

Collaborative Evaluation & Research Group

Supporting Innovative Research and Evaluation



LOCAL MEN

LOCAL COMMUNITIES

South Gippsland Shire Council

Project Evaluation

2022

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FEDERATION UNIVERSITY
COLLABORATIVE EVALUATION UNIT

SUPPORTING INNOVATIVE RESEARCH AND EVALUATION

LOCAL MEN
LOCAL COMMUNITIES
South Gippsland Shire Council
Suicide Prevention Project
Evaluation

12.08.2022

ACKNOWLEDGEMENTS

The Collaborative Evaluation and Research Group (CERG), Federation University Gippsland, acknowledges Aboriginal and Torres Strait Islander people as the traditional owners and custodians of the land, sea and nations and pay our respect to elders, past, present and emerging. The CERG further acknowledges our commitment to working respectfully to honour their ongoing cultural and spiritual connections to this country.

CERG would like to thank South Gippsland Shire Council for funding this evaluation. Further CERG would like to acknowledge and thank the Project Team for their ongoing collaboration and support.

ABOUT THE AUTHOR

The Collaborative Evaluation and Research Group (CERG), Federation University Gippsland, is an innovative initiative that aims to build evaluation capacity and expertise within Gippsland. As a local provider the CERG understands the value of listening to the community and has the ability to deliver timely and sustainable evaluations that are tailored to the needs of a wide variety of organisations.

Associate Professor Joanne Porter is the Director of the CERG. Joanne has led a number of successful research projects and evaluations in conjunction with local industry partners. She has guided the development of the CERG since its formation in 2018.

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Joanne Porter*

CONTENTS

ACKNOWLEDGEMENTS	...	4
ABOUT THE AUTHOR	...	4
CONTENTS	...	5
1. EXECUTIVE SUMMARY:	...	6
1.1 Introduction	...	6
1.2 Key Findings and Implications	...	6
1.3 Key Recommendations	...	7
2. LOCAL MEN, LOCAL COMMUNITIES	...	9
2.1 Introduction	...	9
2.2 Project Objectives	...	9
2.3 Project Delivery	...	10
3. THE EVALUATION OF LOCAL MEN, LOCAL COMMUNITIES	...	12
3.1 The Aim of the Evaluation	...	12
3.2 Data Collection	...	12
4. LOCAL MEN, LOCAL COMMUNITIES EVALUATION FINDINGS	...	13
4.1 Project Activities	...	13
4.2 Analysis of Survey Data	...	18
4.3 Content Analysis of Interviews with the Project Team	...	21
4.4 Thematic Analysis of Interviews with Chat & Chomp Participants 2021	...	16
4.5 Content Analysis of Interviews with Chat & Chomp Participants 2022	...	32
5. LITERATURE REVIEW SUMMARY	...	35
6. DISCUSSION AND RECOMMENDATIONS	...	36
6.1 Discussion	...	36
6.2 Recommendations	...	38
7. LIMITATIONS OF THE EVALUATION	...	39
8. METHODOLOGY	...	39
8.1 Conceptual Framework	...	39
8.2 Evaluation Methodology	...	40
9. ETHICAL APPROVAL AND PRACTICE	...	42
10. ABBREVIATIONS	...	43
11. LIST OF FIGURES	...	43
12. APPENDICES	...	44
Appendix 1: Human Research and Ethics Approval	...	45
Appendix 2: A scoping review of community-based adult suicide prevention initiatives in rural and regional Australia	...	46

1. EXECUTIVE SUMMARY

1.1 INTRODUCTION

Local Men, Local Communities aimed to build the capacity of local individuals, community groups and workplaces to support the mental health and emotional wellbeing of men aged over 25 in South Gippsland. The project was informed by five key objectives, to improve awareness, support men to engage in activities supporting greater social connection, enable a collaborative approach to suicide prevention, support for men, their friends and families affected by suicide and to support ongoing suicide prevention activities in line with the South Gippsland Shire Council's (SGSC) South Gippsland Municipal Public Health and Wellbeing Plan.

The aim of the evaluation was to determine the impact of the project on building the capacity of community groups and workplaces in South Gippsland to support the mental health and emotional wellbeing of men aged over 25 years and community members.

The evaluation of the Local Men, Local Communities addressed the following research questions:

1. Has the SGSC project enabled increased capacity for community groups and services providers to support adult men at risk of suicide, their friends and families?
2. Have the events and activities conducted by SGSC resulted in greater connection and improved mental health and emotional wellbeing of men aged over 25 years?

1.2 KEY FINDINGS AND IMPLICATIONS

A total of 389 individuals participated in suicide prevention training programs with a further 512 people who engaged in events delivered during the program. The success in the project is directly related to the establishment of the Chat & Chomp men's group of local identities who were chosen to represent their various townships. The men, although reluctant at first, participated in eight forums, designed, organised and successfully implemented four major events; Bat Bowl Catch and Care, Chatty Café, Golf Without Balls and 24-hour Table Tennis. There was a clear intent of the group to focus the activities on mental health rather than suicide prevention to ensure men felt comfortable to attend events.

"We made a decision quite early on that we weren't going to talk suicide prevention all the time. It was very much in the background. It was much more about social connectedness and mental health and wellbeing and looking out for each other".

The Hope Assistance Local Tradies (HALT) training was well received, especially by the SGSC depot staff who attended two HALT toolbox sessions in November 2021 and March 2022. The facilitators were relatable and spoke to the attendees informally during a breakfast staff catch up. The depot managers noted that the sessions encouraged staff to check in with each other more often and were more inclined to speak up if they needed extra support. They also noted that further sessions, in particular individual sessions, would be a useful follow up.

The men interviewed for the evaluation were reflective about the purpose of the Chat & Chomp group and what they could achieve around mental health and wellbeing for their communities.

"I think the message was more around sort of social inclusion ... It was about trying to get people to engage back into community and to talk to people. I think that's probably the key to the success of it".

The Local Men Local Communities project created a placed-based approach to suicide prevention activities in regional Victoria. The establishment of a local men's group such as the Chat & Chomp group creates a forum for ideas to be generated that address local issues and provides a solutions-based approach to implementing events, training and awareness campaigns. The Chat & Chomp men's forums should be encouraged to continue in South Gippsland, as they have the potential to effectively promote to suicide prevention and ensure men's mental health stays at the forefront of community engagement activities.

1.3 KEY RECOMMENDATIONS

1. Provision needs to be made for follow-up with participants post mental health training
 - a. Follow-up with participants post workshops and/or programs ensures people are provided with the resources they need in a timely manner
 - b. Re-engagement post workshops and/or programs has allowed time for participants to reflect on the content and implement strategies in their lives and their loved one's lives
 - c. More rigorous evaluation and measurement of the success of workshops and/or programs can be achieved with follow-up through in-depth responses

2. The Chat & Chomp men's sessions and group should continue to be supported in South Gippsland
 - a. Local men are encouraged to participate in regular forums to discuss local solutions to address mental health for men in regional areas
 - b. Funding should be allocated to support the activities of the group
 - c. Connections with existing organisations and groups should be encouraged to build a sustainable model for addressing men's mental health needs

3. Mental health training and education improve awareness and knowledge
 - a. Regular training and mental health first aid is offered to local residents, managers and project team members.
 - b. Education is encouraged within organisations to increase awareness
 - c. Further, individuals should be supported to seek help through official mental health agencies.

LOCAL MEN LOCAL COMMUNITIES

389

Participated in
suicide prevention
training programs

512

Engaged in events
delivered during
the program

Chat & Chomp



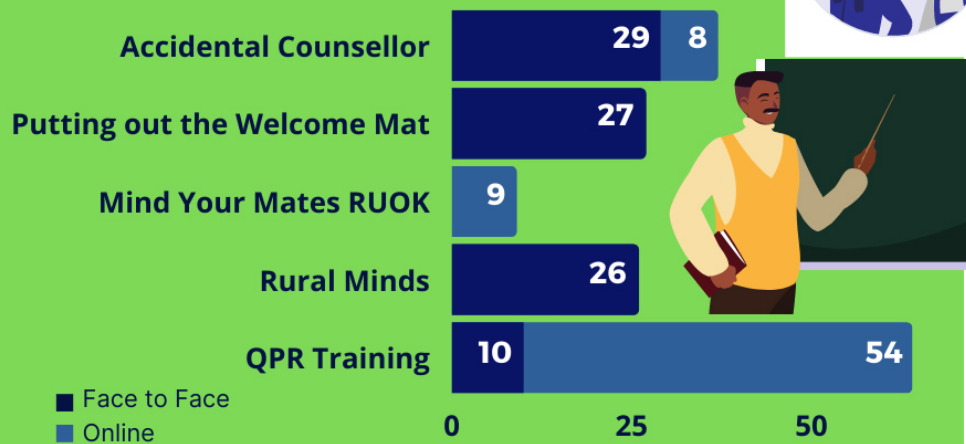
8 sessions

4 event ideas

Bat Bowl Catch and Care
Chatty Café
Golf Without Balls
24 Hour Table Tennis
Marathon



Training Delivered:

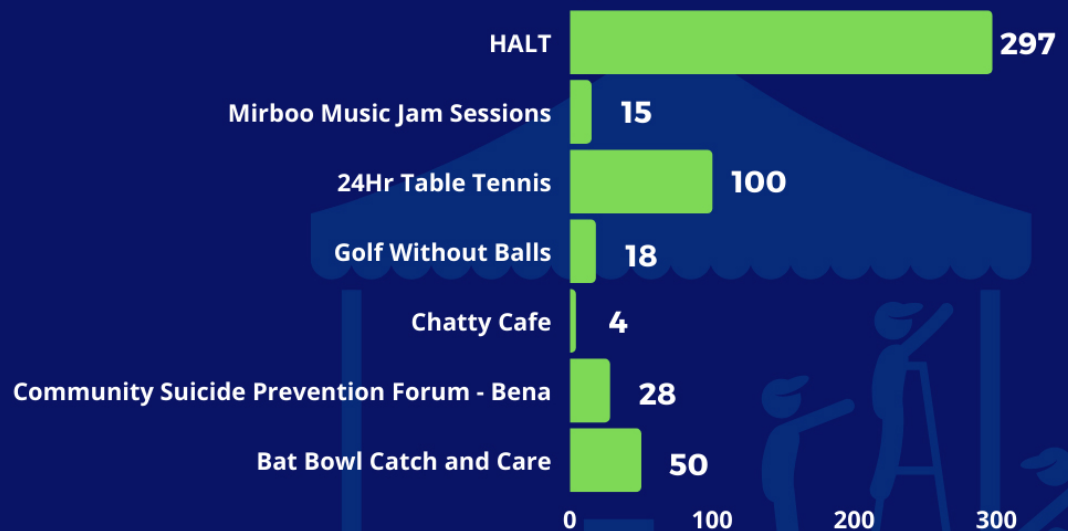


Changing the language:

The Project Team made a decision early in the project to not talk about suicide and suicide prevention, rather to talk about social connectedness, mental health and wellbeing.

"I think it's made us realise that we don't have to do it all on our own... with him coming and reiterating that we're not all On our own ... I think it was pretty good. It makes you think 'yeah, why haven't we talked about this sort of stuff before?'"

Event Participants:



2. LOCAL MEN, LOCAL COMMUNITIES

2.1 INTRODUCTION

Suicide is the 10th leading cause of death among males in Australia, and the highest ranked male external cause of death compared to accidents and assaults¹. The suicide rate is higher in rural Victoria (14.9 per 100,000) than in metropolitan Melbourne (9.4 per 100,000), and mental health services can be more difficult to access². Rural areas are also more susceptible to environmental disasters such as fire, flood and drought, all of which can decrease the mental wellbeing of rural community members².

The Victorian Suicide Prevention Framework 2016-25 aims to decrease Victoria's suicide rate by 50% before the year 2025 and has designed strategies to meet this ambitious target². The COVID-19 pandemic, however, has caused massive disruption to support services in Australia, with many mental health services operating at reduced capacity and rural communities have been isolated by social distancing regulations. There was a fear that suicide rates would increase because of COVID-19. In response, the South Gippsland Shire Council (SGSC) designed a range of events and activities to support the mental health and emotional wellbeing of men aged over 25 years and community members. This evaluation will assist the SGSC to assess the impact of the Local Men, Local Communities, a suicide prevention project and inform future project and policy strategies.

Funded by the Department of Health (DH) Local Men, Local Communities aimed to build the capacity of local community members, community groups and workplaces to support the mental health and emotional wellbeing of men aged over 25 in South Gippsland. Funding was approved in April 2020 for the project to run for 12 months, however a 12-month extension was granted due to the effects of the COVID-19 pandemic.

2.2 PROJECT OBJECTIVES

The Project focussed on two primary goals:

Prevention: Working with community groups and individuals to identify training and activities that build mental health, emotional wellbeing and social connectedness for rural men aged over 25.

Postvention: Working with community groups, volunteers, service providers, educators and the media to establish a protocol of linked service providers and community supports for people bereaved by suicide.³

The project was informed by five objectives;

Objective 1: Improve awareness and capacity of community groups and individuals to support positive mental health and emotional wellbeing for men aged over 25

Objective 2: Support men aged over 25 to engage in activities supporting greater social connection and improved mental health and emotional wellbeing

Objective 3: Enable a collaborative approach to suicide prevention across South Gippsland and Bass Coast

¹ ABS. (2018). Causes of Death, Australia, 2018. Retrieved from <https://www.abs.gov.au/ausstats/abs@.nsf/mf/3303.0>

² The Victorian Government. (2016). Victoria's 10-year mental health plan: Victorian suicide prevention framework 2016-25. Retrieved from Melbourne, Victoria: www.mentalhealthplan.vic.gov.au

³ Local Men Local Communities: retrieved from: <https://www.localmen-localcommunities.com.au/about> 13.07.2022

Objective 4: Enable community groups and service providers and organisations to plan a postvention protocol that support adult men, their friends and family bereaved by suicide

Objective 5: Support ongoing suicide prevention activities via the South Gippsland Municipal Public Health and Wellbeing Plan

2.2 TARGET AUDIENCE

The target group for the project included men aged 25 and over in South Gippsland, with a specific focus on men aged between 25 and 50 years.



Figure 1: The Gippsland Region by Local Government Area

South Gippsland Shire Council is located in south-eastern Victoria, approximately 100 kilometres south-east of the Melbourne Central Business District (CBD). The population of the Shire is 30,455⁴ with a land area of 3,295 square kms. It is a rural, residential and holiday area, with substantial coastal areas. Much of the rural land is used for timber production and agriculture, with dairy, beef and snow pea farming the main agricultural industries.⁴

2.3 PROJECT DELIVERY

Three main components for the project were planned:

1. Training for community groups
 - a. Make connections between community groups and existing mental health and suicide prevention training. Create a menu of training courses to be delivered through community groups and workplaces by accredited training organisations
 - b. Equip community groups and organisations with contacts and funding opportunities to continue training for their local communities
2. Social events and activities to bring men together
 - a. Community groups and individuals given a range of events and activities targeted at men
 - b. Social events and activities in South Gippsland, working with community groups to promote the activities to anyone who wishes to participate
3. Supporting a postvention protocol for men aged over 25
 - a. The project will support community groups and service providers to find the resources they need to develop and promote a postvention protocol to support the community to support all impacted by the suicide of community members.

⁴ <https://profile.id.com.au/south-gippsland>



Local Men, Local Communities Project Team, South Gippsland Shire Council:
L to R: Vicki Bradley and Barbara Look

3. THE EVALUATION OF LOCAL MEN, LOCAL COMMUNITIES

3.1 THE AIM OF THE EVALUATION

The aim of the evaluation was to determine the impact of the Local Men, Local Communities project on building the capacity of community groups and workplaces in South Gippsland to support the mental health and emotional wellbeing of men aged over 25 years.

3.2 EVALUATION RESEARCH QUESTIONS

The evaluation of the project addressed the following research questions:

1. Has the SGSC project enabled increased capacity for community groups and services providers to support adult men at risk of suicide their friends and families?
2. Have the events and activities conducted by SGSC resulted in greater connection and improved mental health and emotional wellbeing of men aged over 25 years?

3.3 DATA COLLECTION

The evaluation of the project utilised a variety of data collection tools in a mixed methods approach which provided information about process, outcomes and impact. Quantitative and qualitative data was collected as shown in Figure 2.

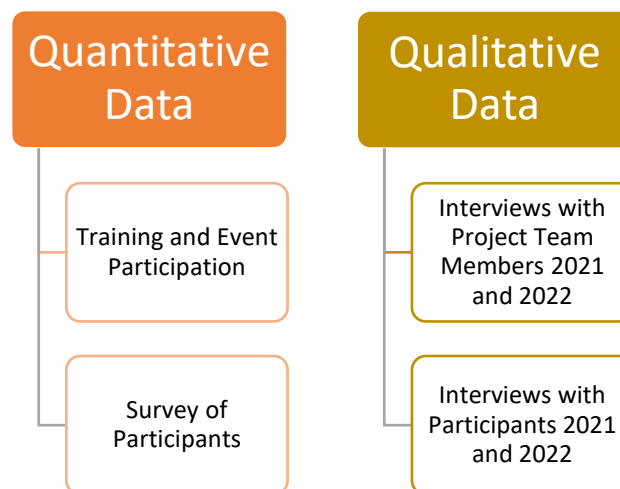


Figure 2: Data Collected

See Section 8 for Evaluation Methodology

4. LOCAL MEN, LOCAL COMMUNITIES EVALUATION FINDINGS

4.1 PROJECT ACTIVITIES

4.1.1 TRAINING

A total of 389 people participated in mental health and wellbeing training online and face to face between July 2020 – June 2022 as shown in Figure 3 below

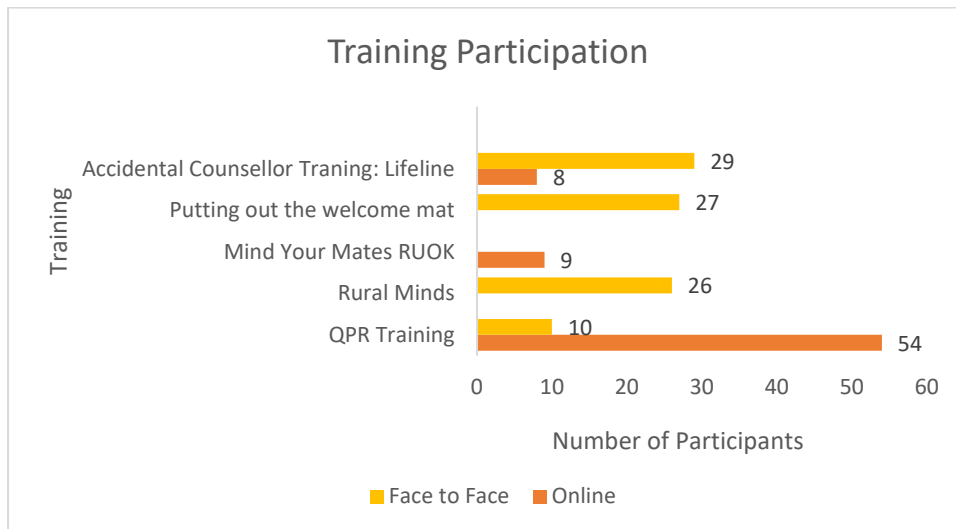


Figure 3: Participation in Mental Health Training

The project offered a variety of training opportunities and types of training to capture the target audience. The scope of the training was designed to capture the interests of a broad audience. QPR (Question, Persuade, Refer) training was the most popular with 64 attendees. Delivered by Wellways, it is suicide prevention training. Putting out the welcome mat was run by Non Profit Training and was tailored to a request from the South Gippsland community. Rural Minds – Rural and Remote Mental Health – develop mental health literacy and suicide prevention training programs delivered in rural, Indigenous and mining communities across Australia. The Accidental Counsellor Training was run by Lifeline Gippsland and was aimed at providing basic skills and a structure to enable support and provide assistance using the ‘Recognise, Respond, Refer’ mode. RUOK is a harm prevention charity that encourages people to stay connected and have conversations that can help others through difficult times. Training in Mind Your Mates supported participants to use the RUOK messaging in day to day interactions with others. Well Together was also delivered by Wellways to staff at SGSC on 21 June 2021.

A number of community training sessions were cancelled due to COVID-19 and / or subsequent lack of interest. These included SALT (Sport and Life Training) and Well Together workshops for community groups and organisations focusing on creating a more welcoming and inclusive environment, delivered by Wellways.

4.1.2 EVENTS

As shown in Figure 4, a number of events were organised and engaged a total of 512 participants. Five Chat & Chomp sessions were held with the overall attendance being 42. Ideas that were instigated at these sessions included:

- Bat Bowl Catch and Care – cricket round with a sustainable welfare focus
- Chatty Café started in Leongatha and extended to other venues
- Golf without balls
- 24 Hour Table Tennis Marathon which was held in Loch

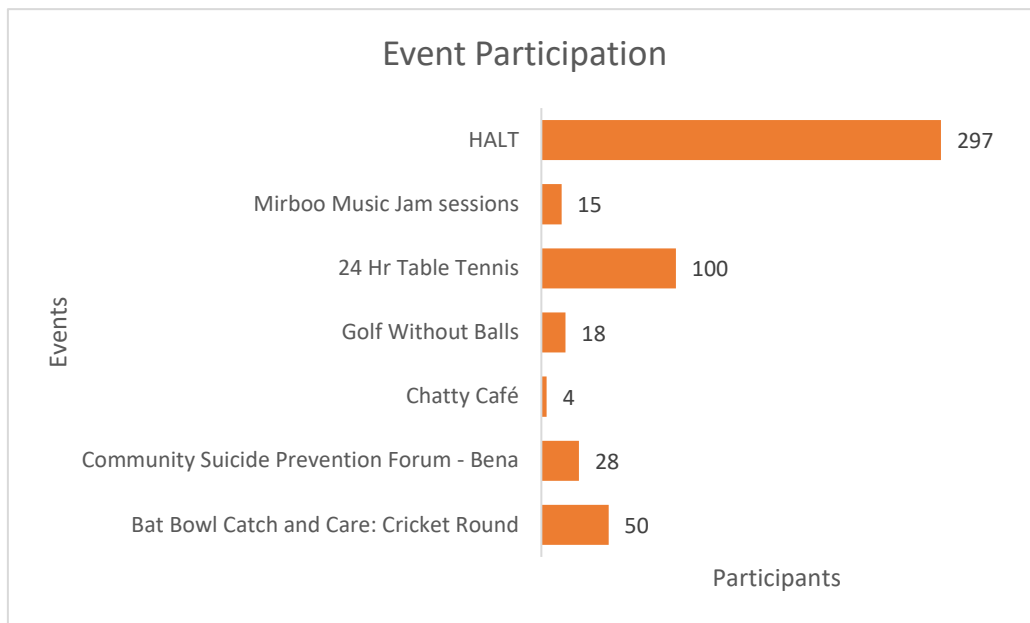


Figure 4: Event Participation

Community Suicide Prevention Forum – Bena
In partnership with Wesley Lifeforce and Wellways
with
Mijak Daw and Tracey Bartram

Mijak Daw, a former Australian Rules footballer, was an inspirational guest speaker at the March 2022 Chat & Chomp Event. Majak has experienced mental illness and is a survivor of a suicide attempt. He spoke candidly about his journey from injury and mental illness to return to playing football to encourage others to seek help or to speak out.

Comedian and Fox FM Presenter Tracey Bartram spoke from her experiences of mental illness and strategies for dealing with childhood trauma.

The event was supported by Wesley Lifeforce and Wellways who were looking to recruit participants to a community led local suicide prevention network.



HALT (Hope Assistance Local Tradies) is a national grass-roots suicide prevention charity that host events for tradies and apprentices at workplaces, hardware stores, sporting clubs, Men’s Sheds and TAFES across Australia to raise awareness of mental health and connect people with local and national support services. HALT events were run at SGSC Depot, Apprentices Group Australia (AGA), Korumburra, Men’s Shed Gippsland Cluster and Mitre 10.

HALT events

Interview with South Gippsland Shire Council Depot staff

Two SGSC senior managers were interviewed to hear their thoughts on the impact the HALT events that were held with Council Depot staff in November 2021 and March 2022. Depot staff from across South Gippsland were invited to a toolbox breakfast where staff from HALT were invited to speak. The presentation was informal, with male and female speakers talking about their experiences with mental illness and how they were able to get help.



Figure 5: HALT COVID-19 Wellbeing

The informal nature of the HALT visits in addition to the speaker’s relatable nature helped to convey important information about mental health and wellbeing.

“It was very relatable to a lot of our team members... he didn’t say it wasn’t just outside of work, it was inside of work as well....it was just people can relate to him because he’s been there, and he’s done it I suppose.”

Approximately 90 people attended each depot event which included a coffee wagon and barbecue. The interviewees felt that the key take home messages were heard with many of the staff speaking about the session afterwards.

“I think it’s made us realise that we don’t have to do it all on our own. I think with him coming and like reiterating that we’re not all On our own ... I think it was pretty good. It makes you think ‘yeah, why haven’t we talked about this sort of stuff before?’”

The interviewees also felt that the sessions normalised mental illness and it is ok to seek help. *“It’s Ok to talk to people about your feelings and it’s good to check up on your co-workers. It’s not hard to just ask someone how they are.”* The interviewees did note, however, that after the events there was no follow up with participants to see if there were any issues that they wished to discuss. It was suggested that the SGSC offer an opportunity for depot staff to speak to a counsellor, link to or make people aware of the Employee Assistance Program (EAP) following these events.

“If we put it out there and said, ‘Look, here’s an opportunity. You can sit down for 10/15 or half an hour, with someone outside Council who doesn’t know what’s going on.’ That might be a really good thing, because there’s a lot of people that hold stuff to themselves”

In addition, the interviewees felt that the HALT sessions created opportunities post forums to check in with their staff and that the forums gave them the skills and confidence to do that. *“We talk a lot more amongst each other.... I feel like I talk a lot more openly to the guys around the yard.... About how people are going .. always asking people how they are and that.”*

The forums also gave the interviewees techniques to begin conversations with staff, asking staff how they were and also the ability to direct staff to support if needed.

“I asked the guys one on one a bit more how things are going with stuff at home or how things are.... I’ve learnt a lot more about my guys by talking about that. Just asking them how they are, I think, more so than anything, it’s made me a little bit better supervisor.”

4.2 ANALYSIS OF SURVEY DATA

Survey data was collected from community workshops and programs run by SGSC for the Local Men, Local Communities project. This data outlines feedback from workshops and programs run from April to August 2021. The anonymous survey posed thirteen questions and collected information on participants perception of suicide education, resources, workshop and program content, feedback and demographic questions.

Demographics

A total of six survey responses were received from participants in four localities of South Gippsland. Respondents were aged between 35 and 64 years, with 50% between 45 – 54 years of age. Half of the respondents were male, half female. None of the participants identified as LGBTQIA+ or Aboriginal and Torres Strait Islander, and no other languages besides English were spoken at home.

Understanding of project purpose

When participants were asked what their understanding of the attended workshop or program was, they provided a number of responses including:

“Encouraging men to look after their physical and mental health”

“It's ok to not be ok!”

The majority of participants had attended a HALT session.

Information and resources about suicide prevention

Participants outlined the methods they used when locating information and resources about suicide prevention for either themselves, family members or friends. Some included more than one source of information when locating resources, while others responded that they had never needed to source this type of information. (Figure 6).

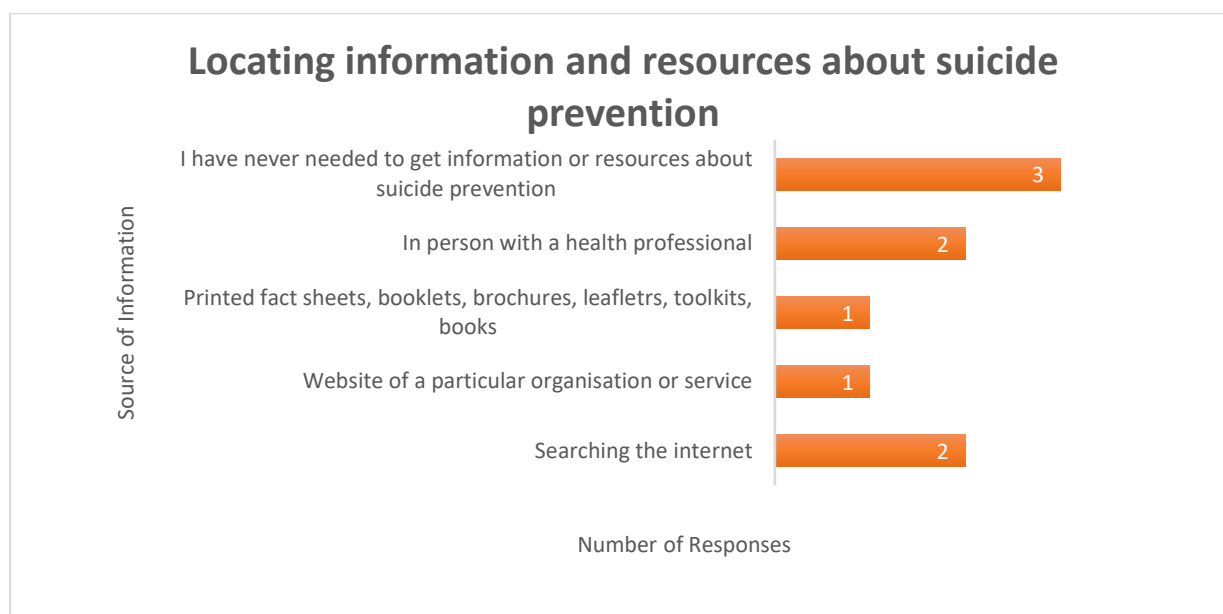


Figure 6: Locating information and resources about suicide prevention

For those looking for information and resources about suicide prevention the majority stated it was ‘fairly easy’ to locate this information (n = 2).

Interestingly, when asked if there were any perceived gaps in information and resources currently available, all respondents stated 'unsure' (n = 6). One respondent stated:

“Is there enough [information] for parents with children who are showing signs?”

Facilitation of programs and workshops

Respondents were invited to share information about their experiences of the workshops and programs run by SGSC. They were encouraged by the large attendance of men, their organisations CEOs, and suggested that sporting grounds and facilities may be good future locations to run the workshops and programs. Some other suggestions for facilitators included:

“Better provision of information to promote improved mental health and wellbeing in the workplace would be great”

“The session was very focused on one person’s experience. It lacked ways to ensure that help was provided and provision of referral agencies”

When asked to provide feedback on the facilitation of the workshops and programs participants provided a range of responses (Figure 7).

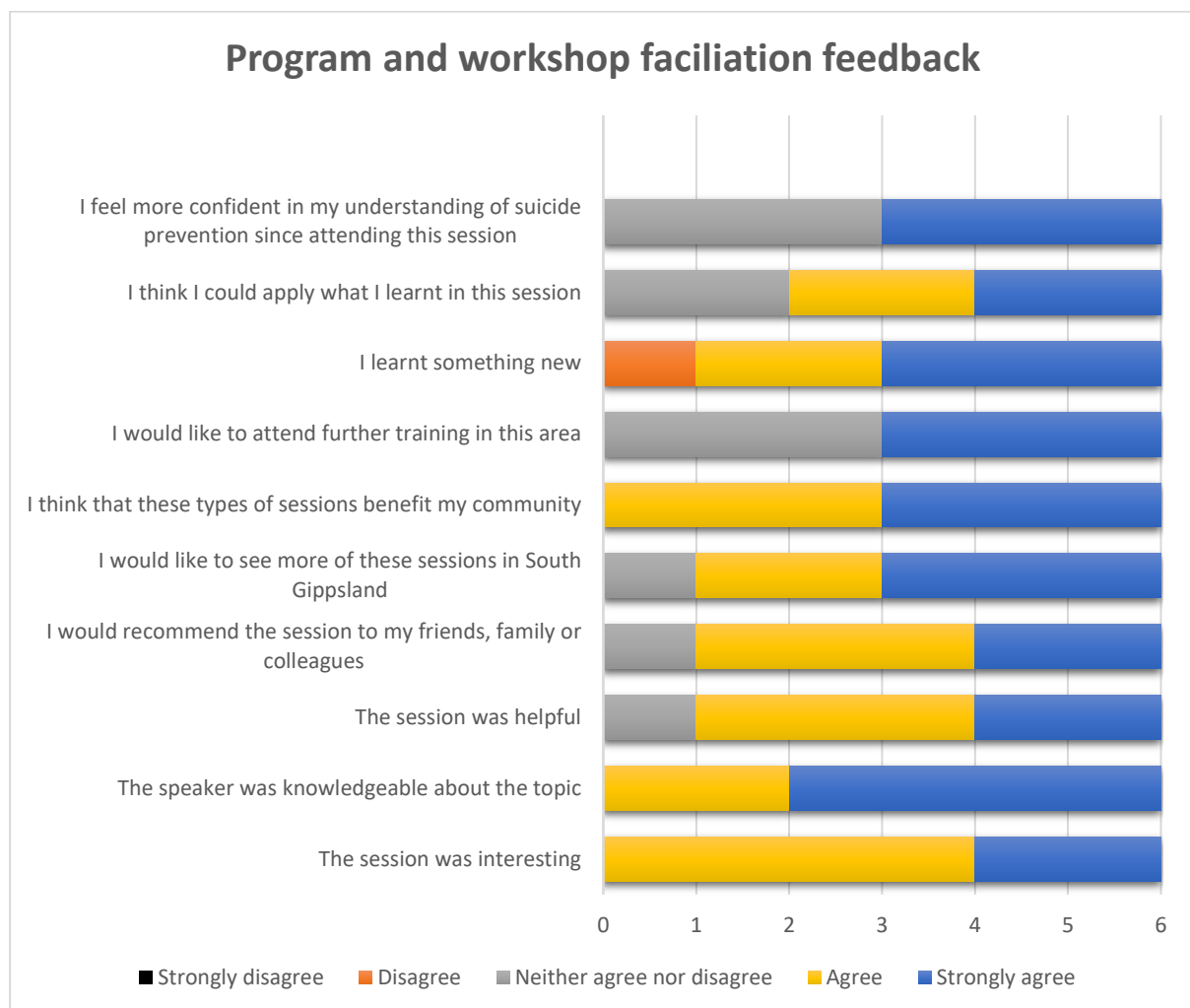


Figure 7: Program and workshop facilitation feedback

Discussion

Responses suggested that participants knew where and how to locate resources regarding suicide prevention and education if required and believed this information to be vital for the communities of South Gippsland. Interestingly, although participants outlined that they found the facilitated education session's valuable in the information provided and believed the facilitator was knowledgeable on the topic, 50% of respondents were unsure if they felt more confident in their understanding of suicide prevention. Respondents highlighted that they were unsure if there were gaps in information surrounding suicide prevention, potentially outlining the need for further individual and community education in this space.

4.3 CONTENT ANALYSIS OF INTERVIEWS WITH THE PROJECT TEAM

Interview 1 with the Project Team on 21.06.2021

The Project Team brought a wealth of experience to the project having worked in the area for many years. They had built networks and relationships that were crucial to the success of the project. The Project Team were aware of the high number of deaths by suicide in South Gippsland and found that men aged between 25-50 were not as supported in this area as other population cohorts.

Changing the Language

The Project Team made a decision early in the project to not talk about suicide and suicide prevention, rather to talk about social connectedness, mental health and wellbeing. Looking out for each other and making connections was seen as a way to reach men in the community. They recognised that service providers had a language of their own:

“The jargon which you learn as you go along is very antisocial in its own way for the basic community member and the people we’re trying to reach are not the people who are involved in any of those things, they’re just the bloke in our community that we would like to get connected ... and maybe not feel so alone or unsupported.”

It was about reaching men on their own terms and as they looked to members of the community to become champions, for example, they brought together community members for a ‘Chat & Chomp’ rather than a workshop on suicide prevention or social connectedness.

Impact of COVID-19 and Mental Health Training

The project started at the beginning of 2020, just prior to the outbreak of the COVID-19 pandemic which prompted social distancing restrictions. Connecting with community groups was a key part of the initial planning, alongside the delivery of training, and the co-design of ways to connect with people in the community. COVID-19 necessitated a rethink of the project plan, bringing forward more of the training because that was available in an online format. Training at the start of the project proved successful. It was a ‘*toe in the water*’ with short sessions, allowing the idea of training to be socialised among the community. Though this element of the project lasted longer than anticipated, the Project Team were able to build on it. Training was rolled out in different ways and at different times, something they noted as a positive element for the future.

The Project Team found, however, registration for a training session did not necessarily translate into attendance. There was a need to follow up on registrations with direct contact prior to sessions. A number of women participated in the training and their interest was seen as equally important as they may have needed to support men with their mental health. Their interest in attending some of the events, particularly those that were organised with the Chat & Chomp group was declined by the group preferring to target men only.

Returning to Community

COVID-19 had a significant impact on community groups throughout 2020. At the time of the interview with the Project Team many groups were beginning to resume some operations, however, there was a great deal of uncertainty about further restrictions throughout 2021. Groups were interested in connecting but as noted by the Project Team, nothing more.

“They’ve got so much else to talk about, that they’re not ready to take on other stuff, be it community plans, be it a project, be it something else. They want to consolidate and get together.”

The Project Team adapted their plans to take this into account. They looked to organisations, like their own, SGSC, and other businesses that had continued to operate regardless of restrictions and were more amenable to working with the project. Depot days, for example, with staff from SGSC were successful.

Reaching the Target Group

The Project Team had at this point been unable to reach the sporting community as they had hoped but working together they were surprised by the reach of the project;

“It has surprised me how we have been able to target or actually reach some of those ... people that we hadn’t actually thought we were going to have a good deal of success with, the farming community, the ag [agricultural] shows, the AG Equipment, the sale yards, shift workers and that was then where we followed through.”

Postvention Protocol

The postvention elements of the project had not commenced. The Project Team recognised that it was needed, particularly in some communities that had been impacted by suicide. Lessons learnt from the Youth Suicide Postvention Protocol gave the team a greater awareness that the protocol should include the whole community. Regardless, health and community services will intervene in these situations, however they felt that they generally do not respond on a personal level and the community support is important.

Learnings

The Project Team attended a State Government Ministerial Round Table discussion to talk about the national suicide prevention strategy. A learning from this was how men prefer not to talk about mental health issues and suicide with women, therefore the preferred choice of trainers was male.

The team found that there was a plethora of places to go for assistance, but people did not know where to go for the best advice. A decision was made that the project website would host only four major organisations that would be a starting point. Feedback on this suggested many more organisations, including Indigenous and LGBTQA+ services. One of the most useful resources that the team found was the wallet size foldable card that had all the key contact details of service organisations, including emotional and financial.

Program Sustainability

The Project Team had looked at the long-term sustainability of the program as part of their planning. The website was something that was sustainable and could be run by a local community organisation as part of their usual business promoting mental health and wellbeing. The project team will continue to advocate for mental health and wellbeing in some format to be included as part of an ongoing role at SGSC, to have a person to make connections in a partnership brokerage role. This, for the Project Team would be a high priority for the Municipal Public Health and Wellbeing Plan.

Interview 2 with the Project Team on 16.05.2022

The Chat & Chomp Group

At the start of the program the Project Team identified and connected with their network contacts who they thought would be interested in becoming champions for the project. They found that those that were “*tapped on the shoulder*”, the ones that did not choose to be part of the project, were the ones that were most likely to drop out over time. What worked was the contact with those who attended the training and expressed an interest in participating further. The introduction of ‘Bring a Mate’ to events created a ripple effect and; “*they were the ones that had a story*”. The champions became known to the Project Team as the Chosen. This group became the Chat & Chomp group, meeting together regularly and delivering a range of Chat & Chomp activities.

The Training

The face-to-face training overall was better attended than online delivery. The training that was offered was short, less than 2 ½ hrs except for one, Accidental Councillor (5 hours). The mental health first aid that was offered over two days, through COVID-19 support funding was filled but with workers as opposed to community members.

COVID-19

The Project Team saw that due to the community’s experience of COVID-19 and Victorian State Government restrictions, people talked more about mental health and the implications of isolation. Many more recognized how it felt as it was widely experienced. Alongside this the findings of the Royal Commission into Mental Health and the Victorian State Government messaging about mental health and wellbeing served to encourage involvement in the project.

Due to COVID-19 the project was extended by twelve months, which benefited the project. It took the two years of the project for the Chat & Chomp group to take ownership, telling the Project Team what they wanted rather than waiting to be directed by them. The Project Team doubted that this could have been achieved in the initial twelve-month timeframe. They noted also that had the project run under normal conditions it might have looked very different.

What worked well

Changing the language was a positive step and demonstrated that there are different ways to talk about suicide and mental health within the community. Most of the Chat & Chomp group would not have participated if they were originally told that it was a suicide prevention program, but once involved in the project there was a realisation of its importance and motivation to continue. The Project Team made sure that participation was on their own terms, they were not being asked to become, for example the president of a community group for the next ten years. They could participate how much or how little they wanted to.

“But I think now if you were to go to the Chosen, they would understand the part that they play in that jigsaw, but they wouldn’t have at the beginning.”

A core group has now become established, and many ideas have come from that. The Chat & Chomp group are driving the events, leaders are emerging. The Project Team have been able to step away, seeing themselves as partners in a brokerage role.

For the Project Team they feel they and the project started conversations about how men can seek help when they need to, and opened doors to services, for example Lifeline and Wellways, to a demographic they have not previously reached.

“I think we’ve, if anything we’ve scratched away a little bit of the stigma and got people talking about mental health and wellbeing...there’s probably a few avenues that given more time and more money we would explore more.”

Learnings

There was a clear preference for face-to-face training, there was a poorer uptake for the online delivery. The Chat & Chomp group also preferred face to face and coming together for discussion was crucial

“that’s a very random conversation sometimes that goes down a rabbit hole, but that’s how it works and that’s the long-term success”

Building the trust between people to ensure success of the project took a long time and would not have been possible within the initial twelve month time frame.

The future

The SGSC can fund small projects, and this has been enabling. The Project Team would like to see and are discussing with SGSC the continuation of the project in some form or for it to be absorbed into their normal business, to be a part of their roles into the future. They do not want to see SGSC walking away when the funding stops. Continuity in this kind of advocacy is seen as important.

The Project Team questioned how they could recruit Chat & Chomp representatives in other areas so the program can reach further. This is a discussion that they are to having with the Chat & Chomp group to attempt to reach more people, beyond their community and friendship groups.

The Project Team has secured an ongoing commitment / investment in Radio 3MFM, a local station, to link with the Chat & Chomp events, interviewing them after the events and promoting future events. This will allow the messaging to continue and would have been something that would have worked well from the beginning of the project as an avenue for promotion.

The Project Team were unable to directly contact sporting clubs in a meaningful way and this would be something that could be explored in the future. Members of the Chat & Chomp group did, however make connections to sports clubs and activities.

Standout Successes

The self-determination from local men that has evolved is something that the Project Team were proud of;

“And one thing that I’m really proud of is the fact that we’ve got a group of men who are self-determining what happens next ... I have a feeling that there will be things happening even if we’re not doing any pushing from behind ... It’s been a slow but very successful outcome in my mind, that those guys are there doing what they’re doing and working out how to make their own activities sustainable as well.”

The participants are working out how they can make the future events self-sustaining, without seed funding and are having great ideas. Alongside this there are now more people within the community

with the confidence to talk about mental health, and to have conversations with others who are struggling.

“I think, broader than the Chosen, we've got quite a much larger number of people ... who are quite happy to talk about mental health and wellbeing with somebody who might need to.”

For the Project Team the foundation for success was the mix of events and training that was offered and to offering ideas to others. Though not operating for long enough to gauge the effect on suicide rates, particularly during a pandemic:

“The Chosen is a pebble in the pool, it's going to have ripples that will keep going. That to me is success.”

“Even if they can't see the suicide prevention message, they can see the message that they're involving other people within the community that might not normally get involved. So were just outside the ... mainstream community...but giving them a door to open into the community.”

4.4 THEMATIC ANALYSIS OF INTERVIEWS WITH CHAT & CHOMP PARTICIPANTS 2021

INTRODUCTION

There was a total of seven men interviewed from a convenience sample of men who attended the Chat & Chomp men's forum discussions in South Gippsland. The interviews took place via TEAMS virtual meeting software in August 2021. The interviews were audio-recorded, transcribed verbatim and analysed using Braun and Clark⁶ six step process for thematic analysis. The individual interviews lasted between 26 to 109 minutes, participants were provided with a project information sheet and required to sign a consent form prior to the interview taking place.

There were 5 members of the research team who were involved in the thematic analysis process from which two major themes 1. Communities lived experience of suicide and 2. Thinking outside the box and 5 minor themes were generated as shown in Figure 8 below.

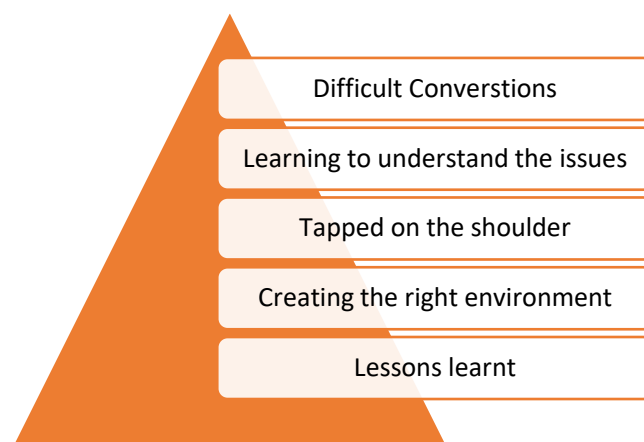


Figure 8: Thematic Analysis Minor Themes

The Chat & Chomp men's group originated in South Gippsland shire as a way to engage local men on local issues related to men's mental health and wellbeing to find achievable solutions. The participants were not aware that the forums were part of a suicide prevention project in the region. The findings of the interviews with the Chat & Chomp forums will be presented under the two major themes, communities lived experience of suicide and thinking outside the box.

1. Communities lived experience of suicide

Difficult conversations

Regional Victoria, especially South Gippsland, has been affected by an increase in the incidence of suicide and suicidal attempts amongst males. The Chat & Chomp men's forums were a strategy to address the need for men to become solutions focused and to grow existing men's groups to include elements of mental health. The Local Men, Local Communities project included mental health training and mental health first aid education as well as the establishment of the Chat & Chomp men's group who were affectionally referred to by the project team as "The Chosen".

The men in the group were various ages and backgrounds with many having lived in the region since birth. The participants recognised that talking to others about men's health, mental health and suicide were difficult conversations to have.

"Suicide always has been a bit of a taboo subject. More so probably in the country because I assume it happens less in the country".

Although suicide isn't often spoken about the recent increase in the numbers affected by suicide has heightened awareness of the need to talk about men's mental health in regional towns.

"In country areas I think there's still some hiding of it as an issue. Lots of single car accidents, car versus tree is a relatively common one and you never quite know".

Often the cause of a car accident was recorded as driver error and not reported as a suicide. In addition those that were recorded as suicides they were not being declared so in the media. The regional grapevine, locals talking to locals, was a way that participants heard about the intent behind some accidents and unreported deaths.

"I remember the number of suicides that I would hear about the area, and they were never in the paper, they were never on radio. They were never on the news and so, no one ever heard about them. But we certainly did".

The men that attended the Chat & Chomp forums were actively involved in their communities in a variety of organisations, sporting clubs and charity groups. They identified that the existing groups offer some connection for men in regional towns to engage with other men. The participants remarked that they often did not know how their interactions with local men had made a difference until later.

"I sometimes wonder whether he's struggling a little bit and maybe my connection with him might have just of helped him".

It was noted as being important for men to have the courage to have difficult conversations if they felt that someone was struggling with their mental health. The training and education provided

through this project helped to highlight the need to have open conversations and provided the skills and strategies to address men's wellbeing.

"Not to be afraid to talk about it if we have to. That was the real take home message. I knew of lifeline, but I didn't know a lot of the other services. There is a huge amount when you start to learn".

The Chat & Chomp men's group recognised that the language used to promote events needed to be positive, that it promoted social connection, health and wellbeing and not use terms relating to suicide prevention. This language was more inclusive, allowing men from the region to feel more comfortable in attending the events.

"We made a decision quite early on that we weren't going to talk suicide prevention all the time. It was very much in the background. It was much more about social connectedness and mental health and wellbeing and looking out for each other".

Learning to understand the issues

The men involved in the Chat & Chomp forums were unaware of the positive impact they were having on those that they interacted with. Through participating in the mental health training courses and upon reflection they all remembered times when they had made a difference in someone's life. One participant told of a time when he was advised by a friend to 'keep an eye' on a particular member of the group. Taking his cue, he took the member for a walk around the oval;

"So off we went somewhere and those tough couple of laps he said to me... he said if I had a gun, I would have used it today and that set me back a bit".

All of the participants interviewed spoke about the need to keep men moving and active as a way to engage them in meaningful conversation. This was highlighted many times with all participants as being key to the success of many of the initiatives and events, tailoring events for men by men who understand the need to be active and be useful.

"It releases the pressure while you're batting and bowling, I suppose you're not thinking about wanting a job or losing your wife or whatever. Talking about issues or problems and then I think some of them find it easier to talk to a bloke then. The motto is you know...talk to a bloke if you got any problems".

Participants noted the importance of identifying issues and differences between townships and communities when developing an understanding of the impact that suicide has in regional areas. Everyone can make a difference, reach out to a stranger, friend or family member and check in to see that they are ok, so they don't feel alone or unsupported.

"It touches everybody but it's just something that I'd hate to think that somebody of my family or close friends are going through something. If I was able to contribute even in a small little way, it might make a difference".

The participants interviewed understood that there is a stigma associated with suicide and mental health especially in regional communities. *"Men's mental health is important because it's not being addressed terribly well especially in rural areas".*

"I think it's really important that they understand the complexities of suicide both for the suicidal person and for the bereaved. There are so many myths and there's so much stigma still and you know people don't even realize how much bias they have".

Participants saw the need to address the issues associated with suicide without highlighting the act of suicide, to avoid triggering others to emulate the action and prompting a further decline in mental health and wellbeing in the community. Acknowledgement and respect for families bereaved by suicide by the community was seen as important.

“They shouldn't ignore it, but they shouldn't glamorize or sensationalize it either. They should just respectfully acknowledge the grief of the family and the tragic loss of that person. Knowing that can be a protective factor in itself of how to be appropriate”.

Understanding the complexities of the issues helped participants to develop the skills needed to observe signs of declining mental health in men and how to activate a check in process and leading people towards support and help.

“Having a better understanding of the complexities of suicide like what the risk factors are, what the protective factors are, and also the complexities of brave men and the how to appropriately support suicide death and support the bereaved families and the bereaved community”.

2. Thinking outside the box

Tapped on the shoulder

SGSC devised ways to engage local men in a solutions-based peer support approach to suicide prevention. The creation of the Chat & Chomp men's group was a way to involve men brainstorming ideas for engaging men in conversations about mental health and wellbeing. Each participant told of being asked to attend, how at first they were reluctant, and questioned the contribution that they could make. They went on, however, to identify ways to engage local men in mental health conversations.

“[Chat & Chomp is] about getting commitment. Spreading the word in itself, it needs a follow up. Had one meeting with ten people. Then they said you need to bring along one more person. So, it's not just spreading the word, it's actually about getting something done”.

Each member of the group was encouraged to invite along another male friend who could add value to the discussions and generation of event ideas. It is interesting to note that the participants quickly recognised that not only were they involved in helping others, but it was good for their own mental health.

“When I was inviting him along, I said, it's partly to organise mental health, kind of... improvements in the community but it's also pretty good for our mental health. It's a night out to talk to a bunch of blokes, you know”.

There were many that believed initially that they were not the right sort of person to attend such a group forum and questioned the contribution that they would and could make to the discussion.

“Some of them said I'm not the right sort of bloke for this group and we said you're exactly the right sort of bloke we want for this group, and they didn't even realise it”.

The group identified target populations of men in the community who, due to circumstances such as raising children, working on the land, type of employment or working long hours were not actively engaged with any social or sporting group. The disconnect with community had the potential for men to feel isolated and disengaged. The Chat & Chomp generated ideas that were aimed at providing unique and different ways for those disengaged to reengage with other men in a social atmosphere.

“I think the idea is to try and provide outlets or circumstances or activities that might attract people that aren't already engaging with the community”.

Creating the right environment

The Chat & Chomp forum discussions focused on creating events and opportunities for men to engage in activities that would be active, fun, informative, small commitment, conveniently located, friendly and accessible.

“If you've had the courage to walk into a new group, there's got to be somebody to meet and greet and that's one of the things that the chosen identified that would make it easier for them to connect with community”.

The addition of food at events helped to attract men to attend and created informal networking opportunities. Mental health and wellbeing became easier to talk about when food was involved.

“The way to attract the attention of the workers was feed them in the morning. They get an hour reprieve on working and so you've got the undivided attention”.

The Chat & Chomp group were conscious of creating a friendly atmosphere at meetings so men felt comfortable in sharing their ideas and assisting others. A number of friendships were made as a result of attending the Chat & Chomp sessions and they also had a sense of helping men in the community maintain mental health and wellbeing.

“It's about relationships and it's about people sitting around and talking and then you hear what really matters to them and then they'll be able to see what they can get involved in”.

South Gippsland had a number of active groups throughout the townships that were involved in supporting local men and their families. The members felt that existing well-established groups could be encouraged to participate in the mental health training and messaging. Members could gain valuable skills in early identification of mental health issues and could add in check in activities to ensure all members were supported.

“I don't think we need to recreate the wheel. We need to try to use some of the groups that already exist and put some of the effort and funding into providing some services to the groups that already exist on this type of education”.

Lessons learnt

There were a number of events and activities generated from the Chat & Chomp discussions that were trialled with various levels of success. There was an understanding among the members that it was good to test and try different things to see what worked, especially considering the different dynamics of the townships. In addition to the events such as the 24-hour table tennis marathon and guest speaker events (Golf Without Balls), the mental health training enabled the participants to feel comfortable running events and also made them aware of the additional supports that were needed to ensure attendees felt comfortable.

“I think the flexibility of being able to deliver that training online smaller groups daytime evening weekends I think that flexibility is something that we will note for future projects”.

Setting up events with the right supports from professional organisations was a positive way to encourage further conversation with agencies and familiarisation with personnel from those support agencies. The nature of the conversations, and content from guest speakers could be triggers for

attendees so it was important to make sure that each event was well supported by local mental health staff.

“We made sure we had support people in the room we pointed them out we had Lifeline counsellors dotted around the room just in case anybody or anyone did get upset and we had a breakout room for that as well”.

There were a number of events which included guest speakers who were willing to share their stories of mental illness and suicide attempts. They spoke about the impact on their families, careers and employment. Many of the participants stated that they were often moved by the personal stories or hope with each highlighting the need for support networks and seeking professional help when needed.

“A session ran and there were two guest speakers that spoke about how they had been touched by suicide and some of the services that were available. It was probably more of that networking afterwards”.

The Chat & Chomp men identified that the mental health training, essential for local communities, was also good for even the most hard to reach men. All the participants spoke about the personal impact of being involved in this project, from serving their communities to helping other men to the benefits to their own mental health and sense of connection with their communities.

“The mental health first aid is good. I guess everybody goes there with the idea of I'm there in case somebody else needs it, but of course everybody needs it for themselves as well”.

4.5 CONTENT ANALYSIS OF THE LOCAL CHAT & CHOMP PARTICIPANTS 2022

INTRODUCTION

In May 2022 the men involved in the Chat & Chomp men’s forum were invited to talk again about their experiences of being involved with the group and the events that they had coordinated. A total of 5 men volunteered to participate in this second round of interviews. The men were keen to talk about the different events that the group had instigated, especially since the COVID-19 restrictions had eased. There remained some hesitation of men to attend events, however it should also be noted that at the time of the interviews it was winter and travel around South Gippsland at night was not recommended. Four of the men had participated in the 2021 interviews and one was new to the Chat & Chomp group. The interviews were audio-recorded and transcribed verbatim followed by a content analysis. The findings are presented in this section under the following headings, Finding your groove, Men at play and The future for Chat & Chomp.



Figure 9: Content analysis themes

Finding your groove

A love of all things to do with music was the platform used to encourage South Gippsland residents to come together and play, sing and listen to music. There were a few musicians who knew each other initially that started the regular Mirboo Music Jam sessions with others joining later. The music sessions encouraged not only men but women and children to join as the group was open for all community members to attend.

“Music can take you out of the environment you’re in and really lift your day. You get to the end of the session and everybody’s going ‘gee, that was a fantastic day today”

The sessions were predominately about the music however, as they progressed the organisers introduced a break and encouraged people to have a drink and share some food. The addition of the break time provided an opportunity for people to talk, check in with each other and in general get to know each other better.

“All of a sudden you knew more about people we had more to talk about and all of sudden it was like I thought this group’s going to hang together, this is really terrific. To see that just adding a smoko break in the middle that it brought everyone out of their shell. Its fantastic.”

Men at play

There were a number of events and groups that were generated from the ideas of the men at the Chat & Chomp group in addition to adding on to existing groups. The Golf Without Balls event was an opportunity for men to be invited to hear from a guest speaker at the golf club, have a meal together and focus on men's mental health.

"I went along [to Golf Without Balls] when I was invited, and it was fantastic night. A lot of people knew each other but I didn't, I knew one of two that was it. But because of the environment everybody had a drink and a glass of wine and just chatted".

There was support for all the Chat & Chomp events from the local radio station who ran a series of talk back sessions on mental health matters with invited guests and also community announcements about up-coming events. The radio station support was both in advertising and marketing and was also informative.

"We have put adverts together for them and run adverts. We've done interviews with the people that have been doing the organising and some participants as well, and we've put those to air".

"Put community service announcements and adverts together in house and we've done that for particularly the Golf Without Balls, which required some promotion. I think it was pretty successful outcome for them".

A 24-hour table tennis challenge was organised which invited teams to book and pay for one-hour slots over the duration of the event. There was a mixture of male and female teams with the event being advertised through the radio, social media and local newspapers. The event occurred as a result of the local table tennis club members participation in the Chat & Chomp forums. The events created opportunities for the Chat & Chomp men to work together in the organising and running of events and often resulted in the establishment of friendships and a sense of purpose.

"He paid me a nice compliment, he said If wasn't for this bloke beside me I would be at home on the couch by myself".

The Chatty Café, tables in cafes where customers sit if they would like to talk to other customers, created a place for social connection in a friendly welcoming environment over a cup of tea or coffee.

"They engage in supportive small talk. Most specifically not doing any counselling... lone mums, dads, grandparents or teenagers come along and have a cup of coffee. Its free at the moment and say g'day and you might meet somebody else".

The Project Team organised an event in Bena, inviting the Chat & Chomp group, men involved in a lived experience project and mental health and wellbeing service providers. One guest speaker, a recognisable Australian Football player told his story about the rise and fall of his career together with his mental illness and depression. His manner was conversational which many of the audience was able to relate to. *"The footballer was really very good. He was really genuine and talked a lot more about the help that he got".* The event was supported by Wesley Lifeforce and Wellways who were looking to recruit participants to a community led local suicide prevention network. The event encouraged people to ask questions of the guest speakers helping them understand the impact of their mental illness on families and friends.

"The aim of the night, I think is to show you that there are people that don't feel OK and that it's OK not to be OK and that there are solutions that's the start of the solution".

The future for Chat & Chomp

The men interviewed were reflective about the purpose of the Chat & Chomp group and what they could achieve around mental health and wellbeing for their communities.

“I think the message was more around sort of social inclusion, rather than lots of talk about suicide prevention itself. It was about trying to get people to engage back into community and to talk to people. I think that’s probably the key to the success of it”.

They thought the group was conducted in a way that encouraged individuals to speak up and make suggestions for future events.

“It was very respectful, ideas driven, everyone was listening to everybody else, there’s a few suggestions that were made and it kind of surprised me to think a council putting efforts into stuff like that.”

What the men all agreed upon was that the Chat & Chomp was likely to continue beyond the funding period, especially if it continued to be supported by SGSC. The group was able to generate ideas for engaging men in events which included information about mental health while using food and activity as the means in which to get men involved in community events.

“The underlying purpose was trying to find activities that involve people that otherwise might be a bit left out, that was more important to me”.

5. LITERATURE REVIEW SUMMARY

Summary

The need for continued research into suicide prevention strategies is undeniable, with high global statistics demonstrating the urgency of this public health issue. In Australia, approximately 3000 people end their lives each year, with those living in rural and regional areas identified as having a higher risk of completing suicide. Due to decreased access and support services in these areas, community-based suicide prevention initiatives provide opportunities to educate and support local communities. A scoping review was conducted to explore the literature pertaining to such programs in rural and/or regional communities in Australia.

Ten papers that met the inclusion criteria were included in this review, which showcased a variety of interventions such as workshops, a digital intervention, art therapy and initiatives to increase education and reduce stigma around suicide. Program engagement strategies included the importance of providing culturally appropriate services, the inclusion of lived experience mentoring and tailoring the suicide prevention program to reach its targeted audience. Overall, there is a dearth of literature surrounding community-based suicide prevention initiatives for adults in rural and regional Australia.

Conclusion

Suicide rates are higher in rural and regional areas compared to their metropolitan counterparts, exacerbated by difficulties in accessing treatment and support services. Community-based suicide prevention initiatives in these areas require a holistic approach tailored to the local community's needs. This is essential for long-term program sustainability and to cater to the program's target audience, such as rural adult males. Furthermore, continued evaluation of community-based rural and regional suicide prevention initiatives is imperative to promote continued improvement of the quality of these programs. This scoping review has highlighted the dearth of literature surrounding community-based suicide prevention initiatives in rural and regional Australia. This is despite the fact there is anecdotal evidence of an increased number of Australian rural community co-produced mental health initiatives [11]. Stakeholders and facilitators of community-based suicide prevention programs should be encouraged to use a formal evaluation process and to publish their research findings. Further research and continued evaluation of the efficacy of suicide prevention programs is recommended.

The Literature Review has been accepted for publication as follows:

Dabkowski E, Porter J.E, Barbagallo M, Prokopiv V, & Jackson M (2022). "A scoping review of community-based adult suicide prevention initiatives in rural and regional Australia". *International Journal of Environmental Research and Public Health*.

See Appendix 2 for the full literature review

6. DISCUSSION AND RECOMMENDATIONS

6.1 DISCUSSION

The project aimed to address two research questions to measure the impact of the activities and initiatives which included training and education workshops, the creation of the Chat and Chomp men's group and the subsequent activities that were community-led from design to implementation.

1. Has the SGSC project enabled increased capacity for community groups and services providers to support adult men at risk of suicide, their friends and families?

The initiatives did not directly target bereaved families of suicide, rather it took a whole of community approach to support, taking into account that in small regional towns the broader community maybe affected. Through the various education, training, and mental health first aid training the project was able to reach 389 individuals who all gained skills in recognising the signs of mental illness and, in suicide prevention have learnt what the warning signs in individuals are. The reach of the training programs will have a whole of community impact as many who attended have predominant roles in sporting clubs, workplaces, and social clubs throughout South Gippsland. The community groups now have members who can support vulnerable men within the organisations and can refer them to the appropriate support services as needed. The informal nature of the training such as HALT enabled attendees to normalise conversations around checking in with a mate, co-worker or community member. Using a variety of training methods and organisations provided a targeted approach to the education. Individualising the training to the workplace or organisations specific needs, such as Accidental Counsellor, Putting out the welcome mat, Mind your Mates RUOK, Rural minds and QPR training was a key to the success of the project.

The men who participated in the project were of various ages and backgrounds with many having lived in the region since birth. It was recognised that talking about men's health, mental health and suicide were difficult conversations to have. It was noted as being important to be brave and to have difficult conversations with men if they felt they were struggling with their mental health. The training provided through the project helped to highlight the need to have open conversations and the skills and strategies to address men's wellbeing.

2. Have the events and activities conducted by SGSC resulted in greater connection and improved mental health and emotional wellbeing of men aged over 25 years?

The Local Men, Local Communities project created a placed-based approach to suicide prevention activities in regional Victoria. The establishment of a local men's group such as the Chat & Chomp group created a forum for ideas to be generated that address local issues and provided a solutions-based approach to implementing events, training and awareness campaigns.

The Chat and Chomp men's group, through discussion and collaboration designed a series of activities to target men's mental health, social connection and activity-based community events. Their activities included a 24 hour table tennis event, Golf Without Balls (invited guest speaker men's nights), Chatty Café inviting community members to sit and have a talk with a local, and the Bat Bowl Catch and Care which enabled men to become active while providing opportunities to talk and connect with other men. The event managers noted a number of incidents where the activity had resulted in a significant conversation with a local man where support could be offered and referral to support services resulted. The events and activities conducted as a result of the project resulted in meaningful

connections of those that engaged and provided opportunities for local men to connect and support each other while learning valuable mental health skills.

The Chat & Chomp men's forums should be encouraged to continue in South Gippsland, as they have the potential to effectively promote suicide prevention and ensure men's mental health stays at the forefront of community engagement activities.

LESSONS LEARNT

Setting up events with the right supports from professional organisations was a valuable way to encourage further conversation with agencies and familiarisation with personnel from those support agencies. The nature of the conversations, and content from guest speakers could be triggers for attendees so it was important to make sure that each event was well supported by local mental health staff.

The Chat & Chomp men identified that the mental health training, essential for local communities, was also good for even the most hardened man. All the participants spoke about the personal impact of being involved in this project, from serving their communities to helping other men to the benefits to their own mental health and sense of connection with their communities.

CHANGING THE LANGUAGE

The Project Team made a decision early in the project to not talk about suicide and suicide prevention, rather to talk about social connectedness, mental health and wellbeing. Looking out for each other and making connections was seen as a way to reach men in the community. They recognised that service providers often had a language of their own.

"The jargon which you learn as you go along is very antisocial in its own way for the basic community member and the people we're trying to reach are not the people who are involved in any of those things, they're just the bloke in our community that we would like to get connected ... and maybe not feel so alone or unsupported."

SELF DETERMINATION

The self-determination from local men that has evolved is something that the Project Team were proud of.

"And one thing that I'm really proud of is the fact that we've got a group of men who are self-determining what happens next ... I have a feeling that there will be things happening even if we're not doing any pushing from behind ... It's been a slow but very successful outcome in my mind, that those guys are there doing what they're doing and working out how to make their own activities sustainable as well."

6.2 RECOMMENDATIONS

1. Provision needs to be made for follow-up with participants post mental health training
 - a. Follow-up with participants post workshops and/or programs ensures people are provided with the resources they need in a timely manner
 - b. Re-engagement post workshops and/or programs has allowed time for participants to reflect on the content and implement strategies in their lives and their loved one's lives
 - c. More rigorous evaluation and measurement of the success of workshops and/or programs can be achieved with follow-up through in-depth responses
2. The Chat & Chomp men's sessions and group should continue to be supported in South Gippsland
 - a. Local men are encouraged to participate in regular forums to discuss local solutions to address mental health for men in regional areas
 - b. Funding should be allocated to support the activities of the group
 - c. Connections with existing organisations and groups should be encouraged to build a sustainable model for addressing men's mental health needs
3. Mental health training and education improve awareness and knowledge
 - a. Regular training and mental health first aid is offered to local residents, managers and project team members.
 - b. Education is encouraged within organisations to increase awareness
 - c. Further, individuals should be supported to seek help through official mental health agencies.

7. LIMITATIONS OF THE EVALUATION

There were limitations related to this evaluation that must be considered. These include:

1. The global pandemic, COVID-19, in 2020/21 and the impact of the government's response adversely affected the ability of the program to run all intended sessions and for the collection of data.
2. Survey data: There was a small number of respondents so the results may not be generalised to other events and localities.

Despite these limitations, the evaluation is considered to present a credible assessment of the project.

8. METHODOLOGY

8.1 CONCEPTUAL FRAMEWORK

The approach of the CERG to this evaluation was informed by a Participatory Evaluation and Co-Design Framework.

PARTICIPATORY EVALUATION

A participatory evaluation framework puts people from the community and those delivering the programs, projects and services at the centre of the evaluation. Participatory evaluation is a distinctive approach based on the following principals:

- That evaluation should be a co-designed, collaborative partnership through 360° stakeholder input including project participants and project funders;
- That integral to evaluation is an evaluation capacity-building focus within and across projects;
- That evaluation is a cyclical and iterative process embedded in projects from project design to program assessment;
- That evaluation adopts a learning, improvement and strengths-based approach;
- That evaluation supports innovation, accepting that projects will learn and evolve'
- That evaluation contributes to the creation of a culture of evaluation and evaluative thinking;
- That there is no one or preferred data collection method rather the most appropriate qualitative and quantitative methods will be tailored to the information needs of each project.

CO-DESIGN

Co-design is a process and approach that is about working with people to create 'interventions, services and programs which will work in the context of their lives and will reflect their own values and goals'⁵. Co-design can be done in many ways but is about collaborative engagement that is bottom-up, creative, and enables a wide range of people to participate and importantly to steer decisions and outcomes. Co-design is not a consultation process but a partnership approach where 'end-users' actively define and shape strategies and outcomes. The role of the 'expert' is to facilitate this process.

⁵ VCOSS (2015). *Walk alongside: Co-designing social initiatives with people experiencing vulnerabilities*. V. C. o. S. Service. Melbourne.

8.2 EVALUATION METHODOLOGY

The evaluation of the project utilised a variety of data collection tools in a mixed methods approach providing information about process, outcomes, impact and capacity building. Qualitative and quantitative data was collected and analysed as described below.

QUANTITATIVE DATA

Training and event participation data was collected from the SGSC Project Team and presented in the evaluation. The survey contained both quantitative and qualitative questions, with six responses being received.

QUALITATIVE DATA

Semi-structured interviews were held with participants and indicated their interest in taking part in individual interviews. Semi-structured interview questions were designed to guide the researcher to capture all desired information while providing flexibility for the participant to elaborate on their experience.

Data Analysis

A thematic analysis technique was used for the qualitative data of participant interviews with findings presented under theme headings together with participant quotes. The thematic analysis utilised Braun and Clarke's six step process which included familiarisation with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes and producing the report (Figure 10)⁶. A content analysis technique was also used for the Project Team interviews and the second interviews with participants.

⁶ Braun, V. and Clarke, V. (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3 (2). pp. 77-101. ISSN 1478-0887.

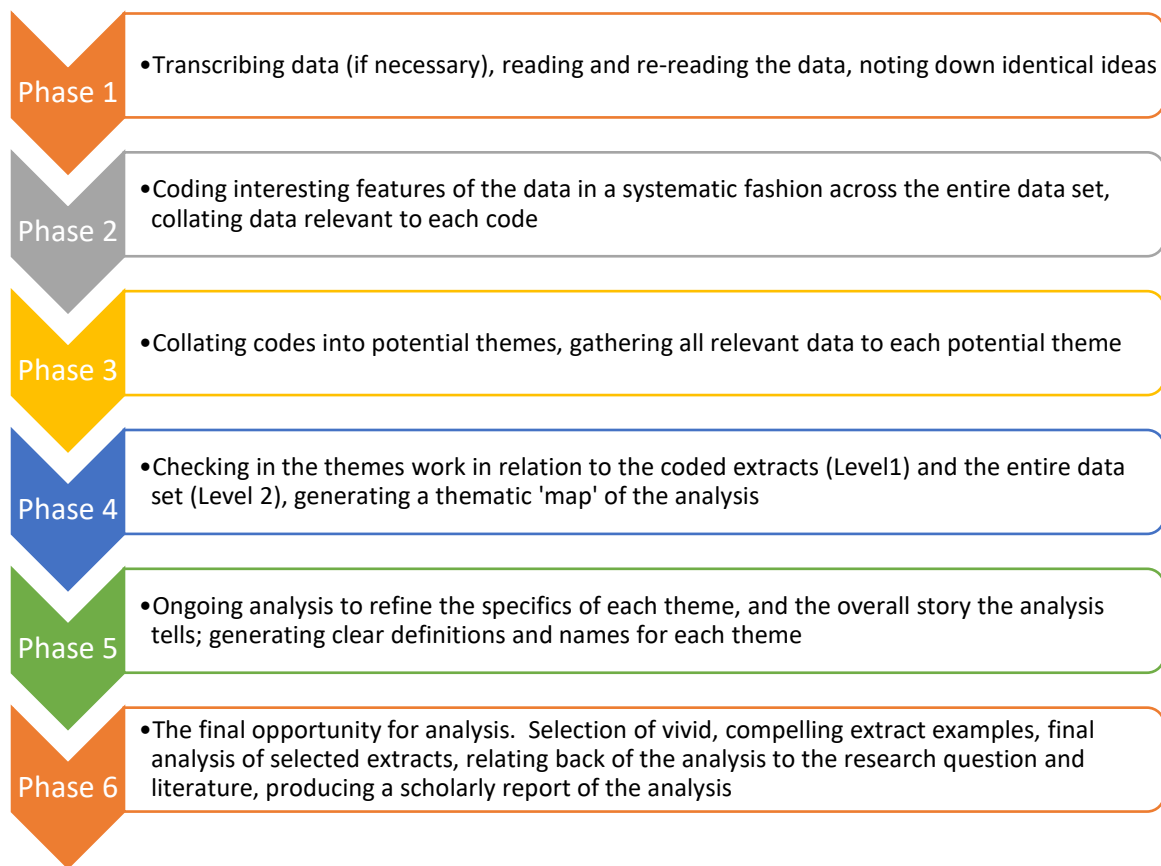


Figure10: Six Step Thematic Analysis

As qualitative analysis is an inductive process, some interpretation of the data was required to create the thematic map. It was actively acknowledged that the researcher's interpretations would inform the results of this study, hence, any prior conceptions of the topic were reflexively bracketed to the best of the researcher's abilities⁷.

⁷ Berger, R. (2013). Now I see it, now I don't: Researcher's position and reflexivity in qualitative research. *Qualitative Research*, 15(2), 219-234. <https://doi.org/10.1177/1468794112468475>

9. ETHICAL APPROVAL AND PRACTICE

Federation University aims to promote and support responsible research practices by providing resources and guidance to our researchers. We aim to maintain a strong research culture that incorporates:

- Honesty and integrity;
- Respect for human research participants, animals and the environment;
- Respect for the resources used to conduct research;
- Appropriate acknowledgement of contributors to research; and
- Responsible communication of research findings.

Human Research and Ethics applications, *Evaluation of the South Gippsland Shire Council "Suicide Prevention" project* (A20-127) was approved by Federation University Human Research Ethics Committee (Appendix 1) prior to data collection and analysis. Consent to participate in the study and for participant's de-identified transcripts to be used for research and evaluative purposes was obtained via signed informed consent forms before commencing the interviews. Participant anonymity was maintained by removing any identifiable information from the evaluation.

10. ABBREVIATIONS

AGA	Apprentice Group Australia
CBD	Central Business District
CEO	Chief Executive Officer
CERG	Collaborative Evaluation and Research Group
DH	Department of Health
HALT	Hope Assistance Local Tradies
QPR	Question Persuade Refer
SALT	Sport Life and Training
SGSC	South Gippsland Shire Council

11. LIST OF FIGURES

Figure 1	The Gippsland Region by Local Government Area	...	10
Figure 2	Data Collected	...	12
Figure 3	Participation in Mental Health Training	...	13
Figure 4	Event Participation	...	14
Figure 5	HALT COVID-19 Wellbeing	...	16
Figure 6	Locating Information and Resources about Suicide Prevention	...	18
Figure 7	Program and Workshop Facilitation Feedback	...	19
Figure 8	Thematic Analysis Minor Themes	...	26
Figure 9	Content Analysis Themes	...	32
Figure 10	Six Step Thematic Analysis	...	41

12. APPENDICES

Appendix 1: Human Research and Ethics Approval	...	45
Appendix 2: A scoping review of community-based adult suicide prevention initiatives in rural and regional Australia	...	46

Appendix 1: Human Research and Ethics

Principal Researcher:	Associate Professor Joanne Porter
Co-Researcher/s:	Christopher Mesagno Michelle James Valerie Prokopiv
School/Section:	School of Health
Project Number:	A20-127
Project Title:	Evaluation of the South Gippsland Shire Council “Suicide Prevention” project.
For the period:	29/10/2020 to 24/12/2021

Quote the Project No: A20-127 in all correspondence regarding this application.

Approval has been granted to undertake this project in accordance with the proposal submitted for the period listed above.

Please note: It is the responsibility of the Principal Researcher to ensure the Ethics Office is contacted immediately regarding any proposed change or any serious or unexpected adverse effect on participants during the life of this project.

In Addition: Maintaining Ethics Approval is contingent upon adherence to all Standard Conditions of Approval as listed on the final page of this notification

COMPLIANCE REPORTING DATES TO HREC:

Annual project report:
29 October 2021

Final project report:
24 January 2022

The combined annual/final report template is available at:

<https://federation.edu.au/research/support-for-students-and-staff/ethics/human-ethics/human-ethics3>



Fiona Koop
Coordinator, Research Ethics
29 October 2020

APPENDIX 2: A scoping review of community-based adult suicide prevention initiatives in rural and regional Australia

Abstract :

The need for continued research into suicide prevention strategies is undeniable, with high global statistics demonstrating the urgency of this public health issue. In Australia, approximately 3000 people end their lives each year, with those living in rural and regional areas identified as having a higher risk of dying by suicide. Due to decreased access and support services in these areas, community-based suicide prevention initiatives provide opportunities to educate and support local communities. A scoping review was conducted to explore the literature pertaining to such programs in rural and/or regional communities in Australia. This review follows the five stage Arksey and O'Malley (2005) framework and the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) checklist. Nine databases were searched in which studies were considered eligible if suicide prevention programs were community-based and catered for adults (≥ 18 years) in rural or regional Australia. Ten papers that met our inclusion criteria were included in this review, which showcased a variety of interventions such as workshops, a digital intervention, art therapy and initiatives to increase education and reduce stigma around suicide. Program engagement strategies included the importance of providing culturally appropriate services, the inclusion of lived experience mentoring and tailoring the suicide prevention program to reach its targeted audience. Overall, there is a dearth of literature surrounding community-based suicide prevention initiatives for adults in rural and regional Australia. Further evaluation on community-based projects is required to ensure quality improvement and tailored suicide prevention initiatives for rural and regional Australians.

1. Introduction

In Australia, suicide is identified as the leading cause of death for people aged between 15 to 49 years [2]. Approximately 3,000 Australians end their lives each year, an average of eight deaths per day [2]. Suicide was also one of the five leading causes of death for Indigenous Australians between 2012-2016 [3]. These statistics are reflected globally, with the World Health Organisation (WHO) reporting 703,000 deaths by suicide each year [4]. The WHO estimates that a person dies by suicide every 40 seconds, with an additional 20 non-fatal suicide attempts per each reported suicide [5]. It is important to note that these statistics are likely to be underreported because of stigma and insufficient surveillance and monitoring systems [4]. These statistics indicate the severity of this public health issue and the need to prioritise suicide prevention efforts. The effect of suicide is far-reaching and have long-lasting effects on families and often entire communities [4].

High-income countries have the highest rate of suicide at 11.5 deaths per 100,000 people with males three times as likely to die by suicide compared to females [5]. In addition, people living in rural and regional areas experience poorer mental health and wellbeing due to challenges in accessing treatment and support [6]. A Royal Commission was established in 2019 to investigate the mental health system in the state of Victoria, due to concerns of insufficient support for people living with mental illness, their families and mental health workers [6]. This Royal Commission established that suicide rates are higher in rural and regional Victoria compared to metropolitan Melbourne [6]. One of the key findings is that communities do not adequately support good mental health and well-being [6]. The social factors that influence mental health are not recognised and subsequently diminishes the importance of community and workplaces on mental health [6].

Suicide prevention initiatives require a holistic and multifactorial approach. As part of *Australia's Long Term National Health Plan*, the Australian Government has invested \$55 million in national suicide prevention trials and established the National Suicide Prevention Research fund to disseminate research pertaining to suicide prevention [7]. An Australian report into research priorities in suicide prevention recommended that funding should be allocated and prioritized for studies that evaluate interventions [8]. It is essential that suicide prevention initiatives are evaluated after their implementation for continuous quality improvement purposes and to optimize health outcomes [9]. Combinations of evidence-based suicide prevention strategies should be assessed at both an individual and community level with robust research designs [10].

There is a dearth of peer-reviewed publications on community co-produced mental health initiatives in rural Australia, despite an increased number of initiatives that target early intervention, education and suicide prevention [11]. Given the high priority of this public health issue, this review explores the literature pertaining to suicide prevention initiatives in rural and/or regional communities in an Australian context. This differs to previous reviews such as De Cotta, Knox [11] and Roy, Tremblay [12], as the authors were interested in community suicide prevention initiatives that focus on rural/regional adults, the key characteristics of these programs and the strategies used to engage their targeted populations. As such, a scoping review was the preferred typology to map these key concepts. Identifying these key characteristics and strategies can help to inform future delivery of suicide prevention initiatives for rural and regional Australians. The findings of this scoping review may help to provide recommendations for the implementation and evaluation of future suicide prevention programs and identify research gaps in the literature

2. Method

This scoping review was conducted using the five stage methodological framework by Arksey and O'Malley [13]. It was reported according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) checklist [14]. The sixth stage of a scoping review, stakeholder consultation, is an optional element and was not included in this review.

2.1. Identifying the research question

The research question for this scoping review is: 'what is known from the literature about community-based suicide prevention initiatives for adults in Australian rural and regional communities?' The specific research objectives for this review are: (i) What are the characteristics of suicide prevention initiatives in Australian rural and regional communities? (ii) How are these suicide prevention initiatives measured to determine their overall efficacy for their targeted population?

2.2. Identifying relevant studies

This literature search was conducted between November 2021 and February 2022, with the last search conducted on 12th February 2022. A scoping review protocol was not published for this review; however, the authors collectively devised the search strategy in consultation with a research librarian. The search included six EBSCO Host databases; Academic Search Complete, CINAHL Complete, ERIC, MEDLINE, APA PsycArticles and APA PsycInfo. Other databases searched include Scopus, Web of Science and the search engine Google Scholar. Databases were searched using a Boolean search strategy, in which key concepts, truncations and variations were entered into the databases (Table I). The authors also manually searched the reference lists of included papers and other reviews to identify further eligible papers.

Search Term	Variations
Suicid*	Suicide prevention Suicide reduction Suicide intervention Mental health Mental illness Mental disorder
Adult*	Older Middle aged Farm*
Initiative*	Program* Intervention* Strateg*
Regional	Rural Remote Community Country
NOT child*	paediatric pediatric young adolesc* teenager

Table I: Search terms

2.3. Study selection

The inclusion and exclusion criteria were developed by authors ED, JP and MB and are shown in table II. A ten-year search period was selected to review the current evidence. A longer time period is typically utilised to map the scope of the literature; however, the authors preferred a shorter date range to establish the latest evidence of this important topic. Although scoping reviews have the propensity to include grey literature, the research team opted to include peer-reviewed papers to improve the rigour of the review.

Inclusion criteria	Exclusion criteria
Peer-reviewed publications	Metropolitan areas
Studies published between 2012 to 2022	Hospital-based suicide prevention initiatives (inpatient/outpatient)
English language	Adolescent or youth population (<18 years)
Full text articles	Studies focused on psychometric or measurement tools
Studies conducted in Australia	
Adults aged ≥ 18 years	
Rural/Regional areas only	
Community-based	

Table II: Inclusion and Exclusion Criteria

Non-original studies and study protocols were excluded; however, their reference lists were manually searched for potential papers. The authors were interested in community-based suicide prevention initiatives only, therefore papers that focused on general themes or epidemiological studies were excluded. Interventions involved with primary care settings, hospitals or outpatient settings were also excluded from this review. General suicide prevention programs that were national based and referred to a generalised population were excluded as the focus of this review was rural based only. The search results were uploaded into Endnote and duplications were removed. Two authors completed an independent title and abstract screen, in which a third author moderated the process until consensus was reached. The approved screened records were obtained in full text and further evaluated by the research team to determine their relevance to the scoping review aims. The authors did not contact other authors of included papers to identify any additional sources. All authors approved the final list of articles for this scoping review.

2.4. Charting the data

To chart the data, two extraction forms were initially developed by authors ED and MB. This was an iterative process, in which the data categories were revised after reviewing the included articles. The data was extracted verbatim by the lead author and was independently verified by author JP. A quality appraisal was not conducted, as this is not always part of the scoping review typology [13]. Tables III and IV present the charted data in line with the research objectives for this review.

2.5. Reporting the results

The fifth step of the scoping review framework involves collating, summarizing and reporting the results [13]. After charting the data in the two summary tables, the authors reported on the general article characteristics. A narrative synthesis was used to analyse the results under the headings: Key Characteristics of Suicide Prevention Initiatives, Program Evaluation, Program Strategies and Key Findings of Initiatives. A narrative synthesis adopts textual descriptions to communicate the findings of included studies and can be useful to discuss similarities and differences [15].

3. Results

From the search process, ten studies were identified that met the inclusion criteria. Figure I shows the PRISMA flow chart of our search strategy. Table III details the data summary obtained from these ten studies including the study aim, study design, description of suicide prevention initiative and the main findings. Table IV maps the key characteristics of the suicide prevention programs including the frequency of the program, targeted audience, evaluation plan/measurement/tool, program strategies for engagement and the lessons learnt. The data obtained from these studies are summarised below.

3.1. Article characteristics

The ten included studies were within a six-year time period (2016 to 2021), in which half of the studies were of a mixed methods design (n = 5). Three studies were of a pre- and post-intervention evaluation design along with one descriptive case study. A commentary describing the lessons learned from a suicide prevention program spanning a 14-year period was also included [16]. Aboriginal and Torres Strait Islander people were the intended target population in four of the suicide prevention initiatives [17-20]. One study [21] discussed that adult males in farming communities were the intended target population, however it was decided to allow female participation to avoid potential harm from exclusion. Two studies reported on the same suicide prevention initiative [22, 23], however it was decided to include both studies in this review due to the differing focus of the studies. This was also the case with Perceval, Reddy [24] and Handley, Davies [16].

Most suicide prevention initiatives took place in rural and regional New South Wales [16-18, 24, 25]. One initiative occurred in Echuca, Victoria [19] and the same initiative in Tasmania was evaluated twice [22, 23]. The online digital intervention in Kennedy, Brumby [21] was designed to engage people in rural and regional farming communities. The community workshops in Snodgrass, Rayner [20] featured in 40 rural and remote locations in Australia.

Figure I: Modified PRISMA flowchart of search strategy [1].

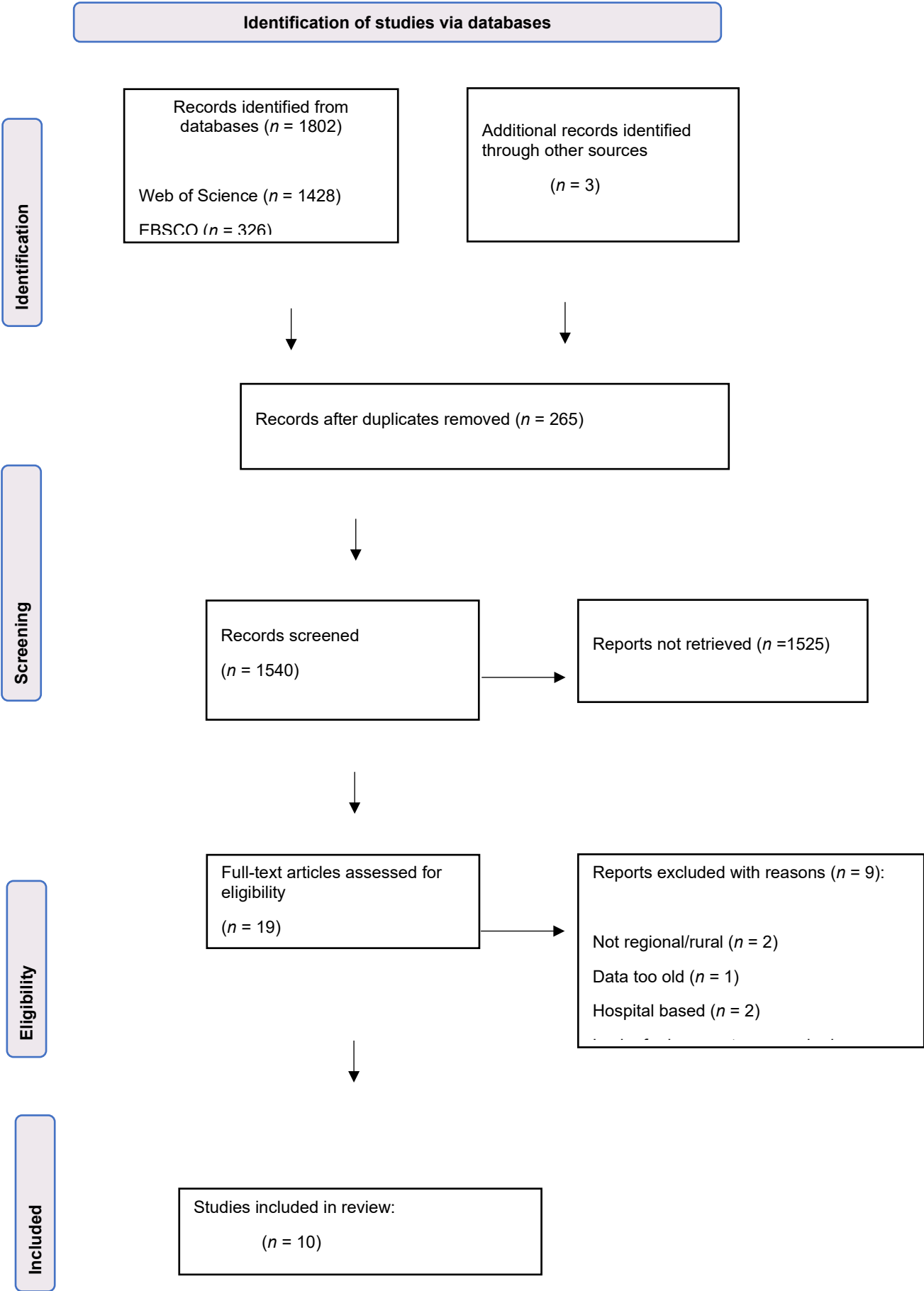


Table III: Data summary of included studies

Author & Year	Study Aim	Study Design	Population	Description of Suicide Prevention Initiative	Main Findings
Barnett, de Deuge [22] 2019	To gain an understanding of the experience of artists impacted by mental illness who participated in the Rural Art Roadshow.	Mixed methods	<i>n</i> = 23 artists (17.4% male)	The aim of the project was to help reduce stigma and promote a positive image of mental health in rural communities.	The three themes: Community Impact, Social Gains and Personal Gains, demonstrated positive social and personal benefits for participating artists. The Rural Art Roadshow is a promising mental health promotion approach that could be replicated in other rural and remote areas of Australia.
Calabria, Shakeshaft [17] 2020	To examine the feasibility and acceptability of the Aboriginal-adapted Community Reinforcement Approach (CRA) delivered to Aboriginal and non-Aboriginal clients in a	Quantitative Pre- and post-intervention evaluation	Aboriginal and non-aboriginal clients aged 18 years & over (<i>n</i> = 55, 58% males)	The CRA is an evidence-based Cognitive-Behavioural Therapy (CBT) intervention that targets harmful drug and alcohol use.	CRA was associated with statistically significant reductions in the use of alcohol, tobacco, cannabis, amphetamine, over the counter

	<p>non-Aboriginal focused rural, community-based drug and alcohol treatment service and to assess pre- to post-program changes for drug and alcohol use and wellbeing outcomes.</p>			<p>Compared to the US version, the tailored CRA had reduced technical language, reduced number of treatment sessions, the option of a group delivery and was deemed to be culturally acceptable.</p>	<p>medication and levels of psychological distress.</p> <p>CRA was also associated with an increase in levels of empowerment for both Aboriginal and non-Aboriginal clients.</p>
<p>Davies, Read [18] 2020</p>	<p>To evaluate the We-Yarn suicide prevention gatekeeper training workshop and to examine whether participants reported being more able to address and respond to suicide in their communities.</p>	<p>Mixed Methods</p>	<p><i>n</i> = 106 attendees including a mixed group of community members, staff of other health and community service organisations and staff from Aboriginal Community Controlled Health Organisations (ACCHOs)</p>	<p>We-Yarn is a suicide prevention gatekeeper training workshop – the workshop encouraged discussion and sharing of experiences, cultural tailoring of the program to include the seven domains of connection, the use of the SCARF action plan (Suspect, Connect, Ask, Refer, Follow-Up)</p>	<p>We-Yarn appeared to be well-suited and culturally appropriate for Aboriginal suicide prevention gatekeeper training.</p> <p>There were significant improvements to participants' self-reported knowledge and capacity to support someone struggling with social and emotional wellbeing problems.</p> <p>The workshops were valuable in strengthening knowledge and providing opportunities to discuss</p>

					various approaches for culturally appropriate suicide prevention strategies.
Handley, Davies [16] 2021	This paper describes the Good SPACE suicide prevention program and the lessons learned from delivering this program over a 14-year period. (Formerly known as the Farm-Link: see Perceval et al. 2020).	Commentary	Rural communities	Good SPACE is a suicide prevention program designed to prevent suicide through community and clinical education. The program educates rural community members to recognise the signs of suicide vulnerability and how to take action if they meet someone considering suicide.	A consistent finding was that approximately 80% of workshop attendees were females. The program was complemented by the development and co-design of variants to to meet the needs of their intended audience.
Harris, Barnett [23] 2018	To display a selection of artworks in four small communities to engage and promote positive discussions about mental health.	Mixed methods survey	Visitor evaluation (<i>n</i> = 56)	The Rural Art Roadshow was a travelling program of artwork that visited rural communities to help improve community understanding of mental health, reduce stigma and promote art-based mental health initiatives.	Each opening feature provided an opportunity for artists to speak about their experience of mental ill-health and creating their artwork.

					<p>The art exhibition was well attended ($n = 600$ visitors) with low response rate of evaluation surveys. There was a strong agreement that the art exhibition should be repeated annually.</p>
Hearn, Wanganeen [19] 2016	To describe a community developed Aboriginal model for early identification and referral of people with psychological distress and suicidal ideation.	Case study: Descriptive	$n = 12$ support people (no demographic data available)	<p>The Jekkora Model consists of recruitment and appointment of support persons, identifying people at risk, follow up and referral by support people and expansion and sustainability.</p> <p>Series of training programs provided to support people such as: ASIST (Applied Suicide Intervention Skills Training), safeTALK, Living Hope Bereavement support and Support after Suicide.</p>	<p>The Jekkora model was developed by Aboriginal people for their community. It is a culturally acceptable, problem specific and sustainable service for the early identification, treatment and follow-up support for Aboriginal people in distress</p>

Kennedy, Brumby [21] 2020	To evaluate the effectiveness of an intervention, tailored for the farming community, designed to reduce stigma among male farm workers with a lived experience of suicide.	Mixed methods analysis	The Ripple Effect website had 12,755 visitors during the research period. <i>n</i> = 710 participants consented. Of these participants, <i>n</i> = 169 were from the target group (30–64 year males)	The Ripple Effect digital intervention was divided into five chapters and email reminders were sent at designated time points to encourage completion. It included personal stories, videos, education and personal goal setting.	The intervention was far-reaching. There were no identified changes of perceived stigma using quantitative measures however behaviour/ attitude changes emerged in the qualitative data. This program was successful in reaching their targeted population, along with other groups in rural Australia.
Perceval, Reddy [24] 2020	To evaluate a well-being and suicide prevention education workshop, SCARF (Suspect, Connect, Ask, Refer, Follow-Up) developed for Australian farming and rural communities.	Quantitative Pre- and post-intervention evaluation	<i>n</i> = 255 (153 females, 102 males) Mean age 44.4 years	Wellbeing and suicide prevention education workshop – SCARF: Suspect, Connect, Ask, Refer, Follow-Up) – specifically developed for Australian farming and rural communities	There was a significant increase in suicide literacy and confidence immediately post workshop, which remained at the 3-month follow up. Mental wellbeing was also significantly improved at the 3-month follow up.

					There were no changes to the overall score on the Stigma of Suicide Scale (SOSS)
Powell, Dalton [25] 2019	To examine the implementation of a community-driven mental health and wellbeing initiative in Northern New South Wales, which began in response to a geographic cluster of local suicides.	Mixed Methods	Review of 65 project documents (quantitative data) Semi-structure interviews with 99 local stakeholders	“Our Healthy Clarence” is described as a novel, low-cost, small, bottom-up, locally driven approach. It was developed in response to a geographic cluster of local suicides. A stakeholder group formed to develop and enact the community mental health and wellbeing plan	Stakeholders reported increased community agency, collaboration, optimism and willingness to discuss mental health, suicide and help-seeking. This initiative could serve as a model for other communities to address suicide, self-harm and improve wellbeing
Snodgrass, Rayner [20] 2020	To evaluate Deadly Thinking, which is a social and emotional wellbeing promotion program targeted to remote and rural Aboriginal and Torres Strait Islander communities.	Quantitative Pre- and post-intervention evaluation	$n = 413$ participants across 40 locations in rural and remote Australia ($n = 263$ females, $n = 114$ males, $n = 36$)	Deadly Thinking aims to improve emotional health literacy, psychological wellbeing and attitudes towards help-seeking associated with emotional ill-health	Overall there were low rates of marked distress in groups and participants reported positive perceptions of community safety and wellbeing. Participants consider that that the

missing data)

workshop would help them to support others experiencing an emotional health crisis and improve their knowledge.

Table IV: Characteristics of suicide prevention initiatives

Author & Year	Frequency of program	Targeted audience	Types of activities	Evaluation plan/measurement/tool	Program Strategies	Lessons learnt
Barnett et al (2019).	Art exhibition remained open for one week in each venue Opening events were held in the evening and lasted 1-2 hours	Four small rural communities in Tasmania, Australia	Art exhibition – 22 pieces of art selected from the annual “Minds Do Matter” exhibition in Launceston.	Semi-structured interviews with the artists Visitor survey of 6 statements on a Likert Scale and 3 open-ended questions	The program promoted art as therapy and used the community event to foster social inclusion and have positive conversations about mental health Entry to the exhibition was free	Quality improvement suggestions include other mediums of disseminating the art such as the use of social media or discussion boards. Future events should include a promotion and publicity plan tailored to each community.

<p>Calabria et al. (2020).</p>	<p>The Community Reinforcement Approach (CRA) was offered to clients individually (60-minute sessions) or in groups (90-minute sessions).</p> <p>Six weekly sessions were planned with the option of additional individual sessions</p>	<p>Aboriginal and non-aboriginal clients aged 18 years & over who attended a non-Aboriginal focused community-based drug and alcohol treatment service in rural New South Wales.</p>	<p>Cognitive-Behavioural Therapy (CBT) within a group setting or on an individual basis.</p>	<p>Outcome measures were collected at baseline, 4 weeks, 3 months and 6 months</p> <p>Kessler-5, Growth Empowerment Measure (GEM), Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)</p>	<p>Therapists were local people who are known and trusted by the community.</p> <p>Aboriginal Health Workers were involved in the delivery of CRA to Aboriginal clients.</p> <p>CRA was embedded into routine practice.</p>	<p>This CBT approach also included training in skills that are transferable to other areas of life such as communication and may have contributed to improvements in psychological wellbeing, signifying the importance of building individual capacity.</p>
<p>Davies et al. (2020).</p>	<p>Six We-Yarn workshops, that took approximately 6 hours each over a period of six months.</p>	<p>Aboriginal people and for those that work with Aboriginal communities and people in rural New South Wales</p>	<p>Culturally safe suicide prevention skills training</p>	<p>Self-rated responses on a 5-point Likert scale about their capacity and confidence to respond to a person at risk of suicide.</p> <p>Open-ended questions about workshop</p> <p>Focus groups</p>	<p>Each workshop was facilitated by an experienced non-Aboriginal suicide prevention trainer and an experienced Aboriginal facilitator. Both facilitators had lived experience of suicide</p>	<p>The sharing of the facilitators' lived experiences were vital to instigating discussion and connecting with the workshop participants.</p> <p>Ongoing strategies should be community-led and programs such as We-Yarn should be part of a multi-</p>

						faceted suicide strategy.
Handley et al. (2021)	Good SPACE is a 4-hour program	Farmers, Aboriginal people and general rural community members	Education / workshops	Evaluations include surveys/ interviews following workshops	The Good SPACE program was supplemented by other specialist training for GPs and clinicians to strengthen the local response.	<p>Evaluation does not consider how to address the bigger issues of how to improve target audience reach, local engagement and connection to services.</p> <p>General promotional approaches tended to recruit participants who were already well versed in mental health.</p>
Harris et al. (2018).	<p>Art exhibition remained open for one week in each venue</p> <p>Opening events were held in the evening and lasted 1-2 hours</p>	Four small rural communities in Tasmania, Australia	Art exhibition – 22 pieces of art selected from the annual “Minds Do Matter” exhibition in Launceston.	Short survey of 6 statements on a Likert Scale and 3 open-ended questions	The program promoted art as therapy and used the community event to foster social inclusion and have positive conversations about mental health	Feedback indicated that the public wished to embed the exhibition in the local community in partnership with local government, businesses, schools and health services.

					Entry to the exhibition was free	Suggestions from the public on how to improve future events included the need to have more interactive activities, the provision of further information on how to obtain mental health advice and services and increasing the reach of the roadshow.
Hearn et al. (2016).	Training programs lasted between 2 to 4 hours and were delivered to 12 individuals	Posters and flyers were used to recruit interested people from the local community in Echuca, Victoria. After training 10 individuals were selected to form the first group of Voluntary Trained Support Persons (VTSPs).	The VTSPs make weekly telephone calls to a referred person for 3 months using 5 questions to guide casual conversation. An Aboriginal health worker is notified if the person demonstrates sign of distress Referrals are made by a GP.	Program evaluation plan not specified. VTSP documents key responses and attends a monthly debriefing session	At the end of the 3 months, community people who were supported are encouraged to take up the role of support persons for others in the community and to access training.	By including people with a lived experience after their experience with the program, this model fosters community empowerment. Helps to establish social connectedness, wellbeing and community resilience within Aboriginal communities.

Kennedy et al. (2020)	Online intervention estimated to take 2.5 to 4 hours to complete, recommended to be completed in a few sessions over a couple of weeks.	The focus was on a male population (aged 30-64 years) in farming communities, however participation in the intervention was increased to include all adults (male and female).	Digital intervention consisting of five chapters	Stigma of Suicide Scale, Literacy of Suicide Scale Online feedback survey using both qualitative and quantitative questions.	Partners and stakeholders with links to the farming community were recruited to assist in sharing information about the Ripple Effect across rural networks such as social media, local media, industry newsletters, community presentations, sporting clubs, information flyers. A Community Champions Network was also developed to promote the project.	The previously identified evidence of association between increasing mental health literacy and decreasing mental health stigma may not apply to suicide literacy and suicide stigma. Support services should be easily accessible and should demonstrate an understanding of farming life and work when delivered within a rural context.
Perceval et al. (2020).	4-hour workshop delivered free of charge	Australian farming and rural communities in New South Wales.	Education	Literacy of Suicide Scale, Stigma of Suicide Scale, Warwick Edinburgh Mental Wellbeing Scale, confidence scale (developed for study)	Program was delivered to frontline agricultural professionals including agribusiness bankers, rural financial	Refresher training could be useful, as the mean scores for literacy and confidence dropped after 3 months despite a significant

					counselors and accountants, those working with farming organisations such as New South Wales (NSW) Farmers or Local Land Services, staff from employment, disability and care agencies, chaplains and farming community groups.	increase post-workshop. The SCARF program has since been updated to CARE (Connect, Ask, Refer, Encourage), signifying the important of using contemporary evidence to inform suicide prevention programs.
Powell et al. (2019).	Since early 2016 a steering group was formed to implement Our Healthy Clarence. This initiative has operated for two years and has five key objectives to address community mental health and wellbeing.	Members of the Clarence Valley Local Government area in New South Wales (@51,750 residents)	Community workshops New services: a headspace centre, pop-up information and referral hubs in community centres 2000 people received training in mental health literacy, suicide prevention in community and workplaces.	Formative evaluation – use of 65 project documents and 36 semi-structured interviews with local stakeholders No evaluation on impact of initiative	The initiative was based on the principles of public health and community development. Factors that contributed to its success included: leadership support, clarity of purpose, a paid independent coordinator, community involvement and	To be sustainable, initiatives must respond to the local context and build on local assets if they are to be relevant and sustainable. Governance and structure were important to the success of the initiative. The multi-dimensional nature

			Stand alone community events and connection with other community events and partner.		transparent governance.	of the program denotes challenges and various complexities in evaluating the initiative, as statistics such as suicide rates or hospital admissions do not reflect the objectives of the initiative.
			Strengths-based messaging through media			
			Sharing of Mindframe guidelines to media outlets			
Snodgrass et al. (2020).	Two phases: Group-based 1 day community workshop or 2-day Train the Trainer (TTT) workshop	Aboriginal and Torres Strait Islander adults	Workshops	5 items adapted from Shaw and d'Abb's community health scale, Kessler-5, MINI Suicidal scale, a modified version of the Alcohol, Smoking and Substance Involvement Screening Test, help seeking intentions and workshop feedback survey	Deadly Thinking includes the opportunity for participants to discuss common sources of stress such as family, employment, racism, discrimination, anxiety, depression, stigma, suicide. It was developed in conjunction with	There was a lower number of males who participated in the program; thus the authors were unable to determine the extent to which the program is acceptable to men. It is recommended that providing a workshop specifically designed for men can

	local Aboriginal communities through a previous project.	encourage increased male attendance, creating a safe environment to discuss sensitive topics.
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Table IV: Program characteristics

3.2. Key characteristics of Suicide Prevention Initiatives

Workshops were the most frequent mode of intervention within the ten studies. A four-hour workshop that featured in both Handley, Davies [16] and Perceval, Ross [26] was delivered free of charge for participants, along with the six We-Yarn workshops over six months in Davies, Read [18]. The workshops delivered in Snodgrass, Rayner [20] comprised of either a group-based one day community workshop or a two day Train the Trainer (TTT) workshop. In Calabria, Shakeshaft [17], cognitive-behavioural therapy (CBT) was offered over a six-week period either in a group setting or on an individual basis. The design of this program was targeted towards adults requiring community-based drug and alcohol treatment services.

The promotion of art as a therapeutic intervention was described in Barnett, de Deuge [22] and Harris, Barnett [23]. The art exhibition travelled to four small rural communities in Tasmania, featuring artworks inspired from artists who discussed their mental health journey with the community. The Ripple Effect digital intervention in Kennedy, Brumby [21] was designed to reduce suicide stigma in farming communities. Hearn, Wanganeen [19] describes the Jekkora Model, which focuses on training people to become Voluntary Trained Support Persons, to assist with identifying and referring people at risk of suicide. The *'Our Healthy Clarence'* initiative in Powell, Dalton [25] consisted of a range of activities such as community workshops, new services and referral, hubs, mental health literacy training and stand-alone community events. This complex initiative was developed in response to a geographic cluster of suicides in Clarence Valley.

3.3. Program Evaluation

The evaluation of these suicide prevention initiatives varied. Perceval, Reddy [24] and Kennedy, Brumby [21] both incorporated validated tools such as the Literacy of Suicide scale and the Stigma of Suicide scale as part of the evaluation process. Perceval, Reddy [24] also incorporated the Warwick Edinburgh Mental wellbeing scale along with a generalised confidence scale. Calabria, Shakeshaft [17] incorporated substance specific scales including the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) as well as the Growth Empowerment Measure (GEM) and the Kessler-5, which is a measure of psychological distress.

A formative evaluation was completed in Powell, Dalton [25] using 65 project documents and 36 semi-structured interviews with local stakeholders. There was no evaluation of the impact of their suicide prevention initiative. An evaluation process of the program was not discussed in Hearn, Wanganeen [19], however the authors discussed a monthly debriefing process for the support people. Specific program feedback was sought in other studies using a range of Likert scales, focus groups and open-ended questions [16, 18, 22, 23].

3.4. Program Strategies

The suicide prevention initiatives used a range of strategies to engage their targeted audience.

Most activities that were intended for Aboriginal and Torres Strait Islander people involved the help of Aboriginal and Torres Strait Islander workers or people who were trusted by the community facilitated and delivered the program [17, 18, 20]. In addition, the facilitators in Davies, Read [18], also had the lived experience of suicide. Another strategy that was reported in Hearn, Wanganeen [19] was the encouragement of participants to take up the role of becoming a support person after the completion of the 3 month program. This encouraged program sustainability and increasing the inclusion of facilitators with the lived experience of suicide and psychological distress. Additional specialist training was implemented for general practitioners and clinicians to strengthen the local

community response in Handley, Davies [16], whereas in Kennedy, Brumby [21] the use of a community champions network was included to promote uptake of the digital intervention. Art was used as a creative outlet for artists to illustrate their mental health experiences and to facilitate positive conversations about mental health, which promoted social inclusion in the rural community [22, 23].

3.5. Key Findings of Initiatives

The qualitative findings of Barnett, de Deuge [22] indicated that the *Rural Art Roadshow* demonstrated positive social and personal benefits for the participating artists. Similarly, attendance rates (n = 600) and visitor evaluations showed strong agreement that this art exhibition be repeated annually [23]. Although there were no identified changes of perceived stigma using quantitative measures in Kennedy, Brumby [21], qualitative data demonstrated behaviour and attitude changes from participants after the digital intervention.

The *Jekkora* model was described as a culturally acceptable, problem specific and sustainable service for Aboriginal and Torres Strait Islander people in distress [19]. This paper discussed the *Jekkora* model, however an evaluation of this program was not described. The Aboriginal-adapted Community Reinforcement Approach (CRA) in Calabria, Shakeshaft [17] was associated with statistically significant reductions in the use of alcohol, tobacco, cannabis, amphetamine, over the counter medications and levels of psychological distress.

Following the six We-Yarn workshops in Davies, Read [18], significant improvements were demonstrated in participants' self-reported knowledge and capacity to support someone struggling with social and emotional wellbeing issues. Similarly, in Perceval, Reddy [24], there was a significant increase in suicide literacy and confidence immediately post-workshop, which remained significant at the 3-month follow up evaluation. Despite reported significant improvements to mental wellbeing at the 3-month follow up, there were no demonstrated changes to the overall score on the Stigma of Suicide Scale [24]. In Snodgrass, Rayner [20] there were low rates of marked distress in groups, however participants considered that the workshop would help them to support others experiencing an emotional health crisis.

Stakeholders from the *Our Healthy Clarence* project reported increased community agency, collaboration, optimism and willingness to discuss mental health, suicide and help-seeking [25]. The authors reported that this initiative could serve as a model for other communities to address suicide, self-harm behaviours and improve wellbeing.

4. Discussion

The aim of this scoping review was to explore the literature regarding community-based suicide prevention initiatives for adults in Australian rural and regional communities. The authors intended to explore the key characteristics of these initiatives and how they are measured or evaluated. Given that a quality appraisal is usually not conducted in scoping reviews [13], a determination cannot be made whether the findings of the included studies can be generalised to other settings. Overall, the findings from the suicide prevention initiatives were largely positive; however, the inclusion of ten articles in this review suggests a dearth of studies pertaining to this topic in an Australian context. This is despite the fact there is anecdotal evidence of an increased number of Australian rural community co-produced mental health initiatives [11]. Stakeholders and facilitators of community-based suicide prevention programs should be encouraged to use a formal evaluation process and to publish their research findings. The evaluation of the suicide prevention initiatives in this review varied, depending on the aims of the program. Complex initiatives such as that in Powell, Dalton [25] reported difficulty

in evaluating their initiative due to the multi-dimensional nature of the program. It is imperative that suicide prevention programs include adequate evaluation strategies for continuous quality improvement, resulting in improved health outcomes for consumers [9].

The facilitators' lived experience of suicide was noted as a positive inclusion in Davies, Read [18]. The authors described that the sharing of the lived experience of the facilitators was vital to instigating workshop discussions and connecting with participants. Jones, Ferguson [27] noted that although including people with a lived experience of suicide can be a powerful learning experience, it should be done in an appropriate and safe manner. Similarly, most of the suicide prevention programs that were intended for Aboriginal and Torres Strait Islander people used an Aboriginal and Torres Strait Islander facilitator, in which the authors described cultural adaptation of the program. In 2018, the suicide rates of Aboriginal and Torres Strait Islander people were almost double that of non-indigenous Australians [28], which necessitates the importance of providing culturally appropriate activities within rural communities. Previous studies recommended that suicide prevention programs for Aboriginal and Torres Strait Islander people should have a holistic approach and consider the social, emotional and spiritual elements of community wellbeing [29]. Although the *Jekkora* model is in its early stages of implementation, it has the potential to increase community resilience and social connectedness within Aboriginal and Torres Strait Islander communities [19].

The suicide prevention initiatives in this review described favourable outcomes, yet there were concerns that some programs did not reach their target audience. In Handley, Davies [16], a consistent finding was that approximately 80% of workshop attendees were females. Statistics show that males are three times as likely to die by suicide compared to females [5]. Kennedy, Brumby [21] reported that their digital intervention was successful in reaching their targeted audience (male farmers in rural communities). This indicates that further consideration needs to be given about tailoring the type of activity to the targeted population. For example, rural males may not participate in a workshop on suicide prevention but they may attend other activities of interest, such as an informal barbecue [16]. Perceval, Reddy [24] and Kennedy, Brumby [21] described their key strategies to engaging their target audience included recruiting people who were specifically working in primary production, bankers or accountants. Kennedy, Brumby [21] also discussed the use of social media, flyers, presentations at sporting clubs and the use of a Community Champion to promote their digital intervention. This is a positive example of using rural community resources to reach the intended population.

Future recommendations for some of the initiatives included community interactions to ensure long-term sustainability. Powell, Dalton [25] discussed that initiatives must respond to the local context and build on local assets if they are to be sustainable. This was also discussed in Harris, Barnett [23], in which program feedback included partnering with local government, businesses, schools and health services to improve uptake of the art exhibition. Additional recommendations from Perceval, Reddy [24] included the need for refresher training, given that quantitative measures showed a decrease in scores in the 3-months post-intervention. Other Australian studies discussed that there was little evidence of learning from preceding rural community co-produced mental health initiatives [11]. This is of concern, considering the high number of deaths by suicide in rural and regional Australian communities. There are complex social, cultural and ethical attributes underlying psychological distress in rural communities that are not supported by the mental health system [30]. Future community-based suicide prevention initiatives in rural communities should have a holistic approach that is tailored to the community's needs. As previously discussed, program organisers of suicide prevention initiatives should be encouraged to formally evaluate and publish their findings to provide opportunities for others to learn from their experiences.

5. Limitations

A limitation to this study is that only studies from an Australian context were included, therefore these results may not be generalised to an international perspective. It is possible that some national suicide prevention initiatives may have provided further insight, however studies that were not rural or regional based were excluded from this review. Scoping reviews are not intended to be a definitive synthesis of the literature but can be useful in identifying research gaps in the literature [31, 32]. This research builds upon previous reviews by exploring generalised community-based suicide prevention programs in rural and regional Australia and providing recommendations about the delivery of future programs.

6. Conclusion

Suicide rates are higher in rural and regional areas compared to their metropolitan counterparts, exacerbated by difficulties in accessing treatment and support services. Community-based suicide prevention initiatives in these areas require a holistic approach tailored to the local community's needs. This is essential for long-term program sustainability and to cater to the program's target audience, such as rural adult males. Furthermore, continued evaluation of community-based rural and regional suicide prevention initiatives is imperative to promote continued improvement of the quality of these programs. This scoping review has highlighted the dearth of literature surrounding community-based suicide prevention initiatives in rural and regional Australia. Further research and continued evaluation of the efficacy of suicide prevention programs is recommended.

References

1. Page MJ, Moher D, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. PRISMA 2020 explanation and elaboration: Updated guidance and exemplars for reporting systematic reviews. *BMJ*. 2021;372:n160.
2. Australian Government. Suicide in Australia 2021 [Available from: <https://www.health.gov.au/health-topics/mental-health-and-suicide-prevention/suicide-in-australia>].
3. Australian Institute of Health and Welfare. Australia's health 2018. Canberra: AIHW; 2018.
4. World Health Organisation. Suicide 2021 [Available from: <https://www.who.int/news-room/fact-sheets/detail/suicide>].
5. World Health Organisation. Suicide: one person dies every 40 seconds 2019 [Available from: <https://www.who.int/news/item/09-09-2019-suicide-one-person-dies-every-40-seconds>].
6. State of Victoria. Royal Commission into Victoria's Mental Health System: Victorian Government; 2021 [Available from: <https://finalreport.rcvmhs.vic.gov.au/download-report/>].
7. Australian Government. Australia's long term national health plan 2019 [Available from: https://www.health.gov.au/sites/default/files/australia-s-long-term-national-health-plan_0.pdf].
8. Reifels LF, M. Kryszynska, K. Machlin, A. Robinson, J. Pirkis, J. Research priorities in suicide prevention. 2017.
9. Dabkowski E, Porter JE. An exploration into suicide prevention initiatives for mental health nurses: A systematic literature review. *International Journal of Mental Health Nursing*. 2021;30(3):610-23.
10. Zalsman G, Hawton K, Wasserman D, van Heeringen K, Arensman E, Sarchiapone M, et al. Suicide prevention strategies revisited: 10-year systematic review. *The Lancet Psychiatry*. 2016;3(7):646-59.
11. De Cotta T, Knox J, Farmer J, White C, Davis H. Community co-produced mental health initiatives in rural Australia: A scoping review. *Australian Journal of Rural Health*. 2021;29(6):865-78.
12. Roy P, Tremblay G, Oliffe JL, Jbilou J, Robertson S. Male farmers with mental health disorders: A scoping review. *Australian Journal of Rural Health*. 2013;21(1):3-7.
13. Arksey H, O'Malley L. Scoping studies: Towards a methodological framework. *International Journal of Social Research Methodology*. 2005;8(1):19-32.
14. Tricco AC, Lillie E, Zarin W, O'Brien KK, Colquhoun H, Levac D, et al. PRISMA extension for scoping reviews (PRISMA-ScR): Checklist and explanation. *Annals of Internal Medicine*. 2018;169(7):467-73.
15. Popay J, Roberts H, Sowden A, Petticrew M, Arai L, Rodgers M, et al. Guidance on the conduct of narrative synthesis in systematic reviews. A product from the ESRC methods programme Version. 2006;1(1):b92.
16. Handley TE, Davies K, Booth A, Dalton H, Perkins D. Lessons from the development and delivery of a rural suicide prevention program. *AUSTRALIAN JOURNAL OF RURAL HEALTH*. 2021;29(6):994-9.

17. Calabria B, Shakeshaft AP, Clifford A, Stone C, Clare PJ, Allan J, et al. Reducing drug and alcohol use and improving well-being for Indigenous and non-Indigenous Australians using the Community Reinforcement Approach: A feasibility and acceptability study. *International journal of psychology : Journal international de psychologie*. 2020;55 Suppl 1:88-95.
18. Davies K, Read DMY, Booth A, Turner N, Gottschall K, Perkins D. Connecting with social and emotional well-being in rural Australia: An evaluation of 'We-Yarn', an Aboriginal gatekeeper suicide prevention workshop. *Australian Journal of Rural Health*. 2020;28(6):579-87.
19. Hearn S, Wanganeen G, Sutton K, Isaacs A. The Jekkora group: An Aboriginal model of early identification, and support of persons with psychological distress and suicidal ideation in rural communities. *Advances in Mental Health*,. 2016;14(2):96-105.
20. Snodgrass WJ, Rayner V, Rice SM, Purcell R, Bowers J. Evaluation of a culturally sensitive social and emotional well-being program for Aboriginal and Torres Strait Islanders. *Australian Journal of Rural Health*. 2020;28(4):327-37.
21. Kennedy AJ, Brumby SA, Versace VL, Brumby-Rendell T. The ripple effect: a digital intervention to reduce suicide stigma among farming men. *BMC public health*. 2020;20(1):813.
22. Barnett T, de Deuge J, Bridgman H. Promoting mental health through a Rural Art Roadshow: perspectives of participating artists. *International Journal of Mental Health Systems*. 2019;13(1):44.
23. Harris MW, Barnett T, Bridgman H. Rural art roadshow: A travelling art exhibition to promote mental health in rural and remote communities. *Arts & Health*,. 2018;10(1):57-64.
24. Perceval M, Reddy P, Ross V, Joiner T, Kolves K. Evaluation of the SCARF well-being and suicide prevention program for rural Australian communities. *Journal of Rural Health*,. 2020;36(2):247-54.
25. Powell N, Dalton H, Perkins D, Considine R, Hughes S, Osborne S, et al. Our healthy Clarence: A community-driven wellbeing initiative. *International Journal of Environmental Research and Public Health*. 2019;16(19).
26. Perceval M, Ross V, Kølves K, Reddy P, De Leo D. Social factors and Australian farmer suicide: a qualitative study. *BMC public health*. 2018;18(1):1367.
27. Jones M, Ferguson M, Walsh S, Martinez L, Marsh M, Cronin K, et al. Perspectives of rural health and human service practitioners following suicide prevention training programme in Australia: A thematic analysis. *Health and Social Care in the Community*. 2018;26(3):356-63.
28. Australian Institute of Health and Welfare. Australia's health 2020 in brief 2020 [Available from: <https://www.aihw.gov.au/getmedia/2aa9f51b-dbd6-4d56-8dd4-06a10ba7cae8/aihw-aus-232.pdf.aspx?inline=true>].
29. Nasir B, Kisely S, Hides L, Ranmuthugala G, Brennan-Olsen S, Nicholson GC, et al. An Australian Indigenous community-led suicide intervention skills training program: Community consultation findings. *BMC Psychiatry*. 2017;17(1):219.
30. Bryant L, Garnham B. Suicide and its prevention for ageing farmers. SA; 2016 22/03/2016.
31. Thomas A, Lubarsky S, Durning SJ, Young ME. Knowledge syntheses in medical education: Demystifying scoping reviews. *Academic Medicine*. 2017;92(2).

32. Cooper S, Cant R, Kelly M, Levett-Jones T, McKenna L, Seaton P, et al. An evidence-based checklist for improving scoping review quality. *Clinical Nursing Research*. 2019;30(3):230-40.



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