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StandBy National Client Outcomes Project

Final Report

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About us

The Science of Knowing Pty Ltd is a strategic insight consultancy that specialises in research, policy and evaluation. A full-service, independent company, we maintain a history of success for our clients and projects through a professional, ethical and scientific approach to our work. Our aim is to deliver research that matters, which provides tangible benefits for our clients and contributes to a fair and healthy society.

We have a strong reputation for delivering accurate, evidence-based results that are tailored to our clients' specific needs and objectives. We pride ourselves on providing easy to understand data that is reliable and accurate, helping you to make informed decisions that help to achieve your strategic objectives.

The key to successful research, policy and evaluation is reliably sourcing and understanding the correct information. Making the knowledge process easy, accurate and cost-effective truly is a science – the science of knowing…

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Executive summary

Project overview

StandBy Support After Suicide is a national community-based suicide bereavement service that provides support, assistance and a coordinated response for people bereaved or impacted by suicide. StandBy is committed to enhancing its service and providing the best possible outcomes for clients. As part of this commitment, independent researchers, The Science of Knowing Pty Ltd, were contracted to evaluate the effectiveness of the StandBy service.

Project methodology

The Client Outcomes Project had two key aims. First, to evaluate the effectiveness of StandBy in improving client outcomes by comparing StandBy clients with people bereaved by suicide that had not accessed StandBy. Second, to develop an ongoing evaluation process and client feedback survey to help StandBy evaluate client outcomes and experiences with the service on an ongoing basis.

The evaluation involved consultations with StandBy staff including managers, service coordinators, and partnership coordinators, as well as interviews with former StandBy clients. The information gained from the consultations was combined with research findings from the academic literature to help identify appropriate outcome measures and develop a data collection tool (i.e. project survey). As a result, the project survey included three validated questionnaires, including:

1. Suicide Behaviour Questionnaire-Revised
2. Grief Experience Questionnaire
3. De Jong Gierveld Loneliness Scale.

A retrospective cross-sectional design was selected as an appropriate data collection method to compare outcomes between StandBy clients and people bereaved by suicide who did not access StandBy.

Ethics review

The final research design and project survey were reviewed by the University of Queensland's Human Research Ethics Committee, and ethics approval for the project was granted on 30th November 2017 (Ethics approval number: 2017001441).

Data collection

Overall, seven StandBy sites were involved in data collection from the 5th February to 31st May 2018. StandBy coordinators from each site invited clients to participate in the study at their 3-month and 12-month follow-up calls. Clients wishing to participate were sent a survey link via text message.

The participant recruitment strategy for people bereaved by suicide who had not accessed StandBy involved convenience sampling via national online advertising on social media.

StandBy in the Kimberley

After the initial consultation with StandBy coordinators from the Kimberley, it was evident that, due to substantial cultural and regional factors, there were significant differences in the way in which the StandBy model was being delivered within that region. This prompted additional consultations with key stakeholders in the Kimberley.

The aim of the consultations was to inform the development of a culturally appropriate client feedback survey that could be used with Aboriginal and Torres Strait Islander clients in the Kimberley. A survey was developed and trialled with a total of 16 Aboriginal and Torres Strait Islander StandBy clients from Broome and Kununurra.

Outcomes of the process were discussed with each of the coordinators, and several barriers were raised, prompting alternative options to be explored, such as combining insights from qualitative client case studies with findings of a key stakeholder survey.

Results

A total of 545 people completed the survey, 121 StandBy clients and 424 people bereaved by suicide who did not access StandBy (control group). The data were analysed comparing StandBy clients with the control group in two groups – those whose most recent loss was within the last 12 months and those whose loss was more than 12 months ago.

Results from the analysis found that among people whose loss was within the last 12 months, compared to the control group, StandBy clients were significantly less likely to:

- Be at risk of suicidality
- Experience the grief reaction of a loss of social support
- Experience feelings of social and overall loneliness
- Report experiencing mental health concerns
- Report experiencing a loss of social connections.

Further analysis was conducted to ensure that differences in outcomes were not due to people in the control group simply not accessing any type of support during the time of their loss. In other words, StandBy client outcomes are not simply the result of receiving some form of support, which may be better than receiving none at all. When comparing StandBy clients only to the control group who received some type of support (e.g. support group, GP, psychologist), the same trends were found.

Overall, these findings provide a strong indication of the positive impact StandBy has for people bereaved by suicide within the first 12 months of their loss.

The results among people whose loss from suicide was more than 12 months ago were less conclusive. There was no significant difference between StandBy clients and the control group on being at risk of suicide or experiencing grief reactions. These findings suggest that extending the support provided by StandBy beyond the current 12-month model may further benefit people bereaved by suicide.

Overall, StandBy clients reported a high level of satisfaction with the support they received. Around 90% of clients believed StandBy to be an important form of support for people bereaved by suicide and were pleased to receive support from StandBy. Over 80% of StandBy clients reported that they received timely referrals to other support services, and that the services they were referred to were relevant to their needs.

Key findings

Overall, the results from the Client Outcomes Project suggest that support provided by StandBy has a positive impact across a number of areas for people whose most recent loss was within the last 12 months, even when compared to people who received support from other sources. The StandBy model of support has been shown to have a unique positive impact for people bereaved by suicide. The positive impacts include reducing suicidality and loneliness, building social support networks, and helping to reduce the risk of mental health concerns.

With several hundred-thousand Australians being impacted by suicide each year, these outcomes are important, as they have the potential to prevent further deaths and reduce the burden of suicide in Australia.

Key recommendations

A number of important findings from the StandBy Client Outcomes Project have informed the key recommendations. First, the results indicate that among people whose loss was more than 12 months ago, there was little difference between StandBy clients and the control group on the key outcome measures. Second, the client feedback process and survey developed for the Kimberley presented some limitations, but a number of potential options for seeking client feedback were identified that could be adopted by StandBy. Lastly, the results from the evaluation showed that an online survey distributed via text message was an effective method for capturing client experiences and feedback.

These findings have led to four key recommendations that focus on service expansion, stakeholder engagement, and client outcomes, including:

1. StandBy model extension, with a focus on social support and connectedness, to assist people after the initial 12 months following their loss
2. Developing a key stakeholder survey to assist in service improvement and community development, which could be combined with qualitative client case studies, to provide additional contextual evidence of StandBy's impact
3. Implement an ongoing client feedback survey, which can be used for benchmarking and service improvement purposes
4. Develop a research protocol to measure client outcomes and support needs overtime.

"The StandBy staff who came to see me and my family in the first days after my loss were amazing. I didn't know where to start or what to do. Just having someone who could gently guide me was a godsend" – *StandBy client*

Introduction

Background and context

Suicide has become a serious public health concern and is one of the leading causes of preventable deaths around the world. In 2015, there were more than 3,000 deaths by suicide in Australia.[1]

While measuring how many people are impacted by a suicide is difficult, research findings suggest that the prevalence of suicide exposure in the general community was 4% in the past year, and 22% across a lifetime.[2] A recent study from the United States suggests that 135 people are impacted for every death by suicide.[3] Based on such findings, it is likely that over 400,000 Australians were impacted by suicide in 2015 alone. This has significant impacts on individuals, communities, and society as a whole. Moreover, there are distinct differences between suicide bereavement and bereavement from other types of loss. For example, individuals bereaved by suicide are at an increased risk of experiencing suicide ideation, suicide attempts, depression, anxiety, poor social functioning, stigma, shame, and complicated grief compared to individuals bereaved through other types of loss.[4,5,6]

Given these facts, effective services that provide support to individuals impacted by the suicide death of a loved one have become increasingly important and should be considered a crucial part of the public health and social services landscape. StandBy Support After Suicide (StandBy) is a national community-based suicide bereavement service that provides support, assistance and a coordinated response for people bereaved or impacted by suicide. The services provided by StandBy include face-to-face, outreach, and telephone support, as well as referrals to other support services based on individual client needs. StandBy currently covers approximately 30% of the Australian population.

Previous evaluations of StandBy have found the service to be cost-effective in providing support to individuals bereaved by suicide, and people accessing StandBy had significantly lower levels of suicidality compared to people bereaved by suicide that had not accessed StandBy.[7,8]

StandBy is committed to enhancing its service and providing the best possible outcomes for clients. As part of this commitment, independent researchers, The Science of Knowing Pty Ltd, were contracted to evaluate the effectiveness of the StandBy service.

Project methodology

Project framework

The project had two key aims. First, to evaluate the effectiveness of StandBy in improving client outcomes by comparing StandBy clients with people bereaved by suicide that had not accessed StandBy. Second, to develop an ongoing evaluation process and client feedback survey to help StandBy evaluate client outcomes and experiences with the service on an ongoing basis. The findings of the evaluation were used to develop an ongoing client feedback survey (see Figure 1).

The evaluation incorporated a mixed-methods approach utilising a Participatory Action Research (PAR) framework in which the qualitative methods of consultations and semi-structured interviews informed quantitative data collection methods. Within a PAR framework, stakeholders are viewed as experts whose knowledge and insights form an important part of the research, helping to define outcomes, developing research questions, and providing ongoing feedback throughout the duration of the project.[9] The evaluation involved ongoing consultations with, and involvement of, StandBy staff including managers, service coordinators, and partnership coordinators, as well as interviews with former StandBy clients. The findings from these consultations and interviews were triangulated with findings from the academic literature to identify appropriate outcome variables and develop a quantitative data collection tool (i.e. survey), and to develop a process to conduct a comparison study of StandBy clients and people bereaved by suicide who did not access StandBy.

Figure 2 shows the project timeline and key milestones of the project.

Figure 1: Key project aims

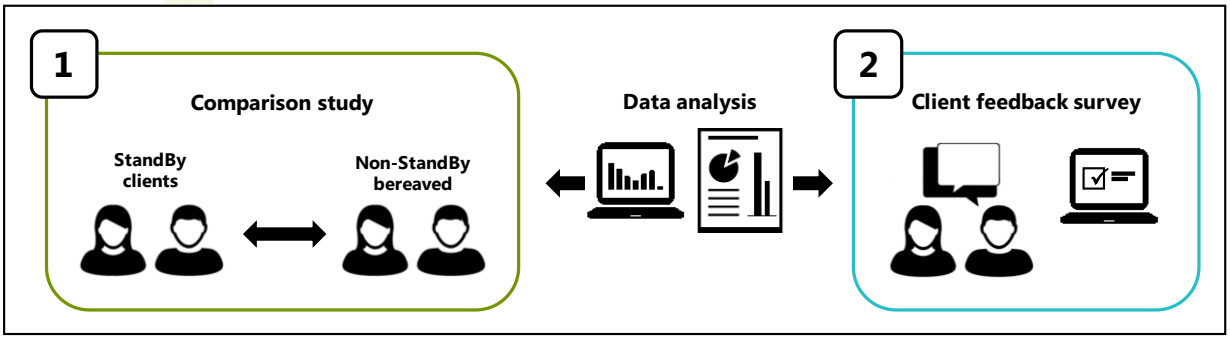
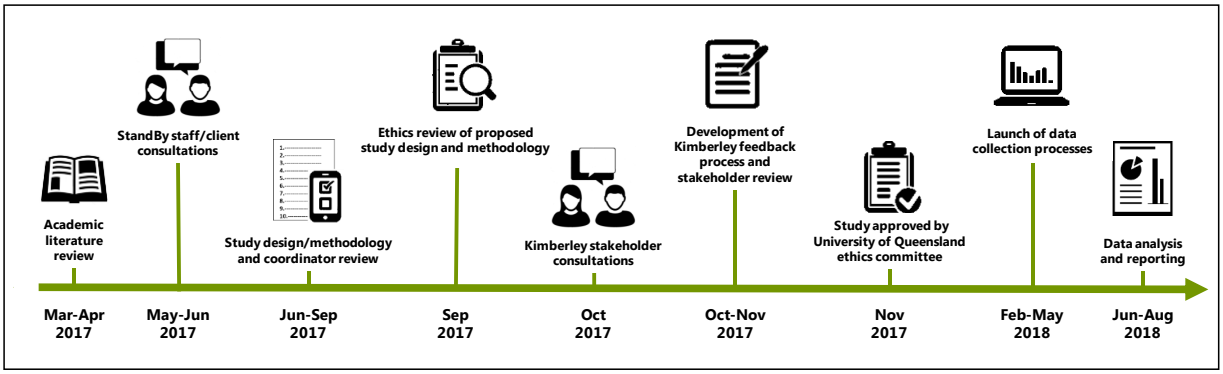


Figure 2: Project timeline and key milestones



Consultations and engagement activities

StandBy coordinators

Between May and June 2017, consultations were conducted with StandBy coordinators, and where possible, crisis response team members, either face-to-face or via teleconference. At the commencement of the project and during the consultation phase, StandBy was in the process of making site changes in central Victoria/Mallee and Northern Territory, as such these sites were not included in the consultations. Each consultation consisted of a 2-hour semi-structured interview, which included questions regarding service delivery, client outcomes, and client follow-up procedures. The purpose of these initial consultations was to seek insights from coordinators relating to the outcomes clients typically experience from StandBy, to identify any significant differences in service delivery between the sites that may impact on the evaluation findings, and to find an appropriate way in which to implement and align a data collection process to existing operational procedures.

Findings from the consultations were collated to find common themes and identify any potential barriers or challenges to the evaluation process. Results from the consultations suggested that delivery of the StandBy model was consistent across all sites, with the exception of those in the Kimberley (i.e. Broome and Kununurra). Due to differences across various factors such as population demographics, geographical location, and cultural aspects, there were substantial differences in the way in which StandBy was being delivered in the Kimberley. In light of this, a separate evaluation approach was taken for the Kimberley sites, which included additional consultations with key stakeholders from local organisations.

Client outcomes

Overall, there was a general consensus among coordinators and crisis response team members with regard to the key client outcomes of StandBy. These have been grouped into five key themes:

- **Information** – StandBy provides clients with important information including both formal (e.g. role of coroners) and practical information (e.g. sleep hygiene, physical health)
- **Support linkages** – StandBy provides clients with appropriate referrals to support services
- **Normalisation** – support provided by StandBy can help to normalise clients' emotions and feelings relating to their grief, in the sense that they are not alone in their experiences (e.g. dealing with the "Why" question, feelings of guilt, stigma, responsibility)
- **Prevention** – some coordinators also felt that StandBy was an important part of suicide prevention by helping to assess risk factors among clients (e.g. identify suicidality)
- **Safety/security** – StandBy makes clients feel safe/secure in the knowledge that someone is there when they need them (e.g. phone support, face-to-face support).

Data collection process

There was general agreement among coordinators about appropriate data collection methods and processes, including:

- **Online survey** – using an online survey as a data collection tool for both the study and ongoing evaluation purposes
- **Text messages** – using text messages with an embedded survey link to invite clients to take part in an online survey
- **Client follow-up calls** – utilising the 3-month and 12-month client follow-up call processes to inform clients about the study and seek client consent to send the survey link via text message.

StandBy clients

In order to gain a lived experience perspective, three former clients were consulted about their experience with the StandBy service. The consultations were conducted using short semi-structured phone interviews to gain insights about how accessing StandBy helped clients during their loss and time of need. The information was used to help inform appropriate outcome measures for the evaluation. Each interview was between 20-30 minutes, and clients reported similar themes regarding their experience with StandBy. Mainly, that StandBy provided them with useful and practical information, and both emotional and practical support. This was evident in some of the comments provided by the former StandBy clients:

Information

- *"When something like this happens you just don't know what to do, where to go, so they [StandBy] came in and provided information, let us know that we weren't alone."*
- *"I don't know what I would have done without it [StandBy]. I didn't know anything about suicide and what services are around. I hadn't even heard of StandBy until then."*
- *"There was some emotional support, but more practical support and just knowing you're not alone. I didn't even know how to organise a funeral…"*

Support

- *"It was just good having someone come around and just be there, just providing support and just being there."*
- *"They put me in contact with [support group], and they provided me with the additional support I needed."*
- *"Just having someone there at the time was so important."*

"It was just good having someone come around and just be there, just providing support and just being there"

Research design and data collection

Project survey and outcome measures

A retrospective cross-sectional design with an online survey was selected as an appropriate data collection method to compare outcomes between StandBy clients and people bereaved by suicide who did not access StandBy. Cross-sectional studies are observational, whereby information is collected from a population at a given time point and then compared on a given outcome (e.g. StandBy clients compared with people bereaved by suicide who did not access StandBy). The information gained from the StandBy staff/client consultations was combined with research findings from the academic literature to help identify appropriate outcome measures and develop a data collection tool (i.e. project survey). As a result, the project survey included three validated questionnaires as well as bespoke items to help capture the key themes that were reported in the consultations and align with findings from current research. The key outcome measures of the project survey included:

- **Suicide Behaviours Questionnaire-Revised (SBQ) –** The SBQ measures different dimensions and frequency of suicidality (e.g. suicide ideation, suicide attempt). Scores on SBQ range from 3-18, scores equal to or above 7 indicate being at risk of suicidality.[10]
- **Grief Experience Questionnaire (GEQ) –** The GEQ measures grief reactions associated with bereavement in general as well as grief reactions unique to suicide bereavement (e.g. search for meaning, stigmatisation, guilt, responsibility). Scores on the GEQ range from 5-25, the higher the score the more likely the presence of that particular grief experience.[11]

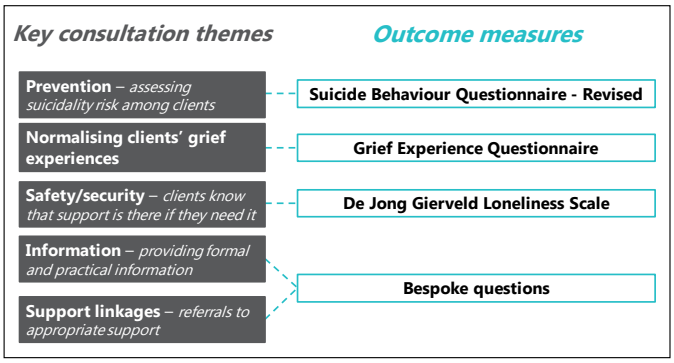
- **De Jong Gierveld Loneliness Scale (DLS) –** The DLS measures social and emotional loneliness and provides a measure of social isolation. Overall scores range from 0-6 (0 = least lonely, 6 = most lonely).[12]
- **Bespoke questions –** The survey also included specific questions relating to support service usage, access to social support, experience and satisfaction with the StandBy service, and various demographic questions.

The three standardised questionnaires were chosen, as many of the themes identified in the consultations could be measured by the questionnaires and/or the subscales within them. For example, the SBQ was chosen as coordinators expressed the view that postvention support such as StandBy is an important aspect of suicide prevention. In addition, StandBy coordinators indicated that the support they provided focused on communicating to clients that many of the grief experiences (e.g. having the "why" questions, feelings of responsibility, stigmatisation or guilt) are normal reactions and that they are not alone. The GEQ was chosen as it directly measures these concepts (e.g. search for meaning, stigmatisation).

Likewise, both former clients and coordinators expressed that, after the event, people bereaved by suicide are often surrounded by friends and family, but shortly after the funeral it can become quiet and some people can experience feelings of loneliness and isolation. It was viewed that StandBy provides a certain feeling of safety or security in the knowledge that someone is there if the client needs them. In light of this, the DLS was chosen as a way to measure social and emotional loneliness, as it contains items such as *"There are many people I can rely on when I have a problem" and "I often feel rejected".*

Figure 3 shows the alignment of key consultation themes with the chosen outcome measures.

Figure 3: Consultation themes aligned to outcome measures



Coordinator feedback

After the draft project survey was developed, all StandBy coordinators were given an opportunity to review the survey and provide additional feedback. Coordinators' feedback was collected via a short online survey, which allowed coordinators to provide comment on each of the questionnaires and specific sections of the survey. All feedback provided by coordinators was taken into account and the survey was revised where appropriate.

Research ethics review

The final research design and project survey were reviewed by the University of Queensland's Human Research Ethics Committee, and ethics approval for the project was granted on 30th November 2017 (Ethics approval number: 2017001441).

Data collection processes

StandBy clients

Overall, seven StandBy sites were involved in data collection from the 5th February to 31st May 2018. The StandBy partner organisation for Brisbane and North QLD, UnitingCare, had a separate research governance process that did not align to the project methodology and timeframe, and a new collaborative model was being established in the Northern Territory. As such, the Brisbane, North QLD, and Darwin sites were not included in the data collection process. StandBy coordinators from each site invited clients to participate in the study at their 3-month and 12-month follow-up calls. Clients were informed about the study, including the aims of the study and an overview of what type of questions the survey asked. Clients consenting to take part in the study were then sent a survey link via a text message by the coordinator.

In addition, the StandBy national office invited former clients who had been supported by StandBy during the period of February 2016 – January 2017 to take part in the study via a text message invitation, which contained a link to the survey.

Non-StandBy bereaved

The participant recruitment strategy for people bereaved by suicide who had not accessed StandBy involved convenience sampling via national online advertising on social media. This broad recruitment strategy also resulted in additional StandBy clients completing the project survey.

Consultations in the Kimberley

> ***"Building a relationship with the client and gaining their trust is the most important thing, everything else is secondary"***

After the initial consultation with coordinators from the Kimberley, it was evident that, due to substantial cultural and regional factors, there were significant differences in the way in which the StandBy model was being delivered within that region. This prompted an alternative evaluation approach to be taken in the Kimberley. In October 2017, additional consultations were conducted in the Kimberley with key stakeholders from social, health, and Aboriginal and Torres Strait Islander organisations. The consultation process consisted of semi-structured interviews, each approximately one hour in length. The aim of the consultations was to gain important insights from stakeholders with regional knowledge and cultural expertise on the development of a culturally appropriate way to obtain client feedback. This included gaining an understanding of how StandBy benefits clients and identifying barriers/issues related to service delivery within the Kimberley.

The consultation findings have been grouped into factors to consider in the development of a feedback survey, a process for seeking feedback, and potential alternative processes for seeking client feedback. This information was used to develop the client feedback form and a broad process to help StandBy coordinators engage with clients and seek feedback.

Consultation findings

Client feedback form

Overall, there was a general consensus among stakeholders regarding what an appropriate feedback process in the form of a short survey may look like and things that should be avoided. Specifically, a short survey should:

- Be short and use straightforward, easy to understand language
- Avoid a "tick 'n' flick" survey style approach
- Limit the amount of questions and incorporate images to break up text
- Have no more than 2-3 response options to questions (e.g. yes, no, not sure).

Process for seeking feedback

The majority of stakeholders expressed the view that the most successful process for gaining feedback and information from Aboriginal and Torres Strait Islander clients is to talk with them, and that this requires having an established relationship with the client and gaining their trust. As one stakeholder put it, *"Building a relationship with the client and gaining their trust is the most important thing, everything else is secondary".*

Overall, there was a general consensus about what an appropriate feedback process should involve, specifically:

- A feedback process should be centred around having a "yarning" style conversation with the client
- The person collecting the feedback must have an established relationship with, and be trusted by, the client
- The process should be flexible enough to allow the person collecting the information to help clients interpret and/or assist in completing the form, using locally appropriate language, where needed
- There should be flexibility around when feedback from clients is sought, as clients may not wish to give feedback initially but may be willing to do so at a later date.

Alternative options

During the consultations, some stakeholders provided alternative options for gathering client feedback that are potentially more culturally appropriate. These included:

- Digital platforms such as a smartphone app – might provide more engagement than standard paper forms
- Audio recordings – would allow clients to talk about their experience with the service freely and in their own words. Other organisations have taken this

approach and are able to get increased engagement and richer feedback

- Leveraging stakeholders and established relationships with Indigenous organisations to gather client feedback on behalf of StandBy as a way of independently evaluating clients' experiences with StandBy
- Conducting consultations with Indigenous StandBy clients and their communities via a third party.

Kimberley client feedback form and process

Developing the client feedback form

The conceptualisation of mental health and wellbeing among Aboriginal and Torres Strait Islander peoples is complex and multidimensional, and includes concepts such as connections to country, culture, spirituality, family, and community.[13,14] Because of this complexity, the feedback form avoided capturing mental health and wellbeing outcomes, instead focusing on more practical and tangible benefits provided by StandBy in the Kimberley.

Existing evidence-based resources, such as information brochures and assessment tools designed for the health workforce working with Aboriginal and Torres Strait Islander people also helped inform the development of the client feedback form.[15,16,17]

The aim of the feedback survey was to capture and assess, as best as possible, certain client outcomes (e.g. financial support), building of protective factors (e.g. helping clients understand where they can go to for help if they need it), and their satisfaction with the support they received. A draft of the Kimberley Client Feedback Form was provided to stakeholders in the Kimberley to review and offer feedback. Overall, the feedback from stakeholders was positive, and all feedback and suggestions were incorporated into the final version of the Kimberley Client Feedback Form.

The client feedback process

Based on the consultation findings, a broad and flexible feedback process was recommended, and included coordinators first engaging clients in conversation in an informal manner, talking to clients about the purpose of the feedback form, and helping to explain and/or elaborate on questions, where needed. In addition, the aim of the process also included the ability for coordinators to provide additional context via their own case notes, where appropriate. For example, if a client indicates that StandBy was a "Big help" regarding "Worry about money", coordinators could provide further details to provide more context (e.g. the client was provided financial support to cover family travel costs to attend a funeral).

Feedback form and process trial

The client feedback form and process were trialled with Aboriginal and Torres Strait Islander clients who had accessed StandBy in the Kimberley. StandBy coordinators in Broome and Kununurra worked with a total of 16 Aboriginal and Torres Strait Islander clients to complete the form.

Outcomes of the process were discussed with each of the coordinators, and several barriers were raised, including how questions on the form were typically interpreted, and the potential lack of accuracy relating to the information collected. Both coordinators indicated that a number of questions on the form were not well understood by clients and required substantial clarification about their meaning and purpose. For example, questions relating to StandBy being able to help with "Worry about family" was often interpreted as relating to family conflict as opposed to StandBy being able to assist family members (e.g. provide financial support so family members could attend funeral).

In addition, one client would not tell friends and family about the service, not because they were unsatisfied with the support they received, but because of a fear that this may mean StandBy would no longer have time to provide support to them. Likewise, clients provided either no or very limited additional open-ended feedback, and the majority of clients responded positively across all indicators measured on the feedback form. Both coordinators suggested that while the majority of clients were indeed happy with the support provided by StandBy, various factors, such as being concerned that responding in any other way may mean no longer having access to the service, could be influencing the responses.

While the development of the client feedback form incorporated the views and opinions of stakeholders and was focused on a flexible process whereby coordinators could work alongside clients when completing the form, the information gained from the form may not provide an accurate account of clients' experiences with StandBy in the Kimberley.

Alternative options

Qualitative client case studies

While the feedback form processes presented limitations, the approach of utilising established positive relationships between coordinators and clients to engage them via a "yarning" style conversation has merit. As already discussed above, other organisations have utilised audio recordings as a means to capture clients' experiences, with reasonable success. Such an approach could be a more appropriate and viable option, particularly given the significant social and cultural complexities within the region (e.g. mistrust of people gathering information, low literacy, over-consultation and research fatigue).

In addition, such an approach could be limited to an annual or biannual process centred around a small number of clients to provide an overview of clients' experiences and outcomes. This approach would allow clients to express themselves in their own terms and is likely to provide richer feedback compared to simple survey indicators. Such an approach is also likely to be more cost-effective and less burdensome on coordinators.

Key stakeholder survey

The qualitative findings from clients could then be used to complement other strategic information gathering processes, such as an annual key stakeholder survey. A short annual survey with key stakeholders in the Kimberley could provide StandBy with strategic feedback to help manage and build on sector relationships and gain insights for service enhancement. Key stakeholders may include referral partners, community organisations, emergency services, and healthcare providers.

A key stakeholder survey could be developed utilising a 'Collective Impact' framework to help guide the development of strategic survey questions. Collective impact is a framework for bringing diverse organisations together to help solve complex social problems and is underpinned by five key elements, such as identifying a common agenda and developing strong relationships through continuous communication.

The benefit of a mixed method approach that includes a key stakeholder survey combined with the findings from qualitative client case studies, is that it can be adopted across all StandBy sites and help provide insights into regional specific barriers and build on existing enablers (e.g. what is working well). In addition, qualitative client case studies could also be used for other at-risk and/or minority groups where online or paper-based surveys may not be appropriate (e.g. refugees, culturally and linguistically diverse peoples).

Results

Participants

In total, 545 people bereaved by suicide completed the survey, 121 StandBy clients and 424 people bereaved by suicide who did not access StandBy (control group). Overall, 485 StandBy clients were directly invited to participate in the study, and 81 completed the survey, resulting in a response rate of 17% and a margin of error of 10%. A further 40 StandBy clients accessed and completed the survey via social media advertising used to recruit control group participants.

There was no significant difference between StandBy clients and the control group on gender, marital status, level of education, or household income. In addition, there was no significant difference between StandBy clients and the control group on the level of social support they received from friends and family at the time of their loss. However, the two groups did differ significantly on age, type of region they resided in at the time (i.e. major city/urban area or regional, rural, or remote), and relationship to the deceased.

Compared to the control group, StandBy clients were significantly older, more likely to live in regional, rural or remote areas, and more likely to have lost a close family member (e.g. partner/spouse, child). A summary of the participant demographic characteristics can be seen on the next page.

Analysis

The StandBy service model is centred around ongoing support for up to 12 months, which typically includes a crisis intervention shortly after a death by suicide, and follow-up and coordination support provided at one week, three months, and 12 months after initial contact. Based on the StandBy model, the data were analysed comparing StandBy clients with the control group in two groups – those whose most recent loss was within the last 12 months and those whose loss was more than 12 months ago.

Analysis included the Chi-Square statistic and one-way multivariate analysis of covariance (MANCOVA). The Chi-Square statistic was used to test differences in proportions between StandBy clients and the control group (e.g. percentage at risk of suicidality). A one-way MANCOVA was used to test differences in average scores of outcome measures between StandBy clients and the control group, and to account for the differences in average age between the participant groups. A one-way MANCOVA is used when there are multiple outcome measures that need to be compared between two or more groups (e.g. StandBy clients compared to non-StandBy clients) and allows for other variables to be controlled for (e.g. variables such as age that may influence the results).

Further analysis was conducted on the variables of region and relationship to the deceased to quantify the influence of these variables on the outcome measures. However, region did not have a significant influence on any of the outcome measures. Relationship to the deceased did have an influence on outcomes, and these differences and influences are discussed further throughout the report.

Participant demographics

StandBy Clients - 121

Control Group - 424

Participants' gender, age, and time since loss

StandBy Clients - 121

Male **16%** Average age **51**

Female **84%** Average age **47**

Time since most recent loss

28% Less than 12 months ago (*n* = 34)

72% More than 12 months ago (*n* = 77)

Control Group - 424

Male **14%** Average age **43**

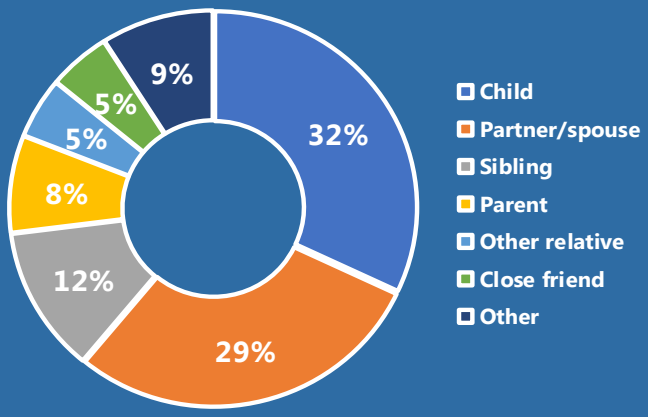
Female **86%** Average age **42**

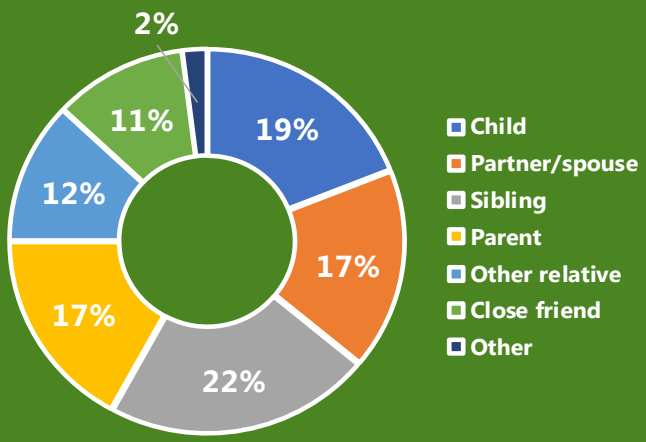
Time since most recent loss

19% Less than 12 months ago (*n* = 82)

81% More than 12 months ago (*n* = 329)

Participants' relationship with the person who died by suicide





Region participants resided at the time of their loss

StandBy Clients - 121

38% Major city/Urban area

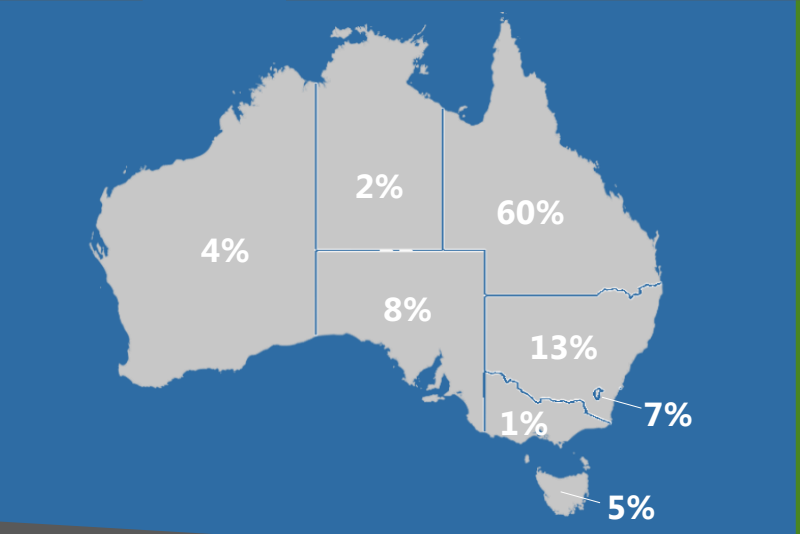
62% Regional/Rural/Remote area

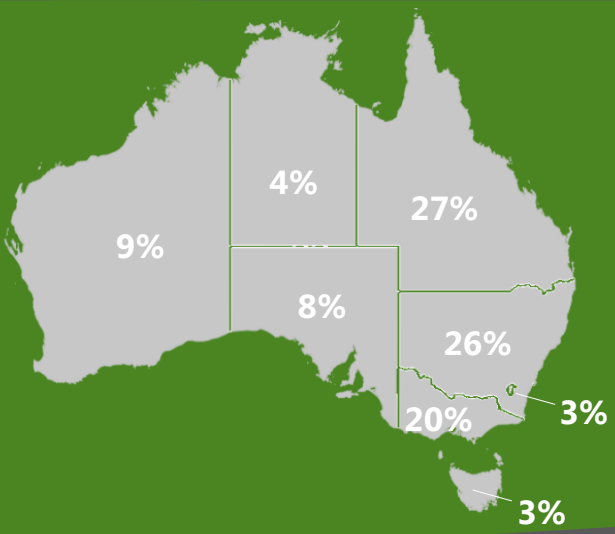
Control Group - 424

55% Major city/Urban area

45% Regional/Rural/Remote area

State or territory participants resided at the time of their loss





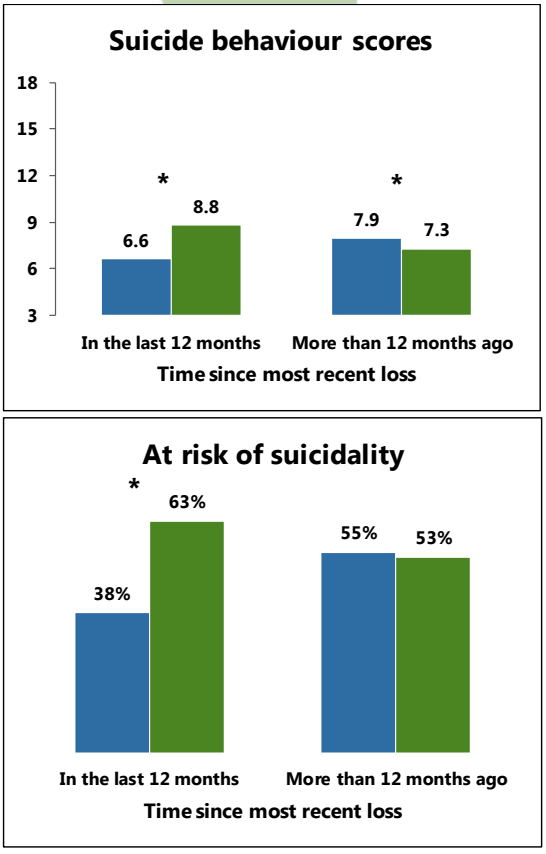
StandBy clients compared to non-StandBy bereaved

Suicidality

Among participants whose loss to suicide was within the last 12 months, StandBy clients scored significantly lower on the SBQ, and were significantly less likely to be at risk of suicidality when compared to the control group (see Figure 4). While StandBy clients whose loss to suicide was more than 12 months ago had significantly higher SBQ scores compared to the control group, they were no more likely to be at risk of suicidality (55% compared to 53%).

The findings suggest that support provided by StandBy may serve as an effective suicide prevention strategy. This is particularly important when considering StandBy clients had a significantly higher proportion of people reporting having lost a partner or child, as losing a partner or child is associated with increased risk of suicidality.[18]

Figure 4: SBQ scores and percent at risk of suicidality



*Statistically significant difference, * = P value <0.05.*

StandBy Clients Control Group

Grief reactions

Overall, eight grief reactions from the GEQ that are associated with suicide bereavement were included in the survey. Figure 5 shows the grief reaction scores of StandBy clients compared to the control group. The results indicate that within the first 12 months of having lost someone to suicide, StandBy clients were significantly less likely to be experiencing a 'loss of social support' compared to the control group. Questions that make up the grief reaction of 'loss of social support' relate to the bereaved person feeling like no one cared to listen to them, feeling like they were a social outcast, and feeling that others did not want them to talk about the death.

Compared to the control group, StandBy clients were significantly more likely to experience feelings of 'responsibility'. Questions that make up the grief reaction of 'responsibility' relate to people feeling like they missed early signs of the person's suicidality and being concerned that aspects of their relationship may have contributed to the person's suicide.

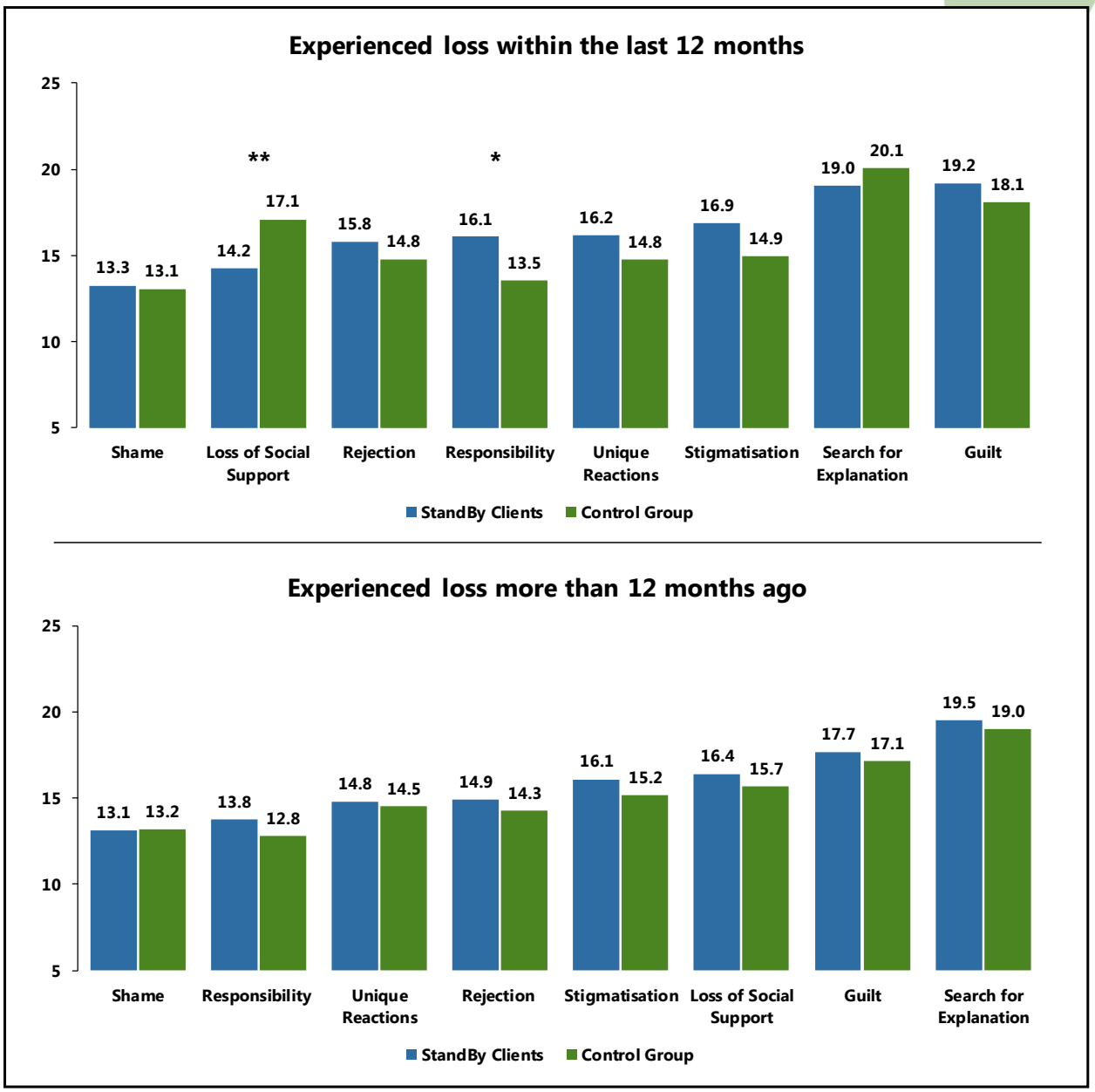
In addition, within the first 12 months of their loss, StandBy clients scored slightly higher on grief reactions of 'stigmatisation', 'guilt', 'rejection' and 'unique reactions'. However, these differences were not statistically significant, and along with increased feelings of responsibility, these differences may be due to a significantly higher proportion of StandBy clients reporting having lost a partner/spouse (29% compared to 17%), or child (32% compared to 19%) when compared to the control group. For example, previous research has found that individuals bereaved by a partner's or child's suicide may have poorer outcomes, including an increased risk of suicidality and hospitalisation for depression.[18]

StandBy clients were 25% less likely to be at risk of suicidality, compared to bereaved people who did not access StandBy.

Overall, both StandBy clients and the control group had high scores on the grief reaction of 'search for explanation' (ranging from 19.0 – 20.1), which were among the highest scores across all the grief reactions, both for those individuals whose most recent loss to suicide was within the last 12 months and more than 12 months ago. The grief reaction of 'search for explanation' is characterised by questions relating to searching for a good reason for the death, questioning why the person had to die, and not accepting the fact that the death occurred. The high scores on this measure among both groups is likely a reflection of the difficulty people bereaved by suicide have when seeking answers and dealing with the "Why" question.

There were no statistically significant differences between StandBy clients and the control group whose loss to suicide was more than 12 months ago. Both StandBy clients and the control group whose loss was more than 12 months ago had slightly lower scores across most grief reactions when compared to participants whose loss was within the last 12 months. However, these differences were minor and not statistically significant, suggesting that there may be only slight reductions in grief reactions for people bereaved by suicide over time.

Figure 5: Grief reactions as measured by the GEQ



*Statistically significant difference, * = P value <0.05, ** = P value < 0.01*

StandBy clients were less likely to experience loneliness, a loss of social connections and mental health concerns.

Loneliness

Figure 6 shows the average scores among StandBy clients and the control group on emotional, social, and overall loneliness, as measured by the DLS. StandBy clients whose most recent loss to suicide was in the last 12 months scored significantly lower on both social and overall loneliness when compared to the control group. The questions that make up social loneliness relate to having plenty of people to rely on when one has problems, having people around that can be trusted, and having enough close relationships with others.

Among participants whose loss to suicide was more than 12 months ago, StandBy clients scored significantly higher on emotional loneliness. However, there is a higher proportion of participants among the control group whose loss was more than 18 months ago when compared to StandBy clients, and this difference may be a broader reflection of decreasing feelings of emotional loneliness over time (e.g. emotional loneliness pertains to feelings of missing an intimate relationship). In addition, scores on overall loneliness did not differ significantly between StandBy clients and the control group whose loss was more than 12 months ago.

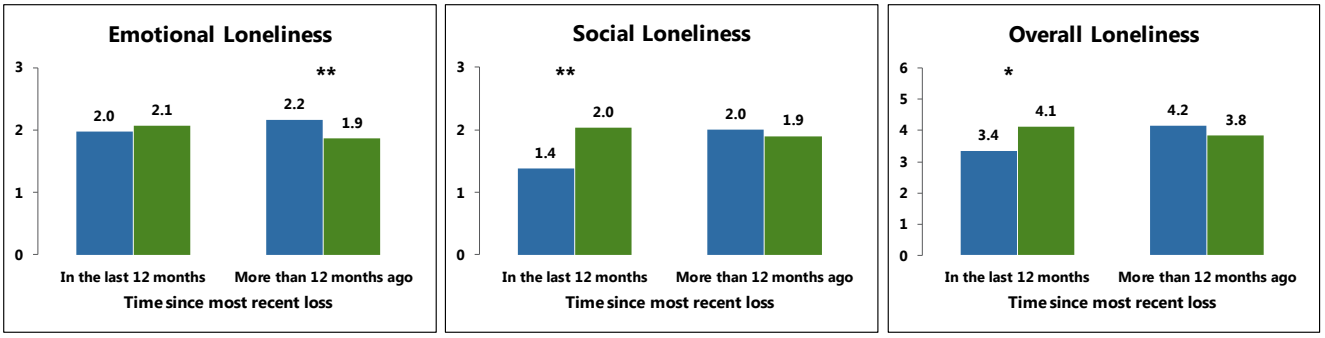
Issues experienced by participants

The project survey also asked participants to report any issues they were currently experiencing. Figure 7 shows each of the issues reported by participants ordered by the largest difference for StandBy clients. Among participants whose loss was within the last 12 months, StandBy clients were significantly less likely to report experiencing mental health concerns and a loss of social connections when compared to the control group.

In contrast, StandBy clients were significantly more likely to report experiencing parenting concerns than the control group. Likewise, a higher proportion of StandBy clients reported experiencing relationship concerns, however, this was not statistically significant. Overall, there was a general trend showing a lower proportion of StandBy clients experiencing each of the remaining issues compared to controls.

There were only minor differences on the issues reported by StandBy clients and the control group whose most recent loss was more than 12 months ago, and these were not statistically significant, with the exception of relationship concerns. StandBy clients were significantly more likely to report relationship concerns when compared to the control group. However, as previously discussed these differences, which were seen across both time periods, may due to a higher proportion of StandBy clients reporting having lost a partner/spouse or child compared to the control group.

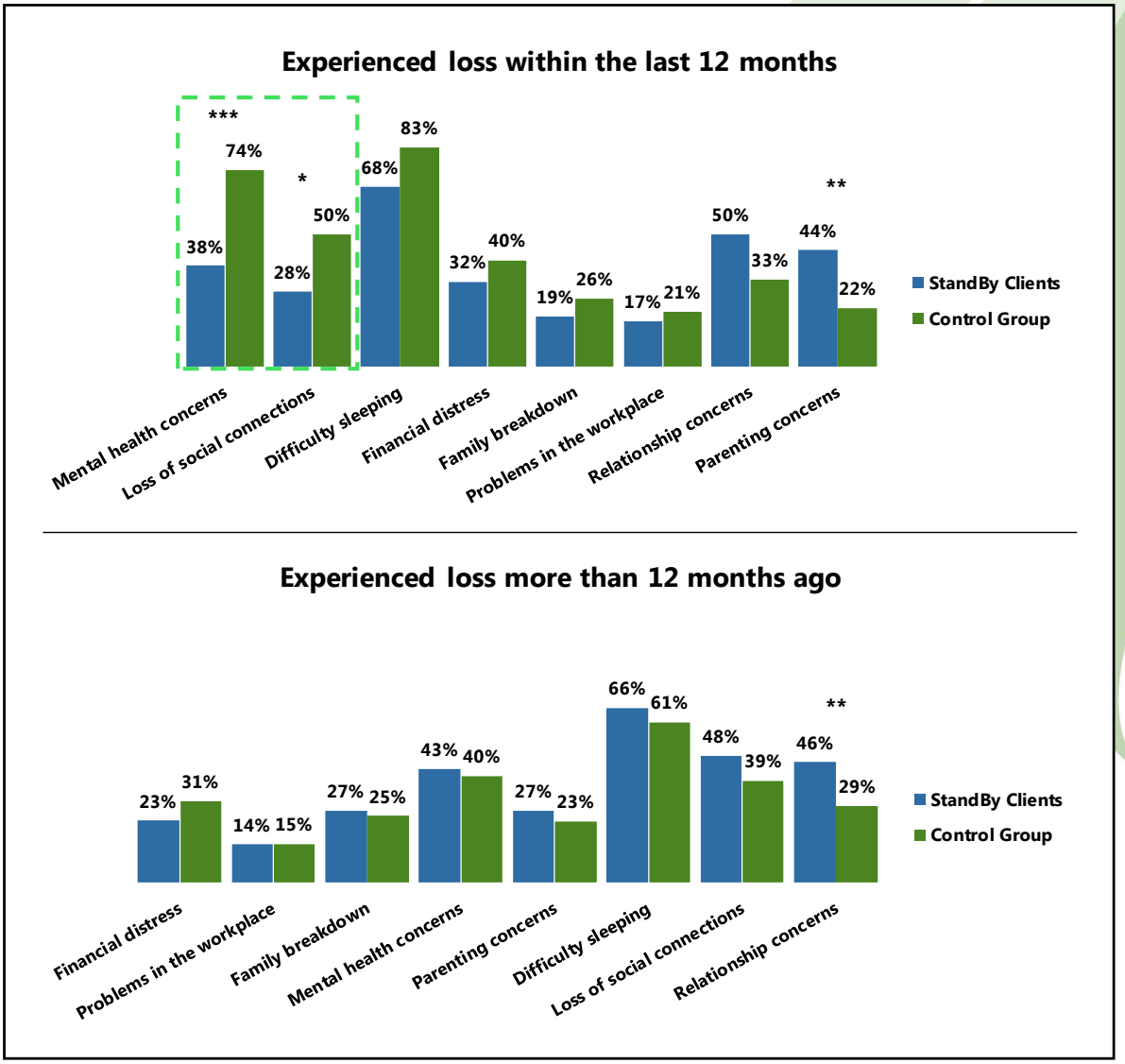
Figure 6: Experiences of loneliness as measured by the DLS



*Statistically significant difference, * = P value <0.05, ** = P value <0.01*

StandBy Clients Control Group

Figure 7: Issues currently experienced by participants



*Statistically significant difference, * = P value <0.05, ** = P value <0.01, *** = P value < 0.001*

StandBy compared to other forms of support

The project survey asked participants if they received any type of informal or formal support at the time of their loss. Informal support included support provided by a religious community or leader, support groups, and web-based resources. Formal support included accessing health professionals such as counsellors, psychologists, or general practitioners.

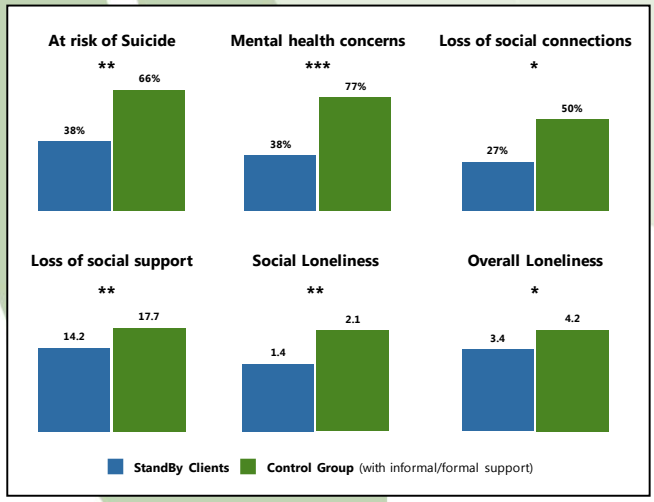
Further analysis was conducted to ensure that differences in outcomes are not due to people in the control group simply not accessing any type of support during the time of their loss. In other words, StandBy client outcomes are not simply the result of receiving some form of support, which may be better than receiving none at all.

Overall, 104 (25%) of control group participants reported not receiving any type of support during the time of their loss. When comparing StandBy clients only to the control group who received some type of support, the same trends were found in both time categories. For example, among participants whose most recent loss was within the last 12 months, StandBy clients were less likely to be at risk of suicide, report mental health concerns, loss of social connections, loss of social support, and less likely to experience social and overall loneliness (Figure 8).

When taking these results together with the above analyses and findings, it provides a solid indication that support provided by StandBy is an important factor for

improving client outcomes in relation to reducing suicidality, increasing social support and connectedness, reducing loneliness, and helping reduce mental health concerns.

Figure 8: StandBy clients compared to controls who received informal or formal support



*Statistically significant difference, * = P value <0.05, ** = P value < 0.01, *** = P value < 0.001*

Key outcomes for all participants

Analysis was also conducted on the full sample of participants (i.e. StandBy clients and bereaved people who did not access StandBy) to gain further insights about outcomes for people bereaved by suicide. The analysis focused on social support (support received by family and friends), and relationship to the deceased. The purpose of this analysis was to contribute further knowledge about people bereaved by suicide and provide information that may be used to help inform service delivery.

The role of support provided by friends and family on outcomes

The project survey asked participants to rate their level of agreement with statements relating to the support they received from friends and family. Participants agreement with each statement was measured by a 5-point Likert scale (i.e. strongly disagree to strongly agree). Level of participants' agreement with the statements were correlated with average scores across each of the key outcome measures.

There was a strong and significant association with receiving plenty of support from friends and family and lower scores on the grief reactions of loss of social support, 'stigmatisation', 'guilt', 'shame', and 'rejection'. In contrast, there was a strong and significant association between wanting more support from friends and family and higher scores on all eight grief reactions. Likewise, receiving plenty of support from friends and family was significantly associated with lower loneliness and suicide behaviour scores, while wanting more support was significantly associated with higher loneliness and suicide behaviour scores.

Overall, the results further show the importance of the social support provided by StandBy, particularly for people who, for various reasons, may not have sufficient access to social support and/or social networks during their most vulnerable time.

Relationship to the deceased and outcomes

Participants' key outcomes scores were compared based on their relationship with the person who died by suicide. There was a general trend indicating that people reporting having lost a partner/spouse, parent, or child had among the highest scores across all grief reactions, loneliness measures and suicide behaviour scores. However, there was no significant difference on overall loneliness or being at risk of suicidality based on relationship.

Overall, people reporting having lost a partner/spouse had significantly higher scores compared to the majority of other relationships across seven of the eight grief reactions. These findings are consistent with previous research indicating that loss of a partner, parent, or child increases the risk of poorer outcomes compared to other types of relationships.[18]

Impact of different types of StandBy support

Analysis was conducted on the 121 StandBy clients to gain further insights about the impact of the support provided by StandBy. This included analysis of outcomes based on the type and length of support clients received, and time since their loss, as well as clients' experience and satisfaction with StandBy.

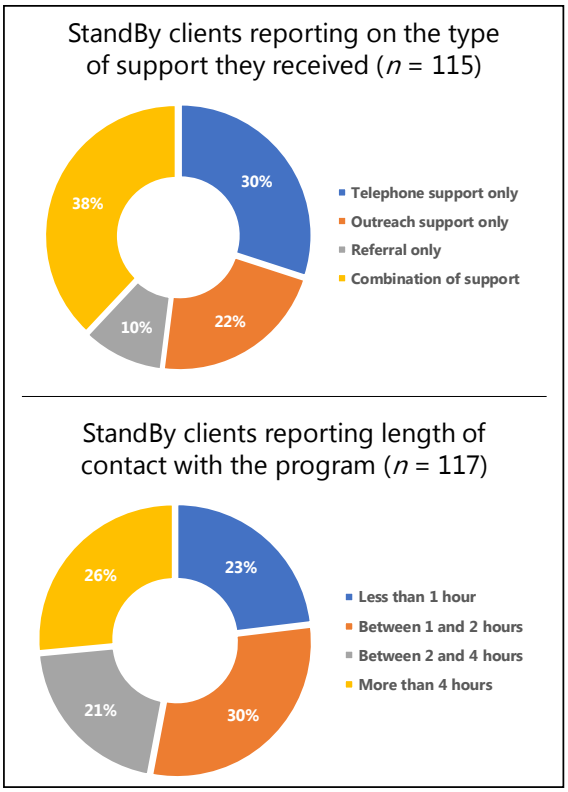
Type of support provided by StandBy

StandBy clients were asked to indicate the type of support they received from StandBy including, telephone support, outreach (i.e. face-to-face support), referral to a support service or provider, or a combination of these support types. In addition, StandBy clients were asked approximately how long in total they were in contact with StandBy (e.g. less than 1 hour in total, more than 4 hours in total). Figure 9 shows the number and percentage of StandBy clients for support type and length of contact.

Overall, a combination of support was the most common support type reported by clients (38%), and between one and two hours was the most commonly reported length of contact with StandBy (30%). However, there was no statistically significant difference between the type of support received by StandBy clients or how long they were in contact with the program on any of the outcome measures (i.e. suicidality, grief reactions, loneliness).

This suggests that irrespective of the type and length of support provided, StandBy clients show improved outcomes compared to people bereaved by suicide who did not have access to StandBy.

Figure 9: Support type and length of contact

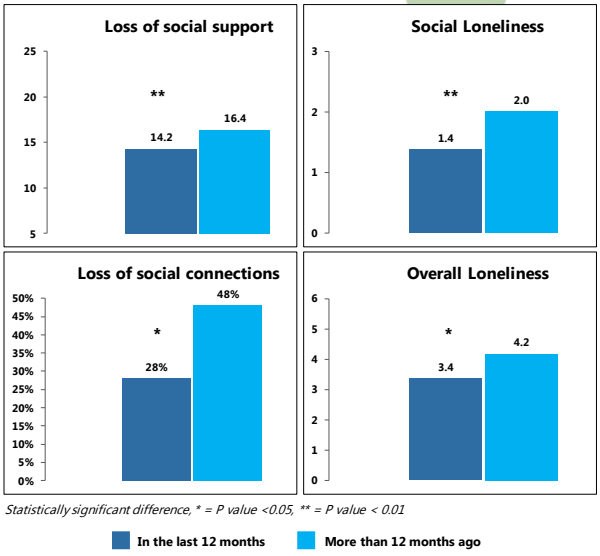


Time since loss

Outcomes of StandBy clients were compared to each other based on time since loss. Figure 10 shows StandBy clients whose loss was within the last 12 months were significantly less likely to experience a loss of support, social loneliness, overall loneliness, and less likely to report experiencing a loss of social connections when compared to StandBy clients whose loss was more than 12 months ago. There were only slight differences on other outcome measures but these were not significant.

Overall, the findings suggest that providing StandBy clients additional support beyond the current 12-month service model could further benefit clients and may help to reduce social isolation and increase social connections.

Figure 10: Significant differences between StandBy clients based on time since loss



Clients' experience with StandBy

The project survey asked StandBy clients various questions relating to their experience and satisfaction with StandBy, as well as with the referrals provided by StandBy. A 5-point Likert scale was used to rate clients' level of agreement with each of the statements (i.e. 1 = Strongly disagree to 5 = Strongly agree).

"The StandBy staff were so understanding, the gentleness and compassion, calling me so many times to make sure I was alright. StandBy has my full gratitude and respect"

Table 1 shows the number and percent of clients who selected either 'agree' or 'strongly agree' with each statement relating to clients' experience and satisfaction with StandBy (i.e. percent positive). Overall, the majority of clients either agreed or strongly agreed with each statement, with close to 90% reporting that they believe StandBy to be an important service for people bereaved by suicide.

A strong indicator of satisfaction with a service is the willingness to recommend it to friends and family. A high level of satisfaction with StandBy is reflected among clients, with 85% either reporting they agreed or strongly agreed with the statement I would recommend the StandBy service to friends and family in a similar situation.

Interestingly, while the statement *"The StandBy staff helped me make some sense of my loss"* has the lowest percentage overall (69%), it nevertheless represents a strong finding, given the large claim the statement makes and the difficulty of helping someone make sense of a loved one's suicide. The finding reflects positively on StandBy staff's ability to support people during a difficult and vulnerable period in their lives.

Client satisfaction with referrals

Overall, 35 (29%) StandBy clients reported receiving a referral to another service. Overall, the majority of clients reported a high level of satisfaction with different aspects of their referrals (see Table 2). The findings suggest that StandBy provides accessible and appropriate referrals, with 81% of referred clients indicating that StandBy referred them to support services that were relevant to their needs and that they did not have to wait long to access the service.

Table 1: Clients' experience and satisfaction with StandBy

Questions relating to clients' experience and satisfaction with the service and support they received from StandBy	Number of clients (agree/strongly agree)	% positive (agree/strongly agree)
I believe the StandBy service is an important form of support for people bereaved by suicide	101	89%
I was pleased to receive support from the StandBy service	99	88%
The StandBy staff treated me with dignity and respect	99	88%
The StandBy staff made me feel like I was not alone	96	85%
I would recommend the StandBy service to friends, family, and colleagues in a similar situation	96	85%
Overall, I was happy with the support provided to me by the StandBy service*	92	82%
The information the StandBy staff provided was useful to me	89	79%
The StandBy staff had a good understanding of my situation	86	76%
With the help of StandBy, I was better able to understand what support I needed and where to find it	85	75%
The StandBy staff helped me make some sense of my loss*	77	69%

Note. *Overall, 113 participants answered each of the satisfaction questions. Questions indicated by * were answered by 112 participants.*

Table 2: Client's satisfaction with referrals provided by StandBy

Questions relating to clients' satisfaction with the referrals they received from StandBy	Number of clients (agree/strongly agree)	% positive (agree/strongly agree)
I was satisfied with the support services I was referred to by the StandBy staff	27	84%
The StandBy staff referred me to support services that were relevant to my needs	26	81%
I did not have to wait long to access the support service referred to me by StandBy staff	26	81%
The support services referred to me by the StandBy staff were easy for me to access	25	78%
The support services I was referred to by StandBy staff provided me with the support I needed	24	75%

Note. *In total, 32 participants answered each of the satisfaction with referral questions.*

Client feedback

The project survey also included open-ended questions where people supported by StandBy could provide further feedback regarding their experience with the support they received, as well as general feedback. Overall, 43 (36%) StandBy clients provided additional feedback. The feedback provided generally fell into one of three broad categories:

1. Positive feedback about StandBy
2. Constructive feedback about StandBy
3. Neutral feedback (e.g. sharing personal experiences of their loss).

The majority of the feedback was neutral in which participants shared their personal experience in more detail. Below is an overview of the positive and constructive feedback provided by StandBy clients.

Identifiable information such as the names of people and cities/StandBy sites have been removed to protect participants' anonymity.

Positive feedback

Positive feedback from clients centered around the ability of StandBy to provide social support, as well as important and relevant referrals to other services. The comments below help highlight these findings.

Social support

- *"The StandBy staff who came to see me and my family in the first days after [person's name] died were amazing. I didn't know where to start or what to do. Just having someone who could gently guide me was a godsend."*
- *"StandBy have been an amazing support following [person's name] suicide. [Person's name] was my only child. One afternoon I wasn't coping and I called StandBy. Within a few hours I had two amazing and supportive StandBy staff sitting with my husband and I on our front deck talking. Just what I needed. I am in awe of such a wonderful service being available at the worst time of my life."*
- *"The StandBy staff were so understanding, the gentleness and compassion, calling me so many times to make sure I was alright. StandBy has my full gratitude and respect."*

Referrals to other services

- *"If it was not for [name of service referred by StandBy] I know I would not be here today."*
- *"They [StandBy] were able to help me to look for support for my youngest child and give me direction to find her support she so badly needed. She is still currently using this support it has been over two years now. They also helped me to find support for my other children and myself. I needed to find support outside my area for confidentiality and also for my privacy."*

Constructive feedback

Some of the constructive feedback provided by clients related to being provided too much information at once, and around accessibility.

Amount of information provided

- *"StandBy got in contact with me not even 48 hours after my partner's passing. I had been admitted into hospital with shock and was in no real state to comprehend what they were trying to offer me."*
- *"The staff were helpful but I felt overwhelmed with the amount of information they tried to impart in a short space of time. Listening more and deciding how much a person could handle at the time would be more helpful. StandBy staff were trying to be helpful but I felt they just wanted to tell me information."*
- *"The staff were knowledgeable and helpful but sometimes tried to give too much information at one time. When you are in a state of shock you can only take in small amounts and need to be heard rather than talked to."*

Accessibility

- *"Please be more accessible after the initial impact of the death. I had two contact sessions and then now feel abandoned."*
- *"It would be nice to have longer sessions in times of needing support. I felt like I had only just started to talk about what was really bothering me before the conversation had to end..."*

Study limitations

An observational study design with a cross-sectional online survey was selected as an appropriate data collection method to compare outcomes between StandBy clients and the control group, as an experimental design with randomisation is difficult and potentially unethical with the target population (people bereaved by suicide).

However, there are several limitations to cross-sectional designs that should be considered when interpreting results. For example, cross-sectional designs collect data at a single time point, and data cannot be used to determine changes over time or establish cause and effect. Likewise, the use of convenience sampling (also known as availability sampling) collects data from population members who are conveniently available to participate in a study, resulting in a sample that may not necessarily be representative of all people bereaved by suicide.

There were some significant differences between StandBy clients and the control group, including a significantly higher proportion of StandBy clients reporting having lost a partner/spouse or child, and being more likely to live in regional, rural, or remote areas when compared to the control group, and these factors are associated with poorer outcomes. Nevertheless, despite these differences, StandBy clients still show positive findings across the key outcome measures (e.g. at risk of suicide, grief reactions, loneliness).

Client feedback survey

A key component of the StandBy Client Outcomes Project was to develop a client feedback survey to evaluate client outcomes and experiences with StandBy on an ongoing basis.

The results from this evaluation showed that an online survey distributed via a text message was an effective method for capturing client experiences and feedback. Although the online survey was quite lengthy, it was generally completed in full and many people provided additional written information at the end of the survey. As such, it is recommended that this approach be continued, with some potential modifications to ensure the process is simple, feasible and rigorous.

The project survey used in this project can be modified to a shorter client feedback survey to capture information across three key areas:

1. **Key client outcomes** (e.g. issues currently experiencing, at risk of suicidality)
2. **Service related information** (e.g. type of support received, service and referral satisfaction)
3. **Client demographic information** (e.g. age, gender, geographic location).

The survey could include short and validated measures such as the SBQ and DLS to measure suicidality and loneliness, and scores/proportions could be benchmarked against the control group findings from the current study (e.g. 63% at risk of suicidality).

If client feedback is to be gathered between 12-18 months after the client's loss, a measure such as the Kessler Psychological Distress Scale (K10) could also be incorporated into the survey. The K10 is a validated measure of general distress (e.g. low distress to very high distress), and scores can be compared against scores within the general Australian population.

Survey distribution options

Outlined below are three options for distributing the client feedback survey, including the benefits and challenges within each option.

Option 1 – Coordinators invite clients to take survey at both the 3-month and 12-month follow-up

Benefits: Information is captured for the same client at two time points allowing for accurate comparisons to be made (e.g. compare outcomes at 3-months with outcomes at 12-months). Most reliable way of measuring outcomes over time. Verbal invitations allow coordinators to provide more information. Ability to distribute paper version of the survey where appropriate.

Challenges: Burdensome for both clients and coordinators. May have high attrition rates at the follow-up point. Increases workload for coordinators and requires additional administration management.

Option 2 – Coordinators invite clients to take survey once at 12-month follow-up

Benefits: Less burdensome than option 1, verbal invitations allow coordinators to provide more information. Ability to distribute paper version of the survey where appropriate.

Challenges: Increases workload for coordinators and requires additional administration management.

Option 3 – National office distributes a 'client snapshot survey' to all clients between 12-18 months after initial contact via text message invite

Benefits: More efficient and cost-effective. No additional workload for coordinators. Ability to include reminder and opt-out options into text message invites.

Challenges: No verbal communication with clients to inform them about receiving text message invite. Only clients with mobile phones are invited to take survey.

Key findings

The findings suggest that support provided by StandBy within the first 12 months of an individual's loss to suicide is an effective prevention strategy, with StandBy clients being significantly less likely to be at risk of suicidality when compared to the control group. This finding continued to hold even when comparing StandBy clients only to people who did not access StandBy but did access other forms of support (e.g. support group, mental health professional).

The results also showed that StandBy clients whose loss was within the last 12 months had better outcomes across a number of social factors. StandBy clients were significantly less likely to report experiencing a loss of social support, loss of social connections, as well as social and overall loneliness when compared to the control group. Providing social support and building social networks are important protective factors against poor mental and physical health.[19] This is also reflected in the finding that StandBy clients were significantly less likely to report experiencing mental health concerns when compared to the control group.

Overall, these findings provide a strong indication of the positive impact StandBy has for people bereaved by suicide within the first 12 months of their loss. For example, previous research suggests that compared to other forms of bereavement, people bereaved by suicide are more likely to experience social isolation, stigmatisation, and withdraw from social networks such as friends and family.[20, 21] In addition, loneliness is significantly associated with poor health outcomes such as depression, poor sleep quality, impaired immunity, and earlier mortality.[22] Likewise, both subjective and objective conceptions of loneliness have been found to be significantly associated with suicide ideation (e.g. feelings of loneliness, living alone or being without friends).[23]

The results among people whose loss from suicide was more than 12 months ago were less conclusive. There was no significant difference between StandBy clients and the control group on being at risk of suicide or grief reactions. Just over half of StandBy clients and the control group were at risk of suicidality (55% and 53% respectively). Likewise, there were no significant differences between StandBy clients and the control group on any of the grief reactions or on overall loneliness. The findings are consistent with previous research indicating that suicide bereavement is associated with an increased risk of poor outcomes over the long-term, including complicated grief and depression.[5,20] These findings suggest that extending the support provided by StandBy beyond the current 12-month model may further benefit people bereaved by suicide.

Overall, StandBy clients reported a high level of satisfaction with the support they received. Around 90% of clients believed StandBy to be an important form of support for people bereaved by suicide and were pleased to receive support from StandBy. Over 80% of StandBy clients reported that they received timely referrals to other support services, and that the services they were referred to were relevant to their needs. Additionally, around 85% of StandBy clients were satisfied with the service that they were referred to.

Overall, the results from the Client Outcomes Project suggest that support provided by StandBy has a positive impact across a number of areas for people whose most recent loss was within the last 12 months, even when compared to people who received support from other sources. The StandBy model of support has been shown to have a unique positive impact for people bereaved by suicide, regardless of how they received that support or how much support they receive. The positive impacts include reducing suicidality and loneliness, building social support networks, and helping to reduce the risk of mental health concerns.

With several hundred-thousand Australians being impacted by suicide each year, these outcomes are important, as they have the potential to prevent further deaths and reduce the burden of suicide in Australia.

Recommendations

1 StandBy model expansion with a focus on social support and connectedness

The results indicate that among people whose loss was more than 12 months ago, there was little difference between StandBy clients and the control group on the key outcome measures. In contrast, among people whose loss was within the last 12 months, StandBy clients had significantly better outcomes across the key outcome measures, particularly on aspects of social support and connectedness.

Consider expanding the current service model to two years, with an increased emphasis on social support focused on social and emotional wellbeing in the second year. This could include engagement with social and community activities that are not directly associated with mental health or service delivery, but rather focus on building protective factors, such as social support and connectedness that have long-term physical and psychological benefits. This could include engagement with various physical and/or social activities (e.g. yoga, hiking, volunteer work).

StandBy coordinators could help identify relevant options within their region to refer clients, or activities could be StandBy-led via social activity hubs. This could have multiple benefits, including increasing clients' involvement in community and social activities (e.g. reduce loneliness, increase social connectedness, and increasing community awareness to help reduce stigma).

2 Develop a key stakeholder survey and combine with qualitative client case studies

The client feedback process and survey developed for the Kimberley presented some limitations. However, consultations conducted with key stakeholders in the Kimberley provided important insights into the unique challenges in the region. Likewise, a number of potential options for seeking client feedback were identified that could be adopted by StandBy.

Consider the development and use of an annual stakeholder survey to gain strategic regional insights for each site using a Collective Impact framework. Key stakeholders could include community organisations, emergency services, healthcare providers, and local advisory groups. The insights gained could be used to identify service gaps or region-specific barriers and help enhance service delivery. The findings from the survey could be complemented by 2-3 qualitative client case studies via semi-structured interviews.

Combining these two approaches could be a cost-effective way in which to gain important service delivery insights, and a culturally appropriate way to understand client outcomes, particularly for client groups where engagement tools such as online and paper surveys may not be suitable (e.g. Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse populations).

3 Implement an ongoing client feedback survey

The results from the evaluation showed that an online survey distributed via text message was an effective method for capturing client experiences and feedback.

Consider the use of an ongoing client feedback survey that combines measures of client outcomes, service delivery, and client feedback. A client feedback survey could provide sufficient insights into client outcomes and service delivery that could be used for business and service development purposes (e.g. annual reporting, tenders, contracts, service re-design). Three survey distribution options have been suggested:

1. Coordinators invite clients to take the survey at both the 3-month and 12-month follow-up
2. Coordinators invite clients to take the survey once at the 12-month follow-up
3. The national office distributes a 'Client Snapshot survey' to all clients between 12-18 months after initial contact via text message invite.

4 Develop a research protocol to measure client outcomes and support needs overtime

Due to the cross-sectional design used in this evaluation, changes in client outcomes could not be measured overtime (e.g. 6, 12, 18 months after loss). In addition, there was little difference between StandBy clients and the control group whose loss was more than 12 months ago on the key outcome measures.

Consider developing a longitudinal research protocol to measure client outcomes and help identify changing support needs over time. A longitudinal research protocol could also be used to evaluate the efficacy of any StandBy service model expansion.

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