

The Hunter Way Back Support Service: Independent evaluation commissioned by Beyond Blue

Executive summary

- The Way Back Support Service ('The Way Back') provides non-clinical assertive after care and psychosocial support for people discharged from hospital following a suicide attempt. It complements, rather than replaces, clinical interventions.
- Over three years from April 2016 to April 2019, Beyond Blue commissioned an independent evaluation of The Way Back in the Hunter region. A partnership between the Calvary Mater Newcastle Hospital, Hunter Primary Care, Hunter New England Local Health District, the University of Newcastle and Everymind, conducted a mixed method (quantitative and qualitative) study of the Hunter service, focusing on people who had attempted suicide by deliberate self-poisoning, who had presented and been admitted to the Calvary Mater Newcastle Hospital.

The evaluation

- **Purpose of the evaluation:** The purpose of the Hunter evaluation was to continue to build the evidence for, and improve, The Way Back service model. Being only the second pilot of The Way Back in Australia – funded independently by Beyond Blue and Movember - we wanted to subject the model to research scrutiny at the earliest stage possible and at the highest scientific standards. This is so we could gain clear guidance on how to improve it and we have already used the findings to adjust the model in advance of the national expansion of the Service.
- **Why did we choose the Hunter?** Following the success of its pilot site in Darwin, Beyond Blue wanted to trial the service model in a metropolitan region with a high throughput of people. The Calvary Mater Newcastle is the main referral hospital for deliberate self-poisoning across the Greater Newcastle area and also receives referrals from across the Hunter Valley. Deliberate self-poisoning is the most common means of suicide attempt in the region (representing 80-90% of all hospital treated suicide attempts) and all cases of deliberate self-poisoning are admitted to a single clinical unit within the Calvary Mater Newcastle Hospital. This means that the admission data collected and tracked by Calvary Mater Newcastle Hospital are a reliable and unique indicator of self-poisoning rates over the last decade.
- **What did the evaluation comprise?** A number of evaluations were conducted to assess the trial:
 1. **a process and impact evaluation**, this evaluation used service and person level data to identify referral and uptake patterns, reach and engagement, types of service use, and individual outcomes for people who utilised The Way Back. For instance, peoples' levels of psychological distress were measured pre and post engagement with the Service using the Kessler Psychological Distress Scale ('K10'). People were also assessed for their level of 'unmet needs' and subsequent progress on personal action plans.
 2. **an effectiveness evaluation**, to investigate whether there was a reduction in hospital admissions for deliberate self-poisoning in the 12 months following an index admission, for the intervention group compared to two historical control groups.

3. a **qualitative evaluation** in which people who used the Service, service providers and key stakeholders were interviewed to gain a deeper understanding of their experiences of The Way Back and their perceptions of its strengths, limitations and areas for improvement.

Findings of the process and effectiveness evaluations

- The Hunter trial satisfied **two of the three objectives**:
 1. **To demonstrate the feasibility of scaling up The Way Back and integrating it within a complex clinical service system – this was satisfied.** The evaluators found it is possible to establish and sustain a ‘scaled up’ Service with high throughput of people and continued high performance. Integration into the clinical service system was feasible and provided capacity for the Service to be offered routinely to the intended target population.
 2. **Analyse levels of engagement and measures of service utilisation in order to understand the reach and fit of the Service– this was satisfied.** Results showed that for those who engaged with the Service (and for whom measurement data was available):
 - there was a statistically significant reduction in levels of psychological distress, based on average K10 scores reducing from 30 (‘severe’ range) to 22 (‘mild’ range). This reflected a clinically significant change from a ‘severe’ to ‘mild’ average level of distress (134 people).
 - there was a statistically significant reduction in the psychosocial risk factors associated with their suicide attempt – on average, people had fewer ‘unmet needs’ and less self-reported concern about those unmet needs – see Figures 1 and 2 below.
 - there was progress towards resolving unmet needs – 97 per cent of people (527 of 542) reported positive progress on their recovery action plan.
 - responses to a satisfaction survey (131 people) indicated high levels of satisfaction amongst those who had engaged with the service. Respondents indicated they were satisfied with the service (96 per cent), felt staff were supportive (99 per cent), felt encouraged to take steps towards recovery (99 per cent), believed the service was useful in their community (99 per cent) and that it ‘helped me connect to the supports I needed’ (64 per cent).

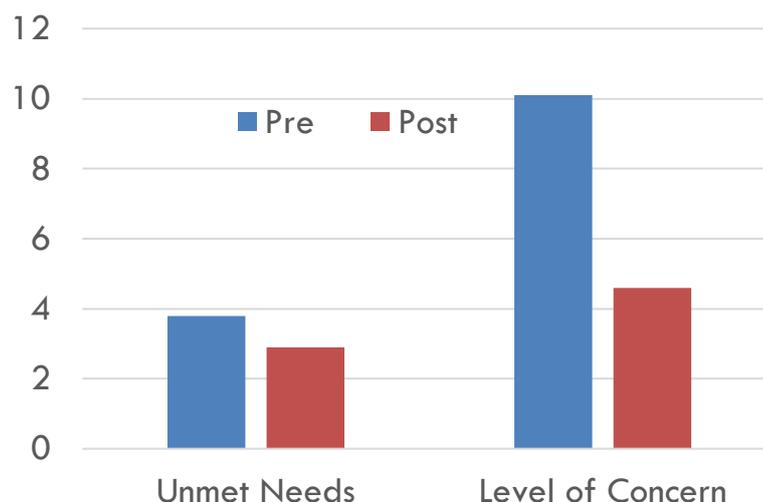


Figure 1. Number of unmet needs and level of concern about unmet needs at pre and post test.

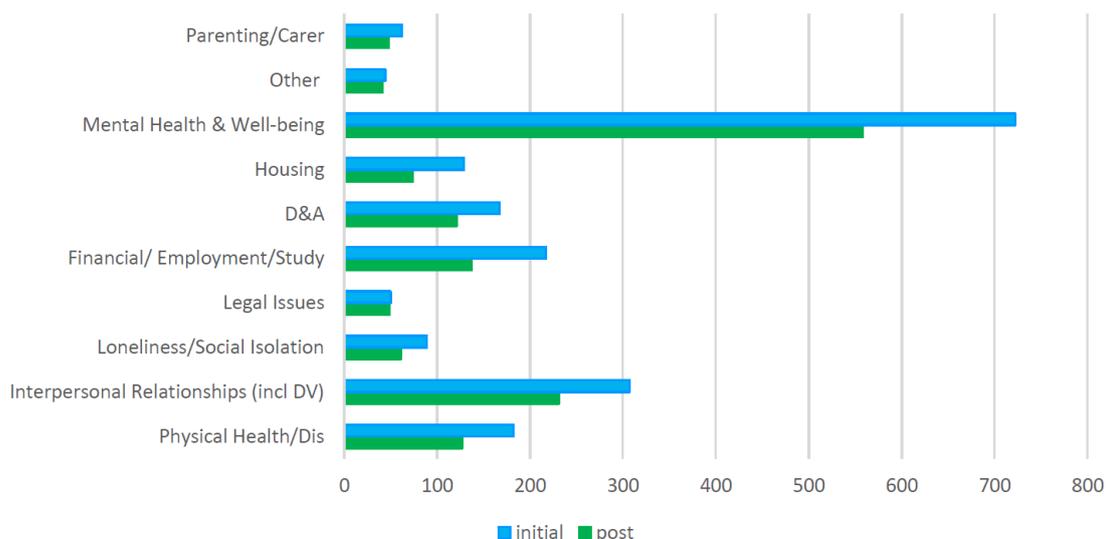


Figure 2. Types and number of unmet needs reported in the client group and post service involvement.

3. **Demonstrate the effectiveness of the Service in reducing in rates of hospital-treated deliberate self-poisoning readmissions in the 12 months following the index hospital admission – this was not satisfied.**

- There was no statistically significant difference in hospital readmissions for deliberate self-poisoning, or median length of stay in hospital, between those invited to access the Service (intervention group; 821 people) and those who had no engagement with the Service (historical controls; two groups of 739 and 710 people).
- Only around 58 per cent in the intervention group engaged with The Way Back (477 of 821). However, the study design required that every person who were referred to The Way Back was included in the analysis, regardless of whether they engaged with the Service.
- There was an indication of increased utilisation of psychiatric admissions by the intervention group.
- When analyses were restricted to just the intervention group, there was a pattern where those who had no or high engagement with the Service had more hospital admissions (for both deliberate self-poisoning readmissions and psychiatric admissions) than those with low or medium engagement.

- **Overall**, the evaluation studies established that The Way Back can produce clinically meaningful improvements in the wellbeing of those who engaged with the Service, is suitable for scale, and is effective in establishing an integrated hospital to community-based aftercare pathway. However, the results did not demonstrate that, between April 2016 and 2019 in the Hunter region, The Way Back as a single intervention was effective in reducing hospital readmissions for deliberate self-poisoning in the 12 months following the index admission.

Findings of the qualitative evaluation

- Semi-structured in-depth interviews and focus groups were conducted with The Way Back service users, service providers and stakeholders (complementary care support workers and frontline workers) who had engaged with The Way Back.
 1. Service users were 17 people who had engaged with the Service. Discussions focussed on people's perspectives of the strengths and limitations of the Service based on their personal experiences. On average, consumers had engaged with the Service for four months.

2. Service providers were 12 individuals including administrators, Support Coordinators, clinical advisors, and senior managers. This group highlighted their experiences in providing the Service, their perspectives of the strengths and limitation of the model, processes and service elements, as well as staff and wellbeing.
 3. Stakeholders were 10 individuals providing complementary care (e.g., social workers, psychologists) and frontline support workers providing clinical care (e.g., nurses, medical practitioners, toxicologist). These discussions focussed on their experiences of interacting with the Service, as well as the perceived strengths and limitations of the Service for consumers.
- Overall, The Way Back received very positive qualitative feedback from all participant groups.
 1. The main **strengths** were that it was effective and filled a gap in existing service provision, its non-clinical modality, and that it provides support when people need it most.
 2. **Challenges** included setting up and navigating hospital administration, engaging potential people in hospital who often missed appointments, challenges with staff health and wellbeing and general staffing limitations.

‘Very valuable and I think they help keep people alive, help keep them knowing that they’re not alone and that someone on a Wednesday or a Tuesday you’re going to call them and make sure they’re alright and they’re alive.’ - Consumer

‘I think people like the service, that’s what I hear, but I think it’s important because it helps the person (once they’ve been discharged from hospital) to navigate the light at the end of the tunnel that is their recovery. We help them understand the landscape, services, and how they might enhance their own wellbeing even if they don’t want to access any services.’ - Service provider

‘We’ve got a service that very quickly responds to people who have presented at possible risk of killing themselves. I just think that’s great. I think at times, our services aren’t good at following people up who are at risk. So, I think that’s its main strength, the speed of response... If there’s some risk, The Way Back Support Service workers have always said, “We can follow up people the next day.”’ - Stakeholder

Next steps

- The **recommendations of the evaluation provide clear and valuable directions for quality of care and continuous improvement**, including:
 - suggestions for model refinement, including effective integration with referring hospitals, strengthening clinical governance, and embedding greater flexibility to respond to the needs of the local population.
 - improving engagement and service uptake by addressing intervention coverage, including by consulting with people who declined the initial invitation for intervention and incorporating brief contacts interventions into the model.
 - undertake more research to gain a better understanding of whether the Service is effective in reducing suicide behaviours, including the presence and severity of suicidal ideation. A standardised measure has now been embedded into the model (Suicidal Ideation Attributes Scale).
- **The findings and recommendations from this evaluation will inform the methodology of the evaluation of the expansion of the Service.**

Other considerations

- **This evaluation was unique and specifically designed.** The findings should therefore be interpreted within the following context:
 - While readmission to hospital within 12 months is an important clinical outcome that allows for comparison with international studies, it may not reflect other symptomatic, quality of life and functional outcomes considered to be important to people the Service is trying to reach.
 - These are the results of **a single site** and, while it was chosen because of its characteristics and access to historical data, it is difficult to generalise the findings to other locations and demographics. The next phase of evaluation will cover multiple sites as the implementation unfolds.
 - As the Department of Health notes in its '*Development and Implementation of an Evaluation Framework for Suicide Prevention Activities*^[1]' report, there are significant challenges in evaluating suicide prevention programs.
 - The Hunter evaluation was scientifically rigorous and applied a **strict methodology** to measure outcomes.
 - The result does not indicate whether the Service reduced **suicidal ideation**, the precursor to suicidal behaviour. The evaluation of the rollout will include measures that will enable detection of more nuanced effects, including a standardised measure of suicidal ideation.
 - While further research is required, there may have been an effect of **the safety planning component** of the Service intervention, which usually encourages people to present at hospital for assistance when suicidal and after other avenues of support have been exhausted.
 - The evaluators suggest the **characteristics of people who engaged with the Service**, and their self-selection in their level of exposure, may be most relevant to understanding the outcomes. It appears that some people with the highest needs for clinical and support services accepted the referral to The Way Back and maintained engagement for the entire period and others (also with high needs) did not engage with the Service. A better understanding of cohort characteristics will be explored through the evaluation of the national rollout to better understand who the Way Back works for and in what contexts.
 - **Recruiting a broad range of people to provide feedback on their experience is challenging.** Like many qualitative studies, the data can have a positive bias, because the people willing to share their experience of the service have often had specific (positive or negative) experiences which they wish to share.

People's experience with the Service

'...there were certainly a lot of people that I worked with that in the end said... "This program saved my life and this program was really helpful; I initially didn't want to do it, but then I really benefited from it." So I guess my understanding of how effective the program was is based on what people were telling me.' – Service provider interviewed for the qualitative evaluation

"Very valuable and I think they help keep people alive, help keep them knowing that they're not alone and that someone on a Wednesday or a Tuesday you're going to call them and make sure they're alright and they're alive." – Consumer interviewed for the qualitative evaluation

[1] Australian Government Department of Health and Ageing *The Evaluation of Suicide Prevention Activities* (<https://www1.health.gov.au/internet/publications/publishing.nsf/Content/suicide-prevention-activities-evaluation>)

“We've got a service that very quickly responds to people who have presented at possible risk of killing themselves. I just think that's great. I think at times, our services aren't good at following people up who are at risk. So I think that's its main strength, the speed of response... If there's some risk, The Way Back Support Service workers have always said, 'We can follow up people the next day.'” – Stakeholder interviewed for the qualitative evaluation

Click here for Fiona's experience

Click here for the ABC's report on The Way Back