Place-based Suicide Prevention Trials

March 2022









Key Features of the place-based suicide prevention trial

- Systems-based approach in 12 communities, all 6 Vic PHNs metro & regional, 18 LGAs
 - ➤ Locally developed in collaboration with key stakeholders, incl lived experience voices
- Co-investment with Primary Health Networks
- Implementation late 2017 to June 2022
- Suicide prevention strategies informed by evidence (including Lifespan model)
- Multi-level, complex, evolving/ adaptive design & implementation



engagement
awareness information change
local greatmentalhealth
participation community
governance
continue SUICIDE Services involvement
continue SUICIDE outcomes structure
prevention livedexperience
sustainable
supporttraining

This word cloud represents the most commonly used words in recent survey respondents' general feedback about the PBSPT, highlighting the collaborative approach and local impacts.

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Multiphase evaluation approach



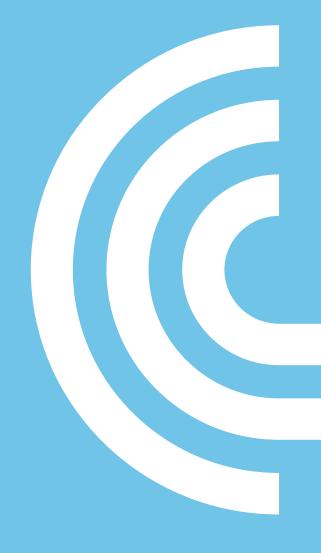
Monitoring data (Qrtly)

Community & stakeholder surveys – 3 time points

Interviews/groups discussions
- 3 time points

Mixed model analyses

Evaluation considerations





Embedding evaluation from the outset - supporting program design and planning, ongoing improvement

- Role identifying what an improved communitybased suicide prevention system would look like, & indicators
- Methods embedded early
- Challenge working in a "grey area" comfort with uncertainty & adaptive
- Considerable time and collaboration needed
- Pragmatic, real-world evaluation
- "Critical friend"

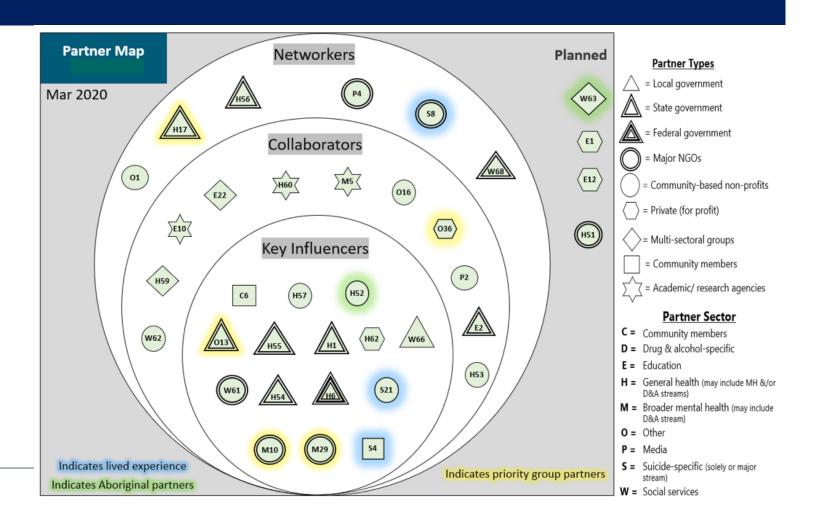


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Supporting decision-making across the system

- Key consideration for design & reporting
- Iterative evaluation evidence at the community, regional and state-wide level
- Site dashboards (real-time), site evaluation reports, CoP, Steering Committee, local governance groups





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