The Way Back Support Services Evaluation | Interim Evaluation Full Report

Beyond Blue

24 November 2021

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.

Disclaimer:

*Nous Group (**Nous**) has prepared this report for the benefit of the Beyond Blue (the **Client**).*

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Contents

1 Introduction

This introduction outlines the background to The Way Back, the purpose, scope and limitations of the evaluation and the purpose and structure of this report.

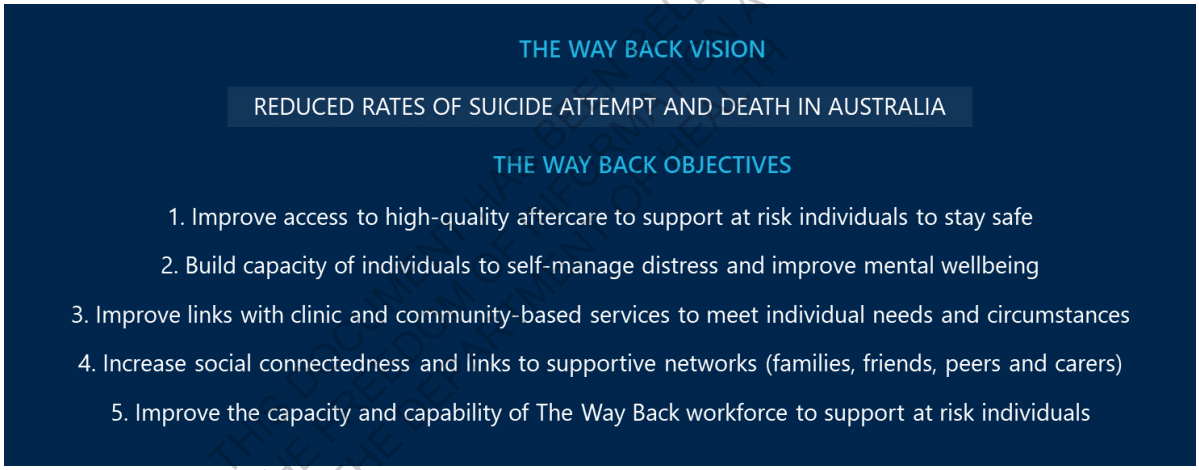
1.1 Background to The Way Back

The Way Back is a non-clinical service providing assertive outreach and psychosocial support.

There is a pressing need for services in Australia that help to prevent suicide re-attempts. Over 3,000 deaths by suicide occur in Australia each year. In 2020, there were 3,139 deaths by suicide – an average of about nine per day.[1] 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.[2]

The Way Back supports recovery from a suicide attempt or crisis by supporting people to improve their emotional state, wellbeing and resilience and protective factors.[3] The vision and objectives are shown in Figure 1 and its service model is described in Appendix E.1.2.

Figure 1 | Vision and objectives of The Way Back



Beyond Blue developed The Way Back in 2014 and trialled it in the Northern Territory (NT), the Australian Capital Territory (ACT) and New South Wales (NSW). As of September 2021, approximately $82.3 million of funding had been budgeted for the delivery of The Way Back from 2018 to 2022 including:

- $32.73 million service funding and $11.89 million operational funding from 2018 from the Australian Government.
- $32.73 million matched contributions from state and territory governments.
- $5 million from Beyond Blue. Further analysis of funding arrangements is provided in Appendix E.1.5, Figure 5.
- $2 million from the Paul Ramsey Foundation for improvements to The Way Back's data collection and management processes, administered to Beyond Blue between December 2018 and June 2022.

There are 31 sites operating, and up to 40 expected to be operational by June 2022 (see Appendix B). The Way Back is delivered in partnership with Primary Health Networks (PHNs), Local Health Districts (LHDs),

[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). *The Fifth National Mental health and Suicide Prevention Plan*. Canberra: The Australian Government. pp.23
[3] Beyond Blue, 'The Way Back Support Service - Service delivery Model', March 2020.

Hospital Health Services (HHS) and non-clinical providers. The Way Back service providers (providers) are typically not-for-profits that deliver community-based psychosocial support services.

Beyond Blue supports PHNs and providers to implement The Way Back with fidelity to the service model, by developing resources and providing guidance, training and governance.

The Way Back operates within a complex mental health and suicide prevention system and has a key role in integrating services for clients across the acute health system and through community and psychosocial supports.

1.2 Purpose and scope of the evaluation

This evaluation covers the period from June 2020 to November 2022.

Beyond Blue is responsible for commissioning an independent evaluation of The Way Back under the Australian Government Agreement. Beyond Blue engaged Nous Group (Nous) to evaluate The Way Back from June 2020 to November 2022. The objectives are to assist Beyond Blue and providers to:

- be accountable for implementation progress and quality
- understand the outcomes emerging for clients
- influence evidence-based policy and service design.

This report covers 25 of the 31 sites in operation (see Appendix B).[4] Nous conducted primary research in eight of those sites (referred to as 'deep dive sites'). The objectives shaped the Key Evaluation Questions (KEQs) that structure the evaluation. These are:

1. What is being delivered under The Way Back 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?

Appendix C provides the data collection plan that lists data sources used to answer these KEQs.

1.3 Purpose of this report

This report provides interim findings and early insights on opportunities to improve.

The evaluation has a formative focus and developmental intent (see Section 2.1). Therefore, this report includes emerging findings about how well The Way Back is being delivered and early insights into what is changing, for whom and why. Nous will deliver the final report in November 2022. This report provides:

- **Section 2: Methodology**, including data sources that inform this report.
- **Section 3: Interim findings**, structured against the KEQs. Interim findings focus on national insights, with some site and cohort-specific insights throughout. Appendix G provides detail on deep dive sites.
- **Section 4: Interim recommendations**. This includes recommendations to inform improvements in the near-term and longer-term considerations to be explored in the remainder of the evaluation.

Developmental intent | In agreement with Beyond Blue, this report will be distributed to stakeholders across The Way Back system so that the insights can inform ongoing design and implementation decisions. Further, we will present key elements at an upcoming forum with PHNs, referring health services, providers, state and Australian Government health departments and other stakeholders so they have a chance to ask questions and provide comment. Together this will help The Way Back, and the suicide prevention space learn from the content of this evaluation.

[4] Sites were excluded from this evaluation for a range of reasons, including some that are HOPE sites and covered by a different evaluation and some that were not included in the ethics application. Additional sites are likely to be included in the final evaluation report through a variation in our ethics application.

2 Methodology

This section summarises the methodology and data sources that inform this report and limitations.

2.1 Evaluation methodology

This is a formative, program theory guided evaluation that features a realist perspective and developmental intent. In summary, this means it:

- **Is guided by a program theory:** The program theory outlines the ways in which The Way Back is expected to support recovery, considering personal and community circumstances and operational and policy contexts. Appendix D provides the theory of change and program theory for The Way Back.
- **Has a formative focus:** It examines implementation progress, service model design, service quality and emerging client outcomes. Nous is examining factors that shape outcomes, to inform continuous improvement and provide advice on data for a future summative evaluation.
- **Uses a realist perspective:** A realist perspective means seeking to understand what works, for which clients, in what circumstances and why. Key to this are *Context – Mechanisms – Outcomes* hypotheses (CMOs) (see Section 3.3.2).[5]
- **Has a developmental intent:** Nous regularly shares findings with Beyond Blue and The Way Back service network to supporting learning and adaptation as the service is rolled out.

Figure 2 overleaf shows the data sources that informed this report. Bellberry Human Research Ethics Committee (HREC) has approved and has ethical oversight of the evaluation. The evaluation has also gained ethical approval from the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) for site specific research in October 2021. [6] The insights from this research will be included in the final Evaluation Report, due in December of 2022.

[5] Gill Westhorp (2014), "Realist Impact evaluation: an introduction", accessed on 24 August 2021, cdn.odi.org/media/documents/9138.pdf
[6] As outlined in Section 2.2, this Interim Evaluation report was only able to report on Aboriginal or Torres Strait Islander clients of The Way Back using data from the PMHC MDS. Under our approval from AIATSIS we were not able to do site specific research before completing this Interim Report.

Figure 2 | Data sources that inform the interim evaluation report[7]

[7] Responses to the client survey were received from across 15 sites with an average of 2.7 responses per site, and 16 sites for the provider survey with an average of 2.8 responses per site. 10 responses in the provider survey did not list which site they were responding from. Analysis of the survey used weighted responses for gender, age, Aboriginal and Torres Strait Islander status to create estimates that represent all The Way Back clients, not just those who responded to the survey. Findings from the client survey are therefore reported as proportions of all clients. It should still be noted that the limited number of responses still presents a significant limitation on the ability to generalise findings across all sites and clients. There were a **further 40 partial responses** to the client survey that were omitted as clients had not completed and submitted their responses and therefore had not provided consent for their responses to be included in the evaluation.

2.2 Key limitations

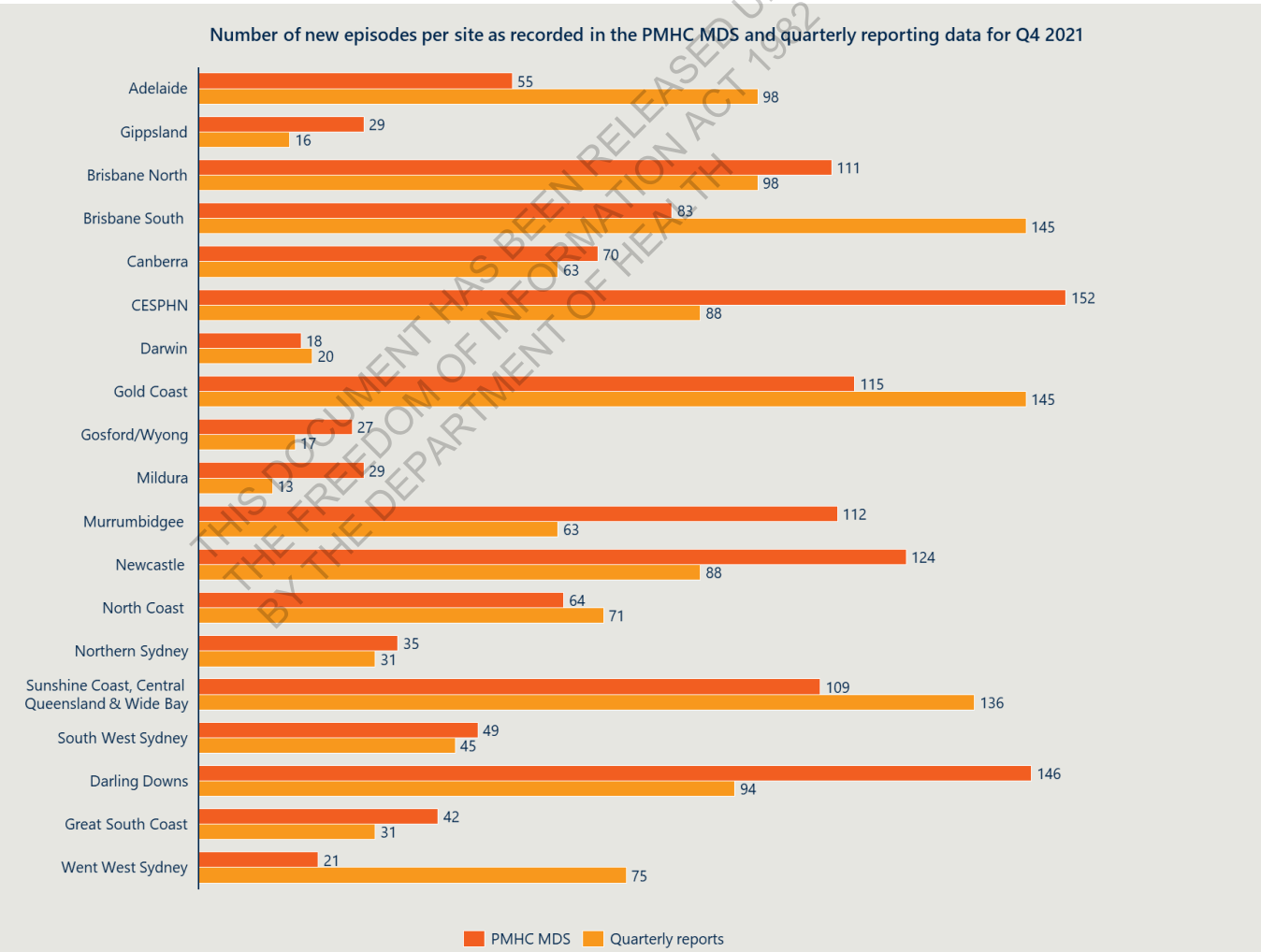
There are limitations to the data presented in this report that are important to consider. These are:

- **Primary Mental Health Care-Minimum Data Set and The Way Back Extension Data (PMHC MDS) may be under representative of true service use**. Only 21 (of the 25 in-scope sites) have entered some data into the PMHC MDS (the four remaining in-scope sites were either not commenced or in start-up phase). Six of the 21 sites have limited episodes recorded (≤ 40 episodes between 2018-2021). A further six have ≤ 100 records over that period. Nine sites have data recorded from 2021 onwards.

Figure 3 shows the total number of service episodes per site in each data source. Discrepancies in the data sources are likely due to:

- some sites commencing use of the PMHC MDS at different time points
- some sites manually inputting data into the quarterly reports while others use a drawdown directly from their PMHC MDS data portal.

Figure 3 | Comparison of data for Q4 2021 across PMHC MDS and quarterly reporting data



- **The data required to report on performance against KPIs is of variable quality.** There is inconsistency in how deep dive sites complete the quarterly reports. Some use extracts from the

PMHC MDS, whilst others use other sources. This impacts the reliability of data in terms of comparison across sites.

- **Quantitative outcomes data is available for a small proportion of clients in the PMHC MDS.** Only a small proportion of episodes recorded in the PMHC MDS have completed outcome measures recorded at beginning and end to measure change in outcomes over time. Outcome scales included the Kessler Psychological Distress Scale (K10), World Health Organisation- Five Well-Being Index (WHO-5) and the Suicidal Ideation Attributes Scale (SIDAS). Nineteen per cent of episodes have a matched pair recorded for the K10+ (n=591), 14 per cent for the WHO-5 (n=437) and 14 per cent for the SIDAS (n=451). However, descriptive analysis of the cohort of clients with matched pairs indicates the sample is representative of the broader PMHC MDS sample ensuring that from a demographic perspective, the cohort was a valid representation of The Way Back clients.
- **There is a limited ability to report on the experiences of Aboriginal and Torres Strait Islander clients**. The evaluation has conditional approval from Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) HREC, meaning Nous can report data by Aboriginality from PMHC data, but cannot recruit Aboriginal and Torres Strait Islander clients for interviews or surveys. AIATSIS HREC granted full ethics approval in October 2021 so the Final Evaluation Report will include further insights.
- **There is a limited sample size for client interviews and surveys.** Twenty-seven clients participated in consultations and 41 completed the online survey, meaning a small cohort's views are presented in this report. Eligibility criteria required respondents to have participated in The Way Back between one and four months prior (n = 1026 per the PMHC MDS). However, we expected a much lower number than the total pool, given that 16 of 21 sites confirmed that they had distributed the survey to clients and then The Way Back staff also had to use their professional judgement about who was suitable for contact from a risk and harm minimisation perspective.
- **There is a limited ability to report on the experiences and outcomes for clients who had a negative experience, disengaged or didn't accept a referral to begin with.** The eligibility criteria for interview participants required clients to have *exited* the service within the last one to four months and staff have screened in clients as being safe to participate in the evaluation. The sample of clients self-selected to participate may be biased toward those who had positive experiences with the service. Similarly, there is very limited outcomes data available for participants who did not take up their referral to The Way Back, or who did not complete their service period (and therefore complete outcomes assessments). Nous and Beyond Blue will seek to better understand experiences of those who drop out or have a negative experience in subsequent data rounds.
- **Limited insights from support persons.** There was one complete response and five partial responses to the support person survey. Nous, Beyond Blue and the deep dive sites will seek to increase engagement in the next round of data collection.[8]
- **The evaluation's understanding of The Way Back through interviews and surveys is limited to the context of the COVID-19 pandemic.** While the pandemic did not appear to impact the ability of sites, staff or clients to engage with the evaluation it is important to note the context of COVID-19 due to its broad and significant disruption to normal operations and significant impact on daily life.

[8] The Way Back does not collect the details of support people currently, nor do they collect the appropriate permissions to contact support people directly as part of the evaluation. The evaluation is exploring ways to overcome this challenge in the future rounds of data collection.

3 Interim findings

The section provides interim findings against KEQ 2 to 4:

- How well is The Way Back being delivered?
- What is changing, for whom, in The Way Back?
- Why and how does change occur in The Way Back, in which circumstances?

Findings against *KEQ 1, What is being delivered under The Way Back, where how and why?*, is provided in Appendix E.

3.1 How well is The Way Back being delivered?

Note on the data: It is important to understand the limitations of the PMHC MDS that informs findings presented in this section. This includes limitations to its coverage (across sites) and the completeness of variables. Refer to Section 2.2 for detailed limitations.

3.1.1 Service reach and coverage

The Way Back is unlikely to meet the original administrative target of 19,000 referrals.

The administrative *new client referral target* intended for all sites was 19,000 new clients by 30 June 2022 (set out in the Australian Government Funding Agreement). It is important to note that as an administrative target, it is not an indicator of contractual fulfilment or program success. As of August 2021, The Way Back has received 7,818 new client referrals[9]. However, the 19,000 and 7,818 figures are not directly comparable given the new client referral target is inclusive of the 29 sites funded under the Commonwealth Grant Agreement, of which there are 23 currently operational. Furthermore, the 7,818 new client referral figure is only based on 21 sites for which there is available data.

Beyond Blue and some providers indicated that the lower than originally anticipated referrals may be due to:

- The long lead time between signing the bilateral agreement, commissioning sites and many sites being operational, meaning sites being able to accept referrals was delayed.
- Low awareness of the purpose of The Way Back and the support it offers amongst some referring health services at newer sites, meaning they may not refer at the rates expected.
- Potential confusion about the eligibility criteria amongst referring health services. Some referring health services understood The Way Back to support only people who have attempted suicide so had not been referring people after experiencing a suicidal crisis.

For further exploration in future rounds of data collection: Nous will seek to understand why there may be confusion relating to the eligibility criteria and why it may occur across sites.

[9] Based on The Way Back referral data dashboard for January 2019 to August 2021 for 21 sites. Note: while the design for the evaluation commenced in June 2020, the data extract includes historical data back to Jan 2019.

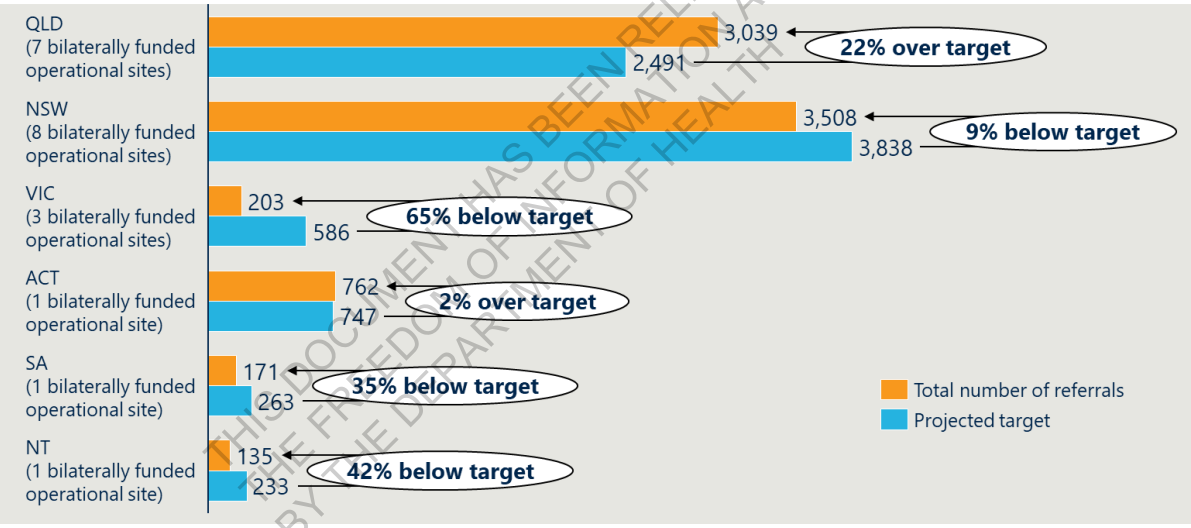
Developmental intent | Nous will work with service providers, PHNS and Beyond Blue in its future data collection rounds to understand why areas of the PMHC MDS are incomplete or inaccurate (e.g. the eligibility criteria). Through this engagement and subsequent workshops, we will work with all parties to see how we can improve data completeness and accuracy in the PMHC MDS.

Queensland and NSW sites account for 84 per cent of all referrals (excluding Victorian Hope sites which are out of scope).

Figure 4 shows the total number of referrals and projected targets in each jurisdiction for January 2019 and August 2021.[10] It shows that:

- There were 7,818 referrals to The Way Back nationally over this period.
- NSW and Queensland (QLD) sites received most referrals. The eight NSW sites received 3,508 referrals (45 per cent of total referrals). The seven QLD sites received 3,039 referrals (39 per cent of total referrals). Both jurisdictions have a higher number of sites in operation compared to other jurisdictions and relatively large populations. They also had sites transition from existing aftercare programs, meaning there may have already been greater awareness such services among referring health professionals compared to new sites (e.g. Gold Coast).

Figure 4 | Total referrals by jurisdiction, January 2019 to August 2021 (7,818 referrals total for 21 sites)[11]



The Australian Capital Territory and QLD exceeded their projected targets for new referrals.

Figure 4 also shows that the extent to which jurisdictions are reaching targets for number of referrals differs. QLD (by 22 per cent) and the ACT (by 2 per cent) exceeded their projected targets for new referrals. The NT, NSW, Victoria (VIC) and South Australia (SA) have not reached their projected targets. Consultations provided some insights as to the variation against projected referral targets:

- More mature sites are located in the states that exceeded their targets.
- For QLD and NSW, existing aftercare programs were transitioned to The Way Back meaning the inbound referral pathways were more established upon The Way Back commencement.

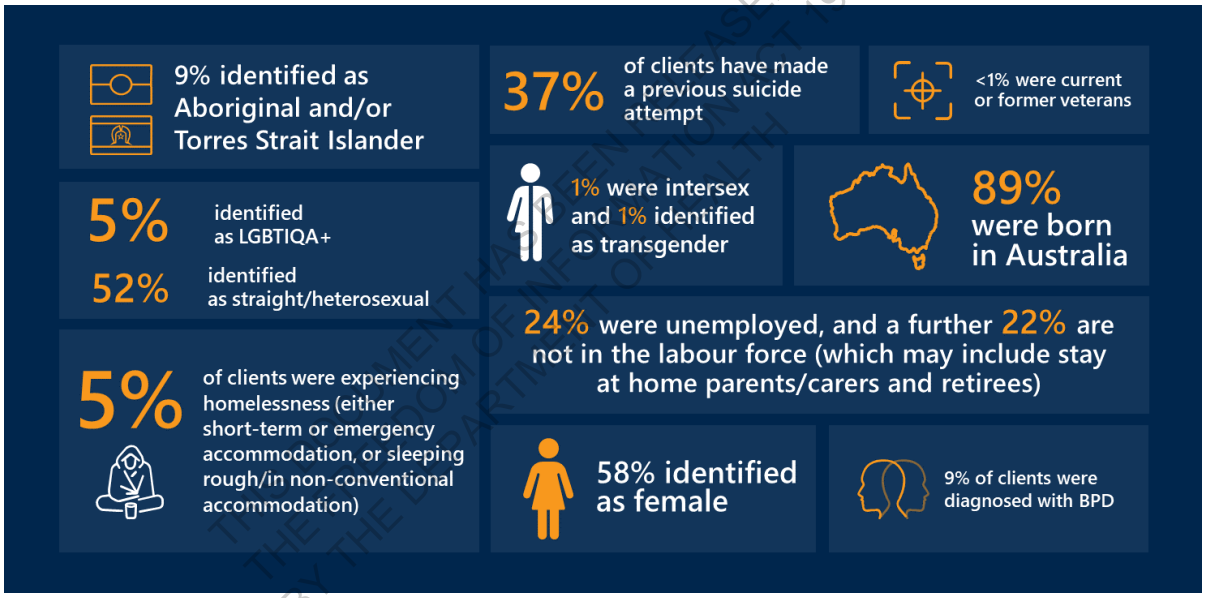
[10] For the 21 sites in scope of this evaluation and based on The Way Back referral data dashboard for January 2019 to August 2021.
[11] Based on The Way Back referral data dashboard for January 2019 to August 2021. Targets for each site are calculated based on the annual case target in the workforce model and staffing profile which are reported in quarterly reports by providers.

- For ACT, The Way Back was established in November 2016 (and has been under the Australian Government Funding Agreement from September 2019) so it has been in existence for longer compared to most other sites.
- For VIC, interviews with PHNs and providers suggest that the referral flow into The Way Back may have been affected by the state funded HOPE program which serves the same client group. That is, people who might have been referred to The Way Back were referred to the HOPE program (i.e. both programs services the same group with a system to sort which program clients should go to). [12] Of the three PHNs that offer The Way Back, all three catchment areas also have a state funded HOPE site.[13]
- At the time of the most recent quarterly reporting, SA has been operational for eight months and is therefore less mature than most other sites.

The average client in the PMHC MDS identifies as heterosexual, female, unemployed or not in the labour force and born in Australia.

Figure 5 shows a sample of demographic and other characteristics for the 3,243 unique clients[14] for which there is data in the PMHC MDS (noting this covers 21 sites between January 2019 and August 2021).

Figure 5 | Proportions of The Way Back clients by key demographics (based on sample of 3,243 clients)[15]



The demographics of clients in the PMHC MDS appears to reflect the demographics of those represented in suicide attempt statistics.[16] For example, the relatively high proportion of clients who identify as female is to be expected (women are more likely than men to attempt suicide). As is the proportion of clients with a prior suicide attempt, given it is the most significant predictors of death by suicide. The proportion of clients with borderline personality disorder (BPD) or who identify as LGBTIQ+ is as expected, given it is correlated with suicide attempts.[17]

[12] Based on views of providers, PHN and Q4 2020-2021 quarterly report.
[13] A follow-up and aftercare service for people who attend a hospital ED in crisis or following a suicide attempt. HOPE provides both clinical and social support to individuals and their personal support networks.
[14] The PMHC-MDS data may be under representative of true service use. Only 21 (of the 25 in-scope sites) have entered data into the PMHC MDS (the four remaining in-scope sites are not yet operational). Six of the 21 sites have limited episodes recorded (≤ 40 episodes between 2018-2021). A further six have ≤ 100 records over that period. Nine sites have data recorded from 2021 onwards.
[15] Based on PMHC MDS data for 21 sites between January 2019 and August 2021.
[16] 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.
[17] Productivity Commission. 2020. Productivity Commission Inquiry Report: Volume 1. No 95, 30 June 2020

In consultations, some providers indicated they were seeing an increase in uptake of referral from young people (under 25 years) and clients with situational crises e.g. Domestic and Family Violence (DFV) and homelessness.

"The service started with more young people but now [we see] all walks of life and ages. Been getting a lot of [people who have experienced] domestic and family violence and homelessness. We see more women than men and a lot of people with depression, anxiety, PTSD and childhood abuse." – provider

The Way Back has lower than expected reach into veteran, older person and CALD cohorts.

The PMHC MDS analysis (covering 21 sites) shows that there is a lower-than-expected proportion of total clients who are veterans (less than 1 per cent or 20 clients[18]) and who are aged over 65 years (3.5 per cent or 117 clients). In addition, in consultations with eight deep dive sites, many indicated that they did not see the expected proportion of clients from CALD backgrounds, particularly migrants and refugees.

For exploration in future data collection rounds: Nous will further explore the reasons why there may be lower reach into these cohorts and potential opportunities to improve reach.

Client demographics vary across sites; some sites see a higher proportion of Aboriginal and Torres Strait Islander clients than others.

Client demographics vary across sites (based on the PMHC MDS data). Most commonly, in terms of Aboriginal and Torres Strait Islander status of clients, sexual orientation, gender and age. Some sites see a higher-than-average proportion of Aboriginal and Torres Strait Islander clients than others:

- Darwin (39 per cent)[19], Central Queensland (18 per cent) and Murrumbidgee (20 per cent) compared to the national average for The Way Back (9 per cent) (noting that the overall proportion of the population that identifies as Aboriginal is higher in the Northern Territory (31 per cent) and in regional areas (6 per cent) like Murrumbidgee and Central Queensland)[20]
- Aboriginal and Torres Strait Islander clients make up a lower proportion of all clients compared to the national average of 9 per cent in Central East Sydney Primary Health Network (CESPHN) and the Gold Coast (4 per cent), Canberra and Brisbane North (5 per cent), Great South Coast (6 per cent), Adelaide and Brisbane South (7 per cent) and Sydney North, Southwest Sydney, Darling Downs and Newcastle (8 per cent).[21] However, the proportion of Aboriginal and Torres Strait Islander clients in these areas is still higher than the average proportion of the general population who identify as Aboriginal in metro (<2 per cent) and regional (6 per cent) areas.

A small number of providers hypothesised that lower numbers of Aboriginal and/or Torres Strait Islander clients at some sites may be due to the limited co-design. They indicated that for their sites that has meant The Way Back design does not incorporate important cultural elements. Most sites do not have an Aboriginal and Torres Strait Islander specific inbound referral pathway, meaning Aboriginal Community Controlled Health Organisations (ACCHOs) may not be aware of or refer into The Way Back.

Appendix G provides demographic data for deep dive sites.

[18] 34 per cent of client PMHC MDS data did not adequately describe veteran status. This may be attributed to clients not disclosing status or not being asked during the intake process.
[19] Data reported for Darwin should be interpreted with caution as low client numbers (18 clients currently reported in the PMHC MDS). Service provider reported the service engages with less Aboriginal and Torres Strait Islander people than expected.
[20] AIHW. 2021. Profile of Indigenous Australians.
[21] Results for sites where n<5 have been excluded to ensure confidentiality. It should also be noted that there is a low number of Aboriginal and/or Torres Strait Islander clients (n = 12 on average) across most sites.

For exploration in future data collection rounds: When Nous receives ethics approval from AIATSIS HREC, we will explore through qualitative engagement the extent to which The Way Back meets the needs of Aboriginal and Torres Strait Islander clients and opportunities for improvement.

Being a free service, hospital liaison officers and broad eligibility criteria support greater reach.

Interviews with providers suggested there were three factors that can help to facilitate access:

- The Way Back is free, reducing any potential financial barriers.
- The hospital liaison officer helps to identify potential clients who present at Emergency Department (ED) or may be admitted to other wards (e.g. poisons, mental health, general surgery). Only some sites have a liaison officer.
- Eligibility criteria that cover suicidal crises and attempts ensures a broader range of people who may benefit from follow-up support can access it. Some sites still only use primary eligibility criteria of suicide attempt.

In consultations, providers commonly reported other factors that may increase engagement for some cohorts. These were for:

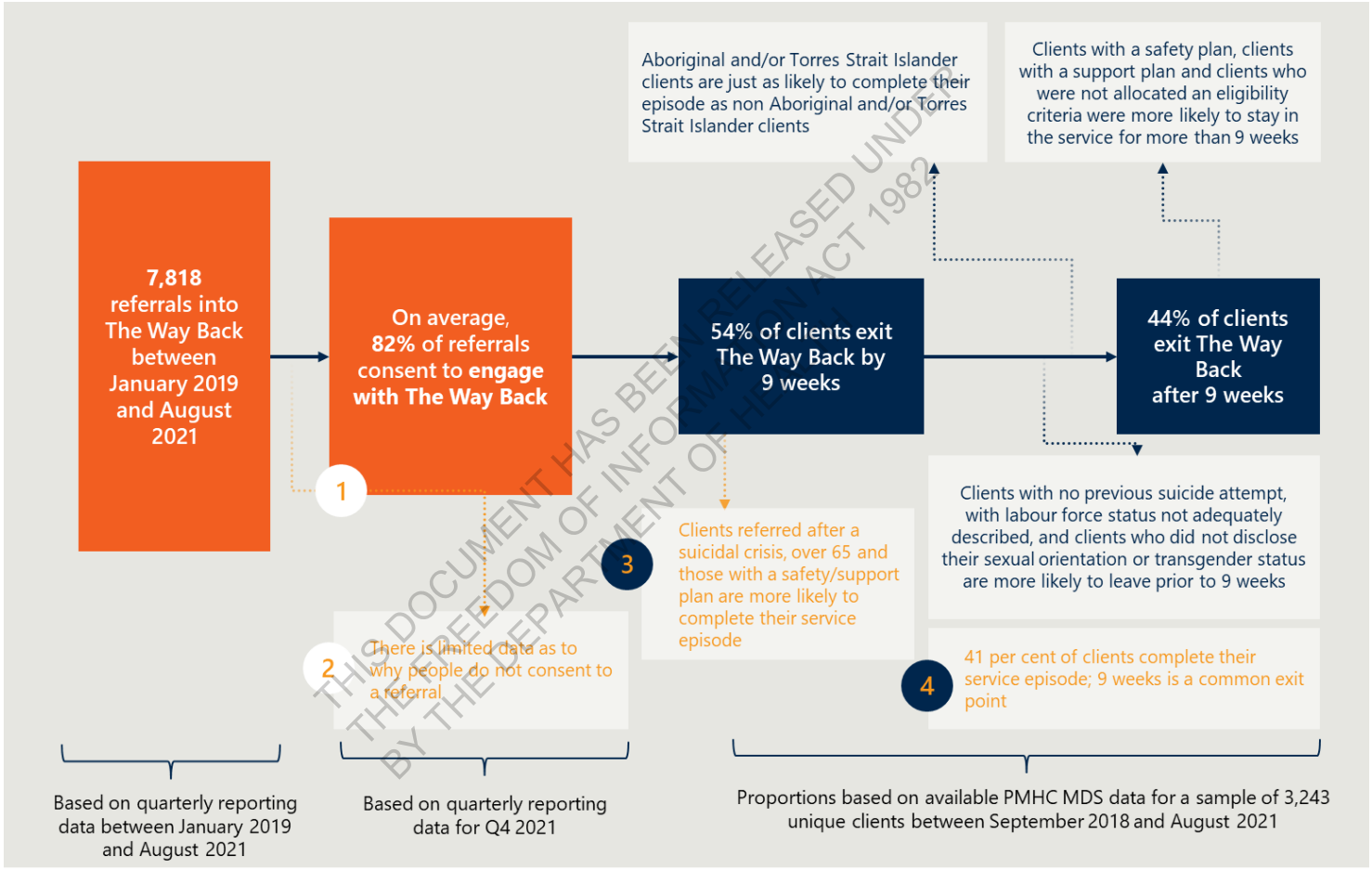
- **Young people:** The primary eligibility criteria is broad, which allows providers in each location to implement their own inclusion criteria on age. This varies among sites from 12 years and above to 18 years and above. This means that some sites may reach younger populations than other sites.
- **People diagnosed with BPD:** BPD diagnoses account for 9 per cent of clients accessing The Way Back, compared with estimates of 1-4 per cent in the general population. [22] Providers and research cited potential reasons for the high proportion of clients diagnosed with BPD[23]:
    - People with BPD have a high propensity for suicidal crises and suicide attempt due to their emotional dysregulation.
    - Services specific to people with BPD are limited across the mental health service system and therefore The Way Back is identified as a 'new' option for referrers.
    - Some workers (specifically peer workers) have lived experience of BPD which may make the service more attractive for some people diagnosed with BPD.
    - Many providers are in the process of developing the capability to work with people diagnosed with BPD through staff undertaking specific training including an overview of Dialectical Behaviour Therapy (DBT). This is separate to the Beyond Blue training.

[22] Health Direct (December 2020), *Borderline Personality Disorder*, https://www.healthdirect.gov.au/borderline-personality-disorder-bpd , accessed on the 26th of October 2021
[23] Based on consultations with providers.

3.1.2 Service uptake and use

This sub-section examines uptake and participation. Between January 2019 and August 2021, 7,818 people were referred into The Way Back from 21 sites (based on The Way Back referral data dashboard). Figure 6 provides an overview of the service use and uptake. Each of the five steps are explored further overleaf.

Figure 6 | Snapshot of clients moving through The Way Back from referral to service exit[24]



[24] Service uptake and use data is based on analysis of Q4 20/21 quarterly report and PMHC MDS data which covers 21 sites between January 2019 and August 2021 (see section 2.2 for limitations). Referral data is based on The Way Back referral data dashboard and covers 21 sites between January 2019 and August 2021. Two per cent of clients have no exit data recorded so are not included above.

1 **Referral uptake rates varied significantly across sites in quarter four of 2020-21 (41-100 per cent); overall 82 per cent of those referred consent to engaging with the service.**

Eighty-two per cent of those referred consented to a referral to The Way Back (of 1,570 referrals in Q4 (April-June) 2021).[25] This is in line with the uptake rates reported for suicide aftercare services in the Hunter Evaluation (81 per cent)[26] and higher than those stated by the *Productivity Commission Inquiry*, which reported that around half of people offered follow up care take it up.[27]

Longer term data from the dashboard and the PMHC MDS indicates a much lower uptake of 41 per cent on average, though this may be due to incomplete/inconsistent PMHC MDS data collection.

Providers, referring health services and clients indicated that variation in referral update may be due to several factors including:

- Sites that are operationally mature (i.e. operating for greater than one year, including providers who previously delivered a similar aftercare service) may have greater service awareness among established networks (e.g. referrers, service partners) and the community, which results in a greater service credibility and therefore interest and uptake in the service.
- Sites with higher uptake reported a strong partnership with their referring provider, including the hospital liaison officer role. They indicated this means they are able to identify appropriate referrals and clearly explain the purpose of and activities of the service.
- Sites may have higher uptake if they typically have 'good referrals' (see Figure 7 for commonly cited elements of a 'good referral'). Inbound referrals are reportedly more successful (i.e. result in uptake) if clients understand how The Way Back can benefit them, in consideration of their personal circumstances (based on provider and referral health service consultations).

For exploration in future data collection rounds: Nous will investigate the drivers of the low uptake rate at many sites. This includes exploring drivers of higher uptake at sites such as South West Sydney, Mildura and North Coast to understand if there is good practice relevant to other sites. It will be important to understand if the drivers are structural (e.g. part of the service design at those sites) or contextual (e.g. based on factors such as local relationships).

Figure 7 | Pillars of a good referral to The Way Back[28]

[25] This figure is an indicative trend only. It is based on analysis of the Q4 20/21 quarterly report data which covers 21 sites.
[26] University of Newcastle, 'The NSW Way Back Support Service (Hunter): Process & Effectiveness Outcomes Evaluation Report', October 2019, p.53.
[27] Productivity Commission. 2020. Productivity Commission Inquiry Report: Volume 2. No 95, 30 June 2020.
[28] Based on provider consultations.

Most clients who consented to a referral were referred by a public hospital or public mental health service (78 per cent or 2,513 clients).[29] Mental health nurses (24 per cent or 773 clients), other professions[30] (20 per cent or 644 clients) and social workers (16 per cent or 516 clients) were the most common referrers to The Way Back. This is as expected by The Way Back service delivery model.

Fifty-six per cent of clients who accepted a referral (1,804 clients) were referred based on the primary eligibility criteria and 30 per cent were referred based on the secondary criteria (967 clients).[31]

Whilst The Way Back is not diagnosis driven (as per the service delivery model), the top three principal diagnosis of clients who accepted a referral and who had a diagnosis listed included:

- mixed anxiety and depressive symptoms (11 per cent or 354 clients)
- personality disorder (9 per cent or 290 clients)[32]
- depressive symptoms (9 per cent or 290 clients).

Of the clients who accepted a referral, 18 per cent or 280 clients had no recorded diagnosis.

2

There is limited data as to why people do not accept a referral.

The PMHC-MDS does not have data on the cohort who chose not to accept a referral to The Way Back. This means it is not possible to understand the characteristics of that cohort or the reasons why they chose not to engage.[33]

Quarterly report documentation and consultations with providers and referring health services provided some hypotheses as to who seems to be less likely to take up a referral. These included:

- People who require intensive clinical support (e.g. people diagnosed with psychosis or schizophrenia) or are considered high risk (e.g. drug and alcohol issues). This finding is supported by the low number of referrals to The Way Back with these conditions as their principal diagnosis.[34]
- People who are not in a recovery mindset and are 'not ready' to commence their recovery journey.
- People who are already well connected into supports in their life (e.g. already have a psychologist, psychiatrist and/or social services involved in care).
- People who have previously interacted with community mental health or have lots of service presentations and had not been satisfied with these services in the past.

For exploration in future data collection rounds: Nous will explore opportunities to better understand the characteristics of those who choose not to engage and their reasons for not engaging. For example, this may be possible through engaging with referring health services staff.

[29] Based on analysis of the PMHC MDS from January 2019 to August 2021 which covers 21 sites.
[30] According to the PMHC MDS data dictionary, other refers to a referrer profession that cannot be described by any of the available options.
[31] Based on analysis of the PMHC MDS from January 2019 to August 2021 which covers 21 sites. Note 14 per cent of clients did not have eligibility criteria correctly recorded in the PMHC MDS.
[32] Personality disorders includes the three types of personality disorders: eccentric personality disorders, dramatic personality disorders and anxious personality disorders.

[33] Some referring health services noted that they have specific referral criteria, while others stated they would refer any person who presents to the health service and meets the service eligibility criteria.
[34] Based on analysis of the PMHC MDS from January 2019 to August 2021 which covers 21 sites.

3 **Clients referred after a suicidal crisis, over 65 and those with a safety/support plan were more likely to remain engaged.**

Initial analysis of PMHC MDS and The Way Back data suggests that some client cohorts were more likely to complete their service episode than others.[35] This requires investigation in the next round of data collection as to why this has occurred. The groups that were more likely to complete include:

- Episodes where clients were referred based on secondary eligibility criteria, a suicidal crisis, (31 per cent of clients) compared to clients referred for the primary criteria, a suicide attempt (56 per cent of clients).
- Clients over 65 years (4 per cent of clients) compared to clients aged 25-65 years (66 per cent of clients).
- Episodes where a safety plan (53 per cent of episodes) and/or a support plan (42 per cent of episodes) is completed compared to episodes without.

In qualitative interviews, many clients indicated that their level of trust and rapport with their support coordinator was a key factor in remaining engaged in The Way Back.

Limitation of the evaluation: Referral data collected in quarterly reporting does not collect demographic information of referrals. Therefore, evaluation is unable to discern key populations that were referred to The Way Back and exit prior to initial contact.

For exploration in future data collection rounds: Nous will seek to better understand the reasons why some client cohorts were more likely to complete their service episode than others. Nous will also seek to understand the drivers of higher completion rates at some sites.

4 **Around two thirds of clients complete their service episode; nine weeks is a common exit point.**

PMHC MDS data for the 21 sites indicates that 35 per cent of clients do not complete their service episode.[36] This non-completion rate aligns with that reported in the literature regarding suicide follow up services (which references around a 30 per cent non-completion rate).[37] Providers also indicated this exit rate was aligned to their expectations and experiences.

For clients who complete their episode

Fifty-four per cent of all clients who complete their episode exit The Way Back by nine weeks (1,635 clients).[38] Some of the reasons why clients who complete their episode (but disengage earlier than 12-weeks) included:

[35] Based on analysis of the PMHC MDS from January 2019 to August 2021 which covers 21 sites.
[36] Based on analysis of the PMHC MDS from January 2019 to August 2021 which covers 21 sites. This analysis is based on the assumption that episodes where 'episode completion status' is marked as 'Episode closed – treatment concluded' or 'Episode open' are where clients have remained engaged with The Way Back. By comparison, episodes where 'episode completion status' is marked as 'Closed administratively' due to a lack of contact, move out of area, referral onto other services, or 'other reasons' are assumed to mean clients have not completed their service episode. It is important to note that these assumptions may not be appropriate for all clients' experiences of The Way Back.
[37] The SAX Institute for the Minister of Health NSW, 'Evidence Check - Suicide aftercare services', October 2019, p29.
[38] Based on analysis of the PMHC MDS from January 2019 to August 2021 which covers 21 sites.

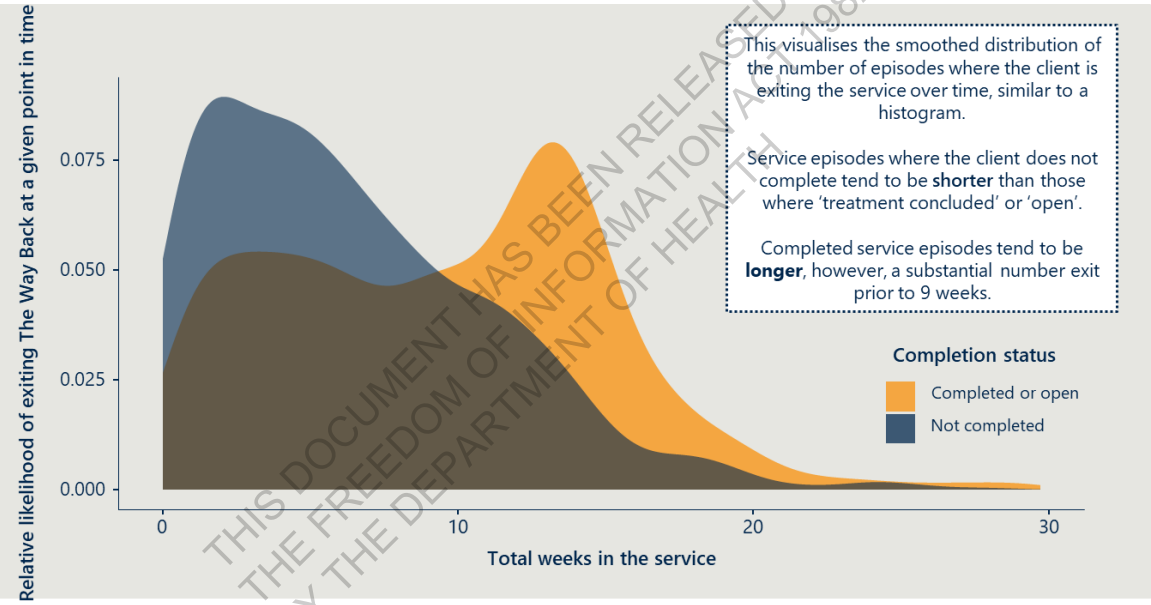
- Clients felt like they were on track with their recovery and no longer required support from The Way Back.
- Clients had re-commenced full-time work and did not have the time to continue accessing The Way Back.
- Clients were already well connected into supports in their life and The Way Back began to feel like it was a burden.

"I was involved for about 8 – 9 weeks. I exited the service early because I thought I was alright." - The Way Back client

- Clients felt the service was not right for them at that time (e.g. needed to be in a recovery mindset, other social factors impacting their ability to participate).
- Clients did not 'click' with their support coordinator (see Section 3.3.2, Figure 19).[39]

Figure 8 summarises the distribution of clients exiting the service over time (both those who completed their service episode and those that did not). The proportion of clients who exit the service prior to nine weeks varies substantially across sites ranging from 27 per cent to 86 per cent (compared to an overall proportion of 54 per cent).

Figure 8 | Length of episode for clients who conclude their treatment or have their episode administratively closed[40]



For clients who do not complete their episode

Cohorts less likely to complete their service episode based on analysis of the PMHC MDS included:

- Clients under 25 compared to clients aged between 25 and 65 years of age.
- Clients whose labour force status or region were 'inadequately described' were less likely to complete their service episode compared to those in the labour force, not in a regional area, or with a primary eligibility criteria, respectively.
- Clients with an alcohol or other drug use related diagnosis compared to clients without.[41]

[39] Based on interviews with providers and clients, free text survey responses and quarterly reports.
[40] Figure 16 is a density plot which visualises a smoothed distribution of the number of episodes where the client is exiting the service over time, similar to a histogram. The y-axis indicates the probability density; that is, the sum of the distribution at any given value of x. It is also important to note that the curves are scaled so that the area underneath the curve is equal to one. This means there is likely substantial difference between the number of episodes for each category of completion status that is not represented on this diagram, hence 'relative' likelihood.
[41] Based on analysis of the PMHC MDS from January 2019 to August 2021 which covers 21 sites.

- Clients whose eligibility was not recorded with sufficient information to determine if they meet primary or secondary criteria ('inadequately described') were less likely to complete compared to those with the primary eligibility criteria.

For exploration in future data collection rounds: Nous will further investigate the drivers of 'non-completed' service exits in interviews with providers. Further investigation of The Way Back length (i.e. 12 weeks) and the extent to which it is too long for some cohorts will be explored in the evaluation.

Developmental intent | the evaluators will share information on service uptake and use to providers and referring health services through the report and upcoming forums and workshops. The intent of sharing this information is that key parts of The Way Back system can learn from the findings and incorporate updates into their implementation of the model to improve client uptake and use of The Way Back.

3.1.3 Client satisfaction

Most clients reported they were satisfied with The Way Back, typically driven by the support coordinator relationship.

Ninety-one per cent of respondents to the client survey (37 respondents) reported they were very satisfied (32 respondents) or satisfied (five respondents) with the service they received from The Way Back.[42] In addition, most clients interviewed were highly satisfied with their experience of The Way Back, with many reflecting that they had recommended The Way Back to their family and friends. Exploration of the mechanisms linking satisfaction to outcomes are explored in Section 3.3.

Five per cent of client survey respondents (two respondents) and 7 per cent of interviewed clients (two previous clients) were dissatisfied with The Way Back. This often related to their relationship with their support coordinator.

"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 client

Based on responses to The Way Back client survey, clients indicated that the relationship with their support coordinator, information and advice provided by their support coordinator and the amount of time spent with their support coordinator were the most important factors that determined their satisfaction, as shown in Figure 9. This is explored further in Section 3.3.2.

[42] Based on survey responses (n= 41)

Figure 9 | Factors influencing client satisfaction with The Way Back[43]

Comparatively, only 35 per cent of clients reported that the ability to connect with other services influenced their satisfaction with The Way Back, and 27 per cent of clients indicated connection to family and community influenced their satisfaction score.

Some clients noted that connecting with family and friends, and accessing other services may have been part of their recovery, they did not see this as the critical part of their experience with The Way Back. However, other clients interviewed found The Way Back was pivotal to supporting them to connect better with their family, friends, and other services.

"One of the things that [the support coordinator] and I talked about was my isolation and being unable to contact my friends. We talked about the importance of me reconnecting with some of my close girlfriends of 20-25 years and [my support coordinator] was a great help in convincing me to safely maintain that friendship." - The Way Back client

Limitation of the evaluation: There is likely a positive bias in the data related to client satisfaction. Nous was unable to interview or survey clients who had dropped out of the service, who may have provided different views on satisfaction with The Way Back. The clients who Nous did interview or survey were selected by providers due to screening requirements. Clients who were willing to participate may have been those who had more positive experiences with the service and therefore provides a positive bias in client satisfaction data reported here. Nous is working with Beyond Blue to identify any potential mechanisms to better understand the experiences of those who may have not completed their episode or had a negative experience in subsequent data collection rounds.

3.1.4 Alignment of delivery with intended design

Many sites are not meeting KPIs; the reasons for this need further exploration.

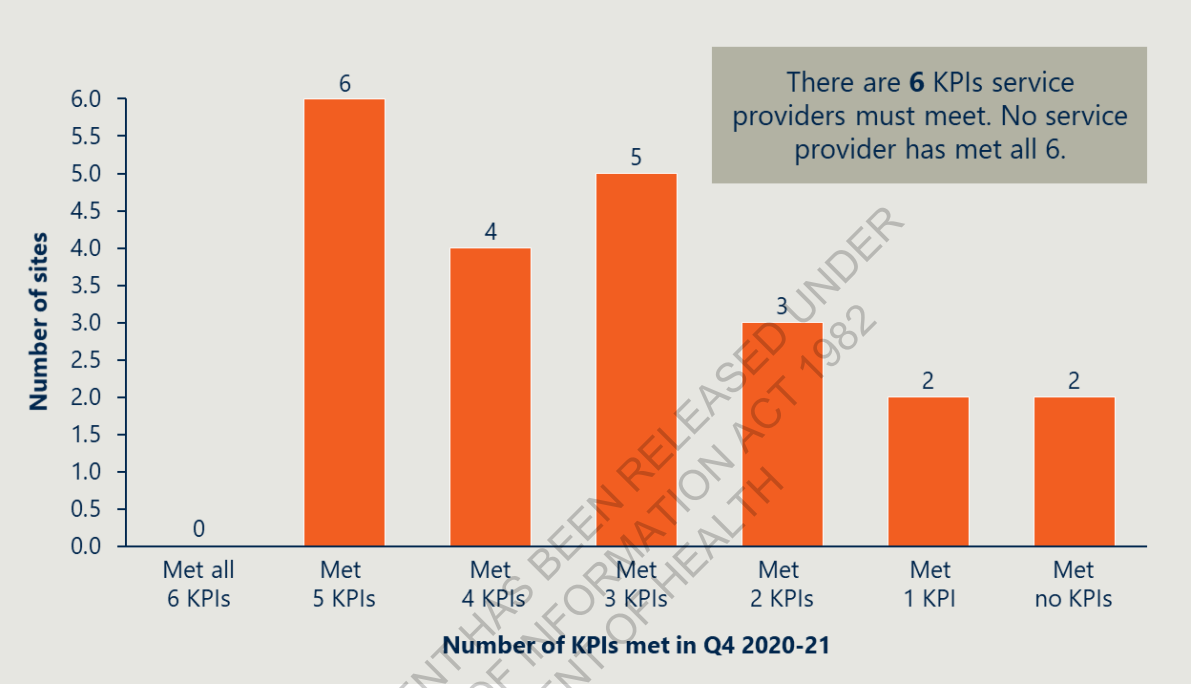
Providers are subject to six KPIs related to time for initial contact with a referred person, safety and support planning, and communication with other health professionals (See Appendix K for the KPIs).

[43] Based on survey responses (n= 41)

The evaluation can report on KPIs for 21 sites (the four remaining in-scope sites are not yet operational).[44] Figure 10 shows:

- no sites have met all six KPIs based on quarterly report data from Q4 20/21[45]
- two sites did not meet any KPIs.
- of the 15 sites that met three or more KPIs, most (87 per cent or 13 sites) were commissioned in the last 18 months (seven in 2020 and six in 2021) and 43 per cent (six sites) were based in NSW.

Figure 10 | Analysis of sites meeting KPIs based on data from Q4 20/21 (covering 21 sites)



More detailed data on performance against KPIs is provided in Table 1.

[44] Based on the Q4 20/21 service provider quarterly reports. The final report will draw upon updated quarterly report data.
[45] Based on analysis of the Q4 20/21 The Way Back provider quarterly reports. 20 of the 28 sites in-scope of the evaluation are operational. This is the most recent and accurate data available. The final report will use more than one quarter of data to report on KPIs.

Table 1 | Assessment of The Way Back delivery according to KPIs, for Q4 April 2021 – June 2021

KPI	Target metric	KPI met?[46] [47]	Detail[48]
Initial contact with referred person	100 per cent of eligible referred persons attempted to be contacted within one business day of receipt of referral.	Met by 15 out of 21 sites	Quarterly report data indicates that of the 21 sites, on average, 98 per cent of people referred to The Way Back are contacted within one business day. However, PMHC MDS data from 21 sites indicates that the average time between recorded referral and initial contact is 3.75 days. This difference is discussed further below. Sites define 'initial service contact' differently - some define it as within 24 hours of the referral and others as one business day.
Correspondence with primary nominated professional on entry to the service	Where consent has been obtained, 90 per cent of primary nominated professional are to be notified of the clients' participation within three business days.	Met by 12 out of 21 sites	PMHC MDS data from 21 sites indicates that providers recorded a contact with the primary nominated professional on entry to the service in 55 per cent of episodes.
Correspondence with primary nominated professional on exit from the service	Where consent has been obtained, 90 per cent of primary nominated professional are to be notified of the client's exit within three business days of the exit date.	Met by 12 out of 21 sites	PMHC MDS data from 21 sites indicates that providers recorded a contact with the primary nominated professional on exit to the service in 30 per cent of episodes.
Safety plan update / development	90 per cent of safety plans must be updated / developed by the second client contact.	Met by 12 out of 21 sites	Data from PMHC-MDS shows that 53 per cent of episodes (or 1,759 plans) have a safety plan in place. The reasons for this lower-than-expected number warrants further exploration in future data collection (breakdown by deep-dive site is provided in Appendix G).
Support plan development	90 per cent of support plans must be completed	Met by 11 of 21 sites	Data from PMHC-MDS shows that 46 per cent of episodes (or 1,492 plans) have a

[46] Based on analysis of the Q4 2021 The Way Back provider quarterly reports. 21 sites in-scope of the evaluation are operational

[47] Of the eight deep dive sites, five met four or more KPIs. Seven sites met the initial contact with referred person KPI. Overall, a higher proportion of deep dive sites met the safety plan and quarterly new client episode targets compared to other sites. However, the deep dive sites performed poorer on KPIs relating to correspondence with primary nominated professional on exit from the service and support plan development compared to other sites.

[48] Based on analysis of the Q4 2021 The Way Back provider quarterly reports and PMHC MDS analysis. 21 sites in-scope of the evaluation are operational.

KPI	Target metric	KPI met?[46] [47]	Detail[48]
	within two weeks of consent to participate in the service.		support plan in place. The reasons for this lower-than-expected number warrant further exploration in future data collection.
Quarterly new client episode target	The service provider must achieve 90 per cent of the target.	Met by 7 of 21 sites	Quarterly report data indicates that of the 21 sites, on average, sites achieve 76 per cent of their quarterly new client episode target. Further site details and information relating to uptake of referrals is outlined in Section 3.1.2.

Providers in consultations and quarterly reports indicated KPIs may not be met for the following reasons:

- Some sites have been operational for less than four months and as a result are still implementing the service or may not have much data to be able to report.
- Introduction of new case management systems that do not allow extraction of TWB extension data.
- Some sites have experienced delays due to COVID-19 as some sites are waiting to return to face to face before recommencing service delivery.
- Some sites do not capture primary nominated professionals on entry and exit.
- Some sites report difficulty engaging clients to develop safety and support plans attributing this to clients feeling the plans do not work, were reluctant to develop plans or agreed but then later disengaged from The Way Back.

For exploration in future data collection rounds: Nous will seek to explore the reasons why some sites are meeting KPIs and many sites are not. Nous will work with Beyond Blue and providers to further investigate why this is happening in our next round of data collection.

Not all service providers are meeting the KPI for initial contact and some have different understandings of why this is important

Performance against the *Initial contact with referred person* KPI in Q4 report 20/21 data indicates that there is room for improvement in contacting clients within one business day of referral – with only 14 out of 21 sites meeting this KPI (see Section 3.2.4). Subsequent to initial contact, a further two to three days are typically required before an initial session takes place (see Section 3.1.4). In addition to several sites not meeting this KPI, when asked about the critical components of The Way Back, staff rarely mentioned the importance of reaching clients during this critical period. Rather, most staff were focussed on 'what' The Way Back delivered (assertive outreach and ongoing support and coordination) rather than 'when' The Way Back delivered its services. The next stage of the evaluation should further explore barriers to meeting this KPI and confirm provider understanding of the importance of the critical days following hospital discharge.

"The Way Back provides support from a lived experience, non-clinical perspective which participants respond very positively to given stigmatising experiences with the clinical mental health system." - The Way Back service provider, 2021

Evidence shows that the risk for future suicide attempt is highest in the period immediately following a previous suicide attempt.[49] The first two weeks in particular are critical with some studies showing that 55 per cent of suicides occurred within a week of discharge, 49 per cent of whom died before their first

[49] The SAX Institute for the Minister of Health NSW, 'Evidence Check - Suicide aftercare services', October 2019, p1.

follow-up appointment.[50] Informed by this evidence, in 2014, Beyond Blue developed The Way Back as a non-clinical, assertive outreach psychosocial service response to support people following a suicide attempt or experiencing suicidal crisis:

> *'People who have attempted suicide or experienced a suicidal crisis often experience severe distress in the days and weeks **immediately afterwards** and they are at high risk of attempting again. Beyond Blue developed The Way Back Support Service to support them **through this critical risk period**.'*[51]

The importance of the immediate contact and support is reflected in the service KPI, with a KPI around "*Initial contact with referred person - 100 per cent of eligible referred persons attempted to be contacted within one business day of receipt of referral.*"[52]

The proportion of recorded safety and support plans suggests the KPI is not always being met.

Based on PMHC MDS data, the proportion of client episodes to safety plans and support plans (53 per cent for safety plans and 43 per cent for support plans) is concerning, as the model of service requires a safety and support plan to be developed for each episode. In contrast, quarterly report data indicates that for the 21 sites, 80 per cent of clients have a safety and / or support plan. This suggests the PMHC MDS data is incomplete.

Consultations with providers suggested that many sites are experiencing workforce capacity constraints, and this could contribute to the low number of plans that were developed for this period. Capacity challenges are discussed further in Section 3.1.4. Similarly, service providers also reported that the additional step of adding in all the episode data into the PMHC MDS was time consuming and may potentially contribute to lower-than-expected numbers in that data set.

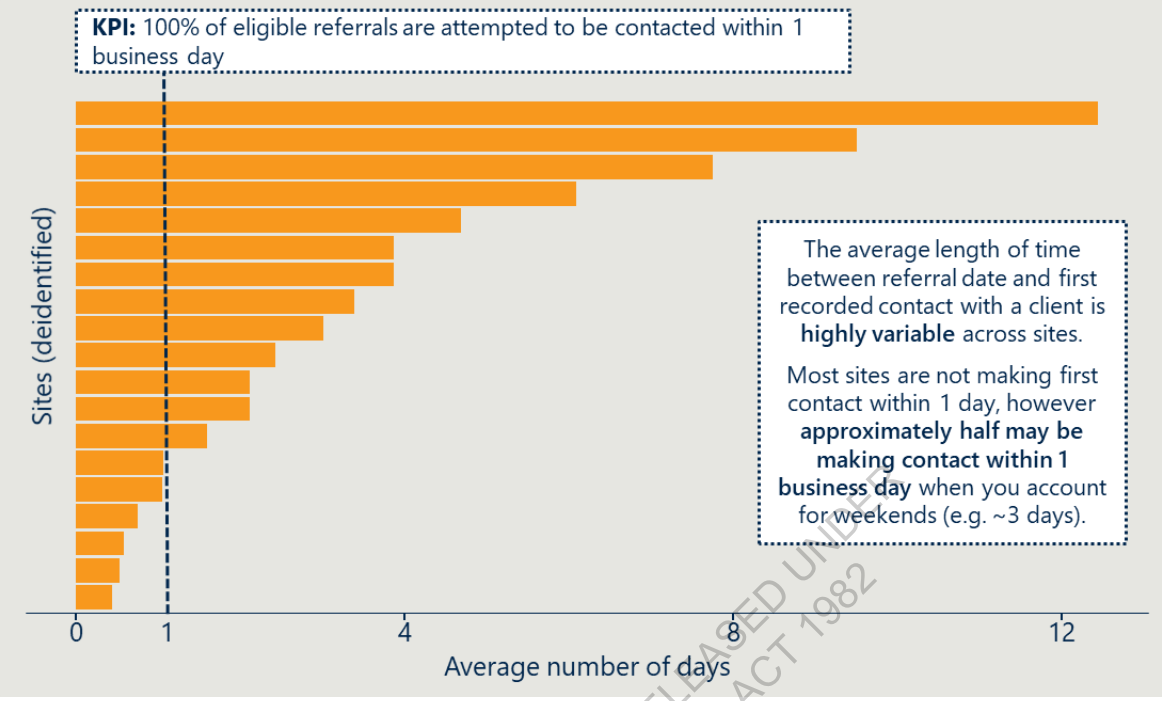
While not a KPI, it is notable that the time between client referral and initial service delivery varies significantly across sites.

Quarterly report data indicates that for the 21 sites, on average, 98 per cent of people referred to The Way Back are contacted within one business day. However, PMHC MDS data from 21 sites indicates that the average time between recorded referral and initial contact is 3.75 days.[53] Most first contacts, based on definition in the PMHC MDS, involve psychosocial support (42 per cent), suicide prevention specific assistance (31 per cent) or assessment (14 per cent), and are either up to 15 minutes (42 per cent) or between 15-30 minutes (22 per cent) in duration. This is relatively consistent across the sites.

Figure 11 shows there is variability across the 21 sites, with average length of time ranging from half a day to up to 12 days.

[50] Bickley, H., Hunt, I. M., Windfuhr, K., Shaw, J., Appleby, L., & Kapur, N. (2013). Suicide within two weeks of discharge from psychiatric inpatient care: a case-control study. Psychiatric Services, 64(7), 653-659.
[51] Beyond Blue, The Way Back Support Service website, accessed 9 September 2021: <www.beyondblue.org.au/the-facts/suicide-prevention/after-a-suicide-attempt/the-way-back-support-service>
[52] Beyond Blue, 'The Way Back Support Service - Service delivery Model', March 2020.
[53] This is based on PMHC MDS data for the 21 sites and 2,964 clients for January 2019 to August 2021 and analysis of the recorded referral dates and episode start date in the PMHC MDS data for 21 sites. Data was excluded where referral date was not entered or the recorded referral date was after the recorded initial contact date. Data should also be interpreted with caution as the average time from referral to is measured in days rather than business days. Sites with significantly skewed data due to small sample sizes were excluded.

Figure 11 | Average time between client referral and initial contact recorded in PMHC MDS by site (de-identified)



This variability among sites may be attributed to one or more of the hypotheses outlined below:

- Sites are incorrectly collecting or entering service data into the PMHC MDS (e.g. initial contact not always recorded due to a misunderstanding of what should go in PMHC MDS), which has skewed the average number of days between client referral and initial contact.
- Some client management systems include weekends in their counter which skews the recorded client engagement data timeframes.
- Some clients who are contacted by the service provider are unable to be contacted or initially decline to participate, however come back to the service later (this likely does not explain variability across sites). This is often driven by client choice which is out of the control of The Way Back.
- The typical first contact with clients varies i.e. some may meet face-to-face, other may have an assessment, and the PMHC MDS data reflects this variation.
- The greater number of days between client referral and initial contact is instead client referral to first engagement with The Way Back (i.e. activity with service provider).

For exploration in future data collection rounds: Nous will seek to explore the availability of data to understand first engagement with the service following initial contact and rationale for why sites may or may not engage with clients quickly as intended by the service model.

Most clients feel safe accessing The Way Back; however, providers want more training in trauma informed practice.

This safety, as explored in Section 3.3.2, is fundamental to clients engaging and beginning their recovery. Clients reported they were often made to feel safe for three main reasons:

- The support coordinator ensured the place of meeting was a 'safe' space, with selection always driven by the preferences of the client.
- The support coordinator was non-judgemental.

- The support coordinator built trust with the client (e.g. through active listening, sharing interests).

"I confided in him. I felt very safe with him. We shared interests. It wasn't just a patient and client relationship." – The Way Back client

All providers interviewed recognised that trauma informed practice is a core capability of delivering a good service to clients; that is, the service is one that does no harm.[54] Providers reported support coordinators and other The Way Back staff have mixed experience in trauma informed practice. Free text responses from the provider survey[55] indicated some staff felt further training in trauma informed care would support their delivery of The Way Back.

There is a limited understanding of how culturally safe The Way Back delivery is.

Most clients interviewed stated they felt that culture was respected and valued as part of their recovery while accessing The Way Back. However, most interviewees did not identify as Aboriginal and/or Torres Strait Islander. Due to ethics requirements (see Section 2.2), the evaluation is unable to report insights of Aboriginal and Torres Strait Islander people who may have opted to be interviewed.

As outlined in Appendix E providers undertake a range of training as part of Beyond Blue's Australian Institute for Suicide Research and Prevention (AISRAP) package, including for 'population considerations' which intends to provide guidance on how to apply culturally appropriate approaches when supporting clients.[56] Sixty per cent of provider survey respondents (27 respondents)[55] reported that the training to support cultural awareness was either very or somewhat helpful. Common reasons why providers found the training helpful included:

- it provided an overview of different population groups
- it was a refresher for those who had completed similar training.

However, some respondents noted they felt the training specific to cultural awareness was a 'box ticking' exercise and did not offer specific skills to support The Way Back clients. Thirty-six per cent (16 respondents) of survey respondents noted there was a need for more cultural training at their site, specifically focusing on approaches suitable for different ethnicities and for people who identify with different religions.[55]

3.1.5 Effectiveness of service enablers

This sub-section provides insights on strengths and challenges, or opportunities related to the enablers of service delivery. Appendix G provides site-specific insights.

Bilateral agreements set out clear expectations; in practice there is significant confusion around lines of accountability.

There are some strengths associated with the current governance arrangements, as reported by Project Steering Committee members, PHNs, referring health services and providers. These included that:

- The Australian Government and state / territory bilateral agreements set out expectations for governance of The Way Back (as outlined in Appendix E). There is a clear and shared agreement across

[54] Trauma informed practice is founded on five core principles – safety, trustworthiness, choice, collaboration, empowerment and respect for diversity.
[55] Based on analysis of service provider survey (n= 45).
[56] Based on The Way Back training guide.

levels of government for The Way Back to be delivered as a service integrated across state and PHN funded health services.

- Beyond Blue's role as an overseer of The Way Back model fidelity was seen as a strength. It increases consistency of implementation and delivery, which supports more consistent service access and quality.
- Beyond Blue's skills, networks and reputation is a real strength in implementation, given their role requires influencing (as they do not have the authority to hold PHNs and providers to account in fulfilling their obligations under the current governance arrangements).
- PHNs provide a single point of commissioning and performance reporting, monitoring and management. In theory, this should support monitoring of service fidelity, performance monitoring and management, and quality assurance.
- The Community of Practice enables information sharing between Beyond Blue, PHNs and sites.

Many stakeholders reported significant challenges in the current governance and funding arrangements.[57] The funding arrangements, outlined in Appendix E, are complex and a key driver of the complex and problematic governance arrangements. The current funding arrangements have created significant lack of clarity in Beyond Blue, PHNs and providers about lines of accountability, authority and control. Commonly reported challenges included:

- Providers, PHNs and Beyond Blue noted that despite the bilateral agreements, in practice there is still blurred accountability confusion across service provision, commissioning, regulation and funding. This potentially compromises the effectiveness and efficiency of levels of governance relating to the effective implementation and delivery of the program of services.
- Beyond Blue's role in negotiating matching state / territory funding on behalf of the Australian Government places it in a compromised position of responsibility but limited authority.
- The responsibility and delivery of training is spread across Beyond Blue and the PHNs, which creates a risk to the quality and efficiency of training activities.
- Lack of monitoring and accountability of service provider and PHN KPI compliance. Section 3.1.4 highlighted that not one provider (of the 21 sites within scope of the evaluation) met all six KPIs in Q4.
- Some stakeholders perceive that there is a conflict of interest between Beyond Blue's role in promoting the service as part of negotiating matching funding from states / territories and its oversight role.
- Negotiation of the bilateral agreements have significantly delayed roll out and delivery of the service.

Many sites were able to implement The Way Back to planned timeframes; workforce capability gaps have delayed delivery at some sites.

Most providers, Beyond Blue and PHNs reported several workforce strengths that have supported the implementation of The Way Back. These included:

- Most sites were able to commence service delivery quickly (following the bilateral agreement being finalised) as they were able to use providers who already delivered a similar program or had extensive suicide prevention knowledge.
- Providers noted that staff often bring a blend of demographics, characteristics and capabilities that allows better 'matching' of clients with 'the right' support coordinator for them.

[57] Based on consultations with Project Steering Committee members, PHNs, referring health services and providers.

- Many support coordinators and peer care companions bring lived experience to their role, which was hugely valued by the clients in interviews.
- Beyond Blue developed a comprehensive training package to train support coordinators and clinical supervisors in the core evidence-based competencies to deliver the service and in line with The Way Back model. The feedback on training provided to Beyond Blue has been overwhelmingly positive with more than 80 per cent of respondents or more (across multiple surveys with between120 and 231 respondents) agreeing that the course was valuable and increased their confidence.[58] Courses included: suicide-specific knowledge, interpersonal skills, The Way Back delivery techniques, trauma-informed principles and self-care. This was supported by the Nous survey with 30 per cent of respondents to the provider survey (16 respondents) indicating that the specific training provided by The Way Back was the most helpful support that enabled them to deliver a great service to The Way Back clients.[59] Some staff surveyed found the training to be extensive and helpful to service delivery, noting training on cultural literacy to be incredibly useful.

Several workforce challenges continue to impact delivery of The Way Back. These include:

- Many providers noted that there is an ongoing recruitment and retention challenge for the mental health and suicide prevention workforce. Anecdotally, this is a challenge reported across many mental health services and is not unique to The Way Back. One provider noted they have readvertised the support coordinator roles multiple times. An inability to recruit and retain staff has meant some sites have less staff than required under the staffing model (outlined in Appendix E) and as a result other staff manage higher than anticipated caseload (i.e. 15 cases per support coordinator).
- Many staff have struggled to manage an appropriate client caseload. Fifty-three per cent reported the biggest challenge of The Way Back is their high caseloads, particularly at times when referrals are high. Seventy per cent of respondents to the provider staff survey (32 respondents) indicated they would like support to manage a reasonable workload. [60]
- Most sites lack a specific Aboriginal and/or Torres Strait Islander workforce. The evaluation heard anecdotally from PHN staff in one site that many Aboriginal and/or Torres Strait Islander people would prefer to have workers who are themselves Aboriginal and/or Torres Strait Islander and that this may impact the number of people accepting referrals to The Way Back.
- Twenty-two per cent (ten respondents) of respondents to the provider survey indicated specific training provided in addition to that provided by The Way Back would support them to deliver great service to clients. [61] Other providers (interviewed and surveyed) indicated the training was too basic and generic, highlighting a need for staff to receive training beyond what was offered through The Way Back training.

> "I would like to see some more training in mental health as my caseload seems to be getting more complex clients with multiple diagnoses." – provider

Some sites are working to further develop the capability of support coordinators, focusing training in the following areas:

- working with people who have a personality disorder
- providing support to people aged under 25 years of age
- working with people who have alcohol and other drugs issues

[58] Survey results provided to Beyond Blue on the training packages they developed for providers.
[59] Based on analysis of service provider survey (n= 45)
[60] Based on analysis of service provider survey (n= 45)
[61] Based on analysis of service provider survey (n= 45)

- working with people experiencing domestic and family violence
- managing client service exits.

Consideration should be given to additional training options for providers, tailored their local context.

The Way Back provides some new aftercare data but data collection and reporting processes are burdensome and insights from the data are not used for service delivery or improvement.

The PMHC MDS has enabled providers, PHNs and Beyond Blue to collect new aftercare data. This data has the potential to be used to further understand mental health and suicide prevention service usage across different regions and inform the design of services.

However, providers, Beyond Blue and PHNs have encountered significant challenges setting up and implementing a new data collection and reporting process. Ongoing commonly reported challenges included:

- Some providers lack the capability to collect, collate and input data into the PMHC MDS accurately. Deep dive site providers reported having differing levels of capability relating to data collection and entry, with some sites creating and recruiting to a dedicated role for this function. Providers also reported that access to training, and clear and consistent guidance for data collection, data fields, the data dictionary, input and reporting has differed, with many deep dive sites noting they have not received specific training or guidance from PHNs.
- There is a discrepancy between what data providers input into the PMHC MDS, with some providers reporting that they do not separate administrative calls from actual client contact time. As a result, this likely means some data input by providers into the PMHC MDS is inaccurate and/or may be inconsistent across providers.
- Limited data is collected on non-acceptance of referral and those who exit without service completion from The Way Back, preventing providers, PHNs and Beyond Blue forming a clearer picture about who is referred to The Way Back and does not accept a referral or exits from the service early.
- Deep dive site providers report that they do not receive insights from the data across all sites and therefore do not have an understanding about how The Way Back operates at other sites and opportunities to continuously improve their service. While PHNs have a role to play at providing insights to sites in their area, Beyond Blue also has a role in national oversight and position as overseer of the model. It can leverage quarterly reporting to support cross-site learning.
- Providers report data collection and reporting is administratively burdensome, with 20 per cent of provider survey respondents (eight respondents) reporting that they would like greater support for data collection, and less administrative burden and reporting.

> "I've spent hours aligning to data requirements and shifting into the MDS." - The Way Back service provider, 2021

- Most deep dive site providers reported the quarterly reporting structure is duplicative of data collected through the PMHC MDS and TWB extension, with some providers opting to manually input data into quarterly reports instead of pulling data from the PMHC MDS. Beyond Blue, PHNs and providers reported in consultations that as a result there are often discrepancies between service provider quarterly reports and PMHC MDS entries.
- There is limited data about why clients exit from The Way Back. For example, it is unclear in the PMHC MDS if an early exit is a 'successful' service completion exit or an unintended / service not completed exit.

Whilst not required to improve PHN compliance with the PMHC MDS, Beyond Blue has been implementing a range of strategies to increase data uptake and literacy across the service network. This includes:

- Providing a one-off $5,000 contribution to each site to upgrade local data systems and processes to enable full compliance with the collection of PMHC MDS.
- Holding site specific training sessions on PMHC MDS for PHNs and providers.
- Conducting stakeholder engagement across sites to identify key areas for improvement.
- Linking strategic data with providers such as Fixus and RediCASE to troubleshoot integration with the PMHC MDS.
- Improving the training package and briefing Beyond Blue advisers on data processes to upskill them and improve their ability to troubleshoot with sites. [62]

The hospital liaison officer role enables successful inbound referrals; outbound referral pathways could be strengthened.

Most providers and referring health service staff report that they have developed good partnerships with their local health services and community services. These strengths included:

- Some sites have a strong partnership with LHDs (i.e. executive and clinical staff). Thirteen per cent of provider survey respondents (six respondents) noted that the hospital tertiary care arrangements with their local LHD have made the most difference to implementation at their site.
- High levels of community engagement to build awareness of the service. Eleven per cent of provider survey respondents (five respondents) stated that local community partnerships made the most difference to implementation at their site.
- The availability of quality and affordable services, especially clinical mental health services, is key to being able to achieve good outcomes for clients.

However, aspects of service implementation and delivery have been impacted due to partnerships challenges. These include:

- Beyond Blue, PHNs and many interviewed providers highlighted that there are minimal partnerships with CALD and Aboriginal and Torres Strait Islander organisations which has limited the ability of service to build trust, awareness and reach into these communities.
- Some sites lack a strong network of relationships with local psychologists, psychiatrists, and other community services. This has several implications for The Way Back including inability to support clients with the most appropriate service for their needs, service capacity issues and poor service awareness which may translate to poor service referral numbers, inbound and outbound.

3.2 What is changing, for whom, in The Way Back?

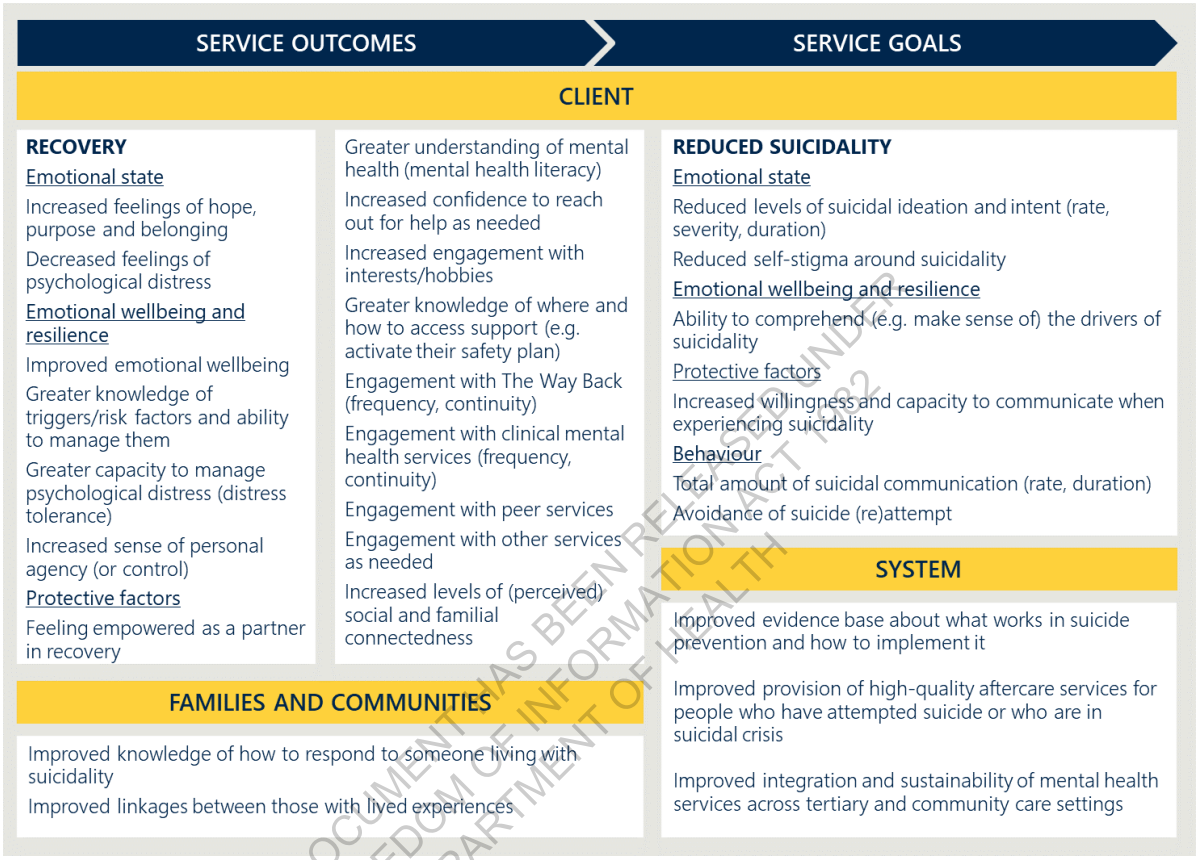
Note on the data: It is important to understand the limitations of the PMHC MDS that informs findings presented in this section. This includes limitations to its coverage (across sites) and the completeness of variables. Refer to Section 2.2 for detailed limitations.

[62] September 2021 DMESC Meeting Minutes.

3.2.1 Achievement of expected outcomes and goals

The Way Back focuses on achievement on two core outcomes and goals for clients – recovery and reduced suicidality – as well as outcomes for families, communities and the mental health and suicide prevention service systems. Figure 12 outlines the intended outcomes and goals of The Way Back, based on the program theory in Appendix D.

Figure 12 | Expected outcomes and goals of The Way Back[63]



[63] Beyond Blue, The Way Back Support Service – Program Logic Model', November 2020 (developed as part of this evaluation).

Limitation of the evaluation: This section outlines the extent to which clients are achieving these outcomes and goals, based on analysis of PMHC MDS data for 21 sites, responses to the client survey and interviews with clients at the eight deep dive sites. It is important to consider the following limitations:

- **Positive bias |** The eligibility criteria for interview participants required clients to have *completed* the service within the last four months and to be in a safe mental disposition to participate. As such, the sample of clients who were eligible and self-selected to participate in the interviews may have been biased toward those who had positive experiences with The Way Back. Nous is working with Beyond Blue to identify any potential mechanisms to better understand the experiences of those who may have dropped out or had a negative experience in subsequent data collection rounds.
- **Limited sample size |** The sample size of clients who chose to participate in consultations is small (n=27). Similarly, only a small proportion of episodes recorded in the PMHC MDS have completed outcome measures recorded at beginning and end to measure change in outcomes over time. Nineteen per cent of episodes have a matched pair recorded for the K10+ (n=591), 14 per cent for the WHO-5 (n=437) and 14 per cent for the SIDAS (n=451). However, descriptive analysis of the cohort of clients with matched pairs indicates **the sample is representative of the broader PMHC MDS sample and therefore a valid representation of The Way Back clients**.
- **Incomplete outcomes data |** There was very limited data available on outcomes for participants who did not take up their referral to The Way Back, or who did not complete their service period (and therefore complete outcomes assessments).

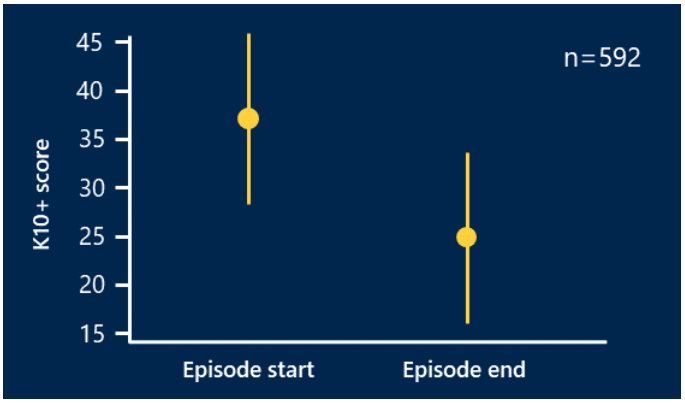
For exploration in future data collection rounds: The next round of data collection will co-design strategies to address some of these limitations (e.g. refinements to the recruitment process for interviews).

On average, clients' emotional state improved significantly during their service period.

The Way Back use the Kessler Psychological Distress Scale (K10+) to measure clients' psychological distress based on self-reported levels of nervousness, agitation, psychological fatigue and depression over the past month. The K10+ has a maximum score of 50, with scores ≥ 30 indicating a severe likelihood of a mental disorder.

Analysis of PMHC MDS demonstrated large reductions in psychological distress measured using the K10+ between episode entry and end, summarised in Figure 13. The average decrease in K10+ scores was 10.5 points across the 592 episodes in the PMHC-MDS with matched measurements. The difference is a statistically significant reduction in psychological distress ($t(591) = -28.1$, $p<0.001$). This represents a decrease of approximately 30 per cent from the average starting score of 35.8, which indicates a severe likelihood of mental disorder, to an average end score of 25.3, which indicates a still high, but less severe, likelihood of mental disorder.

Figure 13 | K10+ scores at first and last service contact



This is considered a very large effect size (Cohen's d = -1.16).[64]

In interviews, many clients reported increased feelings of hope, purpose and belonging, including the realisation that they deserve and can access the support they need. Some clients also reported that The Way Back helped them to normalise their experience of suicidality and feel less shame around seeking help.

"I'm still getting 'me' back but with The Way Back I can be a better person. She said she was always there if I ever need to go back – I haven't yet, which is good, but good to know that it's there." – The Way Back client

Many of these clients, however, also emphasised the non-linear nature of recovery from suicidal crisis or attempt. They acknowledged that while the significant distress they experienced at the time of their referral reduced during their service period, they would like to see further / future improvements in their emotional state past program exit.

Client vignette

Lucas, 54 years old[65]

Lucas was referred to The Way Back over the Christmas period and says he is lucky that he was referred to the service then as he felt he had no one else in his life he could turn to.

The Way Back took Lucas through safety planning and initially Lucas and his support coordinator Brent met twice weekly, then weekly and eventually fortnightly. Brent connected Lucas with a psychologist and a psychiatrist when he identified that Lucas was experiencing bi-polar and post-traumatic stress disorder.

Lucas has started to build the things that are important to him back into his life, like being outdoors and with animals. He said that The Way Back helped him feel that he was worthy of starting to do the things he enjoys in life again. Now he goes fishing once a week and walks his neighbour's dog once a day.

[64] The change is considered statistically significant where p<0.05. Effect sizes are considered small at 0.2, medium at 0.5 and large at 0.8 as per standard definitions.

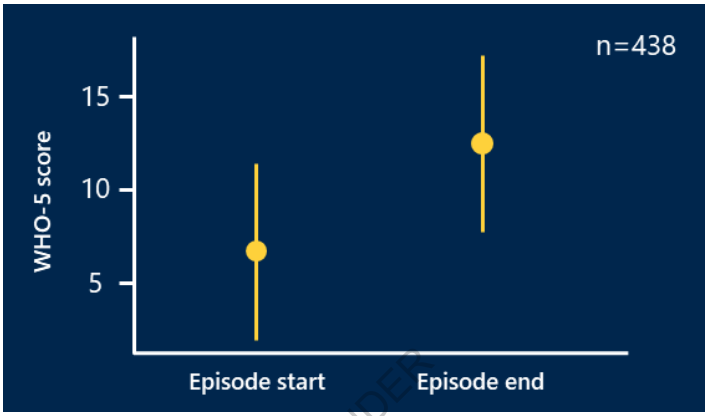
[65] Information in this vignette is based on a real client. To protect their identity, some information has been changed, removed or combined with other clients with similar experiences

Many clients felt more equipped to manage their emotional wellbeing and periods of distress.

The Way Back use the WHO-5 Wellbeing Index to measure clients' current mental wellbeing. The scale has a maximum raw score of 25 with higher scores representing better wellbeing.

Clients of The Way Back experienced an average increase of 5.1 points across the 438 episodes where clients have a matched pair of scores on the WHO-5 Wellbeing Index. This represents a statistically significant improvement in clients' wellbeing during their service period ($t(437)$ = 14.9, $p < 0.001$) with a large effect size (Cohen's d = 0.71).[66]

Figure 14 | WHO-5 scores at first and last service contact



A 76 per cent increase from a mean starting score of 6.63 to a mean end score of 11.73 represents substantial improvement in clients' wellbeing. However, clients with scores below 13 are still considered to have poor wellbeing suggesting that clients are often still experiencing a lower quality of life following their last service contact with The Way Back.[67]

Most clients in interviews reported that, while they still had 'bad days', they felt more equipped to manage these feelings of distress through a better understanding of the triggers for their mental health and/or their suicidality and the coping mechanisms that work for them.

> 'She 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.' - The Way Back client

Some clients reported that at the beginning of the service period, they felt reliant on their support coordinator to help them access other supports and manage their mental health. Many of these clients said that by the end of the service period they felt confident to reach out for help and coordinate many of their supports themselves. However, several clients reported that they continued to experience difficulty navigating the service system independently following their service period. They suggested that a longer service period with The Way Back or a transition to a lower intensity support service may have been helpful to further improve help-seeking behaviours.

Some clients felt empowered to engage with supports to progress long-term recovery.

This outcome comprises a range of factors, the importance of which can vary for different cohorts – including related to confidence, motivation, access and connection. Clients' outcomes for each of these factors are outlined in Figure 15.

[66] The change is considered statistically significant where p<0.05. Effect sizes are considered small at 0.2, medium at 0.5 and large at 0.8 as per standard definitions.
[67] Psychiatric Research Unit, WHO Collaborating Center for Mental Health, Frederiksborg General Hospital, DK-3400 Hillerød; A ten per cent difference in score indicates a significant change in wellbeing however a raw score below 13 indicates poor wellbeing and is an indication to test for depression under ICD-10.

Figure 15 | Client-reported outcomes against key protective factors

Confidence	Most clients in interviews reported an increase in their confidence to reach out for help when they need it, either to peers or family, or to professional supports. Many clients interviewed also reported an improved confidence and ability to navigate the mental health service system, though some still felt overwhelmed.
Motivation	Most clients in interviews reported increased motivation to engage and continue with supports and services during the service period. Analysis of TWB extension data indicated that, overall, clients commenced 39 per cent of The Way Back recommendations out to other services. A further 15 per cent of recommendations resulted in the client being waitlisted while only 11 per cent of recommendations were declined by the client.
Access to clinical health care	In focus groups, many The Way Back staff and referring health services emphasised the importance of access to clinical and mental health care as a protective factor for long-term recovery. Analysis of TWB extension data demonstrates that recommendations to psychiatric or other community mental health services were the most common recommendations for The Way Back clients, though only half of these recommendations were commenced.
Connection with family and friends	Clients in interviews provided mixed reports on how helpful The Way Back was in connecting them with family and community, though this was often due to differences in clients' individual context and priorities. Responses to the client survey suggested only 5 per cent of clients found support to connect to their family, friends and broader support network the most helpful support from The Way Back in their recovery journey. Twenty seven per cent of clients indicated that the provision of supports to connect with family and friends were a factor in their overall satisfaction with The Way Back.[68]

Different clients placed varying emphasis on the importance of different protective factors as relevant to their context, experiences and needs, which is explored in Section 3.3.2.

The Way Back clients, on average, experience a significant reduction in suicidality in the short term; understanding of long-term outcomes is limited.

The complex presentations and inconsistencies in definitions and reporting practices across different sites makes it challenging to robustly measure the prevalence of suicidality. Much of the existing evidence base measures deaths by suicide and hospitalisations due to suicide attempt however suicidal ideation outside of crisis incidents is more challenging to measure.

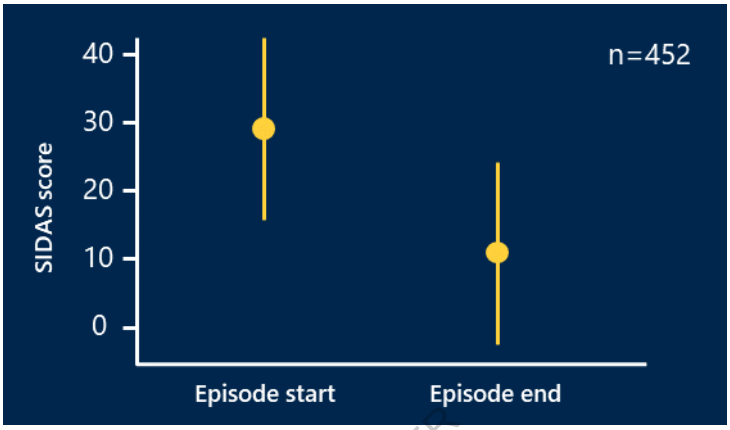
The Way Back uses the SIDAS to measure clients' suicidal ideation at entry, review and exit. The SIDAS has a maximum score of 50, with those scoring ≥21 considered at high risk of suicidal behaviour. Analysis of PMHC MDS data demonstrates that:[69]

[68] Analysis of the survey used weighted responses for gender, age, Aboriginal and Torres Strait Islander status to create estimates that represent all The Way Back clients, not just those who responded to the survey. Findings from the client survey are therefore reported as proportions of all clients. It should still be noted that the limited number of responses (n=41) still presents a significant limitation on the ability to generalise findings across all sites and clients.

[69] The findings outlined above are limited to those clients with valid SIDAS scores at the beginning and end of their service episode (14 per cent of all service episodes (n=451)) and does not measure suicidal ideation following service exit.

- Clients experienced a statistically significant average reduction in suicidal ideation of 18.2 points ($t(451)$ = -26.0, p<0.001) across the 452 episodes where clients had matched SIDAS scores, a very large effect (Cohen's d = -1.22). This represents a 63 per cent decrease from an average starting score of 29 (at high risk of suicidal behaviour) to 10.7, demonstrating that clients exiting the service are experiencing a much lower frequency and / or severity of suicidal thoughts and / or have more control over these thoughts.

Figure 16 | SIDAS scores at clients' first and last service contact



- Based on incomplete PMHC MDS data between January 2019 and August 2021, less than 2 per cent of all episodes recorded a suicide attempt by an active client during their service period (n=62). There were less than five deaths across the same period.[70]

The evaluation is, however, limited in its ability to understand the long-term prevalence of suicidal crisis or reattempt for The Way Back clients. Interviews with clients give some indication that many clients are still experiencing reduced suicidality up to four months post-service exit.[71] Further, these interviews also demonstrate improvements in emotional state, wellbeing and resilience and strengthened protective factors among many The Way Back clients, as outlined above. These intermediate outcomes are linked to reduced suicidality as per the program logic for The Way Back outlined in Appendix D.

Data on outcomes achieved for families and communities is limited and varies across sites.

Nous has not yet collected data directly from clients' families and communities on their experiences and observations of The Way Back. The evaluation did not report on the responses to the support persons' survey due to the very low response rate (one complete response). The evaluation can report some indirect data based on input from The Way Back clients and providers in consultations.

Clients in interviews reported variable outcomes in terms of improvements in their family members' understanding of their suicidality and how to respond. Some reported a greater capacity as individuals to communicate with family, peers and the broader community about their mental health triggers and needs. Others spoke about reduced stigma surrounding their mental health and suicidality in family and community contexts. Many clients in interviews reported that outcomes related to family and community were not relevant to their experience with The Way Back.

Some sites placed a greater focus on family and / or community involvement in The Way Back than others. For example, Murrumbidgee employed family peer care companions to provide support to family members of those referred to The Way Back. The extent to which this role has improved outcomes for families warrants further exploration in future evaluations.

For exploration in future data collection rounds: Future data collection will seek to include a wider sample of clients in interviews and surveys whose experiences are more representative of the broader The Way Back cohort.

[70] The literature indicates that this can be compared to a non-fatal reattempt rate of 12-15 per cent in the first year after a suicide attempt with 75 per cent of these occurring in the first six months (Demesmaeker et al., 2021).
[71] Only clients who had completed The Way Back within one to four months were eligible for an evaluation interview

There is limited data available on the outcomes experienced by those who choose not to engage with The Way Back, or who disengage early. As outlined at the beginning of this section, the data sources available to the evaluation are strongly biased toward The Way Back clients' who completed their service episode, especially valid outcomes data from the PMHC MDS. For example, the measurement of outcomes through the PMHC MDS relies on a matched pair of outcomes scores which are far more likely among clients who have completed the service.

3.2.2 Client outcomes by cohort, service criteria and site

Some cohorts of clients experienced a more significant change in outcomes than others.

Analysis of PMHC MDS data for 21 sites shows that clients of The Way Back experience a positive change in outcomes overall and there is variation in the size of the change for some cohorts (outlined in Table 2).

Consultations with staff, clients and referring health services also suggested some emerging hypotheses about The Way Back client cohorts who may not experience as significant an improvement in outcomes or may be more likely to disengage from the service. These are outlined in Section 3.3.2 which explores how the mechanisms of change for The Way Back may differ across cohorts.

Three tools are used to measure change in client outcomes (K10+[72], SIDAS[73], WHO-5)[74]. While all cohorts with matched pairs of outcome measures achieved improvements in outcomes overall, differences in the extent of improvement (i.e. the size of the average change between first and last score) between cohorts and the present of certain service criteria are captured in Table 2.

[72] The **K10** is widely recommended as a simple measure of psychological distress and as a measure of outcomes following treatment for common mental health disorders. The K10 uses a five value response option for each question – all of the time, most of the time, some of the time, a little of the time and none of the time which can be scored from five through to one. The maximum score is 50 indicating severe distress, the minimum score is 10 indicating no distress.

[73] The **SIDAS** is designed to screen individuals in the community for presence of suicidal thoughts and assess the severity of these thoughts. It consists of five items, each targeting an attribute of suicidal thoughts: frequency, controllability, closeness to attempt, level of distress associated with the thoughts and impact on daily functioning. Responses are measured on a 10-point scale. Items are coded so that a higher total score reflects more severe suicidal thoughts.

[74] The World Health Organisation- Five Well-Being Index (**WHO-5**) is a short self-reported measure of current mental wellbeing. The WHO-5 has been found to have adequate validity in screening for depression and in measuring outcomes in clinical trials.

Table 2 | How changes in outcomes vary for different cohorts[75]

	K10+	SIDAS	WHO-5
Overall improvement	• Very large, statistically significant reduction of 30 per cent (*d* = -1.16) in psychological distress[76]	• Significant, very large reduction of 63 per cent (*d* = -1.22) in suicidal ideation	• Significant, very large increase of 76 per cent (*d* = 0.71) in wellbeing
Cohorts with a larger average improvement in scores	• Clients who identify as **Aboriginal and/or Torres Strait Islander** had, on average, a 4-point larger decrease compared to those who do not identify • Clients in **regional/remote areas** had on average, a 2-point larger decrease in K-10+ scores compared to those in metro areas[77]	• Clients who identify as **Aboriginal and/or Torres Strait Islander** had, on average, a 5-point larger decrease in SIDAS scores compared to those who do not identify	• To be explored in future rounds of data collection[78]
Cohorts with a smaller average improvement in scores	• Clients **aged under 25 or over 65** had, on average, a smaller decrease (2 points and 4 points, respectively) in K-10+ scores than those aged 25-65 • Clients who are **unemployed** had, on average, a 4-point smaller decrease in K-10+ scores than those who are employed[79] • Clients **with a support plan** had, on average, a 3-point smaller decrease in K-10+ scores than clients without	• Clients who are **unemployed** had a 4-point smaller decrease in SIDAS scores compared to those who are employed • Clients **referred for the secondary criteria** had, on average, a 4-point smaller decrease in SIDAS scores than those referred for the primary criteria	

[75] The findings in Table 5 are based on regression analysis of outcomes data in the PMHC MDS. It controls for the following factors: age group, Aboriginal and/or Torres Strait Islander status, gender, whether the client identifies as LGBTIQA+, regionality, labour force status, whether the client has a primary diagnosis of personality disorder, whether the client has an alcohol or other drug use need, eligibility type, whether they received The Way Back at the Murrumbidgee peer support site, and whether they completed a safety plan or support plan. Note that the findings in the first row are based on t-tests conducted separately as outlined in the preceding section and are intended as a reference point.
[76] The difference in score between episode start and end was statistically significant ($p<0.05$). Statistically, the effect sizes are considered 'very large' (based on a Cohen's d of 0.8).
[77] This finding is close to, but not quite, statistically significant ($p=0.07$). Results may change in the next drawdown of the PMHC MDS when the sample size increases.
[78] There was insufficient data available to reliably run regression analysis assessing the impact of different variables on changes in WHO-5 scores in this initial drawdown from the PMHC-MDS. Future drawdowns are expected to increase the amount of data and likely allow regression analysis to occur in the next round of analysis.
[79] Note that this analysis distinguishes between clients who are unemployed and clients who are 'not in the labour force'. There was no statistically significant difference between clients who were not in the labour force and those who were employed.

There were no significant differences in client outcomes between sites.

Regression modelling of outcomes data in the PMHC MDS indicated that there was no significant effect of site on outcomes. This includes no significant difference in outcomes achieved at the Murrumbidgee peer support site compared to other sites.[80]

Some staff in focus groups and a few clients in interviews, however, reported improved outcomes from the enhancements in their site. For example:

Mildura	Mildura operates a hybrid model that integrates clinical and psychosocial support. Staff in interviews perceived that a more integrated model strengthened protective factors for clients through improved access to clinical supports and better continuity of care.
Murrumbidgee	Murrumbidgee has implemented a peer support variation to their model. Client and staff interviews at this site more frequently reported improved connection to friends, family and community compared to other sites.

For exploration in future data collection rounds: Nous expects that as more data becomes available through each round of data collection will enable us to explore differences across sites in more detail.

3.2.3 Role of The Way Back in service integration

Integration between The Way Back and community services varies across sites.

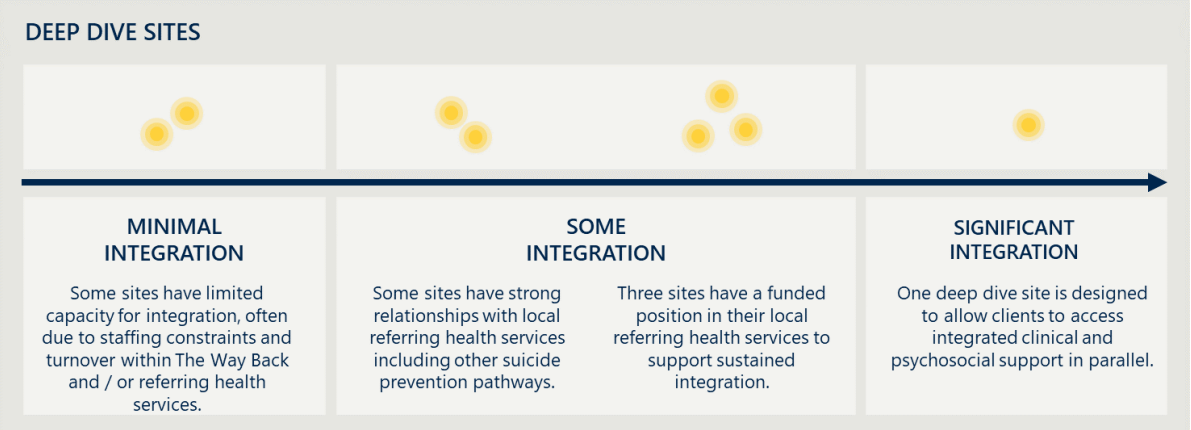
Providers and referring health services indicated the extent to which The Way Back helps to integrate acute health services and community / psychosocial services varies across the eight deep dive sites, see Figure 17. Stakeholders reported different mechanisms that supported integration including:

- **Integration by service model design.** For example, in Mildura, a hybrid model between The Way Back and HOPE aims to improve access to both clinical and non-clinical supports in parallel). The extent to which this works in practice will be further explored in the next round of data collection.
- **Funded positions in referring health services (e.g. project officer) with FTE dedicated to The Way Back.** For example, Brisbane North, Adelaide and CESPHN (among other sites) reported that the presence of a dedicated position located in the referring health service is a critical mechanism to support sustainable integration.
- **Relationship building activities with referring health services and / or key partners.** For example, in sites where there was not currently a dedicated project officer (or similar), interagency mechanisms, collaborative approaches to care coordination and information sharing played a greater role in enabling integration. These mechanisms, however, are often dependent on individual personal relationships.

Staff at some sites reported that the lack of a funded position within the local referrer and high turnover of staff (for providers and local referring services) prevented better integration.

[80] The PMHC MDS data is not able to identify which individual clients accessed peer support services at the Murrumbidgee site. The regression modelling uses a flag for Murrumbidgee as a 'peer support site' and compares differences in outcomes between all people who accessed The Way Back at Murrumbidgee and those at other sites.

Figure 17 | Level of integration with other services across deep dive sites



The Sax Institute Evidence review suggests that models that integrate clinical and non-clinical treatment, care and support may have the greatest benefit for clients. However, as noted in Section 3.2.2, analysis of the PMHC MDS data demonstrated no significant differences in outcomes across sites.

For further exploration in future rounds of data collection: Future rounds of data collection may provide a larger sample size of matched pairs of outcome measures to support further comparison of outcomes between sites. This includes exploring differences in outcomes between sites that are more integrated with clinical and community services than others.

3.2.4 Contribution of The Way Back to outcomes

It is challenging to assess the contribution of The Way Back to client outcomes.

It is not possible to isolate the effect The Way Back specifically has on the extent to which desired outcomes are achieved for an individual and attribute any effect (positive or negative) to The Way Back. The Way Back helps people by connecting clients to broader supports – inherent in this is other supports have a role to play in peoples' recovery.

This is not a summative evaluation and, deliberately, does not have an experimental design to enable any attribution of outcomes to The Way Back. However, one method to examine whether the effect size of The Way Back on intended outcomes is similar to comparable services is using Cohen's d analysis. There was no control group to compare The Way Back effect sizes against; comparison was done against similar programs (see Appendix H).[81] Preliminary analysis of the effect size of The Way Back on the three standardised measures – K10+, WHO-5 and SIDAS – compared to similar programs demonstrated that:

- The Way Back effect size for the K10+ measure (Cohen's d = -1.16, $p<0.005$) was greater than most effect sizes of comparable programs.[82]
- There was limited data available on the use of the WHO-5 and SIDAS measures in comparable programs and we were therefore unable to conduct analysis on these measures.

[81] J Cohen, 'Statistical power analysis for the behavioural sciences,' Lawrence Erlbaum Associates. 1988.
[82] See Appendix H for reference list

Clients perceive The Way Back to play a substantial role in their recovery.

As outlined in Section 3.2.4, many clients in both interviews and surveys reported The Way Back had a significant impact on their life across all the intended service outcomes and goals of the service. In interviews, clients who were asked to what extent The Way Back contributed to aspects of their recovery as a score out of ten. Scores between eight and ten are considered to indicate that The Way Back made a significant contribution.

"She contributed to my wellbeing. I think I'm alive because of her." - The Way Back Client, 2021

Of 27 clients interviewed:

- Most reported that The Way Back significantly contributed to helping them to feel more hopeful.
- About three quarters reported that The Way Back significantly contributed to helping them to develop a sense of purpose and belonging, to connect with other services and to develop confidence to reach out for help when needed.
- Roughly three quarters reported that The Way Back significantly contributed to helping them better manage their distress, connect with friends, family and community and to engage in interests and hobbies.
- Two thirds reported that The Way Back significantly contributed to helping them to understand their triggers and mental health.

Only one quarter of all respondents rated the contribution of The Way Back to any aspect of their recovery as less than eight out of ten and less than 10 per cent rated The Way Back's contribution as five out of ten or less.

3.3 Why and how does change occur in The Way Back, in which circumstances?

Note on the data: It is important to understand the limitations of the PMHC MDS that informs findings presented in this section. This includes limitations to its coverage (across sites) and the completeness of variables. Refer to Section 2.2 for detailed limitations.

Realist intent | This section focuses on outlining the hypotheses for how outcomes have been generated for The Way Back' clients in different circumstances. It draws from a central component of realist evaluation, the CMO hypothesis, to articulate connections between The Way Back, a client, their circumstances and the outcomes (see outcomes in Section 3.2).

Below we outline:

- What CMOs hypotheses are and why they are used.
- The foundational and secondary Context, Mechanism and Outcome hypotheses.

3.3.1 Summary of contextual factors

Context-Mechanism-Outcome hypotheses help evaluators explain why and how change occurs.

In realist evaluation, the evaluator hypothesises in advance the likely mechanisms that cause change to occur and desired outcomes to be achieved. This also includes co**nsideration of the context in which those changes occur. This is known as Context-Mechanism-Outcome (CMO) hypothesis.**

A CMO hypothesis is made up of three parts, expressed here in relation to The Way Back:

- external and internal contextual factors people experience after a suicide attempt or crisis ('context')
- …that shape the underlying changes in the reasoning and behaviour of clients ('mechanisms')
- …which subsequently impact and shape their recovery and suicidality ('outcome').

Nous developed initial CMO hypoth**eses for deep dive sites in November 2020 with input from service providers. Interim findings have helped to refine these hypotheses (outlined in this section), which Nous will continue to refine through remaining rounds of data collection, analysis and reporting.**

Clients have a mix of internal and external factors that impact their experience and outcomes.

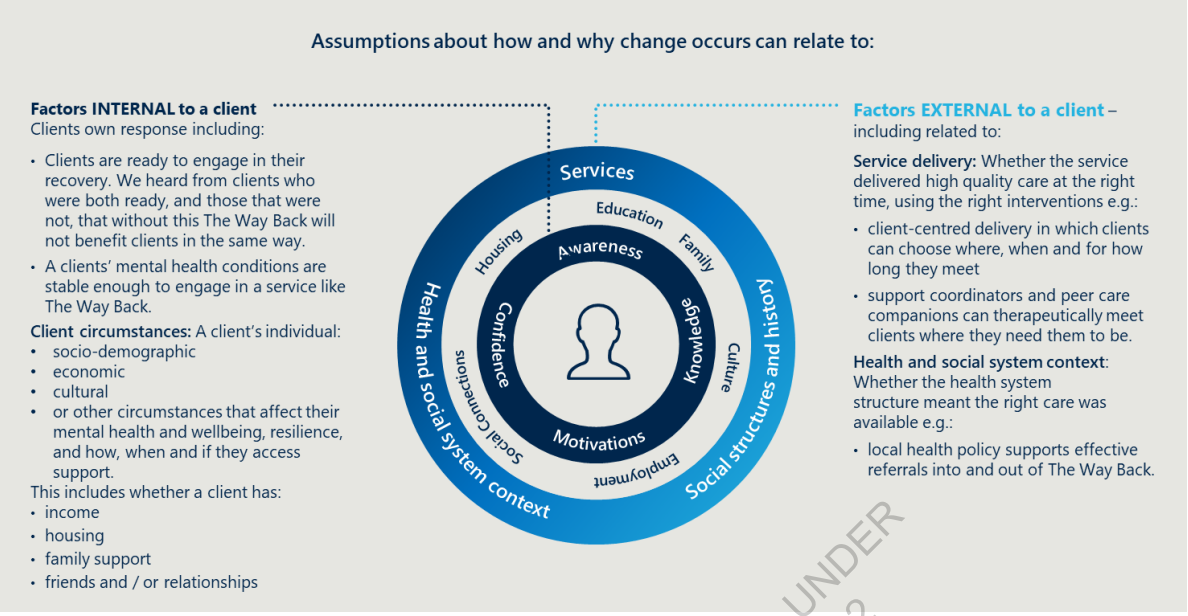
People will have a range of factors impacting their experience of accessing a service immediately following a suicide attempt or crisis ('**context**'). These can be internal circumstances – such as their readiness to engage in recovery, or external factors – such as the ease of referral into a service. These factors will influence how and when people are ready to engage in support, their experience of accessing services and subsequently *how* change will occur as through their recovery journey.

Section 3.3.1 summarises the internal and external contextual factors that may exist for a The Way Back client after a suicide attempt or crisis (informed by interviews with clients and providers). For The Way Back, a range of contextual factors influence what mechanisms of change the clients experience and have an impact on the outcomes they achieve.

Section 3.3.2 illustrates the way Nous understands the potential interplay of internal and external context in a client's experiences after a suicide attempt or crisis and their response to The Way Back.

The Way Back clients in interviews indicated how important it is for The Way Back support coordinators to understand an individual's *internal* factors and how that impacts their perception and experience of the *external* factors. For example, if a client does not have stable housing, their experience of accessing The Way Back or a clinical mental health service may be more difficult and lower priority, than someone with stable housing.

Figure 18 | Internal and external contextual factors for The Way Back



Below, the report explores how these contextual factors relate to mechanisms of change to work towards recovery and reduced suicidality.

3.3.2 Common mechanisms of change and outcomes

A foundational mechanism seems to be required to facilitate subsequent changes in recovery.

The contextual factors (above, Section 3.3.1) shape the underlying changes in the reasoning and behaviour of clients ('**mechanisms**'). Consultations with The Way Back clients revealed there are two types of mechanisms that help to create change for clients in their recovery:

- **A foundational mechanism**: The trust and connection to their support worker is considered a foundational mechanism of change. Based on client interviews and survey responses, it seems to be a prerequisite to clients continuing engagement with the service and being open and ready to discuss supports and recovery.
- **Secondary mechanisms:** A range of other commonly cited mechanisms may help facilitate and shape a clients' reasoning and behaviour in recovery (based on client interviews). Not every client may experience all secondary mechanisms.

Figure 19 shows the common mechanisms of change for The Way Back clients and how these relate to intended outcomes. Subsequent pages provide further detail and below we outline a client vignette to help explain what this looks like from a client's perspective.

Client vignette

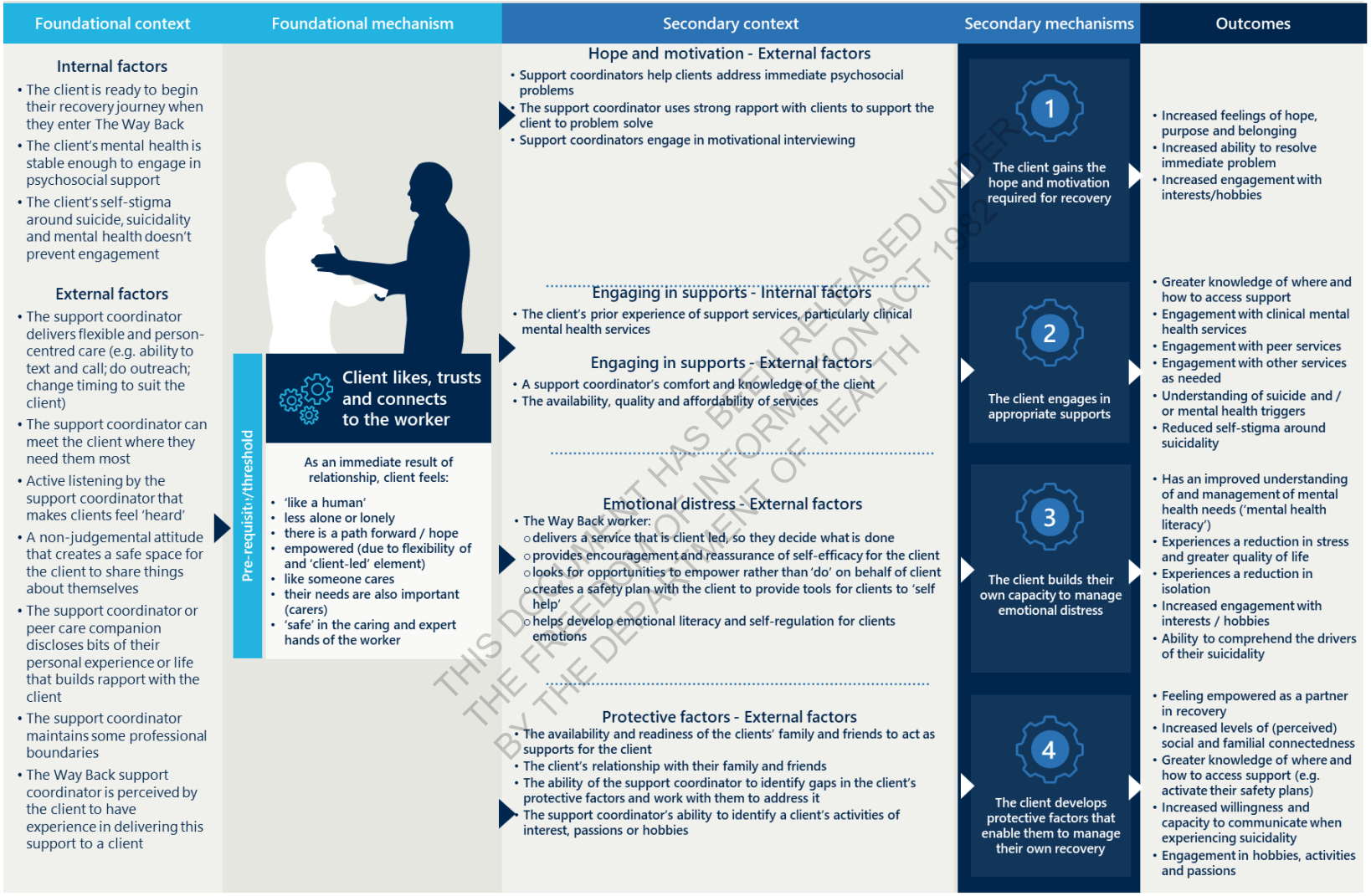
Helena, 24 years old

Helena can't believe how well she feels compared to her engagement with services following her first suicide attempt. Helena was referred to The Way Back the second time she attempted suicide. The first time she attempted, she was supported through a state-based crisis team but said she 'dropped off their radar' after a few weeks.

Helena appreciated her The Way Back support coordinator Tina reaching out to her proactively while she was still at the in-patient unit in the local hospital. Helena liked the fact that Tina was flexible with where, when and how often they met. This helped make it as easy as possible for Helena, who was busy looking after her baby and three-year-old child. She also liked that Tina made talking about what was going on feel relaxed – they often had their sessions over a cup of coffee in her local park, where Helena could bring her children.

Tina connected Helena to a financial counsellor, a psychologist who worked with her to work through post-natal depression and a local support group for young single mothers. While she misses her occasionally, Helena doesn't feel like she needs Tina anymore and says she has made lifelong friendships with other young mums who have gone through similar experiences themselves.

Figure 19 | Foundational and secondary mechanisms of change for The Way Back clients



Foundational mechanism: A client likes, trusts and connects with their support coordinator and / or peer care companion

The role of The Way Back in enacting the mechanism: Clients and staff across all interviews consistently emphasised the importance of building an effective therapeutic relationship with their support coordinator. Most clients interviewed reported that they had a strong relationship with their support coordinator. Many stated that this was based on an initial 'click' from which trust and connection ensued.

> "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 client, 2021

This mechanism was the key for clients to unlock other aspects of their recovery and work towards reducing suicidality. When interviewees identified it had not happened, they reported limited engagement or benefit from the service. The client survey supports this hypothesis, with 61 per cent of clients stating that having a good relationship with their support coordinator influenced how many sessions they attended with The Way Back.[83] Similarly, most clients interviewed indicated that this relationship was integral to all the outcomes they were able to achieve through The Way Back. This is supported by the findings of the SAX Institute Evidence Check, which noted that a strong patient-rated therapeutic alliance between the patient and provider is associated with better outcomes.[84]

> "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." - The Way Back client, 2021

Context that matters: Several themes emerged regarding internal and external contextual factors that were important to the success of this mechanism. These included:

Internal factors:

- The client has sufficient available time after the suicide attempt or crisis to begin their recovery journey when they enter The Way Back.
- The client's mental health is stable enough to engage in psychosocial support.

External factors:

- The support coordinator delivers flexible and person-centred care (e.g. ability to text and call; do outreach; change timing to suit the client).
- The support coordinator can meet the client where they need them most.
- Active listening by the support coordinator that makes clients feel 'heard'.
- A non-judgemental attitude that creates a safe space for the client to share things about themselves.
- The support coordinator or peer care companion discloses bits of their personal experience or life that builds rapport with the client.

> "[forming a friendship with The Way Back support coordinator]… gives you faith in humankind and gives you hope. It makes you see the kindness in people and makes you realise that humankind is really worth it." - The Way Back client, 2021

[83] The Way Back Evaluation, Client Survey. Responses have been weighted using the PMHC MDS data as articulated in the methodology and therefore we have not used an n= number.
[84] The SAX Institute for the Minister of Health NSW, 'Evidence Check - Suicide aftercare services', October 2019. P 28

- Professional boundaries are maintained so that the client feels that the worker is personable, but isn't trying to be their friend (but can include some self-disclosure).
- The Way Back support coordinator is perceived by the client to have experience in delivering this support to a client.

Outcome(s) most contributed to:

- The client meaningfully engages with The Way Back (strengthening protective factors).

This foundational mechanism enabled clients to facilitate secondary mechanisms of change, outlined below.

Secondary mechanisms:

The client gains the hope and motivation required for recovery

The client engages in appropriate supports

The client builds their own capacity to manage emotional distress and seek help when required

The client develops protective factors that enable them to manage their own recovery

Each of these are detailed further below:

Secondary mechanism 1: The client gains the hope and motivation required for recovery

The role of The Way Back in enacting the mechanism: Hope and motivation can be highly influential in a successful recovery from suicide attempt or crisis. Many clients in interviews reported that the support they received from The Way Back to rebuild hope for the future and motivation to start their recovery journey, is a first crucial step towards re-engaging in life and their recovery.

"[My support coordinator] was a godsend. I was blaming myself for everything that was going wrong in my world, in my life. She led me to understand that I'm worth something." - The Way Back client, 2021

Often clients in interviews described that, at the time of their referral to The Way Back, they had lost hope that their lives could improve, felt overwhelmed to take the necessary steps toward recovery, or did not feel deserving of support. Most of these clients reported that their The Way Back support coordinator helped them to recognise a path forward.

Some clients described their support coordinator as a motivating presence in their lives in the early stages, when they felt unable to 'do it' for themselves. Seventy-five per cent of clients surveyed identified that positive aspects of their personal circumstances (e.g. finding employment, receiving Centrelink payments etc.) were important factors in their recovery from suicidality.[85]

Context that matters: Several themes emerged regarding external contextual factors that were important to the success of this mechanism. These included:

[85] The Way Back Evaluation, Client Survey. Responses have been weighted using the PMHC MDS data as articulated in the methodology and therefore we have not used an n= number.

External factors

- Support coordinators help clients address immediate psychosocial needs (e.g. financial stress, housing stress, relationship breakdown) so they start to have small (or large) 'wins'. This can start to build their confidence that things can turn out ok and eventually matures into a sense of hope and motivation.
- The support coordinator uses strong rapport with clients to support the client to problem solve.
- Support coordinators engage in motivational interviewing, a counselling method that enhances the client's motivation through: resisting the righting reflex; understanding the client's own motivations; listening with empathy; empowering the client.

Outcome(s) most contributed to:

- Increased feelings of hope, purpose and belonging.
- Increased ability to resolve immediate problem.
- Increased engagement with interests/hobbies.
- Reduced self-stigma around suicidality.

Secondary mechanism 2: The client engages in appropriate supports

The role of The Way Back in enacting the mechanism:
Connecting clients to support services is a fundamental part of The Way Back core service model. Distinct from the other three secondary mechanisms of change, connecting The Way Back clients to support relies on the effectiveness and availability of other services to realise outcomes for clients.

Clients are often referred to other services with varying uptake. Sixty per cent of respondents to the client survey indicated that support from other community or health services were important in their recovery. Similarly, 52 per cent indicated clinical mental health services, outside of The Way Back played a crucial role in recovery.[86] PMHC MDS data suggests that only 39 per cent of The Way Back clients engaged in the support services that they were referred out to during their support period.[87]

> "During that time I got everything I needed from the services. It was good in-between psychs and got me to those appointments. They got me the help I needed socially and [it helped me] engage with other social supports like family and friends. I got everything I wanted from it and met all my goals." - The Way Back client, 2021

Clients in interviews identified three typical ways through which The Way Back helped clients engage in supports:

- Normalising the access of support and increasing their awareness of what support exists.
- Providing direct referrals to services that are trusted and well matched to the client.
- Playing an advocacy role for complex referral systems so that the client maximises their chance of getting the best support possible.

Context that matters: Several themes emerged regarding internal and external contextual factors that were important to the success of this mechanism. These included:

Internal factors

[86] The Way Back Evaluation, Client Survey. Responses have been weighted using the PMHC MDS data as articulated in the methodology and therefore we have not used an n= number.
[87] Data extracted from the PMHC MDS.

- The client's prior experience of support services, particularly clinical mental health services, can influence the likelihood that they engage with support services.

External factors

- A support coordinator's comfort and knowledge of the client to tailor the support services suggested to their specific needs.
- The availability, quality and affordability of services to support a client's needs in their area. This is influenced by:
  - the state and local level health policy and service landscape
  - Australian health policy and service landscape
  - the supply of qualified and diverse workers for specific services.

Outcome(s) most contributed to:

- Greater knowledge of where and how to access support.
- Engagement with clinical mental health services.
- Engagement with peer services.
- Engagement with other services as needed.
- Understanding of suicide and / or mental health triggers.
- Reduced self-stigma around suicidality.

Secondary mechanism 3: The client builds their own capacity to manage emotional distress and seek help when required

The Way Back provides direct support to clients to help them manage their emotional distress and seek help when required. Many clients and support coordinators agreed that this happened when the support coordinator helped them identify their own emotional distress signs, usually through the process of developing their safety plan. This often had two benefits: 1) it gave clients' practical strategies to manage their own distress; and 2) it re-assured clients that help was available if they needed it.

Responses to the client survey supported this hypothesis, with 77 per cent stating that identifying their own ways of coping and managing things in their life was important in their recovery journey. In addition, 76 per cent of respondents felt their own decisions and actions (enabled by the support they received) were critical to recovery. [88]

Context that matters: Several themes emerged regarding external contextual factors that were important to the success of this mechanism. These included:

External factors

- The Way Back worker:
  - delivers a service that is client led, so they decide what is done

"Being able to vent it out [was important to my recovery]. The Way Back stopped me from letting things to explode, this was closely related to reaching out for help when I need it." - The Way Back client, 2021

[88] The Way Back Evaluation, Client Survey. Responses have been weighted using the PMHC MDS data as articulated in the methodology and therefore we have not used an n= number.

- provides encouragement and reassurance of self-efficacy for the client
- looks for opportunities to empower rather than 'do' on behalf of client
- creates a safety plan with the client to provide tools for clients to 'self help'
- helps develop emotional literacy and self-regulation for clients emotions.

Outcome most contributed to:

- The client:
  - has an improved understanding of and management of symptoms of mental illness which generate distress
  - experiences a reduction in stress and greater quality of life
  - experiences a reduction in isolation
  - increased engagement with interests / hobbies
  - ability to comprehend the drivers of their suicidality.

Secondary mechanism 4: The client develops protective factors that enable them to manage their own recovery

The role of The Way Back in enacting the mechanism: Suicide is often precipitated by stressful events that can trigger suicidal ideation and / or a suicide attempt. Developing protective factors to help clients manage these stressful events is crucial to the sustainability of their recovery.

"I have gone and got a gym [membership]. I have been looking to replace the negatives with the positives: looking at what I really love, looking at myself – I love weights – love people and plants, I love cleaning and projects." - The Way Back client, 2021

The Way Back clients and providers reported that support coordinators usually had conversations with clients where they actively pointed out potential gaps in protective factors and explicitly or implicitly worked with them to fill in those gaps. The safety and support planning processes were helpful tools that underpinned the process but weren't the only way support coordinators and clients worked on building protective factors in their lives. Clients supported the importance of protective factors in their survey responses. Fifty-eight per cent of respondents to the client survey indicated that they felt support from family, friends or community was an important factor in their recovery.[89]

Context that matters: Several themes emerged regarding external contextual factors that were important to the success of this mechanism. These included:

External factors

- The availability and readiness of the clients' family and friends to act as supports for the client.
- The client's relationship with their family and friends.
- The ability of the support coordinator to identify gaps in the client's protective factors and work with them to address it.
- The support coordinator's ability to identify a client's activities of interest, passions or hobbies.

[89] The Way Back Evaluation, Client Survey. Responses have been weighted using the PMHC MDS data as articulated in the methodology and therefore we have not used an n= number.

Outcome most contributed to:

- Feeling empowered as a partner in recovery
- Increased levels of (perceived) social and familial connectedness
- Greater knowledge of where and how to access support (e.g. activate their safety plans)
- Increased willingness and capacity to communicate when experiencing suicidality
- Engagement in hobbies, activities and passions

"The last time I saw [support coordinator] was to say goodbyes and I had all of my kids with me, so she got to meet them, she was a bit excited. We had breakfast and a drink. [Support coordinator] said I've done amazing, I've done pretty much all of it on my own with a bit of guidance from her, just a bit of a push which I often need." - The Way Back client, 2021

Developmental intent | This evaluation will share the CMO hypotheses with sites to help articulate how their work can best contribute to improved recovery and reduced suicidality for their clients. These hypotheses will be further tested and refined through analysis and workshops with providers, allowing both the evaluators and providers to refine their understanding of what works, for whom and in which circumstances. The goal is to improve the understanding of funders, policy makers and providers about how suicide prevention aftercare is effective.

3.3.3 Cohort specific outcomes

The Way Back works with a wide range of clients with diverse needs. The CMO hypotheses outlined in the previous section (Section 3.3.2) were commonly cited across all clients. Below are variations on these CMOs observed for specific cohorts.

Mechanisms seem to vary across cohorts more so than across sites.

Consultations with The Way Back practitioners, providers and clients revealed several cohorts of interest – these are socio-demographic or other groups for whom their context and personal attributes change their experience or response to The Way Back. These cohorts of interest are shown in Figure 20 and referred to throughout the report.

Figure 20 | Populations of interest for The Way Back evaluation

Insights from initial rounds of data collected suggests that the overarching mechanisms of change can typically be experienced by all cohorts, including those listed in Figure 20. However, Table 3 outlines some emerging insights on additional mechanisms or ways mechanisms may differ for the cohorts in Figure 20. These will be further tested in the next data collection round and included in the Final Evaluation Report.

Table 3 | Common differences in CMO hypotheses by clients[90]

Population of interest	How the CMO may differ
People who experience alcohol and/or other drug (AOD) issues	• The readiness of the client to engage in AOD services before or during their support from The Way Back is often important to their recovery journey. • The PMHC MDS data, corroborated by interviews, suggests that these services are often available but not often engaged by people. Of the 99 episodes where the client was referred to AOD services, only 25 per cent engaged with the support.
People living in regional and / or remote areas	• Social isolation can be a driver of suicidality for people living in regional and/or remote areas. It can also impact on the availability of services and make it more challenging to access support. Support coordinators typically need to leverage technology more often to bridge accessibility and some clients indicated that support over the phone was less impactful than face to face support. • People in regional and / or remote areas typically placed more importance on the companionship provided by the support coordinator, rather than as service navigators and accountability mechanisms. It is possible that clients in these areas benefit from having someone who is outside of their family and friend circles, with whom they can be more open about their suicidality.

[90] Informed by interviews with The Way Back clients and support providers conducted and online surveys of The Way Back clients, support persons and providers.

Population of interest	How the CMO may differ

 Young people and older people	• People can experience the support differently and value different aspects of it based on their age. For example:
	  • Younger people: The Way Back site in Brisbane indicated that young people can be challenging to support as they are between services and supports – they are neither children nor adults. They are also often independent in many ways, but still dependent in other ways. Service coordinators indicated that parent engagement is critical and not always there. They often prefer text and use different language to adult clients. Service coordinators indicated that often psychoeducation and linkages into groups with people of similar ages was most helpful to the young person.
	  • Older people: Some support coordinators noted that older people find it more challenging to be inspired by the future and to engage with the service, due the clients' own personal assessment of how much time they believe they have to live.

 People who experience personality disorders and/or chronic suicidality	• Support coordinators outlined that managing boundaries is critical when working with clients who have a personality disorder. • Staff report that many clients (particularly repeat clients; anecdotally approx. 50 per cent) have a diagnosis or visible traits of BPD or other personality disorders. The evaluation team has to date heard insights into how the experience of people with BPD in particular can differ. • Some clients with BPD outlined that when support coordinators disclosed their own lived experience of BPD it helped to 'normalise' their condition and that they learned practical strategies for managing their condition and suicidality. • Qualified workers existed in their area and were able to work with the client using dialectical behaviour therapy, the primary tool for people who have BPD.
 People where this is their first suicide attempt / they've had low engagement with similar services previously, or there has been no prior presentation	• Support coordinators and clients indicated that The Way Back can be more effective for people where it is their first suicide attempt, or they've had no engagement with similar services previously. Our hypothesis is that this group often aren't at the point of chronic suicidality and were more likely to experience substantial improvements to their suicidality. However, we need to further test and confirm this hypothesis in the next round of data collection.
 People who are carers	• Clients who are carers outlined that they often don't take time out to care for themselves and often don't see their own needs as important. Support coordinators observed that clients who are carers often seem to feel very alone in their experience. • Support coordinators outlined that support, encouragement, and Socratic questioning[91] helps clients to understand their needs are also important (or that they need to be in a good place to be able to continue caring). They suggested normalising this behaviour was important and could be achieved via connecting clients to groups where they can meet others who are

[91] Socratic questioning is a form of disciplined questioning that can be used to pursue thought in many directions and for many purposes, including: to explore complex ideas, to get to the truth of things, to open up issues and problems, to uncover assumptions, to analyse concepts, to distinguish what we know from what we do not know, to follow out logical consequences of thought or to control discussions.

Population of interest	How the CMO may differ
	experiencing similar thoughts, who can connect and learn from one another.
 People who require higher-intensity support to manage with their day-to-day responsibilities	• People who require higher-intensity support can often require more support early in their engagement with The Way Back and require less support later as they gain stability and independence. Our hypothesis, to be further tested, is that The Way Back doesn't always have the resources necessary to provide the type of care needed by this cohort. Some clients who fit in this group indicated they found other services that could deliver a much higher intensity of support and were happier with this support compared to The Way Back.
 People with high clinical needs (e.g. severe psychosis)	• The availability of high quality, affordable and well-matched mental health supports was crucial for people with clinical needs. • Support coordinators indicated that the service appears to be less effective for clients who are experiencing a mental health crisis[92], as they typically need very intense clinical support before they are ready to engage with The Way Back.
 The 'missing middle'[93] in mental health needs / support	• People who fit the 'missing middle' in mental health care can struggle to get the right support they need at the right time. The missing middle refers to a population cohort, more broadly than The Way Back, who require significant mental health support (e.g. regular psychologist appointments), but are not high enough in acuity to qualify for public mental health care. • When people in the 'missing middle' access The Way Back they can struggle to get the right support, in the right place for the right price – because of systemic shortages in this type of care. This is a broader issue than just The Way Back, but will impact on the recovery outcomes for their clients. Nous will further investigate the extent to which The Way Back can address the suicidality of this cohort in future data collection.
 People from lower socio-economic backgrounds	• Nous will further explore the interplay of low socio-economic backgrounds on CMOs in our next round of data collection, analysis and reporting.
 People who identify as Aboriginal and/or Torres Strait Islander	• Nous is not yet able to comment on the differences for Aboriginal and Torres Strait Islander clients as we did not have ethics approval in time for data collection (as outlined in Section 2.2).

[92] **A mental health crisis** is any situation in which a person's actions, feelings and behaviours can lead to them hurting themselves or others and/or put them at risk of being unable to care for themselves or function in the community in a healthy manner.

[93] **The 'missing middle'** is a term used to describe "people whose needs are not met by current mental health services. They are often too unwell for primary care, but not unwell enough for state-based services. They may have accessed services in the past year, however, these services were not able to deliver either the duration of care, or level of specialist care appropriate for more complex and serious mental ill-health."
See Orygen, *Defining the missing middle*, accessed on 22 September 2021, www.orygen.org.au/Policy/Policy-Areas/Government-policy-service-delivery-and-workforce/Service-delivery/Defining-the-missing-middle/orygen-defining-the-missing-middle-pdf.aspx?ext=.

Population of interest	How the CMO may differ
 Men	• Support coordinators indicated that young men who had previous bad experiences with mental health system typically don't engage with the service or are very reluctant to engage when they eventually do. • Where men did engage with the service, some sites found that it was typically due to relationship breakdowns or the loss of a partner through death.
 LGBTQI+	• LGBTQI+ clients predominantly described the same mechanisms of change as other cohorts. However, the ability of the support coordinator to be non-judgemental and use appropriate language around gender, sexuality and identity is especially important to their engagement with the service.

The insights presented throughout Section 3.3. suggests that The Way Back operates within a wide variety of contexts, where clients experience a range of mechanisms of change that lead to improved outcomes in their recovery and suicidality. It provides a valuable articulation of how suicide prevention aftercare works more generally, and can inform the design and delivery of aftercare services.

For exploration in future data collection rounds: Nous will continue to test these CMO hypotheses in our upcoming data collection. Each round of data collection with help to build the evidence to support or further refine the overarching CMOs commonly seen across clients and the cohort specific CMOs. Nous will continue to assess whether any sites of service model variations warrant specific CMOs. We will also seek to further understand CMOs for those cohorts in which evidence is more limited – Aboriginal and Torres Strait Islander clients and clients from lower socio-economic backgrounds.

4 Interim recommendations and learnings

This section provides interim recommendations for The Way Back, emerging lessons for the broader sector in understanding client recovery and considerations for future data collection (answering KEQ 5).

4.1 Interim recommendations

Interim recommendations are informed by the emerging findings in Section 3. Recommendations relate to gaps, opportunities and challenges presented by the current design, implementation and delivery of The Way Back. The evaluation has identified 17 interim recommendations for The Way Back comprising:

- Eleven near-term recommendations which Beyond Blue and providers should consider immediately to support ongoing and continual improvement of The Way Back (part of the developmental intent of the evaluation).
- Six longer-term considerations that the evaluation team will explore further through subsequent rounds of data collection. It is worth noting that some of the longer-term considerations are considerable changes and require detailed consideration from Beyond Blue and other key stakeholders. Some require further exploration through the remainder of the evaluation.

Interim recommendations are summarised overleaf and detailed in Figure 21 overleaf.

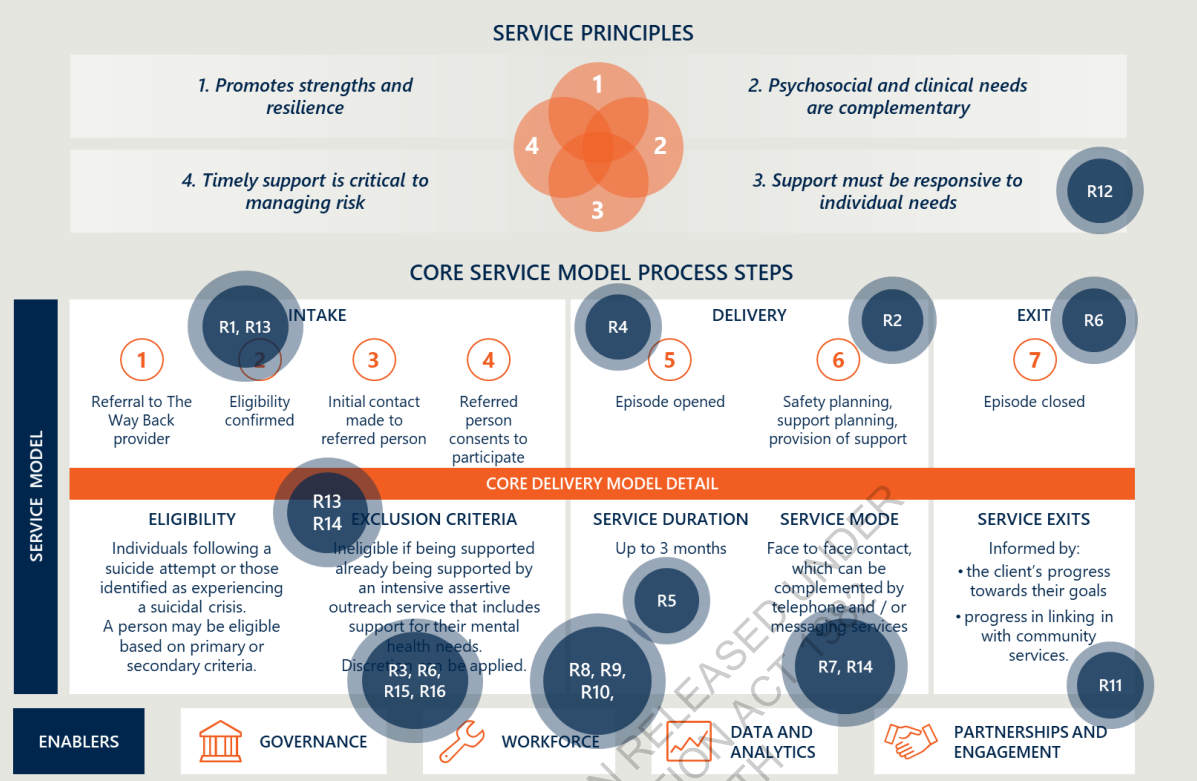
Good practice examples from deep dive sites that helped inform some recommendations are provided in Appendix G. Once endorsed, it is recommended that Beyond Blue develop a detailed implementation plan. An implementation plan should outline the sequencing and responsibility for actions and subsequent communication and engagement required with PHNs, governments and providers to support implementation.

In addition to the recommendations specific to The Way Back, this evaluation is a significant addition to the Australian evidence base about the critical elements of successful aftercare services more generally. With the Australian Government federal budget commitment in 2020-21 of $158.6 million for universal aftercare, it would be remiss to not learn from The Way Back in designing future services.[94] This is particularly pertinent for governance, funding and accountability arrangements, given the opportunity to simplify them – ultimately, to support providers to enable the best outcomes for individuals, families and communities.

Developmental intent | 11 of the recommendations provide nearer-term actions for consideration by Beyond Blue and providers. They aim to ensure Beyond Blue and providers learn from delivery and implementation to date and support continual improvement as the service continues to be rolled out.

[94] Australian Government National Mental Health Commission. 2021. 2021-22 Federal Budget: Inclusions for Suicide Prevention.

Figure 21 | Summary of recommendations



REF	RECOMMENDATION
Nearer term actions	
R1	Fund a The Way Back liaison officer role with sufficient FTE in all referring hospitals to make initial contact with clients while they are in the ED or in-patient unit.
R2	Increase the proportion of clients who have a completed safety plan and support plan, and who complete mental health assessment tools.
R3	Require PHNs to monitor and act on KPIs, where targets are not met in accordance with current service agreements.
R4	Support The Way Back providers and referring health services to reduce the average length of time between the initial contact with the service and service delivery.
R5	Allow for extended service duration for the small number of clients who may require more than 12 weeks of support.
R6	Strengthen The Way Back governance arrangements in the near term to ensure roles, responsibilities and accountabilities are clear and broadly understood.
R7	Improve data collection, analysis and sharing practices to reduce the burden and better share insights to support learning.
R8	Improve existing Community of Practice to better share good practice, problem solve and identify ways to upskill providers, including involvement of broader The Way Back network (e.g. PHNs, referring health services).
R9	Improve The Way Back workforce capability to provide more consistent culturally safe care and provide care by a workforce with lived experience.
R10	Improve support for The Way Back staff to better manage vicarious trauma and burnout.
R11	Encourage The Way Back providers to develop a community engagement strategy to explore whether The Way Back should be adapted to better meet the needs of Aboriginal and Torres Strait Islander clients and CALD clients.
Longer term considerations	
R12	Consider expanding the role of The Way Back to help meet the needs of people before the point of a suicidal crisis and suicide attempt.
R13	Examine the expansion of inbound referral pathways to allow referrals from GPs, Ambulance and drug and alcohol services.
R14	Improve implementation at future sites by lengthening the lead times for expected service delivery post funding confirmation and more widely and clearly communicating The Way Back purpose, benefits and inbound referral processes to referring services
R15	Simplify funding arrangements to PHNs informed by consultation with the Australian Government Department of Health
R16	Collect client experience and outcome measures at six- and 12-month points post service departure.

Table 4 | Interim recommendations

#	Focus area	Recommendation	Design	Implementation	Delivery	Lead responsibility
Near-term recommendations						
R1	Service model - intake	**Fund a The Way Back liaison officer role with sufficient FTE in all referring hospitals to make initial contact with clients while they are in the ED or in-patient unit.** This will help to build confidence and hope for clients and their carers so that they have support arrangements in place prior to their discharge. It may also help to increase low uptake rates. Existing evidence (such as the Sax Institute 2019 Evidence Check) and client interviews indicated the importance of hope in recovery (see Section 3.2).	x			Australian and jurisdictional governments
R2	Service model – delivery	**Increase the proportion of clients who have a completed safety plan and support plan, and who complete mental health assessment tools.** Completions of safety and support plans are a mandatory component of the service design (unless a client declines). As outlined in Section 3.1.4, a large proportion of clients currently do not complete one or both. Providers should aim to improve their use to ensure service model fidelity, reduce suicide risk and track goals. Only a small proportion of clients have matched pair assessments available in the PMHC MDS for key mental health assessment tools such as the K10, WHO-5 and SIDAS (see Section 3.2.1). providers should seek to improve the consistency in which they either complete these assessments with clients and / or record the scores to enable a better understanding of clients' progress and outcomes. It is important to note that the PMHC MDS on the completion of safety and support plans has limitations in coverage and completeness. It is still important to explore the extent to which adherence to safety and support planning can be improved at sites (for clients who choose to complete them).			x	Providers (may require some support from PHNs)
R3		**Require PHNs to monitor and act on KPIs, where targets are not met in accordance with current service agreements.** As noted in Section 3.1.4, some KPIs are not being met across sites and it is unclear who, or whether anyone, has held providers to account to improve performance. This aligns with Recommendation 6 to strengthen and simplify The Way Back governance to provide clearer lines of accountability. Beyond Blue should also work to ensure that all sites use a consistent definition for the 'initial contact with referred person KPI' (either one business day OR 24 hours) as this is currently inconsistent. It is important to note that the limitations to the data used to report on KPIs. It is still important to explore the extent to which achievement of KPIs can be improved at sites.			x	Beyond Blue and Australian Government
R4		**Support providers and referring health services to reduce the average length of time between the initial contact with the service and service delivery.** Given the original service intent and evidence around the criticality of immediate support, Beyond Blue and PHNs should ensure this period (between initial contact and actual service engagement) is more consistently captured in data collection and work with providers and referring health services to ensure the service is available to people who choose to access it within that immediate period (of heightened risk). This will need to involve:	x		x	Beyond Blue, PHNs and providers

		• Revisions to data collection to enable more accurate collection of this variable in the PMHC MDS (see Recommendation 7). • Revisions to The Way Back Service Delivery Model documentation to ensure it is more explicit around the service intent for both immediate contact and immediate or rapid engagement. • Engagement with PHNs and providers to support reductions in the average amount of time between initial contact and first service engagement (noting some clients may choose to have a greater length of time before engaging).				
R5	Service model - exit	**Allow for extended service duration for the small number of clients who may require more than 12 weeks of support.** As noted in Section 3.2, a small number of clients would have benefitted from longer support by The Way Back. This is in line with the findings of the SAX Institute which found that having longer term assistance could make a difference for some clients.[95] It is not suggested this become the standard offering for all clients but rather the very small number who may benefit from it (and also noting this already happens at some sites for a small number of clients). Support should be extended for up to six months prior to the end of which warm referrals must be secured and enacted. This should be accompanied by guidance to The Way Back staff about why a person could / should remain engaged for a longer period.	x			Australian, state and territory Governments, Beyond Blue (funding) Providers (delivery)
R6	Enablers – governance	**Strengthen The Way Back governance arrangements in the near term to ensure roles, responsibilities and accountabilities are clear and broadly understood.** There are significant challenges in current governance arrangements, which makes performance and risk monitoring of providers and PHNs (as outlined in Section 3.1.5). Specific immediate improvements should include: • An immediate review of how to better align authority with accountability for The Way Back delivery, prioritise stakeholders involved in decision-making and clarify roles and responsibilities. This includes balancing collaborative decision-making with the ability to maintain timely and purposeful governance processes. The roles of the Department of Health, Beyond Blue, PHNs and providers should match their scope of control. The ability to monitor and hold providers to account for KPIs must be improved. • Revise how Beyond Blue engages The Way Back Project Steering Committee to better leverage their expertise. Meetings should be used to monitor KPIs and seek advice on the longer-term role of The Way Back in the broader system given ongoing reforms and changes in other services.		x		Australian, state and territory governments, Beyond Blue
R7	Enablers – data and analytics	**Improve data collection, analysis and sharing to reduce the burden and better share insights to support learning.** Data collection processes, including PMHC MDS, quarterly reports and others, are burdensome, and providers feel they do not get insight back on their performance (see Section 3.1.5). Beyond Blue should: • Simplify data collection requirements for providers. This should involve co-design sessions with providers and PHNs to reconsider what data is needed by who and for what, and how data collection practices and variables can be simplified to reduce the burden on services. It is noted that any subsequent changes requested to the PMHC MDS data elements would need to be negotiated over the long term.		x		Beyond Blue (design), PHNs (contracts), Australian Government (PMHC MDS data changes)

[95] The SAX Institute for the Minister of Health NSW, 'Evidence Check - Suicide aftercare services', October 2019. P28

		• Support providers to improve the consistency and accuracy of data collection. As a priority, this should include improving data collection of:
		  • binary eligibility criteria at referral
		  • service contact type to clearly differentiate between initial contact with The Way Back via phone (within 24 hours), first in-person engagement, assessment and other service contacts where ongoing support is provided
		  • the nature of episode completion (i.e. whether considered a planned or unplanned program exit).
		Further detail is provided in Appendix I.
		• Provide concise quarterly or six-monthly data dashboards and insights across The Way Back to providers to help inform ongoing improvements to service delivery effectiveness and efficiency. This should be informed by the above-mentioned co-design process.
		• Provide Beyond Blue with greater visibility of service data so that they can monitor performance against KPIs and take action as needed.				

R8	Enablers – workforce	**Improve existing Community of Practice to better share good practice, problem solve and identify ways to upskill providers, including involvement of broader The Way Back network (e.g. PHNs, referring health services).** There are examples of good practice across sites (see Appendix G). Providers in consultations indicated the importance of being able to learn from more mature sites or other good practice. The existing Community of Practice should consider: • Increasing the frequency with which they meet and therefore the opportunity to share good practice, including identifying ways providers can be appropriately upskilled based on their local context. • Continuing to include broader representation and also supporting greater engagement from other stakeholders (e.g. PHNs, LHDs, government departments), at some meetings. • Ensuring there is a clear Secretariat to coordinate across a standing agenda and rotating facilitation of sessions across sites.			x	Beyond Blue, Australian, state and territory governments, PHNs, LHDs
R9		**Improve The Way Back workforce capability to provide consistent culturally safe care and provide care by a workforce with lived experience**. Providers and clients noted several specific opportunities to improve workforce capability (see Section 3). These included opportunities for providers to: • Require cultural competency training if not already done so by providers. • Seek to recruit more Aboriginal and Torres Strait Islander staff and staff from CALD backgrounds. • Include consideration of formal peer worker qualifications and/or lived experience when recruiting The Way Back team leaders and support coordinators, given the strong and consistent message from clients of the value they find in peer workers and support coordinators with lived experience. Beyond Blue should establish a standard framework for and approach to, peer workforce governance and support arrangements. This should include consideration of the National Mental Health Commission's Fifth Plan National Lived Experience (Peer) Workforce Development Guidelines (not yet released as at October 2021). While the evaluation was			x	Providers (who may require support from PHNs)

		unable to directly determine client preference for workers with lived experience, it is recommended that The Way Back align itself with the guidelines soon to be released from the National Mental Health Commission. [96]				
R10		**Improve support for The Way Back staff to better manage vicarious trauma and burnout.** Providers indicated this is a risk, given the nature of the work and demand on services (see Section 3.1.4). This could include mechanisms like additional leave allowances, access to employee assistance programs and formal debriefing requirements for support coordinators / teams / individuals at regular intervals.			x	Providers and PHNs
R11	Enablers – partnerships and engagement	**Encourage providers to develop a community engagement strategy to understand how to best meet the needs of Aboriginal and Torres Strait Islander clients and clients from CALD backgrounds.** The strategy could be developed by a small working group with representation from a range of services. The strategy should identify mechanisms services can use to: • Better understand if The Way Back is appropriate to meet the needs of these communities. • Engage with local community services, including those that work with CALD communities and ACCHOs such as Aboriginal Health Services to understand how service design, delivery and integration could be adapted to best meet the needs of these groups. • Access and reach into these cohorts/communities (if The Way Back considered appropriated model for these cohorts and communities), including to build trust and awareness and reduce stigma. • Develop or source trauma informed resources and practice guidance for working with refugee/migrant clients who have experienced trauma. • Identify local mechanisms to attract a more diverse workforce from local communities. • Share and learn about best practice initiatives being delivered across other services, including other sites. • Provide targeted and ongoing cultural competency training to support the workforce. This recommendation should commence in the near-term given its significance and importance, but it is noted that completion of it may require long term efforts.			x	Beyond Blue, PHNs and providers
Longer-term considerations						
R12	Purpose	**Consider expanding the role of The Way Back to help meet the needs of people before they are at the point of severe crisis (i.e. a suicide attempt or suicidal crisis).** Given its significance, this longer-term consideration requires further exploration through subsequent rounds of data collection and consultation with Beyond Blue, PHNs and governments. This recommendation is expanded on overleaf.	x			Australian, state and territory governments and Beyond Blue
R13	Service model – intake	**Examine the expansion of referral pathways to include inbound referral pathways to allow referrals from GPs, Ambulance, and alcohol and other drugs (AOD) services.** This responds to evidence and consultation insights that suggest	x			Beyond Blue, Australian Government, PHNs and providers

[96] Mental Health Commission of Australia (2021), Lived Experience (peer) Workforce Development Guidelines, accessed on 18 November 2021, https://www.mentalhealthcommission.gov.au/Mental-health-Reform/Mental-Health-Peer-Work-Development-and-Promotion/Peer-Workforce-Development-Guidelines

		people would greatly benefit from access to The Way Back from alternate referral pathways and earlier before the point of acute crisis.				
R14	Enablers – governance	**Improve the implementation process at future sites.** This could mean lengthening the lead times for expected service delivery post funding confirmation and more widely and clearly communicating The Way Back purpose, benefits and inbound referral processes to referring services. This includes to: • Lengthen the lead times from funding confirmation to delivery of services – adequate time for PHNs to prepare, co-design and joint-commission where appropriate and for providers to recruit and train their workforce, requires a period of at least nine- to 12-months. • Strongly promote The Way Back with referring hospitals / services at future / new sites, using the common, national branding and clear description of the services available and who is eligible – this ensures referring hospitals / services have a clear understanding of The Way Back's purpose and intended benefits and how to refer to the service. This should not conflict with local tailoring to reflect local contexts.		x		Australian Government (as funders), Beyond Blue (as owners of the service model)
R15		**Simplify funding arrangements to PHNs informed by consultation with the Australian Government Department of Health.** Beyond Blue and the Australian Government should explore funding models that can reduce the complexity and bureaucracy in funding distribution (primarily the funding streams to PHNs), better align to the roles and levers of stakeholders within the service system, help to decrease time to establish services and simplify performance monitoring and reporting arrangements.		x		Australian Government and Beyond Blue
R16	Enablers – data and analytics	**Collect client experience and outcome measures at six- and 12-month points post service departure.** This will provide a clearer understanding of the medium- and longer-term outcomes The Way Back is able to achieve.			x	Providers and Beyond Blue

Further detail on the long-term consideration (consideration 12) is provided below given its significance.

Deep dive | Long term consideration #12

In the longer term, Beyond Blue, governments and providers should consider the expansion of The Way Back's role (or a similar service) in the suicide prevention and mental health system to reach people *before they are at the point of severe crisis (i.e. a suicide attempt or suicidal crisis).*

The Way Back currently provides aftercare support to people who have attempted suicide or who have experienced a suicidal crisis. It is targeted at people with acute and severe needs who present to hospitals or community mental health services. Interim evaluation insights support exploration of the potential expansion of The Way Back's role given the following:

- The Way Back service model is fundamentally sound. Overall, The Way Back's objectives – to improve access to high-quality aftercare, support recovery and improve the capacity of a skilled suicide aftercare workforce – are being realised.
- The Way Back typically provides effective aftercare, with many clients reporting high levels of satisfaction, particularly with their support coordinators.
- There were significant reductions in emotional distress, psychological distress and suicidal ideation on average, as measured on entry and service exit (as measured by the K10, WHO-5 and SIDAS).
- Many clients self-reported The Way Back had significantly contributed to the early part of their recovery (clients interviewed were less than four months post service use). Many clients *also reported that they would have benefited from a service such as The Way Back much earlier in their journey and wished it were available to other people before the point of such severe crisis that they are admitted to hospital.*
- The intent of The Way Back to support better integration between acute mental health, health and community services is being realised at many sites.

In addition, evidence supports the role of assertive outreach and referral to psychosocial support for people before they reach a mental health or suicidal crisis.[97] An expanded role to move The Way Back intervention to earlier prior to a crisis point or people not presenting to hospital aligns to the federal 2021 budget commitment to '*provide aftercare services for all Australians discharged from hospital following a suicide attempt and trials for aftercare services for anyone experiencing suicidal crisis, but who do not attend a hospital*').[98] There is also opportunity to consider how to better integrate The Way Back with other changes in suicide prevention and mental health systems, including in response to: the Victorian Royal Commission into Mental Health and Productivity Commission report, the Australian Government's universal aftercare measure, and the National Agreement on mental health and suicide prevention and associated bilateral agreements.

This longer-term recommendation requires further exploration and consultation with Beyond Blue, PHNs and governments. It would have significant impacts on service demand, workforce capability requirements and funding.

[97] The SAX Institute for the Minister of Health NSW, 'Evidence Check - Suicide aftercare services', October 2019.
[98] Department of Health (2021). Budget 2021-22: Generational change and record investment in the health of Australians. Retrieved from www.health.gov.au/ministers/the-hon-greg-hunt-mp/media/budget-2021-22-generational-change-and-record-investment-in-the-health-of-australians

4.2 Emerging lessons on fundamental elements of aftercare

The evaluation of The Way Back provides an opportunity to learn about how aftercare services and the suicide prevention sector can effectively support a person's recovery from a suicide attempt or crisis. This includes to inform the future rollout of The Way Back, as well as the design, delivery and implementation of universal aftercare and the interface between clinical and community services more broadly.

It is worth noting that the lessons outlined in this report are based on emerging evidence, and the final report (due November 2022) will provide more comprehensive lessons based on more fulsome data collection and analysis.

Emerging lessons about how government departments and the sector can support recovery and the design, delivery and implementation of effective aftercare services, based on the evidence in Section 3, are below:

- **Governance arrangements and funding mechanisms must not add complexity to an already complex operating environment**. Given the nature of the suicide prevention and mental health system – at the interface of both clinical and community services, across all levels of government – it is easy to understand why complex governance and funding arrangements emerge for follow-up services that straddle these boundaries. Clarification of clear roles for all stakeholders in governance and simplified funding mechanisms, such as streamlined funding or joint commissioning that leverages existing arrangements, will in part help to reduce delays between design and implementation. It will likely also help with performance monitoring and accountability, by having authority, control and accountability streamlined. This aligns with the Productivity Commission Inquiry which noted that agreements operating in sectors with interface issues, such as mental health and acute care, should seek to improve these issues in part by a clearer division of responsibilities between the Australian Government and states / territories.[99]
- **The criticality of assertive aftercare is evident through the client interviews and responses in this evaluation**. Although based on a small sample size, many clients indicated that the period immediately following a suicide attempt or crisis is 'a blur'. They struggle to remember who contacted who when, where they were referred and when – but stress the criticality of having one dedicated person persisting with contacting them after they agreed to be referred, in those early days, to support engagement. Many had past negative experiences with clinical health or mental health services – not being contacted, falling through the cracks or long wait times to access services. They noted the seemingly clear path into The Way Back, and immediacy of subsequent engagement (often) was a significant factor in them remaining engaged.
- **The value of the relationship with the support coordinator is fundamental**. Almost all clients reflected that the trust they were able to build with their support coordinators was key to them remaining engaged in the service and therefore to their early recovery steps. Many reflected that the dynamic was significantly different to when they engaged with mental health clinicians – they felt supported rather than judged, particularly in instances where the support coordinator had lived experiences. This finding highlights the importance of a person-to-person relationships in people's recovery and the valuable role of the non-clinical workforce.
- **Having services like The Way Back available to people earlier before the point of a suicide attempt or crisis is preferable.** There was significant agreement amongst almost all stakeholders, particularly clients, that services like The Way Back or a similar service should be available earlier. They could not understand why people needed to be at such a point of crisis before being able to access a service that they felt was critical to their recovery. There are implications of any potential expansion on service

[99] Productivity Commission, "Mental Health – Interim Evaluation Report." 2020.

demand, inbound referral pathways and workforce, but given the potential benefits of intervening early (as highlighted by the Productivity Commission in 2020), this should be explored. [100]

- **Aftercare services need to have strong relationships with local CALD community services and local Aboriginal community-controlled services like AMSs**. These relationships must be established, ideally, in the design phase to ensure follow up services consider how to best meet the needs of all local clients, including Aboriginal and Torres Strait Islander clients and those from CALD backgrounds *from the design phase* as opposed to trying to retrofit after implementation commences.
- **The aim of data collection should also be to support quality improvement and client safety – not just to report to funders.** This requires a rethink of how data collection is designed – it should be co-designed by practitioners, providers, commissioners and funders at the outset. The primary driver should be understanding what data practitioners and team leaders need to continually improve their service – how frequently, what variables, what format. The secondary driver should be the data required by commissioners or funders. There should be a focus on reducing the burden by only collecting what is most critical and establishing regular (monthly or quarterly) feedback loops so practitioners and providers can understand performance and make adaptations to make improvements.
- **More work is needed to understand whose needs are not being met by aftercare services like The Way Back**. There remains limited information about the characteristics and needs of those who choose not to engage in The Way Back. Nous will aim to explore this cohort further in subsequent data collection rounds, but it remains a significant data gap.

4.3 Inputs for a future value-for-money assessment

The interim evaluation has identified immediate data collection improvements (see Recommendation 7 and Appendix I). The evaluation was also tasked with identifying the data that should be collected to support a future summative evaluation and value-for-money assessment of The Way Back.

An initial input to the future value-for-money assessment would be understanding the cost of delivering The Way Back per client. At the time of writing this report, we do not yet have access to the expenditure data required to complete this analysis. We will work with Beyond Blue to get access to this and include analysis in the final evaluation report.

The final evaluation report due in November 2022 will attempt to identify:

- data required to support a future summative evaluation
- the cost of someone presenting to an ED following a suicide (re)attempt.

[100] Productivity Commission, "Mental Health – Interim Evaluation Report." 2020.

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