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Evaluating HOPE

The impact of a suicide prevention program on client recovery

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A Better Place Australia Initiative

Overview

Better Place Australia's HOPE program (formerly 'The Way Back Service') is a community-based program which provides psychosocial support to people following a suicide attempt or serious ideation planning. It is a non-clinical approach to suicide aftercare and prevention which compliments clinical interventions. This brief report presents an evaluation of the program which found that it is effective at supporting clients' functional recovery.

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Introduction

Background

Suicide has been recognised a significant public health issue that results in preventable deaths.[1] In Australia, approximately 65,000 individuals attempt suicide each year, with nine deaths occurring every day.[2] In 2022, suicide was the leading cause of premature death with a median age of 45.6 years.[3]

Suicide has been associated with clinical risk factors including mental health disorders such as depression and personality disorders, and alcohol and drug misuse.[4] Traditional responses to suicide have been underpinned by biomedical models which focus on individual risk factors and position suicide as the result of inadequate treatment of these disorders.[5] However, there is growing understanding of the psychosocial factors that contribute to suicide. The psychosocial perspective recognises the impact that social factors have on a person's state of mind and health behaviours.[6] Suicide has been linked to sociodemographic factors such as unemployment, low socioeconomic status, and social isolation, along with adverse life events such as relationship conflict, legal problems, and family-related conflict.[7] Australian data suggests that the majority (68.3%) of completed suicides in 2022 were related to psychosocial risk factors.[8]

Consequently, public health organisations and governments have recognised that suicide prevention interventions require multidisciplinary responses to address these broader risk factors and move beyond biomedical models of care.[9,10] This has led the development of suicide intervention programs based on a psychosocial model.

Psychosocial model of care

Psychosocial approaches acknowledge that a person's social factors (such as housing, employment or education) can impact their psychological state.[11] Psychosocial models of care meet at the nexus between these social factors and the individual's mental health outcomes. Therefore, psychosocial interventions are

integrative and seek to mitigate the social determinants of suicidality to improve the individual's overall mental health and wellbeing.[12]

Psychosocial models of care are akin to the socioecological model of health in that they address suicide within the broader context in which it occurs. Lived experience research has demonstrated how services which overlook psychosocial factors are potentially dehumanising individuals accessing the healthcare required.[13] Psychosocial interventions can complement clinical treatments and provide an integrated approach and respond to the needs of the individual within the context of their lives.

Beyond Blue's The Way Back Support Service

In 2014, Beyond Blue developed the pilot program The Way Back Support Service ('The Way Back') to provide non-clinical and proactive psychosocial support to people recovering from a suicide crisis.[14] The Way Back was designed to support the person to improve their emotional state, wellbeing resilience, and increase their protective factors.

In 2021, this program was expanded across the country by the Federal Government in response to the Productivity Commission Inquiry into Mental Health and the Royal Commission into Victoria's Mental Health System.[15] Better Place Australia received funding to implement this program.

Better Place Australia's HOPE program

In the first three years of operation, Better Place Australia (BPA) provided support to over 450 clients. Following a change in funding in 2023, this service operates independently from Beyond Blue as the Hospital Outreach Post-suicidal Engagement Program ('HOPE').

HOPE is implemented in the south-eastern suburbs of Melbourne, Australia and focuses on individuals discharged from two participating hospitals following a suicide

crisis. The program provides support for up to 12 weeks during which individuals are at an increased risk of another suicide attempt.[16]

Clients are triaged through the Emergency Departments of Casey or Dandenong Hospital following a suicidal crisis. A BPA Care Coordinator contacts the person within one business day of receiving their referral and tailors a program for up to three months after discharge from hospital. This program is built on personal connection and integration with community services. At the time the data presented in this report was collected, the service was provided in partnership with Monash Health and the South Eastern Melbourne Primary Care Network. HOPE to reconnect vulnerable people with the community and their existing support networks. Clients work one-on-one with a BPA Care Coordinator who engages them with services that address issues related to their distress. Social and family connection is integral to the approach.

Rationale for the current study

An evaluation of Beyond Blue's foundational The Way Back program found that it was effective at reducing participants' suicidal ideation and improving wellbeing.[17] This aligns with other evaluations of psychosocial suicide interventions.[18,19] However, these evaluations largely focus on measuring symptoms such as psychological distress or use ad hoc service satisfaction measures. It is not clear whether these psychosocial models of care have broader impacts in supporting recovery. Therefore, the current study aimed to examine the impact BPA's psychosocial suicide prevention program ('HOPE') has in supporting individuals to navigate back into society following a suicide attempt.

Methods

Ethical considerations

BPA adhered to the guidelines set by the National Health and Medical Research Council (NHMRC) relating to the ethical considerations in quality assurance and evaluation activities.[20] The NHMRC recognises that such activities lead to better outcomes and enhance the efficacy of service delivery. As this study evaluated a pre-existing and ongoing program with minimal risk or inconvenience to participants, approval from a Human Research Ethics Committee was not required.[21]

Sample

Care Coordinators invited clients who participated in BPA's suicide prevention program between August 2020 and June 2022 to participate in this study. Participation in both the program and this study were voluntary. A total of 165 individuals who accessed the program participated in this study.

Sociodemographic data

Sociodemographic data was collected from participants including age, gender, sexual orientation, employment status, income, cultural background, intervention orders, and English proficiency.

Functioning and Recovery Scale

Data for this descriptive cross-sectional study was collected between August 2020 to June 2022. The 6-item Functioning and Recovery Scale[22] (FRS) was administered to 165 individuals who accessed HOPE. Where other evaluation tools measure symptoms such as psychological distress or use ad hoc service satisfaction measures, the FRS measures the outcomes of the service across a spectrum of recovery and risk. It uses a 5-point Likert scale and is summarised in Table 1.

Table 1: Functioning and Recovery Scale

	Never	***Rarely***	***Sometimes***	***Often***	***Always***
I felt like I belonged	○	○	○	○	○
I felt that I was completely unworthy of love	○	○	○	○	○
I felt that my life was out of control	○	○	○	○	○
I thought that taking my life was the only way out of my problems	○	○	○	○	○
I felt I had nothing to look forward to	○	○	○	○	○
I felt hope for the future	○	○	○	○	○

The FRS provides a score between 0 and 24, with higher scores indicating greater challenges in psychosocial functioning (and greater risk of a future suicide attempt) and lower scores indicating greater recovery and the ability to engage in daily activities effectively and meaningfully.

The scale was administered at four timepoints during participants' time in the program, ranging from initial assessment when they entered the program, at 4 weeks, at 8 weeks, and at the end of the program. Participants' data were only included in this study if they completed the scale at all four timepoints. Through the repeated measures, the scores were comparable and a client's recovery throughout their time in the program was tracked using a repeated measures ANOVA.

Results

The majority of participants identified as being heterosexual (75.2%), understanding English very well (86.1%), and having an income of less than $50,000 (84.2%). Just over half of participants identified as female (56.4%) and were employed (55.2%). Participant sociodemographic characteristics are displayed in Table 2.

A repeated measures ANOVA showed that functionality and recovery scores improved significantly across the four time points ($F(3, 144) = 25.54$, $p < 0.001$).

These findings indicate that the support provided during the program were effective in improving clients' functional recovery.

Table 2: Sociodemographic characteristics of participants (n=165)

Demographic	n	%	Demographic	n	%
Sexual Orientation			**Gender**		
Heterosexual	124	75.2	Female	93	56.4
Bisexual	7	4.2	Male	70	42.4
Lesbian	5	3.0	Trans (M)	2	1.2
Pansexual	5	3.0			
Gay	2	1.2			
Asexual	2	1.2			
Not stated	19	11.5			
Age at last session			**Proficiency of English**		
18 - 29	62	37.6	Very well	142	86.1
30 – 39	32	19.4	Well	19	11.5
40 - 49	30	18.2	Not Well	2	1.2
50 – 59	26	15.8	Not At All	2	1.2
60 +	15	9.1			
Income			**Employment Status**		
$0 – $50, 000	139	84.2	Employed	91	55.2
$50, 000 - $100, 000	20	12.1	Not in the labour force	42	25.5
$100, 000 - $150, 000	2	1.2	Unemployed	30	18.2
Not stated	4	2.4	Unpaid work	2	1.3
Culture					
Australian	98	59.4			
Australian Aboriginal	4	2.4			
English	5	3.0			
Indian	5	3.0			
New Zealander	4	2.4			
Greek	4	2.4			
Other / Not stated	45	27.3			

Significance of these results

Psychosocial models of care provide an alternative approach which can complement clinical interventions. These approaches consider the broader context in which suicide crises occur and allow for responses that are tailored to the needs of each individual. The findings in this report demonstrate that the HOPE program improved clients' functionality and recovery throughout their engagement with the program. This indicates that an integrated psychosocial model of care such as the HOPE program can help clients to regain the ability to engage in daily activities in an effective and meaningful way following a suicide crisis.

Study limitations

This study was limited due to the demographics of the sample. Better Place Australia has observed that many of the clients of the HOPE program are from Culturally and Linguistically Diverse backgrounds and are not proficient in English. Despite this, the vast majority of the participants in this study identified as Australian and had a high level of English proficiency. Furthermore, there was low uptake among individuals identifying as Aboriginal and Torres Strait Islander, and the LGBTQI+ communities. This was also a limitation found in the evaluation of Beyond Blue's The Way Back.[23] Further exploration is needed to assess the extent to which psychosocial models of care such as HOPE meet the needs of these communities.

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