National evaluation of The Way Back Support Service: Summary of Final Evaluation Report

Beyond Blue

3 February 2023

nous

Nous Group respectfully acknowledges Aboriginal and Torres Strait Islander peoples as the First Australians and the traditional custodians of the land.

We pay respect to Elders past, present and future in maintaining the culture, country and their spiritual connection to the land.

This artwork was developed by Marcus Lee Design to reflect Nous Group's Reconciliation Action Plan and our aspirations for respectful and productive engagement with Aboriginal and Torres Strait Islander peoples and communities.

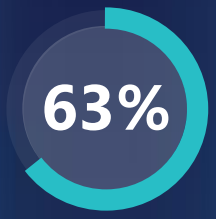
Acknowledgement of people with lived experience of mental illness:

We acknowledge those people with a lived experience of mental health issues, their families, friends and supporters who provided input into this report through direct consultation or other methods.

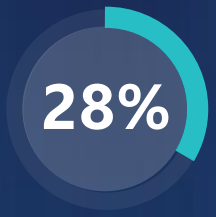
Contents

KEY TAKEAWAYS

The Way Back improves outcomes for people who have had a suicidal crisis or attempted suicide.



63% REDUCTION in suicidal ideation



28% REDUCTION in psychological distress

86% IMPROVEMENT in wellbeing

1 What is being delivered, where, how, and why?

Between July 2018 and September 2022, The Way Back was established across 38 sites, 27 of which were in-scope for this evaluation.

8,734 participants were reached across the in-scope sites.

79% of referrals to The Way Back **were taken up.**

2 How well is it being delivered?

Most participants **94%** ☺☺☺☺☺☺☺☺☺☹ **who participated in the evaluation were satisfied with the service.** There is an opportunity to explore how the needs of priority cohorts can be better met (i.e. Aboriginal and Torres Strait Islander people, and people who identify as LGBTIQA+).

3 What is changing, for whom?

Characteristics of participants in The Way Back included:

- **58%** identified as **female**
- **32%** lived in a **regional or remote area**
- **25%** were **unemployed**
- **20%** were **not in the labour force**
- **9%** had a diagnosis of **personality disorder**

4 Why and how does change occur?

The **therapeutic alliance** (i.e. the trust and connection) between the support coordinator and the participant was a **major contributor to participants' engagement with The Way Back and their subsequent recovery.**

5 What can be done to improve The Way Back and similar services?

The evaluation identified 18 recommendations across 6 dimensions:

- ▷ Service intake
- ▷ Service delivery
- ▷ Governance & funding
- ▷ Workforce
- ▷ Monitoring and continuous improvement
- ▷ Handover of The Way Back

> No red tape - I didn't have to prove myself, didn't need a VISA. With this service, I could just have it.
>
> My coordinator made me feel like taking the easy way out wasn't so easy. She talked to me on a level that I couldn't even talk to my family about.
>
> I wouldn't be here today talking to you if I didn't have the support from The Way Back.
>
> I trusted [the support coordinator]. I let her know everything that was happening in my life, whether that is good or bad.

PARTICIPANTS OF THE WAY BACK

KEY LEARNINGS REGARDING THE EFFECTIVENESS OF THE WAY BACK

- ▷ Aftercare as a non-clinical service has a significant impact on people's recovery.
- ▷ Participants' **situational crises** that led to their experiences of suicidality (for example, housing and employment) **need to be addressed** before they can effectively engage in recovery.
- ▷ Effective mental health models of care are **participant led**, and flexibly respond to individual needs.
- ▷ Strong partnerships supported by **formal arrangements** between providers delivering aftercare and referring partners are critical to a timely and seamless referral.
- ▷ A universal aftercare model should not attempt to replace or duplicate good examples of **aftercare models that respond to (local) Aboriginal and Torres Strait Islander needs and preferences**.
- ▷ The success of aftercare services is **limited by the effectiveness of the surrounding services and supports**.
- ▷ There is **a gap for people who want access to more intensive psychosocial** support prior to the point of crisis

1 Background and policy context

There is a pressing need for services in Australia that help to prevent deaths by suicide. In 2020, there were 3,139 deaths by suicide – an average of about nine per day.[1] Preventing re-attempts is essential to reduce suicide rates, given a previous attempt is the strongest predictor of a subsequent death by suicide.[2] Suicide can affect anyone in the community, but there is differentiation of the risk by location, gender, age, cultural identity, gender identity and sexual orientation.[3]

In January 2020, the Australian Government made suicide prevention and mental health a national priority.[4] In November 2020, the Productivity Commission released its Inquiry into Mental Health Final Report (the Inquiry), which recommended 'effective aftercare to anyone who presents to a hospital, general practitioner or community mental health service following a suicide attempt' (Action 9.1, p. 432).[5] This was supported by the release of the National Suicide Prevention Adviser's Final Advice to the Prime Minister (Final Advice) in December 2020.

In 2021, the Australian Government announced a $158.6 million funding commitment to universal aftercare.[6] As part of the National Mental Health and Suicide Prevention Agreement (National Agreement), Most jurisdictions have now committed to universal aftercare, where every Australian discharged from hospital following a suicide attempt can receive follow-up care in the immediate months.[7] More broadly, The National Agreement also sets out a shared intention of the Australian Government and state and territory governments to work in partnership to improve the mental health of all Australians, reduce rates of suicide, enhance service delivery and ensure the sustainability of the Australian mental health and suicide prevention system.[8]

[1] Australian Institute of Health and Welfare. (2021). *Deaths by suicide over time 1907-2020.* Based on 2020 data. Retrieved from: www.aihw.gov.au/suicide-self-harm-monitoring/data/deaths-by-suicide-in-australia/suicide-deaths-over-time

[2] COAG Health Council. 2017; Department of Health and Aged Care. 2007. *Living is for everyone: A framework for the prevention of suicide in Australia*; Department of Health and Human Services. 2016. *Victorian suicide prevention framework 2016–25*; Christiansen, E., & Jensen, B. 2007. *Risk of repetition of suicide attempt, suicide or all deaths after an episode of attempted suicide: a register-based survival analysis*. Australian and New Zealand Journal of Psychiatry, 41(3), pp. 257-265.

[3] Australian Bureau of Statistics. 2022. *Intentional self-harm deaths in Australia*. Retrieved from: https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/latest-release#intentional-self-harm-deaths-suicide-in-australia; LGBTIQA+ Health Australia. 2021. *Snapshot of Mental Health and Suicide Prevention Statistics for LGBTQIA+ People*. Retrieved from;
https://assets.nationbuilder.com/lgbtihealth/pages/549/attachments/original/1648014801/24.10.21_Snapshot_of_MHSP_Statistics_for_LGBTIQ__People_-_Revised.pdf?1648014801.

[4] Department of Health and Aged Care. 2020. *Suicide prevention and mental health package signals once in a generation reforms.* Retrieved from: https://www.health.gov.au/ministers/the-hon-greg-hunt-mp/media/suicide-prevention-and-mental-health-package-signals-once-in-a-generation-reforms

[5] Productivity Commission. 2020. *Mental Health*, Report no. 95

[6] Australian Government. 2021. National Mental Health and Suicide Prevention Plan. Retrieved from: https://www.health.gov.au/sites/default/files/documents/2021/05/the-australian-government-s-national-mental-health-and-suicide-prevention-plan-national-mental-health-and-suicide-prevention-plan.pdf

[7] Department of Health. 2021. *National Mental Health and Suicide Prevention Plan.* Retrieved from: https://www.health.gov.au/sites/default/files/documents/2021/05/the-australian-government-s-national-mental-health-and-suicide-prevention-plan-national-mental-health-and-suicide-prevention-plan.pdf.

[8] Federal Financial Relations. 2022. *The National Mental Health and Suicide Prevention Agreement.* Retrieved from: https://federalfinancialrelations.gov.au/agreements/mental-health-suicide-prevention-agreement

2 About The Way Back Support Service

Beyond Blue developed The Way Back Support Service (The Way Back) in 2014 as a non-clinical service providing *immediate, proactive outreach and psychosocial support* for people who have experienced a suicide attempt or suicidal crisis. Participants are eligible for The Way Back through:

- Primary criteria: participants who have been hospitalised for a suicide attempt.
- Secondary criteria: participants who have presented to a hospital, emergency department or a community health service following a suicidal crisis, or whose risk of suicide is identified as imminent.

Table 1 below outlines the roll-out of The Way Back and the associated funding allocated for each milestone of the program. It seeks to assist people to recover by supporting them to improve their emotional state, wellbeing and resilience, and protective factors. The service aims to:

- Ensure continuity of care by supporting the participant to access long-term supports to address the issues contributing to their suicidality.
- Contribute to a reduction in the rate, severity and duration of a person's suicidality and prevent death by suicide.

Figure 1 below depicts the service model, core service model features and key enablers to deliver the service. A unique feature of the service model is the role of the support coordinator. They support participants to connect with tools, services and supports needed for recovery. This is underpinned by a strong therapeutic alliance which is known to be an important element of effective models of aftercare.[9]

The Way Back operates in a complex mental health and suicide prevention system and supports participants across the public acute health, psychiatric hospital services and psychosocial services. Providers have scope to adapt the service model to meet the local needs and context at their site. Examples of service model variations include:

- Tailored referral pathways for a specific group such as for people who identify as Aboriginal and Torres Strait Islander and veterans.
- Acceptance of referrals from general practitioners.
- Group sessions where sites offer past and present participants the opportunity to participate in coffee or walking groups and connect with people who have lived experience of suicidality.

The Way Back also focussed on addressing services for two priority cohorts; people who identified as Aboriginal and/or Torres Strait Islander and those who identified as LGBTIQA+.[10]

[9] SAX Institute. 'Suicide aftercare services'. October 2019. pp. .

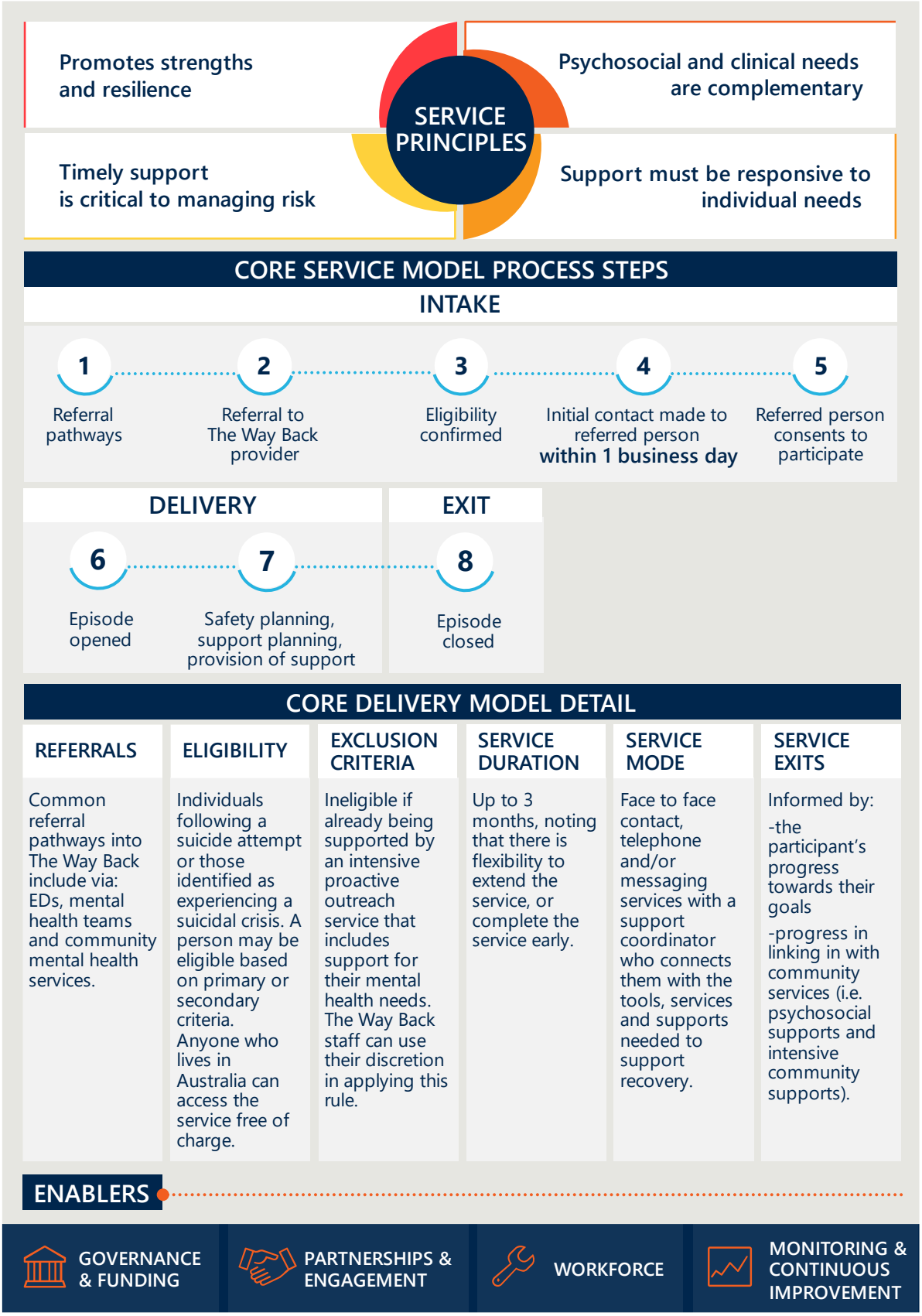
[10] Beyond Blue. 'The Way Back Support Service Implementation and Procurement Guide'. March 2020; The Way Back also identified cohorts of interest that were overrepresented in suicide statistics and/or those who faced greater barriers to accessing support. These included: men, aged 80+ years old, middle-aged men, youth, and people with a mental health condition. The evaluation also identified additional cohorts of interest including but not limited to people who experienced a personality disorder, people from culturally and linguistically diverse (CALD) background, people who use alcohol and/or other drugs, people who were experiencing homelessness, people who were unemployed.

Table 1 | Roll-out and funding of The Way Back

Milestone	Funding
In 2014, Beyond Blue, in partnership with the Movember Foundation, funded a trial of the program in the Northern Territory (NT), Australian Capital Territory (ACT) and New South Wales (NSW).[11]	A total of $4 million from Beyond Blue and the Movember Foundation.
Between 2018 and 2022, The Way Back was progressively rolled out.	A total of $82.3 million from The Australian Government via Department of Health and Aged Care, state and territory governments (matching contributions with the Australian Government), Beyond Blue, and the Paul Ramsey Foundation.
From July 2022 to December 2023, The Way Back will be handed over to the Department of Health and Aged Care and states and territories.	$14 million from the Australian Government via Department of Health and Aged Care.

[11] Beyond Blue, 'The Way Back Support Service: aftercare following attempted suicide; 2018-19 Budget Proposal, January 2018.

Figure 1 | The Way Back service model[12]



[12] Depiction based on information captured in Beyond Blue, 'The Way Back Support Service – Service Delivery Model', March 2020.

3 About the national evaluation

Beyond Blue commissioned Nous Group (Nous) to independently evaluate The Way Back between June 2020 and December 2022. The evaluation examined how well The Way Back was being delivered, participant experiences and outcomes, and what contributes to recovery after a suicide attempt or crisis, for whom and how.[13] Reflecting the evaluation purpose, five Key Evaluation Questions (KEQs) guided data collection and analysis:

1. What is being delivered under The Way Back, where, how, and why?
2. How well is The Way Back being delivered?
3. What is changing for whom, in The Way Back?
4. Why and how does change occur in The Way Back, in which circumstances?
5. What can be done to improve the contribution of The Way Back and similar services to service outcomes and goals?

Twenty-seven (of 38 The Way Back sites) were in-scope for the evaluation.[14] Figure 2 outlines the data sources used for this evaluation.[15]

Evaluation Limitations

There were limitations to the variability and completeness of quantitative data and consequently a limited ability to report on the experiences of some cohorts. The Primary Mental Health Care Minimum Data Set (PMHC MDS) is under representative of true service use. All 27 in-scope sites had data recorded in the PMHC MDS however three of the 27 sites that commenced operations from June 2021 had limited episodes recorded (≤ 100 episodes).

There were also discrepancies between the PMHC MDS and quarterly report data. For example, PMHC MDS indicated that over half of participants nationally had a safety plan (57 percent) however quarterly report data indicated this may be closer to 84 per cent on average.[16]Interview withs providers, Primary Health Networks (PHNs) and Beyond Blue highlighted that limitations to quality and completeness of data were likely due to:

- some sites manually inputting data into quarterly reports while other sites uploaded data from the PMHC MDS portal into the quarterly reports.
- use of different Client Management Systems across sites to input data which meant there were issues with how and what data was uploaded in to the PMHC MDS.

There may also be positive bias in the qualitative data on participant experiences and outcomes, given participants self-selected to participate in the evaluation.

The overall impact of these limitations was minimised by drawing on the most appropriate data source for each evaluation question being answered.

[13] The evaluation was not informed by experimental research (i.e. what happened in a program compared to another program).
[14] All HOPE sites (six) were excluded as they were covered by a different evaluation. The remaining five sites were excluded as they were not included in the ethics application due to either declining to participate in the evaluation or becoming operational after the ethics application was submitted and approved.
[15] Bellberry Human Research Ethics Committee (HREC) and the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) HREC provided ethical approval and oversight.
[16] PMHC MDS data for in scope sites between July 2018 and September 2022 and Quarterly Reports for in scope sites for Q4 2020-21, Q1 2021-22, Q2 2021-22, Q3 2021-22 and Q4 2021-22.

Figure 2 | Data sources that informed the evaluation

CONSULTATIONS

57 **interviews with participants** between June 2021 and April 2022.

35 **interviews with provider staff** with 70 contributors between June 2021 and April 2022.

15 **interviews with referring health service** staff with **20 contributors between June 2021 and April 2022.**

4 **collective analysis workshops with providers and PHNs** between August 2021 and October 2022.

2 **Primary Health Network focus groups** with 10 people in August 2021 and 7 people in March 2022.

2 **interviews with Beyond Blue staff** in August 2021 and March 2022.

2 **interviews with Project Steering Committee members** in 2021 and 2022.

2 **interviews with the Beyond Blue CEO, Chief Strategy Officer and Chief Services Officer** in 2021 and 2022.

PRIMARY MENTAL HEALTH CARE MINIMUM DATA SET AND THE WAY BACK EXTENSION DATA

National activity data and outcomes data analysed for

27 in scope sites between July 2018 and September 2022

DOCUMENT AND LITERATURE REVIEW

THE WAY BACK DOCUMENTS

09 licencing agreements (including variations)

36 documents describing program design and implementation

Analysis of The Way Back referral data dashboard

LITERATURE

14 gray literature articles

10 peer reviewed literature articles

04 supporting evaluations (e.g. HOPE evaluation documents and Hunter The Way Back evaluation)

QUARTERLY REPORT DATA AND SUPPLEMENTARY DATA

Quarterly report data was collected between Q4 2021 to Q4 2022. The number of sites with data available over this time period varied as additional sites were established and sites improved their data collection methods. **The number of sites with data collected across each time period is as follows:**

Q4 2021 = **21 sites**
Q1 2022 = **21 sites**
Q2 2022 = **26 sites**
Q3 2022 = **27 sites**
Q4 2022 = **27 sites**

The supplementary data supports input into quarterly reports. It provides site-level data on referrals into The Way Back, and the number of participants that consent to accessing The Way Back.

SURVEYS

79 **respondents to the participant survey**

Online survey distributed to participants between June 2021 and June 2022 who completed their engagement with the service between 1 to 4 months previously.

95 **respondents to the provider survey**

Online survey distributed to all operational The Way Back sites between June 2021 and June 2022.

59 **respondents to Blue Voices and Roses in the Ocean (BVRITO) members survey**

Online survey distributed to members of Blue Voices or Roses in the Ocean who had lived experience of suicidality over June 2021 and February 2022.

4 Key evaluation findings

4.1 Participant characteristics and journey

Referrals to The Way Back exceeded original projections.

The participant referral target for The Way Back was 16,200 referrals by 30 June 2022[17] for the 27 in-scope sites. Based on The Way Back Dashboard data, The Way Back received 17,477 referrals across 27 in-scope sites, exceeding the expected number of referrals by eight per cent.

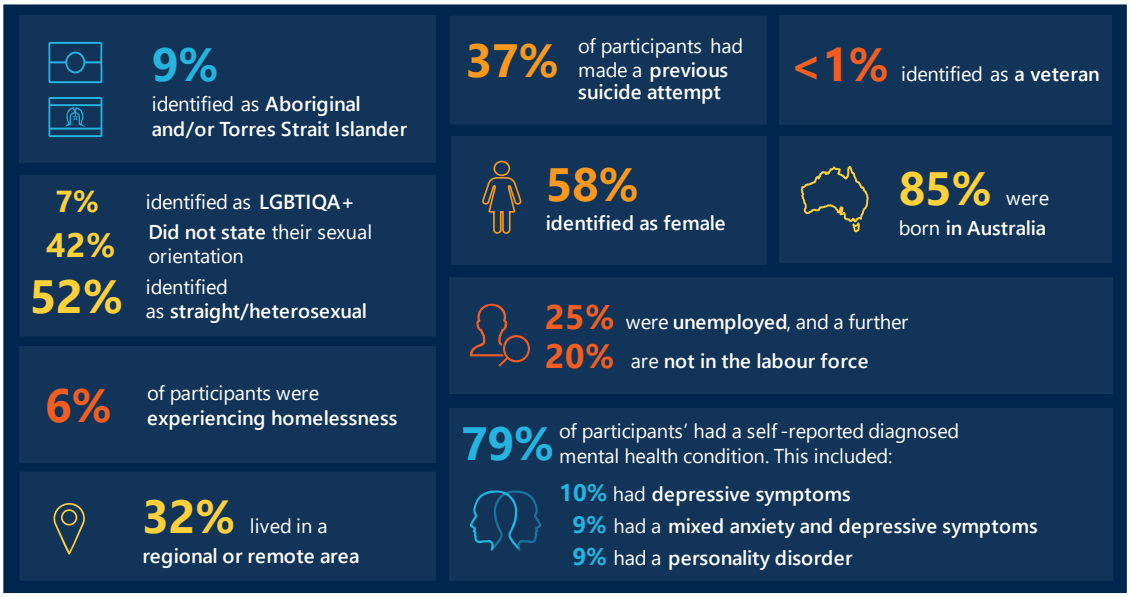
There was variation across sites in meeting referral targets, though more than half of the states and territories (between January 2019 and June 2022) exceeded their referral targets. Sites that exceeded their targets typically noted it was due to being more operationally mature (for example, in operation for more than 12 months), co-location with referring health services, and the presence of a funded hospital liaison officer to facilitate inbound referrals.

Analysis of PMHC MDS data showed that 8,734 participants accessed The Way Back between September 2018 and September 2022. Of these participants, a third had made a previous suicide attempt, 58 per cent were female and 85 per cent were born in Australia.

Figure 3 provides a summary of who accessed the service. It shows that the demographics of participants in the PMHC MDS largely reflected the characteristics of those represented in suicide attempt statistics.[18]

The Way Back appeared to be meeting the needs of Aboriginal and Torres Strait Islander people, though there was limited publicly available data for some other priority cohorts (for example, people who identify as LGBTQIA+, people with CALD backgrounds, and people who were experiencing a borderline personality disorder) to establish whether The Way Back was adequately meeting their needs.

Figure 3 | Proportions of The Way Back participants by key characteristics[19]



[17] Note that the projected referral target outlined in the Australian Department of Health and Aged Care Funding Agreement was 19,000 for all 38 sites. For the purposes of this evaluation, this was revised down to relate to the 27 in-scope sites for which modelling indicated a target of 16,200 referrals as appropriate.

[18] AIHW, 2021, 'Intentional self-harm hospitalisations by states & territories', Available from: www.aihw.gov.au/suicide-self-harm-monitoring/data/intentional-self-harm-hospitalisations/intentional-self-harm-hospitalisations-by-states.

[19] Based on a sample of 8,734 participants from PMHC MDS data for 27 in-scope sites between July 2018 and September 2022. The percentage of participants that have made a previous suicide attempt refers to participants with suicide attempt prior to and in addition to the suicide attempt or suicide crisis that made them eligible for referral to The Way Back.

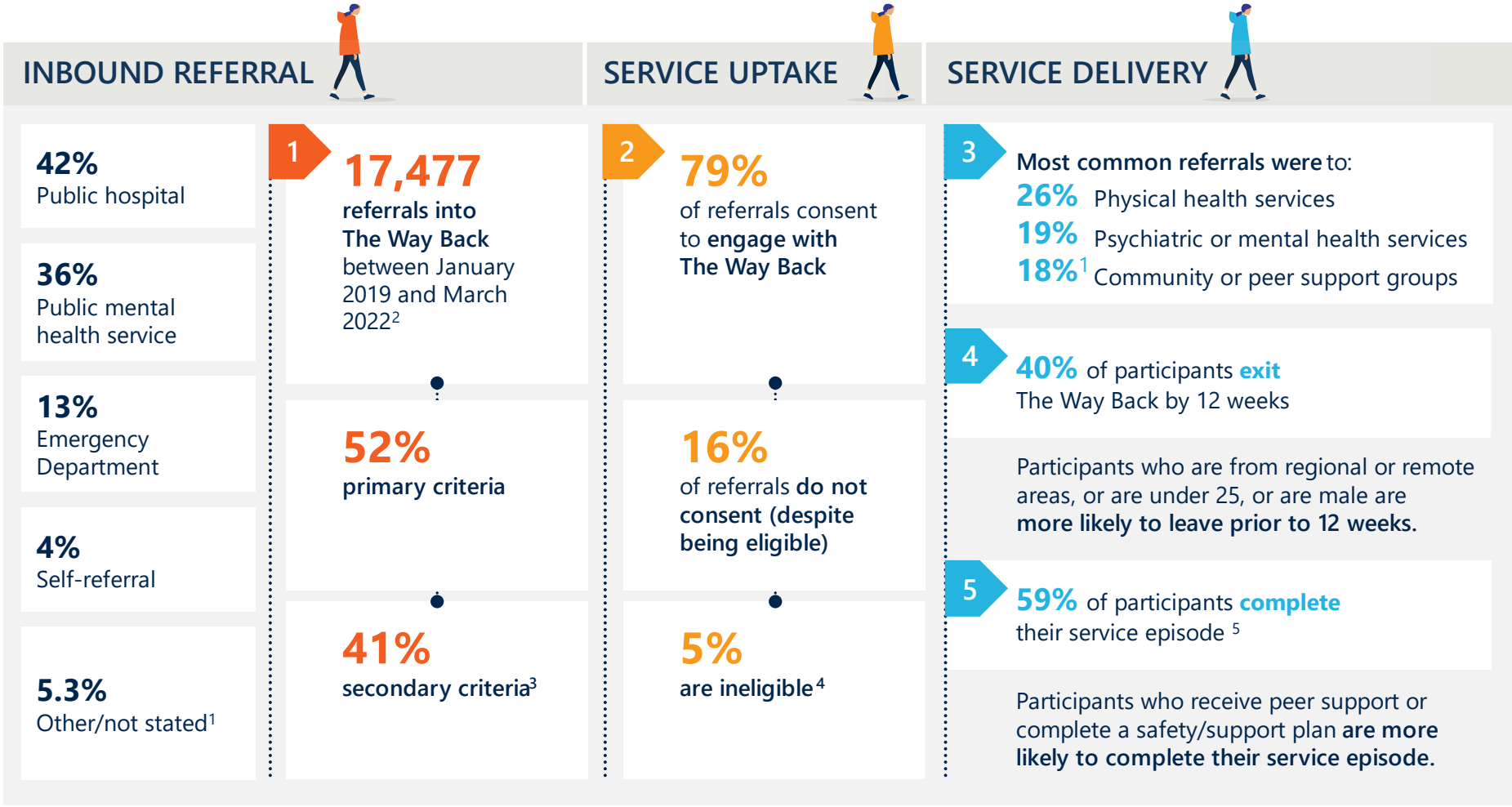
Across the participant journey, The Way Back was delivered in line with its intended design.

Figure 4 provides insights on service use across these three stages. In summary:

- **Inbound referrals.** Participants highlighted the opportunity to expand referral pathways to improve access to The Way Back.
- **Uptake rates**. Analysis of supplementary data between July 2021 and June 2022 shows that the participant uptake rate (i.e. 79 per cent of those referred into The Way Back engaged with the service) were as expected for an aftercare service.[20] As outlined above in the evaluation limitations, it should be noted there was a discrepancy between the data sources used in this evaluation. Further, the number of participants recorded in the PMHCS MDS is likely to be under representative of the actual number of participants that accessed The Way Back. As such, the uptake rate of referrals (17,477) does not correspond with the number of participants that access The Way Back (8,734).
- **Service delivery.** The variety of outbound referrals from The Way Back reflected the service objective to connect participants to relevant services based on their assessed needs. Analysis of PMHC MDS data between July 2018 and September 2022 found that on average, participants stayed in the service for 12 to 13 weeks, in line with the service model. While most participants (59 per cent) completed their service episode, 41 per cent of participants did not complete their service episode (this was above the completion rates outlined in the literature which references approximately a 30 per cent non completion rate).[21]

[20] University of Newcastle, 'The NSW Way Back Support Service (Hunter): Process & Effectiveness Outcomes Evaluation Report', October 2019, p.53; Productivity Commission. 2020. Productivity Commission Inquiry Report: Volume 2. No 95, 30 June 2020.
[21] The SAX Institute for the Minister of Health NSW, 'Evidence Check - Suicide aftercare services', October 2019, p29.

Figure 4 | Service use from referral to exit[22]



[22] Note data source across each stage differs. [1] Based on PMHC MDS data between July 2018 and September 2022; [2] Based on The Way Back Dashboard data; [3]PMHC MDS data between July 2018 and September 2022; [4]Based on supplementary data between July 2021 and June 2022; [5] Based on PMHC MDS data between July 2018 and September 2022.

4.2 Participant experience

Most participants (94 per cent) were satisfied or very satisfied with The Way Back.[23]

Factors influencing participant satisfaction were: [24]

- Relationship with the support coordinator - 83%
- Information and advice the support coordinator provider - 73%
- Amount of time spent with the support coordinator - 67%
- The way that The Way Back helped the participant understand mental health and their personal situation - 52%
- Ability to connect with other services easily through The Way Back - 38%
- The way that The Way Back connected the participant with family and community -23%

> **"I was one hundred per cent satisfied. I'm inspired to help other people. I've considered taking up other courses so that I can help others. I imagine it would be very fulfilling to help someone else in this role." - The Way Back participant**

Participants were most likely to be dissatisfied with The Way Back if the relationship with the support coordinator was not strong.

Participants in interviews and respondents to the participant survey commonly cited several opportunities to improve The Way Back. These included:

- broadening referral pathways (for example from a general practitioner or community mental health service),
- providing participants with the option to access the service for longer than 12 weeks, and
- being able to access The Way Back prior to reaching the point of a suicidal crisis.

This suggests a broader service system issue as a gap in mental health and/or crisis support services relative to needs.

4.3 Participant outcomes

Overall, participants' suicidal ideation, psychological distress, and mental wellbeing significantly improved during their engagement with The Way Back.

> **"I wouldn't be here talking to you if I didn't have the support of The Way Back" - The Way Back participant**

Participant outcomes were measured using three validated outcome measurement tools that examine suicidal ideation, psychological distress, and wellbeing.[25] For participants that had pre and post outcome measures available, they experienced, on average, significant improvements in all outcome measures. Figure 5 outlines the average percentage change in outcome scores for these participants. There were no significant differences in participant outcomes between sites.

[23] Based on an analysis of responses to an online survey of The Way Back participants (n = 79). It should be noted that given the small response size responses to the survey may not be representative of all The Way Back participants.
[24] Based on responses to a survey of The Way Back participants conducted between June 2021 and June 2022 (n= 79).
[25] Suicidality was measured using the Suicidal Ideation Attribution Scale (SIDAS). Psychological distress was measured using the Kessler Psychological Distress Scale (K10). Participants who identified as Aboriginal and Torres Strait Islander were also offered the K5 – a culturally appropriate version of the K10. Wellbeing was measured using the World Health Organisation – Five Wellbeing Index (WHO-5). Using the outcomes data available in the PMHC MDS, the evaluation analysed the average change in outcomes for participants with a recorded 'matched pair' in PMHC MDS. A 'matched pair' is a scored recorded for an outcome measure at both the beginning and at the completion of a participant's service episode.

Figure 5 | Average percentage change in outcomes scores for participants[26]

All cohorts experienced significant improvements in outcomes. Some cohorts of participants experienced a more significant improvement in some outcome measures than others. [27]

Figure 6 overleaf outlines the change in outcomes scores for specific cohorts and highlights whether they reported a significantly greater or lower improvement in outcome scores to the average change in outcomes scores for all The Way Back participants.

Figure 6 | Summary of cohorts with greater, similar or lower improvements in outcomes relative to the average change in outcomes for all participants with completed outcome measures

COHORT	SUICIDAL IDEATION	PSYCHOLOGICAL DISTRESS	WELLBEING
Participants who identify as male	🔴	🟡	🟡
Participants who identify as Aboriginal and Torres Strait Islander	🟢	🟡	🟡
Participants who identify as LGBTIQA+	🟡	🔴	🔴
Participants with AOD needs	🟡	🟡	🟡
Participants living in regional and remote areas	🟢	🟢	🟡
Participants receiving peer support	🟡	🟡	🟡
Participants with a reported personality disorder diagnosis	🟡	🔴	🔴
Participants aged under 25	🟡	🔴	🔴
Participants aged over 65	🟡	🟡	🟡
Participants referred for secondary criteria	🔴	🟡	🟡
Participants unemployed at the time of engagement	🟡	🔴	🔴

	COMPARED TO THE AVERAGE IMPROVEMENT IN OUTCOMES ACROSS ALL PARTICIPANTS THERE WAS		
LEGEND	Significantly greater improvement 🟢	Similar improvement 🟡	Significantly lesser improvement 🔴

[26] Based on analysis of PMHC MDS data between July 2018 and September 2022.
[27] Based on analysis of PMHC MDS data between July 2018 and September 2022.

The Way Back had a similar effect on participant outcomes as other mental health services.

The evaluation used Cohen's d analysis to determine whether the effect size of The Way Back on intended outcomes – suicidal ideation, psychological distress, and wellbeing – was similar to other mental health services. The Way Back effect size for psychological distress (Cohen's d = -1.11, p<.0005) was significant and had a greater or similar effect size compared to other mental health services.[28]

> "These guys here saved my life. They are real people, who have had real experiences and that is key. They really understand what you are thinking, what your body is feeling."
> - The Way Back participant

Most participants in interviews also reported that The Way Back played an important role in their recovery and wellbeing. Interviews with participants reported the role of The Way Back in contributing to their recovery and feeling more hopeful. In particular:

75% of participants interviewed for this evaluation reported feeling:

- A **greater** sense of **purpose and belonging**
- **Better connected** with other **services**
- **More confident** to **reach out for help** when needed.

4.4 How The Way Back influences recovery

The evaluation identified the critical elements of a participant's experience in an aftercare service that contributes to their recovery.

Factors that influence participants' recovery during their time with The Way Back have implications for how the service is delivered to participants. These factors aim to highlight *what* elements of an aftercare service are most important to the participant's recovery, and *how* the delivery of these elements change depending on the circumstances of the participant.

The therapeutic alliance (the trust and connection developed between the support coordinator and participant) was the pre-requisite factor to participants' experience with The Way Back.

An established therapeutic alliance enabled participants to:

- Gain hope and motivation
- Engage with appropriate supports
- Build capacity to manage emotional distress
- Develop protective factors that enable them to manage their own recovery.

> "I trusted [the support coordinator]. I let her know everything that was happening in my life, whether that is good or bad. When I shared positive things with her, she was happy for me. It felt good seeing someone happy for me."
> - The Way Back participant

These factors experienced by participants enabled them to begin to recover from their suicide attempt or crisis such as improved feelings of hope and purpose, greater knowledge of where and how to access support, improved understanding of how to manage their mental health needs, and feeling empowered to manage their own recovery through connection with friends or engaging in hobbies.

[28] Transition to Recovery Program had a large effect (η2 = .31) on psychological distress (K10), see The National Institute for Mental Health Research, 2015, Evaluation of Transition to Recovery (TRec) Program. Headsace had an effect size of Cohen's d = -0.11, see UNSW Social Policy Research Centre, Is headspace making a difference to young people's lives? Final report of the independent evaluation of the headspace program. 2015.

Some cohorts placed greater emphasis on certain elements that influenced their recovery; others valued the availability of alternative approaches to receiving support.

It was important to understand whether the supports specific cohorts needed to recover from a suicide attempt or crisis differ from the 'average' person who access aftercare programs. This has implications for how The Way Back can be adapted in sites whether the local area has higher proportion of participants from specific cohorts that experience a higher prevalence of suicidality. While there was limited evidence available to understand the factors that influenced recovery for priority cohorts of The Way Back, insights from stakeholder consultations included:

> **"Being able to vent it out [was important to my recovery]. The Way Back stopped me from letting things explode, this was closely related to reaching out for help when I need it"**
> **- The Way Back participant**

- **For people who identify as Aboriginal and Torres Strait Islander:** The evaluation was unable to comment on the differences from the perspective of Aboriginal and Torres Strait Islander participants as there were a limited number of Aboriginal and Torres Strait Islander participants who participated in interviews. Stakeholders from the Beyond Blue Aboriginal Advisory Group and The Way Back staff suggested that it was important for The Way Back to be culturally safe and appropriate for Aboriginal and Torres Strait Islander participants. It was also important that participants maintained their connection to their community throughout their journey to recovery.
- **For people who identify as LGBTIQA+:** There was a limited number of participants who were interviewed and identified as LGBTIQA+ or discussed their sexuality and / or gender. The ability of the support coordinator to be non-judgemental and use appropriate language around gender, sexuality and identity was especially important to their engagement with The Way Back.

4.5 Service performance

Key performance indicators (KPIs) should reflect the intent of the service without it being a burdensome data collection process for support coordinators.

Six KPIs were used to monitor The Way Back service delivery.[29] Providers cited several common reasons KPIs may not be met, such as sites being operational for less than four months (so lacking data or still establishing some processes), data issues and the impact of COVID-19 and associated lockdowns.

Providers and PHNs also questioned the appropriateness and clarity of some KPIs to reflect service performance. For example, providers in interviews indicated that the safety and support plan KPIs did not reflect the intent of The Way Back to be a participant-led service, and flexible to participant needs and preferences. Some participants did not want to complete a support plan and/or may have already recently completed a safety plan. Therefore, providers would not 'force' participants to, meaning they would not meet this KPI.

As of July 2022, Beyond Blue implemented changes to KPIs to improve their appropriateness and clarity.

4.6 Effectiveness of service enablers

The Way Back service enablers varied in their effectiveness in supporting delivery of The Way Back. In summary:

- Governance and funding. Bilateral agreements intended to set out clear expectations; in practice there was significant confusion around lines of accountability and funding certainty. Complicated or unclear governance arrangements meant there were significant delays in the implementation of The Way Back in some states and/or at some sites. Uncertainty of funding impacted providers' ability to deliver the service, and recruit and retain their workforce.

[29] Further detail on the KPI measures can be found in Section 9.1 of The Way Back Support Services Final Evaluation Report.

- **Partnerships and engagement.** Where strong networks and partnerships existed, providers better understood local need and established more effective inbound and outbound referral pathways (for example, a hospital liaison officer).
- **Workforce.** The Way Back workforce was a key strength of the service and enabled quality and safe service delivery. In particular, the support coordinators were fundamental to the delivery of the service, though there were opportunities identified that would improve staff experience and retention through the introduction of a capability framework, improving supports to manage vicarious trauma and improving The Way Back's current community of practice.
- **Monitoring and continuous improvement.** The Way Back provided new aftercare data but monitoring and reporting processes were burdensome, and data insights were not being used systematically to inform service delivery or improvement within sites.

5 Recommendations

Beyond Blue will exit from supporting The Way Back sites from June 2023 and handover these sites to the Australian Department of Health and Aged Care, states and territories and PHNs. Recommendations have been developed to improve delivery of The Way Back, inform the design and delivery of future suicide aftercare services, and ensure smooth transition of Beyond Blue's handover of The Way Back. Evaluation findings and interim evaluation recommendations informed the final recommendations in this report. Final recommendations are summarised in Table 2.

Table 2 | Summary of final recommendations

RECOMMENDATION	RESPONSIBILITY
SERVICE INTAKE	
1. Broaden inbound referral pathways so that individuals can be referred from community-based referral pathways such as GPs, ambulance, crisis hotlines, Aboriginal Community Controlled Health Organisation's (ACCHOs), Aboriginal Medical Service's (AMSs), and other mental health service providers. *(Interim report recommendation 13).*	AUSTRALIAN DEPARTMENT OF HEALTH AND AGED CARE STATES AND TERRITORIES SERVICE COMMISSIONERS
2. Reduce the average length of time between the initial contact with the participant and service delivery. *(Interim report recommendation 4).*	SERVICE COMMISSIONERS
3. **Funding is made available in future aftercare services for a liaison officer role with sufficient FTE in all referring hospitals to make initial contact with participants while they are in the ED or in-patient unit**. *(Interim report recommendation 1).*	AUSTRALIAN DEPARTMENT OF HEALTH AND AGED CARE STATES AND TERRITORIES
SERVICE DELIVERY	
4. Providers to increase the proportion of participants who have a completed safety and support plan, where they have agreed undertake them, or that they have opportunity to share and update existing plans. (*Interim report recommendation 2).*	PROVIDERS
5. Investigate variations in aftercare service models, including through co-design, that would lead to more significant improvements to service access and outcomes for specific cohorts.	AUSTRALIAN DEPARTMENT OF HEALTH AND AGED CARE STATES AND TERRITORIES SERVICE COMMISSIONERS PROVIDERS
6. Continue to gather evidence to determine whether peer support should be included in the core service model for aftercare services.	AUSTRALIAN DEPARTMENT OF HEALTH AND AGED CARE STATES AND TERRITORIES SERVICE COMMISSIONERS PROVIDERS
7. Consider including the option of provision of support to participant support persons (i.e. families, friends, and carers), subject to participant consent, in the core service model for aftercare services.	AUSTRALIAN DEPARTMENT OF HEALTH AND AGED CARE STATES AND TERRITORIES
GOVERNANCE & FUNDING	

8. Provide greater certainty through longer duration of funding and earlier advice of commissioning intentions/service continuation at the end of existing contracts.	AUSTRALIAN DEPARTMENT OF HEALTH AND AGED CARE STATES AND TERRITORIES SERVICE COMMISSIONERS
9. Simplify and clarify funding arrangements. *(Interim report recommendation 15).*	AUSTRALIAN DEPARTMENT OF HEALTH AND AGED CARE STATES AND TERRITORIES
10. Simplify and strengthen future aftercare services governance to ensure roles, responsibilities and accountabilities are clear and consistently understood. *(Interim report recommendation 6).*	AUSTRALIAN DEPARTMENT OF HEALTH AND AGED CARE STATES AND TERRITORIES
WORKFORCE	
11. Develop a capability framework for support coordinators, with possible expansion to other staffing groups (eg. Peer workers, team leaders).	AUSTRALIAN DEPARTMENT OF HEALTH AND AGED CARE
12. Establish a community of practice with PHNs and aftercare service providers for future aftercare services to better share best practice, problem solve and identify ways to upskill providers, including involvement of the broader network of aftercare services (for example, referring health services). *(Interim Report Recommendation 8)*	AUSTRALIAN DEPARTMENT OF HEALTH AND AGED CARE STATES AND TERRITORIES SERVICE COMMISSIONERS PROVIDERS
13. Improve support for aftercare services staff to better manage vicarious trauma and burnout. *(Interim Report Recommendation 10).*	PROVIDERS
MONITORING AND CONTINUOUS IMPROVEMENT	
14. In the short-term, ensure mental health outcome measures are used appropriately, consistently and comprehensively with participants who agree to completing an assessment.	PROVIDERS
15. In the medium to longer term, review the appropriateness of mental health outcome measures for participants of future aftercare services.	AUSTRALIAN DEPARTMENT OF HEALTH AND AGED CARE
16. Post transition, reconcile and simplify data collection sharing and reporting requirements to ensure better data consistency and quality across sites.	AUSTRALIAN DEPARTMENT OF HEALTH AND AGED CARE STATES AND TERRITORIES SERVICE COMMISSIONERS
RECOMMENDATIONS FOR THE HANDOVER OF THE WAY BACK	
17. Beyond Blue to handover its existing role with The Way Back to the Australian Department of Health and Aged Care, and states and territories.	BEYOND BLUE
18. Beyond Blue should ensure it is involved in appropriate transitional governance mechanisms.	BEYOND BLUE

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