Beyond Blue

Universal Aftercare Policy Series

Policy brief 3:
Demonstrating what effective universal aftercare looks like through a rigorous independent evaluation right from the start

July 2023

Contents

Glossary

Client Management System Provides organisations with one central location to store and track all aftercare service participant data.

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 partners[1]. Co-design embodies the idea of nothing about us without us.

CX principles Beyond Blue uses the following six community experience principles to guide the design of our products or services. These principles are insight-driven, community-tested and Beyond Blue-specific. KPMG's Six Pillars of Experience[2] were used in the development of the Beyond Blue principles.

1. **Walk with me with compassion:** Show me you care and treat me with compassion at every interaction.
2. **Keep it easy:** Remove the effort required for me to interact and take action.
3. **Ensure accessibility:** Ensure an equitable, flexible and welcoming experience for my individual abilities and needs.
4. **Make it human:** Make me feel heard and valued by personalising my experiences and giving me control of my journey.
5. **Provide safety and inclusion:** Allow me to feel safe by welcoming me and providing a space free from judgement and harm.
6. **Be trustworthy and transparent:** Be clear and honest about what you can do for me and what is required of me.

Evaluation The systematic process of assessing what you do and how you do it to arrive at a judgement about the 'worth, merit or value' of something. Essentially, evaluation involves taking a series of planned steps to better understand a program or service[3]. There are many types of evaluation designed for different situations and with different objectives.

Groups disproportionally impacted by suicide Beyond Blue endorses the following statement from the National Suicide Prevention Office's National Suicide Prevention Scoping Paper[4]: "[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 included aftercare insights and evaluation findings related to specific experiences, groups and communities.

Human-centred design A creative approach to problem solving that starts with the people being designed for. By gaining a deep understanding of people's needs, hopes and aspirations, better and more innovative solutions can be created with them.

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 suicide[5]. 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 experience[6]:

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.

Outcomes The effect of a program, service or policy[7].

Outcome measure The measures chosen to assess the impact of an intervention, service or program[8].

Participant-centred This approach treats each participant in a service respectfully as an individual human being, and not just as a condition to be treated. It involves seeking out and understanding what is important to the participant, their families, carers and support people, fostering trust and establishing mutual respect. It also means working together to share decisions and plan care. There is good evidence that participant-centred care can lead to improvements in safety, quality and cost-effectiveness of health care, as well as improvements in participant and staff satisfaction[9].

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.

Primary Mental Health Care Minimum Data Set A data set that provides the basis for Primary Health Networks and the Australian Department of Health and Aged Care to monitor and report on the quantity and quality of service delivery, and to inform future improvements in the planning and funding of primary mental health care services funded by the Australian Department of Health and Aged Care[10].

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 friends[11]. Psychosocial supports are specific to each person and their needs.

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 injury[12].

Suicidal crisis A person experiencing distress, suicidal thoughts and articulating an intent to die, which may or may not result in a hospital admission[13].

Therapeutic alliance The therapeutic alliance consists of three elements: agreement on the goals of the treatment, agreement on the tasks, and the development of a personal bond between worker and participant that is made up of reciprocal positive feelings[14].

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 services[15]." 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 aftercare[16].

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 severe[17]."*
>
> - The Way Back participant

Demonstrating what effective universal aftercare looks like

Continuing to build the aftercare evidence base will underpin service improvements, participant outcomes and the social and economic return on investment. The 2019 Sax Institute evidence review of aftercare found no rigorous evaluations of the impact of aftercare services, very limited studies with groups disproportionally impacted by suicide, little rigorous research examining components of effective aftercare and only one study that examined cost-effectiveness of aftercare.

A consistent approach to transparent monitoring and evaluation is essential to ensure evidence is applied in practice and informs continuous development. Insufficient or inappropriate training, inadequate investment in data systems and minimal utilisation of data means that data collected is often patchy, inconsistent or incomplete. This limits the capacity of evaluators to determine the effectiveness of service model elements and for service providers to apply evidence from monitoring

and evaluations into their ongoing practice and continuous improvement. This ultimately can impact community and funder confidence and support the case for ongoing aftercare investment.

Upfront monitoring and evaluation planning is critical. There are clear benefits to participants, service providers, commissioning bodies and funders of aftercare services if there is early and well-planned establishment of a monitoring and evaluation approach, and framework, prior to commissioning of new services. This is vital given the significant investment by governments in universal aftercare – it is in everyone's interest that the social and economic impact of this investment can be measured and reported from day one. This will provide the evidence to inform future investment decisions and protect against the diminution of funding.

Data systems can be enablers and barriers to robust monitoring and evaluation. The national evaluation of The Way Back found that data was, at times, inconsistently or inaccurately collected and the introduction of new client management systems resulted in issues with data upload. These learnings, including the reduction of data collection burden on participants, should be applied to the monitoring and evaluation planning for universal aftercare.

Employee capability in data collection will improve data capture and participant experience. The national evaluation of The Way Back found that data collection and reporting processes were burdensome on staff and limited the ability of the evaluation to understand the implementation progress outcomes for participants (due to data quality or incompleteness).

Co-design with people with lived experience has a foundational role in monitoring and evaluation. The rollout of universal aftercare provides a critical opportunity for Commonwealth and State and Territory governments to ensure monitoring and evaluation of these services is underpinned by a commitment to measuring what matters to people using the service.

Ensuring monitoring and evaluation is person-centred and inclusive. Putting participants of aftercare services at the centre of monitoring and evaluation activity is crucial in delivering ethical and outcomes-focused evaluation. This is particularly relevant for groups disproportionately affected by suicide who are often not sufficiently represented in research and evaluation activity.

What needs to happen next?

1. **Development of a national monitoring and evaluation framework must be established from the start.** This should include:
   a. Agreement regarding the scope and responsibilities of each jurisdiction, Primary Health Networks and service providers
   b. Clarification of the roles of people with lived experience of suicide in monitoring and evaluation processes
   c. Confirmation of funding source for the development of the national monitoring and evaluation approach, including support for the infrastructure required for consistent and quality data capture, analysis and reporting
   d. A commitment to robust qualitative and quantitative measurement of shared outcomes.

2. **Establishment of a monitoring and evaluation working group** at the national level with representatives from States and Territories and people with lived experience of suicide.

3. **Agreement on the outcomes that aftercare is seeking to achieve** for participants, service providers, commissioning bodies and funders of aftercare services.

4. **Funding of two-additional foundational monitoring and evaluation projects:**
   a. **A co-design process to determine the evaluation approach, performance and service measures** for universal aftercare involving national and jurisdictional funders, commissioners, service providers, people with lived experience and other subject matter experts. Outcomes from the Folk and Roses in the Ocean lived experience co-design process should be a key input to this project.
   b. **The identification of appropriate, relevant and culturally safe outcome tools and measures**, followed by a consultation/co-design process (with lived experience input) on which tools are selected. These tools should reflect the intended outcomes of the service.

Opportunities for action by governments, commissioning bodies and service providers

To reduce duplication of effort and costs across all these areas for action, we have outlined the activities required to implement a robust approach to the monitoring and evaluation of universal aftercare at the various levels of responsibility. Please note that the opportunities for national action should be implemented in partnership with State and Territory governments and will benefit all jurisdictions and services providers.

National (Commonwealth and/or States and Territories)

Confirmation of:

- Agreed monitoring and evaluation approach and framework prior to commissioning of aftercare services, including shared medium and longer-term service, system and participant outcomes
- Outcome measures that need to be collected across all States/Territories and programs which are informed by literature review and consultation with aftercare participants
- The role of people with lived experience of suicide in monitoring and evaluation processes. For example, contribution to the review of appropriate outcome measures
- Minimal data requirements for the monitoring and evaluation framework.

Implementation of:

- contracting of appropriately skilled evaluator as soon as possible
- data repository with supported analytical tools for States/Territories, Primary Health Networks, service providers and workers to have dashboard data at the States/Territories, regional or service provider level.

Development of:

- a commissioning framework that includes data collection requirements and capability.

Aftercare service commissioning bodies

Confirmation of:

- ethics processes to access participant data from referral partners and service providers assessed in the commissioning process
- clear roles and responsibilities for collection, analysis and reporting of data reflected in service contracts.
- Implementation of:
- assessment of service providers' client management systems during the commissioning process
- efficient and standardised process of data collection
- reporting data analysis and insights back to workforce, service providers and communities
- process for collecting information on people who don't engage with or who disengage early from the aftercare service to better understand why the service did not meet their needs.

Service providers

Implementation of:

- adequate workforce training in data collection to ensure validity and reliability of data
- systematic collection and storage of data in line with Australian data privacy legislation.

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:

1. Building a sustainable universal aftercare workforce through the development of a national capability framework.

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

3. 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[18]."

- 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 disproportionally 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 Start[19]
- Suicide aftercare services: an Evidence Check rapid review[20]
- the Evaluation of the Victorian Hospital Outreach Post-suicidal Engagement (HOPE) program.[21]

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[22]."*
>
> **- 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 demonstrating what effective aftercare looks like important?

Building the evidence will underpin service improvements and participant outcomes

Aftercare services are relatively new in Australia with a pilot initially conducted by Lifeline in 2006 and 2007, followed by programs in Brisbane and Newcastle. Beyond Blue's The Way Back model was piloted in Northern Territory in 2014-15. Subsequently, 38 sites implemented this model. Other models have been implemented in New South Wales and South Australia. In 2016-17, the Victorian Government funded the Victoria HOPE Initiative.

Many of these aftercare services have undertaken either research or evaluation. However, most are limited by the scope of the evaluation and the quality of data. The 2019 evidence review of aftercare services conducted by the Sax Institute found no rigorous evaluations of the impact of aftercare services, very limited studies with groups disproportionally impacted by suicide, little rigorous research examining components of effective aftercare and only one study that examined cost-effectiveness of aftercare[23]. In particular, the authors noted that future research and service development should examine more closely if outcomes and experiences from the services are similar or different across different participant groups. This focus would expand the evidence base on which service delivery practices and elements would work best to improve engagement and utilisation of services by people from groups disproportionally impacted by suicide[24].

Research and evidence are key enablers in the design and development of the universal aftercare system[25]. The evidence on which model elements work for whom, when and why continues to emerge. Suicide Prevention Australia recommends that early and ongoing investment in research and evaluation on aftercare should be commissioned throughout the development of universal aftercare, and that this should be a priority in future suicide prevention research funding allocations[26]. Evidence generated from research and evaluation activity should be shared through targeted knowledge translation activities to ensure future services have the best possible opportunity to better meet the needs of those who require those services. Where possible, real-time aggregated data from services should be shared between relevant stakeholders to promote continuous improvement.

In addition, Suicide Prevention Australia notes that standardised data collection and a linked data system are key enablers across universal aftercare, stating that this could include the extension of existing data monitoring systems[27]. This recommendation is reflected in all recent reports from mental health inquiries and consultations, including the Productivity Commission's Mental Health Inquiry, the Royal Commission into Victoria's Mental Health System, and the National Suicide Prevention Advisor's Final Advice to the Commonwealth.

A consistent approach to monitoring and evaluation is essential to ensure evidence is applied in practice

Data collection is often experienced by the service delivery workforce as time-consuming and burdensome. Insufficient or inappropriate training, inadequate investment in data systems and minimal utilisation of data to understand service quality or participant progress means that data collected is often patchy, inconsistent or incomplete. This increases the risk of losing the opportunity to collect key service and participant data that is of sufficient quality and reliability. Without this, it is difficult for:

- Service providers, commissioning bodies and government stakeholders to monitor service quality and understand the participant's experience of the service, or their outcomes
- Service evaluators to draw evidence-based conclusions in evaluation
- Communities and funders to maintain confidence in, and support for, ongoing investment in aftercare services.

Universal aftercare should use consistent metrics, with services working towards shared service, system and participant outcomes. This contributes to the capacity of evaluators to determine the effectiveness of service model elements and for service providers to apply evidence from monitoring and evaluations into their ongoing practice.

What have we learned about demonstrating what effective aftercare looks like?

Upfront monitoring and evaluation planning is critical

Monitoring and evaluation are critical enablers of the establishment, improvement and outcomes of universal aftercare. There are clear benefits to participants and their families and supporters, service providers, commissioning bodies and funders of services if there is an early and well-planned establishment of a monitoring and evaluation approach and framework prior to commissioning of new services.

These benefits include:

- Measures that lead to improved outcomes for participants
- Increased engagement and participation of participants
- Efficient, effective and timely data reporting
- Robust results that can be used with confidence by service providers, commissioners of services and funders
- Development of robust key performance indicators
- Continual improvement in the delivery of aftercare.

> *"[We recommend] prioritising timely and well-resourced evaluation activities, including the establishment of an evaluation framework[28]."*
> - The Way Back independent evaluators

Without a planned monitoring and evaluation framework, there is no agreed understanding of what questions need to be answered to benefit the participants, the program, the service providers or the funders. It is critical that monitoring and evaluation insights – particularly insights on what works for people in aftercare services – are disseminated to stakeholders, including community members where appropriate. Aftercare services, and suicide prevention services and initiatives more broadly, should be underpinned by a commitment to knowledge dissemination for continuous improvement.

In addition, data collection that is not anchored in a monitoring and evaluation framework with defined evaluation questions results in ad hoc data collection that may not be able to answer the questions or understand progress against outcomes when these are defined later. Furthermore, without clarity regarding the outcomes, and which data is required to measure progress against those outcomes, there is a lost opportunity to design efficient data collection systems and processes that align with operational requirements as part of the establishment of the service. This can result in data burden to service providers and can contribute to inaccurate and incomplete data.

Data collection systems, such as client management systems used in universal aftercare, require up-front planning to:

- Define the required data necessary for monitoring and evaluation, to reduce inaccurate and incomplete data capture.
- Provide sufficient training for employees to reduce errors in collection, upload and interpretation
- Reduce the burden of data collection on participants as much as possible, and to minimise the risk that the process of data collection is distressing for participants.

Finally, a common challenge in data collection is a delay in ethics approvals for evaluation projects. Early development of the monitoring and evaluation framework with determination of the need for ethics approval allows time to prepare and submit ethics applications. This can be particularly relevant for sensitive research, such as that of suicide prevention activities where researchers are engaging with people with lived experience of suicidality. Early ethics approval will improve the likelihood that evaluators are able to reach as many program participants as possible as part of their sampling strategy– in turn strengthening evaluation findings.

> *"I've never worked in a service with such a burdensome data collection process[29]."*
> - The Way Back participant

Data systems can be enablers and barriers to robust monitoring and evaluation

Fundamental to monitoring and evaluation is having complete and representative data so that conclusions are robust and can be generalised to the broader population or sub-population. Best practice monitoring and evaluation of services requires the systematic collection of data across the whole population accessing the service, in a format that can be easily analysed both for real-time monitoring and evaluation activity. This is most easily achieved through electronic client management systems.

The national evaluation of The Way Back found that some sites indicated that the introduction of new client management systems resulted in issues with how and what data was uploaded into the Primary Mental Health Care Minimum Data Set and The Way Back extension data[30]. As such, sites were unable to enter their data in the system, contributing to the patchy and incomplete data for use in the evaluation. This also duplicates and/or wastes limited resources.

The national evaluation found that different client management systems were used across different sites to report into the Primary Mental Health Care Minimum Data Set[31]. This meant that sites had varied issues with how and what data was uploaded. For example, one site indicated that their system had a mandatory requirement to complete fields on outcomes measures which meant they were

unable to continue inputting any data until the field was filled. If the employee did not have the data at hand, then the rest of the data required could not be completed. There was no quality checking to remind employees to complete data collection at a later point. This resulted in a period of incorrect data within the data repository for this site. To prevent errors in the data, digital data collection with mandatory requirements, data validation and quality checking is ideal.

Employee capability in data collection will improve data capture and participant experience

The national evaluation of The Way Back found that data collection and reporting processes were burdensome on staff, which limited the ability of the evaluation to understand the implementation progress outcomes for participants (due to data quality or incompleteness) [32]. Primary Health Networks and service providers encountered significant challenges setting up data collection and reporting processes due to capability issues and data input variations across sites.

Employees require a sound understanding of the definition of outcome measures used in the service, and their value in improving service delivery and outcomes. It is not only important to provide sufficient training in the data collected and how to use the systems and tools to collect the data. Providing feedback on the activity data and outcomes of the service is an important mechanism to demonstrate the value of the data and increase commitment to data collection. It acts as a data quality feedback loop where missing or inaccurate data can have a significant impact on the interpretation.

Finally, employees provide valuable information on how the data can be collected in their day-to-day processes and practices, which should be factored into future process design (applying well-founded CX principles and human centred design methodologies). Difficulties integrating collection of measures into the everyday practice of their work may result in low completion rates[33].

> *"I've spent hours aligning to data requirements and shifting into the MDS[34]."*
> - The Way Back participant

The important role of co-design with lived experience in monitoring and evaluation

Lived experience co-design is recognised as best practice and increasingly used to inform the design and delivery of health and community care – with mental health at the forefront of this evolution[35]. The rollout of universal aftercare provides a critical opportunity for Commonwealth and State and Territory governments to ensure monitoring and evaluation of these services is underpinned by a commitment to measuring what matters to people using the service.

This principle should also be reflected in the selection of outcome measures. Measures that are important to aftercare participants are more likely to engage participants and overcome some of the barriers to data collection discussed above. Appropriate measures are particularly important in ensuring that the needs of groups disproportionally impacted by suicide are considered in the design and delivery of a service. There are already significant barriers to accessing aftercare services for these groups. Measures that do not reflect what is important to them can create a further disincentive to engage with the service. Moreover, measures need to be culturally appropriate and responsive to best practice models for people who are disenfranchised by the structures of, or who have experienced harm in, the healthcare system.

The Commonwealth Government has commissioned Folk and Roses in the Ocean to lead a national lived experience co-design process. The insights generated by this process should inform the monitoring and evaluation approach of aftercare services, including the development of performance measures, service improvement processes, and service and participant outcomes.

Ensuring monitoring and evaluation is person-centred and inclusive

Putting participants of aftercare services at the centre of monitoring and evaluation activity is crucial in delivering ethical and outcomes-focused evaluation. Data systems – including what data is identified as important to collect and the way in which it is collected – has a direct impact on building an evidence base that is representative of everyone who uses the services and those who decline to participate. This is particularly relevant for groups disproportionately affected by suicide who are often not sufficiently represented

in research and evaluation activity. There are several reasons for this – including, for example, LGBTIQA+ people not being willing to disclose their sexual orientation or gender identity to service staff due to a real or perceived lack of safety to do so. There is also the challenge of recruiting people from diverse backgrounds to participate in qualitative data collection such as surveys and interviews. The national evaluation of The Way Back was unable to draw conclusions about the service for specific cohorts due to minimal qualitative data from interviews and surveys[36].

This evaluation[37] found that there is very limited data on who does not take up the service, why they declined to participate, what factors may have contributed to an unplanned exit, and the differences planned versus unplanned exits have on a participant's behaviour. To drive service improvement and engagement, it is crucial that evaluation includes a focus on better understanding the needs of people who disengaged early from the service or who did not take up the offer of a referral into the service, including people from groups disproportionately affected by suicide. These important lines of enquiry should inform service adaptations to improve uptake and engagement rates including from cohorts who are often excluded from mainstream services such as First Nations Peoples [38].

To undertake this enquiry, evaluation approaches need to acknowledge barriers to service engagement and participation in evaluation activity, and design approaches that meet people where they are at. There is also opportunity to work collaboratively with service providers to ensure data collection approaches are delivered in a person-centred way, with participants informed of and comfortable with why data about them is being collected and to what end. This includes rigorous, person-centred qualitative enquiry during a participant's time in the service. For example, ensuring there is ongoing opportunity for participants to provide feedback on their experience of the service and what matters to them in their recovery.

Ensuring there is a representative sample of service participants in qualitative interviews conducted by evaluators as much as possible is also important to ensure that the views of all participants are reflected in the evaluation.

What does this mean for the implementation of universal aftercare?

A national monitoring and evaluation framework must be established from the start

There is no question that aftercare service providers see value in using monitoring and evaluation to improve delivery of the service. While the National Mental Health and Suicide Prevention Agreement makes a commitment to a national evaluation, including evaluation principles, there is no specific description of the scope, funding structure and approach to evaluation of universal aftercare.

It is critical that there is a national approach to monitoring and evaluation scope and responsibilities between the Commonwealth, States/Territories, Primary Health Networks and service providers. This should also include confirmation of the funding source for the development of the national monitoring and evaluation approach including support for the infrastructure required for data capture, analysis and reporting.

A monitoring and evaluation framework should be developed to inform data and reporting requirements, and a monitoring and evaluation working group should be established at the national level with representatives from States and Territories and appropriately skilled representatives of people with lived experience of suicide.

There is currently work being undertaken by the Bilateral Data Community of Practice to inform future enhancement in both Commonwealth and State and Territory data capabilities, with a vision to develop a tool/platform which can be scaled and used for aftercare services and other mental health programs. They are committed to providing recommendations regarding future metrics which may be added to the Primary Mental Health Care Minimum Data Set or other sources which support effective monitoring of universal aftercare, for example, workforce numbers.

There needs to be agreement on the outcomes that aftercare is seeking to achieve for participants, service providers, commissioners and funders of aftercare services. Some of the relevant monitoring and evaluation questions that are common for all aftercare models are:

- Is the service accessible and well targeted?
- Does the service deliver the intended outcomes?
- Does the service provide a good participant experience?
- Is the service safe and effective?
- Is the service well connected into the clinical system and delivering on its psychosocial outcomes?
- Is the service of value to the community?

These questions could form the basis of a Minimal Viable Product for monitoring and evaluation to which all jurisdictions can contribute. There may be additional specific metrics that jurisdictions or service providers need to consider for contract arrangements, key performance measures or for continuing service improvement. However, these should not be part of the minimum requirements.

Data collection requirements need to be part of the commissioning framework so that service providers can assess their data collection capabilities as part of preparing their business case. Furthermore, service providers need to seek the feedback of their employees in building data collection and use into day-to-day processes that are easy for them to use.

Co-design needs to underpin future monitoring and evaluation of universal aftercare

Aftercare participants and those with lived experience of suicide provide valuable knowledge and experience to shape the design, delivery, monitoring and evaluation of aftercare services. The benefits include:

- service delivery measures that focus on the engagement, participation and experience of aftercare participants
- outcome measures that are meaningful to aftercare participant lives and how they understand their recovery from a suicide attempt
- increased engagement and motivation of participants
- increased participation of groups disproportionally impacted by suicide
- increased commitment of key support workers in data collection.

The lived experience co-design process currently being led by Folk and Roses in the Ocean is an important source of information for people with lived experience of suicide. The insights gathered in this process must be used as a key input into monitoring and evaluation frameworks, including future evaluation and outcomes measurement approaches at national, state and service levels, where it is appropriate to do so, and in partnership with people with lived experience.

The outcomes of the co-design process should inform a secondary project to co-design the evaluation approach, performance and outcome measures for the aftercare service with national and jurisdictional funders, commissioners, service providers, people with lived experience and other subject matter experts.

This work needs to be led at the national level to reduce duplication and effort for the jurisdictions, Primary Health Networks or service providers.

Review of outcome measures for appropriateness and cultural safety

Engaging participants in the aftercare service at a time of crisis is challenging. The key support workers who provide care and support find it difficult to collect data from the participants as they enter the service if the participants do not find the request for information relevant. Measures that feel appropriate and relevant to participants are more likely to encourage participants to engage with the measures and can generate motivation.

The evaluation of the Northern Territory Support Service that used a measure of subjective quality of life found there were difficulties in getting key support workers and participants to complete the scale. The evaluation of this service recommended that further research be undertaken to identify the most suitable measures that can be incorporated as part of routine service provision that are meaningful and acceptable to participants and that help to guide ongoing care[39].

Inappropriate measures are also a barrier to key support workers who do not feel the measures are relevant to participants or to the changes that key support workers are monitoring. Key support workers are less likely to persist in data collection if they cannot see the significance, relevance or application and benefit of the data they are being asked to collect. For example, The Way Back sites that understood the purpose of the data collection, and were able to frame it appropriately with participants, had better data uptake than sites who viewed it as a 'tick-box exercise' and were not engaged with the broader purpose of data collection, for example, for service improvement.

Understanding the needs and outcomes of groups disproportionally impacted by suicide is critical to assessing whether aftercare services are reaching these groups and making a difference to their lives. Measures that are meaningful to these groups are especially important when considering engagement of them. For example, the evaluation of the Aboriginal Aftercare Service, implemented and managed by Pika Wiya Health Service Aboriginal Corporation of Port Augusta, recommended that the capture of clinical outcomes be culturally appropriate[40].

Similarly, safety is an important issue in the collection of data and information. Participants from LGBTIQA+ communities may be reluctant to disclose their sexual or gender identities due to perceived or real lack of safety for these groups in mainstream healthcare services. Analysis of groups disproportionally impacted by suicide is an important way in which services can continue to be tailored to meet the needs of participants, so it is critical that these groups feel safe in providing their data and information. Without representative data on groups disproportionally impacted by suicide, the evaluation cannot draw conclusions about the effectiveness of aftercare service for these people. It is also crucial that data collection and evaluation activity undertaken has a

uniform approach to ethics approval, and considers established principles of Indigenous data sovereignty outlined by the Lowitja Institute[41].

A project needs to be undertaken to identify and evaluate outcome tools and measures for appropriateness, cultural safety and relevance, followed by a consultation/co-design process (with lived experience participation) on which tools are selected. These tools should reflect the intended outcomes of the service.

In summary

The introduction of a nationally consistent approach to the monitoring and evaluation of universal aftercare outlined in this policy brief is required to build the evidence base regarding what effective aftercare looks like. This approach should be aligned with the broader monitoring and evaluation approach to be outlined in the National Suicide Prevention Office's Outcomes Framework (under development) and include clarity on what data is collected, how it is to be collected and by who, and what workforce training is required to support it.

The national aftercare monitoring and evaluation framework should be implemented early and informed by lived experience expertise. This will ensure that the commitment to national evaluation, as outlined in the National Mental Health and Suicide Prevention Agreement, is underpinned by an assurance to measure what matters to people using aftercare. Building a robust and consistent approach to monitoring and evaluation right from the start will ensure high-quality, safe and effective aftercare services are delivered to the community.

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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