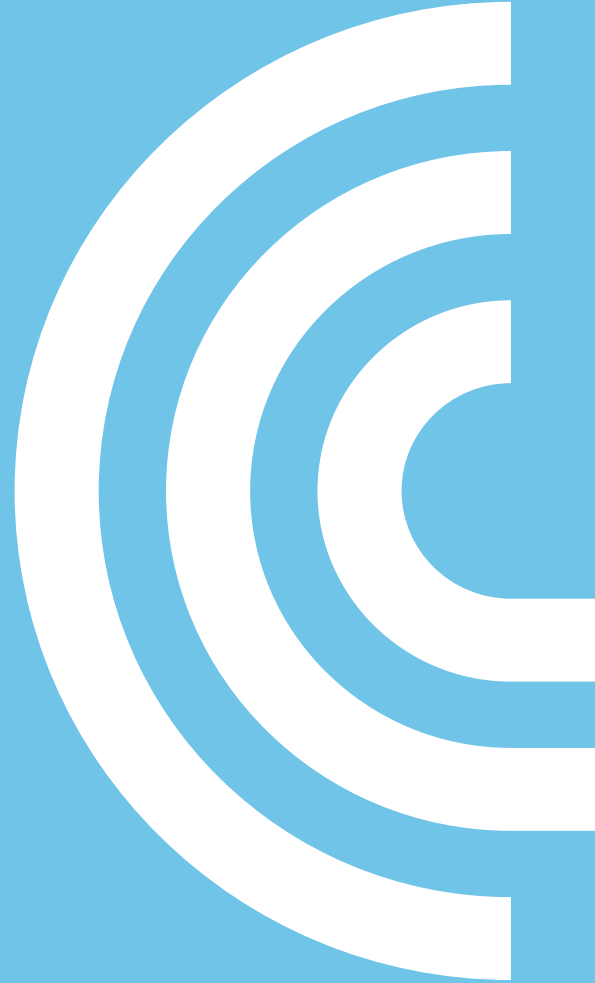
Summative

Evidence of improvements in the communities' **suicide prevention capacity and factors** are influencing progress and impact

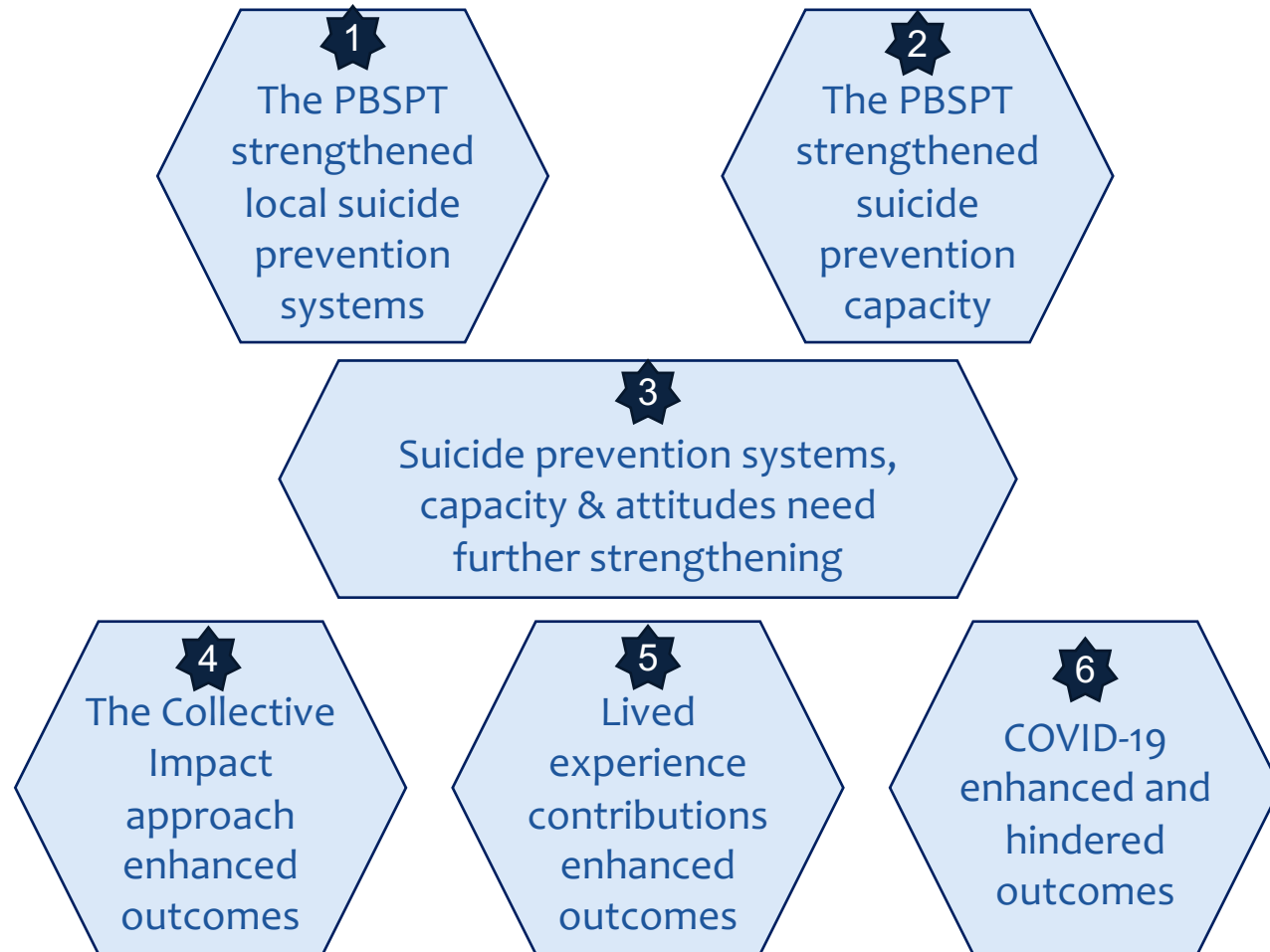
SYSTEM Outcomes

Locally-tailored
Partnership approach
Coordinated approach
Evidence-informed
approach
Effective & adaptive
governance
Inclusive governance

Highlights



Seven Key Finding Themes

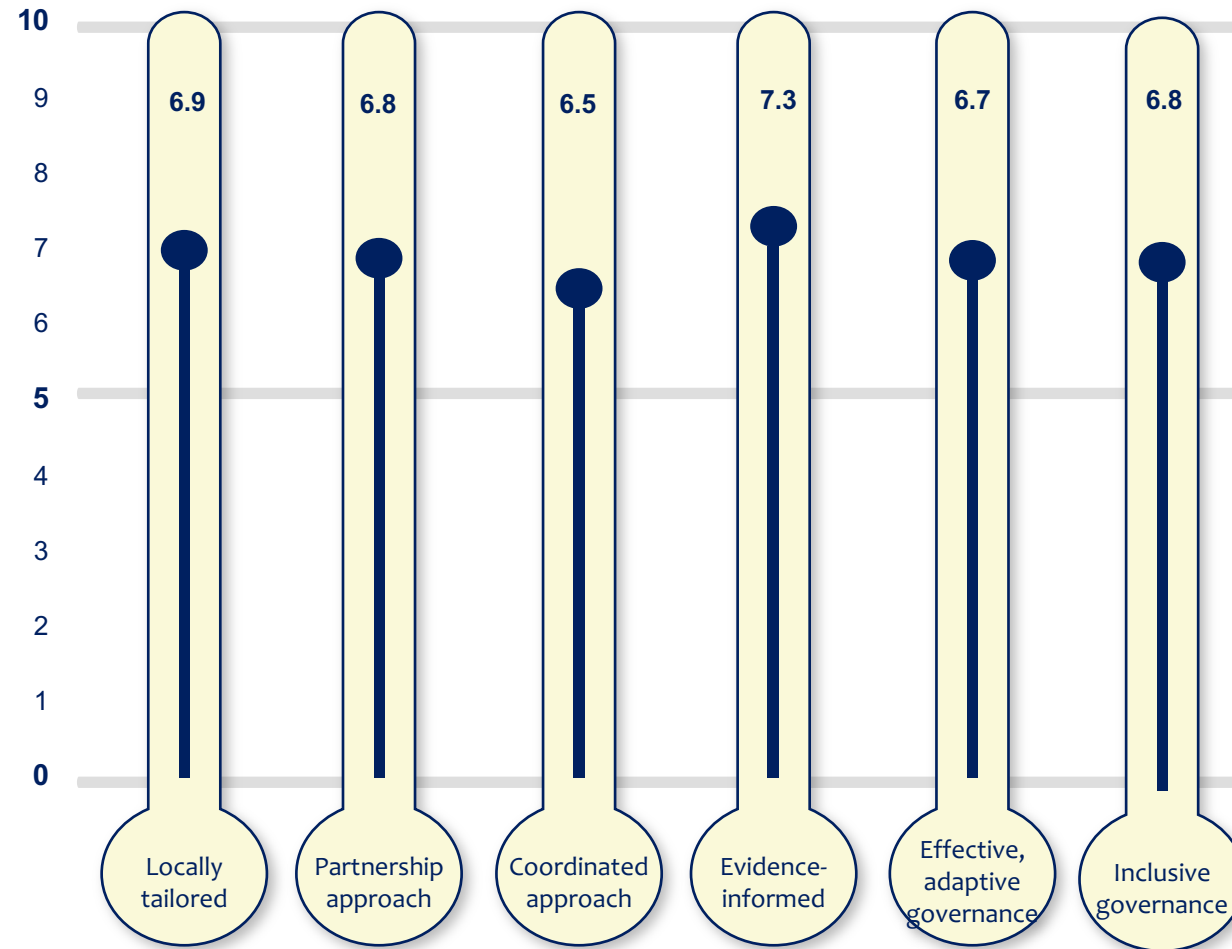


Thank you for prioritising suicide prevention in an accessible format for the community and including the voice of lived experience. This is important work and much appreciated. Keep up the great work!

Key Influencer

Strengthened local suicide prevention systems

- Significant increase on overall system ratings from Establishment phase
- Strongly significant improvement:
 - Inclusive governance
 - Evidence-informed approach
- Weakly significant improvement:
 - Local tailoring
- Considerable inter-site variation

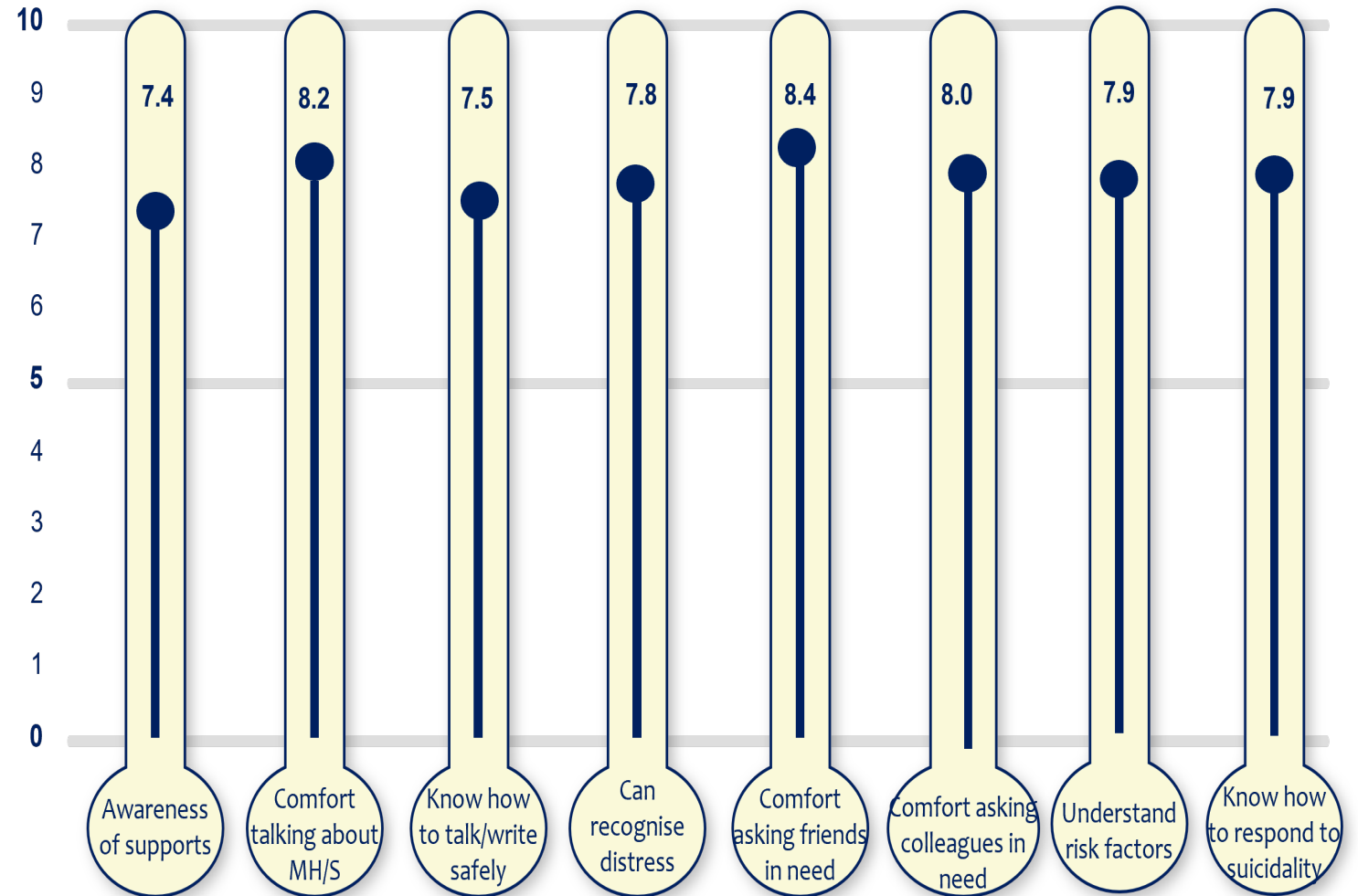


We have a deeper dive into the specific needs of communities and variation across communities, providing tailored responses to those needs, and using local partnerships to provide innovative responses.

Statewide stakeholder

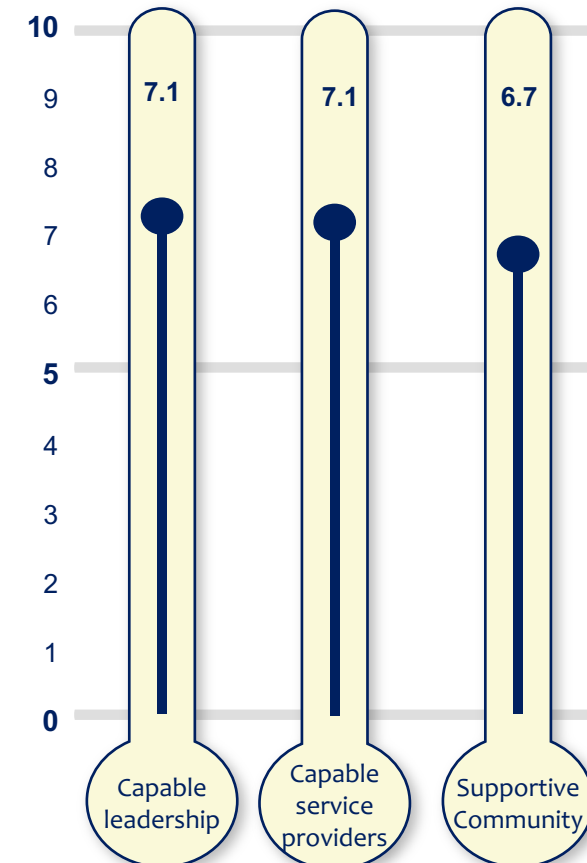
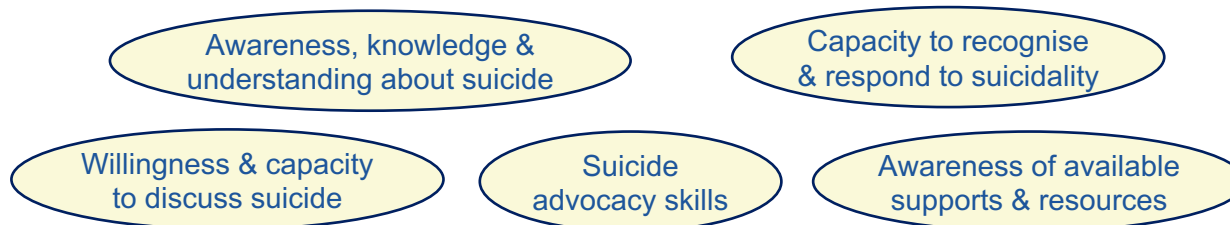
Improved individual suicide prevention capacity

- Strongly significant self-perceived improvements on all 8 indicators compared to a year earlier
 - Overall 1.4 point increase (out of 10)
- Most improved:
 - Awareness of support services & resources
 - Knowing steps to take if someone expresses suicidality
 - Comfort talking about MH & suicide
- PBSPT was primary contributor to recent improvements



Improved suicide prevention system capacity

- Significant 0.6 point increase (out of 10) on overall capacity ratings from Establishment phase
- Site teams retrospectively rated all indicators about 3/10 pre-PBSPT (proxy baseline)
- Strongly significant improvement:
 - Supportive community
 - Capable service providers
- Weakly significant improvement:
 - Capable local leadership
- Moderate inter-site variation
- Interviewees from all 12 sites nominated many ways the PBSPT had helped improve local SP capacity



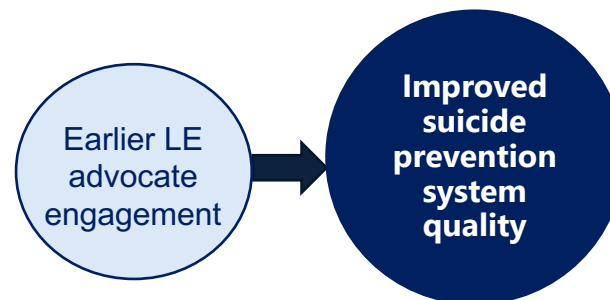
Source: Summative phase survey (N = 86 PBSPT partners)

Everyone is more informed – so there's more people know what to do ... it's a bit more empowered I think ... people have learned that there are things you can do in suicide prevention.

External KI

Importance of lived experience involvement

- LE contributions included:
 - Participating in governance or advisory groups
 - Co-designing & presenting suicide prevention activities
 - Co-developing local interventions
 - Advising about support frameworks
- Interviewees perceived LE contributions as key contributor to the PBSPT's impact on local suicide prevention systems, capacity and attitudes
- LE insights and expertise considered vital to the PBSPT's implementation in many sites, helping keep it “very authentic and in a compassionate space”



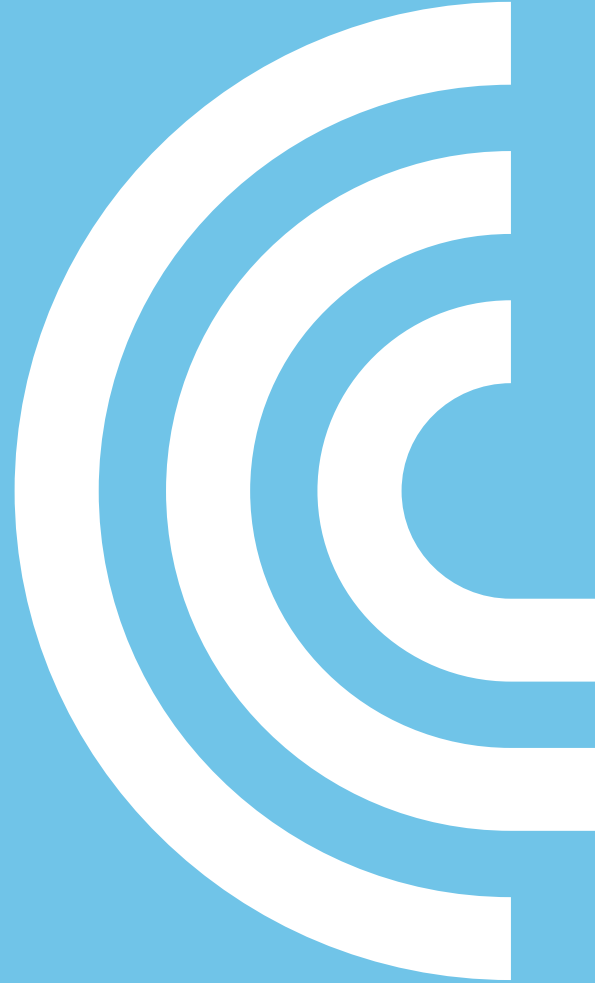
Aside from having the greatest insight, they also create de-stigmatisation ... they embody the reality of the impact of suicide and also normalise it and make it okay to talk about it.

External KI

The lived experience voice, and their subject matter expertise in various forums, at the end of the day, has been crucial to the development of the model, the region-wide approach that we now have.

PHN Executive

Recommendations

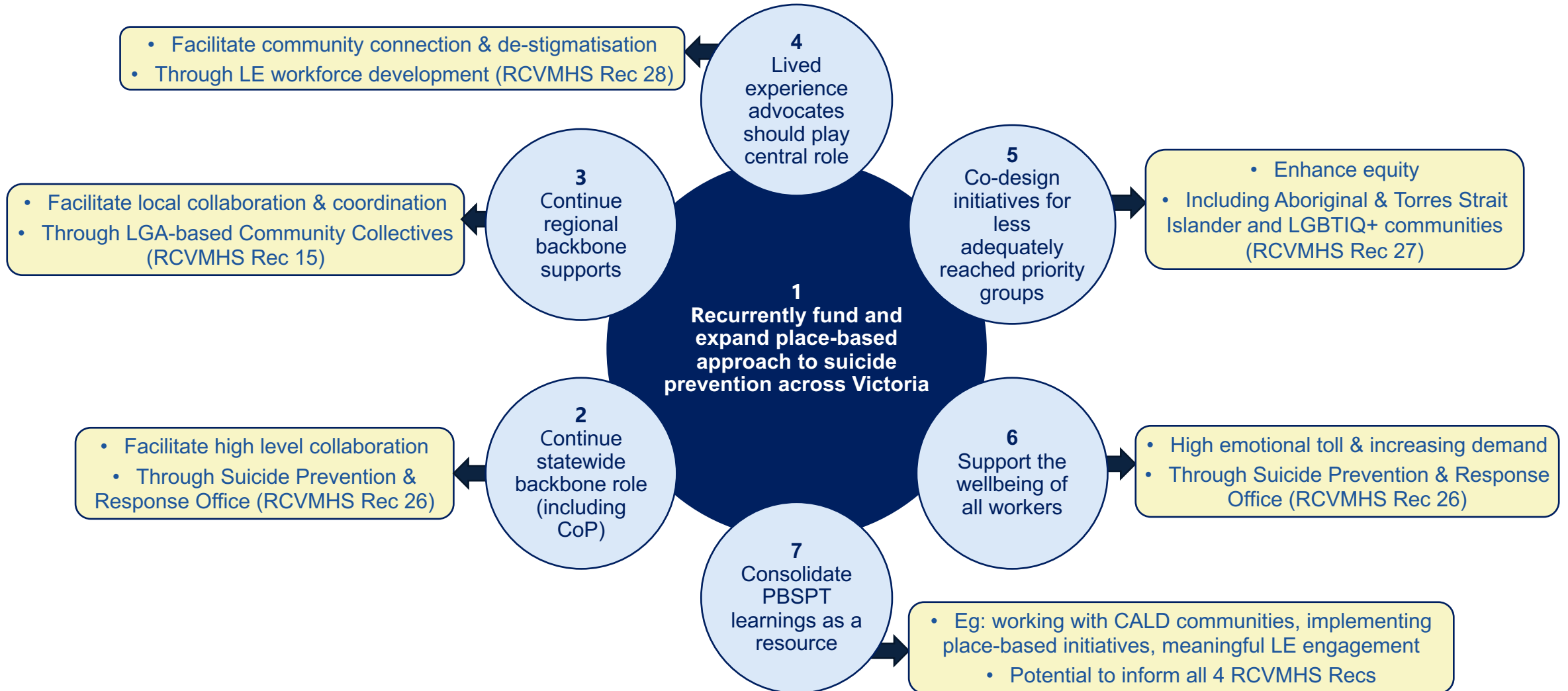


Primary Recommendation

1
**Recurrently fund
and expand
localised approach
to suicide
prevention across
Victoria**

- Opportunities for continued improvements in suicide prevention systems, capacity and attitudes
- Help deliver against RCVMHS recommendations:
 - 15:** Supporting good mental health and wellbeing in local communities
 - 26:** Governance arrangements for suicide prevention and response efforts
 - 27:** Facilitating suicide prevention and response
 - 28:** Developing system-wide roles for full and effective participation of people with lived experience of mental illness or psychological distress

Additional Recommendations



Reflections and discussion

Perspectives from...

Merryl Whyte

Coordinator Mildura Place-Based Trial, Murray PHN

Andrew Dare

Senior Policy Officer - Suicide Prevention Policy
Department of Health Victoria

Anne Redman

Director Evaluate



Embedding evaluation

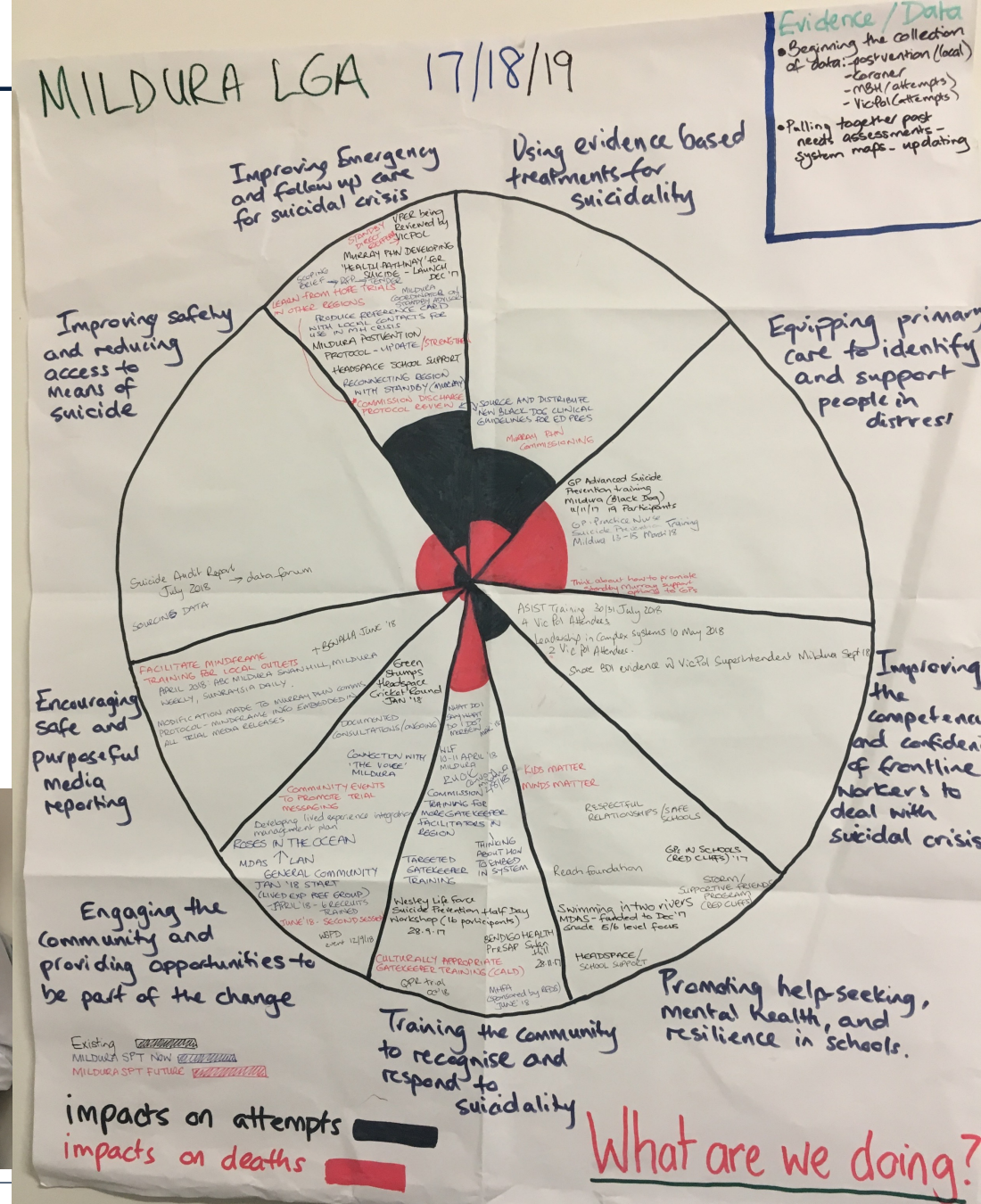
Q. What was the value of having evaluation embedded from the start?

Q. What were the challenges?

Embedding evaluation

Deciding where to focus efforts for the Mildura LGA suicide prevention trial:

- Impact evidence LifeSPAN
- Local data and needs assessment
- Representative governance which included ongoing reflective processes allowing adaptation



Embedding evaluation

Ongoing adaption of focus and efforts for the Mildura LGA suicide prevention trial:

- Trial specific evaluation and research activity
- Local data capture and monitoring
- Dedicated evaluation contact and access to expert advice

Localised evaluation helped us design, adapt and monitor trial work as we progressed.

Challenge: rapidly changing space



Embedding evaluation from the outset – development of shared measures helped build understanding and context

having evaluators involved in the early stages helped us to develop a ‘program logic’ – which was useful at the beginning of the state-wide trials. The trials took a systems approach to community suicide prevention which was complex, and initially felt like a “blank canvas”...

The Victorian government acted as the ‘backbone’ and understanding was built through the development of shared measures...

Challenge: aligning data and processes to meet various reporting requirements



Embedding evaluation from the outset - supporting program design and planning, ongoing improvement

- Role identifying what an **improved community-based suicide prevention system** would look like, & indicators
- Methods embedded early
- Challenge working in a “grey area” - comfort with uncertainty & adaptive
- Considerable time and collaboration needed
- Pragmatic, real-world evaluation
- “Critical friend”
- Allowed shared development of program logic and fostered a collaborative environment from the outset

Challenge: evaluation across places, organisations and state-wide



Iterative learning and adaption

Q. Were there aspects/approaches in the evaluation that helped you make decisions as you went along?

Q. Any suggestions for how this could have been improved / any challenges?



Iterative learning and adaption

State-wide

- Community of Practice (CoP) was an important component and incubator for improvements/reflection/change. Allowed two-way flow of information and provided a reflective and informative space – which allowed for regular review and adaptation.

Mildura trial

- State-wide evaluation and monitoring provided us with a ‘system level’ viewpoint (both state and LGA) and added a broader perspective to our local knowledge
- Trial specific dashboards helped us see where things were working, where we needed to place more focus...

CAPACITY BUILDING Activity Overview MILDURA

All CB activities
up to
March 2020

Red writing indicates the
calendar year & quarter
activities occurred (ie: 18Q3
indicates an activity happened
in the third quarter of 2018)

Border thickness
indicates the level of
PBSPT involvement with
implementing activities:
blank = No involvement
— Consulted only
— Advised/helped
— Led/partnered
— Commissioned

Activities **targeting**
professionals

Activities **targeting**
community members

Activities **targeting BOTH**
community members &
professionals



RESILIENCE PROMOTING Activity Overview MILDURA

All RP activities
up to
March 2020

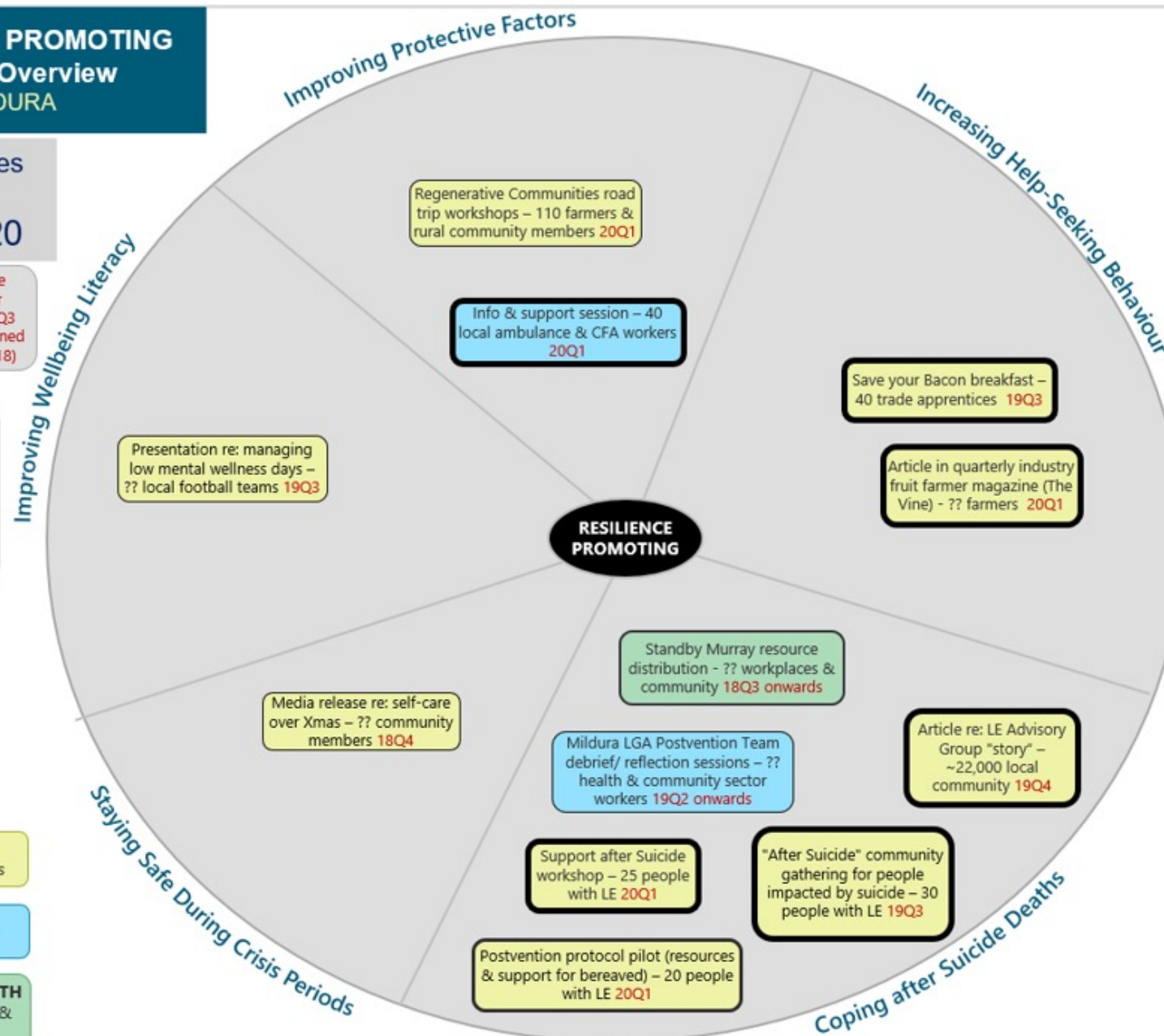
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Activities **targeting**
community members

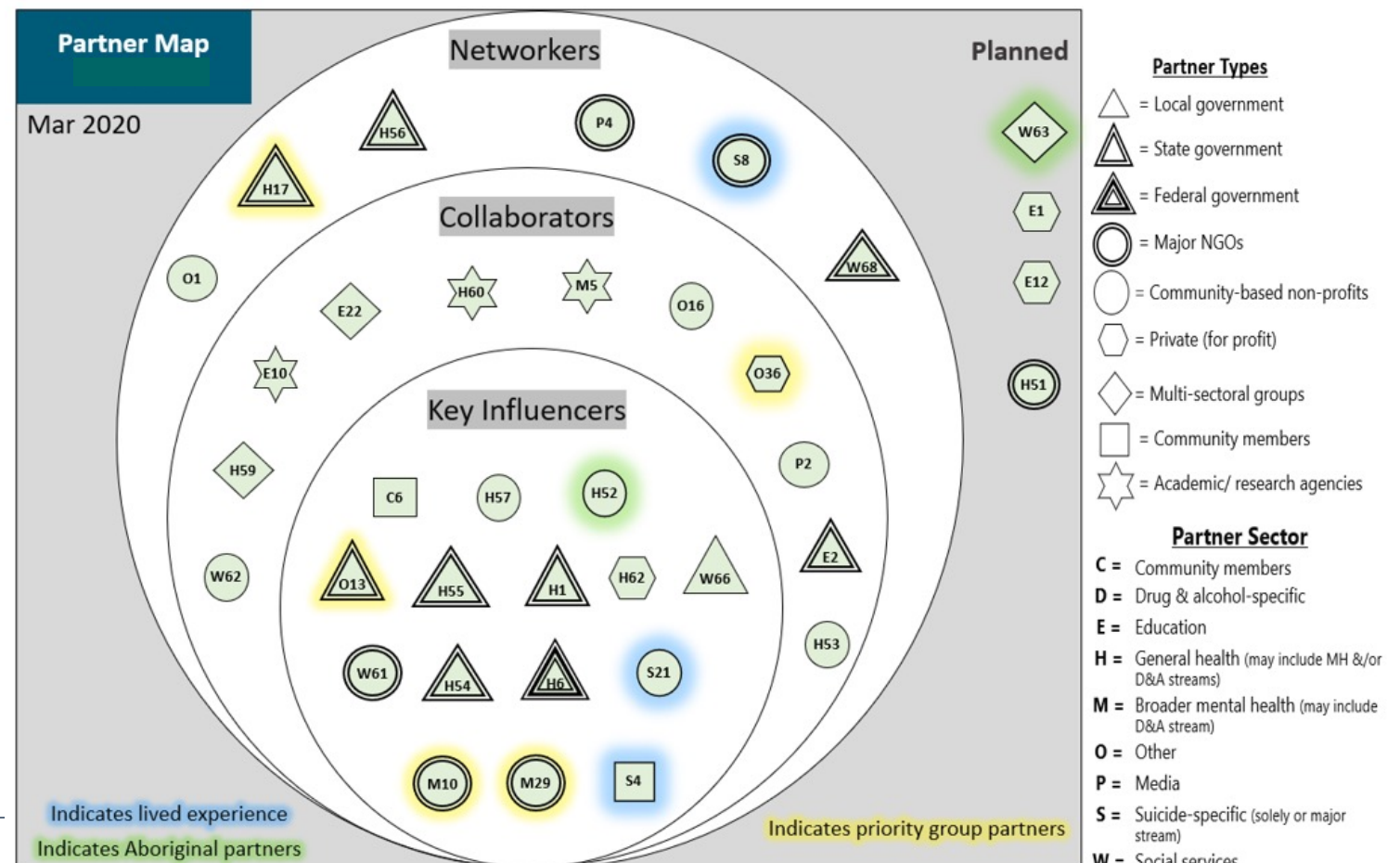
Activities **targeting**
professionals

Activities **targeting BOTH**
community members &
professionals



Supporting decision-making across the system

- Key consideration for design & reporting
- Iterative evaluation evidence at the community, regional and state-wide level
- Site dashboards, site evaluation reports, CoP, Steering Committee, local governance groups



Principles

Q. What principles are important for ensuring evaluation has value at the community, state-wide and (potentially) national level?

Principles

State-wide

- Need to ensure evaluation has a value for community, and that it aligns with existing processes and can be integrated in the place we're looking to influence.
- Integration of Lived Experience: Changes in environment over time – value of LE was relatively new at the start, now critical, e.g. Commission recommendations

Mildura trial

- Social betterment/public good and best use of scarce resources
- Find ways to meaningfully measure outcomes (not just outputs) of system approaches to community suicide prevention
- Findings which go beyond presenting/describing evidence and making conclusions and take the form of judgements and recommendations (i.e. values placed on conclusions via application of criteria or standards) – i.e. help us to make decisions
- Communicate and publish in public domain – so that findings inform other work

Opportunity for improvements

If you were doing this evaluation again, what would you keep, and what would you change?

