



Wesley LifeForce Suicide Prevention Training

A robust and effective gatekeeper training package

Overview of findings from the Australian Institute for Suicide Research and Prevention report

Hawgood, J., Svetlicic, J. & De Leo, D. (2018). Evaluation of Wesley LifeForce Suicide Prevention Training: Phase 2, Final Report. Australian Institute for Suicide Research and Prevention, Griffith University, Brisbane.



Australian Institute for Suicide Research and Prevention



‘Do all the good you can, by all the means you can, in all the ways you can, in all the places you can, at all the times you can, to all the people you can, as long as ever you can.’



Foreword

Wesley LifeForce Training sets and meets international best practice standards.

The findings of the 2018 report from the Australian Institute for Suicide Research and Prevention (AISRAP) demonstrate strong evidence for Wesley LifeForce Training as a robust, effective training package for those wanting to make a difference in suicide prevention—both community members and those working in specialised roles.

Wesley Mission believes that every life matters. Since 1995, we've been working to deliver suicide prevention training to people across Australia. We've reached over 30,000 people all around the country with our Wesley LifeForce Training workshops, from those living in our cities to people in rural and remote areas.

These workshops have been developed to meet the needs of a wide range of participants including community members, aged care nurses, aged care workers, medical practice staff, general practitioners, practice nurses, relationship counsellors and Aboriginal and Torres Strait Islander community health workers.

In 2015 we commissioned AISRAP to undertake a two-phase evaluation of the effectiveness of this training for the people who participate. Phase one was undertaken during 2015-16¹ and phase two during 2016-18². We wanted to know how appropriate the content and structure of our training is, and to find out what its impacts are—how it changes people's knowledge, attitudes and skills in suicide prevention work.

The results of the AISRAP study are encouraging. They show us where Wesley LifeForce Training is having its greatest impacts, and where we can make changes to ensure the training is even more effective in future years.

Commissioning a report like this, and sharing its results, are all part of our comprehensive approach to prevent suicide. As a trusted leader in this field, we work across suicide prevention, intervention and postvention. Evaluating the impacts of this approach is crucial to shaping our future direction and growth to support more people and their communities across Australia.

I encourage you to take the time to read this overview of AISRAP's work and look forward to sharing the ways in which Wesley LifeForce Training has continued to improve in light of their findings.

A handwritten signature in black ink that reads "Keith V Garner". The signature is written in a cursive style and is positioned above a horizontal line.

Rev Dr Keith V Garner AM
CEO/Superintendent
Wesley Mission

Wesley LifeForce

Wesley LifeForce provides suicide prevention services that educate and empower local communities, supporting people most at risk. Established in 1995, Wesley LifeForce began as a response to the growing number of suicides in Australia.

Wesley LifeForce takes a comprehensive approach to tackling suicide by working across the areas of prevention, intervention and postvention.

What Wesley LifeForce offers

Since 1995, Wesley Mission has delivered suicide prevention training to more than 30,000 people from across Australia living in metropolitan, regional, rural and remote areas.

Wesley LifeForce offers:

- support and resources to community networks helping to prevent suicide
- training in how to address mental health in the workplace
- suicide prevention training workshops for community members and healthcare professionals
- Suicide Prevention Train the Trainer program
- Aboriginal and Torres Strait Islander Suicide Prevention Train the Trainer program
- Lifeline telephone crisis support
- postvention memorial services for those suffering the loss of a loved one.

Our suite of suicide prevention training packages has been developed to meet the needs of frontline community workers including community members, aged care nurses, aged care workers, medical practice staff, general practitioners, practice nurses, relationship counsellors and Aboriginal and Torres Strait Islander community health workers.

The Australian Institute for Suicide Research and Prevention (AISRAP)

AISRAP was established as a research centre at Griffith University in 1996 with the remit to promote, conduct, and support research programs for the prevention of suicidal behaviour. AISRAP manages the Queensland Suicide Register (QSR), the most comprehensive and long-standing suicide database in Australia (with data from 1990-current). AISRAP is a World Health Organization Collaborating Centre for Research and Training (since 2005), appointed under the leadership and international standing of Emeritus Professor Diego De Leo. AISRAP provides strategic, policy and research advice and expertise to Commonwealth, State and Regional bodies, informed by cutting-edge research and QSR outputs. AISRAP's Life Promotion Clinic was established (in 2004) as the first and only clinic dedicated to treatment of suicidal behaviour in Australia, which includes operating also as a training ground for psychiatry registrars and psychologists. AISRAP's post graduate programs in Suicidology jointly developed by Professor De Leo and Ms Jacinta Hawgood in 2001, were the first of their kind internationally and continue to produce Suicidology graduates with policy, research and contemporary practice-based theory, knowledge and expertise both nationally and internationally. AISRAP's suicide prevention training and evaluation remit extends from gatekeeper training modules to advanced and specific training modules for a specialist worker in suicide prevention. AISRAP continues to play a leading role in national suicide research, education and training in both Australia and internationally.

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Executive summary

In 2018, the Australian Institute for Suicide Research and Prevention (AISRAP), Griffith University, completed a study from 2015 to 2018 examining and evaluating the suite of Wesley LifeForce Suicide Prevention Training programs. This study was funded by Wesley Mission.

Structure of the AISRAP study

The AISRAP study included two phases:

Phase 1: Reviewed the appropriateness of the Wesley LifeForce Training in content and structure, including delivery mechanisms and evaluation materials (Hawgood, Pasmore & De Leo, 2015).

Phase 2: Evaluated the short to medium-term impacts of the training on gatekeeper knowledge, attitudes and skills (Hawgood, Svetcic & De Leo, 2018).

Overall findings

The AISRAP study demonstrated strong evidence for Wesley LifeForce Training as a robust and effective gatekeeper training package. The results of the Phase 2 study are outlined in this booklet, and show that Wesley LifeForce Training sets and meets international best practice standards for suicide prevention gatekeeper training.

Key findings for training participants

The results of the AISRAP study suggest that Wesley LifeForce Training participants are likely to experience an increase in the following areas of suicide prevention:

- perceived capability
- declarative knowledge
- positive attitudes
- willingness to intervene.

In particular, the AISRAP study found that this training is well-targeted and effective for community gatekeepers and those without prior training in suicide prevention.

Key findings for trainers

The AISRAP study found that the Wesley LifeForce Training is delivered with a high level of trainer fidelity. This means trainers adhered to program content and delivery, demonstrating a high level of competency across both community and specialised training.



The 2018 AISRAP study: An overview

The scope of the AISRAP study investigating the effectiveness of Wesley LifeForce Suicide Prevention training included two phases.

Phase 1

This Phase included a comprehensive review of the appropriateness of the training in terms of content and structure, including delivery mechanisms and evaluation materials. The findings of Phase 1 were published in a report provided to Wesley Mission in 2015 (Hawgood, Pasmore & De Leo, 2015).

Phase 2

This Phase evaluated the short to medium-term impacts of the training on gatekeeper knowledge, attitudes and skills. Phase 2 included two studies (Hawgood, Sveticic & De Leo, 2018):

Study 1

This study looked at the effects of Wesley LifeForce Training on participants' perceived capability, declarative knowledge, attitudes and willingness to intervene.

The study used pre- and post-workshop surveys to evaluate the effectiveness of the training in these four areas in the short-term, as well as at 3 and 6 month follow-up surveys to measure the medium-term impacts of the training. These surveys were gathered from workshop participants from the general community (community gatekeepers), along with relationship counsellors and aged care nurses (specialised gatekeepers).

Study 2

This study investigated the question: What is the ability of different trainers to adhere to the content and delivery competencies of the Wesley LifeForce Training package over multiple workshops?

To answer this question, researchers developed a trainer fidelity checklist aligned directly with the trainer manuals and training program learning objectives and outcomes to measure trainer adherence to the program and, to a lesser extent, trainer competency.

Workshops for community gatekeepers and specialised gatekeepers

Community gatekeepers are community members who are in a good position to recognise a crisis and the warning signs of suicide risk, and to respond appropriately. These community members could include health and allied health workers, social workers, community workers, teachers, emergency service workers and Indigenous community leaders.

For the purposes of the AISRAP report, **specialised gatekeepers** were workshop participants who worked in the roles of aged care nurses and relationship counsellors.



The results: short-term impacts

Increased perceptions of capability

Pre- and post-workshop surveys as well as three and six month follow-ups ranked participants' responses on a Perceived Capability Scale. This is an important measure. It has been shown that confidence in personal abilities can have positive effects on motivating and encouraging participation in suicide prevention.

Participants in both the specialised and community gatekeeper workshops reported feeling more capable in each of the suicide prevention skills and abilities measured by the AISRAP study.

A follow-up survey completed three months after the workshops showed a slight decrease in perceived capability which was not significant, and mean values were still significantly higher than before the workshops.

Most significant increases

The most significant increases seen before and after the workshops were:

- participants' perceived ability to develop a 'keep safe' plan
- participants' perceived ability to identify barriers to seeking or accepting help, along with ways to encourage the person at risk to seek and accept help.

For a detailed breakdown of changes in perceived capability across all areas, see the data on the following page.

Overall increases in perceived capability

The pre- and post-workshop surveys showed a statistically significant increase in perceived capability after the workshops for all participants. Perceived capability scores increased from 38.6 to 65.8.

When participants were surveyed again at around three months after the workshops, the results showed a small decline in perceived capability to a score of 62.5. This was still significantly higher than before the workshops.

Key areas where perceived capability increased

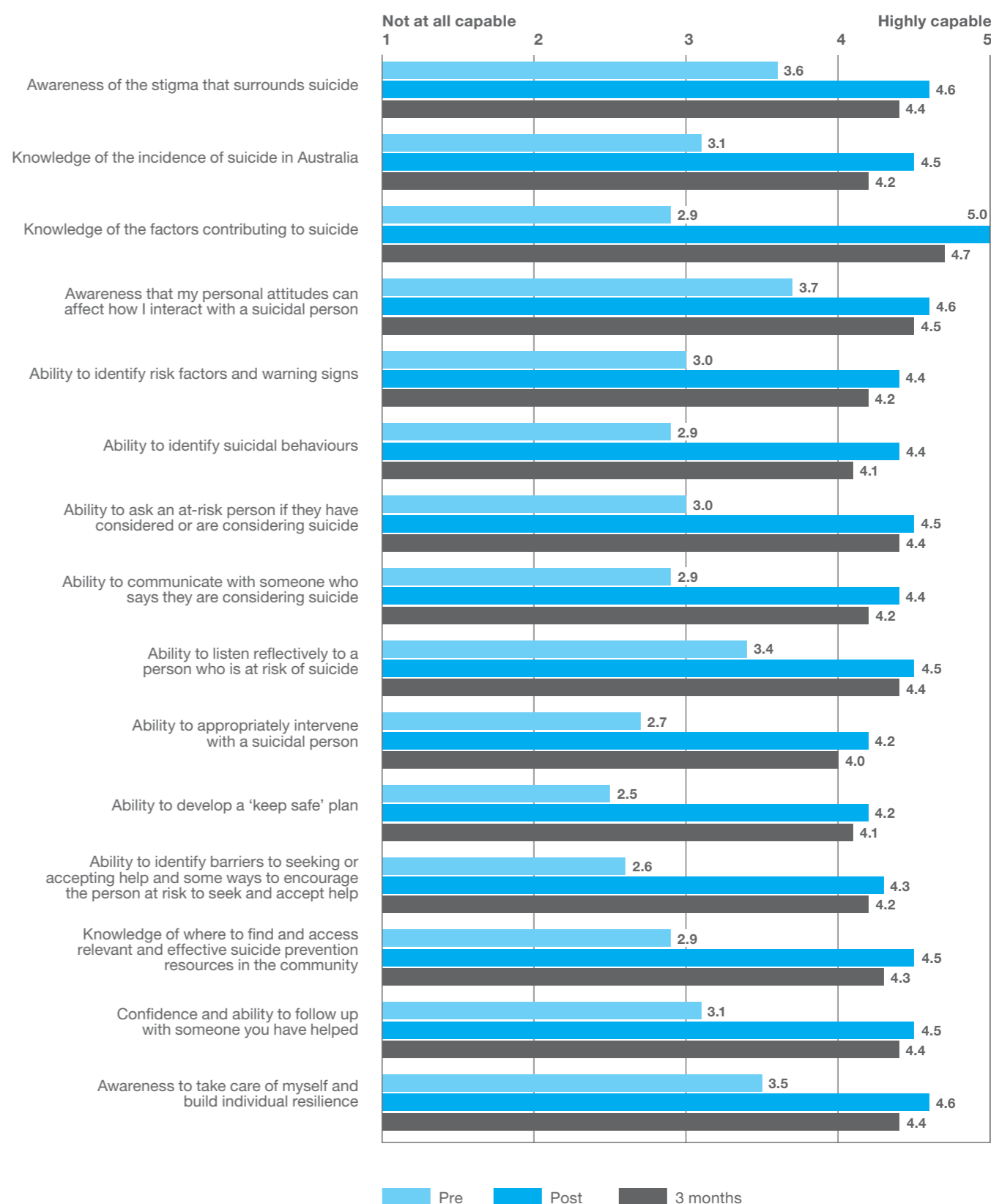
The most significant increases in perceived capability before and after the workshops were:

- participants' perceived capability to develop a 'keep safe' plan
- participants' perceived capability to identify barriers to seeking or accepting help, along with ways to encourage the person at risk to seek and accept help.

There were also statistically significant increases in participants' perceived capability in other areas of suicide prevention. In all these areas, perceived capability was higher after the workshops—both immediately post-workshop and at three months after:

- awareness of stigma surrounding suicide
- knowledge of the incidence of, and factors contributing to, suicide
- awareness of how personal attitudes can affect an interaction with a suicidal person
- ability to recognise risk factors and warning signs
- ability to ask about thoughts of suicide
- ability to listen reflectively to a person at risk of suicide
- ability to appropriately intervene with a suicidal person
- ability to develop a 'keep safe' plan
- awareness to take care of myself and build individual resilience.

Perceived capability – mean values



Positive medium-term outcomes

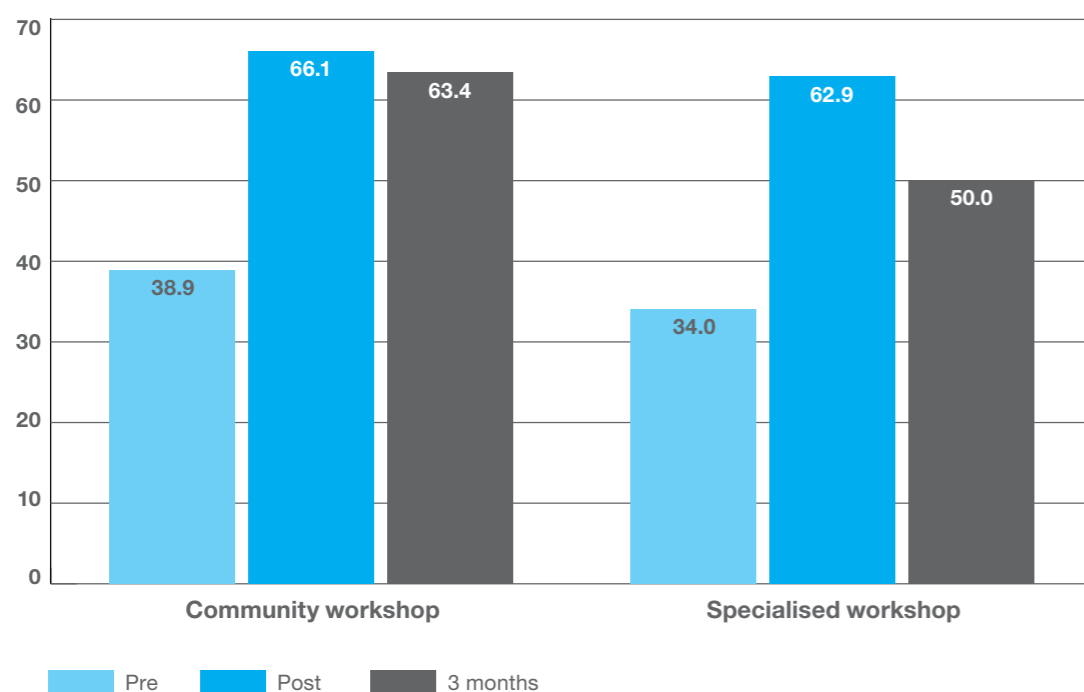
Increases in perceived capability for community vs specialised gatekeepers

Both community and specialised gatekeepers reported increases in perceived capability after their workshops. However, in the results of the three-month follow-up survey, differences between the groups became more pronounced.

On average, community gatekeepers' confidence in their ability to assist a person at risk of suicide increased to a much greater degree than attendees at specialised workshops. This indicates that Wesley LifeForce Training had positive and sustained medium-term outcomes for both groups of participants, but this was particularly true for community gatekeepers.

For a detailed breakdown of changes in perceived capability over time, see the data on the following graph.

Capability score at pre-, post and three months, by type of workshop



How past training affected participants' workshop experience

Unsurprisingly, those with past training in suicide prevention had higher levels of self-reported capability before attending the Wesley LifeForce workshops than those who had never participated in this type of training before. However, at three months after the workshops, the difference between the two groups was no longer significant.

This suggests that, long-term, Wesley LifeForce Training provided training competencies that were of greater value to the untrained participants, to the point of enabling the perceived capabilities at post-training and over time to be equal.

For a detailed breakdown of perceived capability by past training, see the data on the following graph.

Capability score at pre-, post and three months, by past training

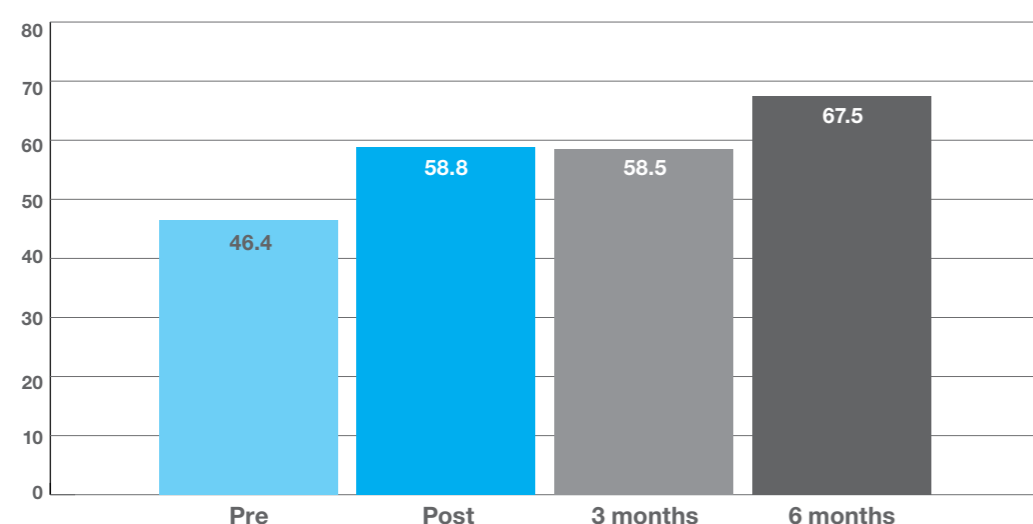


Impacts on ability to act as gatekeepers and declarative knowledge

The AISRAP research shows that workshop attendees' declarative knowledge to act as gatekeepers in suicide prevention increased significantly immediately after attending the Wesley LifeForce Training.

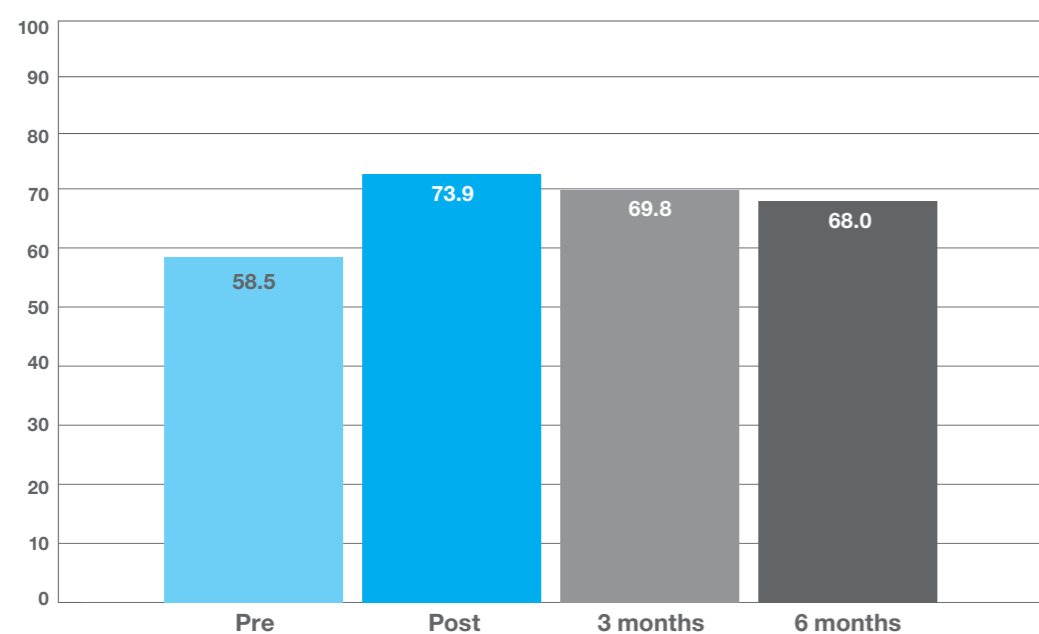
Over the three months after the workshops, this declarative knowledge decreased slightly, but it increased again at six months after the workshop. As the graph below shows, the changes over the six month period were statistically significant.

Mean participant response on capability over four time points



The report shows a similar pattern for attendees' declarative knowledge on suicide and suicide prevention, with a significant increase after the workshops and a small decrease over the following months. This smaller decrease suggests that the facts and information covered in the workshops were retained by participants.

Mean participant response on declarative knowledge over four time points



Changes in attitudes and understanding

Medium-term impacts on attitudes

Participants in the Wesley LifeForce Training had a positive attitude towards suicide and suicide prevention from the outset. Nevertheless, there were some attitudes which improved significantly immediately after the workshop and at three and six months post-workshop.

For example, the statements that suicide attempts are a ploy for attention and people who are serious about killing themselves do not tell anyone were both shown to have changed (participants increasingly disagreed) immediately after the workshops. These positive attitude changes were also retained by workshop participants over the measured three-month period.

A significant impact on community gatekeeper attitudes

Those with prior training in suicide prevention had more positive attitudes before the workshop and up to three months after. But, importantly, participants with no prior training reported a sustained improvement in positive attitudes towards suicide and suicide prevention at three and six months.

While the differences in attitudes towards suicide and suicide prevention for community and specialised gatekeepers were not statistically significant, community members showed a greater improvement in attitudes. These positive effects were still evident three and six months after the workshop.

An increased emphasis on personal resilience

Another key finding of the AISRAP study was the statistically significant increase in participants' knowledge about the importance of building personal resilience.

When surveyed on their declarative knowledge after the workshop, both specialised and community gatekeeper participants showed an increased understanding that personal resilience is an important and necessary part of their ability to support a person at risk of suicide.

Using SALT (See, Ask, Listen and Take)

The SALT (See, Ask, Listen and Take) strategy is unique to the Wesley LifeForce Training program and a cornerstone of the workshops. To test participants' understanding of this aspect of the training, they were given hypothetical scenarios contextualised for community and specialised gatekeepers and asked to identify and describe how the steps of the SALT strategy could be applied. Approximately 50% of participants engaged in the exercise and the great majority of respondents' answers were correct for all related hypothetical questions. While this is a positive result, it may be that this item was constructed too easily, therefore it was not possible to distinguish knowledge differences either within or between samples.

Hypothetical scenarios

Participants were asked: *How would you approach this situation? Use SALT to guide your answers.*

For community members

Amber is a 17-year-old high school student, soon to be undertaking her HSC. She lives with her mum and younger sister, while her dad lives in another state with her older brother. Amber has met you numerous times at the school tuckshop (where you volunteer one day per week), and you also know Amber's mother. One lunch time, when you were serving the school children, you heard Amber mention to her friends that she considered herself to be the biggest loser of the school. You've noticed that this is the third week Amber has looked down, so hearing her speak in this way on this occasion has you thinking. You know that Amber rarely sees her mother because she works long hours in her own family business. You are also aware that Amber takes a lot of responsibility on at home looking after her younger sister – as her mum works very long hours. When you see her walking away and not really 'with' any of her friends (but lagging a little behind them), you keep an eye on her and note that she has chosen to sit alone on the steps of a nearby classroom building, not looking around at anyone, and in fact, looking quite down.

For aged care nurses

You have been employed for nearly one year now in the aged care sector, and you are starting to feel a little sadder than you thought you might when you first started out in this career. You are noticing that many of the residents in the nursing home don't have regular family visitors, and in fact, those that do come to visit the residents often stay for very short periods. You have noticed specifically that one of the older ladies is becoming more isolated recently, compared to when you first met her about 12 months ago. She is coming to the communal kitchen less and less over the past few weeks, and in addition she has become grumpy – even picking fights with other residents over 'petty' things. You know she is suffering a great deal with her arthritis, but you are also aware that she received some not too good news from the doctor's visit yesterday, about the permanency of the loss of movement in her hip. When you next see her, alone... again...

For relationship counsellors

Your work colleague has recently separated from his partner. He has always prided himself on being a good parent and partner and although he does not like to talk about the separation, he has mentioned he was not the initiator. He has had to move out of the family home and into a unit. It is the first time he has ever lived alone. In the past he was known for being very social and someone for whom fitness and health were high priorities. Recently though, you have noticed him declining invitations to work and social events and eating a lot of fast food instead of his usual healthy packed lunches. His work performance has been suffering and he has complained about difficulty concentrating on tasks. While you are sitting with a group for lunch, he comes into the lunch area. Normally he would sit with you at the lunch table but today he looks upset and goes to another area and sits to eat alone.

Key conclusions

The results of the AISRAP study (Hawgood, Sveticic & De Leo, 2018) support the effectiveness of Wesley LifeForce Suicide Prevention Training. In particular, the evidence from Study 1 supports the effectiveness of the full and half-day workshops for community gatekeepers.

The study offered the following conclusions:

- **Wesley LifeForce Training sets and meets international best practice standards for suicide prevention gatekeeper training.** Participants can expect to increase their perceived capability, declarative knowledge, positive attitudes and willingness to intervene in suicide prevention.
- **Both community and specialised gatekeepers experienced benefits from the workshops, and community gatekeepers experienced the most significant benefits.** This means Wesley LifeForce Training is particularly well-targeted for community gatekeepers and also of benefit to those with specialised training.
- **Wesley LifeForce Training is very much reaching its target audience—those with minimal to no suicide prevention training and those who require contemporary refresher training.** More than half the participants in the study had not attended any training in suicide prevention before.
- **Safety planning capabilities and the ability to intervene were the areas where participants showed the biggest improvements in perceived capability.** This suggests Wesley LifeForce Training is particularly effective in educating people in these two areas.
- **Knowledge retention was significantly higher for those without prior training.** This increased declarative knowledge was also sustained over time.
- **The SALT strategy (See, Ask, Listen and Take) was easily understood by participants in the Wesley LifeForce Training.** The inclusion of this strategy was a critical component of the workshops.
- **Those who delivered the Wesley LifeForce Training did so with a high level of fidelity to workshop structure and delivery standards.** In terms of training content, trainer adherence ranged from approximately 80% to 100% across all workshops. Trainers also showed high levels of competency across all domains measured by the study.

Summary of key recommendations

The AISRAP report (Hawgood, Sveticic & De Leo, 2018) made seven recommendations for Wesley LifeForce Training drawn from the results of Phase 2 of the study:

1. Safety planning and intervention with a suicidal person should be emphasised in Wesley LifeForce learning objectives as well as emphasised in trainer guidelines and directions, as these were the two domains where the most improved knowledge gains were maintained over time.
2. Community gatekeepers should be specifically targeted for recruitment and marketing of participants into Wesley LifeForce Training, as these participants showed most improved knowledge gains maintained over time.
3. Those without prior training should be encouraged to participate in Wesley LifeForce Training as these participants showed most improved knowledge gains over time.
4. Wesley LifeForce Training should include increased use of skills-based and case scenario learning tools, more group discussion and notifications to trainers to emphasise risk factors for suicide, losses as risk factors, intervening with a suicidal person, and willingness to intervene.
5. Wesley LifeForce Training should emphasise positive attitudes towards suicide and prevention, and trainers should be guided to emphasise this to influence those without prior training in suicide prevention, as those with prior training may already have positive attitudes before attending the workshops.
6. Trainers should spend more time on skills-based interactions and more sophisticated case scenarios to challenge participants and increase learning opportunities through the SALT strategy, which was easily understood by the participants and is a core focus of Wesley LifeForce Training.
7. Specific attention should be given to strategies for overcoming barriers to offering help, and trainers should use various skills-based strategies with dedicated time slots for these activities to effectively impart knowledge and skills around the SALT strategy.

Find out more

About Wesley LifeForce

Wesley LifeForce was established in 1995 by Rev Bob Dunlop, a former Minister of Wesley Mission, in response to the growing number of youth suicides in Australia.

More than 33,000 people have participated in Wesley LifeForce Suicide Prevention training since 2002. In 2018/19 Wesley LifeForce Networks supported over 104 member and affiliate suicide prevention networks throughout Australia and Lifeline Sydney & Sutherland answered 31,930 crisis calls.

Contact us

Wesley LifeForce
Norman Cull Building, 3 Dalmar Place
Carlingford NSW 2118
PO Box 2446 Carlingford NSW 2118
1800 100 024

lifeforce@wesleymission.org.au
wesleylifeforce.org.au

About the Australian Institute of Suicide Research and Prevention (AISRAP)

AISRAP is a leading Australian centre for suicide research, clinical practice, education and community action for suicide prevention, sought after for the quality of the advice and the outcomes it provides in linking research and practice. AISRAP aims to promote high-quality research, clinical practice, and education for the prevention of suicidal behaviour in Australia.

Find out more at **<https://www.griffith.edu.au/griffith-health/australian-institute-suicide-research-prevention>**

References

1. Hawgood, J., Pasmore, K., & De Leo, D. (2015). Evaluation of Wesley LifeForce Suicide Prevention Training: Phase 1. Australian Institute for Suicide Research and Prevention, Griffith University, Brisbane.
2. Hawgood, J., Sveticic, J. & De Leo, D. (2018). Evaluation of Wesley LifeForce Suicide Prevention Training: Phase 2, Final Report. Australian Institute for Suicide Research and Prevention, Griffith University, Brisbane.



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Wesley Mission
220 Pitt Street Sydney NSW 2000
PO Box A5555 Sydney South NSW 1235
(02) 9263 5555
communications@wesleymission.org.au
wesleymission.org.au

CEO/Superintendent: Rev Keith V Garner AM
ABN 42 164 655 145 Wesley Mission is a part of the Uniting Church in Australia.

Do all the good you can because every life matters