



It takes a village to prevent suicide

An Impact Summary
of the Talk Suicide
Support Service

In partnership with



Helping people find light and hope in times of darkness

Talk Suicide Support (TSS) is unique in being one of the only suicide-specific support services offering face-to-face support that focuses on suicide prevention, intervention and ongoing support without restrictions on eligibility or time. Suicide Prevention Pathways (SPP) provides brief to longer-term intervention, depending on individual needs, and coordinates a ‘wrap-around continuum of care response’ for individuals they work with.

This document summarises the findings of an evaluation of the Talk Suicide Support service offered by Suicide Prevention Pathways. The evaluation was undertaken by Australian Catholic University in partnership with Suicide Prevention Pathways.¹

Aims of the evaluation

- 1 Determine if the support SPP provides to clients through their TSS Service has a positive impact on those who engage
- 2 Determine if the TSS model helps those who engage stay safe through increasing knowledge, selfawareness, and resilience
- 3 Identify both gaps and strengths of the model, and provide recommendations for future service development that will enhance the service delivery model
- 4 Build an evidence base demonstrating the model’s effectiveness to inform the sector on best practices in suicide prevention support.

Key findings

SPP is unique among existing suicide prevention services within Queensland.

This evaluation found that the TSS model offers people experiencing suicidality an effective non-clinical, community-based, flexible service that supports them in planning for increased mental wellbeing and suicide prevention, driven by the values of compassion, non-judgement and ‘vicarious resilience’.

TSS has several strengths in providing effective suicide prevention support. TSS has:

- **A high level of satisfaction amongst service users.** Overall, clients feel their needs are being met, feel more equipped to manage future issues and seek assistance from the service.
- **Referrers who are satisfied with the support that TSS provides to their clients.** The referrers find TSS easy to refer to and a valuable service for their clients. They appreciate the comprehensive safety planning, collaborative approach to care, and free-to-access nature of the service: filling a gap in service for people who experience suicidality.
- **A non-clinical setting, allowing for client-centric comprehensive safety planning.** Current and past clients find planning for suicide prevention helpful during and after periods of risk. Safety planning is comprehensive, connecting clients with community supports.
- **A culture and practice that supports staff wellbeing, which in turn helps them engage meaningfully with clients.** Staff operationalise a shared and clear understanding of the TSS model and feel supported to use professional discretion during the safety planning process.
- **Funding that does not drive service principles or set restrictions on the model.** While funding is secured annually through philanthropic streams, this allows for a service model that is responsive and flexible to client needs.²

¹ The full results of the study are reported in Harris, S. (2023). Talk Suicide Support: Evaluating the outcomes of a community-based suicide prevention model. Australian Catholic University.

² While this evaluation did not aim to examine funding in depth, staff highlighted that the current funding model has allowed the TSS model to develop as it has. New funding streams would need to consider this.



Suicide in Australia

Suicide is a multifaceted issue that often results from complex social, psychological, and biological factors.³ Suicide is one of the most preventable public health issues in Australia and around the world. It remains the leading cause of death for Australians aged between 14 and 44 years and the leading cause of premature death in Australia. In 2019, 3,318 men, women, youth, and children died by suicide, an average of nine lives lost each day in Australia. Moreover, for every life lost, over 65,000 Australians attempt to end their life. It is important to remember that each suicide statistic represents a person with a family and a community grieving for their loss.⁴

According to Suicide Prevention Australia (SPA), some of the social determinants of an increased risk of suicide include social isolation and loneliness, unemployment and job security, family and relationship breakdowns, the cost of living and personal debt, housing access and affordability, alcohol, and other drugs, ageing and retirement, environment and climate change, gender roles, health and fitness and new technology and social change.⁵ These issues must be addressed through suicide prevention activities.

There has been a significant increase in help-seeking by people experiencing psychological distress in Australia during the COVID-19 pandemic.⁶ A broader population of Australians have also experienced social determinants of suicide – job loss, financial instability, and social isolation – impacting services that aim to prevent suicide. Despite this, there was no increase in suspected suicide deaths in 2020.⁷

Looking more closely at suicide in Queensland through the Suicide in Queensland Annual Report 2020, suicide is a significant issue. In 2018, Queensland accounted for a quarter of all suicide deaths in Australia. A considerable majority of suspected suicide deaths were males (75.3%), and suicide deaths were most frequently reported in males aged 40-49 and women aged 45-49. Approximately 20% of those who died by suicide in Queensland were Aboriginal and Torres Strait Islanders. Over half of those who died by suicide in Queensland reportedly had a diagnosed mental health condition. Many people experience the social determinants of suicide, including being unemployed, facing financial difficulties or facing a relationship separation.⁸ This highlights that some specific target populations require suicide prevention support in Queensland.

³ Kinchin, I., & Doran, C. M. (2018). The Cost of Youth Suicide in Australia. *International Journal of Environmental Research and Public Health*, 15 (672), 1–11.

⁴ Australian Institute of Health and Welfare, Suicide and Self-Harm Monitoring Data, <https://www.aihw.gov.au/suicideself-harm-monitoring>, retrieved 13 September 2021.

⁵ Suicide Prevention Australia (2021). State of the Nation in Suicide Prevention: A Survey of the suicide prevention sector, <https://www.suicidepreventionaust.org/wp-content/uploads/2021/09/State-of-the-Nation-in-Suicide-Prevention-2021-report.pdf>, retrieved 14 September 2021.

⁶ Australian Institute of Health and Welfare, Suicide and Self-Harm Monitoring Data, <https://www.aihw.gov.au/suicideself-harm-monitoring>, retrieved 13 September 2021.

⁷ Black Dog Institute. (2021). Suicide prevention for LGBTIQ+ communities: Learnings from the National Suicide Prevention Trial. https://www.blackdoginstitute.org.au/wp-content/uploads/2021/04/BDI21_Suicide-prevention-for-LGBTIQcommunities.pdf, retrieved 30 September 2021.

⁸ Australian Institute of Health and Welfare, National Suicide and Self-Harm Monitoring System outlined in <https://www.abc.net.au/news/2021-07-20/rise-of-self-harm-mentalhealth-services-covid-pandemic/100305640>, retrieved 20 July 2021.



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Approaches to suicide prevention

Suicide rates in Australia have increased over the last decade, leading to the significant challenge of ensuring that effective suicide prevention services and activities are employed to reduce the number of lives lost to suicide. Extensive efforts have been made across the suicide prevention sector to implement initiatives, policies, and programs to prevent and respond to suicide, to expand our knowledge of suicide, to meet the needs of those experiencing suicidal distress or crisis, to change the impact of social determinants of suicide and raise awareness of suicide in the community.⁹

The demand for suicide prevention services has increased over the past 12 months, and the sector has had to adapt to the changing landscape of the world. This includes changing service capacity, adapting to online technologies, especially in the realm of COVID-19 and lockdowns, and developing new services.

Several key population groups require further support for suicide prevention, including Aboriginal and Torres Strait Islander peoples, Culturally and Linguistically Diverse (CALD) communities and LGBTIQ+ communities.

The suicide prevention sector must adapt to the needs of these priority groups to reduce the number of lives lost to suicide.¹⁰

Evidence-based suicide prevention requires a systems approach to reduce the impact of suicide. According to the Black Dog Institute's paper on evidence-based systems approaches to suicide prevention, nine strategies should be implemented simultaneously, reducing suicidal behaviour. These include: aftercare and crisis care; psychosocial and pharmacotherapy treatments; GP capacity building and support; frontline staff and gatekeeper training; school programs; community campaigns; media guidelines; and means restriction.¹¹



Image provided by Adobe Stock.

⁹ 'Prevention Compassion Care: National Mental Health and Suicide Prevention Plan,' 11. The recommendation to expand aftercare services came out of the 'Productivity Commission Inquiry into Mental Health Final Report,' Australian Government, retrieved 19 May 2021, <https://www.pc.gov.au/inquiries/completed/mental-health/report/mental-health.pdf>, 68 (Recommendation 9).

¹⁰ Suicide Prevention Australia (2021). State of the Nation in Suicide Prevention: A Survey of the suicide prevention sector, retrieved 14 September 2021: <https://www.suicidepreventionaustralia.org/wp-content/uploads/2021/09/State-of-the-Nation-in-Suicide-Prevention-2021-report.pdf>

¹¹ Black Dog Institute. (2016). An evidence-based systems approach to suicide prevention: guidance on planning, commissioning and monitoring, retrieved 17 September 2021: <http://www.blackdoginstitute.org.au/wp-content/uploads/2020/04/an-evidence-based-systems-approach-to-suicide-prevention.pdf?sfvrsn=0>

Talk Suicide Support Overview

Guided by lived experience, SPP's Talk Suicide Support (TSS) service delivers a non-clinical, community-based outreach model of care focused on safety, self-awareness, and capacity building. TSS is a free self-referral service available to individuals contemplating suicide, and families and friends of those at risk of suicide. TSS provides outreach throughout South East Queensland to people aged 15 years and over and extends its geographical reach through telephone and digital platforms. SPP accepts referrals from all channels, including individual self-referral, hospitals and other health and community-based services.

The primary goal of the TSS service is to fill a gap between crisis response, clinical and brief interventions. Its outreach model of care focuses on safety, individual needs and strengths and building capacity, working with people to forge resilience to manage their suicidality and foster hope for their future. After appropriate safety planning, the service's primary goal is to begin people on their journey of self-awareness and resilience so that they leave the service with the goal of commitment to continue their own personal development.¹²

The key activities of the service involve support coaches guiding and encouraging service users to develop internal awareness and skills to manage suicidal thoughts and future challenges. The service activities aim to increase service users' resilience and hope by developing self awareness and fostering stronger community linkages.



¹² "Talk Suicide Support Service", "Talk Suicide Support Evaluation Plan", 2020, Suicide Prevention Pathways (internal document).



Image provided by Unsplash/ Amy Humphries.

The TSS outreach model of care

SPP seeks to collaborate with other healthcare professionals and organisations to provide integrated rather than isolated support. SPP works with clinical and other community-based services, including GPs, psychologists, psychiatrists, community health workers, and other community support organisations to create wrap-around support for individuals within their communities.¹³

The primary goals of the TSS outreach model of care are to:

- 1 Fill a service delivery gap between crisis response, clinical interventions and brief interventions focused on de-escalating the immediate crisis
- 2 Improve the short-term wellbeing of participants previously at risk of suicide and enhance their self-awareness of their suicide signs and symptoms
- 3 Be effective in achieving the longer-term goals of increasing participants' hope for their future and engagement in life and providing them with the tools to build resilience to manage future crises
- 4 Be effective in reducing the participants' number of hospital visits.

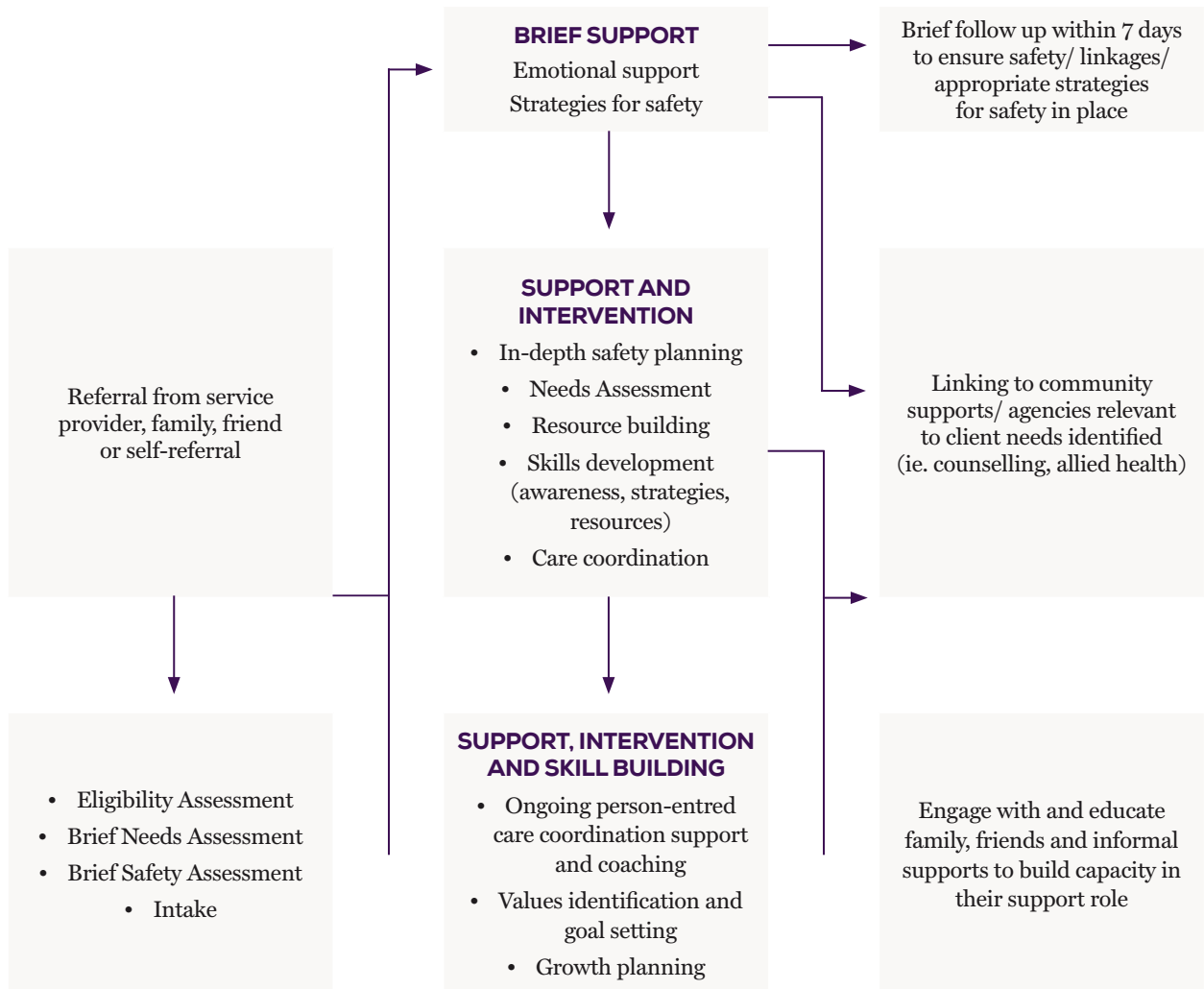
SPP – TSS service program logic

The TSS service has several intended program outcomes for service users outlined in the program logic, which was previously developed by the service. The key service activities of intake, coaching and linking and referral to other community supports aim to deliver the following outcomes for service users to address their suicidality:

- ➔ Reduced psychological distress
- ➔ Reduced distress, suicidal thinking and behaviour
- ➔ Reduced hopelessness and worthlessness
- ➔ Increased understanding and awareness of suicide and self
- ➔ Improved strategies for safety, self-care, and resilience

¹³ 'Get Help,' Suicide Prevention Pathways, 2021, retrieved 16 April 2021, <https://suicidepreventionpathways.org.au/gethelp/#workers>

SPP TALK SUICIDE ACCESS AND SUPPORT PATHWAY





Real outcomes for the future

Talk Suicide Support focuses on safety, individual needs and strengths and building capacity, working with people to forge resilience to manage their suicidality and foster hope for their future. After appropriate safety planning, the service's primary goal is to begin people on their journey of self-awareness and resilience so that they leave the service with the goal of commitment to continue their own personal development.

Clients of TSS reported increased self-awareness about their suicidal thoughts and behaviours, present less to hospital emergency departments and their GP, and generally experience reduced suicidality.

'Being connected in with SPP has changed my life for the better. I feel that I am linked in with those crucial services now because of being connected with SPP. I now recognised my emotions for what they are and can respond to my needs well. I do have ongoing suicidal thoughts but I believe that these thoughts, not urges, are well managed. Overall, I couldn't be happier that I was referred to your services. It's not often you get a mental health service that sincerely delivers. I've felt very cared for and understood.'

SPP client

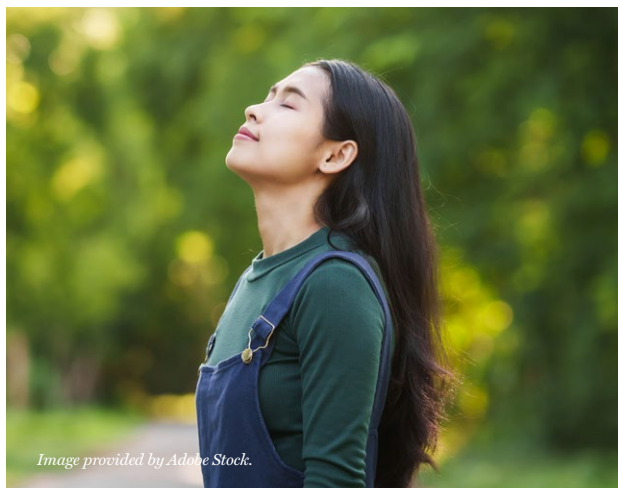


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Strengths of the TSS service

TSS PROVIDES CLIENTS WITH CONSISTENT, INDIVIDUALISED SUPPORT AND CARE

Safety Plans (and the planning process itself) allowed past clients to gain awareness and understanding of their suicidal thoughts and behaviours to increase preventative strategies unique to them. In this way, TSS has long-term benefits for preventing suicide.

HIGH LEVEL OF SATISFACTION AMONGST SERVICE USERS

Overall, service users feel their needs are being met, feel more equipped to manage future issues and seek future assistance from the service. These areas of satisfaction all align with the service goals to improve resilience and manage future suicidal distress.

CLIENT-CENTRED APPROACH

Staff appreciated that they could be client-centred rather than service-centred or excessively risk averse when coaching clients through the TSS assessment and safety planning model.

EFFECTIVE RELATIONAL COACHING MODEL

Staff identified the flexible, relational coaching model as effective when working with clients of TSS.

NON-CLINICAL SETTING

The non-clinical setting and context of their work were identified as a strength of service delivery by TSS staff.

REFERRERS ARE SATISFIED WITH THE SUPPORT THAT TSS PROVIDES TO THEIR CLIENTS

The referrers find TSS easy to refer to and a valuable service for their clients. They appreciate the comprehensive safety planning, collaborative approach to care, and free-to-access nature of the service. Most respondents also agree that TSS fills a gap between other services that support people contemplating suicide. All the respondents agreed that they would recommend the TSS service to other organisations and individuals.

Recommendations

SAFETY PLANNING

A deeper review into the use and impact of safety planning could be further investigated.

MAINTENANCE OF CURRENT FUNDING MODEL

While funding was acknowledged as an ongoing concern, maintaining the current model was seen as the priority rather than applying for more secure funding, which could fundamentally shift the service.

INVESTIGATE STRATEGIES TO INCREASE ENGAGEMENT WITH AT-RISK POPULATION GROUPS

Although other services in the area/context have service-specific population and community groups that they serve, a review of inclusiveness strategies could take place to extend the reach of SPP with regards to the below at-risk groups:

- Gender: SPP client group is currently female-dominated. SPP could investigate ways to be more inclusive if aiming to service a broader population, or look to specific ways to specifically support men (a noted at-risk group in Queensland)
- Cultural diversity: SPP can include more culturally responsive and inclusive language and information on the service website to connect with population groups such as Aboriginal and/or Torres Strait Islander people, and people from CALD backgrounds. SPP could also employ Aboriginal and Torres Strait Islander peoples and culturally responsive staff to develop culturally appropriate services
- Sexual and gender diversity: SPP can include more inclusive language and information on the service website to connect with LGBTIQ+ people, and employ LGBTIQ+ staff with lived experience.



Safety and hope when it is needed most

Giving people the space and time to talk through their experiences, feelings and emotions allows a person to feel acknowledged and heard, the act of which by has the ability to reduce distress and increase hope for the future.

Reducing psychological distress

As a result of being engaged with TSS psychological distress was found to be reduced.

At Intake, 69% of participants stated they felt sad and nothing could cheer them up, which saw a reduction to 15% at Exit. Likewise, there was a reduction in nervousness upon Exit to only 3% from 31% at Intake for those who initially stated that felt nervous 'all the time'.

There were fewer ED and GP presentations. Hospital attendance decreased after participation in TSS. In the four weeks prior to Intake, 34% of service users had attended hospital for suicidality. At Exit, only 9% had. A similar shift was noticeable in presentations to GPs. In the four weeks prior to Intake, 63% participants accessed their GP. At Exit, 29% had.

'At the point of crisis it gave me something to be looking forward to, it helped me look at my life in a different perspective.'

SPP client



Image provided by Adobe Stock

Giving people hope and a sense of self worth

Results showed a reduction in feelings of hopelessness and worthlessness at Exit compared with Intake. At Exit, only 3% still felt hopeless all of the time and 17% most of the time compared with 30% and 39% respectively upon Intake.

'I could discuss my concerns and also received great questions that facilitated conversations and reminded me how many important factors I had/could turn to.'

SPP client

Raising awareness of self, suicide, and strategies for safety

In-depth safety planning, coaching and supportive counselling are used to help increase self-awareness about self and suicidal thoughts. Outcomes indicated a significant improvement in the severity, frequency, and awareness of suicidal thoughts, behaviours and risks for service users.

Reduced suicidal thinking and behaviours

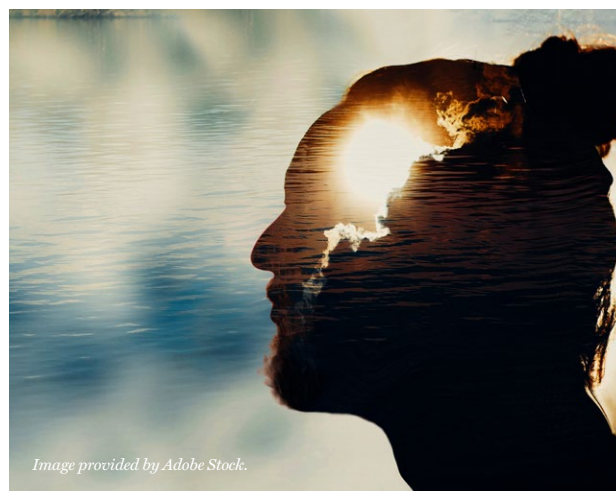
When comparing Intake and Exit data, there was a noticeable decline in how often participants said they felt suicidal.

At Exit, participants indicated they felt they had more control over their suicidal thoughts and there was a reduction in the number of suicide attempts in the last four weeks.

In addition, 34% of service users indicated they had attended a hospital for suicidality in the four weeks before Intake as opposed to 9% at Exit (a significant decrease from Intake).

'I still think about suicide, yes there's some days I feel like dying but then I put in practices I get my safety plan out which I don't think I'd had a safety plan until I went to SPP'

SPP client



Increasing understanding of suicide and self

In-depth safety planning, coaching and supportive counselling are used to help increase self-awareness about self and suicidal thoughts. Self-awareness of mood, behaviours and suicidal thoughts increased from Intake to Exit with 98% of service users stating that they 'Absolutely' or 'Somewhat' agreed that they had a deeper awareness of their signs of risk.

'The staff member made me feel at ease. I appreciated being able to openly talk about suicide without judgement. Suggestions to improve my mental state were helpful and tailored to my needs.'

SPP client

Empowering individuals

Strategies for safety and self-care

The TSS Safety Plan created with clients also offered a tool respondents could also refer to after their involvement ended with the service to help keep themselves safe from suicide by being a reminder of strategies they can use, connections they can make and self-care activities they can engage in.

‘The safety plan helps me during my dark days.’

SPP client



Image provided by Adobe Stock.

At Exit, there was an increase from 60% to nearly 100% of participants indicating they were aware of healthy coping strategies.

‘It [the Safety Plan] started off with my triggers ... not seeing my [family members] and my domestic violence past. They’re my main things. So that’s what we sat down and we worked on those. We had open and honest discussions about each of those pretty much. And then my warning signs, we put them into place, what I was feeling internally, and how it affected me. I was feeling external thoughts, like behaviours and things I do to notice the things that I’m doing to say, “Oh, you’re heading down this track”’.

SPP client

Non-clinical, individualised care and support

Past clients found TSS helpful because of the consistent, individualised support and care from the one member of the SPP staff they worked with. Safety Plans (and the planning process itself) allowed past clients to increase their awareness and understanding of their suicidal thoughts and behaviours to increase preventative strategies unique to them. In this way, TSS has long-term benefits for preventing suicide.

Supportive counselling

Safety Planning was regarded as one of the most beneficial aspects of the TSS, along with supportive counselling (which is used to formulate the Safety Plan). One client outlined that the planning process included supportive counselling, but more importantly that through multiple sessions, they were able to increase their own self-awareness about what surrounded their suicidal thoughts.

‘Excellent practical and individualised suggestions and follow-up support.’

SPP client

Individualised support

Other critical elements of the support received included feeling supported and listened to, consistent individualised support, and open and honest conversation to raise awareness.

‘They listened & were empathetic. Pointed me in the right direction.’

SPP client

Follow-up support

Follow-up and ongoing support and connecting to other services specific to their needs was also appreciated by past clients.

‘I’m having a follow-up call in [month]. Who does that? No one does that and I think that’s wonderful. I think it’s three months after you go off out of the thing, they ring you in three months to see how you’re going. I think that’s awesome...nobody does that.’

SPP client



The value of the relational approach taken by SPP staff

Staff indicated a consistent practice model featuring a shared set of core values based on compassion and non-judgement. The team identified the flexible, relational coaching model as effective when working with clients of TSS.

The non-clinical setting and context of their work were identified as a strength of service delivery. Staff appreciated that they could be client-centred rather than service-centred or excessively risk-averse when coaching clients through the TSS assessment and safety planning model. Staff identified a culture and practice of supporting staff wellbeing, which helps them engage meaningfully with clients.

Client-centred and relational

Staff spend time developing the client-worker relationship, listening deeply to help clients understand their feelings and thoughts about their suicidality.

‘No two people are the same and you absolutely cannot just use a flowchart to help both people say, “Well, this is how you’re going to make it through this”’.

SPP staff member

Non-clinical support

The non-clinical and flexible nature of the service was seen as a strength by all staff. Staff highlighted the need to ensure the client is comfortable in their surroundings to speak openly about suicide.

‘[It] takes a lot of work to get to the point where you have direct conversations about suicide, what kind of risks people see themselves in, and then what kind of growth they want to see in themselves. It just doesn’t happen like wham, bam.’

SPP staff member

Moving at clients’ pace

Staff acknowledged the importance of working at the client’s pace rather than being driven to complete any planning based on the service needs.

‘We prioritise the client’s pace. From the beginning, I say, “If you ever feel overwhelmed or exhausted, let me know, and we can pause until your next appointment. I know how exhausting it is to be in the headspace you are in. There’s no clock-watching, no time limits – it’s all about what works best for you”’.

SPP staff member

Positive community relationship to best support clients

Results show that the referrers are satisfied with the support TSS provides to their clients. The referrers find TSS easy to refer to and a valuable service for their clients. They appreciate the comprehensive safety planning, collaborative approach to care, and free-to-access nature of the service. Most of the respondents also agree that TSS fills a gap that exists between other services that support people contemplating suicide. All the respondents agreed that they would recommend the TSS service to other organisations and individuals.



Image provided by Adobe Stock.

TSS fills a gap

- ➔ 92 % of referrers believe that Talk Suicide Support fills a gap that exists between other services available to support people contemplating suicide.
- ➔ 100% of TSS Referrers would recommend Talk suicide Support to other organisations and individuals.

‘Thank you for this very valuable service.’

SPP referrer

A unique approach to suicide prevention

SPP is unique among existing suicide prevention services within Queensland in providing a direct intervention service to all persons aged 15 and above (rather than being cohort-specific or needing to meet other criteria); in being a suicide prevention-focused organisation that provides intervention to individuals contemplating suicide (as opposed to primarily aftercare); in providing wrap-around support that is not time-limited (rather than being funded to provide support within specific timeframes); in offering face-to-face outreach (in addition to telephone or online support); and in accepting referrals from all pathways (rather than only from hospitals or health care professionals).

SPP is one of the only purely philanthropically-funded suicide prevention services that operate in the South East Queensland region. Findings indicate that they are one of the only purely philanthropically-funded suicide prevention services operating in Australia.

Summary of client impacts

- ➔ There is a high level of satisfaction amongst service users. Overall, they feel their needs are being met, feel more equipped to manage future issues and seek future assistance from the service. These areas of satisfaction all align with the service goals to improve resilience and manage future suicidal distress.
- ➔ 93% of client respondents felt that the service met 'most' or 'almost all' of their needs
- ➔ 97% of client respondents felt that TSS had 'helped' or 'helped a great deal' in managing their problems more effectively
- ➔ 96% of client respondents noted that they felt more knowledgeable and equipped to manage future stressors due to the service provided by TSS
- ➔ 97% of client respondents stated that the service 'helped' or 'helped a lot' in their effectiveness in problem-solving.
- ➔ All client respondents (100%) were either very or mostly satisfied with the support they received and would recommend the service to a friend if they too presented with a similar need for help.

'Overall, I couldn't be happier that I was referred to your services. It's not often you get a mental health service that sincerely delivers. I've felt very cared for and understood.'

SPP Client

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