LGBTIQ+ SUICIDE PREVENTION TRIAL

Mind Australia - Aftercare 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.

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TABLE OF CONTENTS

Acknowledgement	3
Table of Contents	4
Glossary of Terms	5
Executive Summary	8
1. Purpose	13
2. Context	13
3. Trial overview	16
4. Program Overview	19
5. Evaluation Context	24
6. Evaluation Methodology	25
7. Evaluation Findings	27
8. Recommendations	50
Appendix A: Evaluation Scope and Methodology	54
Appendix B: Expression of Interest Flyer	58
Appendix C: Survey Questions - Clients	59
Appendix D: Survey Questions – Referrers	62
Appendix E: Interview Questions – Clients	64
Appendix F: Interview Questions – Staff	65

GLOSSARY OF TERMS

Bisexual	A person who is romantically and or/sexually attracted to more than one sex or gender. Sometimes termed multi-gender attraction.
Gay	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.
Gender identity	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.
Intersectionality	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.[1]
Intersex	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.
Lesbian	A woman who primarily experiences romantic and/or sexual attraction to other women.
LGBTIQ+	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.
Mental ill-health/mental illness	A clinically diagnosed health problem affects how a person feels, thinks, behaves, and interacts with other people

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

Peer support	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.
Postvention	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.
Queer	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 LGBTIQA+ people, may still conjure hurtful associations.
Sexual orientation	Describes the romantic and/or sexual attraction that a person feels toward other people.
Suicidal ideation	A state of extreme anxiety or pain in which a person is seriously contemplating or planning to end their life.

EXECUTIVE SUMMARY

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 Aftercare program (**Program**) that was delivered by Mind Australia. The Program was a suicide prevention and postvention service targeted at LGBTIQ+ individuals following either a suicide attempt or experience of suicidal ideation. It consisted of a 3 key streams of supports:

1. Direct peer support – 1-on-1 sessions delivered by a peer worker;
2. Direct clinical support – 1-on-1 sessions delivered by a clinician; and
3. Group peer support – Group programs delivered by a peer worker.

The Program delivered the following output:

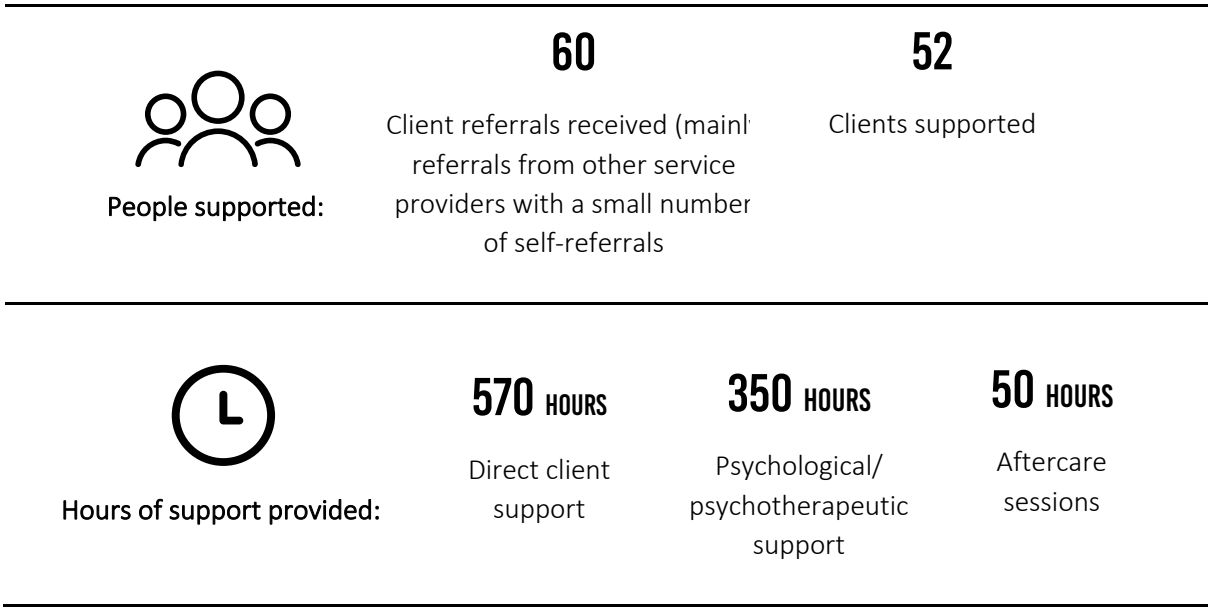

Figure 1 - Program output

Evaluation findings

This evaluation has identified that the Program was delivered effectively and was able to achieve a range of significant outcomes as described below in more detail:

Program delivery

Whilst there were some operational challenges with the Program, including (i) staff turnover within the Program; (ii) low referrals during the initial stages of the Program; (iii) insufficient resources being allocated to the Program; and (iv) navigating the COVID-19 restrictions and the impact that COVID-19 had on clients and staff, the Program was delivered effectively overall. In particular it is worth highlighting that all clients had a positive, safe and inclusive experience of the Program. A key driver behind this was the fact that all Program staff members were LGBTIQ+ and had a diverse range of identities and backgrounds. In addition, a large number of the Program staff members also had a lived experience of mental-ill health and suicidal ideation.

The inclusion of peers (i.e. LGBTIQ+ people with a lived experience of mental ill-health and suicidal ideation) in delivery of the Program enabled it to:

- Foster a safe and affirming space for clients to seek help
- Create a reciprocal environment, where peers were supporting clients and vice versa. This created a mutually beneficial relationship, that is different to what clients would have experienced with a clinician or support worker, further reinforcing the sense of safety that clients felt. This also helped to minimise the sense of guilt that clients felt when seeking help.

On the other hand, a critical area for improvement for Program identified through the evaluation was the need to better support LGBTIQ+ staff within a mainstream organisation such as Mind Australia. Program staff highlighted that there was a lack of cultural safety within the broader organisation when the Program started. Considering the complexity of the work required, this created additional stress for Program staff who were not only expected to work with complex clients and but also to operate within a working environment where they didn't feel fully supported as LGBTIQ+ individuals. It should be noted that the sense of cultural safety did improve over time, demonstrating (i) Mind Australia's willingness and openness to change and the (ii) impact of the advocacy efforts of the Program staff and allies.

Program outcomes

The Program was identified to play a significant role in addressing a key gap that currently exist in the broader health system, which is the lack of culturally-appropriate and safe suicide prevention and postvention services for people who are LGBTIQ+. A number of the clients engaged revealed a reluctance to seek help before entry in the Program. Often this was due to the discrimination and pathologisation experienced while accessing supports in the mainstream service system (as a result of a lack of understanding of the needs of the LGBTIQ+ communities and culturally-appropriate services). It was also identified that LGBTIQ+ individuals often do not get access to the necessary mental health supports that they need due to a lack of capacity in the service system or long wait times.

The Program was able to achieve the following outcomes:

- At the client level, it was able to:
  - Reduce suicidal ideation
  - Improve mental health and wellbeing
  - Build the resilience and capacity of clients to manage suicidal ideation more effectively
  - Strengthen connections with other LGBTIQ+ people
- At the system level, it was able to:
  - Increase collaboration and integration between service providers
  - Increase the capacity and capability of the system to more effectively support people who are LGBTIQ+

The evaluation findings are explored in more detail in Section 7 of this report.

Evaluation recommendations

The Program was able to achieve a number of very significant and life-changing outcomes for people who are LGBTIQ+ and the broader suicide prevention service system. The recommendations following this evaluation is grouped into 3 categories:

- *Program design and delivery* i.e. enhancing the design and delivery of the Program to improve the experience and outcomes achieved for clients
- *Organisational enablers* i.e. ensuring that key supporting enablers are in place to ensure that the Program is better positioned to deliver positive experiences and outcomes for clients
- *Program sustainability and reach* i.e. extending the longevity and reach of the Program's impact

Category	Recommendation
Program design and delivery	**Recommendation 1:** Embed greater flexibility in the way the Program is delivered to cater to the varying needs, preferences and context of clients
	Recommendation 2: Continue to empower choice and control among clients, allowing them to direct the supports that are provided during the Program.
	Recommendation 3: Set a clear target for service access timeframes, giving clients (and referrers) comfort and confidence that they will be supported within a particular timeframe upon being referred to the Program.
	Recommendation 4: Incorporate interim supports in the service model
	Recommendation 5: Maintain integration between peer and clinical supports
	Recommendation 6: Increase the focus on the fit between the Peer Practitioner, clinician and client, to minimise the instances where the fit isn't appropriate
Staff experience	**Recommendation 7:** Maintain the level of autonomy provided to the Program team to enable them to leverage their expertise and experience in working with LGBTIQ+ communities to the fullest extent.

and wellbeing	**Recommendation 8:** Ensure that the work environment for Program staff is culturally-appropriate, safe and that expectations are clearly set
	Recommendation 9: Ensure that the Program is adequately resourced
Program sustainability and reach	**Recommendation 10:** Expand the role of the Program to include secondary consultation to mainstream service providers
	Recommendation 11: Expand the reach of the Program beyond the NWMPHN catchment

The evaluation recommendations are explored in more detail in Section 8 of this report.

INTRODUCTION

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 Aftercare Program delivered by Mind Australia. The Aftercare Program was 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.[2] 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.[3] This compares to a rate of attempted suicide within the general population of approximately 3.6%.[4] 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.[5] 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.[6,7,8,9] 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.[10]

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.[11] The drivers behind the increased risk relate to societal factors including stigma, prejudice, and discrimination.[12] 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

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[2] 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
[3] 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.
[4] 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.
[5] 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.
[6] 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.
[7] 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.
[8] 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.
[9] Kay B. Lesbian, gay, bisexual, and transgender health issues, disparities, and information resources. Med Ref Serv Q. 2011;30(4):393-401.
[10] 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.
[11] 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
[12] 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

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.[13] 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.[14] 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.[15] Overall, mainstream medical services were the most frequently type of health service visited by LGBTIQ+ people.[16] 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.[17]

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.[18] Intersectionality is a framework that recognises the multi-dimensional nature of human existence.[19] 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 experience multiple forms of overlapping oppression or challenges and how these may vary across different contexts such as in healthcare or workplace settings.[20] LGBTIQ+ people who also identity 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.[21] People at

[13] 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.
[14] 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.
[15] 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.
[16] Palotta-Chiarolli M, Sudarto B & Tang J. Navigating intersectionality: Multicultural and multifaith LGBTIQ+ Victorians talk about discrimination and affirmation. Melbourne: AGMC/MASC/DPC; 2021.
[17] 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.
[18] 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.
[19] Reynolds V. Intersectionality [Internet]. Intersect; 2010. Available from: http://www.lgbtiqintersect.org.au/learning-modules/intersectionality/
[20] Palotta-Chiarolli M, Sudarto B & Tang J. Navigating intersectionality: Multicultural and multifaith LGBTIQ+ Victorians talk about discrimination and affirmation. Melbourne: AGMC/MASC/DPC; 2021.
[21] 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.

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.[22]

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.[23] This age group encompasses the late adolescent and early adulthood period where the development of multiple identities arise and distress surrounding 'coming out' occurs.[24] At this time, young LGBTIQ+ people may experience feelings of low self-worth, isolation, shame and internalise homophobia.[25] It is important to recognise that many young people have a history of attempting suicide prior to disclosure.[26]

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.[27] 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.[28]

[22] 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
[23] 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
[24] 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.
[25] LGBTIQ+ Health Australia. A snapshot of mental health and suicide prevention strategies for LGBTIQ+ people [Internet]; 2021. Available from: https://d3n8a8pro7vhmx.cloudfront.net/lgbtihealth/pages/549/attachments/original/1620871703/2021_Snapshot_of_Mental_Health2.pdf?1620871703
[26] 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
[27] 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
[28] 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 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
Aftercare – Providing support to a person after a suicide attempt or someone who is experiencing suicidal ideation	Mind Australia
Postvention – 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
LGBTIQA+ Mentoring Projects – Providing mentoring and peer support to LGBTIQ+ individuals, groups and their families	drummond street services
Capacity Building – 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
LGBTIQ+ Affirmative Practice – Delivering training to first responders and frontline health and social service providers to build their capacity in providing gender affirming care	Thorne Harbour Health

Peer and Community Leaders – 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 (**ARCSHS**) at La Trobe University
Campaign – 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
Wellness Grants – 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* ***Note:*** * 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 Aftercare Program (also referred to as '**the Program**') by Mind Australia.

PROGRAM OVERVIEW

4. PROGRAM OVERVIEW

Information on the Program is outlined below:

Commissioned organisation

Mind Australia was commissioned to deliver the Program. Mind Australia is a community-managed specialist mental health service provider with over 40 years of experience supporting people dealing with the day-to-day impacts of mental illness as well as their families, friends and carers. It provides the following services:

- Wide range of supports for people impacted by mental illness (including, but not limited to supports with daily living, housing, education, employment, mental health self-care and physical health;
- Advocacy; and
- Research.

Target cohort

The Program targeted individuals identifying as LGBTIQ+ with suicidal ideation or who have attempted suicide.

Program objectives

The objectives of the Program are to:

- Support people post a suicide crisis through the direct provision of services to build advocacy skills that support navigating the broader health system;
- Address contributing factors to LGBTIQ+ suicide by providing a range of support services after a suicide crisis;
- Enhance service coordination and integration between service providers focusing on LGBTIQ+ communities; and
- Build the awareness of mainstream services in LGBTIQ+ health to support improved access and referral for LGBTIQ+ communities.

Program design

The Program was designed following an extensive process of co-design with key stakeholders, community leaders and people with lived experience of thoughts of suicide. Specifically, the consultation process included:

- A series of focus groups with individuals identifying as LGBTIQ+ with a lived experience of suicidal thoughts;
- The establishment of a lived experience advisory panel (LGBTIQA+ LEAD); and
- Consultations with (current and previous) Aftercare Peer Practitioners.

Each of these processes are described in more detail below:

- *Focus group* - An initial round of four focus groups were conducted between June – July 2019 with 29 individuals that consisted of individuals who are LGBTIQ+ with a lived experience of suicide, representatives from LGBTIQ+-specific service providers and a range of other stakeholders. The purpose of this was identify and assess:
    - Existing suicide prevention support (if any) in the community;
    - Barriers to service access; and
    - Needs of LGBTIQ+ communities in North Western region of Melbourne during a suicidal crisis.

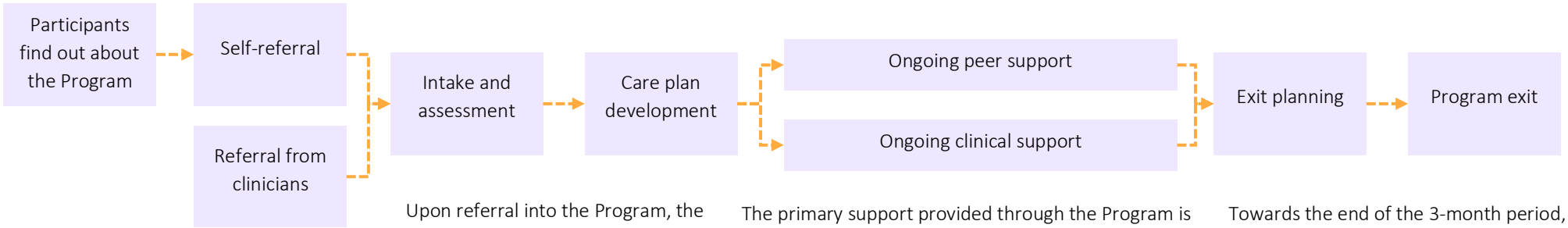
  The four focus groups were supplemented with more targeted focus groups (e.g. focus group with LGBTIQ+ people living in regional and remote areas and older LGBTIQ+ individuals). These additional consultations provided the opportunity to explore the needs of specific segments of the community in relation to suicide prevention support, enabling the Program to be adapted and nuanced accordingly.

- *LGBTIQA+ LEAD* - The LGBTIQA+ LEAD is a group that consists of individuals with a lived experience of suicidal ideation and from LGBTIQ+ communities. It meets every six weeks (including during the design phase of the Program) and provides ongoing advice and support to the Program team in the following ways:
    - Contributes to lived-experience-informed practice to enable continued improvements in LGBTIQ+ suicide prevention;
    - Informs good practice that will support the improvement of mental health and reduction of suicide among LGBTIQ+ communities;
    - Provides feedback on strengths and areas of improvement of the Program; and
    - Identifies strategies to adapt the Program to the needs of the community as they are identified.

- *Peer Practitioners* - The Program was also heavily informed by Mind Australia's experience and expertise in working with and supporting LGBTIQ+ communities. This builds on the insights gained from the organisation's extensive experience working with LGBTIQ+ communities, specifically from those members of the Mind Australia's workforce with a lived experience.

User journey

The journey of participants through the Program is outlined below:



Participants access the Program through self-referral or being referred by another clinician.

Upon referral into the Program, the following are completed for each participant:

- Safety and wellness plan; and
- My Better Life – This identifies the participant's desired goals

Participants are then connected to a Peer Practitioner and psychologist within the Program.

The primary support provided through the Program is through ongoing peer and clinical support. Peer support has been purposefully embedded into the Program's service delivery model.

Peer support involves:

- Regular outreach and check-in ;
- Regular risk assessment;
- Goal setting and developing an action plan to achieve identified goals;
- Support community connection;
- Case management and service access support;
- Capacity building (including supporting self-advocacy, raising awareness of relevant services and self-management of suicidal ideation); and
- Support groups.

Clinical support involves:

- Regular counselling with a psychologist/psychotherapist

Towards the end of the 3-month period, exit planning for participants commences. This involves:

- Identify the need for post-Program support e.g.
  - ❖ GP;
  - ❖ Headspace; and
  - ❖ NDIS service providers.
- Referring and connecting participants to other relevant service providers/programs.

Figure 2 - User journey through the Program

Timeframe

The Program was designed to provide intensive support and can span over a period of 12 weeks. It commenced in April 2019 and concluded in June 2021.

Program output

The Program delivered the following output:

People supported:	**60** Client referrals received (mainly referrals from other service providers with a small number of self-referrals	**52** Clients supported
Hours of support provided:	**570 HOURS** Direct client support	**350 HOURS** Psychological/ psychotherapeutic support
	50 HOURS Aftercare sessions	

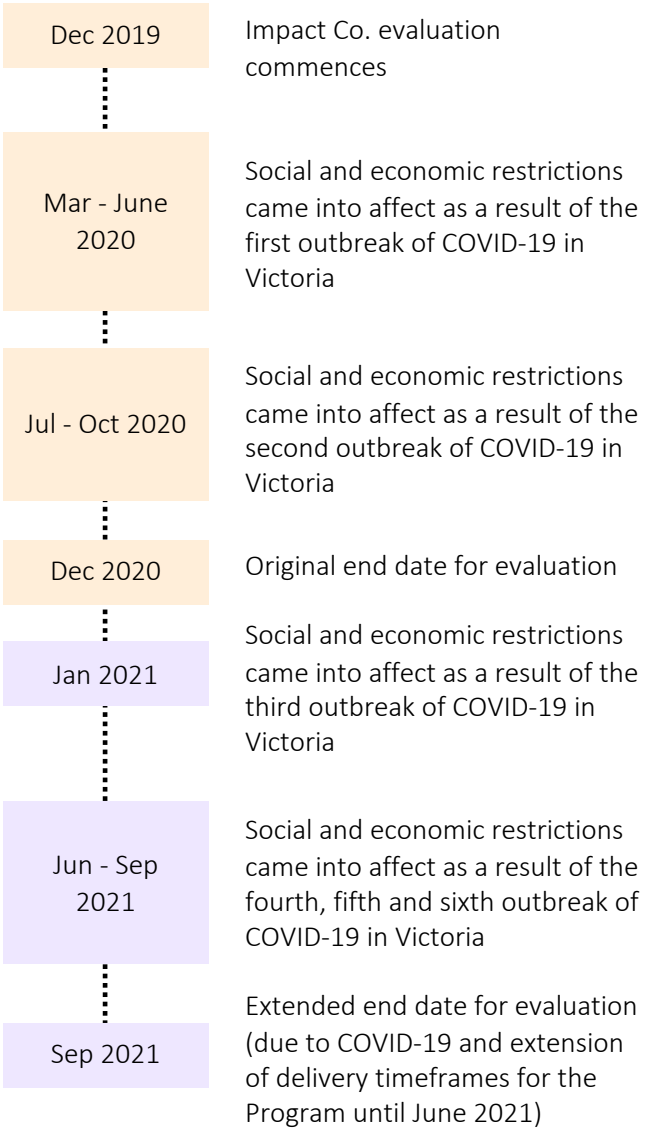
Figure 3 - Program output

EVALUATION CONTEXT AND APPROACH

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 second outbreak in June 2020 and second round of restrictions being enforced. The impacts of these restrictions are explored further below:

Figure 4 - 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 forced Mind Australia and Impact Co. to adapt the design of the Program and evaluation respectively to take place in a virtual environment, where engagements were primarily conducted via teleconference or phone. There were significant implementation challenges with this, particularly during the early stages of the transition process where new processes and systems had to be developed and established in a very short time. This resulted in a period of hiatus for both the

Program and the evaluation as workarounds to the restrictions were being put in place, limiting the amount of information gathered within the timeframe for this evaluation;
    - *Delay of evaluation* – This completion of this evaluation was extended to 30 September 2021 to take in consideration the impacts of COVID-19; and
    - *Limited ability to engage* – Social interaction, community access and business activity were severely limited between March 2020 and December 2020 due to the COVID-19 restrictions. This had a significant impact on the general mental health and wellbeing of the broader community and made it very challenging to participants of the Program. As a result, only a limited amount of consultation and data gathering was able to be conducted to inform the findings of this evaluation.

- Timeframe of evaluation
  This evaluation was to be completed approximately 6 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 (and 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.

- Deaths by suicide within LGBTIQ+ communities
  There were a number of unfortunate deaths by suicide in LGBTIQ+ communities in late 2020, resulting in a significant outpouring of grief and support from LGBTIQ+ communities. In respect and recognition of the difficult news, the data gathering activities as part of this evaluation were put on hold during the month of December 2020 and resumed again in late January 2021 to allow the community sufficient time to grieve and the local LGBTIQ+-specific service providers, such as Mind Australia to focus on supporting the community.

6. EVALUATION METHODOLOGY

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

EVALUATION FINDINGS

7. EVALUATION FINDINGS

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

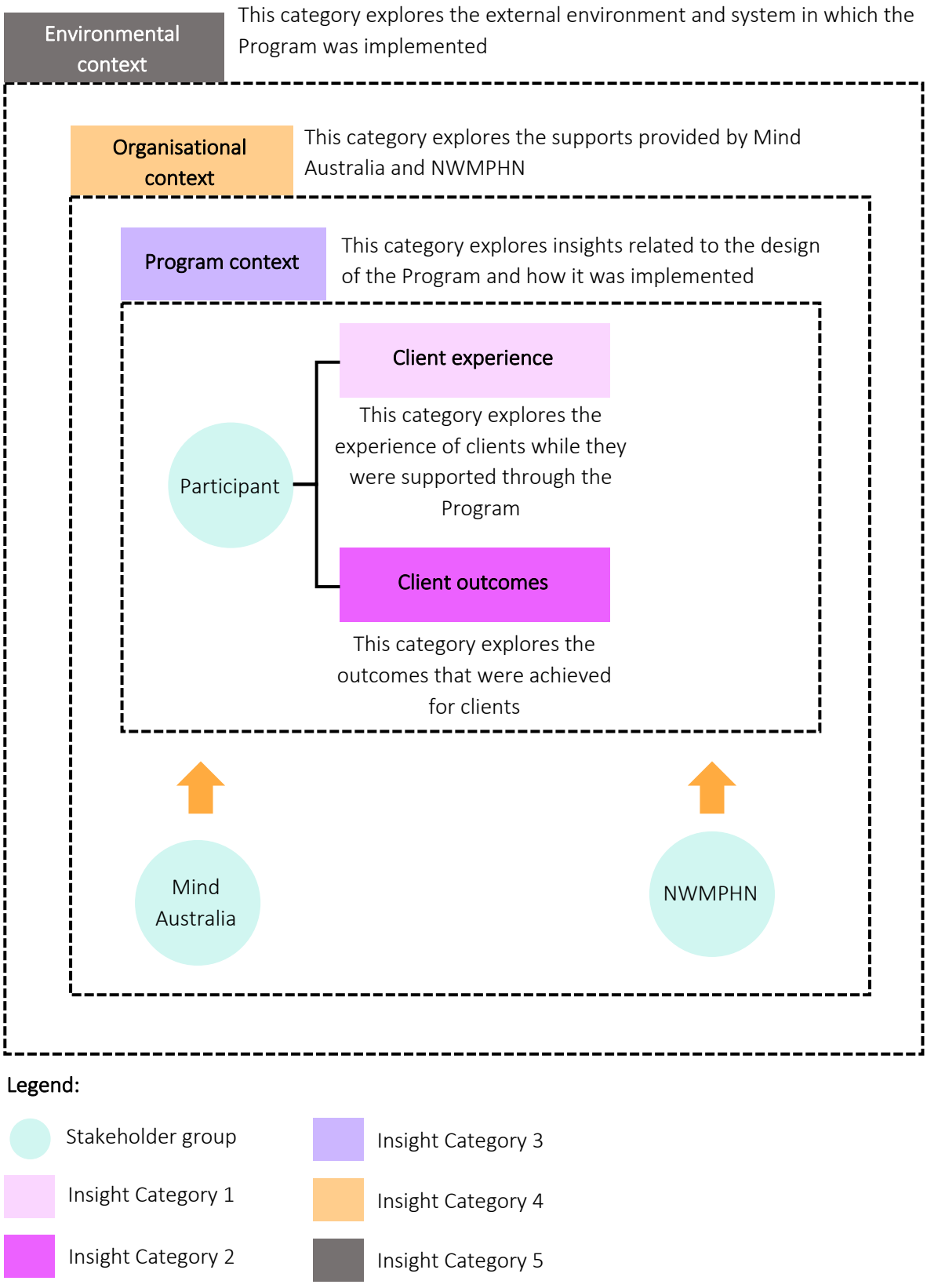


Figure 5 - Key categories for evaluation insights

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

Category	Insight
Category 1: Client experience	**Insight 1.1:** Clients had a positive experience of the Program
	Insight 1.2: Clients felt that the Program was safe and inclusive
Category 2: Client outcomes	**Insight 2.1**: Clients felt that the Program had helped to reduce suicidal ideation
	Insight 2.2: Clients felt that the Program had helped to improve their mental health
	Insight 2.3: Clients felt that the Program had helped to build their individual capacity to manage suicidal ideation more effectively
	Insight 2.4: Clients feel a greater sense of connection since participating in the Program
	Insight 2.5: Only a portion of clients identified an increase in awareness of other services
	Insight 2.6: This Program had helped to increase collaboration and integration within the service system
	Insight 2.7: This Program increased the overall capacity and capability of the suicide prevention and intervention system
	Insight 2.8: There is a significant risk that ending the Program might force clients to access services/ program that are unsafe or lead to a decrease in service access by vulnerable LGBTIQ+ individuals
Category 3: Program context	**Insight 3.1**: There were insufficient referrals to the Program initially
	Insight 3.2: Overall, clients were able to access services in a rapid manner. However, there were instances where service access was delayed significantly.
	Insight 3.3: The referral and intake process was identified to be effective and safe
	Insight 3.4: The Program empowered choice and control
	Insight 3.5: The Program was responsive to the needs of clients and the external environment
	Insight 3.6: The Program was able to reach a diverse range of cohorts, but there are still gaps
	Insight 3.7: The integration of Peer Practitioners and Clinicians was identified to be a key strength of the Program
	Insight 3.8: The incorporation of the Aftercare Circle further enhanced the effectiveness of the Program
	Insight 3.9: The Program could have had a greater impact if it was delivered over a longer period
Category 4: Organisational context	**Insight 4.1**: The Program was under-resourced
	Insight 4.2: There was a lack of cultural safety within Mind Australia during the initial stages of the Program
	Insight 4.3: The Program led to internal culture change within Mind Australia

	Insight 4.4: Trust and autonomy that was given to Program staff was a key enabler to the success of the Program
	Insight 4.5: Staff turnover during the initial phases of the Program further complicated the establishment process
	Insight 4.6: The short-term nature of the funding was highlighted as a significant challenge
	Insight 4.7: Staff turnover at NWMPHN made the establishment phase of the Program more challenging
	Insight 4.8: NWMPHN collaborated effectively with the Program team
Category 5: Environmental context	**Insight 5.1**: COVID-19 has an adverse impact on the mental health and wellbeing of LGBTIQ+ communities
	Insight 5.2: From a service delivery perspective, COVID-19 has been both beneficial and detrimental to this Program.

Table 2 - Summary of evaluation findings

Category 1: Client experience

This category explores the experience of clients while they were supported through the Program

Insight	Detail
Insight 1.1: Clients had a positive experience of the Program	100% of clients engaged as part of the evaluation were satisfied with the Aftercare Program and would recommend the Program to others. This is based on: • Clients feeling that the Program was safe and inclusive (see *Insight 1.2* below) • The efficacy of the Program and the positive outcomes that they have derived from it (see *Insight 2.1 – Insight 2.5* below) *"I would recommend the service, it's what you need when you get out of hospital. I never knew it existed; I haven't had a positive experience like this one before and I've been accessing mental health support for a while" - Client* *"This Program probably saved my life and I really hope it continues" - Client*
Insight 1.2: Clients felt that the Program was safe and inclusive	100% of clients engaged as part of the evaluation felt that the Program was safe and inclusive. It was highlighted that this is due to the fact that all Program staff members were part of LGBTIQ+ communities and had a diverse range of identities and backgrounds (in addition to having a number of individuals with a lived experience of mental-ill health and suicidal ideation) *"I didn't have to partake in anything I didn't want to, and I got all of the support I asked for." - Client* *"For queer suicidal people in Melbourne I feel like this is one of the safest programs" - Client* *"Not even taking into account COVID this is hands down the most accessible service I have come across" - Client* *"I have never felt so accepted and accommodated by a mental health program" - Client*

Category 2: Client outcomes

This category explores the outcomes that were achieved for clients, noting that the key enablers and contributing factors to the outcomes achieved are explored in the section on *service model and service implementation.*

Insight	Detail
Insight 2.1: Clients felt that the Program has helped to reduce suicidal ideation	86% of clients engaged as part of the evaluation felt that the Program led to reduction in suicidal ideation. *"I did have suicidal ideation but that's completely gone now, so I feel like it's made such a big difference. I've finished the Program officially but am going to continue seeing the psychologist because I've found it so beneficial" - Client* *"This Program probably saved my life and I really hope it continues to receive funding and support." - Client* Note: The one client that did not identify a reduction in suicidal ideation as a specific outcome clarified that they were no longer experiencing those thoughts upon commencement in the Program. Hence, it not being an outcome that was possible to achieve in their particular circumstance.
Insight 2.2: Clients felt that the Program has helped to improve their mental health	100% of clients engaged as part of the evaluation felt that the Program led to improvements in their mental health *"COVID-19 made my mental health go downhill. This service has helped me realise life is worth living. There are other alternatives then death." - Client* *"Being able to actually talk about this stuff and let it out instead of feeling like everything needs to be kept hidden away and secret." - Client*
Insight 2.3: Clients felt that the Program has helped to build their individual capacity to manage suicidal ideation more effectively	100% of clients engaged as part of the evaluation felt that the Program has helped to improve their individual capacity in terms of: • Increased capacity to self-advocate; • Increased willingness to seek help and reduction in guilt/shame in asking for support; • Better understanding of self (including understanding the triggers and thought patterns that lead to suicide ideation); and • Better awareness of strategies to improve their own mental health and wellbeing *"I now feel confident to advocate for myself and express my needs, the Aftercare program has helped me to be more confident in that regard and call out people and health professionals if I have to. I definitely feel more comfortable to do that" - Client*

	"I have learnt to ask for help if I feel suicidal or depressed. There is no shame in reaching out." - Client *"I am better equipped to deal with the stressors that used to really impact me. I can function better in day-to-day life." - Client*
Insight 2.4: Clients feel a greater sense of connection since participating in the Program	100% of clients engaged identified a greater sense of connection with LGBTIQ+ communities, stronger support networks and reduced sense of loneliness since participating in the Program. *"I feel a lot more stable and supported, I don't have a great support network but feel like I have a better support network through the service" - Client* *"Overall, I think the biggest benefit comes from the support network. Having someone who understands and can provide the professional input into things is what I found super beneficial" - Client*
Insight 2.5: Only a portion of clients identified an increase in awareness of other services	Only 57% of clients engaged identified an increased awareness of other services that they could access. *"I hadn't particularly sought out queer friendly spaces or help and this program has shown me that that's the type of service I need and that works for me" - Client* <u>Note:</u> It should be noted that as most of the clients of Program were referred from other LGBTIQ+ service providers (e.g. Thorne Harbour Health and drummond street), it meant that they already had prior interactions with the service system and were already aware of key services that they could access.
Insight 2.6: This Program has helped to increase collaboration and integration within the service system	This Program received referrals from 13 different service providers (including mainstream providers and LGBTIQ+ specific providers). By having a wide referral network, it has helped to promote more collaboration and a greater understanding of each other's service offerings between the different service providers. *"I have noticed more synergies between LGBTIQ+ services, we've got community of practice which helps strengthen our knowledge and how we refer people onwards" - Staff* *"Overall found it to be really collaborative, and very much in the spirit of this suite of programs all together in MH and wellbeing promotion sector. All trying to work together to promote healthier and healthier community and generally that was my*

	experience. I particularly valued their collaborative style of thinking which was important and aligned to values of trial" - Referrer *"So far it has been a great experience and would love to collaborate more!" - Referrer*
Insight 2.7: This Program increased the overall capacity and capability of the suicide prevention and intervention system	The establishment of this Program has helped to supplement existing suicide prevention and intervention services in the North West of Melbourne, increasing the overall capacity of the service system and providing targeted and safe supports for LGBTIQ+ communities. *"I am highly trained in this area, but this is not what our program specialises in. In order to have a culturally safe experience, I think it's great for LGBTIQA+ clients to access tailored supports. (our supports are culturally safe and inclusive, but not specific to this community). Even just knowing that this support was tailored helped my client to feel safe and like the program was 'for them'." - Referrer* *"There is limited capacity within LGBTIQ+ specialist services to meet very high demand and resulting enormous wait lists, this service helped to hold some of the overflow and is very needed!" - Referrer*
Insight 2.8: There is a significant risk that ending the Program might force clients to access services/ program that are unsafe or lead to a decrease in service access by vulnerable LGBTIQ+ individuals	A number of the clients engaged revealed a reluctance to seek help before entry to the Program. Often this was due to the discrimination and pathologisation experienced while accessing supports in the mainstream service system (as a result of a lack of understanding of the needs of the LGBTIQ+ communities and culturally-appropriate services). In the recent Private Lives 3 (PL3) research undertaken by the Australian Research Centre in Sex, Health and Society (ARCSHS) it was identified that only 43.4% of survey participants feel accepted when accessing a health or support service. In addition, 57% of survey participants felt that they were treated differently because of their sexual orientation; and 77.5% of survey participants felt that they were treated different because of their gender identity, noting that this experience of unfair treatment or being treated differently applied to interactions beyond just with health and other support services[29] *"Usually felt like I would be met with minimal understanding and was hesitant due to the lack of LGBTIQ+ specific services" - Client* *"I used to get nervous and ashamed about asking for help, thinking others had worse problems than I had" - Client*

[29] O. Hill, A., Bourne, A., McNair, R., Carman, M., & Lyons, A. (2020). Private Lives 3: The Health and Welleing of LGBTIQ People in Australia. Australian Research Centre in Sex, Health and Society, La Trobe University.

"Usually accessing help is stepping into the unknown and it's so much effort to see someone and you're just thinking how can someone sympathize with you if they don't understand your identity? Mainstream services, you can often tell people don't understand what identity means and how it interacts with mental health" - Client

"The experience that community members have in hospitals is terrible…. It is retraumatising" - *Staff*

"Practitioners not understanding cultural safety needs of clients" - Referrer

It was also identified that LGBTIQ+ individuals often do not get access to the necessary mental health supports that they need due to a lack of capacity in the service system or long wait times. Only 60% of survey participants in the PL3 research who reported high or very high levels of psychological distress (defined as a K10 score between 22 and 50) identified that they accessed any mental health service in the past 12 months.[30] It is important to note that the data gathering phase for the PL3 was conducted between July and September 2019, which is before the COVID-19 pandemic impacted Melbourne and the local service systems. It is likely that the service access rates of people who are LGBTIQ+ would have been even more adversely impacted due to the pandemic.

" For the most part, people from our community are turned away" - Staff

"There is usually limited capacity within LGBTIQ+ specialist services to meet very high demand and resulting enormous wait lists" - Referrer

"Wait times for LGBTIQA+ specific mental health and health supports" - *Referrer*

Despite this Program supporting clients to regain some of their confidence in the service system, the ending of the suicide prevention trials and this Program specifically raises significant concerns for the LGBTIQ+ communities as they would be left with fewer culturally-appropriate and safe suicide prevention supports to access. This will have an adverse impact on the service access rates for individuals with complex and urgent needs.

"It's helped me gain back a little confidence in what's available tbh… like if this great program exists maybe there is other help out there for me" - Client

[30] O. Hill, A., Bourne, A., McNair, R., Carman, M., & Lyons, A. (2020). Private Lives 3: The Health and Welleing of LGBTIQ People in Australia. Australian Research Centre in Sex, Health and Society, La Trobe University.

	Compounding this challenge and adding further risk to the community is the broader context in which this trial is ending – COVID-19 has had an adverse impact on the mental health and wellbeing of the broader community, but particularly so for individuals who were already disadvantaged and marginalised. Anecdotally, it is understood that there has been an increase in suicidal ideation and suicide rates within LGBTIQ+ communities since the COVID-19 outbreak.

Category 3: Program context

This category explores insights related to the design of the Program and how it was implemented.

Insight	Detail
Insight 3.1: There were insufficient referrals to the Program initially	There wasn't a strong profile for the Program initially due to a lack of dedicated resource for the Program (as discussed in *Insight 4.1*) and an overly broad focus on targeting different referral sources that weren't specific to LGBTIQ+ communities (e.g. NDIS service providers and mainstream GP clinics), resulting in insufficient client referrals. This was eventually recognised and addressed by Program staff, which pivoted to focus engagement efforts on the LGBTIQ+ specific services and organisations, leading to a significant increase in client referrals *"We had limited resources so really had to hone in on target locations (e.g. LGBTIQ+ spaces) that would support our referral numbers." – Staff* *"Awareness of Aftercare has increased – as a program and theory – and the knowledge that this program exists helps the community to know that there is actually support, there are options not just silence" - Staff* *"More people are seeing the value in this program and are asking about what services are available" - Staff*
Insight 3.2: Overall, clients were able to access services in a rapid manner. However, there were instances where service access was delayed significantly	Rapid service access was identified by clients as a critical and necessary feature for the Program. Most of the clients engaged as part of this evaluation identified that service response and access occurred swiftly. *"I appreciated having a direct number to contact the relevant staff - and appreciated my calls being returned - and my queries responded to in a timely manner." - Referrer* *"I was in hospital and wasn't seeing a psych at the time, when I got out of hospital my friend told me about the Mind Equality Centre and knew about the Aftercare program, so I got in touch and got a reply within the day I think and saw the next day, and it was free which was pretty amazing" - Client* *"Usually making appointments is so hard and can be a significant wait time, so getting out of hospital and getting in so soon was amazing" – Client* However, there were clients who identified having to wait up to 5 weeks to access services of the Program. It is likely that this is caused by a lack of resourcing for the Program – See *Insight 4.1* below.

	"Took a few weeks to get services. I think it took about 5 weeks, and 5 weeks can be too long if you're in a crisis. This 'short' wait time is still too long." – Client
Insight 3.3: The referral and intake process was identified to be effective and safe	There were some initial challenges with the referral and intake process for the Program. These are identified below: • The initial referral form being too long, acting as a barrier for referrers to refer clients to the Program; • The language used in the referral forms and in communicating information about the Program was sufficiently simple; and • Some of the questions contained in initial referral form required the disclosure of sensitive information, resulting in some clients being uncomfortable to complete the referral process. *"Referral process is great; might suggest clarity around the language of some questions as many were worded as though speaking to client in the professional referral form, which may have been confusing for some referrers" - Referrer* *"There is a need for more accessible information about the program for consumers considering self-referral" - Referrer* These challenges were recognised by the Program team and addressed by simplifying the referral form, by reducing the amount of information gathered (including shifting the gathering of sensitive information from the referral forms to during the intake meeting itself) and using simpler terms/plain English. This resulted in a more effective referral and intake process, with 80% of referrers engaged in the evaluation identifying that they and their clients did not encounter any barriers in the referral and intake process. In particular, the referral and intake process was highlighted to be culturally safe, which helped to make clients feel comfortable in engaging with the Program and encouraged help-seeking behaviour. *"I found the staff easy to make contact with and discuss the client work - asked for cooperation over a warm handover and reassurance provided that this was possible - the service seemed flexible in this way." - Referrer* *"I found that it was really culturally safe and friendly. My client has complex needs and many vulnerabilities and I feel the program is catering to them (Option to identify as nonbinary, didn't have to provide their legal name, Was able to say they were Aboriginal, Was able to note that they have a hearing disability and there was options for contact that catered to that)" - Referrer*

	"Person X made the intake so comfortable and made me look forward to the program. My peer worker treated me with compassion and understanding." – Client *"I was hesitant accessing the program at first, but once I had spoken with Person X for intake, I was no longer hesitant." – Client* *"I was referred to them through Thorne Harbour and the application was made super easy by Person X doing it with me over the phone ." – Client* Other challenges identified related to the information communicated during the referral and intake process. Specifically, more detail on timelines and the intake process is needed during intake in order to give greater clarity to clients around the process and the next steps to expect. *"The client said they needed a little more communication - around timelines and the process." - Referrer* *"Client unsure of process and timeline as I was unsure of process and timeline." - Referrer*
Insight 3.4: The Program empowered choice and control	The Program was identified by clients to empower choice and control. Clients were regularly involved in the decision making process when determining the elements of the Program that they would receive (i.e. clinical support through a psychologist/counsellor, Peer Practitioner support or participation in the Aftercare Circle), giving them the ability to work with the Program team to determine the supports that best meets their needs. *"I didn't have to partake in anything I didn't want to, and I got all of the support I asked for." – Client* *"I think this (i.e. allowing clients to make decisions) helps to reduce suicide as well, as a sense of hopelessness is a predictor of suicide and fueled by a lack of control in their environment and over their own life. As such, giving options and choice helps to foster that sense of control" - Staff*
Insight 3.5: The Program was responsive to the needs of clients and the external environment	The Program was identified to be responsive of the needs of clients. As identified in Insight 1.2 earlier, the Program was able to effectively create an environment for LGBTIQ+ to feel supported and safe. The Program was also able to effectively respond to the complexity of mental health needs that clients were presenting with. *"For queer suicidal people in Melbourne I feel like this is one of the safest programs" - Client*

	"I have never felt so accepted and accommodated by a mental health program" - Client *"Everyone who I was supporting had very complex mental health needs" - Staff* In addition, the Program sufficiently flexible to adapt to the different and changing circumstances of clients. Examples of this includes how the Program transitioned to delivering services in a virtual environment (which included the establishment of the Aftercare Circles) as a result of COVID-19 and the flexibility of staff to offer support sessions after hours. *"Because I worked full time, I needed to see a psyc after hours or outside of business hours, so I was lucky that the psychologist could work Saturdays. If I hadn't been able to get a Saturday appt I would've had to take time off and wouldn't have been able to do that every week" - Client* *"We've been incredibly adaptive and are connected to this COVID situation in terms of our model, tools, skills and ways of relating as a team that have had to emerge. For example, we will always offer telehealth from here on in" - Staff* *"They did really well to communicate throughout with all the changes throughout coronavirus" – Referrer*
Insight 3.6: The Program was able to reach a diverse range cohorts	This Program has been able to reach a diverse range of individuals, included clients who identified as: • Lesbian; • Gay; • Bisexual; • Trans and gender diverse; • Queer; and • Culturally and linguistically diverse. Note: Specific percentages have not been provided for each of the cohorts above as clients were given the flexibility to describe their identity in a way that resonates with themselves. This made it challenging to a comprehensive breakdown of the different cohorts that were supported by the Program. This further reinforces *Insight 1.2*, which demonstrates how targeted/nuanced this Program was for LGBTIQ+ communities, including taking into consideration the diversity and intersectionality that exists within LGBTIQ+ communities.

	However, it was identified that there were particular cohorts that this Program was unable to reach effectively. This included: • Individuals from culturally and linguistically diverse backgrounds; • People of faith; • Aboriginal and Torres Strait Islanders; • People who identify as being lesbian; and • People with an intersex variation.
Insight 3.7: The integration of Peer Practitioners and Clinicians was identified to be a key strength of the Program	The integration of Peer Practitioners and Clinicians was identified to be a key strength of the Program. Both supports complemented each other, creating a holistic and balanced environment to support the mental health and wellbeing of clients. *"The complementing nature of having the psychologist and peer worker worked very well" - Client* *"It's an integrated approach which overcomes some of the gaps when engaging with just clinical services" - Staff* The incorporation of Peer Practitioners in the Program was particularly highlighted by clients as a prominent and beneficial feature. Specifically, it was identified that Peer Practitioners: • Helped to foster a safe and affirming space for clients to seek help (due to the Peer Practitioners being LGBTIQ+ and having a lived experience of mental ill-health and/or suicidal ideation) – This helped to engender trust between clients and the Peer Practitioners; and *"It was great and affirming to see Peer Practitioners who were openly identifying with the community – made me feel at ease straight away" - Client* *"The service was really inclusive, for example see Peer Practitioners with lived experience and that were connected into the community made me feel like it was very inclusive" - Client* *"The program has been completely inclusive of diverse identifies, my psych and peer worker identifying with community and the building itself was very welcoming of the community with art and posters to show that" - Client*

"It has been so affirming to be able to speak with a peer who understands exactly what I am going through" - Client

"Talking with my peer worker was unique, I straight away felt like they understood, it was a closer person that a therapist" - Client

- Created a reciprocal environment, where Peer Practitioners were supporting clients and vice versa. This created a mutually beneficial relationship, that is different to what clients would experience with a clinician or support worker, further reinforcing the sense of safety that clients feel. This also helped to minimise the sense of guilt that clients sometimes feel when seeking help.

"It was a 2-way relationship - it was mutual learning, they were also learning from me as I was sharing with them, so it made me feel good as well, instead of me just unloading on someone and giving them money, it was a nice experience in that way." - Client

"With peer, the relationship is different, you're both sharing, they don't necessarily have the answers but there is space just to talk through things and learn from one another. For me, having a peer person to talk to is more beneficial compared to a psychologist" - Client

"I didn't feel any guilt for being upset or sharing my feelings with the peer worker as we were sharing with each other" - Client

"(There is a) Different relationship with therapist compared to peer. With a peer there is space for vulnerability, shared experiences and opportunities for shared learnings. It's a real sense of reciprocity." - Staff

"Peer relationship creates space for connections and sharing and understanding from own life navigating as a queer person and managing mental health" - Staff

"Due to the reciprocal nature of the peer prac relationship we can affirm them (service users) as people who can contribute, not just consumers of support services. This is largely unique to the peer relationship and helps show them that they have capacity to care as anyone does and most people are really looking for a place to put that energy" - Staff

	The matching of Peer Practitioners and clients was fundamental to the strength of the relationship and hence, the efficacy of supports provided. Clients found the supports provided through the Peer Practitioners to be extremely beneficial, where there was a cohesive fit between the Peer Practitioner and client. However, where there wasn't a good fit between the Peer Practitioner and client (e.g. due to differences in preferences in engagement style, lived experience etc), the efficacy of the support was identified to be significantly reduced (and in certain instances detrimental to their overall health and wellbeing). The fit between Peer Practitioners and clients was identified to have worked effectively for 80% of the clients engaged in the evaluation process. It should be noted that the Program team took active steps to address instances where the fit between Peer Practitioner and client was not suitable, by exploring the option of having other Peer Practitioners to work with the client. *"In future, I'd like them to take more care with the matching people to peer workers – that was the only thing I'd really change" - Client* *"We recognise that the fit might not always be 100%. Where this is the case, we will take this to our team meetings" - Staff*
Insight 3.8: The incorporation of the Aftercare Circle further enhanced the effectiveness of the Program	The support groups (referred to as 'Aftercare Circle') incorporated into the Program in response to COVID-19 was identified as helping to foster a sense of community amongst clients and further extend the amount of peer support available through the Program (i.e. through peer support provided by other clients). It also created an environment that validates and reinforces the progress that clients have experienced since participating in the Program 12 weeks) Note: Clients were only able to access the support groups after completing the Program (typically after *"I just want to say this group even on only the 4th session or something has had such a positive impact on me and I didn't know this kind of thing existed I am so thankful to be apart and hope this becomes for common and available to anyone suffering from mental illness or not" - Client* *"Its a safe space which makes me feel comfortable to share things without being judged as the people in the group are also queer and have a better understanding of issues related." - Client* *"I would recommend making peer circles more prominent. I only attended a couple and there weren't many people there, I feel like I could get more out of it with more peers sharing" - Client*

	"Service users were desperate to have space of community to feel involved, give back in some way, sense of belonging and this group was designed in response, to provide the space for that" - Staff
Insight 3.9: The Program could have a greater impact if it was delivered over a longer period of time	The Program was delivered over a 12 week timeframe. Whilst this was sufficient for a number of significant outcomes to be achieved (as identified in *Insight 2.1* to *Insight 2.7* below), it was identified that a longer timeframe would have enabled the Program staff to shift from addressing the immediate to short-term needs of clients to have an even greater focus on building capacity and supporting greater independence/self-management (recognising the additional resource requirements this would place on the Program). *"There was a client who did 3 months and then re-entered the program. We saw a big difference in that person, and they expressed to me in our last meeting that they were so grateful that we re-engaged and did another 3-months because it got them through a tough time" - Staff* *"One of top priorities is to build person up so they can see they can do a lot of the care work themselves and have internalised sense that they can take charge of these things in their life – that's sometimes difficult to accomplish in just 3 months" - Staff* *"While 3 months is a decent chunk of time it's not enough. We can do a lot to aid people, case management and connecting with other services but after those 12 weeks the relationship ends and sometimes people haven't got the point where they can manage independently" - Staff*

Category 4: Organisational context

This category explores the supports provided by NWMPHN and Mind Australia

Insight	Detail
Insight 4.1: The Program was under-resourced	The Program lacked sufficient resources, particularly during the establishment phase which meant that it took longer for the Program to be fully implemented. Inadequate human resources was allocated to the Program at the start which made it difficult for the supporting processes and structures (e.g. referral and intake process) to be effectively established. This led to challenges around limited client referrals and a lack of support for Program staff. Additional resources were eventually allocated to the Program, which helped to address the issue around client referrals. *"When we started there was a huge lack of support, we had a really small team" - Staff* *"It needed to be invested in properly and it wasn't coming from Mind" - Staff* *"We are doing this work pretty alone in an organisational sense" - Staff* The under-resourcing of the Program and other factors outside of the scope of this evaluation i.e. the closure of the Mind Equality Centre and the halt in Rainbow Tick accreditation process for the organisation, was interpreted by Program staff as a lack of commitment by the organisation towards LGBTIQ+ communities.
Insight 4.2: There was a lack of cultural safety within Mind Australia during the initial stages of the Program	Program staff highlighted that there was a lack of cultural safety initially within the broader organisation when the Program started. Considering the complexity of the work required, this created additional stress for Program staff who were not only expected to work with complex clients and but also to operate within a working environment where they didn't feel fully supported as LGBTIQ+ individuals. *"We had to fight tooth and nail to get pronouns in our signatures" - Staff* *"I felt like I had to do LGBTIQ+ education for folks there who didn't know nuances of certain things, that was a side part of the program that we hadn't anticipated at the start" - Staff* Whilst it was identified that there remains significant room for improvement, it should be noted that the sense of cultural safety within Mind Australia did improve over time, demonstrating (i) Mind Australia's willingness and openness to change and the

	(ii) impact of the advocacy efforts of the Program staff and allies. This is explored further in the *Insight 4.3* below.
Insight 4.3: The Program led to internal culture change within Mind Australia	Embedding an LGBTIQ+ specific program within a mainstream organisation led to increased organisational awareness of LGBTIQ+ communities and the development of more inclusive and safe processes/practice, including the Executive Team undertaking a training session on affirmative practice for people who are LGBTIQ+ (noting that the organisation still has . This is a testament to the: • Advocacy efforts of the Program staff and allies within Mind Australia; and • Willingness/openness of Mind Australia to listen to their staff and its commitment to continuous improvement *"There has been a change recently on our cultural safety. But a lot more needs to be done." - Staff*
Insight 4.4: Trust and autonomy that was given to Program staff was a key enabler to the success of the Program	Program staff were trusted and given adequate flexibility and autonomy to design and deliver the Program in a way that met the needs of LGBTIQ+ communities. Their expertise and experience working with LGBTIQ+ communities were recognised and respected. This was highlighted as a key enabler that underpinned the success of the Program. *"We were trusted to do what we needed to do in the best interest of our community" - Staff*
Insight 4.5: Staff turnover during the initial phases of the Program further complicated the establishment process	There was significant turnover at Mind Australia during the establishment phase of the Program. In addition, there was also a lack of effective handover between Program staff that were starting and exiting the Program. Collectively, this made it difficult to maintain continuity of relationships and direction in the Program. *"The Mind Equality Centre had received funding for suicide prevention program, that's the stage it was at when I started. No one I knew was involved in the tendering, so that was a challenge, and the lack of continuity was the same at the PHN level too. The impact of that is, it's been group of people trying to interpret what other people had probably really vivid projections for and somebody else has tried to pick them up and work with them without effective handover" - Staff* The turnover in staff also had an adverse impact on the relationship with clients of the Program as stories had to be retold and issues revisited when there were changes in staffing. *"It seemed very disorganised when I first started, I didn't get a good impression on that" - Client*

	"The intake process was pretty disorganised, Person X started it all and then left abruptly and Person Y took over after I'd told Person X all (my) personal history so I had to start all over again" – Client
Insight 4.6: The short-term nature of the funding was highlighted as a significant challenge	The temporary nature of the Program was highlighted by both staff and referrers to the Program as being a significant challenge. In particular this was due to the following reasons: • The establishment and then winding down of the Aftercare program creates further changes and uncertainty in terms of the available supports for people who are LGBTIQ+, making it difficult for individuals to navigate an already complex service system; and • Building trust within LGBTIQ+ communities takes significant time and resources. This Program has succeeded in doing so and was starting to gain momentum in the community – only for funding to end when trust and engagement with the community was beginning to be established. *"So many pilot programs are able to have a really big impact and build momentum only to lose funding before being able to establish themselves as a reliable support that isn't going to leave clients hanging. - Referrer* *"Please keep this service well supported - it is vital to the LGBTIQ+ community - especially the most vulnerable - who need a specific service dedicated to their particular needs." - Referrer*
Insight 4.7: Staff turnover at NWMPHN made the establishment phase of the Program more challenging	Similar to *Insight 5.3*, turnover among PHN staff made it challenging to maintain continuity of relationships and thinking. *"The Mind Equality Centre had received funding for suicide prevention program, that's the stage it was at when I started. No one I knew was involved in the tendering, so that was a challenge, and the lack of continuity was the same at the PHN level too. The impact of that is, it's been group of people trying to interpret what other people had probably really vivid projections for and somebody else has tried to pick them up and work with them without effective handover" - Staff*
Insight 4.8: NWMPHN collaborated effectively with the Program team	The relationship between NWMPHN and the Program team was identified to be positive, collaborative and flexible, which provided a strong foundation for an effective project. *"The team at NWMPHN has been good to work with. They have been collaborative and flexible where they can be to support this project" - Staff*

Category 5: Environmental context

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

Insight	Detail
Insight 5.1: COVID-19 has an adverse impact on the mental health and wellbeing of LGBTIQ+ communities	COVID-19 has had an adverse impact on the mental health and wellbeing of the broader community, but particularly so for individuals who were already disadvantaged and marginalised. Anecdotally, it is understood that there has been an increase in suicidal ideation and suicide rates within the LGBTIQ+ community, increasing the need for the Program since the COVID-19 outbreak. *"COVID-19 made my mental health go downhill. This service has helped me realise life is worth living. There is other alternatives then death" - Client*
Insight 5.2: From a service delivery perspective, COVID-19 has been both beneficial and detrimental to this Program	The lockdown across Melbourne as a result of the COVID-19 outbreak meant that all client interactions had to be done virtually or by the phone. This both aided and detracted from the clients' experience of the Program. The main benefit was in the form of a higher degree of flexibility for clients as they could now access Program supports from the comfort of their homes without having to travel. Clients are now also more open to telehealth and virtual modalities of engagement. *"To be at home and do the sessions remotely was actually helpful for me. After a full on session, to be at home and not have to leave and go on public transport, makes it easier" - Client* *"COVID actually made it easier for me because I didn't have to go anywhere" - Client* *"COVID showed to me that it didn't really make a difference to have remote counselling. I have also been driving to the psychologist as well as doing the peer remotely, and I found that in unison worked well" - Client* *"To be at home and do the sessions remotely was actually helpful for me. After a full on session, to be at home and not have to leave and go on public transport, makes it easier" - Client* The biggest challenges experienced by clients was adverse impact of the COVID-19 restrictions on their mental health and wellbeing (as discussed in *Insight 5.1*); and the lack of in-person engagement and reliance on 'screen time', which made it more difficult for them to feel connected to the people who were supporting them.

	"I did like phone calls but would have also liked face-to-face, I went to two appointments face-to-face before lockdown. I think a combination of both options would be good in the future" - Client *"Found it hard to focus sometimes, maybe due to Zooming into peer support" - Client* *"I'm one of those people who really need face to face support, I didn't like text messaging because it was a slow process and I didn't feel supported" - Client*

EVALUATION RECOMMENDATIONS

8. RECOMMENDATIONS

The Program was able to achieve a number of very significant and life-changing outcomes for people who are LGBTIQ+ and the broader suicide prevention service system. Ending this Program will represent a missed opportunity to address critical gaps in the mental health and suicide prevention service system to provide safe and culturally appropriate supports to LGBTIQ+ people with suicidal ideation or who have attempted suicide. It is recommended that this Program continue to be funded with the following considerations to enhance the outcomes for LGBTIQ+ communities and Program staff. These have been grouped into 3 categories:

- **Program design and delivery** i.e. enhancing the design and delivery of the Program to improve the experience and outcomes achieved for clients;
- **Organisational enablers** i.e. ensuring that key supporting enablers are in place to ensure that the Program is better positioned to deliver positive experiences and outcomes for clients; and
- **Program sustainability and reach** i.e. extending the longevity and reach of the Program's impact.

Category	Recommendation
Program design and delivery	**Recommendation 1: Embed greater flexibility in the way the Program is delivered** The Program should have greater flexibility in the way it is delivered to cater to the varying needs, preferences and context of clients. This flexibility should extend to the following aspects of the Program: • *Timeframe* – Currently, supports are provided to clients over a 12 week timeframe. Moving forward, there should be greater flexibility to shorten or extend timeframe over which supports provided to better meet the different needs of clients. • *Modality* – A key benefit of the COVID-19 pandemic is that it has exposed people to the use of virtual teleconference platforms like Zoom or Microsoft Teams, making them genuine alternatives to delivering support sessions in-person. This should continue to be an option (in addition to in-person sessions) for how supports sessions are delivered through the Program moving forward.
	Recommendation 2: Continue to empower choice and control among clients Greater flexibility suggested in Recommendation 1 above should be accompanied by continuing to empower choice and control among clients, allowing them to direct the supports that are provided during the Program.
	Recommendation 3: Set a clear target for service access timeframes Rapid service access is critical for any program that targets people who have suicidal ideation and/or attempted suicide. A clear target for service access should be set, giving clients (and referrers) comfort and confidence that they will be supported within a particular timeframe upon being referred to the Program. It should be noted that the

	supports provided can be 'light-touch' in nature initially, as discussed further in *Recommendation 4* below.
	Recommendation 4: Incorporate interim supports in the service model The services offered through the Aftercare Program should be expanded to include interim supports that are light-touch in nature (e.g. group supports) to support clients who have yet to access the full-suite of services available through the Program. This will allow clients to access supports more quickly. This will also allow clients with more complex and urgent needs to be triaged more effectively.
	Recommendation 5: Maintain integration between peer and clinical supports A key strength highlighted by clients during this evaluation is the integration of peer and clinical supports. This should continue to be core part of the Program's service model moving forward.
	Recommendation 6: Increase the focus on the fit between the Peer Practitioner, clinician and client This evaluation highlighted that client experience of the Program is influenced by the connection that the client has with the Peer Practitioner and clinician. The learnings from the Trial should be leveraged to enhance the way that clients are 'matched' with Peer Practitioners and clinicians to minimise the instances where the fit isn't appropriate (noting that it is unrealistic to expect the fit between clients and Peer Practitioners/clinicians to be effective 100% of the time).
Staff experience and wellbeing	**Recommendation 7: Maintain the level of autonomy provided to the Program team** The Aftercare team should continue be given the autonomy to design and deliver the Program in a way that leverages their expertise and experience in working with LGBTIQ+ communities to the fullest extent.
	Recommendation 8: Ensure that the work environment for Program staff is culturally-appropriate, safe and that expectations are clearly set Cultural safety for Program staff is equally important as it is for clients. As noted in this evaluation, there is still significant room for improvement for Mind Australia in this area and there will need to be an ongoing commitment from the organisation to listen to its staff who are LGBTIQ+ and invest in driving culture change within the organisation to create an environment where staff who are LGBTIQ+ feel safe, comfortable to be themselves and appropriately supported. <u>Note:</u> As the focus of this evaluation was not on the practices and processes of Mind Australia, more specific recommendations cannot be provided.
	Recommendation 9: Ensure that the Program is adequately resourced The recommendations outlined in this section of the report have significant resource implications for the Program. If they were to be implemented, a commensurable increase in resources will need to be provided to the Program to allow it to be delivered in a feasible manner.

Program sustainability and reach	Recommendation 10: Expand the role of the Program to include secondary consultation to mainstream service providers Noting that it is unrealistic for one Program to support all LGBTIQ+ individuals who have suicidal ideation and/or attempted suicide across Victoria, consideration should also be given to enabling the Program to provide secondary consultation to or share learnings with other service providers that work in suicide prevention and with LGBTIQ+ communities. This would enable the Program to play a role in building the capacity of the broader service system to provide more effectively and culturally appropriate suicide prevention supports for people who are LGBTIQ+.
	Recommendation 11: Expand the reach of the Program The reach of this Program should be expanded beyond the NWMPHN catchment to benefit other people who are LGBTIQ+ living in other jurisdictions. The Victorian State Government (particularly considering the recommendations in the Royal Commission into Victoria's Mental Health System) and other Primary Health Network across the state should have role in providing the necessary resources for this occur.

APPENDICES

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
Semi-structured interviews and online surveys with Program participants – An expression of interest flyer (see Appendix B) was circulated to clients who were nominated by the Program team to identify interested individuals to participate in the survey/interview	A total of 8 participants were consulted	X	X	X
Semi-structured interviews and online surveys with referrers – Referrers were nominated by the Program team	A total of 7 referrers were consulted		X	X
Semi-structured interviews with Mind staff	A total of 5 staff members were consulted	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 August 2020 and February 2021.

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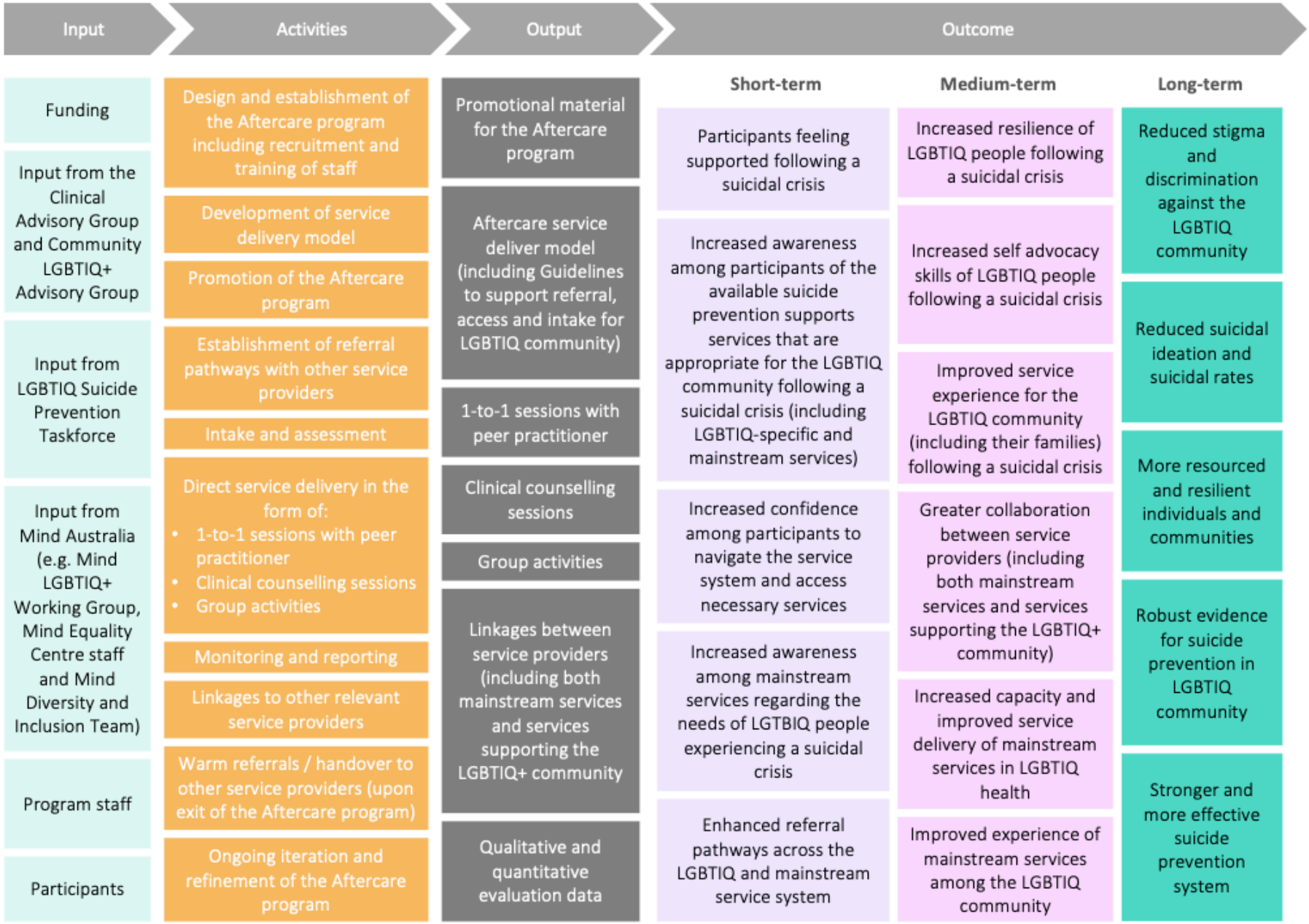

Input
Activities
Output
Outcome
Short-term
Medium-term
Long-term
Funding
Input from the Clinical Advisory Group and Community LGBTIQ+ Advisory Group
Input from LGBTIQ Suicide Prevention Taskforce
Input from Mind Australia (e.g. Mind LGBTIQ+ Working Group, Mind Equality Centre staff and Mind Diversity and Inclusion Team)
Program staff
Participants
Design and establishment of the Aftercare program including recruitment and training of staff
Development of service delivery model
Promotion of the Aftercare program
Establishment of referral pathways with other service providers
Intake and assessment
Direct service delivery in the form of:
• 1-to-1 sessions with peer practitioner
• Clinical counselling sessions
• Group activities
Monitoring and reporting
Linkages to other relevant service providers
Warm referrals / handover to other service providers (upon exit of the Aftercare program)
Ongoing iteration and refinement of the Aftercare program
Promotional material for the Aftercare program
Aftercare service deliver model (including Guidelines to support referral, access and intake for LGBTIQ community)
1-to-1 sessions with peer practitioner
Clinical counselling sessions
Group activities
Linkages between service providers (including both mainstream services and services supporting the LGBTIQ+ community
Qualitative and quantitative evaluation data
Participants feeling supported following a suicidal crisis
Increased awareness among participants of the available suicide prevention supports services that are appropriate for the LGBTIQ community following a suicidal crisis (including LGBTIQ-specific and mainstream services)
Increased confidence among participants to navigate the service system and access necessary services
Increased awareness among mainstream services regarding the needs of LGTBIQ people experiencing a suicidal crisis
Enhanced referral pathways across the LGBTIQ and mainstream service system
Increased resilience of LGBTIQ people following a suicidal crisis
Increased self advocacy skills of LGBTIQ people following a suicidal crisis
Improved service experience for the LGBTIQ community (including their families) following a suicidal crisis
Greater collaboration between service providers (including both mainstream services and services supporting the LGBTIQ+ community)
Increased capacity and improved service delivery of mainstream services in LGBTIQ health
Improved experience of mainstream services among the LGBTIQ community
Reduced stigma and discrimination against the LGBTIQ community
Reduced suicidal ideation and suicidal rates
More resourced and resilient individuals and communities
Robust evidence for suicide prevention in LGBTIQ community
Stronger and more effective suicide prevention system

Data analysis

Survey

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

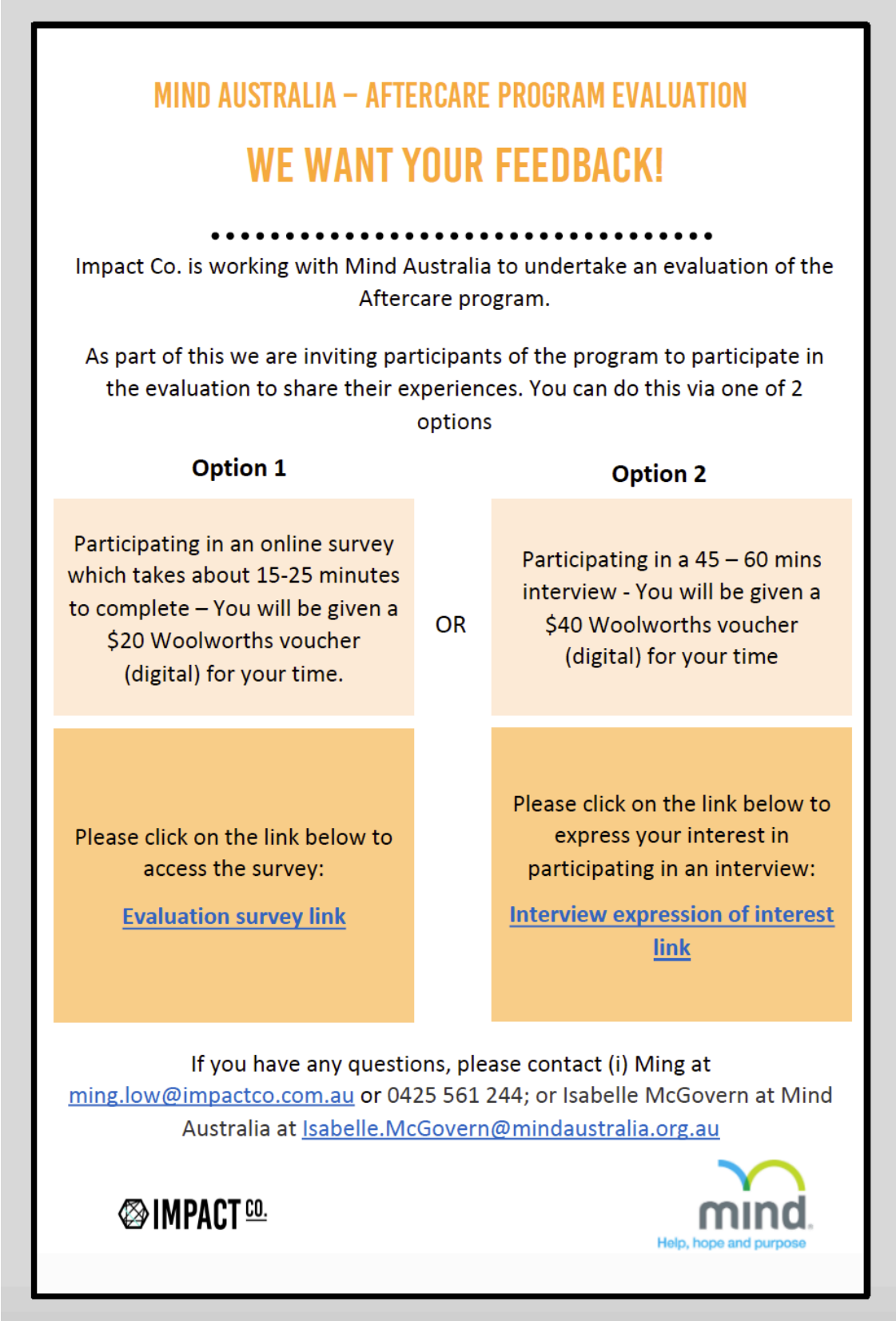
Interview

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 Mind Australia via a series of validation workshops. A draft copy of this evaluation report was then circulated to Mind Australia and NWMPHN for their review and feedback before being finalised.

APPENDIX B: EXPRESSION OF INTEREST FLYER



MIND AUSTRALIA – AFTERCARE PROGRAM EVALUATION

WE WANT YOUR FEEDBACK!

Impact Co. is working with Mind Australia to undertake an evaluation of the Aftercare program.

As part of this we are inviting participants of the program to participate in the evaluation to share their experiences. You can do this via one of 2 options

Option 1		Option 2
Participating in an online survey which takes about 15-25 minutes to complete – You will be given a $20 Woolworths voucher (digital) for your time.	OR	Participating in a 45 – 60 mins interview - You will be given a $40 Woolworths voucher (digital) for your time
Please click on the link below to access the survey: Evaluation survey link		Please click on the link below to express your interest in participating in an interview: Interview expression of interest link

If you have any questions, please contact (i) Ming at ming.low@impactco.com.au or 0425 561 244; or Isabelle McGovern at Mind Australia at Isabelle.McGovern@mindaustralia.org.au

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APPENDIX C: SURVEY QUESTIONS - CLIENTS

A bit about you

1. Age: [Free Text Response]
2. Gender: [Free Text Response]
3. Sexuality: [Free Text Response]
4. Faith: [Free Text Response]
5. Spirituality: [Free Text Response]
6. Culture: [Free Text Response]
7. Anything else you would like to tell us? [Free Text Response]

Referral process

1. On a scale of 1 (very easy) to 10 (very hard), how easy was it for you to submit a referral form to Mind Aftercare?
2. After submitting your referral form, how long was it before you were first contacted? Please select from the options below
    - Less than 24hrs
    - 24 – 36hrs
    - 36 – 48 hrs
    - More than 48hrs
3. How did you hear about the Mind Aftercare program? Please select from the options below
    - Friend or family member
    - Referred by another service / organisation
    - Advertising
    - Other (please specify)

Overview

4. What services did you receive? [select as many that are true for you]
    - Peer-based support
    - Psychology / Counselling support
    - Aftercare Community Circle online group
    - Others (please describe)
5. How long did you receive services from Mind Aftercare?
    - Less than 4 weeks
    - 4 – 8 weeks
    - 8 – 12 weeks
    - Other (please specify)
6. When did you graduate from the Mind Aftercare program?
    - More than 3 months ago
    - More than 2 months ago
    - More than 1 month ago
    - Less than 1 month ago
    - Haven't graduated the program yet
    - Exited the program without graduating
    - Other (please specify)

7. On a scale from 1 (not at all) to 10 (strongly), do you agree that the services you received were helpful to you?
8. What aspects or components of the Mind Aftercare program did you find helpful? [select as many that are true for you]
    - Space to share my feelings
    - Opportunity to hear from others including my Peer Practitioner
    - Connection with LGBTIQA+ community
    - Learning about mental health strategies
    - Feel less alone in my experience of having thoughts about suicide
    - Flexibility of the service
    - Telehealth options
    - Routine social events
    - Peer support from someone with lived experience
    - Psychology / counselling support from someone with lived experience
    - Others (please specify)
9. Would you change anything about the program? [Yes or No]
    - If Yes, what would be the key thing you would change about the service? [free text response]
10. On a scale from 1 (not at all) to 10 (strongly), do you agree you had a say in the services you received?
11. On a scale from 1 (not at all) to 10 (strongly), did you feel heard and understood by staff in the service?

Outcomes

12. On a scale from 1 (not at all) to 10 (strongly), do you agree that the Mind Aftercare program helped you achieve your goals?
13. What is the biggest difference for you personally since accessing Mind Aftercare services? [Free Text Response]
14. Are there any services you're aware of now, that you weren't before you got involved in this program? [Yes or No response]
15. On a scale from 1 (not at all) to 10 (very much), do you feel more comfortable reaching out to services now than before working with Mind Aftercare?
16. On a scale from 1 (never) to 10 (extremely likely), would you recommend someone access the Mind Aftercare service?
17. Can you tell us more about why you responded that way to Q16? [free text response]

Safety and Inclusivity

18. On a scale from 1 (not at all) to 10 (strongly), do you agree that COVID-19 had a significant impact on your engagement with the program?
19. Thinking about your response to Q18, can you elaborate more about the impact of COVID-19 on your experience? Was it positive? Did it make it more difficult? If you can, provide as much detail as possible [Free Text Response]
20. On a scale from 1 (not at all) to 10 (strongly), do you agree that the Aftercare program is inclusive of diverse identities?
21. On a scale from 1 (not at all) to 10 (strongly), do you agree that you felt safe to access the service?

Anything else you would like to tell us or that we have missed?

[free text response]

Reimbursement

Thank you for your time and completing this online survey. In recognition of your time and contribution you are eligible to receive a $20 Coles or Woolworths voucher. To get the voucher please provide your:

22. First and Last Name
23. Email Address
24. Preference: Woolworths or Coles [select one]

This information will not be used to identify any responses within the survey. If you have any questions about this survey, please contact Ming Low (Impact Co.) at ming.low@impactco.com.au

APPENDIX D: SURVEY QUESTIONS – REFERRERS

A bit about you

1. Age: [Free Text Response]
2. Gender: [Free Text Response]
3. Sexuality: [Free Text Response]
4. Faith: [Free Text Response]
5. Spirituality: [Free Text Response]
6. Culture: [Free Text Response]
7. Type of service you work for
    a. GP
    b. Mental health provider
    c. Mainstream health
    d. LGBTIQ health
    e. Other _____

8. Anything else you would like to tell us? [Free Text Response]

Referrer experience

9. How did you find out about Mind Aftercare program?
10. Did you encounter any the barriers in the referral process for Mind Aftercare
    a. Yes
    b. No

    If you answered yes please provide detail about what these barriers were?

11. Did you receive any feedback about the outcome of your referral?
    a. Yes
    b. No
12. How could the referral process be enhanced to meet your needs?
13. Did you encounter any the barriers to your client accessing the service following referral?
    a. Yes
    b. No

    If you answered yes please provide detail about what the barriers were

14. What changes would you suggest for this program?

Referrer outcome

15. On a scale from 1 (very little) to 10 (a great deal), how much knowledge did you feel you had about LGBTIQ+ issues before referring to Mind Aftercare?
16. On a scale from 1 (very little) to 10 (a great deal), how much knowledge do you feel you have about LGBTIQ+ issues after referring to Mind Aftercare?
17. On a scale from 1 (no confidence) to 10 (very confident), How confident are you talking with clients about their gender before referring to Mind Aftercare ?
18. On a scale from 1 (no confidence) to 10 (very confident), how confident are you talking with clients about their gender after referring to Mind Aftercare
19. On a scale from 1 (no confidence) to 10 (very confident), how confident are you talking with clients about their sexuality before referring to Mind Aftercare?
20. On a scale from 1 (no confidence) to 10 (very confident), how confident are you talking with clients about their sexuality before referring to Mind Aftercare?

21. On a scale from 1 (no confidence) to 10 (very confident), how confident are you talking with clients about thoughts of self-harm or suicide
22. On a scale from 1 (very little) to 10 (a great deal), how much knowledge did you have of LGTBIQ+ services health services before referring to Mind Aftercare
23. On a scale from 1 (very little) to 10 (a great deal), how much knowledge did you have of LGTBIQ+ services health services after referring to Mind Aftercare
24. What would you say is your key area of concern when working with LGBTIQ+ consumers?
25. Have you changed any of your practice in response to working with LGBTIQ+ community members as a result of your involvement with Mind Aftercare?
    a. Yes
    b. No

    If yes please describe how your practice has changed.

26. What changes have you noticed in the person you referred following involvement with Mind Aftercare?
27. Is there anything else you would like to add or to tell us?

APPENDIX E: INTERVIEW QUESTIONS – CLIENTS

Overview

1. How long have you accessed Mind Aftercare?

Process

1. How did you find out about the program?
2. What circumstances have made it easier or more difficult for you to engage with the service?
3. What services did you receive from the program?
4. What was your overall experience of the service?
5. What were aspects or components of the program did you find valuable?
6. Did you encounter any challenges with the service, and can you tell us a little bit about these?
7. What would be the key thing you would change about the service
8. Can you tell us about what it was like engaging with the program during COVID
9. How inclusive of diverse identities do you feel the program has been?
10. Did you feel you had a say in the services you received?
11. Did you feel heard and understood by staff in the service? What helped this or did anything stop this?
12. Did you feel safe during the time that you used the service, could you tell us a little about what did or didn't help this
13. Would you recommend someone access this service in the future and why?
14. Can you tell me a little about what was it like working with a peer worker, was this different to other workers you may have seen in the past?

Outcomes

1. What is the biggest difference for you personally since accessing Mind Aftercare services. What do you think contributed to this change (this may be something that you did or the service supported or both)?
2. Are they changes that you would like to see continue? Can you talk about what might help or hinder these changes?
3. Are there services that you are aware of now that you weren't aware of when got involved in this program? Are you using any new services? If so, could you tell us a bit about how this shift happened for you?
4. Do you feel any more, or less comfortable reaching out to services now than before working with Mind Aftercare? Could you tell us a bit more about that?

APPENDIX F: INTERVIEW QUESTIONS – STAFF

Overview

1. What is your position?
2. How long have you been in the role?

Process

1. What processes or practice supported referrals and engagement with the program?
2. What were the barriers to referral, intake and engagement?
3. What do you think are the strengths of the peer support model established as part of this program, in comparison with more traditional aftercare services?
4. What do you think are some of the challenges of the peer support model?
5. How have you responded to accessibility/inclusion needs that have been identified by participants?
6. Which client groups have been successfully reached by the program? Which groups have not?
7. What circumstances or external contextual factors have enabled or constrained the efforts of the program, and/or its outcomes? How might these be addressed should the program continue?
    a. This may include the impact of COVID

Outcomes

1. What have been your key learnings?
2. What do you think are some of the strengths of the Aftercare trial
3. What have been some of the barriers or challenges you have encountered?
4. What are you most proud of in regard to the trial?
5. What would you recommend someone needs to consider if they are wanting to replicate this program?
6. What would you do differently?
7. What change, if any, have you observed in broader service system?
8. What changes have you noticed most in participants who have been part of this program. What does this look like and how did this program contribute to it?

Is there anything else that we have missed or you would like to tell us?