



Universal Aftercare Policy Series

Policy brief 2:

Improving access to universal aftercare for groups disproportionately impacted by suicide, through the safe expansion of participant-centred referral pathways

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Acknowledgment of Country

Beyond Blue acknowledges the Land on which our head office is based has deep connections to peoples and cultures across the Eastern Kulin Nation. As such we acknowledge the Traditional Owners of this area, the Wurundjeri Peoples, and pay our respects to their Elders past and present. As an organisation with national reach, we extend our respect to all Elders and First Nations peoples across Australia.

Acknowledgment of Lived and Living Experience

Beyond Blue acknowledges those who are living with and managing mental health conditions such as anxiety and depression, their families, friends and supporters, and those affected by suicide. Beyond Blue belongs to you, first and foremost. Your perspectives are essential to defining and achieving our goals and your experiences continue to inspire and drive us to do better.

Glossary

Acute care Encompasses the care of people admitted to a hospital with an acute physical or mental health condition.

Clinical governance An integrated component of governance of health service organisations. It ensures that everyone – from frontline workers to managers and members of governing bodies, such as boards – is accountable to patients and the community for assuring the delivery of safe, effective and high-quality services. Clinical governance systems provide confidence to the community and the healthcare organisation that systems are in place to deliver safe and high-quality health care¹.

Co-design A partnership involving shared decision making between people with lived experience and stakeholders with professional expertise. It involves people who are most affected by a design or decision working together. These people could be those using health services, community members, staff, or partners². Co-design embodies the idea of nothing about us without us.

Community-based care Community-based services provide transitional treatment and rehabilitation to minimise the need for hospitalisation. They promote independence and quality of life for people with an illness or during a suicidal crisis at a crucial point of recovery or relapse and usually occur in a community setting.

Groups disproportionately impacted by suicide Beyond Blue endorses the following statement from the National Suicide Prevention Office's National Suicide Prevention Scoping Paper³: "[We] recognise that certain populations experience a confluence of modifiable stressors and risk factors, that contribute to disproportionately higher risks of suicide. Furthermore, there are many individuals who identify with and form part of multiple communities that are disproportionately impacted." Where relevant in this policy series, we have aftercare included insights and evaluation findings related to specific experiences, groups and communities.

Key support worker Under supervision, trained workers support aftercare service participants to develop individual safety plans and link them into agreed health, clinical and community-based services to address their needs and support their safety. They support participants to improve their emotional state, wellbeing and resilience and

protective factors during a period of vulnerability and high risk. Key support workers may have clinical or non-clinical training and credentialing. In addition, they may, or may not, have work experience supporting people in suicidal crisis or a lived experience of suicide themselves and may, or may not, have chosen to disclose their lived experience to participants.

Lived experience of suicide Having experienced suicidal thoughts, survived a suicide attempt, supported a loved one through suicidal crisis, or been bereaved by suicide⁴. Further, the Aboriginal and Torres Strait Islander Lived Experience Centre facilitated a lived experience co-design process to develop the following definition of First Nations lived experience⁵:

A lived experience recognises the effects of ongoing negative historical impacts and or specific events on the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples. It encompasses the cultural, spiritual, physical, emotional and mental wellbeing of the individual, family or community.

People with lived or living experience of suicide are those who have experienced suicidal thoughts, survived a suicide attempt, cared for someone through a suicidal crisis, been bereaved by suicide or having a loved one who has died by suicide, acknowledging that this experience is significantly different and takes into consideration Aboriginal and Torres Strait Islander peoples' ways of understanding social and emotional wellbeing.

Placed-based planning Targets the specific circumstances of a place and engages local people as active participants in planning processes⁶.

Primary Health Networks (PHNs) Independent organisations in Australia funded by the Commonwealth Government working to commission and streamline health services and better coordinate mental and primary health care service in their regions.

Psychosocial support Helping people to participate in their community, manage daily tasks, undertake work or study, find housing, get involved in activities, and make connections with family and friends⁷. Psychosocial supports are specific to each person and their needs.

Referral Pathway These are not only the linear track between service entry to service delivery (often between two partners), but also the service planning and sector integration around the pathway to support sustainability, longevity, safety and quality.

Suicide attempt Non-fatal, self-directed, potentially injurious behaviour with any intent to die as a result of the behaviour, which may or may not result in injury⁸.

Suicidal crisis A person experiencing distress, suicidal thoughts and articulating an intent to die, which may or may not result in a hospital admission⁹.

Therapeutic alliance The therapeutic alliance consists of three elements:

- Agreement on the goals of the treatment
- Agreement on the tasks
- The development of a personal bond between worker and participant that is made up of reciprocal positive feelings¹⁰.

Universal aftercare For the purposes of this policy series, we have adopted Suicide Prevention Australia's aspirational definition of universal aftercare, that is, "All people in Australia who have experienced a suicide attempt or suicidal crisis have access to, and are supported towards, compassionate, effective and appropriate aftercare services¹¹," Noting that a shared definition of universal aftercare will be considered by all governments, subject to further advice including specifically from people with a lived experience of suicide.

In addition, while aftercare services are delivered to those who have experienced a suicide attempt or crisis, these individuals are often supported by their family, carers and friends. Additional supports for carers and loved ones of those who attempt suicide, experience ongoing suicidal thoughts or who are in suicidal crisis, should be addressed more broadly in the rollout of universal aftercare¹².

Executive summary

Background to this policy series

The purpose of the Beyond Blue Universal Aftercare Policy Series is to share our insights and learning from years of designing, developing, continuously improving, and co-funding The Way Back Support Service ('The Way Back'). This includes the operational implementation of The Way Back and findings and recommendations from the independent national evaluation of the service conducted by the Nous Group. We recommend that these insights and learnings are considered by policy makers responsible for the design, implementation, and outcomes measurement of universal aftercare.

Beyond Blue's role in suicide prevention:

We developed and funded with philanthropic support The Way Back as a pilot between 2014 and 2016 as a community-based support for people in the critical period following a suicide attempt or suicidal crisis. With funding support from Commonwealth, State and Territory governments, complemented by a Beyond Blue contribution and philanthropic support, we led the establishment of 38 sites in seven States and Territories by 2022.

Key findings from the national independent evaluation of The Way Back, led by The Nous Group (the 'national evaluation'): The national evaluation showed that participants experienced a:

- 63% reduction in suicidal ideation
- 28% reduction in psychological distress
- 86% improvement in wellbeing.

"[My support worker] helped me realise that I am at risk. And when I am at risk, what the tools are to help me find my way back. It's given me a better chance to find my own direction nowadays even after the program end. We have tough days, but there are skills you can learn and things you can do that help you get through the day without being so severe¹³."

- The Way Back participant

Improving access to aftercare services for groups disproportionately impacted by suicide

Groups disproportionately impacted by suicide experience specific barriers in accessing aftercare services. For some, these barriers include past experiences of institutionalised racism, experiences of trauma and discrimination associated with accessing health services, and feeling unsafe, not understood or unwelcome at health services. For others, services may simply not be available in their local community. Feelings of shame and self-stigma can also prevent people from accessing services even where they are available.

Expansion of referral pathways can increase access to supports for groups disproportionately impacted by suicide.

The following are critical to building referral pathways that are genuinely accessible:

Understanding where, when, and how people belonging to particular communities feel comfortable to access advice and care

Building trust with these communities

Being responsive to their cultural and individual needs and preferences.

Expansion of referral pathways will increase risks to participant safety and the sustainability of universal aftercare. Further, referral partners and the community more broadly will lose trust in the aftercare service if it cannot be responsive to the number of participants being referred. **These risks can be mitigated through careful place-based planning, strong governance, and staged implementation.**

What needs to happen next?

- 1. Place-based planning should be used to determine referral pathway expansion for universal aftercare.** This should be informed by population data, local community and lived experience consultation and the capacity of the service system and workforce.
- 2. Governance structures, including clinical governance structures, must guide decisions regarding expanding referral pathways** with the:
 - a. Development of a referral pathway guideline** outlining a consistent approach to the decision-making process and criteria required to determine the safe expansion of participant-centred referral pathways.
 - b. Establishment of localised governance committees**, including lived experience representation, with a clear mandate and accountabilities to establish referral pathways or vary model-of-care requirements.
- 3. Development of strong local partnerships to provide tailored responses to groups disproportionately impacted by suicide.** The voices of people with lived experience from particular groups are critical in understanding the type of referral pathway required to improve their access.
- 4. The expansion of referral pathways must be staged, monitored and carefully managed.** Experience with The Way Back indicates that aftercare services mature over time in their capacity and capability to respond to the increased demand that comes with referral pathway expansion.

Opportunities for action by governments, commissioning bodies and service providers

In preparing for the expansion of referral pathways, we have outlined the activities required to increase access to aftercare services by groups disproportionately impacted by suicide and mitigate the associated risks and sustainability issues. These actions have been outlined at the various levels of responsibility. Please note that the opportunities for national action will be guided by State and Territory governments and will benefit all jurisdictions and services providers.

National (Commonwealth and/or States and Territories)

Confirmation of:

- What population, service and workforce planning is required to determine referral pathways for aftercare services and who is responsible for this planning
- Governance responsibilities for the safe expansion of referral pathways
- Guidance for the safe expansion of referral pathways including criteria for decisions to establish or expand a referral pathway
- Approach to shared outcomes and their measurement, including which outcome measures are used by services when working with service participants.

Aftercare service commissioning bodies

Confirmation of:

- Which groups disproportionately impacted by suicide require specific referral pathways to be established, prior to commissioning aftercare services
- Governance responsibilities for the safe expansion of referral pathways in the contractual agreements with service providers
- Articulated roles for people with lived experience of suicide in decision making and governance processes related to expanding referral pathways.

Implementation of:

- Established processes and systems to monitor demand and safety risk
- Clear governance arrangements that prioritise participant safety and outcomes
- Data informed planning, decision-making and outcomes monitoring
- Co-design with health services, participants, people with lived experience of suicide, their families and supporters, and community members.

Service providers

Establishment of:

- Processes and systems to monitor participant demand and risks to safety
- Structures or processes that enable people with lived experience of suicide in the local community to advise on the delivery and continuous improvement of aftercare services.

Introduction to Beyond Blue's universal aftercare policy series

Over the last decade, a body of knowledge has been developed about different models of aftercare services, their implementation, and impacts. With the rollout of universal aftercare across all states and territories, the experiences and knowledge from people who have used the service, service providers and commissioning bodies must be shared to shape the development and implementation, evaluation and continuous improvement of new services.

The purpose of this policy series is to share Beyond Blue's insights from the operational implementation and the national evaluation of The Way Back, across three policy areas:

- Building a sustainable universal aftercare workforce through the development of a national capability framework.
- Improving access to universal aftercare for groups disproportionately impacted by suicide, through the safe expansion of participant-centred referral pathways.
- Demonstrating what effective universal aftercare looks like through a rigorous independent evaluation right from the start.

"I felt like a person and not just a number. She showed she was hopeful for me. She genuinely cared for my recovery and my wellbeing. She could see my improvements week by week. You need a pat on the back when you're so vulnerable – that's how I felt, she encouraged me every single time."¹⁴

- The Way Back participant

Beyond Blue has nearly 10 years' experience in implementing The Way Back. Throughout this period, we have:

- Introduced and sustained intensive, proactive outreach, and practical, psychosocial support services to people following a suicide attempt or suicidal crisis over a three-month period. These support services are delivered through an alliance with traditional clinical services in hospitals, and community-based service providers and the community, providing complementary psychosocial and peer services and supports.
- Responded to feedback from health services, service providers and service participants to provide clarity and guidance on model fidelity.
- Responded to the needs of groups disproportionately impacted by suicide through the establishment of priority referral pathways (specific pathways for First Nations Peoples and people from LGBTIQ+ communities) and the implementation of identified key staff roles and responsibilities within the workforce model.
- Supported the aftercare workforce by developing and delivering communities of practice, training materials and eLearning courses. These are designed to enhance competencies and professional development in suicide prevention.
- Refined monitoring and performance measures.
- Delivered an independent national evaluation with clear recommendations for service providers, commissioning bodies and Commonwealth, State and Territory governments.

While The Way Back is one model of aftercare, its breadth of coverage nationally means that the national evaluation findings are relevant for universal aftercare more broadly. Many of the evaluation insights align with other reports and evaluations including:

- Right from the Start¹⁵
- Suicide aftercare services: an Evidence Check rapid review¹⁶
- the Evaluation of the Victorian Hospital Outreach Post-suicidal Engagement (HOPE) program.¹⁷

There is also strong alignment with themes emerging from the national lived experience universal aftercare co-design process led by Folk and Roses in the Ocean. Please note that a review of the evaluation evidence for aftercare services was outside the scope of this Universal Aftercare Policy Series. The Commonwealth government has commissioned the Sax Institute to update their 2019 rapid evidence review, with their report due in the second half of 2023.

Our experience and knowledge can be used to help governments, commissioning bodies, service providers and advocates make a difference to people surviving a suicide attempt or suicidal crisis.

Background to The Way Back Support Service

Nearly 10 years ago, Beyond Blue, along with others in the sector, focused advocacy and service design efforts on filling the gap in community-based support for people in the critical period following a suicide attempt or suicidal crisis. We designed, piloted, evaluated and have continuously improved The Way Back over this time, with the service supporting more than 20,000 people nationally. Our ultimate goal was to see effective aftercare services scaled up and embedded in the system so that support was available to anyone, regardless of where they lived or their circumstances.

From end June 2023, Beyond Blue will formally cease involvement with the delivery of The Way Back and transition sites to the Commonwealth, State and Territory governments and Primary Health Networks (PHNs). This will include the handing over of all The Way Back intellectual property and assets, including the service delivery model, supporting collateral and templates, training packages, data and monitoring infrastructure. Through the National Mental Health and Suicide Prevention Agreement, all States and Territory Governments have committed to universal aftercare and, where The Way Back is established, a version of the service will continue from July 2023.

Over recent years, several of The Way Back sites conducted a variety of feasibility, process and effectiveness evaluations. The Nous Group conducted the national evaluation of The Way Back from June 2020 to November 2022, releasing their [final evaluation report](#) in March 2023. The evaluation examined The Way Back's implementation service model design, service quality and participant outcomes. It also examined the factors that shaped participant and service outcomes and provided recommendations to inform improvements to future aftercare service models in Australia.

This extensive evaluation across 27 sites reached 8,734 participants. The evaluation analysed national activity and outcomes data, quarterly report data and survey data from participants, providers and respondents to a Blue Voices (Beyond Blue's lived experience group) and Roses in the Ocean members surveys, and included interviews with providers, commissioners, government stakeholders, Beyond Blue and participants of The Way Back.

Key findings from The Way Back national independent evaluation

Participants of The Way Back experienced improved outcomes across mental wellbeing, suicidality and psychological distress during their service period, with outcomes similar across sites. Analysis of changes to participant scores relating to these outcomes between the start and the end of their engagement showed that participants of The Way Back experienced a:

- 63% reduction in suicidal ideation
- 28% reduction in psychological distress
- 86% improvement in wellbeing.

“She contributed to my wellbeing. I think I’m alive because of her.”¹⁸

- The Way Back participant

Overall, The Way Back, made a significant contribution in supporting people to recover from a suicide attempt or suicidal crisis. The Nous Group identified that the strength of the relationship between key support worker and participant (also referred to as the ‘therapeutic alliance’) was a major contributor to participant engagement with The Way Back and their subsequent recovery.

The national evaluation made 16 recommendations to improve the delivery of The Way Back. Beyond Blue supports all recommendations and encourages the consideration of these in the design of universal aftercare.

Why is improving access to universal aftercare important?

Groups disproportionately impacted by suicide experience barriers in accessing aftercare services

Suicide can affect anyone in the community, however, people from particular groups experience a confluence of modifiable stressors and risk factors, that contribute to disproportionately higher risks of suicide¹⁹.

In addition, many individuals identify with, and form part of, multiple groups that are disproportionately impacted by suicide²⁰.

A range and combination of factors can contribute to disproportionately greater impact of suicide. In its *Foundation Paper: Priority Populations, Suicide Prevention Australia*²¹ grouped these factors under the following categories:

1. **Demographic factors** - this includes men, young people (aged 15-24), older people (aged 60+) and those living in regional, rural and remote areas.
2. **Groups experiencing stigma and discrimination** - First Nations Peoples, people from LGBTIQ+ communities, multicultural communities, migrants, immigrants, refugees and asylum seekers, and people with disabilities.
3. **Mental health risk factors** - people living with mental illness, people with a dependence on drugs or alcohol, or experiencing addiction, survivors of previous suicide attempts and people experiencing grief and loss, including those bereaved by suicide.
4. **Occupational risk factors** - people working in high-risk occupations such as trade workers, labourers, managers, farmers, pharmacists, health professionals, emergency service workers, and Australian Defence Forces members and veterans.
5. **Circumstantial risk factors** - people experiencing homelessness or housing instability; people experiencing job loss, unemployment, job insecurity and/or financial hardship; people experiencing loss

of relationship or family breakdown; people experiencing chronic physical illness or injury; people experiencing, at risk of, or exposed to abuse and violence, and people who are or have been in contact with the criminal justice system.

The Productivity Commission and National Suicide Prevention Adviser recommended focussing on groups disproportionately impacted by suicide for targeted interventions noting the possibility for overlap and intersectionality between groups²². Further, Beyond Blue endorses the approach adopted by the National Suicide Prevention Office for the National Suicide Prevention Strategy (currently under development)²³. The Strategy will identify priority actions that address modifiable factors and focus on common areas of disadvantage, to ensure suicide prevention efforts provide the greatest benefits across groups. This will include interventions that target factors affecting numerous groups, as well as measures that are directed towards people from particular groups.

This approach is reflected in this discussion about expanding referral pathways in aftercare, as groups disproportionately impacted by suicide may find it difficult to engage with mainstream services. This could be due to multiple reasons, such as, past experiences of institutionalised racism, experiences of trauma, stigma and discrimination associated with accessing health services, and feeling unsafe, not understood or unwelcome at health services.

What have we learned about improving access to aftercare?

Expansion of referral pathways can increase access for groups disproportionately impacted by suicide

Referral pathways are key to creating access to universal aftercare. The national evaluation of The Way Back found that more people who have a suicidal crisis or attempt could benefit from aftercare if they could be referred via other services (other than emergency departments or community mental health teams). The national evaluation recommended broadening inbound referral pathways so that individuals can be referred from community-based referral pathways such as General Practitioners (GPs), ambulance, crisis hotlines, Aboriginal Community Controlled Health Organisations, Aboriginal Medical Services, and other mental health service providers²⁴. Providers and participants highlighted that this would improve accessibility of The Way Back for groups disproportionately impacted by suicide (for example First Nations Peoples) who would not typically access public hospitals or emergency departments during a suicidal crisis, given the history of institutional racism and historical trauma experienced by people from these communities.

Suicide Prevention Australia²⁵ recommends extensive referral pathways as a key design feature of universal aftercare. This includes referral pathways from:

- Hospitals
- Schools and universities
- Police and emergency services
- Families and support people
- Suicide prevention services including networks, safe spaces/safe havens and crisis lines
- Mental health services including psychologists, psychiatrists, and Head to Health
- Community and peer groups
- Social services
- General practitioners.

There is acknowledgement that self-referrals and referrals from support networks require strong systems and processes to ensure participant safety.

Except for young people, there are no studies examining the effectiveness of aftercare for groups disproportionately impacted by suicide including First Nations Peoples, people from LGBTIQ+ communities and older people²⁶. The national evaluation found that there was apparent low engagement from, or identification of, people from these communities in The Way Back. There was subsequent low involvement in the evaluation which limited the ability to understand whether alternative service models would be appropriate to meet the needs of these groups disproportionately impacted by suicide²⁷. The Way Back was not explicitly co-designed with groups disproportionately impacted by suicide (for example, First Nations Peoples). Lack of co-design and partnerships with local First Nations communities, Aboriginal Community Controlled Health Organisations and Aboriginal Medical Services, and consideration of the Social and Emotional Wellbeing Model (considered best practice for First Nations' health) in the design of the service was identified as a barrier to engagement in The Way Back²⁸.

It is important that referral pathways are informed and developed locally with people from groups disproportionately impacted by suicide to improve their ability to access aftercare services. Understanding where, when, and how people from particular groups feel comfortable accessing advice and care, building trust with them and being responsive to their needs is critical in developing referral pathways that are genuinely accessible.

Expansion of referrals will increase risks to safety and sustainability of universal aftercare

Expanding the types of services, organisations and people who can refer to the aftercare service holds significant risks for the delivery of safe aftercare, and for the sustainability of the aftercare service more broadly. These risks require careful consideration, and should be managed or mitigated through thoughtful design, implementation and delivery processes.

Increases in demand due to expansion of referral pathways may result in demand that exceeds the service availability, impacting responsiveness to the participant. Without timely follow-up, rapid assessment of deterioration and responsive updating of a safety plan, the risks to participant safety will increase and quality of service delivery may be compromised. High demand may result in delays in contacting and following up participants, which increases the risk to participant safety. The impact of increased service demand can be minimised by resource and capacity planning, and with the introduction of demand management plans that include clear thresholds to mitigate service being overwhelmed. Participant safety is paramount and cannot be compromised by the desire to reach a larger number of participants.

The foundations of the aftercare model that give rise to its effectiveness, namely rapid follow-up and the establishment of a strong, trusting and respectful relationship could also be impacted. These are two key features common to effective models of aftercare²⁹. The national evaluation of The Way Back found that the strength of the relationship between workers and participants was the foundational mechanism to create change and improved the participant's remaining experience and engagement with the aftercare service. A strong, trusting and respectful relationship appeared to be a prerequisite to participants continuing engagement with the service, with 83% of participants indicating that their relationship with their key support worker influenced their level of satisfaction with The Way Back³⁰.

There are also risks to the sustainability of the service if employees have high workloads with consequent high amounts of sick leave or low retention. Sustainability of the workforce is further explored in Policy Brief 1: Building a sustainable universal aftercare workforce through the development of a capability

framework. There is already a risk of burnout due to the vicarious trauma experienced in the delivery of aftercare services. High workloads increase this risk. High amounts of sick leave or low retention results in reduced capacity to meet demand which further increases the risk to participant safety. Moreover, there are risks to the relationship with referral partners if the aftercare service cannot deliver a safe and effective service.

"It's confusing for us health professionals let alone people that have two days ago attempted suicide and might be pretty scared, or a bit disinterested and disenfranchised with life. That's not everyone, but we can easily explain health services and direct them to the appropriate portal. I hope that that takes the pressure off the mental health services. Even for family and friends, we can be a bit of a credible source of information where there might not be any other people that do that."³¹

- The Way Back service provider

Referral partners and the community more broadly will lose trust in the aftercare service if it cannot be responsive to the number of participants being referred. Therefore, referral pathways require detailed planning to understand service capacity and capability so that universal aftercare can:

- Be accessible
- be responsive
- Meet demands
- Provide tailored services within the community where it is being delivered
- Reflect the specific needs of the individual and community.

Expanding already established referral pathways without sufficient service or an increase in workforce capacity to respond to the community need, will result in:

- Unrealistic community expectation
- Unmet demand
- Long waitlists
- Loss of trust in the aftercare service.

This is particularly important for groups disproportionately impacted by suicide, such as First Nations Peoples and people from LGBTIQ+ communities, that already have barriers to accessing care, including lack of trust and confidence in traditional health care to meet their needs.

What does this mean for the implementation of universal aftercare?

Place-based planning should be used to determine referral pathway expansion

Determination of the need for a referral pathway should be centred on:

- Place-based planning that maps population data
- Community consultation
- The capacity of health services, stakeholders, service system and workforce
- Gaps that may impact referral pathways to and from aftercare services.

There must be comprehensive evidence of the demand through different referral pathways so that risk mitigations can be put in place.

Thorough and inclusive stakeholder consultation is also required to understand health and community services' relationships and capacity. This is particularly important for building the trust with, and confidence of, groups disproportionately impacted by suicide. The imbalance in power relationships between people from these groups and service providers means there is a need to genuinely listen and respond compassionately to communities when they provide feedback and advice on what they need to effectively prevent suicide.

A clear process to assess expansion proposals and options should include specific assessment criteria. The criteria could include validated data to understand:

- Need
- Risks
- Workforce capacity and capability
- Ability to deliver the model of care with fidelity
- Ability to achieve key performance indicators
- Outcomes and contractual obligations
- Risk mitigation strategies
- Support of relevant community partners and services.

There should be monitoring of referrals to understand and respond to change, as well as demand-management planning that considers capacity and capability of workforce, and service organisation maturity.

Governance structures must guide decisions regarding expanding referral pathways

Governance oversight, including a clinical governance structure, is critical in decision-making when establishing or expanding referral pathways into aftercare services. This will ensure organisations are accountable for the safety and quality of their services. Localised governance committees tasked with establishing or expanding referral pathways, should use their governance frameworks to ensure the proposed pathway does not compromise the safety and quality of aftercare service, and ensures services are connected, effective and person-centred for every person, every time.

Localised aftercare governance committees require a clear mandate and accountabilities to establish referral pathways or vary model-of-care requirements. These committees should include representatives of:

- Primary Health Networks
- Health services
- Community-based services
- People with a lived experience of a suicide attempt or of supporting a loved one through a suicidal crisis
- Services or organisations representing groups disproportionately impacted by suicide
- Members from the community.

Guidance should be developed to outline a consistent approach to decision-making for determining the safe expansion of participant-centred referral pathways. This should include an outline of the decision-making process and criteria.

A staged approach to expanding referral pathways is recommended. Experience with The Way Back indicates that aftercare services mature over time in their capacity and capability to respond to increased demand. This can be because more mature sites know their local communities better than newer sites. They often have better established relationships with other services and local organisations, and have a greater understanding of demand-management in their specific context. This is an important consideration when establishing a new aftercare service or deciding to expand access to a current service.

The guidance for expanding referral pathways should be informed by people with lived experience to ensure their needs are at the heart of the design, implementation, monitoring and evaluation of universal aftercare. Understanding the experiences and needs of groups disproportionately impacted by suicide is critical to designing the safe expansion of referral pathways that increase access for people from these groups.

Strong partnerships provide tailored responses to groups disproportionately impacted by suicide

The foundation of effective referral pathways is strong partnerships supported by formal arrangements with referring partners. The experience of The Way Back highlighted the importance of having strong relationships with referring providers, clinical and psychosocial services, all of which were critical to service delivery. Providers with stronger relationships felt they better understood local need. However, many providers noted they had limited partnerships with First Nations organisations, such as local Aboriginal Community Controlled Health Organisations or Aboriginal Medical Services³². This negatively impacted the establishment of culturally safe and effective pathways suitable to the needs of First Nations Peoples.

There are good examples of aftercare models that respond to First Nations Peoples' needs and preferences. It should not be assumed that a universal aftercare model should attempt to replace or duplicate these without clear evidence of demonstrated need. It is essential to partner with First Nations organisations already delivering effective services to understand the need to expand, and at a minimum ensure existing aftercare services are culturally safe. First Nations-led solutions, coupled with culturally safe and

responsive support services, are essential for supporting these communities who may be disproportionately impacted by suicide or experiencing other mental health crises³³.

Given the challenges that many communities face in accessing care, it is critical that future aftercare service models be explored through co-design, to identify adjustments that would lead to significant improvements to access and outcomes for people from particular communities. Co-design should be led by members of these communities and should be culturally appropriate³⁴.

There are also disparities between metropolitan and regional, and remote areas. People have limited physical access to health, mental health and psychosocial services in regional and remote areas. This affects the ability of the aftercare service to refer regional, rural and remote participants to services that meet their needs in a timely manner. People from regional and remote communities engage with aftercare in different ways, which affects what changes can be made in aftercare services to meet local community needs. Developing an understanding of what services are available for rural and remote communities, including targeted services for groups disproportionately impacted by suicide, is important in the design of universal aftercare. Where face-to-face services are not available, digital solutions to bridge access gaps should be considered.

In summary

The expansion of referral pathways is an important mechanism to increase access to universal aftercare for groups disproportionately impacted by suicide. With any expansion of new pathways into aftercare services, comes increased risks to participant safety and service sustainability. These risks, as outlined in this policy brief, should be mitigated through careful place-based planning, strong governance structures, local partnerships and a staged approach to the implementation of new referral pathways.

We hope that the insights and learnings we have outlined in this Beyond Blue Universal Aftercare Policy Series will be used by the Commonwealth, State and Territory governments, commissioners of aftercare services and service providers to continue to make a difference to the lives of aftercare participants through the successful rollout of universal aftercare in Australia.

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