



# Beyond Blue Summary of The Way Back Support Service National Evaluation

Beyond Blue acknowledges those who are living with and managing suicidal distress, those who have attempted suicide, those supporting people managing suicidality, and people bereaved by suicide. Behind every data point in this evaluation is a unique individual, their friends and their family. We thank everyone who has generously shared their time, experience, and knowledge in this evaluation process. Evaluations facilitate learning and development of aftercare models to ensure the best possible support for those recovering after a suicidal crisis.

## Background

### What is the Way Back Support Service (The Way Back)?

- People admitted to a hospital emergency department or community mental health service after a suicide attempt or crisis are often discharged into the same life circumstances that contributed to that crisis. Proactive aftercare aims to change that.
- Proactive aftercare means a person recovering after a suicide attempt or crisis receives support as they recover. It complements clinical supports and represents a substantial effort to address some of the key unmet needs and gaps in Australia's suicide prevention system.
- Beginning in 2014, Beyond Blue developed and piloted an aftercare service called The Way Back, using philanthropic contributions. We led the national expansion of this service over four years from 2018.
- The expansion has been a joint endeavour funded by the Commonwealth (\$37.6 million), matched State and Territory government funding, a \$5 million contribution from Beyond Blue, and a \$2.06 million philanthropic grant from the Paul Ramsay Foundation. A further \$7 million was provided by the Commonwealth and Victorian governments for the expansion in Victoria through the Victorian Government's Hospital Outreach Post-suicide Engagement (HOPE) program.
- Beyond Blue established 38 service sites in 40 locations in 23 Primary Health Network (PHN) regions across Australia including the blended models of The Way Back and HOPE model in Victoria.

### Transition to Universal Aftercare

- The Way Back is one of several evidence-informed aftercare services currently available in Australia.
- In 2021, the Australian Government committed to universal aftercare. Through the National Mental Health and Suicide Prevention Agreement, most States and Territories have committed to universal aftercare, where every Australian discharged from hospital following a suicide attempt will receive follow-up care in the immediate months.
- Having developed a foundational model, Beyond Blue now intends to exit from the suicide aftercare space, consistent with its work as a service incubator. Beyond Blue will exit from its support to The Way Back on 30 June 2023 by supporting the safe and effective transition of these sites to the Commonwealth, State and Territory governments and PHNs.
- As we exit from The Way Back, we will use our learnings in the delivery of The Way Back and from the evaluation findings to help shape the development of a universal aftercare system.

## The Evaluation

- Nous Group (Nous) was selected through a competitive procurement process to independently evaluate The Way Back national expansion from June 2020 to November 2022.
- This document summarises findings and recommendations of Nous' report (December 2022) which is available online [here](#)
- This report offers insights to Commonwealth, State and Territory governments as they further tailor and develop the foundational aftercare model offered by The Way Back. We hope governments consider these insights into what good aftercare looks like and use them to inform the design of future aftercare services.

### Approach

The evaluation was a process and outcomes evaluation of The Way Back from 2020-2022.

- The evaluation draws from multiple data sources, including:
  - consultations with people who participated in The Way Back, service providers, PHNs, Beyond Blue, and referring health services at eight service sites;
  - surveys of participants and providers and quarterly reports at 27 service sites; and
  - limited available data from the Primary Mental Health Care Minimum Data Set (PMHC MDS) and The Way Back Extension data set for 27 service sites.

Bellberry Human Research Ethics Committee has approved and has ethical oversight of the evaluation. The evaluation has also gained ethical approval from the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS).

### Evaluation Design

- The evaluation had a formative focus, recognising the service was still 'in development' and that, for most sites, it was the first time they had delivered this type of service.
- The objectives of the evaluation were to assist Beyond Blue and providers in being accountable for implementation quality, to understand emerging outcomes for participants, and to influence future policy design for aftercare services.
- The evaluation sought to understand 'what works for whom and why' – recognising that different elements of the service are important for people in their recovery.
- The evaluation did not have an experimental design, and so it does not claim that The Way Back is the only factor contributing to outcomes for people accessing the service.

### Evaluation limitations

There were limitations to the variability and completeness of quantitative data, as well as some challenges recruiting service participants for interviews. For example, the Primary Mental Health Care Minimum Data Set (PMHC MDS) is the main quantitative data set for The Way Back. However it was under-representative of true service use. All sites had data recorded in the PMHC MDS, yet three of the 27 sites that commenced operations from June 2021 recorded limited episodes (less than 100 episodes).

There were also discrepancies between the PMHC MDS and quarterly report data. The PMHC MDS indicated that over half of participants nationally had a safety plan (57 per cent) however quarterly report data indicated this may be closer to 84 per cent on average. Based on interviews with providers, this was largely due to challenges with uploading to the PMHC, including sites using different data systems to capture client data and varying levels of integration between these systems and the PMHC MDS.

We also acknowledge that evaluation participants may be more inclined to have a more positive view of the service than those who chose not to participate. Other factors for consideration include:

- Often, people who have experienced a suicide attempt or suicidal crisis and then moved forward with their lives may not wish to participate in an evaluation that reminds them of that experience.
- Those who do choose to participate may be few and often hold strong views.
- There was limited number of Aboriginal and Torres Strait Islander people who participated in evaluation interviews, so the evaluation could not comment extensively on the experience of Aboriginal and Torres Strait Islander people accessing The Way Back.

## Beyond Blue's response to the evaluation report

Beyond Blue welcomes recommendations from the final evaluation of The Way Back Support Service and offers them – alongside The Way Back's foundational aftercare service model – to governments, service providers and people all around Australia.

- Beyond Blue welcomes the 18 recommendations identified in the final report.
- The 18 recommendations fall under the categories of Service Intake, Service Delivery, Governance & Funding, Workforce, and Monitoring and Continuous Improvement, as well as points aimed at smoothing Beyond Blue's handover of its existing role with The Way Back to the Australian Department of Health and Aged Care, and States and Territories. These recommendations provide useful insights for aiding the transition and improvement of future aftercare services.
- Also identified was a need for improved data capture within The Way Back – a crucial point for future services.
- **We are encouraged that The Way Back's objectives are being realised** – to improve access to high- quality aftercare, support recovery and increase the capacity of a skilled aftercare workforce.

**We are confident that The Way Back is contributing to significant improvements in outcomes for people.**

- The evaluation showed significant reductions in psychological distress and suicidal ideation scores, as well as increased emotional wellbeing for people in the service. On average, **measures of suicidality decreased 63 per cent, psychological distress decreased 30 per cent and wellbeing improved 86% among participants**. This is based on a comparison of client data collected before and after people's participation in The Way Back, using valid clinical scales.
- While the comparison of before and after scores included about 1 in 5 client episodes (19 per cent of all episodes), the characteristics of participants who completed outcome measures are broadly representative of all people who participated in the service.
- People who identified as Aboriginal or Torres Strait Islander experienced greater improvements than people who did not, based on the clinical scales used in the service. There was, however, limited information about the experience of Aboriginal and Torres Strait Islander people while in the service.
- Improvements in people's outcomes were found across all sites, which is an encouraging sign that The Way Back service model is delivering desired outcomes for early recovery.
- This evaluation contributes to the evidence-base and understanding of how aftercare can support people in their recovery after a suicide attempt or crisis.
- The evaluation found that trust and rapport with Support Coordinators is critical to driving people's early recovery through engagement with The Way Back.
- Participants also identified the lack of a waitlist, feeling 'seen and heard', and being empowered to identify their own strengths as a welcome change from previous experiences with clinical mental health services. This is an example of how this evaluation is increasing understanding of the elements of successful aftercare and what early recovery looks like.

**Complex governance and funding arrangements complicate effective performance monitoring.**

- The evaluation found that complex governance arrangements and multiple lines of funding caused confusion regarding accountability and authority. This has meant that responsibilities for performance monitoring and management have at times been unclear. The evaluation has recommended that PHNs are responsible for accountability and authority of service performance, including monitoring of KPIs and performance management.

**We acknowledge this evaluation provides evidence of short-term outcomes and does not consider long term outcomes, such as suicide reattempts.**

- The evaluation heard from people who had accessed the service 1-4 months prior, which helps us understand early recovery for people accessing aftercare services. The evaluation was unable to comment on the experiences and longer-term recovery for people after this time.
- The Way Back model will be subsumed into the universal aftercare measure being designed and implemented by the Commonwealth and State and Territory governments. The evaluation has critical learnings and implications for the design and implementation of this initiative.
- We believe a long-term outcome evaluation of aftercare in Australia is essential so that governments, the community, and the suicide prevention sector know if investments in aftercare have had an impact.

## **Next steps**

- The Commonwealth Department of Health and Beyond Blue will continue to share what was learnt through this evaluation, as well as from service delivery of The Way Back, to strengthen the evidence-base about suicide prevention and aftercare.
- The Commonwealth Government is designing the universal aftercare measure, announced in the 2021- 2022 Budget, with State and Territory governments. This evaluation presents valuable insights on governance, funding and accountability arrangements that can help in the design of the universal aftercare measure.
- We hope governments consider these insights into what good aftercare looks like and use them to inform the design of future aftercare services.