



# LGBTIQ+ SUICIDE PREVENTION TRIAL

LivingWorks - Capacity Building Program  
Evaluation Report

**IMPACT  
— CO.**

## Disclaimer

Impact Co. is committed to delivering quality service to its clients and makes every attempt to ensure accuracy and currency of the data contained in this document. However, changes in circumstances during and after time of publication may impact the reliability of the information provided.

## ACKNOWLEDGEMENT

We wish to acknowledge Aboriginal and Torres Strait Islander Peoples as Traditional Custodians of the lands, waters and winds across Australia and pay our respects to Elders past and present, and emerging young leaders.

We acknowledge the sorrow of the Stolen Generations and the impact of colonisation on Aboriginal and Torres Strait Islander Peoples. We recognise the ongoing pain and trauma inflicted to this day on Aboriginal and Torres Strait Islander Peoples.

We also would like to pay our respects to those amongst the Lesbian, Gay, Bisexual, Transgender, Intersex, Queer and other gender and sexually diverse communities who have contributed towards promoting equality and improving the health and wellbeing of their peers, children, families, friends, and Country. We honour the Elders in the diverse communities of which we are a part of and we celebrate the extraordinary diversity of people's bodies, genders, sexualities, relationships and other forms of identities that they represent.

Finally, we would like to acknowledge and recognise the contributions from individuals and communities who have generously shared their lived experience, knowledge, and wisdom to inform this evaluation.



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## GLOSSARY OF TERMS

<b>Bisexual</b>	A person who is romantically and or/sexually attracted to more than one sex or gender. Sometimes termed multi-gender attraction.
<b>Gay</b>	A person who primarily experiences romantic and/or sexual attraction to people of the same sex and/or gender. Historically gay has been a term used to describe men who are attracted to other men, but some women and gender-diverse people choose to describe themselves as gay.
<b>Gender identity</b>	One's personal sense of their own gender. The physical features one is born with (sex assigned at birth) does not necessarily define their gender. Gender is complex and there are a diverse range of gender identities.
<b>Intersectionality</b>	Intersectionality is a framework that recognises the multi-dimensional nature of human existence. It recognises that people can have multiple, co-existing identities that shape how they perceive and relate with the world around them and at its core, fosters inclusion and promotes diversity. <sup>1</sup>
<b>Intersex</b>	People who are born with a broad range of physical or biological sex characteristics that do not fit medical norms determined for female and male bodies. There are many different variations of sex characteristics, for some these include chromosomes, hormones and anatomy. There are many different terms used by individuals that help to describe their identities and bodies.
<b>Lesbian</b>	A woman who primarily experiences romantic and/or sexual attraction to other women.
<b>LGBTIQ+</b>	Abbreviation of Lesbian, Gay, Bisexual, Transgender, Intersex, Queer and other gender and sexually diverse individuals. Other acronyms such LGBTIQ and LGBTIQA+ are used throughout this evaluation with the same intent where it forms part of the name of an organisation, service or resource.
<b>Mental ill-health/mental illness</b>	A clinically diagnosed health problem affects how a person feels, thinks, behaves, and interacts with other people

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<sup>1</sup> Reynolds V. Intersectionality [Internet]. Intersect; 2010. Available from: <http://www.lgbtiqintersect.org.au/learning-modules/intersectionality/>

<b>Peer support</b>	Peer support refers to support that is delivered based on shared lived experience to provide care and support others. Peer workers in the mental health space can use their own experiences of mental illness and recovery to engage and support people accessing mental health care. In the context of peer LGBTIQ+ workers, the specific experiences that one can have due to their sexuality and/or gender identity can help to provide a safer, more open environment for other LGBTIQ+ individuals. Due to these common life experiences, peer workers can foster authenticity, safety, advocacy, inclusion and community within their work.
<b>Postvention</b>	Activities and intervention related to supporting and helping people bereaved by suicide. This may include counselling, support groups, support from medical professionals etc. This aims to reduce the heightened risk of those bereaved by suicide and promote healing.
<b>Queer</b>	A term to broadly describe diverse gender identities and sexual orientations, particularly where someone feels other terms do not fully encapsulate all parts of their own gender and/or sexual identity. In the past 'queer' was used as a derisive term and for some, particularly among older LGBTIQ+ people, may still conjure hurtful associations.
<b>Sexual orientation</b>	Describes the romantic and/or sexual attraction that a person feels toward other people.
<b>Suicidal ideation</b>	A state of extreme anxiety or pain in which a person is seriously contemplating or planning to end their life.

# EXECUTIVE SUMMARY

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# EXECUTIVE SUMMARY

## Background

The National Suicide Prevention Trial was a suicide prevention initiative funded by the Commonwealth Government across 12 different sites across Australia over a 4-year timeframe. Each of the trials sites were led by a local Primary Health Network (**PHN**) and aimed to improve the current evidence base around effective suicide prevention strategies for priority population groups and the broader population.

The trial site led by the North Western Melbourne PHN (**NWMPHN**) was focused on LGBTIQ+ communities in the North West of Melbourne and comprised of 8 individual interventions. One of these interventions was the Capacity Building Program (**Program**) delivered by LivingWorks. The Program involved the delivery of the following:

- Delivery of the LivingWorks Start training;
- Adaptation of the safeTALK training for LGBTIQ+ participants (the adapted training is referred to as the 'LGBTIQ+ safeTALK') and training LGBTIQ+ safeTALK trainers to deliver the adapted training;
- Delivery of the LGBTIQ+ safeTALK training;
- Adaptation of the ASIST training for LGBTIQ+ participants (the adapted training is referred to as the 'LGBTIQ+ ASIST') and training of LGBTIQ+ ASIST trainers to deliver the adapted training; and
- Delivery of LGBTIQ+ ASIST training.

The Program delivered the following output:

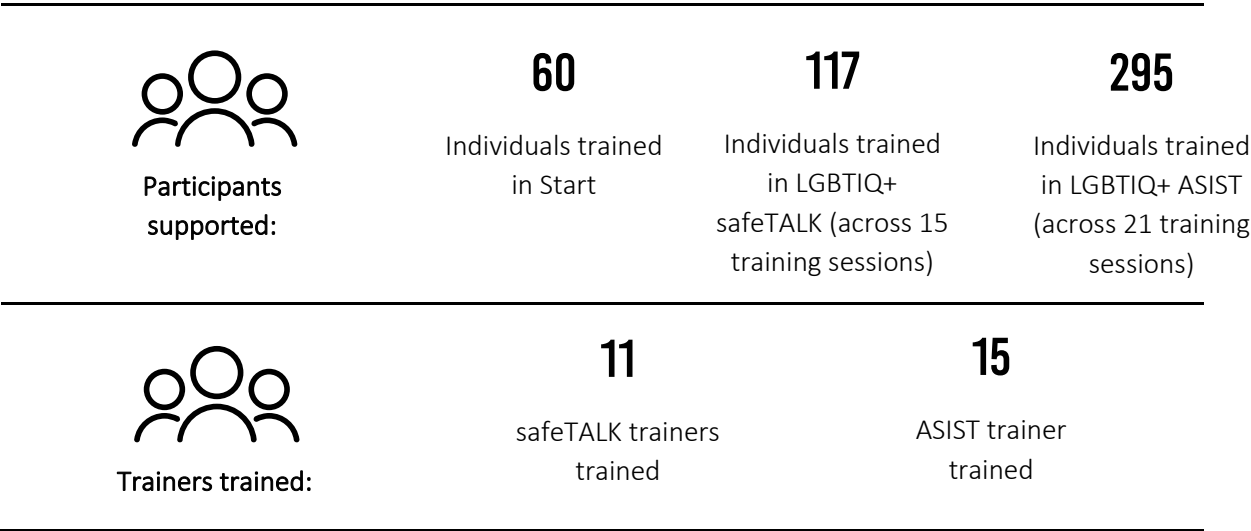


Figure 1 - Program output



## Evaluation findings

The findings from this evaluation are summarised below according to:

- The adaptation process of the safeTALK and ASIST training (in order to create the LGBTIQ+ safeTALK and LGBTIQ+ ASIST)
- LivingWorks Start
- LGBTIQ+ safeTALK
- LGBTIQ+ ASIST

### *The adaptation process of the safeTALK and ASIST training*

Overall, participants had a positive experience of the adaptation process. There were however a number of challenges during the initial stages of the process, specifically during the 5-day ASIST adaption workshop (which preceded the adaptation of the safeTALK training). These challenges included the following:

- There was a lack of clarity on the feedback process, how feedback will be utilised, and what the next steps will be;
- There was limited time for feedback to be provided during the adaptation workshop and that the workshop was too intensive/tiring;
- Participants not being explicitly asked for feedback during the adaptation workshop, and felt that they had to be the ones to initiate the feedback process;
- There was a lack of focus on intersectionality to allow more diverse views and experiences to inform the adaptation of safeTALK and ASIST training; and
- The facilitators of the 5-day ASIST adaptation workshop should have received appropriate training in LGBTIQ+ cultural awareness and have a good understanding of LGBTIQ+ communities before delivering the workshop - This meant that the trainers who participated in the 5-day ASIST adaptation workshop did not feel completely safe to engage in the adaptation process.

Notwithstanding this, participants indicated that LivingWorks demonstrated an openness to learning and continuous improvement. The challenges identified above were acknowledged and addressed during the adaptation process for the safeTALK training (which took place after the adaptation of ASIST).

### *LivingWorks Start*

The LivingWorks Start training was identified to support participants:

- Understand how and where to get help for someone who may be thinking about suicide;
- Feel confident in their ability to help someone who may be thinking about suicide;
- Be willing to talk with someone who may be thinking about suicide; and
- Recognise the signs that someone might be thinking about suicide.

### *LGBTIQ+ safeTALK*

Participants identified that the adapted content of LGBTIQ+ safeTALK was an improvement and highlighted that it enabled LGBTIQ+ people to feel safe and engage more readily with the content of the training. The training was identified to have supported participants to feel more comfortable and confident in:

- Talking and asking about suicide; and
- Supporting someone who is thinking of suicide

That being said, there were also a number of criticisms about the videos used during LGBTIQ+ safeTALK, in particular for not being representative of and tailored to LGBTIQ+ communities.

### *LGBTIQ+ ASIST*

The LGBTIQ+ ASIST was highly regarded by participants. The training was identified to improve their knowledge of how to support someone who is thinking of suicide and their confidence in doing so. Similar to LGBTIQ+ safeTALK, the LGBTIQ+ - specific content that was incorporated into the training has made the training feel more inclusive and relevant for people who are LGBTIQ+.

However, it was highlighted that there is still a lot more than can be done to ensure that the LGBTIQ+ ASIST training is appropriate for LGBTIQ+ communities, including:

- Embedding specific suicide prevention and intervention strategies for LGBTIQ+ communities;
- Incorporating more case studies that involved people who are LGBTIQ+; and
- Using videos that are nuanced to LGBTIQ+ communities and reflective of the diversity that exists in LGBTIQ+ communities and the Australian context.

### **Evaluation recommendations**

The recommendations following this evaluation is grouped into 2 categories:

- *Program design and delivery* i.e. enhancing the design and delivery of the Program to improve the experience and outcomes achieved for clients
- *Program sustainability and reach* i.e. extending the longevity and reach of the Program's impact

Category	Recommendation
Program design and delivery	<b>Recommendation 1:</b> Adapt the Start training for LGBTIQ+ communities
	<b>Recommendation 2:</b> Re-engage the trainers who participated in the adaptation process to gain their feedback on the LGBTIQ+ safeTALK and LGBTIQ+ ASIST to support the ongoing refinement/improvement for both training programs
	<b>Recommendation 3:</b> Establish a community of practice for the LGBTIQ+ safeTALK and LGBTIQ+ ASIST trainers

	<b>Recommendation 4:</b> Trainers for the LGBTIQ+ safeTALK and LGBTIQ+ ASIST to be people who are LGBTIQ+
	<b>Recommendation 5:</b> Identify key attributes/characteristics of an effective LGBTIQ+ safeTALK and LGBTIQ+ ASIST trainer to inform future recruitment processes
	<b>Recommendation 6:</b> Rotate/stagger the availability of the training across different regions to ensure that a particular area isn't overly saturated with training options in order to maximise participant attendance
Program sustainability and reach	<b>Recommendation 7:</b> Leverage the learnings from the adaptation of safeTALK and ASIST to inform future adaptations of other training programs
	<b>Recommendation 8:</b> Expand the reach of the availability of free LivingWorks Start, LGBTIQ+ safeTALK and LGBTIQ+ ASIST training to other regions

# INTRODUCTION

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## 1. PURPOSE

The purpose of this document is to outline the evaluation findings and recommendations for future consideration from Impact Co.'s evaluation of the Capacity Building Program, which involved the delivery of the:

- LivingWorks Start,
- Lesbian, Gay, Bisexual, Transgender, Intersex, Queer and other gender and sexually diverse individuals (LGBTIQ+) safeTALK; and
- LGBTIQ+ ASIST suicide prevention training.

This program was delivered by LivingWorks and funded as part of the funded as part of the Lesbian, Gay, Bisexual, Transgender, Intersex, Queer and other gender and sexually diverse individuals (LGBTIQ+) Suicide Prevention Trials being implemented by the North Western Melbourne Primary Health Network (NWMPHN).

## 2. CONTEXT

LGBTIQ+ people are at a higher risk of self-harm and suicidality compared to the general population.<sup>2</sup> There are significant limitations that exist in Australia to determine how many LGBTIQ+ people die by suicide each year. However, a large survey of Trans and Gender Diverse (TGD) young people in Australia, aged 14-25, found that almost half (48.1%) had attempted suicide and 79.7% had self-harmed.<sup>3</sup> This compares to a rate of attempted suicide within the general population of approximately 3.6%.<sup>4</sup> In addition, recently published data from the US reports that LGBTIQ+ young people aged 12-29 accounted for 24% of all people nationally who died by suicide.<sup>5</sup> This rate is more than seven times the estimated proportion of the population who are LGBTIQ+ in the US. These rates have been attributed to everyday and systemic and institutionalised experiences of discrimination, violence and harassment.<sup>6,7,8,9</sup> The higher rates of suicide among LGBTIQ+ communities discussed above is exacerbated by a higher prevalence of mental ill-health and psychological distress. According to the Private Lives 3 survey, bisexual and pansexual participants had poorer mental health and higher levels of psychological distress compared to lesbian or gay participants. Conversely, cis-gendered participants had overall better mental health than those who identify as trans or non-binary.<sup>10</sup>

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<sup>2</sup> QLife. Suicide prevention: A QLife guide for health professionals [Internet]. Suicide prevention and LGBTI people. Available from: <https://qlife.org.au/uploads/17-Suicide-Prevention.pdf>

<sup>3</sup> Strauss P, Cook A, Winter S, Watson V, Wright Toussaint D, Lin A. Associations Between Negative Life Experiences and the Mental Health of Trans and Gender Diverse Young People in Australia: Findings from Trans Pathways. *Psychol Med*. 2019;1-10.

<sup>4</sup> Johnston AK, Pirkis JE, Burgess PM. Suicidal Thoughts and Behaviours Among Australian Adults: Findings from the 2007 National Survey of Mental Health and Wellbeing. *Australian & New Zealand Journal of Psychiatry*. 2009;43(7):635-43.

<sup>5</sup> Ream GL. What's Unique About Lesbian, Gay, Bisexual, and Transgender (LGBT) Youth and Young Adult Suicides? Findings From the National Violent Death Reporting System. *J Adolesc Health*. 2019;64(5):602-7.

<sup>6</sup> Leonard W, Pitts M, Mitchell A, Lyons A, Smith A, Patel S, et al. Private Lives 2: The second national survey the health and wellbeing of GLBT Australians. Melbourne, VIC: Australian Research Centre in Sex, Health & Society & La Trobe University; 2012.

<sup>7</sup> Leonard W, Lyons A, Bariola E. A Closer Look at Private Lives 2: Addressing the mental health and well-being of lesbian, gay, bisexual and transgender (LGBT) Australians. Melbourne, VIC: Australian Research Centre in Sex, Health & Society & La Trobe University; 2015.

<sup>8</sup> Perales F. The health and wellbeing of Australian lesbian, gay and bisexual people: a systematic assessment using a longitudinal national sample. *Aust N Z J Public Health*. 2019;43(3):281-7.

<sup>9</sup> Kay B. Lesbian, gay, bisexual, and transgender health issues, disparities, and information resources. *Med Ref Serv Q*. 2011;30(4):393-401.

<sup>10</sup> Hill A, Bourne A, McNair R, Carman M, Lyons A. Private Lives 3 The health and wellbeing Of Lgbtiq People in Australia. Melbourne: La Trobe University; 2020.

Having a sexual orientation, gender identity or intersex status that goes beyond the cis-gendered and heteronormative narrative in itself is not a risk of suicide or poorer mental health.<sup>11</sup> The drivers behind the increased risk relate to societal factors including stigma, prejudice, and discrimination.<sup>12</sup> In a healthcare setting, LGBTIQ+ people face significant barriers when accessing services, which may lead to delays in seeking medical help and decreased use of services. A recent mixed methods study was conducted by Australian Research Centre in Sex, Health and Society (**ARCSHS**) in partnership with Lifeline Australia to explore the needs of LGBTIQ+ people during a time of personal or mental health crisis. This research (which included 472 participants) highlighted key barriers to accessing safe crisis support services as well as counselling and mental health support services. These barriers primarily revolved around experiences of discrimination and perceptions of lack of safety, as a result of widespread 'heterosexism' that is common within healthcare practices.<sup>13</sup> The environment (the institutional micro-climate) of mainstream healthcare delivery, where medical models of sex and gender prevail and assumptions regarding sexual orientation are founded on heteronormative paradigms, increase the reluctance of LGBTIQ+ patients to disclose their sexual or gender identities and reduce help-seeking behaviour.<sup>14</sup> Consequently, failures to screen, diagnose and treat important medical problems may arise and the inhibition of providing whole-of-person care, in itself a form of discrimination, perpetuate the discrepancies in health outcomes and general wellbeing.<sup>15</sup> Overall, mainstream medical services were the most frequently type of health service visited by LGBTIQ+ people.<sup>16</sup> However, this type of service was associated with lowest proportions of people who felt that their sexual orientation or gender identity was 'very or extremely' respected. This was compared to other forms of health services including those that cater exclusively for LGBTIQ+ communities and mental health services. It is worth noting that the experience of discrimination and safety concerns varied substantially between different gender identities, sexual orientations and individuals with an intersex variation within LGBTIQ+ communities. Overall, gender identity was less respected in mainstream health services than sexual orientation; people who identified as transgender or intersex reported higher incidences of unconscious and unintentional bias and discrimination and fewer reports of acceptance.<sup>17</sup>

It is important to recognise that experiences of discrimination and lack of safety in healthcare settings, may also be influenced by other factors including (but not limited to) patient age, race, location, and whether they have a disability.<sup>18</sup> Intersectionality is a framework that recognises the multi-dimensional nature of human existence.<sup>19</sup> It recognises that people can have multiple, co-existing identities that shape how they perceive and relate with the world around them and at its core, fosters inclusion and promotes diversity. It allows for understanding that a person may

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<sup>11</sup> QLife. Suicide prevention: A QLife guide for health professionals [Internet]. Suicide prevention and LGBTI people. Available from: <https://qlife.org.au/uploads/17-Suicide-Prevention.pdf>

<sup>12</sup> QLife. Suicide prevention: A QLife guide for health professionals [Internet]. Suicide prevention and LGBTI people. Available from: <https://qlife.org.au/uploads/17-Suicide-Prevention.pdf>

<sup>13</sup> Victorian Department of Health. Community health pride: A toolkit to support LGBTIQ+ inclusive practice in Victorian community health services. Melbourne: Victorian Government; 2021. Available from: [https://www.vgls.vic.gov.au/client/en\\_AU/search/asset/1301510/0](https://www.vgls.vic.gov.au/client/en_AU/search/asset/1301510/0).

<sup>14</sup> Gay and Lesbian Rights Lobby. In their own words: Lesbian, gay, bisexual, trans\* and intersex Australians speak about discrimination. Department of Prime Minister and Cabinet; 2013.

<sup>15</sup> Australian Medical Association. AMA Position statement: Sexual diversity and gender identity [Internet]; 2002. Available from: <https://www.ama.com.au/media/ama-position-statement-sexual-diversity-and-gender-identity>.

<sup>16</sup> Palotta-Chiarolli M, Sudarto B & Tang J. Navigating intersectionality: Multicultural and multifaith LGBTIQ+ Victorians talk about discrimination and affirmation. Melbourne: AGMC/MASC/DPC; 2021.

<sup>17</sup> Hill A, Bourne A, McNair R, Carman M, Lyons A. Private Lives 3 The health and wellbeing Of Lgbtiq people in Australia. Melbourne: La Trobe University; 2020.

<sup>18</sup> Hughes M. Health and well being of lesbian, gay, bisexual, transgender and intersex people aged 50 years and over. *Australian Health Review*. 2018;42(2):146.

<sup>19</sup> Reynolds V. Intersectionality [Internet]. Intersect; 2010. Available from: <http://www.lgbtiqintersect.org.au/learning-modules/intersectionality/>

experience multiple forms of overlapping oppression or challenges and how these may vary across different contexts such as in healthcare or workplace settings.<sup>20</sup> LGBTIQ+ people who also identify as youth, culturally or linguistically diverse, Aboriginal and Torres Strait Islander as well as those who have a disability, live in remote or rural areas, or are experiencing homelessness are some examples where concurrent identities shape the experience of being a LGBTIQ+ person in Australia.<sup>21</sup> People at the nexus of multiple identities have higher risks of psychological distress and discrimination may require extra support protect their mental and physical health and wellbeing.<sup>22</sup>

Developmental stressors including the disclosure of identity are also known to contribute to a higher suicide risk, particularly in younger LGBTIQ+ people. Research has highlighted that young LGBTIQ+ people aged 16-27 years are more than five times more likely to report attempting suicide.<sup>23</sup> This age group encompasses the late adolescent and early adulthood period where the development of multiple identities arise and distress surrounding 'coming out' occurs.<sup>24</sup> At this time, young LGBTIQ+ people may experience feelings of low self-worth, isolation, shame and internalise homophobia.<sup>25</sup> It is important to recognise that many young people have a history of attempting suicide prior to disclosure.<sup>26</sup>

Compounding the impact of a higher prevalence of psychological distress and history of suicide attempts by people within LGBTIQ+ communities, a majority of people do not seek help in a crisis.<sup>27</sup> The reasons for this are complex and multifaceted. Low rates of help seeking behaviour may reflect systemic issues relating to service access, which includes the anticipation of discrimination, as well as the impact of prior experiences with crisis or non-crisis support services (mainstream and LGBTIQ+ inclusive), and other physical, financial and technological factors. According to an Australian-based survey of LGBTIQ+ people, perceptions around being 'queer enough' and concerns about safety, confidentiality, and difficulties regarding seeking support from someone with a similar background or lived experience are additional contributors to low crisis support use.<sup>28</sup>

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<sup>20</sup> Palotta-Chiarolli M, Sudarto B & Tang J. Navigating intersectionality: Multicultural and multifaith LGBTIQ+ Victorians talk about discrimination and affirmation. Melbourne: AGMC/MASC/DPC; 2021.

<sup>21</sup> Hill A, Bourne A, McNair R, Carman M, Lyons A. Private Lives 3 The health and wellbeing Of Lgbtiq people in Australia. Melbourne: La Trobe University; 2020.

<sup>22</sup> Victorian Government. Intersectionality [Internet]. Delivering the reform for Victoria's diverse communities. Victorian Government; 2020. Available from: <https://www.vic.gov.au/family-violence-reform-rolling-action-plan-2020-2023/reform-principles/intersectionality>

<sup>23</sup> Suicide Prevention Australia. Fact Sheet: LGBTIQ+ suicide prevention [Internet]; 2021. Available from: <https://www.suicidepreventionaust.org/wp-content/uploads/2021/02/Fact-Sheet-LGBTIQ-Populations.pdf>

<sup>24</sup> Skerret DM, Kolves K & De Leo D. Suicidal behaviours in LGB populations: A literature review of research trends. Brisbane: Australian Institute for Suicide Research and Prevention; 2012.

<sup>25</sup> LGBTIQ+ Health Australia. A snapshot of mental health and suicide prevention strategies for LGBTIQ+ people [Internet]; 2021. Available from: [https://d3n8a8pro7v7hmx.cloudfront.net/lgbtihealth/pages/549/attachments/original/1620871703/2021\\_Snapshot\\_of\\_Mental\\_Health2.pdf?1620871703](https://d3n8a8pro7v7hmx.cloudfront.net/lgbtihealth/pages/549/attachments/original/1620871703/2021_Snapshot_of_Mental_Health2.pdf?1620871703)

<sup>26</sup> QLife. Suicide Prevention: A QLife guide for health professionals [Internet]. Suicide prevention and LGBTI people. Available from: <https://qlife.org.au/uploads/17-Suicide-Prevention.pdf>

<sup>27</sup> Suicide Prevention Australia. Fact Sheet: LGBTIQ+ suicide prevention [Internet]; 2021. Available from: <https://www.suicidepreventionaust.org/wp-content/uploads/2021/02/Fact-Sheet-LGBTIQ-Populations.pdf>

<sup>28</sup> Waling A, Lim G, Dhalla S, Lyons A & Bourne A. Understanding LGBTI+ lives in crisis. Australian Research Centre in Sex, Health & Society Lifeline Research Foundation. La Trobe University & Lifeline Australia; 2019.

### 3. TRIAL OVERVIEW

The Commonwealth Government has funded the implementation of twelve suicide prevention trial sites across Australia as part of the National Suicide Prevention Trial, which spanned a 4-year period (2016-17 – 2019-20). Each trial site was led by the local Primary Health Network (**PHN**) and aimed to improve the current evidence base around effective suicide prevention strategies for the general population and priority population groups.

NWMPHN was leading the only trial site in Victoria, which focused on LGBTIQ+ communities. The objectives of the Trial were to:

- Understand and address the factors that contribute to suicide within LGBTIQ+ communities;
- Increase the available evidence base on effective suicide prevention strategies for LGBTIQ+ communities; and
- Share relevant insights and information gathered from the trial with other community organisations and commissioning agents to enable them to better support local LGBTIQ+ communities.

NWMPHN worked closely with a LGBTIQ+ people, people with a lived experience of mental ill-health and suicide and representatives from the mental health and suicide prevention service system (referred to as the '**Taskforce**') to co-design the Trial in order to meet the objectives above and designed the individual interventions that collectively make up the Trial.

The trial comprises a total of 8 interventions, which are identified below along with the organisation that has been commissioned by NWMPHN to deliver the intervention:

Intervention	Commissioned organisation
<b>Aftercare</b> – Providing support to a person after a suicide attempt or someone who is experiencing suicidal ideation	Mind Australia
<b>Postvention</b> – Developing a Suicide Postvention Response Plan for LGBTIQ+ communities to support the broader community and/or organisations that have experienced the loss of an LGBTIQ+ person to suicide	Switchboard
<b>LGBTIQ+ Mentoring Projects</b> – Providing mentoring and peer support to LGBTIQ+ individuals, groups and their families	drummond street services
<b>Capacity Building</b> – Delivering LivingWorks Start, safeTALK and ASIST training to individuals across the North Western Melbourne region that play a role in suicide prevention and intervention for people who are LGBTIQ+	LivingWorks
<b>LGBTIQ+ Affirmative Practice</b> – Delivering training to first responders and frontline health and social service providers to build their capacity in providing gender affirming care	Thorne Harbour Health



<b>Peer and Community Leaders</b> – Researching the role of peer and community leaders in providing mental health crisis support to LGBTIQ+ communities and identifying ways to better support them	Australian Research Centre in Sex, Health and Society ( <b>ARCSHS</b> ) at La Trobe University
<b>Campaign</b> – Conducting a marketing campaign within the North Western region of Melbourne to encourage the mainstream community to take action against discrimination towards LGBTIQ+ communities	The Shannon Company
<b>Wellness Grants</b> – Offering small grants to encourage local organisations to implement initiatives that (i) support greater inclusion for LGBTIQ+ communities, (ii) address stigma/discrimination and (iii) raise the awareness of effective suicide prevention initiatives	Various*  <b>Note:</b> * 9 separate organisations have been awarded grants as part of this intervention.

*Table 1 - Description of Trial interventions*

Impact Co. was engaged to undertake an evaluation of the 8 interventions that are part of the trial.

This evaluation report specifically relates to the delivery of the Capacity Building Program, which involves the delivery of LivingWorks Start, LGBTIQ+ safeTALK and LGBTIQ+ ASIST suicide prevention training by LivingWorks (also collectively referred to as ‘**the Program**’ throughout this document).

# PROGRAM OVERVIEW

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## 4. PROGRAM OVERVIEW

Information on the Program is outlined below:

### Commissioned organisation

LivingWorks was commissioned by NWMPHN to deliver the Program. LivingWorks is a suicide prevention training organisation that was originally founded in Canada in 1983 and has been operating in Australia since 1995.

### Target cohort

The Program targeted individuals across the North Western Melbourne region that play a role in suicide prevention and intervention for people who are LGBTIQ+, including:

- Frontline service providers across mainstream and LGBTIQ+ organisations; and
- Community members that provide informal suicide prevention and intervention supports to people who are LGBTIQ+.

### Program objectives

The objectives of the Program are to:

- Build the capacity of LGBTIQ+ communities and broader community in the North Western region of Melbourne to recognise and respond to suicide more effectively;
- Ensure that safe and inclusive suicide prevention training is available in the North Western region of Melbourne;
- Improve cohesion in the LGBTIQ+ health sector by facilitating partnerships and promoting the use of existing services;
- Building the capacity of mainstream services in LGBTIQ+ health; and
- Contributing to the evidence for more effective suicide prevention in LGBTIQ+ communities.

### Program overview

The scope of this Program involves the following:

Training	Description	Funded activity
<i>LivingWorks Start (also referred to as 'Start')</i>	Start is LivingWorks' foundational level training into suicide intervention and prevention. It is a 90-minute online training program that equips training participants with the skills to recognise	As part of the Trial, LivingWorks was funded to: <ul style="list-style-type: none"><li>• Provide free access to Start to 60 participants*; and</li><li>• Facilitate 2 debrief sessions for participants of the Start program. The purpose of these sessions was to allow participants to reflect and learn how the contents of the training can be nuanced to ensure that it meets the needs of LGBTIQ+ communities*.</li></ul>

	when someone is having suicidal thoughts and how to respond to keep them safe.	<i>Note:</i> The delivery of Start was not initially part of the original agreement between NWMPHN and LivingWorks, but included later on as a way to better support LGBTIQ+ communities to respond to the COVID-19 pandemic.
<i>safeTALK</i>	safeTALK is a half-day training that focuses on building the capacity of training participants to become more 'suicide-aware'. The training focuses on equipping training participants with the skills to notice signs of someone having suicidal thoughts and respond appropriately.	<p>As part of the Trial, LivingWorks was funded to:</p> <ul style="list-style-type: none"> <li>Adapt the safeTALK program to be appropriate for LGBTIQ+ communities (the adapted version of the safeTALK program is referred to as '<b>LGBTIQ+ safeTALK</b>' program through this document). The adaptation process involved the following activities: <ul style="list-style-type: none"> <li>Conducting the non-adapted safeTALK training and train-the-trainer program with a reference group that consists of representatives from key LGBTIQ+ organisations across the North Western Melbourne region and gaining feedback from them in term of how the training program can be (i) more inclusive of LGBTIQ+ training participants and (ii) further nuanced to LGBTIQ+ communities; and</li> <li>Using the feedback gained to adapt the contents of the non-adapted safeTALK training program to create the LGBTIQ+ safeTALK program.</li> </ul> </li> <li>Train up to 10 new LGBTIQ+ safeTALK trainers from LGBTIQ+ organisations; and</li> <li>Deliver of up to 15 LGBTIQ+ safeTALK programs.</li> </ul>
<i>ASIST</i>	ASIST is LivingWorks most advanced and in-depth suicide intervention and training program, where the primary focus is on providing participants with the skills to intervene with someone at risk, working with them to help them feel less overwhelmed and suicidal. This	<p>As part of the Trial, LivingWorks was funded to:</p> <ul style="list-style-type: none"> <li>Adapting the ASIST program to be appropriate for LGBTIQ+ communities (the adapted versions of the ASIST program is referred to as '<b>LGBTIQ+ ASIST</b>' program through this document). The adaptation process involved the following activities: <ul style="list-style-type: none"> <li>Conducting the non-adapted ASIST training and train-the-trainer program with a reference group that consists of representatives from key LGBTIQ+ organisations across the North Western Melbourne region and gaining feedback from them in term of how the training</li> </ul> </li> </ul>

	also involves creating a safety plan to avoid the danger of suicide in the future.	<p>program can be (i) more inclusive of LGBTIQ+ training participants and (ii) further nuanced to LGBTIQ+ communities; and</p> <ul style="list-style-type: none"> <li>○ Using the feedback gained to adapt the contents of the non-adapted ASIST training program to create the LGBTIQ+ ASIST program.</li> <li>• Training up to 20 new LGBTIQ+ ASIST trainers from LGBTIQ+ organisations; and</li> <li>• Delivery of up to 20 LGBTIQ+ ASIST programs.</li> </ul>
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Table 2 – Overview of Program scope

## Timeframe

The Program was initially scheduled to commence in April 2019 and be completed by December 2020. However, due to the COVID-19 pandemic, the end date of the Program was extended to June 2021

## Program output

The Program delivered the following output:

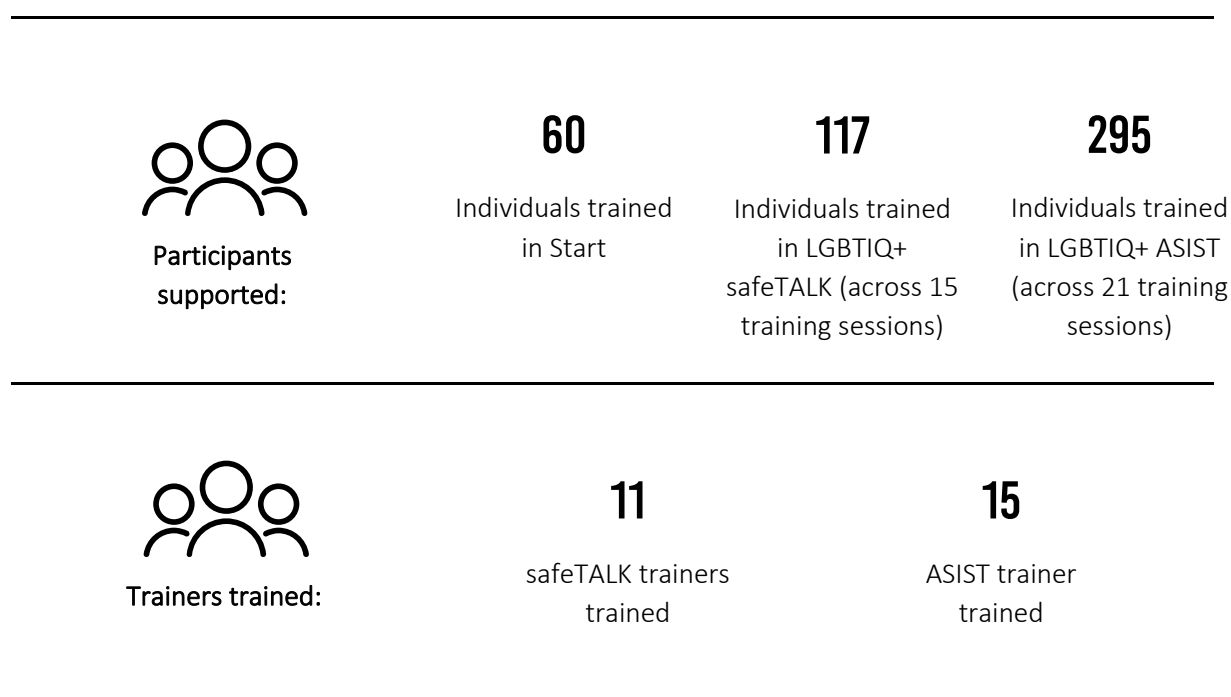


Figure 2 - Program output

# EVALUATION CONTEXT AND APPROACH

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## 5. EVALUATION CONTEXT

There are a number of external contextual factors that have impacted this evaluation. These are identified below and should be noted when considering the findings of the evaluation outlined in Section 7 of this report:

- **COVID-19 pandemic**



There was an outbreak of the COVID-19 virus in Victoria in early 2020, which ultimately led to stringent social and economic restrictions being put in place in March 2020, to slow down the spread of the virus. This was then followed by a number of other outbreaks between July 2020, and September 2021, severely impacting this evaluation. The impacts of these restrictions are explored further below:

Figure 3 - Timeline of evaluation

- *Delays to the delivery of the Program* - The restrictions put in place as a result of COVID-19 meant that in-person interactions had to be limited as much as possible. This led to the delivery of the safeTALK and ASIST training programs being put on hold until in-person training could be resumed. The rationale for not proceeding with delivering the training online is:
  - Attendance to an online training program would be limited as a large proportion of the target participants would have been involved in the

pandemic response and would likely have de-prioritised non-essential training; and

- Training outcomes would have been adversely impacted by delivering the training virtually which would have compromised the overall quality and experience of the training.
- *Delay of evaluation* – The completion of this evaluation was extended to 30 September 2021 to take into consideration the impacts of COVID-19 and the delays to the roll out of the Program.

- **Timeframe of evaluation**

This evaluation was to be completed approximately 3 months after the end date of the Program. Consequently, the evaluation focused primarily on assessing the short-term outcomes of the Program as it was not possible to observe and measure any of the medium or long term outcomes within the timeframe of this evaluation.

- **Trial and system-wide initiatives impacts**

There were a number of other initiatives within and outside the National Suicide Prevention Trial targeting LGBTIQ+ communities in the North West of Melbourne during the same time as this Program. It is likely that these other initiatives would have had some impact on the participants of the Program, and consequently the findings of this evaluation. Due to the broad nature of these initiatives (similar to most other programs and services delivered in the health and social services sector), it was difficult to assess the extent to which these other initiatives have impacted the Program. As such, it should be noted the outcomes identified through this evaluation may not be fully attributed to the activities of this Program only.

## 6. EVALUATION METHODOLOGY

The methodology used for the evaluation is detailed further in Appendix A.



## EVALUATION FINDINGS

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## 7. EVALUATION FINDINGS

The insights for the evaluation of this Program are segmented into the following categories:

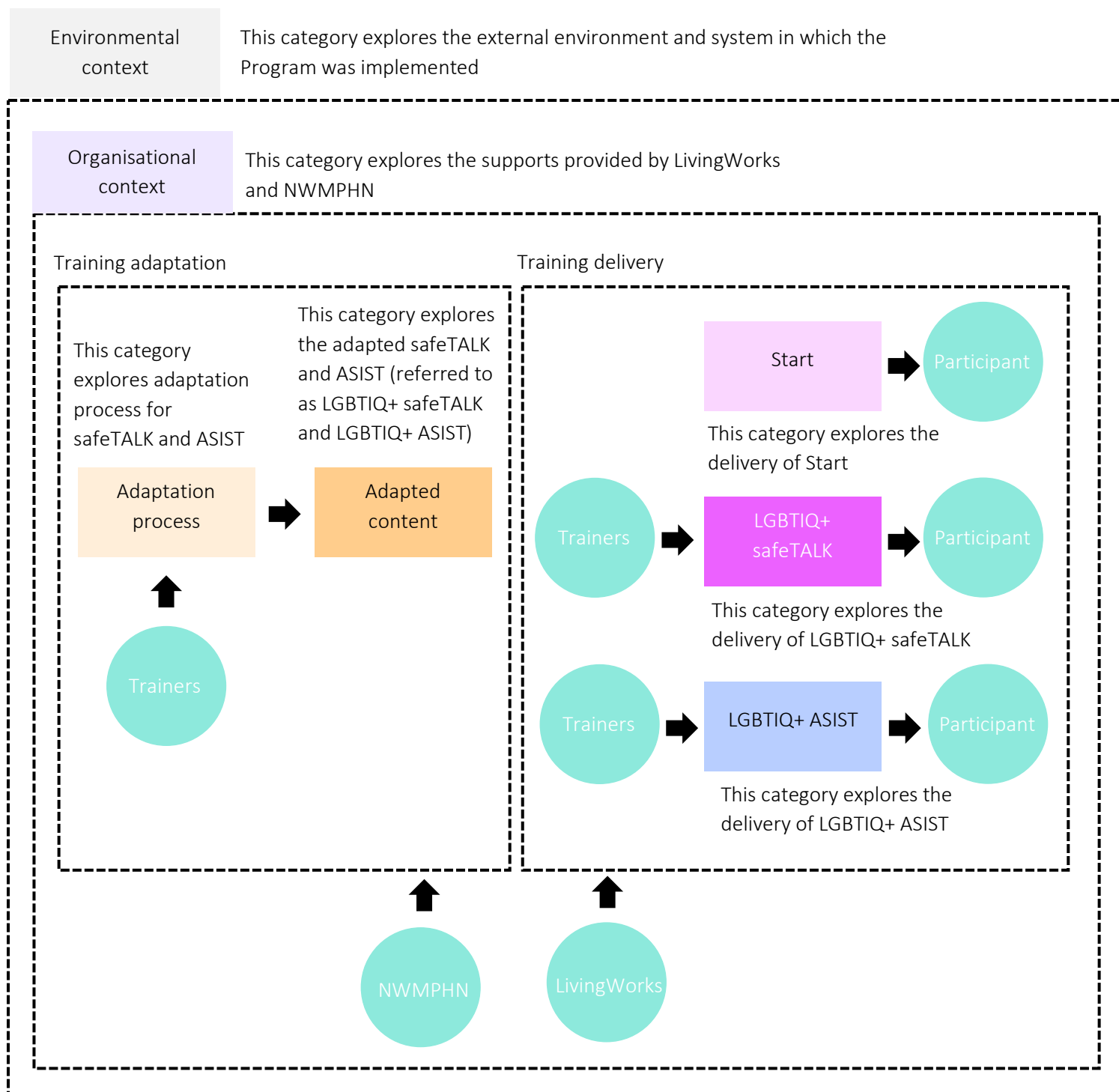
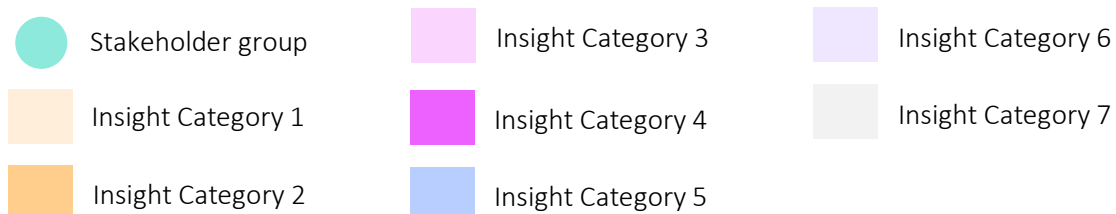


Figure 4 - Key categories for evaluation findings

### Legend



A summary of the key evaluation findings is outlined in the table below. Each of these are outlined in more detail on the following pages.

Category	Insight
<b>Category 1:</b> Adaptation process	<b>Insight 1.1:</b> Overall, the adaptation process was experienced positively by trainers
	<b>Insight 1.2:</b> Trainers felt that their feedback was valued overall during the adaptation process. There were however some challenges during the initial 5-day ASIST co-design workshop
	<b>Insight 1.3:</b> The 5-day ASIST adaptation co-design workshop was too intensive
	<b>Insight 1.4:</b> There were mixed responses from trainers on the inclusivity and accessibility of the training
	<b>Insight 1.5:</b> The facilitators of the 5-day ASIST adaptation co-design workshop should have been better equipped to work with LGBTIQ+ communities in a safe and affirming manner
	<b>Insight 1.6:</b> Ensuring trainers who were involved in the adaptation process were LGBTIQ+ was a key strength of the process
	<b>Insight 1.7:</b> The LGBTIQ+ safeTALK and LGBTIQ+ ASIST should be delivered by people who are LGBTIQ+
	<b>Insight 1.8:</b> Trainers would have benefited from mentorship and more ongoing support
<b>Category 2:</b> Adapted content	<b>Insight 2.1:</b> Trainers rated the adapted content positively
<b>Category 3:</b> LivingWorks Start	<b>Insight 3.1:</b> The Start training was well received by participants
	<b>Insight 3.2:</b> The Start training was able to increase knowledge and build capacity in suicide prevention
	<b>Insight 3.3:</b> Participants found communicating out loud about suicide was both challenging and rewarding
	<b>Insight 3.4:</b> Participants felt the TASC model was helpful
	<b>Insight 3.5:</b> Participants found the interactive features of the training beneficial
	<b>Insight 3.6:</b> Understanding the signs of suicide was identified as a key highlight of the training
	<b>Insight 3.7:</b> Participants valued the conversation scripts that were provided as part of the program
	<b>Insight 3.8:</b> Participants believed that incorporating scenarios involving LGBTIQ+ communities and intersectional communities (e.g. LGBTIQ+ people of diverse cultural backgrounds) would have been beneficial

	<b>Insight 3.9:</b> Real-life stories and practicing in person would have helped to enhance the learning outcomes of participants
	<b>Insight 3.10:</b> More access to resources would have helped to deepen the learning experience of participants
	<b>Insight 3.11:</b> Participants wanted to learn more about how to support people who are resistant to receiving help
<b>Category 4:</b> LGBTIQ+ safeTALK	<b>Insight 4.1:</b> The training was very well regarded by the participants
	<b>Insight 4.2:</b> The content of the training was presented in a simple, informative, and structured manner
	<b>Insight 4.3:</b> The group discussions and training exercises were found to be particularly helpful
	<b>Insight 4.4:</b> The trainers were highlighted as a key strength of the training
	<b>Insight 4.5:</b> Participants felt safe to engage in the training, but found that the content could be further targeted towards LGBTIQ+ communities
	<b>Insight 4.6:</b> The safeTALK training has helped to build the confidence of participants to support people who are thinking of suicide
<b>Category 5:</b> LGBTIQ+ ASIST	<b>Insight 5.1:</b> The overwhelming majority of participants highly rated the training
	<b>Insight 5.2:</b> The training was considered psychologically safe by the participants
	<b>Insight 5.3:</b> The training was delivered in an engaging manner
	<b>Insight 5.4:</b> Content was delivered in a structured and clear manner
	<b>Insight 5.5:</b> The LGBTIQ+ - specific content incorporated into the LGBTIQ+ ASIST made the training more accessible. However, it was also identified that the content could be further targeted towards LGBTIQ+ communities
	<b>Insight 5.6:</b> The content of the LGBTIQ+ ASIST was informative
	<b>Insight 5.7:</b> The roleplay activity attracted mixed responses from participants
	<b>Insight 5.8:</b> The LGBTIQ+ ASIST improved participants' knowledge and confidence in supporting people who are thinking of suicide
<b>Category 6:</b> Organisational context	<b>Insight 6.1:</b> LivingWorks and NWMPHN worked in a collaborative manner
<b>Category 7:</b> Environmental context	<b>Insight 7.1:</b> COVID-19 pandemic adversely impacted the rollout of the training
	<b>Insight 7.2:</b> The Program will be sustainable beyond the timeframe of the Trial

Table 3 - Summary of evaluation findings

## Category 1: Adaptation process

This category explores the adaptation process for safeTALK and ASIST (noting that a lot of the insights relate to the adaptation process for ASIST as it was the one that was completed first).

Insight	Detail																																				
<b>Insight 1.1:</b> Overall, the adaptation process was experienced positively by trainers	<p>When asked to rate their experience of the adaptation process on a scale from 1 (not at all positive) to 10 (very positive), the average answer for trainers responding was 7.7.</p> <p>Experience of co-design process</p> <table><thead><tr><th>Score</th><th>Frequency</th><th>%</th></tr></thead><tbody><tr><td>0</td><td>0</td><td>0%</td></tr><tr><td>1</td><td>0</td><td>0%</td></tr><tr><td>2</td><td>0</td><td>0%</td></tr><tr><td>3</td><td>0</td><td>0%</td></tr><tr><td>4</td><td>0</td><td>0%</td></tr><tr><td>5</td><td>1</td><td>10%</td></tr><tr><td>6</td><td>1</td><td>10%</td></tr><tr><td>7</td><td>2</td><td>20%</td></tr><tr><td>8</td><td>1</td><td>10%</td></tr><tr><td>9</td><td>4</td><td>45%</td></tr><tr><td>10</td><td>0</td><td>0%</td></tr></tbody></table> <p>Score Frequency %</p> <p>Figure 5 - Experience of co-design process</p> <p>The key reasons underpinning this feedback provided by participants are explored across Insight 1.2 – Insight 1.8 below.</p>	Score	Frequency	%	0	0	0%	1	0	0%	2	0	0%	3	0	0%	4	0	0%	5	1	10%	6	1	10%	7	2	20%	8	1	10%	9	4	45%	10	0	0%
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<b>Insight 1.2:</b> Trainers felt that their feedback was valued overall during the adaptation process. There were however some challenges during the initial 5-day ASIST co-design workshop	<p>When asked to rate if their feedback felt valued on a scale from 1 (not at all positive) to 10 (very valued), the average answer for trainers responding was 8.7. The feedback provided was identified to be mostly well received and that LivingWorks demonstrated a genuine interest to hear from the trainers.</p> <p>Perception of input being valued by LivingWorks</p> <table><thead><tr><th>Score</th><th>Frequency</th><th>%</th></tr></thead><tbody><tr><td>0</td><td>0</td><td>0%</td></tr><tr><td>1</td><td>0</td><td>0%</td></tr><tr><td>2</td><td>0</td><td>0%</td></tr><tr><td>3</td><td>0</td><td>0%</td></tr><tr><td>4</td><td>0</td><td>0%</td></tr><tr><td>5</td><td>0</td><td>0%</td></tr><tr><td>6</td><td>0</td><td>0%</td></tr><tr><td>7</td><td>2</td><td>25%</td></tr><tr><td>8</td><td>2</td><td>25%</td></tr><tr><td>9</td><td>2</td><td>25%</td></tr><tr><td>10</td><td>3</td><td>35%</td></tr></tbody></table> <p>Score Frequency %</p> <p>Figure 6 - Perception of input being valued by LivingWorks</p>	Score	Frequency	%	0	0	0%	1	0	0%	2	0	0%	3	0	0%	4	0	0%	5	0	0%	6	0	0%	7	2	25%	8	2	25%	9	2	25%	10	3	35%
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Insight	Detail
	<p data-bbox="422 264 1385 360"><i>“There were multiple opportunities to give feedback throughout the development” – Trainer</i></p> <p data-bbox="422 416 1385 488"><i>“I felt invited at all stages to provide input.” – Trainer</i></p> <p data-bbox="422 544 1385 689"><i>“It was validating when those working on the project collated our collective thoughts and shared our ideas among the LGBTIQ+ group for feedback.” - Trainer</i></p> <p data-bbox="408 745 1334 860">However, there were challenges during the initial stages of the adaptation process, specifically during the 5-day ASIST adaption co-design workshop with trainers. These challenges include:</p> <ul data-bbox="459 882 1372 958" style="list-style-type: none"> <li>• There was a lack of clarity on the feedback process, how feedback will be utilised, and what the next steps will be;</li> </ul> <p data-bbox="517 1025 1372 1111"><i>“It was unclear about what points we were there to provide feedback on and there to do the training for” – Trainer</i></p> <p data-bbox="517 1196 1378 1391"><i>“For example, throughout the [TTT] trainers would provide feedback on the content / model and be asked to hold that for later without any clarity on when ‘later’ would be – this made it very difficult for trainers to engage in the content, and also reduced their participation as it didn’t always feel valued or heard.” – Trainer</i></p> <p data-bbox="517 1476 1372 1597"><i>“Was unclear throughout the [TTT] when we would be required to be providing feedback, what feedback would be sought, how that would be collected.” - Trainer</i></p> <ul data-bbox="459 1671 1318 1747" style="list-style-type: none"> <li>• There was limited time for feedback to be provided during the 5-day adaptation co-design workshop; and</li> </ul> <p data-bbox="517 1765 1315 1841"><i>“Felt really rushed on the last day where we were giving 80% of our feedback” – Trainer</i></p> <p data-bbox="517 1926 1347 2002"><i>“Overall, the adaptation process could have been enhanced with more dedicated time for feedback, structure to provide feedback and the</i></p>

Insight	Detail
	<p data-bbox="517 257 1374 322"><i>ability to prototype, test and iterate the training with the community.” – Trainer</i></p> <p data-bbox="517 421 1350 607"><i>“It was near the end of day on the Friday (the last day of training) and almost at the end of the course and LW sat us all down and were like “how would you adapt this to be LGBTIQ+ affirming?” It felt like the adaptation was chucked on as an after thought - it really needed to be done earlier in the piece and be done better.” - Trainer</i></p> <ul style="list-style-type: none"> <li data-bbox="459 689 1329 797">• Trainers weren’t explicitly asked for feedback during the adaptation process, and felt that they had to be the ones to initiate the feedback process.</li> </ul> <p data-bbox="517 824 1177 853"><i>“We weren't really asked to provide feedback” – Trainer</i></p> <p data-bbox="517 952 1369 1059"><i>“Additional step was initiated by the group not LivingWorks – We had to take it upon ourselves to ensure that the content was adapted.” – Trainer</i></p> <p data-bbox="517 1158 1350 1305"><i>“The adapting of the content was not clear at the start - it felt that the trainer wasn't aware that they needed to get feedback - It looked like they were a bit surprised that they were supposed to be getting feedback.” - Trainer</i></p> <p data-bbox="410 1386 1355 1451">As a result, trainers did not feel that their feedback was valued during the 5-day adaption co-design workshop.</p> <p data-bbox="424 1491 1362 1599"><i>“Sometimes feedback raised got agreeable responses from LivingWorks management but then didn't get translated to action or didn't get followed up.” – Trainer</i></p> <p data-bbox="424 1691 1050 1720"><i>“I felt invited at all stages to provide input.” – Trainer</i></p>

Insight	Detail
	<p data-bbox="421 264 1374 696"><i>“The final session of the training was extremely challenging - as we were discussing next steps - I feel like the group was met with defensiveness and resistance from some of the LW staff. I think this would have been partially because of the timing of the feedback - at the end of a big week. Maybe LW felt like they were doing so much to be inclusive and that they felt criticised for not doing enough. It was unfortunate that the discussion wasn't facilitated more, as I think it led to a loss of trust, I definitely came away questioning whether it was more a tokenistic gesture than I otherwise thought. However, I haven't had any other experiences since then that make me feel minimised or tokenised, so I think it was just unfortunate timing and a moment when tighter facilitation and foresight might have led to a more productive closing.” - Trainer</i></p> <p data-bbox="408 770 1382 958">Despite some of the challenges that were initially encountered (as described above), trainers have indicated that LivingWorks has demonstrated its openness to learning/improving and have already taken onboard some of the feedback provided by trainers, which significantly improved their sense of feeling heard and valued.</p> <p data-bbox="421 1003 1358 1155"><i>“Person X and Person Y have both been very receptive to my feedback since my experience with the train-the-trainer and co-design. It's good to have them in charge and take things on board and actually do some things to change. I feel like I've been taken seriously now.” – Trainer</i></p> <p data-bbox="421 1252 1294 1323"><i>“Once Person X came on board was much needed as it was her FT job and provided more space for the feedback.” – Trainer</i></p> <p data-bbox="421 1420 1350 1843"><i>“It was a steep learning curve for LivingWorks in the process of co-designing with LGBTIQ+ communities. In the beginning there was a lot of defensiveness from people as part of LivingWorks which manifested as dismissive and invalidating interactions with those from community involved in the co-design process. This gradually changed over time and it is evident now that LivingWorks has a much better grasp of working respectfully and meaningfully with LGBTIQ+ people. It is really wonderful LivingWorks stuck it out and went through a process of listening to community, reflecting on personal and organisational biases that were impacting the co-design process and importantly, actively applying those learnings to the remaining co-design process.” - Trainer</i></p>



Insight	Detail																																				
<b>Insight 1.3:</b> The 5-day ASIST adaptation co-design workshop was too intensive	<p>A number of trainers commented that the 5-day ASIST adaption co-design workshop (which consisted of going through the non-adapted ASIST, the ASIST train-the-trainer training and finally providing feedback to make ASIST safer and more inclusive of people who are LGBTIQ+) was too intensive.</p> <p><i>“The 5 day adaptation process was too intensive.” – Trainer</i></p> <p><i>“Was really difficult to do [the 5-day ASIST adaption co-design workshop], learn all content at same time as being asked to adapt the content. Should have been two separate things, the train-the trainer is 5 day course anyway. It didn’t make sense and was too exhausting” – Trainer</i></p> <p><i>“Suicide is so present in our communities that having to learn how to deliver whilst also reflecting on individual and communities’ experiences of suicide and able to adapt is too much, was like 3 jobs at once.” - Trainer</i></p>																																				
<b>Insight 1.4:</b> There were mixed responses from trainers on the inclusivity and accessibility of the training	<p>It was identified that the co-design process could have been more inclusive of intersectionality to allow more diverse views and experiences to inform the adaptation of safeTALK and ASIST. When asked to rate the inclusion and accessibility of the co-design process on a scale from 1 (not at all) to 10 (very much), the average answer for trainers responding was 7.2. However, as depicted in the figure below, there was significant variation in responses.</p> <div><p>Inclusion and accessibility of co-design process</p><table><thead><tr><th>Score</th><th>Frequency</th><th>%</th></tr></thead><tbody><tr><td>0</td><td>0</td><td>0%</td></tr><tr><td>1</td><td>0</td><td>0%</td></tr><tr><td>2</td><td>0</td><td>0%</td></tr><tr><td>3</td><td>1</td><td>10%</td></tr><tr><td>4</td><td>0</td><td>0%</td></tr><tr><td>5</td><td>1</td><td>10%</td></tr><tr><td>6</td><td>1</td><td>10%</td></tr><tr><td>7</td><td>2</td><td>22%</td></tr><tr><td>8</td><td>1</td><td>10%</td></tr><tr><td>9</td><td>1</td><td>10%</td></tr><tr><td>10</td><td>2</td><td>22%</td></tr></tbody></table><p>Frequency    %</p></div>	Score	Frequency	%	0	0	0%	1	0	0%	2	0	0%	3	1	10%	4	0	0%	5	1	10%	6	1	10%	7	2	22%	8	1	10%	9	1	10%	10	2	22%
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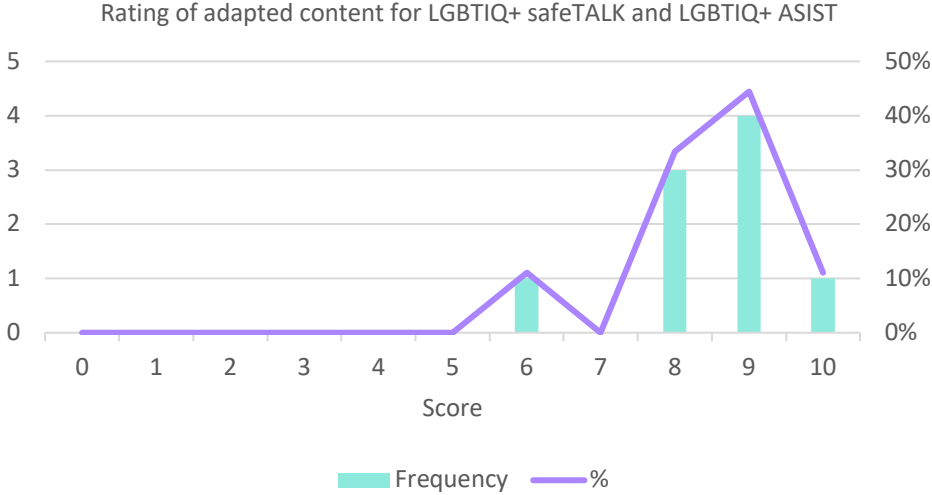
Insight	Detail
	<p><i>“There was a lack of intersectionality at the co-design sessions which may have limited the final adaptation.” – Trainer</i></p> <p><i>“I would have loved to see more people of colour in the [TTT], felt like we didn’t have the diversity or representative group of all communities. That then has knock on impacts because if we’re the only trainers it might not be safe for people of colour who want to be trained by other people of colour.” – Trainer</i></p> <p><i>“[There were] a lot of health professionals in the room, which meant that the group was mainly white and cis. There was definitely a lack of diversity of who was trained up in the Program. Lacked trainers of People of Colour and ATSI. That is such an important factor to create a sense of safety.” - Trainer</i></p>
<b>Insight 1.5:</b> The facilitators of the 5-day ASIST adaptation co-design workshop should have been better equipped to work with LGBTIQ+ communities in a safe and affirming manner	<p>The facilitators of the 5-day ASIST adaptation co-design workshop should have received appropriate training in LGBTIQ+ cultural awareness and have a good understanding of LGBTIQ+ communities before delivering the workshop. This meant that the trainers who participated in the 5-day ASIST adaptation co-design workshop did not feel completely safe to engage in the adaptation process, which had an adverse impact on the experience of trainers during 5-day ASIST adaptation co-design workshop.</p> <p><i>“[The facilitators] that delivered the [co-design workshop] weren’t LGBTIQ+ and meant that participants were a bit hesitant with participating in the training.” – Trainer</i></p> <p><i>“Lack of cultural knowledge in delivery, and also of LGBTIQ+ perspectives” – Trainer</i></p> <p><i>“[The facilitators] that delivered [the training] didn’t recognise the disconnect and that the content was ‘so straight’” – Trainer</i></p> <p><i>“There wasn’t an understanding that the LGBTIQ+ community is not a mono-culture.” - Trainer</i></p>
<b>Insight 1.6:</b> Ensuring trainers who were involved in the adaptation	<p>Involving individuals who are LGBTIQ+ in the adaptation process was recognised and commended by the trainers involved. This was identified to ensure that the adapted safeTALK and ASIST are more appropriate for LGBTIQ+ communities.</p> <p><i>“A key strength of the adaptation is that it involved community members.” – Trainer</i></p>

Insight	Detail
<p>process were LGBTQ+ was a key strength of the process</p>	<p><i>"People came together to create a safe space for creating a toolkit" – Trainer</i></p> <p><i>"[It was really important that those involved in adapting ASIST and safeTALK were people who had given ASIST interventions before and identified as being LGBTQ+]" – Trainer</i></p> <p>The trainers themselves were also identified as reputable individuals who worked for reputable community-controlled organisations, which added to the credibility of the adaptation process.</p> <p><i>"Trainers are from well-known and reputable community-controlled organisations." – Trainer</i></p> <p><i>"The organisations that the trainers are from give them credibility and sense of trust. The community knows them" – Trainer</i></p>
<p><b>Insight 1.7:</b> The LGBTQ+ safeTALK and LGBTQ+ ASIST should be delivered by people who are LGBTQ+</p>	<p>The training relies heavily on the competency of trainers who identify as LGBTQ+. While the content of the adapted training was generally viewed positively, there was recognition that the efficacy of the training is ultimately heavily influenced by the capabilities and experience of the trainers delivering the training. As such, it is critical that trainers who identify as LGBTQ+ and have high levels of LGBTQ+ literacy are involved in the delivery of LGBTQ+ safeTALK and LGBTQ+ ASIST moving forward.</p> <p><i>"Most of the LGBTQ+ specific information around suicide is driven by the trainers." – Trainer</i></p> <p><i>"It's better than what it was but lived experience, part of community and delivering can't be replicated in a package" – Trainer</i></p> <p><i>"Trainers are from the service system and from the community - they can empathise with the participants" – Trainer</i></p> <p><i>"I have found delivering this training for LGBTQ+ folks to be a very empowering experience, and our consistent feedback is that people are grateful to attend this training in a queer friendly environment and facilitated by LGBTQ+ identifying people" – Trainer</i></p>

Insight	Detail
	<p data-bbox="424 264 1378 376"><i>“The strength of the content really relies on the skills of the trainer and their ability to bring it all together, the adapted training and overlaying experiences of what it means to identify as LGBTIQ+ and seek or be in need of help”– Trainer</i></p> <p data-bbox="424 477 1310 546"><i>“The tension in the room drops once the trainer states that they are part of community”– Trainer</i></p>
<p data-bbox="204 577 384 913"><b>Insight 1.8:</b> Trainers would have benefited from mentorship and more ongoing support</p>	<p data-bbox="410 577 1362 678">Trainers highlighted that they would have benefited from more mentorship/supervision and ongoing support to help them to learn and improve the way they deliver LGBTIQ+ safeTALK and LGBTIQ+ ASIST.</p> <p data-bbox="424 723 1370 835"><i>“It would be great if we could have a support network with regular catch ups for people who are using ASIST in their lives. There is a need to continue connecting around this within our community where suicide is so prevalent” – Trainer</i></p> <p data-bbox="424 913 1362 1104"><i>“You do a lot of learning on the job delivering training so it would be so valuable to have other LGBTIQ+ trainers to provide that supervision, to ensure we’re having conversations with people who understand why certain things should be done differently or how things can be done differently to support the LGBTIQ+ community” – Trainer</i></p> <p data-bbox="424 1182 1362 1249"><i>“[It would be helpful to] discuss with others who have delivered it multiple times to reflect on their own experience for continuous improvement” – Trainer</i></p>

## Category 2: Adaptation content

This category explores the adapted safeTALK and ASIST (referred to as LGBTIQ+ safeTALK and LGBTIQ+ ASIST)

Insight	Detail																																				
<b>Insight 2.1:</b> Trainers rated the adapted content positively	<p>When asked to rate the adapted content of the training on a scale from 1 (poor) to 10 (excellent), the average rating was 8.4.</p> <p>Rating of adapted content for LGBTIQ+ safeTALK and LGBTIQ+ ASIST</p>  <table><tr><th>Score</th><th>Frequency</th><th>%</th></tr><tr><td>0</td><td>0</td><td>0%</td></tr><tr><td>1</td><td>0</td><td>0%</td></tr><tr><td>2</td><td>0</td><td>0%</td></tr><tr><td>3</td><td>0</td><td>0%</td></tr><tr><td>4</td><td>0</td><td>0%</td></tr><tr><td>5</td><td>0</td><td>0%</td></tr><tr><td>6</td><td>1</td><td>10%</td></tr><tr><td>7</td><td>0</td><td>0%</td></tr><tr><td>8</td><td>3</td><td>30%</td></tr><tr><td>9</td><td>4</td><td>45%</td></tr><tr><td>10</td><td>1</td><td>10%</td></tr></table> <p>Figure 8 - Rating of adapted content for LGBTIQ+ safeTALK and LGBTIQ+ ASIST</p> <p>Trainers believe that the training better reflects the needs and nuances of LGBTIQ+ communities. The adapted content was identified to:</p> <ul style="list-style-type: none"><li>• Be more inclusive and accessible (e.g. through adapting the introduction element of the training to allow for a discussion around pronouns and adapting the videos used to be more relevant and appropriate for LGBTIQ+ communities);</li><li>• More explicitly recognise the higher risk of suicide among LGBTIQ+ communities; and</li><li>• Better represent the needs and nuances of working with LGBTIQ+ communities, including highlighting some of the specific drivers for suicidality, protective factors and common experiences within the community.</li></ul> <p><i>“[There is now] better inclusion of LGBTIQ+ experiences and understanding of suicide distress, including what it can be like for an LGBTIQ+ peer to be giving an ASIST intervention - better safety in safeTALK for LGBTIQ+ people, given there is such a large rate of lived experiences among our community” – Trainer</i></p>	Score	Frequency	%	0	0	0%	1	0	0%	2	0	0%	3	0	0%	4	0	0%	5	0	0%	6	1	10%	7	0	0%	8	3	30%	9	4	45%	10	1	10%
Score	Frequency	%																																			
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7	0	0%																																			
8	3	30%																																			
9	4	45%																																			
10	1	10%																																			

*"I think it's very clear and inclusive and also takes into account cultural specifics of LGBTIQ+ communities. I imagine LGBTIQ+ participants would feel considered, included and understood" – Trainer*

*"LGBTIQ+ ASIST takes into account specific experiences that trainers should be aware of and gives good examples of how to adapt the training" – Trainer*

*"The adapted training acknowledges and recognises that this population group has a higher rate of exposure to suicide through the impacts of discrimination and minority stress. Focuses on creating an inclusive and safe space to enhance learning through restructuring elements of the training, such as introductions. Uses audio-visual content relatable to LGBTIQ+ audiences" – Trainer*

The quality of the LGBTIQ+ safeTALK and LGBTIQ+ ASIST was further validated by the positive experience of training participants in *Insight 4.1* and *Insight 5.1*.

However, trainers did also identify that the adaptation of safeTALK and ASIST should be seen as an ongoing process of continuous improvement to improve the inclusivity and accessibility of both training programs for LGBTIQ+ communities.

This is explored further in *Insight 4.5* and *Insight 5.5*.

*"Ongoing reflection and consultation with LGBTIQ+ folks with experience in ASIST and SafeTALK is needed as part of an ongoing improvement process" – Trainer*

*"There's not a lot of diversity in the videos" – Trainer*

*"It needs be emphasised that emergency services don't mean the police as the police can make things worse for specific cohort" – Trainer*

*"The video/case study was triggering and not really relevant to the LGBTIQ+ community and the Australian community. There was police and GP in the videos – [both of these groups are] significant issues with the system" – Trainer*

### Category 3: LivingWorks Start

This category explores the delivery of Start

Insight	Detail																														
<b>Insight 3.1:</b> The Start training was well received by participants	100% of participants would recommend Start to someone else.																														
<b>Insight 3.2:</b> The Start training was able to increase knowledge and build capacity in suicide prevention	<p>After participating in the Start training, there was an increase in participants who identified that they:</p> <ul style="list-style-type: none"><li>• Knew how and where to get help for someone who may be thinking about suicide;</li><li>• Felt confident in their ability to help someone who may be thinking about suicide;</li><li>• Were willing to talk with someone who may be thinking about suicide; and</li><li>• Could recognise the signs that someone might be thinking about suicide.</li></ul> <p>This is evidenced by the shift in responses to the following statements after participating in the training:</p> <p><b>Statement 1:</b> I know how and where to get help for someone who may be thinking about suicide</p> <table><tr><th></th><th>Before</th><th>After</th></tr><tr><td><b>Strongly disagree</b></td><td>0%</td><td>0%</td></tr><tr><td><b>Disagree</b></td><td>29%</td><td>0%</td></tr><tr><td><b>Agree</b></td><td>50%</td><td>22%</td></tr><tr><td><b>Strongly agree</b></td><td>21%</td><td>78%</td></tr></table> <p><i>Table 4 - Pre and post training responses to “I know how and where to get help for someone who may be thinking about suicide”</i></p> <p><b>Statement 2:</b> I feel confident in my ability to help someone who may be thinking about suicide</p> <table><tr><th></th><th>Before</th><th>After</th></tr><tr><td><b>Strongly disagree</b></td><td>9%</td><td>0%</td></tr><tr><td><b>Disagree</b></td><td>35%</td><td>0%</td></tr><tr><td><b>Agree</b></td><td>41%</td><td>48%</td></tr><tr><td><b>Strongly agree</b></td><td>15%</td><td>52%</td></tr></table> <p><i>Table 5 - Pre and post training responses to “I feel confident in my ability to help someone who may be thinking about suicide”</i></p>		Before	After	<b>Strongly disagree</b>	0%	0%	<b>Disagree</b>	29%	0%	<b>Agree</b>	50%	22%	<b>Strongly agree</b>	21%	78%		Before	After	<b>Strongly disagree</b>	9%	0%	<b>Disagree</b>	35%	0%	<b>Agree</b>	41%	48%	<b>Strongly agree</b>	15%	52%
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	<p><b>Statement 3:</b> I am willing to talk with someone who may be thinking about suicide</p> <table><thead><tr><th></th><th>Before</th><th>After</th></tr></thead><tbody><tr><td><b>Strongly disagree</b></td><td>0%</td><td>0%</td></tr><tr><td><b>Disagree</b></td><td>0%</td><td>0%</td></tr><tr><td><b>Agree</b></td><td>29%</td><td>11%</td></tr><tr><td><b>Strongly agree</b></td><td>71%</td><td>89%</td></tr></tbody></table> <p><i>Table 6 - Pre and post training responses to “I am willing to talk with someone who may be thinking about suicide</i></p> <p><b>Statement 4:</b> I believe I could recognize the signs that someone might be thinking about suicide</p> <table><thead><tr><th></th><th>Before</th><th>After</th></tr></thead><tbody><tr><td><b>Strongly disagree</b></td><td>0%</td><td>0%</td></tr><tr><td><b>Disagree</b></td><td>18%</td><td>4%</td></tr><tr><td><b>Agree</b></td><td>68%</td><td>37%</td></tr><tr><td><b>Strongly agree</b></td><td>15%</td><td>59%</td></tr></tbody></table> <p><i>Table 7 - Pre and post training responses to “I believe I could recognize the signs that someone might be thinking about suicide”</i></p>		Before	After	<b>Strongly disagree</b>	0%	0%	<b>Disagree</b>	0%	0%	<b>Agree</b>	29%	11%	<b>Strongly agree</b>	71%	89%		Before	After	<b>Strongly disagree</b>	0%	0%	<b>Disagree</b>	18%	4%	<b>Agree</b>	68%	37%	<b>Strongly agree</b>	15%	59%
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<b>Strongly agree</b>	15%	59%																													
<p><b>Insight 3.3:</b> Participants found communicating out loud about suicide was both challenging and rewarding</p>	<p>Participants benefitted from recording themselves talking to people about suicide. Despite finding it confronting, participants felt that this practice gave them confidence in applying the learnings from the training.</p> <div><p><i>“It was challenging to tell someone that this is serious ! I have never had that in suicide prevention training before . Its beneficial to be reminded of support services and its ok to directly ask some if they are thinking about suicide” – Participant</i></p></div> <div><p><i>“The only thing I didn't like was the speaking out loud myself. I prefer the multiple choice when not actually speaking to a real person, it felt almost like performance instead of real practice - for me.” – Participant</i></p></div> <div><p><i>“Learning to feel comfortable with asking directly about if the person is wanting to suicide.” - Participant</i></p></div> <div><p><i>“The most challenging and beneficial part was recording myself and hearing my voice and response.” – Participant</i></p></div>																														
<p><b>Insight 3.4:</b> Participants felt the TASC model was helpful</p>	<p>The TASC approach was very clear and easy to follow for participants, and was compared favourably to other trainings that participants had completed previously.</p>																														



	<p><i>“My favourite part is learning the TASC step by step, in a clear and engaging fashion.” – Participant</i></p> <p><i>“The program is not challenging for me, it's easy to follow because it's well structured. I think learning the TASC paradigm is the most beneficial part of the program” – Participant</i></p> <p><i>“The really clear TASC steps. more clear than other training i'd done before” - Participant</i></p>
<p><b>Insight 3.5:</b> Participants found the interactive features of the training beneficial</p>	<p>The interactive features of the training (e.g. videos and scenarios) were identified to be particularly helpful by participants.</p> <p><i>“I also really enjoyed the interactive parts of the course and the real-life scenarios from all walks of life.” – Participant</i></p> <p><i>“The variety of scenarios were particularly helpful, including different contexts” – Participant</i></p> <p><i>“The video clip scenarios that allowed me to feel like I was in the situation of the helper and what it would feel like” – Participant</i></p> <p><i>“The character portrayal of the person thinking of suicide was very realistic using video as the media, all my previous was essentially an online power-point with multi choice Q&amp;A” – Participant</i></p>
<p><b>Insight 3.6:</b> Understanding the signs of suicide was identified as a key highlight of the training</p>	<p>Understanding the signs of suicide was considered to be a valuable part of the training, particularly those that were less obvious.</p> <p><i>“Better understanding the signs” – Participant</i></p> <p><i>“Learning to identify the signs that are less obvious was particularly beneficial.” – Participant</i></p>
<p><b>Insight 3.7:</b> Participants valued the conversation scripts that were provided as part of the program</p>	<p>Conversation scripts and text to follow was highlighted as a useful resource by participants. The resources that were provided to participants, including scripts, were seen as tools to support them with applying the learnings from the training.</p> <p><i>“I appreciated being provided with resources to help others, and being given some scripts to follow when having these conversations in real life” – Participant</i></p>

	<p><i>"The text conversations (was a strength of the training)" – Participant</i></p>
<p><b>Insight 3.8:</b> Participants believed that incorporating scenarios involving LGBTQ+ communities and intersectional communities (e.g. LGBTQ+ people of diverse cultural backgrounds) would have been beneficial</p>	<p>Participants commented that more LGBTQ+ and multicultural content would help to improve the training. In particular, scenarios with LGBTQ+ individuals, and intersectional communities (e.g. QTPOC), were identified as an opportunity to better equip participants in understanding how suicide impacts different cultures and communities.</p> <p><b>Note:</b> It is recognised that adapting the content for the Start training for LGBTQ+ communities was not part of the scope for this Program</p> <p><i>"It would be interesting to understand suicide in other intersectional contexts (Eg. LGBTQIA+, people of faith, QTPOC)" – Participant</i></p> <p><i>"(An area for improvement would be) Some LGBTQIA+ specific scenarios, but only because that directly relates to most of the people in my life and work" – Participant</i></p> <p><i>"(An area for improvement would be) To see if we have different ways of helping regarding people with difference in culture. " – Participant</i></p>
<p><b>Insight 3.9:</b> Real-life stories and practicing in person would have helped to enhance the learning outcomes of participants</p>	<p>Participants sought in-person interaction to deepen their learning experience. Several participants commented that 'real-life' practice would be beneficial, as well as more 'real' content from survivors / those who have had suicidal thoughts. Role playing was raised as a supplementary method by which participants could enhance their learning.</p> <p><b>Note:</b> It is recognised that the Start training has been intentionally designed to be a 'lighter-touch' online suicide prevention training, not an in-person training program.</p> <p><i>"(An area for improvement would be) Real-life conversations, ongoing support and practice" - Participant</i></p> <p><i>"Maybe listening/watching real life stories of people who have attempted suicide and/or thought of suicide and how they turned their life around - what helped them and what they are doing now to stay mentally healthy. " - Participant</i></p> <p><i>"(An area for improvement would be) Face to face connection to practice and discuss, which I believe I will be doing. " - Participant</i></p>

	<p><i>"I found the video media very deep and compelling. I believe the only way to deepen it would be to do a workshop with characters/actors that can convince you they are suicidal and you interact with them as the concerned friend/colleague and talk them through it to making the call to a helpline" - Participant</i></p> <p><i>"(An area for improvement would be) Real world practice, maybe role playing" - Participant</i></p> <p><i>"(An area for improvement would be) More time doing recordings, practicing how to peak about suicide. Maybe how to talk about it as a mediator with a parent or loved one" - Participant</i></p>
<p><b>Insight 3.10:</b> More access to resources would have helped to deepen the learning experience of participants</p>	<p>Participants indicated that additional resources would have helped to improve their understanding and application of the training content (e.g. academic research and context, summary documents and online resources). Participants sought these to further embed and extend their learning.</p> <p><i>"Being able to easily access the online resource so that I can have it to hand if necessary (still figuring that out)" – Participant</i></p> <p><i>"More resources for referrals and more training if people aren't receptive to being connected" – Participant</i></p> <p><i>"Maybe reading more theory around why these steps are recommended over others" – Participant</i></p> <p><i>"Understanding self-care strategies for someone that is applying TASC to situations. Once we have had these 'big' conversations, how do we keep ourselves safe? How should we check in on ourselves?" - Participant</i></p>
<p><b>Insight 3.11:</b> Participants wanted to learn more about how to support people who are resistant to receiving help</p>	<p>Participants wanted to learn more about how to support people who are resistant to receiving help. In particular, participants commented that incorporating information into the training that would enable them to understand when and how to support someone who is experiencing paranoia or otherwise resistant to help would assist in improving the training.</p> <p><i>"How to respond if someone is experiencing paranoia and or other state where they are not willing to connect with supports." - Participant</i></p>

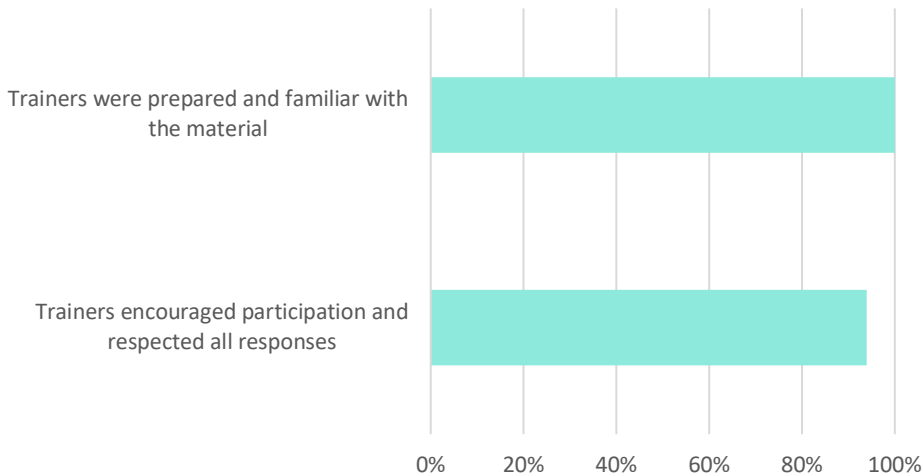
	<i>“Understanding what to do with people are resistant to receiving help. Where does that boundary lie?”</i>
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Category 4: LGBTQ+ safeTALK

This category explores the delivery of LGBTQ+ safeTALK

Insight	Detail												
<b>Insight 4.1:</b> The training was very well regarded by the participants	<p>Participants rated the LGBTQ+ safeTALK training highly. When asked to rate the training out of a score of 10, the following scores were provided:</p> <ul style="list-style-type: none"><li>• 100% rated the training above 6 out of 10; and</li><li>• 47% rated the training 10 out of 10.</li></ul> <p>Breakdown of ratings</p> <table border="1"><thead><tr><th>Rating</th><th>Percentage</th></tr></thead><tbody><tr><td>6</td><td>2%</td></tr><tr><td>7</td><td>8%</td></tr><tr><td>8</td><td>20%</td></tr><tr><td>9</td><td>23%</td></tr><tr><td>10</td><td>47%</td></tr></tbody></table> <p>Rating provide by participant</p> <p><i>Figure 9 – Participant rating for LGBTQ+ safeTALK</i></p> <p>In addition, 92% of participants intended to tell others that they would benefit from the training.</p> <p><i>“Very good &amp; thorough training.” – Participant</i></p> <p><i>“Good training, would like to do ASIST training to develop more skills.” - Participant</i></p> <p><i>“I've completed a number of suicide prevention trainings but something really clicked here” - Participant</i></p> <p><i>“I hope more community members do this!” - Participant</i></p> <p>The key reasons underpinning the feedback provided by participants are explored across <i>Insight 4.2 – Insight 4.6</i> below.</p>	Rating	Percentage	6	2%	7	8%	8	20%	9	23%	10	47%
Rating	Percentage												
6	2%												
7	8%												
8	20%												
9	23%												
10	47%												

Insight	Detail
<b>Insight 4.2:</b> The content of the training was presented in a simple, informative, and structured manner	<p>Participants provided a lot of positive feedback on the content of the training. The feedback could be grouped into the following themes</p> <p><b>Simple</b></p> <p>Despite containing some complex concepts, the content was identified to be presented in a simple and structured manner. This made it easy for the participants to understand and relate to the content, allowing them to more readily identify how the content can be applied in their day-to-day roles and lives.</p> <p><i>“The information was presented in a simple form that is easy to remember.” - Participant</i></p> <p><i>“Easy information to digest.” - Participant</i></p> <p><i>“This safeTALK training was informative, thorough &amp; well delivered. There was a lot of real-life info crammed into 3 hours!” - Participant</i></p> <p><b>Informative</b></p> <p>The training was also described as being very informative, which allowed participants to gain knowledge in how to be more suicide-aware and support someone who is thinking about suicide.</p> <p><i>“It was a very informative training. I learnt a lot of new things that has made me more confident about talking about suicide and being suicide alert.” - Participant</i></p> <p><i>“This training has been fantastic. learnt a lot of information and skill in the given time period. A training that should be rolled out across schools and workplaces everywhere.” - Participant</i></p> <p><i>“Very informative and helpful for preparing for situations in which you want to help someone or recognising someone needs help” - Participant</i></p>
<b>Insight 4.3:</b> The group discussions and training exercises were found to be	<p>The group discussions and exercises that participants were asked to go through during the training were highlighted by participants as being particularly helpful in:</p> <ul style="list-style-type: none"> <li>• Supporting them to embed the learnings from the training</li> <li>• Building their confidence to apply the learnings outside of the training</li> </ul>

Insight	Detail						
particularly helpful	<p><i>"I thought the training was comprehensive and gave ample time for group discussion/questions." - Participant</i></p> <p><i>"Practice exercises were engaging and confidence-building." - Participant</i></p> <p><i>"(The training was) Interactive, knowledgeable and allows space for discussion of own thoughts/experiences." - Participant</i></p>						
<b>Insight 4.4:</b> The trainers were highlighted as a key strength of the training	<p>The trainers were found to be a key strength of the training. In particular, the following elements were highlighted:</p> <ul style="list-style-type: none"> <li>• Their level of preparedness for the training, which helped to facilitate an effective learning experience for participants – 100% of participants agreed that the trainers were prepared and familiar with the material (see graph below);</li> <li>• Their engaging nature, which helped to keep the training interesting and encouraged participants to contribute to discussions – 94% of participants agreed that the trainers encouraged participation and respected all responses; and</li> <li>• Their supportive and authentic nature, which helped to create safe space for participants to participate openly and freely (but still in a respectful manner) during the training.</li> </ul> <p style="text-align: center;">Level of agreement from participants (%)</p>  <table border="1"> <caption>Data for Figure 10</caption> <thead> <tr> <th>Trainer Strength</th> <th>Level of agreement from participants (%)</th> </tr> </thead> <tbody> <tr> <td>Trainers were prepared and familiar with the material</td> <td>100%</td> </tr> <tr> <td>Trainers encouraged participation and respected all responses</td> <td>94%</td> </tr> </tbody> </table> <p><i>Figure 10 – Participant feedback for LGBTIQ+ safeTALK</i></p> <p><i>"I thought the trainers were fantastic at covering the information that was given." - Participant</i></p>	Trainer Strength	Level of agreement from participants (%)	Trainers were prepared and familiar with the material	100%	Trainers encouraged participation and respected all responses	94%
Trainer Strength	Level of agreement from participants (%)						
Trainers were prepared and familiar with the material	100%						
Trainers encouraged participation and respected all responses	94%						

Insight	Detail
	<p data-bbox="405 304 1385 389"><i>"Maya was friendly, approachable and knowledgeable. Held space and was genuine." – Participant</i></p> <p data-bbox="405 445 1385 483"><i>"Loved how open and respectful trainers were to discussions." - Participant</i></p> <p data-bbox="405 568 1385 640"><i>"Training was helpful and informative, trainer was friendly and respectful of all" – Participant</i></p> <p data-bbox="405 725 1385 797"><i>"Facilitator was very engaging &amp; clear, encouraging of all and was flexible even during some technical difficulties." - Participant</i></p>
<p data-bbox="204 880 363 1417"><b>Insight 4.5:</b> Participants felt safe to engage in the training, but found that the content could be further targeted towards LGBTQ+ communities</p>	<p data-bbox="391 880 1390 1025">Participants noted that the adaptations that were made to safeTALK (to make it more inclusive of people who are LGBTQ+) was an improvement and highlighted that it helped to create a safe and inclusive space that enabled them to engage meaningfully with the content of the training.</p> <p data-bbox="405 1066 1385 1104"><i>"Loved the safeguards, use of pronouns." - Participant</i></p> <p data-bbox="405 1182 1385 1254"><i>"Really felt this was a safe space to learn &amp; connect with on the topic of suicide" - Participant</i></p> <p data-bbox="405 1346 1385 1384"><i>"I really loved learning about some LGBTQ+ specific approaches." – Participant</i></p> <p data-bbox="405 1469 1385 1507"><i>"Appreciate the non-judgemental &amp; safe space that was crafted" - Participant</i></p> <p data-bbox="391 1630 1390 1738">That being said, there were also a number of criticisms about the videos used during the training, in particular for not being representative of and tailored to LGBTQ+ communities.</p> <p data-bbox="405 1778 1385 1850"><i>"Very outdated videos – p*ssed me off that they used "him/her" not appropriate for LGBTQ+ training" - Participant</i></p> <p data-bbox="405 1935 1385 2007"><i>"More diversity in the videos, reflecting QTIPOC and showing cultural diversity." – Participant</i></p>



Insight	Detail
	<p data-bbox="408 322 1369 394"><i>“The videos are outdated &amp; non-inclusive of people from diverse communities” - Participant</i></p> <p data-bbox="408 488 1369 560"><i>“The video presenter didn't include 'they' pronouns at the start, probably because it's an older recording” – Participant</i></p> <p data-bbox="395 633 1382 745">It was also identified that there is room to further nuance the content of the training for LGBTIQ+ communities e.g. by incorporating more statistics on LGBTIQ+ communities and using LGBTIQ+ - examples in the training.</p> <p data-bbox="408 786 1158 817"><i>“More real-life examples: LGBTIQ+ specific issues.” - Participant</i></p> <p data-bbox="408 909 1353 940"><i>“This was an LGBTIQ+ session. Maybe some stats for queer people.”- Participant</i></p> <p data-bbox="408 1032 1270 1064"><i>“To discuss more the particular ways that affects LGBTIQ+ “ – Participant</i></p> <p data-bbox="408 1155 1302 1187"><i>“Would like more LGBTIQ+ specific examples and information” – Participant</i></p>
<p data-bbox="204 1211 363 1715"><b>Insight 4.6:</b> The LGBTIQ+ safeTALK training has helped to build the confidence of participants to support people who are thinking of suicide</p>	<p data-bbox="395 1211 1385 1283">The training was identified to have supported participants to feel more comfortable and confident in:</p> <ul data-bbox="448 1308 1054 1379" style="list-style-type: none"> <li>• Talking and asking about suicide; and</li> <li>• Supporting someone who is thinking of suicide.</li> </ul> <p data-bbox="395 1444 1385 1556">When asked to rate their level of preparedness to support someone who is thinking of suicide after attending the training, 96% of participants identified that they were mostly or well-prepared.</p>

Insight	Detail										
	<p>Level of preparedness to support someone who is thinking of suicide - After training (%)</p>  <table border="1"> <thead> <tr> <th>Preparedness Level</th> <th>Percentage (%)</th> </tr> </thead> <tbody> <tr> <td>Not prepare</td> <td>3</td> </tr> <tr> <td>Partly prepared</td> <td>3</td> </tr> <tr> <td>Mostly prepared</td> <td>36</td> </tr> <tr> <td>Well prepared</td> <td>59</td> </tr> </tbody> </table> <p>Figure 11 – Participant feedback for LGBTQ+ safeTALK</p> <p><i>“Person X really allowed me to move from a space of &lt;&gt; talking about suicide to feeling more confident about speaking suicide w/ my clients” - Participant</i></p> <p><i>“I learnt a lot of new things that has made me more confident about talking about suicide &amp; being suicide alert.” - Participant</i></p> <p><i>“While I am familiar with mental health first aid, this training gave me a good refresher in this area and allowed me to feel more comfortable in asking about suicide.” – Participant</i></p> <p><i>“It gave me the tools to prepare myself to be alert to suicide thoughts. I feel more confident approaching other people about this.” - Participant</i></p>	Preparedness Level	Percentage (%)	Not prepare	3	Partly prepared	3	Mostly prepared	36	Well prepared	59
Preparedness Level	Percentage (%)										
Not prepare	3										
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Well prepared	59										

Category 5: LGBTQ+ ASIST

This category explores the delivery of LGBTQ+ ASIST

Insight	Detail																																												
<b>Insight 5.1:</b> The overwhelming majority of participants highly rated the training	<p>Participants regarded the training highly, and largely felt that the training would be applicable in both their professional and personal lives.</p> <p>The survey results indicate that participants felt that the training was very valuable personally and professionally, and that they would recommend it to others. Of those surveyed (approximately 260 participants):</p> <ul style="list-style-type: none"><li>94% rated the training 8 or higher (out of 10)</li></ul> <p>Participant rating of LGBTQ+ ASIST (out of 10)</p> <table><thead><tr><th>Rating</th><th>Percentage</th></tr></thead><tbody><tr><td>10</td><td>57%</td></tr><tr><td>9</td><td>18%</td></tr><tr><td>8</td><td>18%</td></tr><tr><td>7</td><td>3%</td></tr><tr><td>6</td><td>2%</td></tr><tr><td>5</td><td>1%</td></tr><tr><td>4</td><td>1%</td></tr><tr><td>3</td><td>1%</td></tr><tr><td>2</td><td>0%</td></tr><tr><td>1</td><td>0%</td></tr></tbody></table> <p>Figure 12 – Participant rating for LGBTQ+ ASIST</p> <ul style="list-style-type: none"><li>93% rated their likelihood to recommend ASIST to someone else 8 or higher (out of 10)</li></ul> <p>Likelihood to recommend LGBTQ+ ASIST (out of 10)</p> <table><thead><tr><th>Rating</th><th>Percentage</th></tr></thead><tbody><tr><td>10</td><td>80%</td></tr><tr><td>9</td><td>7%</td></tr><tr><td>8</td><td>6%</td></tr><tr><td>7</td><td>4%</td></tr><tr><td>6</td><td>2%</td></tr><tr><td>5</td><td>1%</td></tr><tr><td>4</td><td>1%</td></tr><tr><td>3</td><td>1%</td></tr><tr><td>2</td><td>1%</td></tr><tr><td>1</td><td>1%</td></tr></tbody></table> <p>Figure 13 – Participant likelihood to recommend LGBTQ+ ASIST</p>	Rating	Percentage	10	57%	9	18%	8	18%	7	3%	6	2%	5	1%	4	1%	3	1%	2	0%	1	0%	Rating	Percentage	10	80%	9	7%	8	6%	7	4%	6	2%	5	1%	4	1%	3	1%	2	1%	1	1%
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## Insight

## Detail

- 89% rated their usefulness of this training in their personal lives 8 or higher (out of 10)

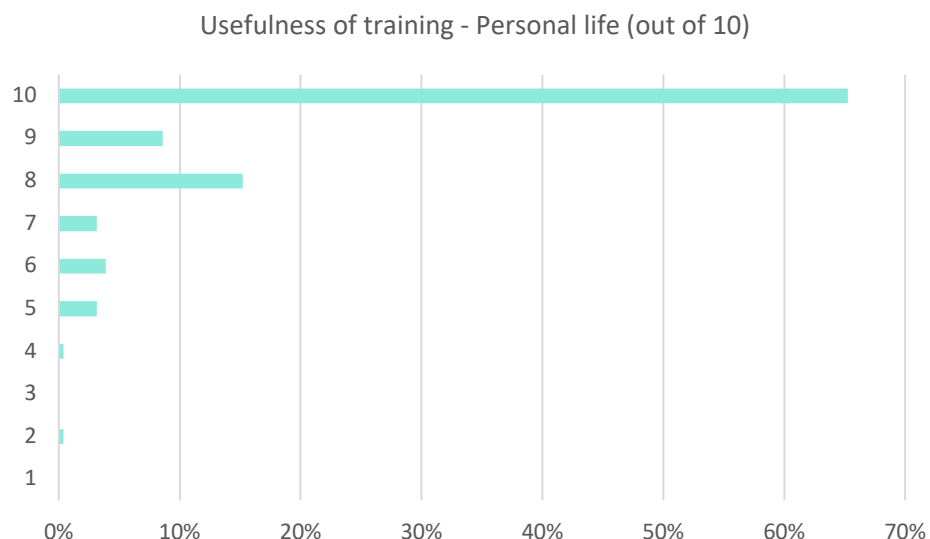


Figure 14 – Participant rating on the usefulness of the training in their personal lives

- 89% rated their usefulness of this training in their professional/work lives 8 or higher (out of 10)

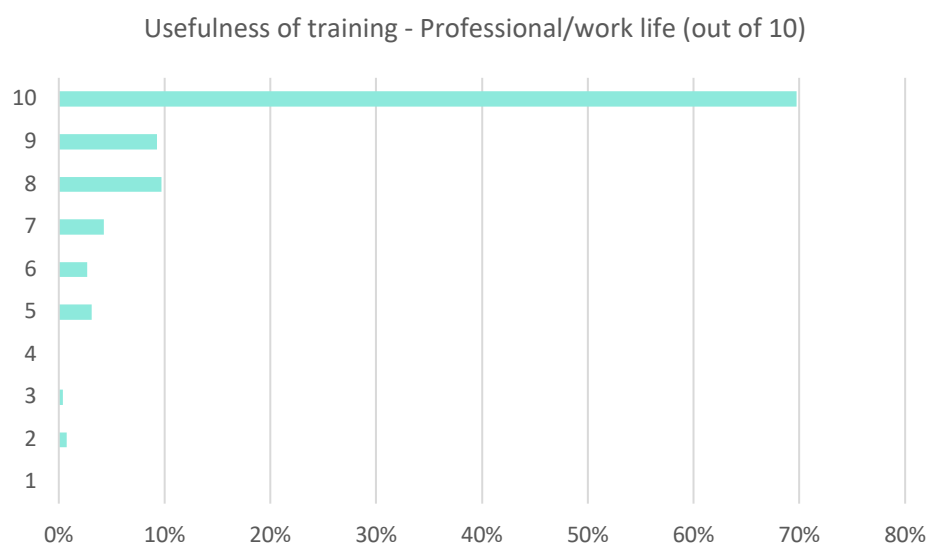


Figure 15 – Participant rating on the usefulness of the training in their professional/work lives

*"Love the workshop. Overall, very useful and learned a lot." - Participant*

Insight	Detail
	<p data-bbox="427 271 1337 338"><i>“Fantastic workshop, would love to recommend to colleagues and friends!” – Participant</i></p> <p data-bbox="427 432 1241 465"><i>“Who knew talking about suicide could be so enjoyable” - Participant</i></p> <p data-bbox="427 555 1145 589"><i>“Excellent training. Will really help in my work.” – Participant</i></p> <p data-bbox="427 678 1002 712"><i>“Should be mandatory like 1st Aid.” - Participant</i></p> <p data-bbox="427 786 1398 853">The key reasons underpinning the feedback provided by participants are explored across <i>Insight 5.2 – Insight 5.8</i> below.</p>
<p data-bbox="204 936 389 1200"><b>Insight 5.2:</b> The training was considered psychologically safe by the participants</p>	<p data-bbox="414 936 1406 965"><b>The training was delivered in a way that made participants feel psychologically safe.</b></p> <p data-bbox="414 987 1433 1055">Participants felt that the trainers were able to create a learning environment that was psychologically safe. This is especially critical for the reasons outlined below:</p> <ul data-bbox="464 1077 1485 1357" style="list-style-type: none"> <li data-bbox="464 1077 1453 1178">• A number of the participants had lived experience of suicide, which would have made the training very challenging to go through if not for the psychological safety facilitated by the trainers; and</li> <li data-bbox="464 1189 1485 1357">• The topic of suicide can be emotive and confronting for people to engage with – By facilitating a safe space, it helped to affirm the emotions that participants were feeling, allowing them to engage in the content more readily. It also meant that participants were more willing to immerse themselves in the activities of the training, even if that meant making mistakes in the process.</li> </ul>

Insight	Detail
	<p>It was identified that the trainers' nurturing, supportive, warm and welcoming approach was a significant factor to supporting psychological safety among participants. Trainers were identified to actively support participants throughout LGBTIQ+ ASIST with the subject matter of suicide, the relevant frameworks and where a participant feels emotionally distressed.</p> <p><i>"Trainers were incredibly patient, supportive and caring. I felt free to take the time I needed to decompress and take care of myself and did not feel pressured to speak when I did not want to. This created the safe space necessary for me to actually learn. Thank you." - Participant</i></p> <p><i>"Great workshop. I felt psychologically safe to feel what I feel." - Participant</i></p> <p><i>"Very safe environment created in which to be brave and try the model out - to make mistakes and learn."- Participant</i></p> <p><i>"The trainers created a safe space that allowed me to feel comfortable to learn about a confronting subject. I was even able to participate in role-playing which is usually anxiety inducing for me." - Participant</i></p> <p><i>"Really helpful, and dealing with confrontational topics and intense situations in a way that wasn't overwhelming." - Participant</i></p> <p><i>"Trainers were very empathetic &amp; respectful, very warm &amp; welcoming and made me feel like I could practice suicide first aid in a safe and supportive manner." - Participant</i></p> <p><i>"Really helpful + supportive trainers! Very encouraging &amp; I felt comfortable to put myself out there in terms of applying the model!" – Participant</i></p> <p><i>"The training was very well done. I felt very supported and encouraged throughout" - Participant</i></p> <p><i>"The trainers were all very considerate of everyone's responses to the training &amp; were there to help anyone affected by the content." – Participant</i></p>

Insight	Detail
	<p>Trainers also actively shared their own lived experience and ‘brought themselves’ to the training, which enhanced the sense of psychological safety that participants experienced.</p> <p><i>“Thanks for creating such a warm, inclusive and safe space for this learning. I think the people and personalities are so important to get right in this type of work and you both complimented each other really well.” - Participant</i></p> <p><i>“I am so appreciative of your unique experiences that make the workshop worth it!” – Participant</i></p> <p><i>“Having the content communicated in their own words helped to (make the content) feel much more accessible. Thank you for holding space for us so intentionally these past few days.” - Participant</i></p>
<p><b>Insight 5.3:</b> The training was delivered in an engaging manner</p>	<p>Using a mixture of modalities used during the LGBTIQ+ ASIST made the training more engaging and interactive for participants. These modalities include:</p> <ul style="list-style-type: none"> <li>• Plenary presentation;</li> <li>• Video;</li> <li>• Role playing activities;</li> <li>• Group discussions and sharing of experiences; and</li> <li>• Phone voting.</li> </ul> <p>The trainers also demonstrated their capabilities as strong facilitators by effectively encouraging participation by participants (particularly actively involving quieter participants and respectfully managing the amount of input by more confident participants).</p> <p><i>“Good mixture of video + role plays. I also like phone voting in sessions with game. Lovely presentation from trainers.” - Participant</i></p> <p><i>“I particularly liked the prompt to encourage people who talk a lot to talk less, people who talk less, people who talk less try to talk more (delivered in great phrasing). Loved seeing quiet participants talk more &amp; express more over the 2 days.” – Participant</i></p> <p><i>“Really love the interactive approach taken by the trainers during the whole course of training.” - Participant</i></p>

Insight	Detail
	<p><i>"Thorough, insightful, good demonstrations &amp; scenarios. Lots of opportunities to hear other people's perspectives and experiences." – Participant</i></p>
<p><b>Insight 5.4:</b> Content was delivered in a structured and clear manner</p>	<p>The content of the LGBTIQ+ ASIST was delivered in a structured manner that enabled participants to absorb it effectively.</p> <p><i>"Trainers were excellent! Very well organised, scaffolded learning of the framework." – Participant</i></p> <p><i>"The training was very well done... The info across the two days was conveyed really clearly." - Participant</i></p> <p><i>"The trainers delivered the content very well and the content was very well structured." – Participant</i></p>
<p><b>Insight 5.5:</b> The LGBTIQ+ - specific content incorporated into the LGBTIQ+ ASIST made the training more accessible. However, it was also identified that the content could be further targeted towards LGBTIQ+ communities</p>	<p>A number of participants commended the LGBTIQ+ - specific content that has been incorporated into the LGBTIQ+ ASIST. It was identified that this made the training feel more inclusive and relevant to the participants.</p> <p><i>"The facilitators were excellent in addressing and adapting the workshop to make it very relevant and helpful." – Participant</i></p> <p><i>"It felt particularly powerful that the session was dedicated to the queer community, both for participants and for those we may help in the future." - Participant</i></p> <p><i>"I also think this was really well tailored to LGBTIQ+" – Participant</i></p> <p><i>"Excellent to have LGBTIQ+ ASIST. Hopefully many more sessions will be organised for community in future as it's invaluable!" – Participant</i></p> <p>However, it was highlighted that there is still a lot more than can be done to ensure that the LGBTIQ+ ASIST training is appropriate for LGBTIQ+ communities, including:</p> <ul style="list-style-type: none"> <li>• Specific suicide prevention and intervention strategies for LGBTIQ+ communities; and</li> <li>• More case studies that involved people who are LGBTIQ+.</li> </ul>



Insight	Detail
	<p><i>"Would have liked more LGBTIQ+ content or how to better work with this group at greater risk." – Participant</i></p> <p><i>"I would have appreciated a bit more attention to queer community case examples, and how we have kept ourselves and one another safe from harm over time. " – Participant</i></p> <p><i>"It would be good if the case studies were more relevant to this group." - Participant</i></p> <p>The videos drew a lot of criticism from participants. They were identified by participants as need to be:</p> <ul style="list-style-type: none"> <li>• More appropriate for LGBTIQ+ communities. The incorporation of emergency services and the police in the videos was identified to be triggering for a number of the participants due the adverse experiences (including stigmatisation and pathologisation) that LGBTIQ+ communities have had and continue to have with these services;</li> <li>• More representative of the diversity within LGBTIQ+ communities; and</li> <li>• More contextualised to Australia.</li> </ul> <p><i>"I wish the videos shown had more of an Australian context with representation of people &amp; communities who were at higher risk of suicide, ie Aboriginal &amp; first nations people." – Participant</i></p> <p><i>"The video was truly awful. Funny (not in a good way) and triggering - especially the law enforcement officers. It wasn't necessary and only provided a lot of anger and annoyance. " – Participant</i></p> <p><i>"The video's depicting empathy towards the police, while targeting the training towards LGBTIQ+ was unacceptable at best, especially as they &amp; their interventions are the cause of so much death within the community, both historically but also presently." - Participant</i></p>
<p><b>Insight 5.6:</b> The content of the LGBTIQ+ ASIST was informative</p>	<p>Participants found the LGBTIQ+ ASIST informative. The frameworks, tools and strategies presented during the training were identified to be very helpful in informing how participants would support someone who is thinking of suicide.</p> <p><i>"The PAL model/framework is so helpful it makes such a complicated process more structured &amp; manageable." – Participant</i></p> <p><i>"I think the pathways model was really helpful" – Participant</i></p>

Insight	Detail
	<p data-bbox="416 304 1485 371"><i>“Very effective &amp; clear model that was explained well” – Participant</i></p> <p data-bbox="416 427 1485 539">These were also identified to be practical in nature which enabled participants to apply the learnings more readily into day-to-day practice. This was further aided by the activities implemented during the training, helping to reinforce the learnings gained.</p> <p data-bbox="416 562 1485 663"><i>“This framework was made so clear and loved the practical demonstrations” – Participant</i></p> <p data-bbox="416 719 1485 786"><i>“Extremely insightful &amp; practical course” – Participant</i></p> <p data-bbox="416 842 1485 931"><i>“I found the course and content really beneficial and appreciated all of the hands on/practical training” - Participant</i></p>
<p data-bbox="204 956 389 1256"><b>Insight 5.7:</b> The roleplay activity attracted mixed responses from participants</p>	<p data-bbox="416 956 1485 1023">The roleplay activity was well received by several participants who noted it as a highlight, whereas others identified that it had some areas for improvement.</p> <p data-bbox="416 1046 1485 1158">A number of participants commented that the role play activity was a highlight for them, particularly emphasising how it helped to reinforce the learnings gained throughout the training.</p> <p data-bbox="416 1180 1485 1281"><i>“The smaller size was good! Sharing was awesome! I enjoyed the practice and role playing” – Participant</i></p> <p data-bbox="416 1337 1485 1561"><i>“Excellent, clear information from trainers. Well-paced workshops and ground in clear steps. Wallet-sized aides - useful reminder and practical. Role plays - Well organised lead up to role play, requiring different levels of participation. Important practice on the spot to put the learning into action. Thanks you. Really valuable learning and I feel skills are more honed now.” - Participant</i></p> <p data-bbox="416 1617 1485 1729"><i>“Good mixture of video + role plays. I also like phone voting in sessions with game. Lovely presentation from trainers.” - Participant</i></p> <p data-bbox="416 1785 1485 1930"><i>“I really liked the style of roleplay where the trainer played the role of the person who needed help and we were able to ask questions as a group. It was good hearing other people's questions and ways of asking.” - Participant</i></p>

Insight	Detail																	
	<p>Some participants made some suggestions for improving the role play activities (e.g. by providing prompts to support greater participation). Others questioned whether it was the most appropriate way to educate the group given their lived experience.</p> <p><i>“Group roleplay with Jack was interesting &amp; fun. The task and need was confusing to understand. Loved the topic about difficult turnover” - Participant.</i></p> <p><i>“With the role play exercise, it might be helpful for the people coming up with the scenarios to get a small sheet with prompts so they decide ahead of time what kinds of initiatives/turning points they might use to help” - Participant</i></p> <p><i>“I really loved the usefulness of the course, however, I feel role playing isn't the best way to manage this content, especially as half of the group had been suicidal at one point.” - Participant</i></p>																	
<p><b>Insight 5.8:</b> The LGBTIQ+ ASIST improved participants’ knowledge and confidence in supporting people who are thinking of suicide</p>	<p>The training improved participants’ knowledge in how to support someone who is thinking of suicide and their confidence in doing so. This change in knowledge and confidence is demonstrated through the figure and quotes below:</p> <table><tr><th rowspan="2">Question</th><th colspan="2">Self-assessed rating (out of 5)</th></tr><tr><th>Pre-Training</th><th>Post-Training</th></tr><tr><td>If a person's words and/or behaviours suggest the possibility of suicide, I would ask directly if they are thinking of suicide</td><td>3.3</td><td>4.8 (+ 45%)</td></tr><tr><td>If someone told me they were thinking of suicide, I would do a suicide intervention</td><td>3.4</td><td>4.8 (+ 41%)</td></tr><tr><td>I feel prepared to help a person thinking of suicide</td><td>2.5</td><td>4.7 (+ 88%)</td></tr><tr><td>I feel confident I could help a person with thoughts of suicide</td><td>2.7</td><td>4.4 (+ 63%)</td></tr></table> <p><i>Figure 16 – Participant outcome for LGBTIQ+ ASIST</i></p> <p><i>“ASIST course has given me courage to ask, listen &amp; talk about suicide. Before the course I would not have had the courage or knowledge to ask.” – Participant</i></p>	Question	Self-assessed rating (out of 5)		Pre-Training	Post-Training	If a person's words and/or behaviours suggest the possibility of suicide, I would ask directly if they are thinking of suicide	3.3	4.8 (+ 45%)	If someone told me they were thinking of suicide, I would do a suicide intervention	3.4	4.8 (+ 41%)	I feel prepared to help a person thinking of suicide	2.5	4.7 (+ 88%)	I feel confident I could help a person with thoughts of suicide	2.7	4.4 (+ 63%)
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Insight	Detail
	<p data-bbox="427 271 1469 421"><i>"I have recently done training about suicide in my cert IV in mental health as well as the online START program, however, the ASIST training has given me the knowledge and confidence to assist someone to safety rather than just on referring to someone else" – Participant</i></p> <p data-bbox="427 510 1469 622"><i>"Not only has this workshop made me feel more confident in addressing + responding to suicide, but it has helped me process the passing of people in my life who have died by suicide. " – Participant</i></p> <p data-bbox="427 712 1469 831"><i>"It was my second time completing the ASIST training and I feel that this training gave me a lot of clarity around the phases of ASIST and skills + knowledge to do ASIST more confidently and successfully. Wonderful training." – Participant</i></p>

## Category 6: Organisational context

This category explores the relationship between NWMPHN (funder) and LivingWorks (funding recipient)

Insight	Detail
<b>Insight 6.1:</b>  LivingWorks and NWMPHN worked in a collaborative manner	<p>LivingWorks and NWMPHN worked effectively during the implementation of this Program. Specifically, the relationship was described as:</p> <ul style="list-style-type: none"><li>• <b>Collaborative</b> LivingWorks and NWMPHN were identified to have worked collaboratively to (i) inform the initial design of the Program; (ii) redesign the scope of the Program to not only target community-controlled organisations, but also members of the broader LGBTIQ+ communities; (iii) repurpose the funding of the Program to respond to the COVID-19 pandemic and finally (iv) promote and encourage attendance to the LGBTIQ+ safeTALK and LGBTIQ+ ASIST training sessions.  <i>“It always felt like a genuine partnership” – Staff</i>  <i>“We have worked with a lot of PHNs, but NWMPHN is definitely up there” - Staff</i></li><li>• <b>Engaged</b> NWMPHN was actively engaged in the design and implementation of the Program, demonstrating its commitment to work with LivingWorks to ensure the Program delivers positive outcomes for LGBTIQ+ communities.  <i>“NWMPHN were always engaged in key decision making. It never felt like it was a ‘tick and flick’ exercise from them” – Staff</i></li><li>• <b>Outcomes-driven</b> NWMPHN was identified to have demonstrated a strong focus on outcomes. A prime example highlighted was during the early stages of the COVID-19 pandemic when there was the option of transitioning the delivery of LGBTIQ+ safeTALK and LGBTIQ+ ASIST online. This was discussed between LivingWorks and NWMPHN and an agreement was made to wait until face-to-face training could resume as delivering both trainings virtually would have detracted from the experience and learning outcomes of participants. It was identified that there was never pressure from NWMPHN to compromise the integrity and quality of the training for the sake of reaching contractual targets.  <i>“We were never pushed to compromise the quality of the training at any point. It was very nourishing to see that from a funder.” – Staff</i></li></ul>

## Category 7: Environmental context

This category explores the external environment and system in which the Program was implemented

Insight	Detail
<b>Insight 7.1:</b> COVID-19 pandemic adversely impacted the rollout of the training	<p>The COVID-19 pandemic significantly disrupted the rollout of the LGBTIQ+ safeTALK and LGBTIQ+ ASIST training as it was not appropriate for both training programs to be delivered online. This meant that all training delivery had to be delayed until early 2021.</p> <p>While waiting for restrictions to be lifted, LivingWorks repurposed some of the Program funding to deliver the online Start program to 60 participants to ensure that LGBTIQ+ communities were still supported during the COVID-19 lockdowns. This was also timed to occur after a number of deaths by suicide in LGBTIQ+ communities, demonstrating LivingWorks' ability to be adaptable and agile.</p>
<b>Insight 7.2:</b> The Program will be sustainable beyond the timeframe of the Trial	<p>The Program has been able to achieve a number of outcomes that will have long-term benefits for the mental health and suicide prevention service system (in addition to building the capacity of individuals and the broader service system to effectively support a LGBTIQ+ person who is thinking of suicide). This includes creating:</p> <ul style="list-style-type: none"><li>• A LGBTIQ+ - specific version of safeTALK and ASIST that will allow both training programs to be more inclusive and accessible to people who are LGBTIQ+. The adapted training can now be delivered across Australia and even internationally (through other LivingWorks locations in other countries). The LGBTIQ+ safeTALK and LGBTIQ+ ASIST also provide LivingWorks with a solid foundation to continuously iterate and improve the contents of the training to ensure that it reflects current context/practice and effectively meets the needs of LGBTIQ+ communities; and</li><li>• A pool of trainers who are LGBTIQ+ who can confidently deliver the LGBTIQ+ safeTALK and LGBTIQ+ ASIST moving forward. This pool of trainers will also be able to mentor and coach other LGBTIQ+ trainers who go through the LGBTIQ+ safeTALK and LGBTIQ+ ASIST train-the-trainer training in the future.</li></ul>

# EVALUATION RECOMMENDATIONS

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## 8. RECOMMENDATIONS

The Program (i.e. the delivery of Start, LGBTIQ+ safeTALK and LGBTIQ+ ASIST) was very well received by the participants that took part in the training, as evidenced by the overwhelmingly positive feedback received. Despite the challenges encountered during the adaptation process (which was actively addressed by LivingWorks), the Program has been demonstrated to be able to achieve a number of critical outcomes for participants by equipping them with the necessary knowledge and skills to more readily support people who are thinking of suicide. The outcomes achieved will likely be sustained beyond the timeframe of the Trial as there is now an adapted version of the safeTALK and ASIST training that can be rolled out in the future along with an experienced group of trainers that can undertake the training delivery.

The following recommendations should be considered to improve the outcomes of the Program. These have been grouped into the 2 categories below:

- **Program design and delivery** i.e. enhancing the design and delivery of the Program to improve the experience and outcomes achieved for clients
- **Program sustainability and reach** i.e. extending the longevity and reach of the Program's impact

Category	Recommendation
Program design and delivery	<b>Recommendation 1: Adapt the Start training for LGBTIQ+ communities</b>  Whilst the Start training was identified to have achieved a number of positive outcomes for participants, it was also highlighted that the training needs to be further nuanced for LGBTIQ+ communities. This should be considered as a more accessible form of training for the wider LGBTIQ+ communities, who may find themselves supporting another LGBTIQ+ person who is thinking of suicide - Based on the Lean on Me research by the Australian Research Centre in Sex, Health and Society people who are LGBTIQ+ are more likely to provide mental health or suicide prevention peer support to other LGBTIQ+ individuals. <sup>29</sup>
	<b>Recommendation 2: Re-engage the trainers who participated in the adaptation process to gain their feedback on the adapted safeTALK and ASIST</b>  The adaptation of the safeTALK and ASIST as part of this Trial should be seen as the first step in making both training programs more inclusive and appropriate for people who are LGBTIQ+. Whilst the LGBTIQ+ safeTALK and LGBTIQ+ developed through this process has been demonstrated to be effective (i) in equipping participants to better support someone who is thinking of suicide and (ii) in making people who are LGBTIQ+ feel safe to participate in the training, it was also identified that more can be done to further nuance the training for LGBTIQ+ communities. Gathering the trainers who were involved in the adaptation process to gain their feedback on the LGBTIQ+ safeTALK and LGBTIQ+ ASIST will provide LivingWorks with the opportunity to understand if the adapted content needs to be further refined in any way and if there are additional aspects of the training then should be adapted. The training resources (particularly the case studies

<sup>29</sup> Worrell S, Waling A, Anderson J, Fairchild J, Lyons A, Pepping C, Bourne A (2021) *Lean on Me: Exploring Suicide Prevention and Mental Health-Related Peer Support in Melbourne's LGBTQ Communities*. Melbourne: Australian Research Centre in Sex, Health and Society, La Trobe University.



	<p>and videos used in the current iteration of the LGBTIQ+ safeTALK and LGBTIQ+ ASIST) drew a lot of criticism during this evaluation and should be a key focus in the ongoing refinement of the training.</p> <p><b>Recommendation 3: Establish a community of practice for the LGBTIQ+ safeTALK and LGBTIQ+ ASIST trainers</b></p> <p>It is recommended that a community of practice be established for LGBTIQ+ safeTALK and LGBTIQ+ ASIST trainers to ensure that they have a support network that they can access to share learnings and provide support to one another.</p> <p><b>Recommendation 4: Trainers to be people who are LGBTIQ+</b></p> <p>Having trainers who are LGBTIQ+ was identified to add significant credibility to the content of the training. In addition, trainers who are LGBTIQ+ are able to share their own lived experience which helps to make the content of the training more relatable.</p> <p><b>Recommendation 5: Identify key attributes/characteristics of an effective LGBTIQ+ safeTALK and LGBTIQ+ ASIST trainer</b></p> <p>As the trainers themselves have a significant impact on the quality of the training, it will be important that LivingWorks has a clear understanding of the attributes/characteristics of someone who would make an effective LGBTIQ+ safeTALK and ASIST trainer to inform future recruitment processes.</p> <p><b>Recommendation 6: Rotate/stagger the availability of the training across different regions</b></p> <p>If delivering free LGBTIQ+ safeTALK and LGBTIQ+ ASIST trainings in the future, it will be important to rotate/stagger the availability of the training across different regions so that a particular area isn't overly saturated with training options in order to maximise attendance.</p>
<p><b>Program sustainability and reach</b></p>	<p><b>Recommendation 7: Leverage the learnings from this adaptation process for future adaptation</b></p> <p>The adaptation of the safeTALK and ASIST for LGBTIQ+ communities has been informative for LivingWorks in terms of providing the organisation with a deeper understanding of how to co-design effectively with specific community groups. The learnings from this process should be retained and implemented when going through future adaptation processes, particularly for other priority population groups (e.g. Aboriginal and Torres Strait Islanders). These learnings include:</p> <ul style="list-style-type: none"> <li>• Prioritising cultural safety and intersectionality during the adaptation process by ensuring that the individuals facilitating the adaptation process are appropriately trained and educated on these topics and ensuring the adapted actively considers and addresses these themes;</li> <li>• Spreading the adaptation process over a longer timeframe to enable greater engagement from the participants; and</li> <li>• Ensuring appropriate and sufficiently diverse representation from the target community group in throughout the adaptation process.</li> </ul>

	Re-engaging trainers to obtain feedback on the adapted training once they have had the opportunity to deliver a few training sessions (as part of a continuous improvement process)
	<p><b>Recommendation 8: Expand the reach of the availability of free training to other regions</b></p> <p>The availability of free Start (and potentially an adapted version of the Start training for LGBTIQ+ communities in the future), LGBTIQ+ safeTALK and LGBTIQ+ ASIST should be expanded beyond the NWMPHN catchment to benefit other LGBTIQ+ communities. The Victorian State Government and other Primary Health Network across the state should have role in providing the necessary resources for this occur and to work towards creating safer service systems and responses for LGBTIQ+ communities across Victoria.</p>

## APPENDICES

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## APPENDIX A: EVALUATION SCOPE AND METHODOLOGY

### Evaluation questions

The agreed evaluation questions that form the focus of this evaluation are identified below. They have been grouped according to questions that relate to the process of designing and implementing the Program and questions that relate to the outcomes achieved.

Element	Evaluation questions
Process	1. Was the Program experienced as safe, accessible and inclusive? 2. Was the Program design and implemented effectively?
Outcomes	3. Did the Program achieve its intended outcomes?

### Data gathering

#### *Approach*

To support this evaluation, Impact Co. developed a mixed-methods approach to data collection. The matrix below highlights the various methods utilised to address each of the evaluation questions outlined previously.

Approach	Number of stakeholders consulted	Evaluation question		
		Q1	Q2	Q3
Survey of participants in the Start training (Note: This survey was designed by LivingWorks)	A total of 37 participants responded to the survey	X	X	X
Survey of participants in the LGBTQ+ safeTALK training (Note: This survey was designed by LivingWorks)	A total of 70 participants responded to the survey	X	X	X
Survey of participants in the LGBTQ+ ASIST training (Note: This survey was designed by LivingWorks)	A total of 180 participants responded to the survey	X	X	X
Survey of LGBTQ+ safeTALK and LGBTQ+ ASIST trainers	A total of 13 trainers responded to the survey	X	X	X

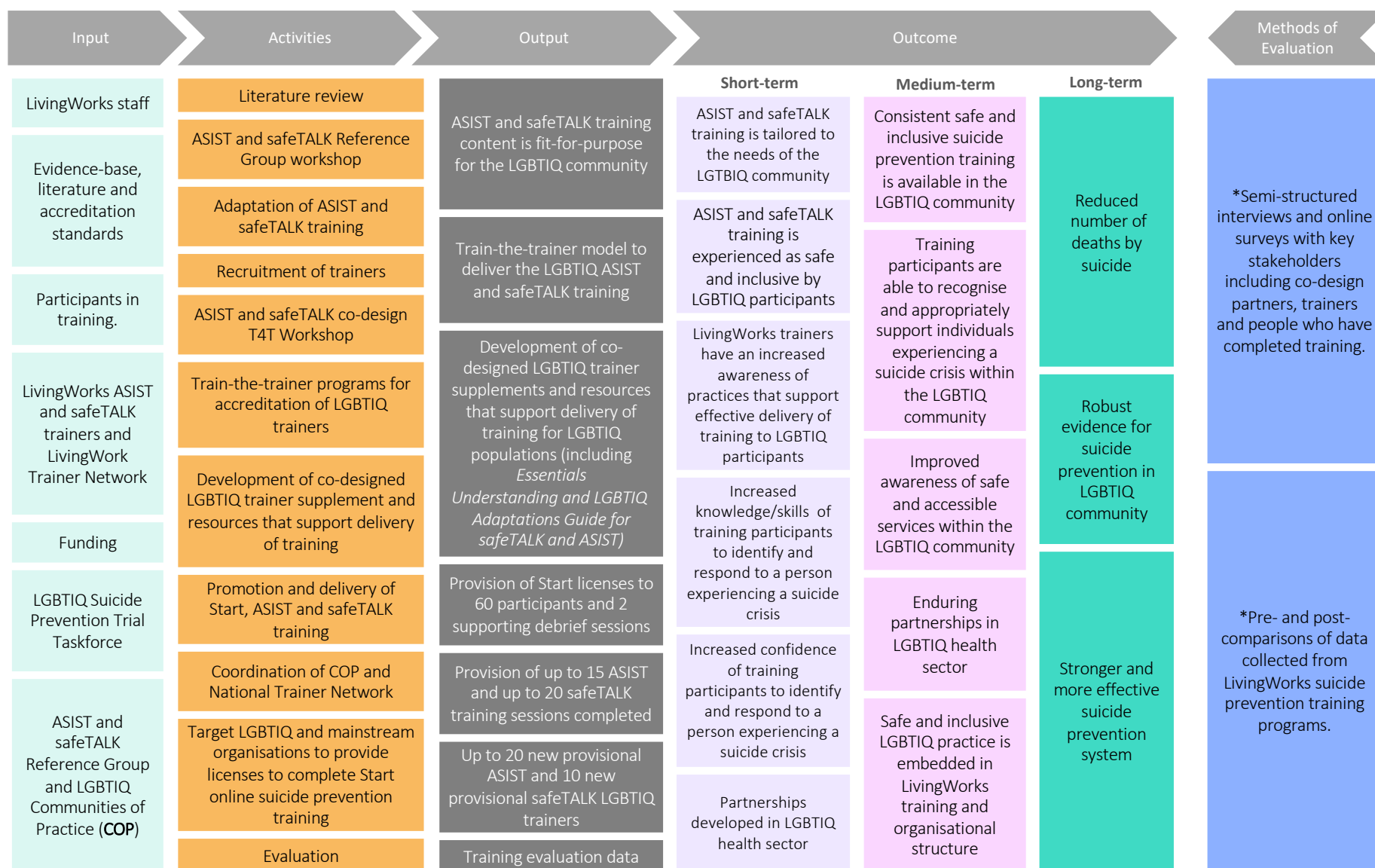
Semi-structured interviews with LGBTQ+ safeTALK and LGBTQ+ ASIST trainers	A total of 6 trainers were interviewed	X	X	X
Semi-structured interviews with LivingWorks staff	A total of 2 staff members were interviewed	X	X	X

Note: 'X' indicates the data gathering approaches that seeks to address the respective evaluation questions

The program logic below describes the potential long-term, medium-term and short-term outcomes that Program could achieve and identifies the corresponding outputs, activities and inputs of the Program. It provides the framework that underpins the design of this evaluation

### *Timeframe*

The timeframe of the data gathering occurred between Sep 2020 and April 2021.



## **Data analysis**

### *Survey*

Responses to the survey was collated in Microsoft Excel for further analysis to be conducted.

### *Interview*

All interviews were transcribed, and a thematic framework was developed using inductive analysis to identify evaluation findings.

## **Insight validation**

The evaluation findings were validated with LivingWorks via a series of validation workshops. A draft copy of this evaluation report was then circulated to LivingWorks and NWMPHN for their review and feedback before being finalised

## APPENDIX B: SURVEY QUESTIONS – START

1. How much previous training in suicide prevention have you had?
  - None
  - Less than 1 hour
  - 2-5 hours
  - 6-13 hours
  - 14 or more hours
2. Before you begin your training, rate how strongly you agree with each of the statements below:
  - I am willing to talk with someone who may be thinking about suicide.
  - I believe I could recognize the signs that someone might be thinking about suicide.
  - I know how and where to get help for someone who may be thinking about suicide.
  - I feel confident in my ability to help someone who may be thinking about suicide.
3. Now that you have completed LivingWorks Start, rate how strongly you agree with each of the statements below:
  - I am willing to talk with someone who may be thinking about suicide.
  - I believe I could recognize the signs that someone might be thinking about suicide.
  - I know how and where to get help for someone who may be thinking about suicide.
  - I feel confident in my ability to help someone who may be thinking about suicide.
4. After completing LivingWorks Start, if I encounter a person who I think might be considering suicide, I am likely to:
  - Tune in to the possibility of suicide
  - Ask an individual if they are thinking about suicide
  - Tell someone thinking about suicide that suicide is serious
  - Connect an individual thinking about suicide with helping resources
5. The role I would like to play in suicide prevention is:(check all that apply)
  - Be alert to suicide and listen to help a person with suicide thoughts to keep safe.
  - Provide an intervention to a person with suicide thoughts to create a safety plan.
  - Provide long-term recovery and growth support in a professional context.
  - Identify a person with thoughts of suicide and connect them to a helping resource.
  - Be alert to suicide and listen to help a person with suicide thoughts to keep safe.



- Provide long-term recovery and growth support in a professional context.
  - Identify a person with thoughts of suicide and connect them to a helping resource.
6. Having taken LivingWorks Start, if I were struggling with thoughts of suicide myself, I know how to use the resources provided to me to get help.
7. I already have someone in mind that I could use my new skills with.
8. I see LivingWorks Start as being useful for helping: (check all that apply)
- Family
  - Friends
  - Work colleagues
  - Acquaintances
  - Classmates (where applicable)
  - Youth
  - Individuals in my community

## APPENDIX C: SURVEY QUESTIONS – LGBTIQ+ SAFETALK

1. My trainer was prepared and familiar with the material:
  - a. Strongly agree
  - b. Agree
  - c. Neither agree nor disagree
  - d. Disagree
  - e. Strongly disagree
2. My trainer encouraged participation and respected all responses:
  - a. Strongly agree
  - b. Agree
  - c. Neither agree nor disagree
  - d. Disagree
  - e. Strongly disagree
3. I intend to tell others that they will benefit from this training:
  - a. Yes
  - b. No
4. My trainer can contact me for information about who to speak with to provide this training to others in my organization or community. My contact information is:
  - a. [Free text]
5. How prepared do you now feel to talk directly and openly to a person about their thoughts of suicide?
  - a. Not prepare at all
  - b. Mostly prepare
  - c. Well prepared
6. On a scale of 1 (very bad) to 10 (very good), how would you rate this training?
7. How could this training be improved to make it more effective in preparing suicide alert helpers?
  - a. [Free text]

## APPENDIX D: SURVEY QUESTIONS – LGBTIQ+ ASIST

1. How would you rate ASIST?
  - a. [Score 0 – 10]
2. Would you recommend ASIST to others?
  - a. [Score 0 – 10]
3. This workshop has practical use in my personal life.
  - a. [Score 0 – 10]
4. This workshop has practical use in my work life.
  - a. [Score 0 – 10]
5. If a person's words and/or behaviours suggest the possibility of suicide, I would ask directly if they are thinking of suicide.
  - a. [Score 0 – 10]
6. Before taking the ASIST training, my answer to #5 would have been
  - a. [Score 0 – 10]
7. If someone told me they were thinking of suicide, I would do a suicide intervention
  - a. [Score 0 – 10]
8. Before taking the ASIST training, my answer to #7 would have been
  - a. [Score 0 – 10]
9. I feel prepared to help a person thinking of suicide
  - a. [Score 0 – 10]
10. Before taking the ASIST training, my answer to #9 would have been
  - a. [Score 0 – 10]
11. I feel confident I could help a person with thoughts of suicide
  - a. [Score 0 – 10]
12. Before taking the ASIST training, my answer to #11 would have been
  - a. [Score 0 – 10]
13. I attended two consecutive 8-hour days of training
  - a. Yes
  - b. No
14. All trainers were present at the workshop for the full 2 days
  - a. Yes
  - b. No
15. The "Jack" exercise was done in the afternoon of day 1
  - a. Yes
  - b. No
16. Additional comments
  - a. [Free text]

## APPENDIX E: SURVEY QUESTIONS – LGBTIQ+ SAFETALK AND LGBTIQ+ ASIST TRAINERS

1. Age:
  - [Free Text]
2. Gender:
  - [Free Text]
3. Sexuality:
  - [Free Text]
4. Faith:
  - [Free Text]
5. Spirituality:
  - [Free Text]
6. Culture:
  - [Free Text]
7. Anything else you would like to tell us?
  - [Free Text]
8. Please select which training you were involved in co-designing? If both, you can select both.
  - LGBTIQ+ safeTALK
  - LGBTIQ+ ASIST
9. What was your role in co-designing the LGBTIQ ASIST and SafeTALK training?
  - [Free Text]
10. How did you become involved in co-design of the LGBTIQ ASIST and SafeTALK training?
  - [Free Text]
11. How would you rate your experience in the co-design process of LGBTIQ ASIST and SafeTALK on a scale from 1 (not at all positive) to 10 (very positive)?
12. Based on your response to Q9, were there things that enabled or supported your involvement in co-designing this training? If so, please describe them
  - [Free Text]
13. Based on your response to Q9, were there any barriers or challenges that you may have experienced in co-designing this training? If so, please describe them
  - [Free Text]
14. On a scale from 1 (not at all) to 10 (very valued), did you feel your input was valued and your thoughts taken into consideration throughout the process?
15. Based on your response to Q13, were there any specific processes or practices that particularly supported you to contribute to the development of the training? If so, please describe them
  - [Free Text]
16. Based on your response to Q13, were there any barriers or challenges you experienced? If so, please describe them
  - [Free Text]
17. On a scale from 1 (not at all) to 10 (very much), how were accessibility/inclusion needs of participants who will be attending training considered in the development and delivery of the training?
18. Based on your response to Q16, were there circumstances or external contextual factors that have enabled or constrained the efforts of this process and its outcomes?
  - [Free Text]
19. On a scale from 1 (poor) to 10 (excellent) how would you rate the overall content of training?
20. What do you think are the strengths of LGBTIQ ASIST and SafeTALK training modules?
  - [Free Text]
21. How do you think the LGBTIQ ASIST and SafeTALK training modules can be further improved?
  - [Free Text]

22. How would you describe the key differences between LGBTIQ ASIST and Safe TALK compared to previous ASIST and SafeTALK courses? (only answer if applicable)
- [Free Text]
23. Given your involvement in developing this training, what do you hope the outcomes will be from this trial for the LGBTIQ community? Describe in the box below
- [Free Text]
24. If you could do it again what would you change about the approach of co-designing the LGBTIQ ASIST and SafeTALK training?
- [Free Text]
25. Is there anything else you would like to add or that we haven't spoken about today?
- [Free Text]
26. Would you be interested in being part of a 1:1 consultation to talk more about the questions in this survey?
- Yes
  - No

## APPENDIX F: INTERVIEW QUESTIONS – LGBTQ+ SAFETALK AND LGBTQ+ ASIST TRAINERS

### Overview

1. What was your role in developing the LivingWorks LGBTQ+ ASIST and LGBTQ+ safeTALK training?

### Process

2. How did you become involved in developing/delivering the LivingWorks LGBTQ+ ASIST and LGBTQ+ safeTALK training?
3. What was your experience working with LivingWorks like?
  - a. Did you feel your input was valued and your thoughts taken into consideration when working with LivingWorks? a. Can you tell us about why you answered this question the way you did?
4. Were there specific processes or practices (implemented by LivingWorks) that particularly supported you to contribute to the development of the training?
5. What have been some of the barriers or challenges that you have encountered in your involvement with LivingWorks?
6. How were accessibility/inclusion needs of participants considered in the development and delivery of the training?
7. Were there circumstances or external contextual factors that have enabled or constrained the efforts of this process and its outcomes?

### Content of training

27. What do you think are the strengths of LGBTQ+ ASIST and LGBTQ+ safeTALK training modules?
28. How do you think the LGBTQ+ ASIST and LGBTQ+ safeTALK training modules can be further improved?
29. How would you describe the key differences between LGBTQ+ ASIST and LGBTQ+ safeTALK compared to previous ASIST and safeTALK courses (for trainers who have delivered LGBTQ+ ASIST and LGBTQ+ safeTALK; and ASIST and safeTALK).