The Evaluation of the CORES™ Devonport and Launceston Networks

May 2020
Centre for Rural Health, University of Tasmania

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UNIVERSITY of TASMANIA
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<th>Description</th>
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<tbody>
<tr>
<td>ABS</td>
<td>Australian Bureau of Statistics</td>
</tr>
<tr>
<td>AIHW</td>
<td>Australian Institute of Health and Welfare</td>
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<tr>
<td>ASIST</td>
<td>Applied Suicide Intervention Skills Training program</td>
</tr>
<tr>
<td>BDI</td>
<td>Black Dog Institute</td>
</tr>
<tr>
<td>CALD</td>
<td>Cultural and Linguistically Diverse</td>
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<tr>
<td>COREQ</td>
<td>Consolidated Criteria for Reporting Qualitative Research</td>
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<tr>
<td>CORES</td>
<td>Community Response to Eliminating Suicide</td>
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<tr>
<td>CRH</td>
<td>Centre for Rural Health</td>
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<tr>
<td>EO</td>
<td>Executive Officer</td>
</tr>
<tr>
<td>FTE</td>
<td>Full-time equivalent</td>
</tr>
<tr>
<td>HP</td>
<td>Health Professionals (Network)</td>
</tr>
<tr>
<td>HREC</td>
<td>Human Research Ethics Committee</td>
</tr>
<tr>
<td>ICT</td>
<td>Information Communication Technology</td>
</tr>
<tr>
<td>JCU</td>
<td>James Cook University</td>
</tr>
<tr>
<td>KRC</td>
<td>Kentish Regional Clinic Inc.</td>
</tr>
<tr>
<td>LCC</td>
<td>Launceston City Council</td>
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<tr>
<td>LGA</td>
<td>Local Government Area</td>
</tr>
<tr>
<td>LGBTIQ</td>
<td>Lesbian, Gay, Bisexual, Transgender, Intersex and Queer</td>
</tr>
<tr>
<td>N</td>
<td>Number</td>
</tr>
<tr>
<td>NMHC</td>
<td>National Mental Health Commission</td>
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<tr>
<td>NSPT</td>
<td>National Suicide Prevention Trial</td>
</tr>
<tr>
<td>QPR</td>
<td>Question. Persuade. Refer.</td>
</tr>
<tr>
<td>PC CARES</td>
<td>Promoting Community Conversations About Research to End Suicide</td>
</tr>
<tr>
<td>PHN</td>
<td>Primary Health Network</td>
</tr>
<tr>
<td>PHT</td>
<td>Primary Health Tasmania</td>
</tr>
<tr>
<td>RAW</td>
<td>Rural Alive and Well Inc.</td>
</tr>
<tr>
<td>SD</td>
<td>Standard Deviation</td>
</tr>
<tr>
<td>SP</td>
<td>Suicide Prevention</td>
</tr>
<tr>
<td>SPSS</td>
<td>Statistical Package for the Social Sciences</td>
</tr>
<tr>
<td>THS</td>
<td>Tasmanian Health Service</td>
</tr>
<tr>
<td>TSPCN</td>
<td>Tasmanian Suicide Prevention Committee Network</td>
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<tr>
<td>TSPS</td>
<td>Tasmanian Suicide Prevention Strategy</td>
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<tr>
<td>TTT</td>
<td>Train the Trainer</td>
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<tr>
<td>UTAS</td>
<td>University of Tasmania</td>
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The authors would like to acknowledge and thank the many individuals who generously gave their time to share their thoughts about the CORES program in the Tasmanian communities of Launceston and Devonport.

Sincere gratitude must go to Sharon Corvinus-Jones, Natalie Baldock, staff and Board members, as well as the CORES facilitators at Kentish Regional Clinic (KRC) Inc, for their assistance and support in recruiting CORES training participants and data collection activities at each of the target evaluation sites.

Last, we offer our sincere appreciation to the CORES training participants, who have assisted with this evaluation, provided support for the CORES training program, and have enhanced awareness of suicide and its prevention within their local communities through their participation.

The National Mental Health Commission through KRC generously provided funding for the evaluation.

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Executive Summary

Background and rationale

The Community Response to Eliminating Suicide (CORES) community-based suicide prevention (SP) “gatekeeper” training program was established in 2003 through Tandara Lodge in response to a significant increase in suicides in the township of Sheffield, North-West Tasmania. Expanded from a local SP initiative to a national program, the program model is underpinned by a community development approach, building community capacity to understand suicide and take ownership of local SP strategies. Through the adoption of the Train the Trainer (TTT) approach, CORES provides training for community members to become skilled facilitators and deliver training to local communities and to build and maintain networks comprising local community members. In 2018, CORES received a grant from the National Mental Health Commission (NMHC) to establish and evaluate four new networks in Queensland and Tasmania, with the Centre for Rural Health (CRH) at the University of Tasmania (UTAS) engaged to undertake the Tasmanian evaluation.

The current evaluation

The evaluation aims to assess the extent to which the training processes and outcomes reflect “best practice” in enhancing community awareness, capacity and ownership, which can be used for ongoing monitoring and planning of the program. Specifically, the evaluation aims to:

- evaluate the two new CORES networks, Launceston and Devonport, and associated CORES SP training program;
- consider the impact of program activities on relationships and collaborative arrangements with stakeholders both within, and external to, the host communities; and
- provide recommendations about the future development of the CORES training program to maximise its reach, efficacy and outcomes.

The scope of the evaluation was confined to CORES SP activities as targeted under the current NMHC funding allocation, namely the Local Government Areas (LGAs) of Launceston and Devonport. These two LGAs were specifically targeted as this allowed for alignment with two of the three target trial sites as identified for the Tasmanian component of the National Suicide Prevention Trial (NSPT).

The following research questions were identified by the evaluation team and used to guide and inform the structure and content of the evaluative approach:

1. To what extent does the training structure and processes equip participants with the essential skills, knowledge and resources required to identify and respond to a person at risk of suicide?
2. To what extent does the training equip participants with the ability to recognise the warning signs of suicide; intervene before a potential crisis occurs; and support the person at risk to access the appropriate support services?
3. How effective is a TTT model, using trained volunteers, to deliver the training?
4. To what extent does the content of the training recognise and embed cultural and social norms associated with the target population groups?

5. To what extent does the training adopt best practice approaches to maximise and sustain community involvement in the program?

6. How does the training align with the context and approach (LifeSpan model) adopted by the NSPT?

A mixed-methods research approach was employed to undertake evaluation activities, incorporating both qualitative (focus groups and interviews) and quantitative (survey) methods with CORES program training participants, facilitators/program manager, and KRC Board. A previous evaluation of the CORES program undertaken in 2009 was accessed as part of the desktop literature review.

**Findings**

Findings are based on survey results from 180 training participants, and qualitative data from 18 participants collected through focus groups and interviews conducted between February 2019 and March 2020.

**Findings aligning with previous 2009 evaluation**

The following findings from the last evaluation were noted as still working well:

- The simplicity of the CORES training program/model and the language used.
- Reflecting adult learning, social inclusion, and community development principles.
- The varied use of learning methods and activities.
- The co-facilitation model – presenting unique, valued experiences and support.
- Harnessing the value of lived experience in the room – from facilitators to participants, bringing key learnings to life.
- Accessibility of training – multiple locations, inclusive content.

**New evaluation findings**

The following findings were identified as contributing to the enhancement of CORES’ footprint as a credible Tasmanian grassroots SP training program.

The CORES networks within Tasmania have continued to grow since the previous evaluation, as a result of, and reflecting, the increased support provided to facilitators and participants to build the capacity of their local communities.

“...becoming a facilitator empowers themselves by stepping out, and speaking personally for myself being on the spectrum [Autism], believing I can do the facilitator bit even though I struggle...it’s really encouraging so if I met and knew someone that’s needed that better support and be part of the team and they could actually really contribute to the community what better thing can you do?” – F4

The CORES networks have continued to play a key communication channel role within the wider community, with greater community exposure achieved by using SP networks and social media to advertise. The CORES
training effectively addressed “taboo” topics through local communities, busting myths surrounding suicide and changing people’s attitudes around suicidality.

“I’ve done the program training twice and I found-- what impressed me was how people change their attitude after doing it.” – K1

Throughout the CORES training, the inclusion of “lived experience” narrative, follow-up, and self-care were regarded as key measures of the training’s success.

“…that’s the power the program is that most of the speakers, you know, do they have a lived experience aspect that they bring into it. And I think those, you know, we-- can talk about stats all we like...but will we remember them 10 days in two weeks whatever we don’t...but we remember the stories.” – F5

“Particularly the self-care strategies in the CORES Program, I think really help people turn their lives around.” – K5

CORES training participants noted an increase in knowledge, understanding and confidence from pre- to post-training. This increase ranged from 30% to 68% depending on the survey item (Figure E1).

*Survey item content:
1. I have a good understanding of suicide prevention.
2. I feel confident that I can provide guidance and support to a person at risk in ways that meet their individual safety needs.
3. I am aware of the services available locally to help someone who is feeling suicidal.
4. I understand/the training improved my understanding of the risk factors associated with suicidality.
5. I can identify some of the protective factors associated with suicidality.
6. I can identify the key elements of an effective suicide safety plan and the actions required to implement it.
7. I feel confident to approach and talk to a person who may be experiencing suicidal thoughts.

Figure E1. CORES training participant survey responses – pre to post training
Importantly, CORES allowed people to “ask the question”.

“And it’s okay to stutter and stumble through something because when you’re having these conversations with people in real life when someone says “Yes” to the question, “Are you considering suicide?” It’s like, “Okay.” You don’t need to be the model that you might hear about on Lifeline or whatever to be able to have a meaningful conversation with people that are suffering.” – F3

And, ultimately, helped save lives.

“A guy rang me up who I see twice a week and he was on my mind because of the stresses and all that stuff, and that that compounding issues in his life. And he rang up and was so frustrated... when I asked the question, um, and he said yes, and I said, right. And it just so happens, I had the, the, um, information registered in my head, and I asked. And started to draw the dam... he just sat there with his mouth open... we were able to put things into place to... and show him the positive things during his life, you know, he’s got two dogs...well, he’s still having a lot of issues but he didn’t, um, you know, attempt to take his life...he said that you’ve-you’ve absolutely saved my life.” – P4

“I owe, my life, I guess to the program...So, you know, that’s as a simple as that gets for me...” – F5

In spite of the very positive findings, the evaluation did identify a number of additional findings which highlighted opportunities and areas in need of further focus. These included:

• further extending CORES training to service providers and professionals – including effectively advertising to establish realistic expectations;

• delivering training to those primarily office-based, working at computers; i.e. online training program; and

• tailoring/extending training for specific population groups; e.g. young people.

**Discussion**

The research questions were easily supported by findings from multiple perspectives across participant groups. Surveys and qualitative responses found that the TTT concepts embedded within the facilitator training processes supported facilitators from day one, ensuring appropriate levels of ongoing supervision and feedback, at a pace that suited the facilitators’ level of readiness. Through the TTT model, CORES training equipped participants with the essential skills, knowledge and resources required to identify and respond to a person at risk of suicide. The training also equipped participants with the ability to recognise the warning signs of suicide, to intervene before a potential crisis occurs, and to support a person at risk to access the appropriate support services. This included an increase in confidence to ask the question, “Are you thinking of killing yourself?”.
Findings highlight the value of the CORES training program through using multiple formats to deliver content and activities, to adapt to individual learning styles and encourage learning “by doing”. This included the varied use of activities and presentation styles, harnessing the lived experience in the room, and providing a safe and supportive environment to disclose stories. With this sharing of stories, pre-existing assumptions and stigma were challenged.

CORES training participants were most likely to be female, between the ages of 25-29. When considering alignment with the target population groups of the NSPT in Tasmania, men over the age of 40 represented only 11.2% of training participants, and people over 65 only 1.1%. With this in mind and considering that CORES is currently being focused at a more general audience, it is suggested that CORES consider further adaptation to meet the needs of other specific population sub-groups, including men, older people and younger people; for example, both through the focus of content and training delivery. Making the training available in an online format was suggested to further meet the needs of, and ensure accessibility for, local communities.

Components of the CORES training program and network activities aligned to the majority of the strategies and components of the Black Dog Institute’s (BDI) LifeSpan SP model, including effectively engaging the community and providing opportunities to be part of the change, training the community to recognise and respond to suicidality, and promoting help-seeking, mental health and resilience in target groups.

Findings reinforced the view that CORES adopts best practice approaches to maximising and sustaining community involvement in the program. This includes engaging staff and ensuring transparency of operations, maintaining high standards and continuity of program delivery, and supporting local communities to be involved, thus increasing autonomy and control. CORES demonstrates and supports this community involvement through the establishment of community owned and operated networks. CORES has a long-standing reputation as a valuable and credible SP training program, particularly in Tasmania and Queensland, as the letters of support, including from TasTAFE, illustrate.

**Recommendations and future directions**

Several key recommendations can be made, based on these findings, to provide guidance for the planning and future direction of CORES.

**Recommendation 1** – That promotional campaigns continue to highlight the uniqueness, applicability, place-based and strengths of the training, including details about the contextual and practical nature of the program; for example, as the only one-day SP training program, and how the training can help participants help themselves, friends, family and other community members that who be in distress.

**Recommendation 2** – That the development of a marketing or communication strategy for CORES, including how local community members or groups, or volunteers, be utilised to take on this task, as well as maintain social media platforms.
Recommendation 3 – That any advertisements to include a sentence/section highlighting CORES as a professional development activity that has direct relevance to SP practice, noting the grassroots approach taken and what this means.

Recommendation 4 – That KRC invest in the development of a specific marketing strategy to further promote the benefits of the training to both a Tasmanian and national audience, as well as continue to engage a dedicated program development officer role to manage such tasks.

Recommendation 5 – That KRC continue to invest in fostering close collaboration with SP and MH peak bodies in Tasmania such as the Tasmanian Suicide Prevention Community Network (TSPCN) and the Mental Health Council of Tasmania (MHCT) to extend the reach of the CORES training program in Tasmania.

Recommendation 6 – That strategies continue to be developed specifically to attract senior managers to the training.

Recommendation 7 – That, where space allows, training rooms continue to set up to be conducive to, and to enhance, shared learning; for example, in a semi-circle, where participants can all see each other as well as the facilitator/screen.

Recommendation 8 – That facilitators continue to “check in” with participants discreetly and where required at regular intervals during the training, and as well considering scheduling a touchpoint post-training.

Recommendation 9 – That a post-training touchpoint provide access to a training refresher; for example, referring to or recommending a short online course to complement the CORES training.

Recommendation 10 – That there be a continued effort to ensure content is contextualised and authentic, to provide the necessary skills and tools for participants to apply in their daily lives and to sustain and enhance interactions with others.

Recommendation 11 – That program learning content include a specific section on how to work with a close friend or family member who is at risk or suicidal.

Recommendation 12 – That participants continue to be provided with a comprehensive training handbook that is updated regularly based on participant feedback. This includes sufficient space for participants to write their own personal reflections on the training. Ideally, this should be clearly written in plain language to help ensure that any participant whose first language is not English can better comprehend the supporting materials.

Recommendation 13 – That KRC progress a facilitator recruitment and retention strategy that is underpinned by professional organisational and collegial training and support initiatives.

Recommendation 14 – That KRC continue to support the health and wellbeing of facilitators through the provision of effective internal and external support structures, as and when required.

Recommendation 15 – That facilitators continue to be supported and encouraged to undertake relevant professional development, with costs covered by KRC. This training needs to align with principles of adult
learning and be offered as part of informal and formal ongoing CORES facilitator training or through other external training organisations.

**Recommendation 16** – That KRC and CORES capitalise on their brand and explore the feasibility of resource sharing, through establishing strategic partnerships with both emerging and recognised organisations working in community services.

**Recommendation 17** – That KRC continue to explore alternative funding options where community groups or organisations interested in having a CORES training delivered through their service raise funds themselves to cover the training costs.

**Recommendation 18** – That KRC explore an additional fee-for-service model targeting, for example, the business or education sectors. Such an approach would require customisation of the training and content (for example, an additional half to full day) to target the specific needs of the participant groups; e.g. content on youth, LGBTIQ.

**Recommendation 19** – That KRC further explore the use of a shorter version of the CORES training to be delivered in an online form; for example, expanding the use of CORES Toolbox Talks.

**Recommendation 20** – That KRC continue program monitoring and program evaluation processes, including the continued use of external, independent evaluators, and a designated administrative role to collate, record, and archive CORES performance data, to be used for evaluation purposes and key success measures, as well as support future funding opportunities.

**Recommendation 21** – That training content continue to be regularly updated and refined to ensure optimal alignment with current SP statistics, policy, and practice and that this be reflected in the design, delivery and evaluation of CORES training activities.

**Recommendation 22** – That KRC and CORES staff, through the CORES networks, continue to involve local communities and/or target population sub-groups to assist with the design of the CORES program, including objectives, outcomes and evaluation processes.

**Recommendation 23** – That KRC consider applying for research funding to explore the local SP training needs and community attitudes towards SP in the areas where CORES is active.

**Recommendation 24** – That KRC share its considerable successes with its staff, stakeholders and the wider community, including utilising the voices of training beneficiaries to promote these successes. Potential platforms to do this include local community events, recognition dates or weeks, forums, conferences and publications.
### 1 Introduction

Tasmania is comprised of areas of varying degrees of remoteness, according to the Australian Bureau of Statistics (ABS) Australian Statistical Geography Standard (ASGS) Remoteness Area classification. In Tasmania, the capital city of Hobart is classified as an Inner Regional area; all other areas range from Inner Regional in Launceston, to Outer Regional in the North-West and North-East coasts, and Remote in the West (Australian Bureau of Statistics., 2018b). To simplify how these areas are classified and referred to, both the Australian Institute of Health and Welfare and the Centre for Rural and Remote Mental Health classify all areas outside Australia’s major cities as “rural and remote”; these terms will be utilised to refer to the Tasmanian context throughout this report (Australian Institute of Health and Welfare., 2020; Centre for Rural and Remote Mental Health., 2017). Rurality is an independent health risk factor, with residents of rural communities experiencing poorer health outcomes than their urban counterparts (Caldwell, Jorm, & Dear, 2004; Stark, Riordan, & Dougall, 2016). Rural Tasmanian communities experience several unique issues that are associated with having higher levels of socio-economic disadvantage: greater exposure to environmental and economic adversity; an older age profile; higher engagement in high-risk occupations; and poorer access to services and resources. These wide variations in socio-economic, demographic, cultural, environmental and other factors influence the mental health status of rural residents, making the design of rural mental health services and associated community engagement strategies particularly complex.

#### 1.1 Suicide in Tasmania

Tasmania has one of the highest rates of suicide in Australia at 14.5 per 100,000 persons dying by suicide, compared to the national rate of 12.1 per 100,000 persons. Rates of suicide in Australia are generally higher for males compared to females, with the standardised death rate for males being 18.6 deaths per 100,000 people in 2018, compared to 5.7 for females (Australian Bureau of Statistics., 2018a). Suicide and self-harm rates among regional and rural populations are proportionally high relative to their urban counterparts (Judd, Cooper, Fraser, & Davis, 2006). This can be partly attributed to the lack of mental health services and resources in these areas, in combination with other factors such as social and economic disadvantage, isolation, and low population thresholds (Tonna et al., 2009). In addition,
Suicide in regional and rural areas can have detrimental “ripple” effects due to smaller population levels, close-knit communities and impacts exacerbated by poorer mental health and access to services (Hazell, Dalton, Caton, & Perkins, 2017).

### 1.1.1 Suicide prevention

Suicide has traditionally been viewed as a mental health issue, with suicide prevention (SP) programs largely designed to provide intervention skills in the context of suicide risk (Bailey, Spittal, Pirkis, Gould, & Robinson). However, this view has started to shift, with growing recognition that suicide and its prevention are not exclusively related to mental illness, and that there is a need to consider SP as a public health issue that can be addressed in part by social and public health programs. This is incredibly important, given the resource constraints that hinder the availability of effective mental health programs, and in instances where low-cost interventions can be effectively delivered through community-level programs (Vijaykumar & Phillips, 2016).

Equipping communities with knowledge and skills to recognise and respond to suicide-related behaviours is important for the adoption of more sensitive and practical approaches to SP. These approaches need to build social and informed capacity through a culture of communication and understanding of suicide (Jones, Walker, Miles, & De Silva, 2015). In addition to male gender, several other factors – such as a history of suicidal behaviour, psychopathology, or being a member of a specific demographic group (e.g. men over 70, single people or divorcees) – can increase an individual’s suicidal risk (Windfuhr, Steeg, Hunt, & Kapur, 2016). In addition, the Coronavirus (COVID-19) significantly impacts levels of risk, with modelling predicting an increase in suicide rates of 25-50% (Suicide Prevention Australia., 2020). Further details on COVID-19 are provided in the following section.

As such, equipping communities with the knowledge and skills to recognise and respond to suicide-related behaviours, particularly among those at greatest risk, is crucial.

### 1.1.2 Policy and contextual factors

In recent years, Tasmania has witnessed the emergence of several state and national suicide prevention strategies and initiatives, which may have a direct relevance to the future of programs such as CORES. Whilst a critique of such strategies is outside the scope of this evaluation, it is important to consider their relevance and value to programs such as CORES.
as frameworks for future program activity. In addition, it is important to consider the recent outbreak of COVID-19, and how this has, and will continue to, affect both the planning and delivery of CORES and the wider environment in which it operates.

**Tasmanian Suicide Prevention Strategy, 2016 – 2020 and forthcoming**

The Tasmanian Suicide Prevention Strategy 2016–2020 and its companion documents, the new Youth Suicide Prevention Plan for Tasmania 2016-2020 and the new Suicide Prevention Workforce Development and Training Plan for Tasmania 2016-2020, together outline the Tasmanian Government’s plan for reducing suicide. Through this plan, the Tasmanian Government has recognised that suicide prevention strategies which are well designed and targeted can assist in reducing deaths by suicide in Tasmania. As such, for the 2016-2020 strategy, the following priority areas for action were highlighted:

- Creating a responsive, coordinated health system for people experiencing suicidal thoughts and behaviours.
- Empowering and supporting young people, families and communities to respond to suicidal behaviours.
- Implementing public health approaches and increasing community literacy about suicide and suicide prevention.
- Ensuring effective implementation, monitoring and evaluation.
- Training and supporting our health workers and gatekeepers to provide effective and compassionate care and support for people experiencing suicidal thoughts and behaviours (Tasmanian Government., 2016).

With the conclusion of the current 2016-2020 strategy, a forthcoming 2020-2025 strategy is currently in development, to be released on 30 June 2020.

**National Suicide Prevention Trial**

The National Suicide Prevention Trial was established by the Australian Government following a NMHC review of mental health programs and services, which noted a rise in suicide rates across Australia despite various ongoing prevention efforts. Funding of $48 million for 12 trial sites was committed, with Primary Health Networks (PHNs) responsible for rolling out trial activities in various trial sites from January 2016-17 to 2019-20.

Trial sites were selected based on several factors, such as incidence of suicide, existing infrastructure and services, existing SP programs, and pre-election commitments to mental health and SP in the region. Target populations for each trial site were determined with
reference to, among other things, population sub-groups deemed to be at highest risk in respective sites (e.g. Aboriginal and Torres Strait Islander peoples, young adult and middle-aged men, veterans, LGBTIQ+ (Life in Mind., 2019).

Tasmania was chosen as one of the trial sites and, as decided by the Tasmanian Suicide Prevention Advisory Group, the trial was rolled out in 3 locations: Launceston, the North-West Coast (the LGAs of Burnie, Central Coast and Devonport) and Break O’ Day (on the East Coast). The Tasmanian priority population groups selected were men aged 40-64 and people aged 65 years and over. In Launceston, the host organisation is the Launceston City Council (LCC), which, through the trial, plans to integrate programs with the LCC and existing initiatives in the area. In the North-West, Relationships Australia (Tasmanian Government., 2016) is the host organisation, with efforts from the trial aimed towards building stronger links across the clinical and community sectors. In Break O’Day, the host organisation is St Helen’s Neighbourhood House, which plans to provide a safety net for the spread-out population (Smith, Auckland, Mond, Purton, & Lees, 2019).

The NSPT, due to conclude on 30 June 2020, has been extended for a further 12 months and will now conclude on 30 June 2021. Findings will inform future SP efforts in the state, including the forthcoming Tasmania Suicide Prevention Strategy 2020-2025.

*LifeSpan*

The LifeSpan model is an integrated framework guiding the rollout of SP activities in the Tasmanian NSPT site, as well as other sites around Australia. Developed by the Black Dog Institute in 2016, the LifeSpan model combines nine strategies for SP into one community-led approach incorporating health, education, frontline services, business, and the community (Figure 1).
A focus of the nine strategies is building a community safety net that helps to prevent suicide. Key themes or components of the LifeSpan model include local ownership and adaptation, community engagement, cultural governance and inclusion, and lived experience inclusion at every level (Black Dog Institute., 2018). The LifeSpan model is a recently created model with limited supportive evidence. Until the model is comprehensively evaluated, it may be premature to draw conclusions about its overall effectiveness as a multi-component systems approach to SP.

**COVID-19**

COVID-19 was first reported in Wuhan City in China in December 2019 as a new form of Coronavirus that cause respiratory infections. Symptoms of COVID-19 range from mild flu-like symptoms to pneumonia. The disease is spread through droplets from person to person, with a number of people at heightened risk of contracting the virus, including Aboriginal and Torres Strait Islander people, people 50 years and older with chronic medical conditions, people 65 years and older with chronic medical conditions, 70 years and older, or with compromised immune systems (Australian Government., 2020). COVID-19 has caused restrictions to almost every sphere of living across the world, ranging from quarantine restrictions, being unable to
attend workplaces and loss of employment to increases in physical distancing and isolation measures (Tasmanian Government., 2020a, 2020b). In terms of mental health, COVID-19 is likely to have impacted people in varying ways, including increased anxiety and fear from a constantly changing environment, fuelled by media coverage (Lifeline., 2020). With an increase in mental health concerns and dramatic changes to personal circumstances comes an increase in suicide risk. As suggested by Suicide Prevention Australia (SPA), a substantial proportion of suicides are not connected to mental health problems, but rather to such stressful life events. Nieves Murray, CEO of SPA, notes:

“We need an inclusive, whole-of-government, whole-of-community effort to create a mentally well society and prevent suicides from occurring, both during the COVID-19 pandemic and after.” (Suicide Prevention Australia., 2020)

1.2 CORES

1.2.1 Background

The CORES training program, referred to throughout as “the training”, and network was developed in Sheffield, Tasmania in 2003, in response to a cluster of suicides in the Kentish Region, a population of around 5,000 people, located in North-West Tasmania. The program began as a program at Tandara Lodge aged care facility, after ten people died by suicide over a three-year period, with five of these deaths occurring in the space of one year. Some of these people were farmers and some of them youth, but there were identified systemic causes for this sudden rise in suicides (Success Works Pty Ltd., 2009). The training was established as a response to several areas of concern that were continually raised within the local communities. First, existing SP training programs were too long; as a result, community members were unable to commit the time and cost of attending. Second, SP programs did not directly address the specific needs of rural communities. Third, while other programs were targeted to the general community, they were not designed for community ownership (Success Works Pty Ltd., 2009).

1.2.2 Purpose

The CORES training program aims to empower local communities and provide knowledge and skills relating to:
recognising the warning signs of suicide;
• supporting the person at risk to access appropriate services; and
• promoting help-seeking behaviour before a crisis occurs.

It provides vital community capacity-building for the prevention and intervention of suicide, by educating and training members of the local community in how to recognise and intervene when someone is suicidal. Since its establishment in 2003, CORES has also established several networks and delivered many training programs across the state.

In 2007, Kentish Regional Clinic Inc (KRC) was formed as a not-for-profit organisation to manage the training and networks, and now employs 12 staff across three programs (5 FTEs). In August 2019, a Program Development Officer was employed to manage CORES, ensuring all program information is maintained and up to date, as well as program development opportunities pursued, through the drafting of grants.

In addition to managing the CORES program, KRC has several mental health and wellbeing focused objectives:

• Helping to reduce the stigma associated with suicide and mental illness within the community.
• Helping to facilitate an open discussion of what most consider an uncomfortable topic.
• Promoting support resources within the community.
• Developing knowledge, understanding and skills to manage mental health and wellbeing.
• Promoting resilience and self-care skills.

1.2.3 CORES training program

In addition to being established in response to an increasing number of suicides in rural Tasmania, CORES also assists communities in building local leadership and social networks in order to improve general community wellbeing (Jones et al., 2015). This is done through the steadily growing number of CORES networks, which are initially established in each local community where training is delivered. There are now active CORES networks in Hay (New South Wales), Riverland (South Australia), West Tamar, Meander Valley, Launceston, Devonport, Kentish, Circular Head and Burnie/Wynyard (Tasmania), and Burdekin, Hinchinbrook, Innisfail, McKinlay/Cloncurry, Palm Island, Whitsundays, Charters Towers,
Townsville and Central Queensland, Widebay and Sunshine Coast, in Queensland (Kentish Regional Clinic Inc., 2020d).

**Content and structure**

The training was developed “by community, for community” and involves people with “lived experience” from the very beginning: being a peer-support model is its greatest strength. It employs a “train the trainer” (TTT) approach, whereby a trained facilitator delivers the training content, including delivering the training to other community members, who then conduct their own training (Cross et al., 2014).

The CORES one-day program outline involves a full day of workshop-based training, where two facilitators run through a PowerPoint presentation and interact with training participants throughout, with formal exercises and informal discussion. The CORES program schedule covers:

- introduction to suicide (statistics and stigma);
- exploring suicidal thoughts and behaviours;
- looking for signs and indicators;
- asking the question “Are you thinking of killing yourself?” or “Are you considering suicide?”;
- assessing the level of risk;
- considering appropriate interventions;
- drawing up agreements;
- finding and using community resources; and
- evaluation questionnaires.

The aims of including these components in the CORES training are to:

- assist participants to recognise suicide as a social health issue, which helps reduce the stigma associated with suicide;
- help participants facilitate open discussions on what is often considered a “taboo” subject;
- encourage communities to become supportive, healthy and well connected;
- increase engagement with local community networks who have knowledge and links to families/other communities who have experienced suicide;
- improve knowledge within communities of the impact of suicide; and
provide vital information and access to support services for individuals and families requiring assistance.

Marketing and participant recruitment
KRC utilises several methods to advertise the CORES training, ensuring as many people in local Tasmanian communities as possible are reached. Advertising methods include posters and information sheets (Appendix A) which are adapted for each primary target population (i.e. service providers, communities, schools), and handed out in hard copy as well as through email. Word of mouth, particularly through the CORES networks, is also an effective and well-utilised medium. Social media is also used to communicate training dates, with Facebook pages established for both KRC and for CORES, sharing posts with people who follow these pages, including grassroots community organisations like the Ravenswood Neighbourhood House, who then go on to share these advertisements. Direct emails are sent through community networks, including the Launceston and North-West NSPT sites, and Health Professionals (HP) networks in the North-West and North, in addition to KRC and CORES networks. Marketing is also targeted to senior management of health and community service organisations, including St Giles, Wellways, the Richmond Fellowship and Baptcare.

People can register for the CORES training by contacting KRC directly through the email address provided on the advertisement, or through a link to the Eventbrite online booking platform, which has been utilised since early 2019. Through Eventbrite, KRC employees are also able to see how many people have viewed the booking information for the CORES training and, once participants have booked, they will receive follow-up emails to remind them of the training.

Program governance
KRC and CORES are governed by the KRC Board. The Board was established in 2007 with bi-monthly meetings held. With an increase in need and items requiring more immediate attention, these were changed to monthly (Kentish Regional Clinic Inc., 2020e). The Board consists of a group of passionate individuals, with various community service fields and educational backgrounds. Board members bring a wealth of experience and knowledge to their roles, through being involved with other roles in their communities, from volunteering with Rotary and the Boards of other community organisations including Laurel House and Ravenswood Child and Family Centre, to work roles within KRC, and other health and community services, including Baptcare and the local PHN. The educational qualifications that
Board members draw on for their roles range from degrees in Arts, Law, Sociology, Philosophy, Psychology and English (Kentish Regional Clinic Inc., 2020a, 2020b, 2020c).

1.2.4 Connections with community – the CORES network

CORES network meetings are held monthly at both the Launceston and Devonport sites. In Devonport, there are currently 18 members, and in Launceston, 17, who have actively been involved in the network over the past two years, either attending a meeting or distributing information through the network. Up until April 2020, network meetings were held face-to-face; however, with COVID-19 restrictions in place at the time of this report documentation, meetings are currently being held through the Zoom online platform (Kentish Regional Clinic Inc., 2020e).

2 Literature Review

A desktop literature review was conducted to identify published research relating to the effectiveness of community-based SP training programs conducted or currently being conducted in rural, regional, and remote regions of Australia. Within its scope, the literature review focused on two main themes: (1) indicators of effectiveness of community-based suicide prevention of these training programs; and (2) evidence around the application of training approaches commonly used in community- or population-based SP programs. It was aimed at exploring the context and training outcomes of community-based SP training programs relating to populations identified as being at greater risk of suicide and suicidal behaviours, as well as the general population, in addition to approaches used to disseminate information for education and awareness programs. This review included an analysis of key outcomes of current international, national and local SP training programs, including the methods by which the effectiveness, in terms of design, delivery and sustainability, are evaluated.

The review utilised a range of academic databases and search engines, including Google and Google Scholar, focusing on themes of improving pedagogies, information dissemination, group learning theories, capacity building and change. Grey literature relating to the CORES program and other relevant policies and programs was also included, comprising SP project and network reports and meeting minutes, social media pages, and working papers.
For the purposes of the review, training is defined as the acquisition of knowledge, skills and competencies. It has specific goals of improving one’s knowledge, skills and capacity, capability, performance and productivity (Ganesh & Indraveni, 2015).

2.1.1 Findings

Evaluative data on SP training programs in rural and regional areas is limited. The literature highlighted the difficulties associated with undertaking impact evaluations of population-based SP training programs; very large sample sizes are needed to assess a change in the relatively low suicide base rate in a given population (Isaac et al., 2009). This can be particularly problematic when the training program, as is the case with CORES, is offered in conjunction with a range of broader SP activities, thus making it difficult to evaluate the impact of the training program alone in effecting change. In a 2007 review of the effectiveness of SP strategies in New Zealand, Beautrais et al. (Beautrais et al., 2007) concluded that assessing the efficacy of SP training programs can also be further complicated in circumstances where the suicide base rate is low, making it difficult to attribute reductions in the suicide rate to the effectiveness of a particular program.

The literature presents a diverse range of training models that explore coping skills and precursors to suicide, early identification of mental illness, identifying suicide risk and means restriction, and supporting people living in rural and regional areas (Middlebrook, LeMaster, Beals, Novins, & Mason, 2001). In addition, the literature explores outcomes from varied training approaches, highlighting that outcomes can increase community knowledge, awareness and skills, and decrease suicidal behaviours (Isaac et al., 2009). Of note is the number of case studies of SP training programs that showcase the different aspects relating to the information diffusion, dissemination, and implementation processes associated with the training program. Some of the key success factors highlighted include the presence of a champion who supported and directed the intervention, local adaptation of the materials, and the commissioning of a group of facilitators who were provided with financial and administrative support, dedicated time to provide the training, and regular peer-support (Gask, Lever-Green, & Hays, 2008). In addition, efforts towards networking across organisational structures helped to formalise the training experience and communicate the program’s usefulness to other practitioners.
The importance of understanding and applying principles of adult learning in assessing the needs of the training participants and in the planning and delivery of the training process can enhance the effectiveness of the training. Integrating the principles into the training requires thoughtful planning, not simply relying on one’s instincts (Bryan, Kreuter, & Brownson, 2009). In their book, Knowles and colleagues (Knowles, Holton, & Swanson, 1998) explored principles of adult learning, finding the following five principles provide a valuable context for enriching the learning experience; for example, that of the CORES training participant and facilitator.

1. Adults need to know why they are learning.
2. Adults are motivated to learn by the need to solve problems.
3. Adults’ previous experience must be respected and built upon.
4. Adults need learning approaches that match their background and diversity.
5. Adults need to be actively involved in the learning process.

These principles acknowledge that training participants have different ways of understanding and engaging with new information and that this can be applied to both active and passive learning styles.

Adult learning principles have been successfully applied to other SP gatekeeper training programs such as the Applied Suicide Intervention Skills Training program (ASIST), a two-day workshop that provides participants with the skills necessary to connect, understand and assist persons who may be at risk for suicide. ASIST training recognises the unique needs of adult learners by respecting and incorporating life experiences into training, particularly practice, addressing the real-life needs of trainees, and focusing on the development of skills through practice and feedback (Livingworks., 2016).

A previous review of 156 local projects funded under Australia’s National Suicide Prevention Strategy (Headey et al., 2006) revealed two common approaches to SP training relative to the training approach adopted by CORES: TTT and gatekeeper models.

**Train the Trainer models**

TTT programs utilise primary “master” trainers who “teach” program content and delivery processes to others, who can then deliver their own training to target audiences (Cross et al., 2014). Evidence bearing on the effectiveness of community-based SP programs, particularly those employing a TTT model, in rural and regional areas of Australia is limited; therefore, the effectiveness of this model, primarily in changing attitudes towards suicide and its prevention
more broadly, is discussed here. There are several potential advantages to the TTT approach, the most obvious of which is being able to reach larger audiences through subsequent training activities led by those who were trained initially. Unlike standardised training approaches which are costly and pose several logistical and resource challenges, TTT approaches allow large numbers of individuals to be trained in a highly efficient manner (Cross et al., 2014). Within the CORES model, the master trainers provide training to locally embedded staff or volunteer facilitators on program content and how to facilitate training. These community-based “local facilitators” then provide training to other community members.

Determining the effectiveness of TTT programs is essential for ensuring that newly trained facilitators are delivering training content in a manner that ensures the target audience gains appropriate knowledge and skills that they can, in turn, use in their everyday lives. A study into the most effective way of delivering TTT programs suggested that using a blended learning approach to deliver TTT programs, combining interactive, multifaceted methods with accompanying learning materials can help to effectively disseminate information. It was, however, highlighted there is still a need for further research in order to determine the optimum “blend” of learning techniques (Pearce, Mann, & Jones, 2012).

Cross et al. (Cross et al., 2014) used TTT to deliver the ASIST program by 34 trainers to crisis centre staff over two occasions. On average, the vast majority of trainers delivered approximately two-thirds of the training content, an acceptable level of program delivery according to Sholomskas et al. (Sholomskas et al., 2005). Cross et al., (Cross et al., 2014) found that in some instances, however, none of the essential content was delivered by the trainers to the target audience. In the Netherlands, an e-learning supported TTT program was utilised to implement a suicide practice guideline, where 518 professionals were trained by 37 trainers. Findings showed that this form of TTT training was simple to implement, that the face-to-face training was easily replicable, and that training protocols were straightforward to adhere to (de Groot, de Beurs, de Keijser, & Kerkhof, 2015). The ALIVE @ Purdue TTT program was developed and delivered at Purdue University in the United States, where teaching staff and clinical experts trained graduate-level counselling students to provide a standardised SP and outreach program on campus. Trainees received high knowledge-related scores; however, none of these predicted crisis-specific communication skills (Wachter Morris et al., 2015).
In North-West Alaska, the Promoting Community Conversations About Research to End Suicide (PC CARES) is a community-learning model developed with Indigenous leaders and educational experts to give local community members scientifically based information they can use to help prevent suicide. Like CORES, this model brings together local community members and service providers in rural and remote communities to engage in learning circles led by trained facilitators. Overall program results show that the model provided community capacity building through increased education and mobilisation, with preliminary success in facilitator knowledge and behavioural outcomes (Wexler et al., 2019; Wexler et al., 2017).

How this model can be best implemented has also been discussed in the literature. Providing individualised feedback to trainers about fidelity, either during training or program implementation, can effectively improve the transfer of training. Overall, several suggestions were identified as having a potential impact on the effectiveness of utilising a TTT model:

- Trainers should be selected based on existing skills, including group facilitation skills and comfort in delivering training (Cross et al., 2014).
- Trainer performance requires guidance and specific feedback (Beidas & Kendall, 2010); for example, through supervision, consultations and coaching based on observations (Hepner, Hunter, Paddock, Zhou, & Watkins, 2011).
- Where e-Learning TTT programs are delivered, Information Communication Technology (ICT) issues should be pre-empted prior to rolling out training – to ensure information is effectively communicated to the trainees (de Groot et al., 2015).
  - This option may best be offered in addition to face-to-face delivery, where trainees still highly value these small group face-to-face delivery methods (de Groot et al., 2015).
- The crisis communication skills of trainees cannot be assumed by an increase in knowledge, so it is vital that these skills be assessed separately, and skills training and content knowledge regarding crisis and SP be provided (Wachter Morris et al., 2015).
- The materials and curriculum used need to consider local and cultural contexts, as well as the formal education levels of facilitators. In addition, facilitator training may be more successful if practice is integrated into training, to enhance skills and confidence, as well as ensuring they are trained to a sufficient level so they feel they are well prepared and supported (Wexler et al., 2017) and;
• Previous training may impact adherence to delivering TTT program content – an issue that is likely to arise with the implementation of a new SP program. To overcome this, those developing programs, and trainers, may need to consider any impact of previous training on adherence to training content delivery, as well as strategies to mitigate this impact during TTT (Cross et al., 2014).

**Gatekeeper training programs – increasing knowledge, decreasing suicide-related behaviours**

Gatekeeper training – to seek out and manage people known to be experiencing suicidal ideation – dates to the late 1960s. Gatekeepers are people who have primary contact with those at risk of suicide and go about identifying them by recognising suicidal risk factors. As a selective SP strategy, research has shown that public education in combination with educating community members who act as gatekeepers (for example, GPs, police, teachers, peer helpers) who have contact with those in distress or at increased risk for suicidal behaviour improves the identification of these individuals. Through gatekeeper training, these individuals then become an entry point for people seeking further help, including access to mental health services, which can therefore lead to fewer suicide attempts (Hegerl, Althaus, Schmidtke, & Niklewski, 2006; Isaac et al., 2009; Rihmer & Dome, 2016; Szanto, Kalmar, Hendin, Rihmer, & Mann, 2007; Vijaykumar & Phillips, 2016).

In Tasmania, several gatekeeper training programs, such as ASIST and the Question. Persuade. Refer. (QPR) training, are currently available for community members. In a systematic review of the evidence surrounding gatekeeper training for SP by Isaac and colleagues (Isaac et al., 2009), it was found that this type of training was used and studied in many populations groups, including military, public school staff, Aboriginal people, peer helpers and clinicians. After applying selection criteria, nine articles were included in the review. Outcomes from these studies found this training can lead to an increase in knowledge, skills, and attitudes towards suicide in the trainees. In addition, large-scale cohort studies with military personnel and physicians reported reductions in suicidal ideation, attempts, and deaths through use of this model. Within the school environment, gatekeeper training programs with school staff and parents have been found to effectively enhance knowledge and attitudes about intervening with distressed youth, with inclusion of active learning strategies (for example, role plays) further assisting skill development (Cross et al., 2011).

From these studies, a number of gaps in the research has been identified as areas in need of further exploration, including looking into the patterns of how gatekeepers refer, and
whether the traits of increased knowledge and skills imparted to trainees are maintained over time or require a “booster” to assist with the maintenance. In addition, further research is needed to explore whether training with staff and parents is carried over into practical application with distressed youth (Cross et al., 2011; Isaac et al., 2009). There are instances where a SP program utilised both a gatekeeper and TTT approach, as is the case with CORES; e.g. the ALIVE @ Purdue TTT Program (Wachter Morris et al., 2015). In this study, Wachter Morris et al. (2015) describe how the TTT model is used to describe how the training is delivered, whereas a gatekeeper model complimentarily provides the a focus on whom the training is delivered to; i.e., community gatekeepers. In general, evidence on the effectiveness of using these models as multiple approaches to SP is lacking.

The 2009 Evaluation of the CORES training program

In 2009, Success Works Pty Ltd (Success Works Pty Ltd., 2009) was commission by KRC to undertake an independent, external evaluation of the CORES training program across five pilot sites in Tasmania: Central Coast, Meander Valley, Dorset, Kingborough/Huonville and West Tamar. The primary question guiding this evaluation was “Is the CORES model effective?” From this evaluation, a range of factors contributed to the success of the CORES program, including:

- **Fit with the Current Service System.** The program fulfils a pivotal role within the existing suicide prevention service system in building the capacity of the community as the first referral point for people who might be suicidal and have not yet accessed any supports.
- **Community Ownership.** The recognition that CORES is both of and for the community is seen as a key factor contributing to its success.
- **Community Champions.** Individuals associated with the CORES program exhibit the key characteristics associated with community champions, including advocacy, networking and respect.
- **Accessibility.** Training is designed to be simple, easy to understand and delivered by trained facilitators whilst maintaining strict professional boundaries.
- **Theoretical underpinning.** The training approach is underpinned by principles of adult learning, social inclusion and community development. Importantly, it brands itself within the broader conceptual framework of preventive health rather than exclusively mental health.
The future direction and sustainability of CORES were potentially impacted by several factors:

- The organisational capacity of KRC to expand with the rapid growth of CORES.
- Ensuring community ownership of the program at the local level.
- Ensuring community champions and social capital required to market and sustain the program are present in the communities.
- Ensuring inter-community networks are strengthened, in particular the network of team leaders, utilising modes in addition to communicating solely through email.
- How CORES is funded, whether this funding sourced is secure, and whether training can be delivered to the community free of charge.
- Whether funding can be sources from alternative “non suicide-specific” type community services, which would still benefit from CORES, but may not have SP as the organisation’s primary focus.
- Whether the profile of KRC and CORES can continue to be lifted; for example, by building on the success of the *ABC Landline* story.

The current evaluation considers the extent to which these previously identified key success factors remain evident within the existing training approach and philosophy.

# 3 The Evaluation of CORES

In 2018, the CORES training program received funding under the NMHC to evaluate four new CORES network training programs, two in Tasmania and two in Queensland. In Tasmania, the networks were established in Launceston and Devonport targeting specific population groups, as identified in the Australian Governments National Suicide Prevention Trial (NSPT), namely men aged 40-64 and people over the age of 65. As stated, under the NMHC grant purpose, “The evaluation will be required to address how the project operates in the context of the suicide prevention trial”.

The Centre for Rural Health (CRH) received funding through KRC to undertake the evaluation of SP training programs associated with the establishment of the two network sites. The focus of the evaluation is on the process and outcome aspects; that is, increased awareness and knowledge of the training programs delivered within the respective networks over a 12-month period. The evaluation seeks to determine the extent to which the training
reflects “best practice” in enhancing community awareness, capacity and ownership of SP within a Tasmanian context.

3.1 Research questions

The following research questions were identified by the evaluation team and used to guide and inform the structure and content of the evaluative approach:

1. To what extent does the training structure and processes equip participants with the essential skills, knowledge and resources required to identify and respond to a person at risk of suicide?

2. To what extent does the training equip participants with the ability to recognise the warning signs of suicide; intervene before a potential crisis occurs; and support the person at risk to access the appropriate support services?

3. How effective is a TTT model, using trained volunteers, to deliver the training?

4. To what extent does the content of the training recognise and embed cultural and social norms associated with the target population groups?

5. To what extent does the training adopt best practice approaches to maximise and sustain community involvement in the program?; and

6. How does the training align with the context and approach (LifeSpan model) adopted by the NSPT?

3.2 Evaluation team

A cross-disciplinary team of specialists at the UTAS CRH with expertise in rural mental health, evaluation methodologies and community development oversaw the evaluation work plan. Members of the CORES evaluation team were also engaged in the local evaluation of the NSPT, which was being conducted concurrently with the CORES evaluation. This provided a valuable point of reference for the CORES evaluation.

Several researchers and project members at the CRH piloted the survey tools prior to undertaking data collection, to ensure they were user friendly and fit for purpose. Regular communication between members of the evaluation team and representatives of the CORES networks provided valuable insight into broader issues influencing the delivery of CORES, such as mental health and SP policy and program funding.
In addition, members of the evaluation team initiated contact with the Chief Investigator of the evaluation of the CORES networks at the Queensland sites. Opportunities for information exchange were limited due to difficulties in communication resulting from several contextual factors and differences in evaluative scope and approaches.

3.3 Governance

The evaluation team had oversight in the design and conduct of the evaluation, including data collection processes and interpretation of the findings in formats consistent with evaluation deliverable requirements. Where appropriate, KRC provided guidance in relation to contractual obligations, access to SP networks and technical advice to align data collection activities with national requirements.

3.4 Funding

A Research Agreement between the CRH and KRC was executed on 12 September 2018, with the total contract fee being $12,500, with the payment milestones as follows in Table 1.

Table 1. Summary of payment milestones for the CORES evaluation

<table>
<thead>
<tr>
<th>Payment milestone</th>
<th>Date</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Acceptance of progress report</td>
<td>15/07/2019</td>
<td>$2,500</td>
</tr>
<tr>
<td>3. Acceptance of final report</td>
<td>30/06/2020</td>
<td>$2,500</td>
</tr>
</tbody>
</table>

3.5 Evaluation deliverables and timeframes

Table 2 outlines the contracted deliverables and deadlines associated with the evaluation of CORES, as specified in the Research Agreement.

Table 2. Summary of all contracted deliverables for the CORES evaluation

<table>
<thead>
<tr>
<th>Task</th>
<th>Deliverable No.</th>
<th>Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Draft Evaluation Plan</td>
<td>1</td>
<td>30/11/18</td>
</tr>
<tr>
<td>Progress report</td>
<td>2</td>
<td>30/06/19</td>
</tr>
<tr>
<td>Draft final report submitted</td>
<td>3</td>
<td>30/04/20 (revised 14/05/20)</td>
</tr>
<tr>
<td>Final report submitted</td>
<td>4</td>
<td>31/05/20</td>
</tr>
</tbody>
</table>
3.6 Risk management

The Evaluation Plan highlighted several potential risks associated with the implementation of the evaluation. The evaluation team met on a regular basis to ensure project risks were monitored and, where required, actions put in place to manage or mitigate the risks. Table 3 summarises the actions that have been put in place to address the identified risks. No additional risks, other than those highlighted in the evaluation plan, were identified.

Table 3. Project risks and strategies to mitigate

<table>
<thead>
<tr>
<th>Risk</th>
<th>Comment/Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Recruitment and retention of qualified project staff.</td>
<td>Recruitment and retention of project evaluation staff across NSPT and CORES evaluations builds capacity and supports retention of qualified project staff.</td>
</tr>
<tr>
<td>2. Partner organisational relationships/cohesion.</td>
<td>Regular participation by an evaluation team member in the CORES Network meetings (where feasible) and liaison with Kentish Regional Clinic Inc staff ensures partner organisation cohesion.</td>
</tr>
<tr>
<td>3. Poor alignment of evaluation methodology and evaluation objectives.</td>
<td>Co-design of evaluation methodology with CORES Network structures ensures alignment with evaluation objectives.</td>
</tr>
<tr>
<td>4. Risk of project scope creep.</td>
<td>Regular meetings of the evaluation team ensure project timelines are adhered to.</td>
</tr>
<tr>
<td>5. Inadequate focus on the CORES evaluation due to competing demands for the NSPT local evaluation.</td>
<td>Sharing of staff resource across both evaluation projects builds capacity and supports complementary practice rather than competing for resources.</td>
</tr>
<tr>
<td>6. Low levels of participant interest/input into evaluation.</td>
<td>Completion rates of surveys at each of the three Launceston workshops have been around 80%. Recruitment of participants for focus groups has proven to be more problematic, with lower recruitment numbers.</td>
</tr>
<tr>
<td>7. Lack of support from CORES training volunteers in administering surveys.</td>
<td>Administration of surveys have primarily been undertaken by Evaluation project staff, thereby avoiding heavy reliance on CORES training volunteers to administer surveys.</td>
</tr>
<tr>
<td>8. Safety of evaluation staff.</td>
<td>Implementation and adherence to UTAS occupational health and safety policy, as they relate to field research activities, have been assumed by the evaluation team.</td>
</tr>
<tr>
<td>9. Reliability of data.</td>
<td>Participant survey data was entered by one member of the research team and checked by a second. Focus group and interview data was transcribed by an external transcription company, with each transcript checked for accuracy by a member of the evaluation team. All themes identified using NVivo were checked/supported by a second evaluation team member.</td>
</tr>
<tr>
<td>Risk</td>
<td>Comment/Action</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>10. Breach of confidentiality (data).</td>
<td>Evaluation team members are well acquainted with these Human Research Ethics Committee (HREC) requirements and have adopted practices that ensure compliance with HREC guidelines including secure storage of files.</td>
</tr>
<tr>
<td>11. Management and storage of data.</td>
<td>As above.</td>
</tr>
<tr>
<td>12. Meeting agreed timelines.</td>
<td>Monitoring of project progress against agreed timelines is a standing item on the evaluation team meeting agenda, held every 2-4 weeks.</td>
</tr>
<tr>
<td>13. Inconsistent or irregular communication between project staff and the funding body.</td>
<td>Formal and informal communication processes between evaluation team and funder have been implemented.</td>
</tr>
<tr>
<td>14. Budget blow out.</td>
<td>Funding levels have limited the capacity of the evaluation team to undertake specific tasks; e.g., attendance at all CORES Network meetings. Prioritising operational expenditure such as car hire, and travel expenses have been necessary to ensure evaluation costs are maintained within the budget. Regular monitoring of project expenditure at evaluation team meetings helps to minimise any risks associated with a budget “blow out”.</td>
</tr>
<tr>
<td>15. Collaboration with Qld site evaluation team members</td>
<td>Evaluation team members will initiate communication with Qld team and explore areas of mutual benefit</td>
</tr>
</tbody>
</table>

### 3.6.1 Monitoring and Control

Risk monitoring and control processes were applied throughout all stages of the evaluation to all identified risks, ensuring the effective execution of planned risk responses and consistent evaluation of the effectiveness of the risk management plan in reducing risks.

Regular monitoring and reviewing of evaluation risks was overseen by the Project Manager, who notified the project team of any unanticipated risks, or if the selected mitigation strategy was not having its desired effect.

Risk management monitoring and control was a standing agenda item at regular team meetings. This enabled the evaluation team to keep track of existing, residual and new risks. All members of the evaluation team were vigilant at looking for risk symptoms and new evaluation risks and communicated these to the Project Manager and team as they were identified.
3.7 Evaluation sites

Two evaluation sites (communities) were selected as case study sites for the evaluation, the LGAs of Launceston and Devonport (Figure 2). Site selection was based on the criteria that these two sites were funded as two new CORES networks in Australia and were also selected as NSPT sites, thereby ensuring some sort of comparison with this initiative.

![Figure 2. CORES Tasmania Network evaluation sites – Devonport and Launceston Local Government Areas](image)

3.7.1 Site profiles

Launceston

According to the Australian Bureau of Statistics (ABS), in 2016, there were 84,153 people living in Launceston (48.2% male and 51.8% female); Aboriginal and/or Torres Strait Islander people made up 3.2% of the population. The median age was 40 years. Children aged 0-14 years made up 17.8% of the population, while those aged 65 years and over made up 18.5% (Australian Bureau of Statistics., 2019b).

In terms of educational attainment, 11,914 (17.2%) people aged 15 and over reported having completed Year 10 as their highest level of education; 17.3% had completed a
Certificate III or IV; 7.3% had completed an Advanced Diploma or Diploma; and 16.2% had a Bachelor Degree level or above.

Employment data showed that 39,483 (46.9%) of Launceston residents reported being in the labour force in the week prior to 2016 Census data being collected. Of these, 52.0% were employed full-time, 35.2% were employed part-time and 7.6% were unemployed.

The most common occupations were professionals (20.4%), technicians and trade workers (13.5%), and clerical and administrative workers (13.0%). The median weekly personal income for people aged 15 years and over was $575 (ABS, 2019a).

**Devonport**

As reported by the ABS, in 2016, there were 24,696 people living in Devonport (47.2% male and 52.8% female); Aboriginal and/or Torres Strait Islander people made up 6.4% of the population. The median age was 43 years. Children aged 0-14 years made up 18.2% of the population, while those aged 65 years and over made up 21.3% (Australian Bureau of Statistics., 2019a).

Of the people aged 15 and over, 4,332 (21.4%) reported having completed Year 10 as their highest level of educational attainment; 19.9% had completed a Certificate III or IV; 7.2% had completed an Advanced Diploma or Diploma; and 9.3% had a Bachelor Degree level or above. Just over four in ten residents (42.7%) reported being in the labour force the week prior to Census data being collected. One half of these (50.1%) were employed full-time, 35.7% were employed part-time, and 8.5% were unemployed.

The most common occupations were technicians and trade workers (15.0%), labourers (14.8%) and professionals (14.0%). The median weekly personal income for people aged 15 years and over was $514.

### 3.8 Evaluation design

The design of the evaluation is primarily concerned with planning in detail the activities the evaluation will undertake, including the theoretical models supporting these processes.

#### 3.8.1 Theoretical underpinnings

The current evaluation builds on theoretical concepts from several theorists concerning evaluation, including Rossi, who described the importance of theory-driven and comprehensive evaluation as:
"the systematic application of social research procedures in assessing conceptualization and design, implementation, and utility of social intervention programs" (Rossi & Freeman, 1985), p.19.

Viewing evaluation as social research in itself, Rossi suggests that evaluation methods be tailored to the program and the stage it is at (Alkin & Christie, 2004). The evaluation was therefore designed to focus on the delivery of the program rather than the development of the program.

Concerning social science research, Cronbach (Cronbach, 1980) further established evaluation as a tool to be used for decision-making. As a tool for utilisation, evaluation is considered more for its instrumental use, as in the case of the current CORES program evaluation, where findings of the evaluation will be used to provide data for KRC and local decision-makers. As discussed by Cronbach in Alkin & Christie (Alkin & Christie, 2004), this will be achieved by asking evaluation questions that will contribute most to generalisation; for example, questions that best clarify why the CORES program works so effectively.

Last, the evaluative theorist Michael Scriven (Shadish, Cook, & Leviton, 1991) posits that it is the role of the evaluator to “add value” in society. Scriven (Scriven, 1983) notes that the greatest failure of the evaluator is in simply providing information to decision-makers and “passing the buck [for final judgment] to the non-professional” (p. 248). In this regard, the current evaluator will seek to present findings in a value-adding format, describing the context and providing recommendations to build on the strengths of the CORES training model including areas for improvement. This will involve, as suggested by Scriven (Alkin & Christie, 2004) synthesising multiple outcome judgements/findings into single value statements or “Recommendations”.

### 3.8.2 Evaluation approaches

Summative and Process type Utilisation-Focus Evaluation approaches were applied to guide activities and outcomes of this evaluation. A summative evaluation approach is used to assess program outcomes and decide the future planning for a program. Unlike formative evaluations, which are typically conducted at the early development stage of a program, a summative evaluation approach gathers data once programs have been fully implemented, using surveys, interviews, observations, and the like. This approach will allow the evaluation
team to ask questions like, “Has the CORES program had the intended effect on participants?” (Scriven, 1967). A Process evaluation ensures that the evaluation is conducted in a way that enhances the utilisation of findings, including improving those processes that underpin the success of a program or initiative (Patton, 2008). Process evaluations can be used to assess how a program is delivered, any contextual factors influencing outcomes, and to inform the future planning of the program (McIntyre, Francis, Gould, & Lorencatto, 2020).

The evaluation approach reflects the Kirkpatrick Four Levels evaluation model (Kirkpatrick, 1994), comprising the parts of reaction, learning, behaviour and results. Reaction concerns how participants feel about the program; learning considers the extent to which the participants learned the information and skills; behaviour explores the extent to which their personal and professional behaviour has changed as a result of attending the training; and results evaluate the extent to which the results have been affected by the training program (Topno, 2012).

4 Research Design

4.1 Mixed-methods approach

A mixed-methods research approach was employed, incorporating both qualitative and quantitative methods, as it is highly recommended for use in understanding the complexities of suicide and determining the efficacy of suicide prevention programs and activities, including cultural factors (Kral, Links, & Bergmans, 2012). As described by Rallis and Rossman (Rallis & Rossman, 2003), a mixed-methods approach is well suited to address requirements of program evaluations, including those seeking to evaluate suicide prevention training programs (Kral et al., 2012).

As described by Fetters, Curry, and Creswell (Fetters, Curry, & Creswell, 2013), quantitative methodologies can be used to address research questions about causality, generalisability, or magnitude of effects, whereas qualitative methodologies can be used to explore why or how a phenomenon occurs, to develop a theory, or to describe the nature of an individual’s experience (Creswell & Plano Clark, 2011; Fetters et al., 2013; O’Cathain, Murphy, & Nicholl, 2010). This methodological approach is used to tie findings back to the aims and objectives of the evaluation, by capturing current and accurate data collected from
those people who have a stake in the CORES training, such as participants, facilitators or Board members.

4.2 Data sources, collection, and analysis

4.2.1 Data sources

Sources and methods of direct data collection included interviews, focus groups, and pre- and post-training surveys. Other data collected included documents received from KRC regarding the background of CORES, minutes from CORES network meetings, training registration and sign-in sheets, letters of support received by KRC, as well as other archived and publicly available data sources.

4.2.2 Participants

Data was collected throughout the evaluation, with participants including:

- CORES training participants (defined as people who completed the one-day training);
- facilitators (defined as those who lead or “facilitate” the training sessions);
- the CORES program manager or lead facilitator, who is included within the facilitator category to ensure confidentiality; and
- members of the KRC Board.

4.2.3 Data collection and analysis

Parallel analysis of quantitative and qualitative data was employed, where analysis of neither type of data was sequentially dependent on the other type of data being analysed, but rather analysed concurrently. Analysis was undertaken by the local evaluation team throughout the life of the evaluation, depending on access to data and reporting requirements.

Quantitative data

All training program participants were introduced to the evaluation by one of the research team members and invited to read a hard copy pre-training information sheet (Appendix B) and complete a pre-training survey (Appendix C), which was handed out to consenting participants, together with an information sheet, just prior to the commencement of the training session. Directly following the completion of the training session, all participants
were invited to read a post-training information sheet (Appendix D) and complete a post-training survey (Appendix E).

Both pre- and post-training surveys used Likert scale questions answered on a five-item scale (strongly disagree to strongly agree) and optional open-ended questions requiring written responses. Pre-training surveys asked questions relating to prior knowledge and understanding, and open questions relating to training expectations and motivations, and what participants would like to learn from the training. Post-training surveys asked questions relating to the training and experiences of the training, including open-ended questions relating to satisfaction with the training and the main messages taken away.

Completion of the surveys was taken as consent to participate. Completed survey forms included a coding question that tracked pre- and post-training survey forms to a single respondent. Participants were asked via a question attached to the post-training survey if they would be interested in participating in a focus group or semi-structured interview. Data was collected between 5 February 2019 and 28 March 2020.

Survey data, which were primarily descriptive (i.e., the proportion of participants giving different responses to different questions), were analysed using the Statistical Package for Social Sciences (SPSS) version 26. For the analysis of the Likert response data, and for convenience, the five response options were combined into three (strongly agree/agree; neither disagree nor agree; disagree/strongly disagree).

Qualitative data
Qualitative data was collected through focus groups and interviews until data was saturated (Saunders et al., 2018), between 5 March 2019 and 10 March 2020. Focus groups and interviews were facilitated by members of the research team at several locations within the target evaluation localities, including their workplace, the UTAS campus, TasTAFE in Launceston and Devonport, or Relationships Australia (Tasmania) offices and cafés near the participants’ place of residence.

Participants were provided with an information sheet (Appendices F & G) containing details about the evaluation and a consent form (Appendices H & I). Focus groups and interview sessions utilised a schedule of semi-structured questions (Appendices J & K) that were tailored for the participant groups (either training participant or facilitator). Questions for participants (Appendix J) were focused on motivations to participate and expectations of the training and whether these were met, in addition to a suite of questions relating to the
training experience, include thoughts on training content, format and delivery. Questions for
facilitators (Appendix K) focused more on how CORES fits into the wider SP landscape in
Tasmania, exploring what the key success indicators of CORES are, and how it may be further
adapted to be sustainable within the current SP environment.

On average, focus groups/interviews lasted for 46 minutes and were audio-recorded
with the participants’ consent. Sessions were transcribed verbatim, with data integrity
confirmed by a second researcher through listening to recordings and checking against
written transcriptions. Participant names were replaced with identification numbers to
ensure confidentiality. Consent forms, provided in English, were signed by participants prior
to sessions, with any questions communicated to the research team for resolution prior to
consent being obtained.

Data was analysed using the six phases of thematic analysis (Braun & Clarke, 2006) and
were read and re-read to search for meaning and patterns. Notes taken assisted coding, and
NVivo qualitative data analysis software (QSR International Pty Ltd, Version 10, 2014) was
used to store, code, classify and sort data. Two researchers analysed data independently, and
results were compared and discussed at meetings until consensus was reached. Reporting
was guided by the consolidated criteria for reporting qualitative research (COREQ)(Tong,
Sainsbury, & Craig, 2007). Data was coded, sorted into themes, reviewed and refined to
identify relationships, defined, then named.

4.3 Ethics

Ethics approval was granted by the Tasmanian Social Sciences Human Research Ethics
Network (Reference No. H0017811) (Appendix L).

5 Results

The following section provides a detailed overview of the findings from the evaluation
activities, including surveys, focus groups and interviews.
5.1 Survey findings

A total of 298 people registered to attend the training; three-quarters (73.5%) of these attended on the day. Of the 219 participants who completed the CORES training throughout the data collection period, 204 agreed to complete the survey.

5.1.1 Socio-demographic characteristics of training participants

Of the 204 individuals who agreed to participate in the survey, complete data including both pre- and post-training were available for 180 participants, who were aged between 18 and 66 years. This represents a survey completion rate of 82%. The 24 participants excluded from the survey results had unacceptably high levels of missing data or had only completed either a pre- or post-training survey. The socio-demographic characteristics of participants are shown in Table 4.

Participants’ usual place of residence was commonly reported as being from the 7248, 7249 and 7250 postcode areas in the North and the 7310, 7315, and 7320 postcode areas in the North-West. The average age of participants was 39.3 years, and three-quarters (76.5%, n=137) of participants were female. Participants were most likely to be female, between the ages of 25-29 years. Men over the age of 40 represented only 11.2% of training participants, and people over 65 only 1.1% (Table 5).

The highest level of education completed by participants was commonly reported as a trade certificate/apprenticeship, followed by a bachelor’s degree, then Year 12. For place of birth, participants most commonly reported that they were born in Australia (n=145), with the remaining participants born in 15 other countries (see Table 4).

When asked whether participants identified as being Aboriginal or Torres Strait Islander, 11 (6.7%) participants identified as Aboriginal and 6 (3.7%) as Torres Strait Islander, with the rest identifying as neither Aboriginal nor Torres Strait Islander.

The main activities reported as being undertaken by participants are presented in Figure 3.

Table 4. Socio-demographic characteristics of survey participants (n=180).

<table>
<thead>
<tr>
<th>Age (Mean, [SD])</th>
<th>39.9 [13.3]</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>22.9</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>76.5</td>
<td></td>
</tr>
<tr>
<td>Non-binary</td>
<td>0.6</td>
<td></td>
</tr>
<tr>
<td>Highest education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year 10</td>
<td>13.4</td>
<td></td>
</tr>
<tr>
<td>Education Level</td>
<td>Percentage</td>
<td></td>
</tr>
<tr>
<td>---------------------------------------</td>
<td>------------</td>
<td></td>
</tr>
<tr>
<td>Year 12</td>
<td>17.3</td>
<td></td>
</tr>
<tr>
<td>Trade certificate/apprenticeship</td>
<td>21.2</td>
<td></td>
</tr>
<tr>
<td>Undergraduate diploma</td>
<td>12.3</td>
<td></td>
</tr>
<tr>
<td>Bachelor’s degree</td>
<td>19.6</td>
<td></td>
</tr>
<tr>
<td>Postgraduate degree or diploma</td>
<td>16.2</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Aboriginal/Torres Strait Islander</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aboriginal</td>
<td>6.7</td>
</tr>
<tr>
<td>Torres Strait Islander</td>
<td>3.7</td>
</tr>
<tr>
<td>Neither Aboriginal nor Torres Strait Islander</td>
<td>89.6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Country of birth</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td>80.6</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>0.6</td>
</tr>
<tr>
<td>Cambodia</td>
<td>0.6</td>
</tr>
<tr>
<td>Germany</td>
<td>1.1</td>
</tr>
<tr>
<td>Hong Kong</td>
<td>0.6</td>
</tr>
<tr>
<td>Nepal</td>
<td>0.6</td>
</tr>
<tr>
<td>Nigeria</td>
<td>1.1</td>
</tr>
<tr>
<td>New Zealand</td>
<td>0.6</td>
</tr>
<tr>
<td>Papua New Guinea</td>
<td>0.6</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>0.6</td>
</tr>
<tr>
<td>South Africa</td>
<td>2.8</td>
</tr>
<tr>
<td>South Korea</td>
<td>0.6</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>0.6</td>
</tr>
<tr>
<td>Sudan</td>
<td>0.6</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>7.8</td>
</tr>
<tr>
<td>United States of America</td>
<td>1.1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Postcode range</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2750, 3107, 3810, 3951, 4750, 7030, 7212, 7248, 7249, 7250, 7252, 7253, 7258, 7259, 7267, 7268, 7275, 7277, 7290, 7300, 7301, 7302, 7304, 7305, 7306, 7307, 7310, 7315, 7316, 7320, 7321, 7322, 7325, 7523</td>
<td></td>
</tr>
</tbody>
</table>

Note: Responses for England and Scotland have been combined into the United Kingdom category. 
SD = standard deviation.

Table 5. Breakdown of participant age groups by gender

<table>
<thead>
<tr>
<th>Age group</th>
<th>Male</th>
<th>Female</th>
<th>Non-binary</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>≤19</td>
<td>1</td>
<td>0.6</td>
<td>4</td>
<td>2.2</td>
</tr>
<tr>
<td>20-24</td>
<td>6</td>
<td>3.4</td>
<td>11</td>
<td>6.2</td>
</tr>
<tr>
<td>25-29</td>
<td>4</td>
<td>2.2</td>
<td>26</td>
<td>14.6</td>
</tr>
<tr>
<td>30-34</td>
<td>4</td>
<td>2.2</td>
<td>11</td>
<td>6.2</td>
</tr>
<tr>
<td>35-39</td>
<td>5</td>
<td>2.8</td>
<td>18</td>
<td>10.1</td>
</tr>
<tr>
<td>40-44</td>
<td>4</td>
<td>2.2</td>
<td>13</td>
<td>7.3</td>
</tr>
<tr>
<td>45-49</td>
<td>4</td>
<td>2.2</td>
<td>15</td>
<td>8.4</td>
</tr>
<tr>
<td>50-54</td>
<td>3</td>
<td>1.7</td>
<td>14</td>
<td>7.9</td>
</tr>
<tr>
<td>55-59</td>
<td>5</td>
<td>2.8</td>
<td>16</td>
<td>9.0</td>
</tr>
<tr>
<td>60-64</td>
<td>3</td>
<td>1.7</td>
<td>8</td>
<td>4.5</td>
</tr>
<tr>
<td>≥65</td>
<td>1</td>
<td>0.6</td>
<td>1</td>
<td>0.6</td>
</tr>
<tr>
<td>Total</td>
<td>40</td>
<td>22.5</td>
<td>137</td>
<td>77.0</td>
</tr>
</tbody>
</table>

Note: Cross-tab data were only calculated for 178 participants due to missing data for either gender or age for 2 participants.
In addition to the organisation-specific training sessions, participants represented organisations from a range of industries. Those organisations which provided services to the NSPT target populations (men aged 40-64 and people over the age of 65) included:

- National Joblink – employment support
- Baptcare – Baptist Church, community services (i.e. aged care, home care, disability services, retirement living)
- KinCare – aged care and disability support
- Citizen Advocacy Launceston – disability support
- Integrated Living – in-home aged care and disability support
- City Mission – community service organisation
- Serco Citizen Services – government services
- Door of Hope – Christian Church
- Wellways – mental health, disability, community care and aged care
- CatholicCare Tasmania – Catholic Church, social services

In addition, other organisations represented included Cornerstone Youth Services Inc, HIPPY program staff at KRC and the Launceston City Council. Education departments were also represented, with school chaplains and nurses attending training. Participants representing the Tasmanian Department of Health and Human Services included employees.
of the Launceston General Hospital; private allied health services, including social workers and massage therapists; and people representing several medical centres from across the North/North-West.

5.1.2 Expectations of training

Table 6 highlights the main themes as identified from the analysis of pre-training survey participant responses, when asked what their expectations were of the training. A full list of all the responses are provided at Appendix M.

The information in from Table 6, along with those in the following sections, can be used to review the current CORES program to ensure its aims are meeting the expectations and needs of participants.

<table>
<thead>
<tr>
<th>Overall theme identified</th>
<th>Example of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bereavement support.</td>
<td>• “I’d like to learn any signs or symptoms how to deal with them and what help is out there. Also, what support is out there for family and friends after the fact.”</td>
</tr>
</tbody>
</table>
| Develop, maintain and increase awareness, understanding, knowledge, strategies and skills for SP. | • “Better understanding of suicide prevention in the community as in how and what individuals can do to prevent suicide.”  
• “To get an updated knowledge base on preventative strategies and the local supports available.” |
| Gain awareness of what CORES does.                           | • “To gain more an insight of what CORES do.”                                          |
| Increase confidence and comfortability in talking to someone at risk and “asking the question”. | • “Become more comfortable with talking about suicide.”  
• “…so that I can confidently talk about it.” |
| Learn how to identify and assist individuals and wider community at risk. Including how communities can help each other. | • “How a community can support people with suicidal thoughts/tendencies.”  
• “More understanding of specific suicide prevention strategies and ways as a community to reduce suicide rates.”  
• “An awareness of the signs of suicide and tools to approach and intervene with at risk people.” |
| Learning suicide-specific language and how to communicate.    | • “More knowledge about the correct language and how to help people.”  
• “The best way to talk to people about mental health and suicide without them feeling that it is wrong to talk about this.” |
| Mental health awareness in general.                          | • “To get a better understanding of mental health and suicide.”  
• “A further insight into mental health.” |
| Refresher training for other suicide prevention courses undertaken. | • “I like to do training in suicide prevention frequently to refresh the knowledge and confidence.”  
• “I haven’t been to a CORES training program before but have been to the programs like this. I
### Overall theme identified

<table>
<thead>
<tr>
<th>Example of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>would like to gain knowledge that can help me at work and private life.”</td>
</tr>
</tbody>
</table>

### Refresher training from previous CORES training course.

<table>
<thead>
<tr>
<th>Example of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>“I attended CORES training approximately 5 years ago. I hope to be refreshed and updated.”</td>
</tr>
<tr>
<td>“To refresh on the last CORES training which is fantastic.”</td>
</tr>
</tbody>
</table>

### Tools for specific demographic or vulnerable groups. Including those with suicidal ideation, those at risk.

<table>
<thead>
<tr>
<th>Example of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Add tools to my toolbox to use with the youth I come into contact with.”</td>
</tr>
<tr>
<td>“Increased knowledge around suicide prevention, particularly as I work with older Australians and the high incidence of suicide in over 85 y.o men is most concerning.”</td>
</tr>
</tbody>
</table>

### Tools to work better in current job and life roles, with clients etc.

<table>
<thead>
<tr>
<th>Example of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>“I work as a medical receptionist in a rural setting. Coming to training today I hope to have a better understanding on mental health and suicide prevention and what I can do to help people in my job.”</td>
</tr>
<tr>
<td>“Awareness of dangers to support clients in the disability field.”</td>
</tr>
<tr>
<td>“In depth training to compliment my community service education.”</td>
</tr>
</tbody>
</table>

### 5.1.3 One thing most wanting to take away from the training

In the pre-training survey, participants were asked about the one thing they most wanted to take away from the training. Their responses were analysed and are listed in Table 7 as themes, along with a few key examples of some of the responses provided aligning to these themes. A full list of all the responses are provided at Appendix N.

#### Table 7. One thing most wanting to take away from training – themes identified from responses

<table>
<thead>
<tr>
<th>Overall theme identified</th>
<th>Example of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bereavement support and personal coping strategy.</td>
<td>“After losing my father to suicide, it’s another way of coping and understanding.”</td>
</tr>
<tr>
<td></td>
<td>“How to help others who have dealt with or are dealing with suicide with family friend or personal.”</td>
</tr>
<tr>
<td></td>
<td>“Dealing with grief and loss.”</td>
</tr>
<tr>
<td>Communities awareness and response</td>
<td>“How well the community is informed and engaged about suicide.”</td>
</tr>
<tr>
<td></td>
<td>“To understand how we as a community can address this issue and make significant changes.”</td>
</tr>
<tr>
<td>Current data and information sources</td>
<td>“Statistics of suicide in Australia.”</td>
</tr>
<tr>
<td></td>
<td>“Why the rates have not decreased significantly despite numerous campaign initiatives and increasing interest in this area.”</td>
</tr>
<tr>
<td>Demographic group specific information</td>
<td>“How to manage technology (i.e., FB, facetime, 24/7 phone calls) and how it relates to young people and their interactions with each other.”</td>
</tr>
<tr>
<td></td>
<td>“True figures around male suicide.”</td>
</tr>
<tr>
<td>General mental health knowledge and methods to assist people with.</td>
<td>“How to deal with people suffering depression and anxiety. The right things to say and do.”</td>
</tr>
</tbody>
</table>
### How CORES is run
- “Methods of assisting others around mental health.”
- “How the CORES program is run.”
- “Understanding of program aims/delivery.”

### How to assess suicide risk and look for warning signs
- “Learning about people at risk of suicide. Identifying people at risk, warning signs.”
- “Risk assessment questions, process, things to look for.”

### How to communicate with and help someone who is suicidal, including how to increase confidence to do so.
- “Reinforce and learn what not to say or do.”
- “How to have that first conversation.”
- “…increase my ability to have a conversation about suicide with clients.”
- “Confidence when faced with a suicidal client…”

### How to respond in that emergency/crisis situation.
- “What to do in a suicide related emergency.”
- “First response – what to say to people who threaten they will suicide.”
- “Recognise signs and de-escalate situations.”

### Increased awareness and understanding of suicide and its prevention
- “To have a better understanding of suicide prevention.”
- “An understanding of why people who suicide think they have no other option.”

### Pre-existing personal views and beliefs of suicide
- “How to change my mindset on why people suicide. It to me feels like a very selfish thing to do.”
- “How to feel compassion for the act of suicide and the person thinking about it.”

### Suicide attempts.
- “Dealing with post-suicide attempt.”

### Support and referral services available, i.e. technology, helplines, self-care
- “More information regarding resources available for referrals.”
- “To learn about other services that can be utilised in suicide prevention.”
- “Resources available, support available, self-care for self and others.”

### Safety plans and helping someone who discloses suicidal intent
- “What is the next best step after someone discloses feelings of suicide. How can I report it/keep them safe without breaking their trust?”
- “How to implement a safety plan.”

## 5.1.4 Prior knowledge and understanding

In the pre-training survey, three-quarters (75.4%) of participants agreed/strongly agreed that the **purpose and intent of the training** had been clearly communicated to them. Prior to the training, nearly one-half (43%) of the participants agreed/strongly agreed that they had a **good understanding of suicide prevention**. However, 96.1% of participants expected that their **knowledge and understanding of suicide prevention interventions** would be improved as a result of the training and that the training would improve their understanding of how to assist someone feeling suicidal.

Just over one-half of the participants (51.1%) agreed/strongly agreed that they were **currently aware of the local services available to help someone who is feeling suicidal;**
however, nine out of ten participants (87.2%) felt that the training would help them to 
**network with suicide prevention services.** Whilst 89.9% agreed/strongly agreed that certain 
groups within the Australian community are at a **higher risk of suicide**, less than one-half 
(44.7%) felt confident to **provide guidance and support to a person at risk**, in order to meet 
their individual safety needs.

Around two-thirds of participants (68.2%) agreed/strongly agreed that they 
**understood the risk factors associated with suicidality**, whilst one-half (51.1%) 
agreed/strongly agreed that they could **identify some of the protective factors** associated 
with suicidality. Just under one-half of the participants (46.1%) agreed that they felt **confident** 
to **approach and talk to a person who may be experiencing suicidal thoughts** and only one 
quarter (28.7%) agreed/strongly agreed that they could **identify the key elements of an** 
effective suicide safety plan and the actions required to implement it.

### 5.1.5 Training feedback

In the post-training survey, all participants either agreed or strongly agreed that the training 
met their expectations. Regarding the delivery of the training, nearly all (99.4%) participants 
agreed/strongly agreed that the **structure of training catered for individual learning styles**, 
and that delivery used a mix of learning styles that enhanced their understanding of suicide 
prevention (98.3%).

When asked whether the information provided by trainers was **relevant, current and** 
informative, all participants agreed or strongly agreed with this. Regarding whether 
participants thought the **content directly linked with the training objectives**, nearly all 
(98.9%) agreed/strongly agreed that it did.

### 5.1.6 Knowledge and understanding post-training

Eleven of the 12 Likert scale questions from the pre-training survey were also included on the 
post-training survey (with minor alterations in tense where required). As shown in Table 8, 
participant agreement with many of these statements, particularly relating to knowledge, 
understanding and confidence, increased from pre- to post-training. The largest observed 
change was the capacity to **identify the elements of an effective safety plan and the actions** 
**required to implement it** (pre-training 28.7% vs 97.8% post-training). This was complemented 
by a large increase in participants’ reported **confidence to approach and talk to a person who**
may be experiencing suicidal thoughts (46.1% vs 95.0%) and to provide guidance and support to a person at risk in order to meet their individual safety needs (44.7% vs 95.6%).

A much higher proportion of participants also agreed/strongly agreed that they were aware of the local services available to help someone who is feeling suicidal (51.1% vs 99.4%). Following the training, 99.4% of participants agreed/strongly agreed that they could identify groups in the Australian community at a higher risk of suicide. The proportion of participants who agreed/strongly agreed that they had a good understanding of suicide prevention more than doubled (43.0% vs 98.3%) and a similar increase was observed for participants’ knowledge of the protective factors associated with suicidality (51.1% vs 99.4%).

Table 8. Participant agreement (%) with survey items at pre-training vs post-training

<table>
<thead>
<tr>
<th>Survey item</th>
<th>Strongly disagree/disagree</th>
<th>Neither disagree nor agree</th>
<th>Agree/strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>The training will improve/[improved] my knowledge and understanding about suicide prevention</td>
<td>-</td>
<td>3.9</td>
<td>96.1</td>
</tr>
<tr>
<td>The training will help/[helped] me better understand how to assist someone who is feeling suicidal</td>
<td>-</td>
<td>3.9</td>
<td>96.1</td>
</tr>
<tr>
<td>The training will help/[helped] me network with suicide prevention services</td>
<td>-</td>
<td>12.8</td>
<td>7.8</td>
</tr>
<tr>
<td>I have a good understanding of suicide prevention</td>
<td>19.0</td>
<td>38.0</td>
<td>1.7</td>
</tr>
<tr>
<td>[Certain groups]/[I can identify groups] within the Australian Community who are at a higher risk of suicide.</td>
<td>1.1</td>
<td>8.9</td>
<td>0.6</td>
</tr>
<tr>
<td>I feel confident that I can provide guidance and support to a person at risk in ways that meet their individual safety needs</td>
<td>15.1</td>
<td>40.2</td>
<td>4.4</td>
</tr>
<tr>
<td>I am aware of the services available locally to help someone who is feeling suicidal</td>
<td>13.9</td>
<td>35.0</td>
<td>0.6</td>
</tr>
<tr>
<td>[I understand][the training improved my understanding of] the risk factors associated with suicidality</td>
<td>8.4</td>
<td>-</td>
<td>23.5</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>I can identify some of the protective factors associated with suicidality</td>
<td>11.2</td>
<td>-</td>
<td>37.6</td>
</tr>
<tr>
<td>I can identify the key elements of an effective suicide safety plan and the actions required to implement it</td>
<td>23.6</td>
<td>-</td>
<td>47.8</td>
</tr>
<tr>
<td>I feel confident to approach and talk to a person who may be experiencing suicidal thoughts</td>
<td>18.0</td>
<td>-</td>
<td>36.0</td>
</tr>
</tbody>
</table>

### 5.1.7 Training satisfaction

When asked whether they were **satisfied with the training**, nearly all post-training survey participants (98.3%) agreed they were. When asked to expand on why participants were/were not satisfied with the training, participants responded as follows in Table 9, with responses being categorised into common themes and examples of these responses provided. A full list of all these responses are provided at Appendix O.

**Table 9. Training satisfaction – themes identified from responses**

<table>
<thead>
<tr>
<th>Theme identified</th>
<th>Example of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community empowerment and capacity building</td>
<td>• Well facilitated, safe, strong community skill building</td>
</tr>
<tr>
<td>Facilitator characteristics, including knowledge, communication styles, personability and professionalism</td>
<td>• “The trainers were excellent, relaxed presentation styles combined with their own lived experience meant the training was authentic. I feel so much more confident under their warm and informed guidance.” • “I was inspired by the lived experiences.” • “...presentation style was engaging. Presenters were great.”</td>
</tr>
<tr>
<td>Greater understanding of CORES</td>
<td>• “I better understand what CORES offers the community.”</td>
</tr>
<tr>
<td>Increased awareness of and insight into suicide and its prevention, at an individual and community level</td>
<td>• “The experiences and stories are vital to gaining understanding in suicide prevention...” • “...helped me gain a new perspective and level of insight into the subject of suicide...” • “The training helped me to increase my awareness of suicide and how to help prevent it.”</td>
</tr>
<tr>
<td>Theme identified</td>
<td>Example of responses</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Increased confidence and tools to help someone at-risk                          | • “I have been given the tools to be able to assist me with potentially helping someone in this situation...”  
• “...provided a clear tool for assessment.”  
• “Provided all tools and info to give me confidence to help those in need.”  
• “The training has provided further information and knowledge on how to be confident when assisting someone who is suicidal.” |
| Providing information and resources                                              | • “The information and content as well as the ABS info and facts...”  
• “The information was relevant to Tasmania/Launceston community...” |
| Usefulness of content                                                            | • “I loved the fact the statistics were current...”  
• “I loved the direct applicability of the content to scenarios...”  
• “Relatable scenarios were used, really straightforward and structured process to help with conversations/identifying who needs extra support...” |
| Usefulness of structure, delivery modes and training environment, including consideration of different learning styles | • “The group providing answers to scenarios together was empowering...”  
• “Interactive and engaged participants with "hands on" activities to increase understanding, e.g., river activity (on whiteboard) and scenarios at end of session...”  
• “It was very engaging and interactive and visual, making it easy to learn new information...”  
• “Good to practice scenarios and conversations...”  
• “Mixed learning methods were highly appreciated.” |
| Things to improve on - structure, delivery modes and training environment         | • “Would like more info in notes of copy of slides.”  
• “Could be louder, but the room was large...” |

### 5.1.8 Main message taken away from training

The main messages post-training survey participants took away from the training centred around several common themes, presented in Table 10, along with some examples of the training participant responses provided. A full list of all these responses are provided at Appendix P.

**Table 10. Main message taken away – themes identified from responses**

<table>
<thead>
<tr>
<th>Theme identified</th>
<th>Example of responses</th>
</tr>
</thead>
</table>
| Characteristics of people that are at risk of suicide       | • “People’s different experiences of suicide are varied and there are multiple factors allocated with suicide, both risk factors and protective.”  
• “Suicide was across all age ranges...” |
| Consent considerations                                     | • “...not to contact family/friends without consent.”                                                     |
| How to “ask the question” of whether someone is at risk, including increased confidence to do so | • “Be direct and don’t beat around the bush with conversation and be prepared to continue the conversation/chat.”
• “There is a script, but contextualising it is important…”
• “To ask for information before making recommendations, i.e., not jump to conclusions…” |

| How to help people at risk, including resources and supports available to do so | • “Any support is better than none. There are services to help.”
• “There is an abundance of resources in our local community…”
• “Recognise and support those planning suicide.”
• “Empower them to seek treatment for themselves.” |

| Importance of self-care and social networks | • “…help link someone with supports, rather than feeling responsible entirely for their safety…”
• “…how to provide and encourage social networks and self-care to all people.” |

| Increased awareness and knowledge about suicide, signs and risk factors and its prevention, including from updated information and statistics provided in the training | • “I guess the biggest learning for me is that 1 in 10 people will die from suicide even after intervention.”
• “That anyone can be affected, but there is always a way out and help is there…”
• “That I will be able to pick up on the signs stresses and be able to help.”
• “Community members have an important part to play in regards to supporting safety…” |

| Methods to have in toolkits | • “Visual metaphors – great. “River of Risk and Dam”
• “ABCD and funnel vision.”
• “The river diagnosis tool.”
• “Tributaries/flags/ask/behaviour/current plan to determine level of risk and arrange interventions.”
• “Correct terminology…” |

| Myths and misconceptions busted | • “It is ok to ask if someone is going to take their life.”
• “That interventions usually go well and people are receptive to assistance.”
• “That people who are at risk of suicide are not wanting to die, just wanting the pain to end.”
• “There is always hope.”
• “That suicide isn’t and should not be a taboo subject to talk about.”
• “It’s ok to talk about suicide and important we do…”
• “Don’t be scared of someone who is experiencing suicidal thoughts…” |

| The impact of one person doing something | • “We can all do something…”
• “The training did not paint a rosy picture that all suicides can be prevented, but we should do…” |
what we can without thinking of ourselves as the ‘fixer’…”
- “We are all able to assist people, even if we aren’t trained professionals in this area.”
- “We can all help support people prevent suicide.”

5.1.9 Further comments

Table 11 summarises themes identified from any further comments that post-training participants made about the training. A full list of responses is provided at Appendix Q.

<table>
<thead>
<tr>
<th>Theme identified</th>
<th>Example of responses</th>
</tr>
</thead>
</table>
| Feedback for facilitators | • “Great presenters that are clearly passionate about the topic.”
• “The facilitators were fantastic, hats off to them.”
• “Outstanding content delivered by passionate, kind and inclusive presenters.”
• “Sharon is inspirational in her story.” |
| Suggestions for adapting CORES to other specific demographics or groups | • “Would be great in schools!” |
| Suggestions for training content | • “It would be great to have statistics about the connection of people experiencing suicidality and mental health.” |
| General suggestions for training format, structure and delivery, including the training environment | • “Smaller class sizes. Less overhead projector training.”
• “Slow start. Afternoon was more practical elements was much better.”
• “Chairs are uncomfortable for an all-day session.” |
| Feedback on length of training, breaks etc | • “An extra 10-minute break would be handy.”
• “Could be faster, some slow moments…”
• “May have been 1 hour too long.” |
| Feedback on specific activities | • “The tick/cross scenario activity could be better explained, as I felt lost at the start.” |
| Suggestions for training resources provided on the day | • “The booklet could include more of the information…”
• “Be good if the definition of advanced risk was in workbook.” |
| Willingness to recommend CORES training to others | • “It was a worthwhile training and I will pass on to others.”
• “Would recommend to others.” |
5.2 Focus group and interview data

The following section combines qualitative data captured from both focus groups and interviews with CORES training participants, facilitators, and KRC Board, referred to collectively as “respondents”. Data are presented as a narrative centred around the main themes as identified in the data (Table 12), with themes further broken down into categories, and then some into codes.

<table>
<thead>
<tr>
<th>Themes</th>
<th>Category</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training content</td>
<td>Learning methods</td>
<td>• Types of methods used.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Storytelling, the lived experience, and personal involvement</td>
</tr>
<tr>
<td></td>
<td>Simplicity of language used</td>
<td>• Other methods used to deliver training content</td>
</tr>
<tr>
<td></td>
<td>Resources utilised</td>
<td>• Ensuring up-to-date content</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• “Death by PowerPoint” – text-laden slides</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Resources provided to participants</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Suggestions for improvement of resources provided/utilised</td>
</tr>
<tr>
<td></td>
<td>Feedback on specific activities</td>
<td>• The “River of Risk” analogy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• “ABCD” Case Study activity</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• “Funnel” activity</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• “Ball of Wool” activity</td>
</tr>
<tr>
<td>Training structure and delivery</td>
<td>Structure and format of training</td>
<td>• Importance of being greeted and introductions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Using timing for activities</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Duration of Training</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Flow of information</td>
</tr>
<tr>
<td></td>
<td>Presentation and delivery</td>
<td>• Training delivery style</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• The co-facilitation model</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Factors impacting delivery and participant interaction</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• The training environment</td>
</tr>
<tr>
<td>Marketing and participant recruitment</td>
<td>Marketing of CORES</td>
<td>• Marketing through the CORES network</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Standing out from competitors</td>
</tr>
<tr>
<td></td>
<td>How participants heard about CORES</td>
<td>• Social media</td>
</tr>
<tr>
<td></td>
<td>Fee versus fee-free training</td>
<td>• Facilitator recruitment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Training to be a facilitator</td>
</tr>
<tr>
<td>Themes</td>
<td>Category</td>
<td>Code</td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>-----------------------------------------------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>Benefits of becoming a facilitator</td>
<td></td>
<td>• Making and impact and saving lives</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• An empowering environment for storytelling</td>
</tr>
<tr>
<td>Trainer/Facilitator Distinction</td>
<td></td>
<td>• Good subject knowledge</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Ability to read the room</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Reflecting the real “normal”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Sustaining the role of the facilitator</td>
</tr>
<tr>
<td>Participant and training outcomes</td>
<td>Participant profile</td>
<td>• Participants with lived experience</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Professionals and service providers as participants</td>
</tr>
<tr>
<td>Motivation for participating</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expectations of training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Managing participant expectations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Benefits of participating in the training</td>
<td></td>
<td>• Providing an alternative for help-seekers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Increased awareness and understanding of risk factors</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Being exposed to an alternate perspective</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Increased confidence in asking the question and intervening</td>
</tr>
<tr>
<td>Community factors</td>
<td>Community empowerment and capacity building</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>An alternative path to seeking help</td>
<td>• Community attitudes towards suicide</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Challenging beliefs and ways of thinking regarding mental health and suicide</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Addressing stigma</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Bringing a “taboo” subject to the forefront</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Normalising the process of emotional distress</td>
</tr>
<tr>
<td>Measures of success and key strengths</td>
<td>Measures of success</td>
<td>• Savings lives</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Participant numbers and recruitment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Positive feedback on CORES</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Willingness to recommend CORES to others</td>
</tr>
<tr>
<td></td>
<td>Key strengths</td>
<td>• Designed by the community, for the community</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Support, self-care, and follow-up processes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Adaptability of CORES</td>
<td></td>
</tr>
</tbody>
</table>
### Themes

**Category**

- Targeting specific participant groups
- CORES network
- Train the Trainer model
- Funding and competition

### Code

- Young people
- Men
- Frontline workers
- Workplace-specific training

In the interests of confidentiality and anonymity, participants are presented as a number distinguishing them as either a training participant (P1, P2, P3...), facilitator (F1, F2, F3...), or KRC Board member (K1, K2, K3...).

A total of 18 people participated in focus groups and interviews, representing training participants (n=7), facilitators (n=6), and KRC Board members (n=5). Of the 13 participants who completed this demographic form and participated in a focus group or interview:

- **Ages** ranged from 39 to 68 years, with the median age being 63.
- When asked about **gender**, most identified as female (53.8%), then male (30.8%), then other, including gender non-conforming (15.4%).
- The **usual place of residence** was commonly reported as being from the 7304 and 7250 postcode areas.
- All identified as neither **Aboriginal nor Torres Strait Islander**.
- The **highest level of education** completed by respondents was commonly reported as a bachelor level degree (38.4%), then undergraduate diploma (23.1%), then trade certificate/apprenticeship or other (both 15.4%).
- The **main activities** reported by respondents as being undertaken at present were paid work full-time (46.2%), paid work part-time (30.8%), then retired (15.4%).
- Over two-thirds (69.2%) responded as having a **lived experience of suicide**.
- For those who represented organisations, the **organisations represented** were KRC (reflecting the Board members and facilitators who participated), Wellways, Council on the Ageing, and Blackstone Christian Church.

### 5.2.1 Training content

The content of the CORES training focuses on the alignment of the stated objectives of the training program and the needs of the participants. Effective training addressed participants’ needs, which is defined as the gap between the current level of knowledge, behaviour or
performance and the desired, optimal or ideal level. This includes how training content was delivered and communicated, and how these factors interrelate and affect levels of understanding and training effectiveness in general.

**Learning methods**

Respondents discussed the learning methods utilised throughout the training, including the types of methods (e.g. storytelling, audio/visuals) and how these methods reflected and harnessed the value of the lived experience of suicide and accommodated different learning styles.

**Types of methods used**

Training was delivered utilising several different formats.

“*It’s a balance of uh, personal uh, perspective, and also case studies...*” – F2

Specific activities and models used, such as the “River of Risk” activity, which uses an analogy to reinforce key learning, helped increase knowledge and skills through providing a visual model that respondents could remember and work to.

“*...river of risk model is a brilliant model for, as a tangible, visible diagram. So it meets multiple learning styles, but when it comes to actually having conversations with people who are impacted very heavily by their emotional state at the time, to be able to talk them into a visual model means that you’re actually able to reach multiple learning styles and conversational styles when a person’s at crisis. It’s not just one size fits all...*” – F3

“*...everyone learns differently but to have that visual that I can always go back to and think, "Okay. How close are they to the waterfall? Now that they’re just below — they’re behind the dam, it’s okay."*” – P2

As suggested, there could be more use of audio/visual components throughout the training, to further tailor content to individual learning styles.

“We had some feedback from audience members where the audio and visual component that would find that useful, so video clips of peoples speaking or clips from tv shows so that this um context um other than just facilitators talking and the audience interacting...I can see that having some benefits for different learning styles
Storytelling, the lived experience, and personal involvement

A common theme amongst many of the respondents was that of authenticity, or relatability of the content. The willingness of both the facilitators and participants, many of whom have lived experience of suicide, to share their personal journeys, was considered a key factor in enhancing learning experience and knowledge.

“...that’s the power the program is that most of the speakers, you know, do they have a lived to experience aspect that they bring into it. And I think those, you know, we-- can talk about stats all we like...but will we remember them 10 days in two weeks whatever we don’t...but we remember the stories.” – F5

“...it’s easier for people to understand it without being-- without being a whole lot of medical or mental health staff, it’s about the practical lived experience, practical things that you can do, techniques or skills that you can implement for yourself and for other people.” – K4

This level of openness and personal disclosure, while greatly valued, provided one respondent with the revelation that for some people suicidal thoughts are constantly in their thoughts.

“...so, I thought suicide did go away in some people. But for her, personally, it, it never goes away. She still has suicide thoughts to this day. Um, so that was a big thing.” – P7

This level of openness was received differently by other respondents, reflecting individual differences in opinion and learning styles.

“...so, I guess with her story, it’s quite unique, the way I saw it as it was her personal journey, which I like, I like that sort of thing. Peaceful. But it didn’t necessarily make me understand more. I didn’t really get much from that sort of it. – P7”

Simplicity of language used

Respondents commented on the simplicity of language used to highlight key messages, ensuring content was understood and language was pitched at an appropriate level.
“Yes. At a level that we could understand... But for me, personally, it’s it’s good for someone just to talk in layman terms.” – P7

“Some of those things are simple, we don’t have to overcomplicate it. And when we’re talking about communities, in particular, I think it’s really important that it is a simple process...when we get into some of the government speak, for want of a better word, then we lose community straight away.” – F5

Resources utilised

In addition to the use of audio-visuals as methods to enhance learning, other resources were utilised throughout the training, as aids to deliver the training, and as resources the participants were able to take home and reflect on.

Other methods used to deliver training content

Building on the interactive nature of the learning, prompt cards were used, where different members took turns to read eight commonly held beliefs relating to suicide.

“The eight commonly held beliefs and having different audience members read that out also having different audience members read from the slides. That helps take our voice, out of it. And gets people engaged.” – F3

Ensuring up-to-date content

Facilitators noted the importance of ensuring the content of training was regularly updated to reflect environmental and contextual changes, including statistics, terminology and the inclusion of local-level information.

“So, it’s really important that we keep that up to date as well and keep that language up to date.” – F5

“...more localised information relating to suicide, because we are all so different and it should be like that in all-- wherever the CORES program is run... definitely touch on the broader, you know, global national, but also the localised geographically localised information.” – F1

Updates to content involved a collaborative process between the lead facilitator and facilitators, incorporating feedback and suggestions from participant training evaluations.
“...the facilitators actually have a process, we’ve actually had a feedback form it cause sometimes it’s very which they don’t, it tends to just come back to me. So we u-u-usually sit down and have a debrief then when we look at all of that, that’s put in a file if we’ve got any comments, and they’re put in a file. So, when we go to do the update, that’s all considered.” – F5

“Death by PowerPoint” – text-laden slides

The purpose of the PowerPoint slides is described as primarily being prompts for activities and discussion points; however, as noted, several slides were text heavy.

“...key things around the content for me or in the PowerPoints from a learning perspective...they’re like talking points they’re not meant to take the attention away from the facilitator, in the way the CORES model has delivered the information from a PowerPoint and there’s a truckload of information. So, if you’d think death by PowerPoint, guilty with 90% of the slides.” – F3

Resources provided to participants

Resources provided throughout training included participant handbooks, wallet cards, a range of brochures and articles that participants could take home with them. Local resources available were often not well known to participants, including those who were service providers.

“...we have the wallet cards...people can slip it into their phone, we can take a photo of it. It’s that, that model of the river of risk and ABCD....” – F3

“...for a lot of people that might seem old school, but you have a tangible piece of paper...tangible booklet that’s actually quite durable that then sits around the house, the office, anywhere for people to come across. So, if a person doesn’t have the ability to come to a network, doesn’t have a lot of cultural competency around suicide...they still have these, these resources to come back to. And the booklet has the scenarios that we’ve worked through in the training... how it’s played out in this scenario and the diverse range of scenarios multiculturally diverse, uh, different around family, different age groups, demographics, um, so you have that to take away.” – F3
“...people often that’s what comes out of it, people are not aware of the resources around them... and that’s even from service providers who should know some of those resources.” – F5

Suggestions for improvement of resources provided/utilised

Several suggestions were made in relation to these resources, including their form and content. Responses primarily centred around having more resources in paper format/in the handout.

“I would have found really useful...Along with the little handout...a 6-page overview of each stage of the river of risk that I could refer back to easily and nothing that I would have value-added.” – P1

“There was quite a lot on the board... I think it would have been nicer instead of having all the steps written on the board... to have of steps on piece of paper... and then come into a circle and, uh, maybe have each person read one of the points and then tossed it around and discuss ‘cause is it it’s in, uh, it’s actually, very serious subject.” – P3

Feedback on specific activities

The CORES training incorporates several activities to accommodate individual learning styles, as well as to increase engagement and group collaboration. Feedback on these focused on the benefits obtained from participating, points of indifference, and ways in which these activities could be improved.

The “River of Risk” analogy

The use of analogies was rated very highly by respondents, as enhancing learning and helping to conceptualise suicide and its prevention. The use of the “River of Risk” analogy was heralded as an essential part of the CORES training, where participants could visualise the River and remember associated concepts:

“I’ve worked with people who have autism through this model and just go to say, once they understand the model and they particularly repeat customers, so, “Okay, where do you think you are in the river?” And I could just point and we both have a shared understanding of what that means for them...you don’t have to
necessarily go through a whole verbal discussion for people where they can be language barriers based on all things that are going on in their head.” – F3

A couple of content areas were discussed as creating some confusion. The ability to understand each of the terms used within the “River of Risk” analogy was expressed as being equally important as understanding the analogy itself. As one facilitator noted:

“I really struggled with the term, ‘Eddy’…” – F2

“And when, uh, they’re given the little card, um, to take away, um, when they’re looking at it, if they haven’t got their book with them, they might not- might not be able to remember the term Eddy or Rip, or whatever.” – F2

“ABCD” Case Study activity

The case study activity enabled participants to go through a range of case studies or scenarios as a group, assessing the level of risk of the individuals presented in the case studies, and the steps taken after this assessment is made.

“The 4 different areas. So, that was- that was really excellent because when you went through and deciding were they suicidal? Weren’t they suicidal? Should we give them help? That was excellent because they have those 4 different categories which we had to go through. You can- You can simply do that in a moment with someone.” – P2

“…we did sort of a brainstorming thing of, um, people who would be at risk... there was a board and the presenters write down, you know, various things... looking at that like some, you know, just single issues, wouldn’t be so drastic. But when, you know, when a person has got a number of other issues occurring in their lives. Um, you know, the whole combination of everything can be a huge risk factor. So, I think that was really good, just sort of doing that brainstorming and then sort of putting it together.” – P6

In relation to how this activity was delivered, respondents suggested reducing the amount of time the facilitator had their back to the audience.

“...when you put the ideas down, you gonna have very fast, neat writing for the audience to be able to read what you’ve put on the blackboard, which is horrendous,
and it gets you very tiring. It would be really nice if there was a system of laminated labels or something that you could put up when it said or something they don’t have to worry about how much writing is on the board and have a person with their back to the audience, which can be a trigger for some people.” – F4

“Funnel” activity
The “Funnel” activity is a simple, yet effective, concept, using a cone-shaped piece of cardboard, with participants looking through each end, to see different perspectives.

“I’ve retained a lot of the information from the course, but always I come back to that tunnel vision that we did when we looked through um-- the tube as to how things can look. And- and some days, even-- You know, we all wake up and look though the other end and think, “Oh, it’s raining and we’re busy.” But we’re not suicidal. So, there’s someone that is suicidal and looking through that tunnel. To think about how dark it must seem. So, when we turned the funnel around the other way, and it was much brighter, and everything was wonderful…” – P1

For one facilitator, this activity was key to helping participants understand that people with suicidal ideation just cannot see the resources/supports that are in front of them.

“…that’s one of the key things that people get out of that program, I think that you know, it teaches the understanding of, of how people feel, you know that, you know, the-the funnel vision really gets people to see that they’re not seeing the resources around them. You know, that, that whole idea of why would they kill themselves because they had everything going for ‘em. Yes, because they can’t see you know, when I think that that’s the key.” – F5

“Ball of Wool” activity
The “Ball of Wool” activity was run at the end of the day, helping participants realise they were now part of a supportive and informed network. As described by one facilitator:

“One person holds this one end of a string and then it’s tossed to a person on the other side and it gets bounced around. So, at the end, you’ve got this interconnected web of people who have, um, the knowledge, uh, around the how to have meaningful… conversations around suicide, how to know when you’re out of your
Participants spoke about the impact this activity had on them, including an increased feeling of interconnectedness and support.

“…that was very, um, impactful as well at the end there with the string... it sort of brought us all back together as a group. And just so we were all sort of in it together... sort of reminds you that no matter what you’re doing out in the outside world... there is always somebody there if you need to have a chat to.” – P5

5.2.2 Training structure and delivery

How the training was structured relates to how different activities were set out, in what order, and how much time was dedicated to each. This includes how these factors interrelated with participant variables, such as levels of concentration throughout the day, differing learning styles, and how the training was facilitated.

Structure and format of training

Respondents were invited to comment on any aspect of the training that they felt enhanced their overall experience. Many commented on a range of different aspects relating to the structure or format of the training.

Importance of being greeted and introductions

The importance of having someone there to greet them as they walk into the training was welcomed by one respondent.

“...for someone that might have been feeling a bit nervous about attending the course in the first place, maybe just to have someone there to say, “Hi. Welcome. You’re in the right place”.” – P2

Once training commenced, having participants introduce themselves at the beginning of training was noted as essential for helping to break the ice and give participants this early confidence, to then speak out later in training. As described by one of the facilitators:

“...they’ll introduce themselves and after we do a little bit on the course after the first break, we then talk a bit more about why we’re here, what brings us, what
we’re hoping to get out of the day. So, you’ve had people speak right from the start so they’re more likely to feel comfortable speaking up at any stage of the day, ’cause the evidence shows that if you don’t speak early, you’re less likely to speak.” – F3

Using timing for activities

There was contentment with the timing of activities throughout the day, including the time allowed for breaks. Having a timeframe for activities made training easier to follow.

“…having that timing that timesheet against how long this activity is scheduled to run for, that’s really useful in the structure.” – F3

“…the timing of structure I think was great. Information, break, information, break. And it wasn’t-- the heap in-information, I think, was split between each session. So, it wasn’t like the first session. It’s like really bogged down in heavy information and suddenly, you’re tired for the rest of the day. It was, you know, little bits of heavy information and light information throughout the day. So that you could talk about something quite serious, but then have, you know Sharon would go off to a lighter note about one of the stories and then, you’d have a break.” – P3

It was noted that additional breaks may be useful; however, consideration was also given to the impact that this may have on the “flow” of the training.

“I think a couple of more breaks, I don’t know how you would do it but a couple of more toilet breaks, um, during the day, um, I mean, people have the opportunity to get up and move around and go to the toilet, etc. But there’s that balance there that if you have too many breaks the flow is lost.” – F2

“...if you are looking at the energy in the room and your thought picked up that we need a break. There’s not a lot of scope for that, and that would rely on facilitation skills, and you’d have to be an experienced facilitator of the CORES training to get a sense of, “Okay, if we take a break now, where am I gonna get this time back ’cause people still need the morning tea break or the afternoon tea break...”.” – F3
Duration of Training
How long the training went for impacted participants in several ways, with at least one suggesting that one day was not enough to cover all aspects of the training. Suggestions were put forward for alternatives to the current one-day program.

“From a logistical point of view, I think it should go over two days. A few other people got a bit, little bit restless through it. So, I think it was six or seven hours, maybe four hours, one day for the next would, maybe, be beneficial I think if I did that over one day it would be, be too much to process.” - P7

Flow of information
One aspect of training that received a lot of positive commentary was the program design or structure and how the different components of the program linked together in a cohesive manner that helps new information to build on previous learnings.

“I think this makes sense. It takes me through every stage It goes without a jump from one to three, we jump from one to two, two to three, three is attached to two, two attached to one.” - F3

“I think it flowed very nicely. So, we started in a good place. And the information that we were given added nicely.” - P5

Presentation and delivery
Themes emerged on how the training was delivered, including whether format and content impeded or improved the flow of the training. In addition, points were raised regarding the physical environment in which the training was delivered, including suggestions for making some changes to the environment to improve the overall training experience for participants.

Training delivery style
There were mixed responses to the facilitator’s delivery style. Respondents suggested personal traits and methods of engagement that were both effective and conducive to learning, albeit inspiring.

“Wow she is now engaged I reckon 99% of us in the I’ve lived this. I understand it, and this here has made a difference in my life. Got it straight away.” – P4
“Sharon was extremely confident, um, she was open about who she was and put everyone at ease, spoke from her heart which was, great...so to me, it was very honest, very open.” – P4

Another respondent was less positive about the facilitator’s style of presentation, sensing their presentation style lacked reverence, presumably due to delivering training repeatedly.

“...when you are addressing serious subjects like this. Uhm, and you’re looking at the speaker, um, when they exhibit that type of, uh, redundancy. “Oh, I must have said this 50 times and this is this...”...they seem to lose the reverence for the subject matter because she had taught the CORES so many times...you got a feeling of a distancing...from this seriousness of it...this kind of, uh, redundant delivery, sort of masked the seriousness about situation...it detracts from the delivery. Uh, but it, um, you know, it—it could be misconstrued...” – P3

The co-facilitation model

The co-facilitation model utilised by the facilitators in the training was also discussed, particularly in relation to how it supported facilitators in the delivery of the training and ensured that the flow of the training was not impeded.

“...when you co-facilitating, you have the ability to monitor the room together and also, have a sense that, “Well, F3 has gone lost. Let’s just pause that for a sec.” And F4 can step-in and say, “Hey, this is all—”” – F3

Factors impacting delivery and participant interaction

It was noted by one of the facilitators that having a “wordy” slide to refer to, not only impacted the ability of the participants to follow, but how the facilitator was able to read the slide whilst still delivering content in an engaging way.

“You got your slide, you’ve got your audience, you’re trying to not-- each time you’re looking down, or looking away you’re potentially losing contact with audience...wordiness, for me, that’s what brought up for me is around how much content there is on the slide?...your eyes can be swimming as you are navigating the page, trying to maintain audience focus in an emotionally charged at times environment um so the content, well content is good. The way it currently some of the constraints around this delivery presents some challenges.” - F3
And from a participant’s perspective one respondent noted:

“... rather than, you know, trying to read the board and, and going so fast to all the, the points, uh, I think that would have been better to have all the points already written on a piece of paper and then come into a circle and, uh, maybe have each person read one of the points and then tossed it around and discuss ‘cause is it it’s in, uh, it’s actually, very serious subject.” – P3

As suggested, learning may have been enhanced by greater interaction with participants rather than being too reliant on audio-visual mediums, as highlighted in the following statement.

“I would like to see a little bit of tweaking to the, to the training to make it a little bit more, I don't want to say intimate, but a little bit more a, of a, united front, you know, we’re all together...You know, if you were to have all those points that they write on the board on a piece of paper and actually engaging each person.” - P3

The training environment

The physical training environment was discussed by respondents in terms of how it affected participants’ levels of comfort.

“...it’s quite a big room [Launceston Council Town Hall] and there weren’t that many of us, although some people had come from the mainland for the training, so I was a bit chilly in there...” – P6

“Talk about the room that we were in, I didn’t like that it was such a big room...in the afternoon, the glare of the sun and it’s just made some people feel more uncomfortable...It was sometimes hot and sometimes cold...maybe just looking at those things as it is something that, you know, people feel more comfortable where they’re sitting, that they now, of course, pay attention more...” – P2

In addition, group size was discussed as a means that could enhance collaboration and learning.

“...there wasn’t a lot of people at the training, unfortunately, so, but in some ways, that was quite good because everyone, kind of, got in the room and, sort of, got to know each other a bit better.” – P6
The way the tables were set up could also be adapted to enhance interaction and connection.

“I would have like a round table where I felt that there was more rather than presenting that there was more imparting. In other words, that she could actually connect to each one of us...I just would have liked to have a better connection with her...” – P3

5.2.3 Marketing and participant recruitment

As described in the CORES marketing and participant recruitment background section, methods used to advertise CORES and recruit participants for training relied heavily on the CORES networks and social media. Respondents described how they heard about the CORES training, and the debate surrounding the provision of fee versus fee-free training.

Marketing of CORES

Marketing of CORES and training strongly relied on the CORES network, as well as social media and email mailing list through KRC, the NSPT Tasmanian trial sites, as well as HP Network in the North-West.

Marketing through the CORES network

Not only were the CORES networks considered an important contributor to reducing stigma in the community, but they were also a crucial method of distributing information.

“I think the networks that key part of it, um, you know, and then they can look at stuff to reduce stigma within their communities and that as well, um, and even just a distribution of information amongst that network.” – F5

The visibility of the CORES networks within the community, including presence at events, was noted as an important and significant way of self-promotion.

“I love the visibility that the CORES network has. So, whether it’s they’re at Pride on Sunday um Mental Health Week events but it’s not just around that kind of events that CORES is showing up and promoting itself and making itself known.” – F3

Standing out from competitors

As a reflection of the current climate and an increase in providers delivering SP training, the importance of CORES standing out from other SP training providers, was noted.
“...it’s almost like there’s that if CORES doesn’t jump up and down it’s going to get lost in the voices of everything else...” – F2

In particular, the strength of CORES within the Tasmanian context centred on its unique position as the only peer-led program in the community.

“...we are, are the only peer support program out there at present...” – F5

Social media

Social media is used as a platform to market CORES; however, this was considered an untapped resource, with the ability to research specific target groups.

“Now it’s, you know, the word is getting around in social media...” – F2

“I don’t think there’s enough done on social media to advertise us because of the stigma attached. Or it’s just an untapped resource. Um, but yeah, it’s-- you can always see the target market that has been targeted.” – F1

How participants heard about CORES

It was evident CORES training is a well-known in the Tasmanian communities. Respondents were able to recall that they heard about the CORES training through various sources, ranging from word of mouth and social media to hearing about it whilst completing other related training courses.

“I had actually done the CORES program once before in high school. It was offered to us as high school students... Hippy program...through rural health...” – P5

“...the training was sent to me by email...” – P3

“...it came up on Facebook um-- through the Ravenswood Neighbourhood House...” – P2

“...through Health Promotions North... there was a flyer and we’ve just recently done the-- at work had done the, um, Tasmanian [Mental Health Communications] charter as well...” – P6

“...through TasTAFE, we had uh, Sharon come in...” – P7

Facilitators heard about the CORES training and Network through their existing job roles in the community.
“I was working in [Local Employment Agency]... That would have been about a year ago... And I actually attended it. Um, and it changed my life...” – F1

**Free versus fee-free training**

Facilitators pondered the potential effect of providing free training had on registrations and attendance rates, sensing that it may, in fact, devalue the training.

“People will register, and then they don’t turn up... People will go to something that’s free but... because there’s a lot of stuff out there that they’re asking, you know, 70, 90, a hundred dollars... people have to prioritise, um, but it’s I mean, the thing is that there are aspects of the community where there’s this such need...” – F2

“...probably 20% of people that don’t turn up to free training. They just go it’s free so... So, you know, and-and there is also the idea that if it’s free, it’s not as good as you know, what you pay for.” – F5

5.2.4 Facilitator factors

Several factors were identified as being pertinent to the recruitment, training and support of facilitators, in addition to the personal characteristics that contributed to their roles being so crucial to the effectiveness of the CORES program.

*Recruitment and training to be a facilitator*

Recruiting and training community members to become CORES facilitators, as described, is reliant upon finding people with a passion for the program and utilising the TTT model to train and support these people to become effective facilitators.

*Facilitator recruitment*

Facilitators are usually recruited as participants of the CORES training, CORES Network members, and general community members.

“...they usually do the CORES training and then go. And then we say you know, there’s an opportunity to become a facilitator if you’re interested...” – F5

Regarding groups of people in the community who may benefit from undertaking training to become a facilitator, one participant noted that:

“I think it just gives the program an opportunity to be, um, taken in fields. You know, taken into, um, communities that we haven’t even thought of. You know, truck
drivers, forestry loggers, um, you know, miners, they-- those isolated communities that we, you know, we hide because of maybe the work that they do...we need to take away that, um, that box that you have to be a trained trainer. You know, I think-- I think it should be, um, the housewife in the community that can train, um, in a small space. In her lounge, if needs be. You know, it should be the receptionist at the forestry logging company who can run this kind of training as they have new employers/employees.” – F1

Training to be a facilitator

The process of becoming a facilitator through the TTT allowed for flexibility with training timelines, ensuring trainee facilitators were personally ready to co-facilitate training sessions.

“The Kentish CORES Team that allows us to be trainers know when we’re ready to be trained, they don’t ask to be trainers when were not ready. Only allowed when we are personally ready. That’s really important...By having a personal in-depth meeting, one to one.” – F4

Training frequency through practical experience running training sessions under a co-facilitation/TTT model was also discussed, including the need to undertake training frequently enough to ensure continuity of learning.

“You’ve got to have that mix of having enough so they can do the training but still, you know, do the training regularly enough to remember it...” – F5

Ongoing feedback is also provided to facilitators in real time from training evaluations that participants fill out on the day. This allows facilitators to come together to debrief and reflect, identifying those things that went well and not so well, and planning for future training.

“There’s a feedback form that each of the attendees fills out for us that goes through to Kentish Regional Clinic and we get a chance to see, we get live feedback straight away with some context about what’s happened through the day. So, as the facilitators read through the information, we can get a sense of, um, how it went from the audience’s perspective while it’s still fresh in our head. But there’s also a chance for us to come together and if somebody says, “Look, I’m actually not really comfortable with this aspect of the training delivering this aspect of facilitating at this
Benefits of becoming a facilitator
Facilitators and KRC Board members spoke of their experiences, motivations, and the benefits in being a facilitator of the training.

Making and impact and saving lives
One of the greatest benefits of being a facilitator is the important role they play in impacting lives and creating positive change in society.

“I see the passion around me and the community so whatever my experiences have been, I can stand in a room and see people actually engage and think, “Yes, there’s change happening.” – F3

With the ultimate goal of training being to save lives:

“...it’s such a privilege and such an honour to be able to save lives...” – K5

An empowering environment for storytelling
Facilitators highlighted the standout strengths of the CORES training as empowering facilitators with lived experience to share their stories, within a safe and supportive environment if they choose to do so.

“...empowerment component...making meaning of suffering over past experiences... if you have your own experiences and you’re not feeling like sharing them on the day, you don’t need to. If your feeling on top of your game and it’s something that you wish to bring in to the audience and put on the table at a particular point in time, you have the flexibility to do that and you have the support to do that. If you want to do that then you’re encouraged to have a conversation around picking what’s right for you, what do you think is right for the audience and able to have a meaningful discussion with experienced colleagues who can also talk you through that. What it might look like and how would you know and what kind of support might you need afterward, if any...” – F3
“...you don’t have to share, there’s no pressure to do that if you are not feeling up for it. Or there something about the room or the environment or members of the audience that, “Yeah, not today.” So, to have that flexibility is fantastic.” – F3

This empowerment extended to those whose individual circumstances meant they may require support in alternative ways, thereby fostering an environment of safety and inclusion.

“...becoming a facilitator empowers themselves by stepping out, and speaking personally for myself being on the spectrum [Autism], believing I can do the facilitator bit even though I struggle...it’s really encouraging so if I met and knew someone that’s needed that better support and be part of the team and they could actually really contribute to the community what better thing can you do?” – F4

**Trainer/Facilitator Distinction**

The terms “training” and “facilitation” relate to different concepts, which were discussed by one facilitator as being important within the context and purpose of the CORES training. This distinction underpins the key success factor of the model – interactivity – with facilitators guiding conversation rather than lecturing, as the term “trainer” traditionally implies.

“...we’re facilitators, not trainers. So, we facilitate the program...the key factors leading to the success of the program is that it’s, it’s interactive. It’s not to stand and have the information delivered at you like a lecture or a trainer might be providing, is where facilitating—it’s conversational.” – F3

**Traits and requirements of facilitators**

Both facilitators and training participants noted several key characteristics that contribute to someone being an effective CORES facilitator who can deliver the training purposefully.

**Good subject knowledge**

Having good knowledge of the subject matter, and the confidence to share it, was noted as a skill that ensured participants felt confident in the facilitators ability to impart information.

“I thought that the people that were running it, um, had a good knowledge of what they were s-speaking about. Which, um, sort of made you feel more comfortable in believing that they were the right people to be giving you the information.” – P5
Ability to read the room

The ability to read the room, or to anticipate the needs of participants, was highlighted as an attribute that is essential in several different ways. Importantly, it ensured all people had the opportunity to be included in discussions:

“I think it’s really important for the facilitators to try and encourage the quiet ones to speak up as well…” – F4

One of the more important uses of the ability to read the room – particularly in the context of SP training, which encourages the sharing of lived experience and stories – is the need for facilitators to identify if participants appear to be triggered or affected by anything that was presented or discussed. This ensures appropriate supports can be provided and highlights the value of facilitators themselves having that lived experience.

“...both Sharon Jones [the lead facilitator] and I both have lived the experience...It’s not a necessity but it’s an added bonus because when we’re training, Sharon and I can tell straight away the triggers and we can tell straight away who’s had lived experience...” – F1

Reflecting the real “normal”

For participants, there was value with “feeling normal” and the importance of seeing the facilitator, someone they relate to, reflecting their own values in a natural way rather than the structured/polished presentation.

“And it’s okay to stutter and stumble through something because when you’re having these conversations with people in real life when someone says “Yes” to the question, “Are you considering suicide?” It’s like, “Okay.” You don’t need to be the model that you might hear about on Lifeline or whatever to be able to have a meaningful conversation with people that are suffering.” – F3

Sustaining the role of the facilitator

For the CORES model to be effective, a minimum number of facilitators is required at each of the network sites to ensure a pool of facilitators is available to deliver training. In return, the model can adapt to fluctuations in the numbers of facilitators available.
“You know, you want three to five facilitators there just to cover the program. And you know, they’ll come and go as time they’ll move on or get jobs or whatever happens, people flow in and flow out and that’s okay.” – F5

5.2.5 Participant and training outcomes

The following section describes several points raised in relation to the characteristics, recruitment, attendance, and follow-up of participants, including key challenges experienced by facilitators in relation to these points.

Participant profile

Several participant characteristics were identified based on those who completed the training throughout the timeframe of the evaluation.

Participants with lived experience

The fact that both some facilitators and participants had lived experience of suicidality was a significant factor in enhancing the potency of the training, as described by many of the training participants. It was also noted by some respondents that other participants had lived experience of suicidality and that the sharing of personal experiences contributed positively to the learning experience.

“The person that was facilitating it, hadn’t had lived experiences. But there was someone else in the room that had, and I think their input within—within those conversations helped, sort of turned it from something that was an abstract idea to something a bit more, um, heartfelt.” - P5

Professionals and service providers as participants

There has been a shift over time in the makeup of participants who attend the CORES training, from being predominantly community members to now being represented by a larger cohort of service workers.

“...when I first attended a CORES training was in, would have been like 2015, perhaps, um, 2016. And everyone else in that, in the audience were community members. No one was coming who had a community service background... Now we might get up to 20 to 25 people and have 20 or 23 of them being community service workers. So, we’re actually training organisations staff.” – F3
“At the moment, if I look back at all the, um, groups that we have trained, they are generally office workers that have contact with computers…” – F1

The value of utilising community members to deliver the training was discussed, where service provider misperceptions and lack of confidence in the facilitator were often overruled as a result of their participation.

“…majority people coming to courses have been community-based, where I can see it getting challenging is when we’ve got more of the workplace people coming and saying it’s professional development then we also need people to feel comfortable facilitating to an audience that might be expecting professional development. How do we still keep the confidence alive?” – F3

“…there is something incredibly valid and valuable hearing it from the person who isn’t polished, isn’t standing as a workforce trying to stand up there and sign, and this and this. All the right hand movements and that kind of thing, and that’s good for service providers to get their head around and go, “I actually might have written this person off before… I saw them in the street shuffling along, I wouldn’t think much of them.” But they go, “Here they are talking with me about suicide and how I can protect my community.”” – F3

Motivation for participating

One suggestion related to motivation to participate and the benefits associated with sharing understanding and knowledge where there may be common interest in smaller group settings.

“So when I signed up for the course, I didn’t have to tell them why I was attending...But I think maybe that if they could have had um-- like a smaller group break off so that if not everyone wants to asks the question in a big group... if we would’ve had maybe just a 10-15 minutes timeframe where I could’ve gathered with people for the same reason that I was there and the same reason that they were there and then... and maybe just had like a more of a smaller group focus... that probably would’ve helped, not so much myself but the people that were there for specific reasons.” – P2
**Expectations of training**

Participants were asked whether the CORES training had met their expectations in a general sense, as well as through specific aspects of the training. These expectations were also compared to those of other relative training programs participants may have completed. At a general level, the overwhelming response from respondents was that the CORES training had either met or exceeded their expectations.

> “CORES, it to me it was just everything all I was after. You know, but again, it was, um, always have that place where always just I was like an empty bucket and other people were just pouring stuff in...” - F3

Another respondent reflected on the facilitation style in responding to the question around expectations.

> “Um, sort of exceeded my expectations. Because I thought um, she was going to come in and sort of, sort of reading off paper. But she comes in with her own experiences which was refreshing.” - P7

In considering some of the specific aspects of the training that exceeded their expectations, respondents mentioned:

> “…we got a flier that sort of explained what we would be going through...we were given more information than I sort of had expected to get.” – P5

Respondents were able to make comparisons with other SP training they had participated in, clearly showing a preference for the CORES program.

> “But all the other hands on stuff I’ve gone to post suicide stuff and all that. Though brilliant, and again, done by people with good training, and that one still, the CORES stood out for me.” – P4

**Managing participant expectations**

Challenges regarding managing the expectations of service providers who attended the training for professional development was also discussed, including the importance of clear and effective communication of the aims and format of the training prior to the day.
“...if service providers are attending then helping them navigate their expectations around, “Yes, it’s PD, this qualifies as professional development that you might want to change how you think about traditional professional development before you come”. So engaged people are likely to be more receptive to the facilitators and a structure, which will help the energy be more welcoming for facilitators as well as the audience...” – F3

**Benefits of participating in the training**

The benefits experienced by participants of the training were both varied and long reaching. The benefits ranged from the immediate emotional impact of the training and hearing the stories to ongoing benefits of increased awareness and understanding, extending into personal lives and relationships.

**Providing an alternative for help-seekers**

Respondents spoke of the CORES training as providing an alternative source of help that people in the community can turn to, outside traditional channels of help. The CORES training environment provides a safe environment for people to share their anxieties and receive understanding and caring responses.

“...even on at-at the CORES training we do lots of referrals, but we have people contact afterward, in terms of referral on the facilitators, get that contact as well.” – F5

“I recommend it to people because it may also help their problems, or they think that they know that there’s a problem that they don’t know what the next step is. As I said earlier, being able to talk about it but being able to get some sort of practical skill, that’s not prescriptive. You know, you don’t go into the training and it’s not, you know, ABCD. But, at the same time, there are some techniques and some pointers too, that you were taught so that you can identify things, think about things um, learn how to start a conversation with somebody and, of course, that’s gonna be different for everybody in their own circumstances so, that’s why I recommend it to people because it’s a difficult issue to talk about um, but we need to talk about it so it gives people a place to talk about it, and it gives people some skills and ability to be able to continue to talk about it...it’s a safe place as well...” – K3
Increased awareness and understanding of risk factors

Through the training, participants were able to recognise behaviours or situations in others that may suggest that they may be at an increased risk of suicide.

“...people who are experiencing an economic loss and a change in the behaviour a little too quiet or the opposite, you know, where they’re usually quiet narratives, radical rage or something that’s highly noticeable. But I also feel that I’ve put my attention towards it. Somebody says I’ve noticed someone who’s taken their life, but I automatically know that they’re more likely to.” – P3

“...people who have high positions in society or have these very strong reputations. The other ones who really have to be careful with because they’d rather be dead than tell you what they thought about suicide. So yeah, so it’s important to notice changes in their behaviour.” – P3

Being exposed to an alternate perspective

From a participant perspective, several key outcomes of their participation were highlighted, centring around facilitators bringing their personal stories and passion for SP, allowing a different perspective and safe environment to share.

“...many of the facilitators have been touched, they had their own suicide histories. So, there’s, we bring passion...with a purpose and a perspective as well so that the audience gets, they feel a passion, but they are less likely to be emotionally impacted in a negative way as a result of the sharing.” – F3

Increased confidence in asking the question and intervening

Facilitators who had first participated in the training themselves gained increased understanding and confidence to intervene to support family and friends. They also recognised this enhanced ability in participants who had completed the training.

“...coming to the training, it helped them work out what was happening for them and look after other members of their-- be open to conversation and around for their friends and family as well. Um, and in the school systems as well... Had my partner come and it’s changed the way that she has conversations with people that she works with and engages with...influencing people or key go-to people in communities where it was like a gatekeeper sort of thing.” – F3
“...it was a really good fact that I’d done the training because when my two girls were going through scenarios, at least I was able to bring the water flow, the picture, know exactly where they were, realised how serious it was and intervene...” – F4

Respondents spoke about how the training had instilled a sense of confidence and responsibility to act, as well as an understanding of the practical steps needed to do so.

“...how much I said helped me to become confident and allowed me as you said to intervene, to ask that question. It gave me licence to be able to, um, start small, step by step because in the emotions are completely overwhelming and tragic situations or people’s minds can be very dark and scary places. And so, to take on the responsibility of trying to guide someone, um, to see the positive in their life everything is going wrong...“ – P3

“It gave me a pathway to talk to people and it helped me to go from A to B to C to D.” – P4

Respondents felt that the training provided reassurance and confidence to have conversations with people who were suicidal, and that there was no right or wrong way to do so.

“And it’s okay to stutter and stumble through something because when you’re having these conversations with people in real life when someone says “Yes” to the question, “Are you considering suicide?” It’s like, “Okay.” You don’t need to be the model that you might hear about on Lifeline or whatever to be able to have a meaningful conversation with people that are suffering.” – F3

Another respondent believed that, by completing the training, they were not only confident in intervening but were also duty bound to respond.

“...but recognising that I am now duty bound to invest in this situation and I need to talk to someone...” F3

The significance and importance of intervening was summed up by this participant as an “investment” in people.

“And it equips you to help another human being...CORES requires you to invest in people...” – P4
5.2.6 Community factors

Responses alluded to the fact that that training impacted participants in different ways. Most notable in the responses were themes associated with capacity building, such as empowerment, responsibility and confidence, which were frequently cited as personal gains for participants in the training.

Community empowerment and capacity building

The respondents likened this enhancement in community capacity at a personal level to having another “tool in their toolkit” to call upon when needed and to share with others.

“...once you learn that [CORES training content], then you can continue to use it. So, I think those people will be using that training, you know, once they have a tool, you know, it’s like, um, a tool in their toolbox. So, they, you know, they’ll continue to use it over time, and I think we’ve seen that. And then that encourages other people to take up the training as well, and I think the more people trained in the community the better we are…” – F5

An alternative path to seeking help

As previously described, the CORES training itself provides an alternative path to seeking help. This path extends to those community members who have been trained through CORES and may go on to provide an alternative option that people in distress can turn to for help. This increases the likelihood of these people receiving help, particularly where there is a degree of reluctance to seek professional help.

“...’cause people often won’t go to a, you know, why often see a professional. So, it’s often community members that are more likely to be helpful.” – F5

Facilitators themselves spoke of instances where they have assisted people and referred them to services for additional help.

“...there’s certainly those people within the facilitators, within communities as someone that then people come to, you know, we find that as well. Like, I do lots of referrals.” – F5
**Addressing stigma and changing community attitudes**

The issue of how stigma and attitudes could be addressed through participating in the training was highlighted by several respondents, with the ultimate goal of SP training becoming as commonplace as any other training course run in the community.

> “I think it should be that people should just be attending a suicide prevention course the same as if they attend any other course if they you know, you know. Computer course, writing course, art course. Suicide prevention should just be something else that they do.” – P2

Community attitudes towards suicide

Participant attitudes toward suicide and suicidality were noticeably different after the training was completed, as described by one KRC Board member:

> “I’ve done the program training twice and I found-- what impressed me was how people change their attitude after doing it.” – K1

One facilitator suggested the need to invest further effort in exploring community attitudes towards suicide.

> “…but those community attitudes do exist. So, I think it’s relevant, but in time, you know, we might look at doing the community attitudes, you know, let’s look at what community attitudes in your community and have that conversation. ‘Cause that community attitudes is really a good place to start conversations…” – F5

Challenging beliefs and ways of thinking regarding mental health and suicide

The CORES training effectively challenged both participants’ and facilitators’ assumptions and ways of thinking about mental health and suicide. This view is based on the usefulness of the content, as well as facilitators and their personal characteristics and stories, and how they delivered the training.

> “CORES helped me to see as terrible as to say that, um, I didn’t realise that I actually had that type of thinking myself... coming from a, a place where my daughter attempted three times. Yeah, it was funny I never thought her as weak, she’s probably my daughter, she, my little girl, you know that said, but I, I projected that thinking
Addressing stigma

Through the process of hearing other people’s stories, awareness and understanding was increased, providing an opportunity for participants to identify with others.

And it also reduces the stigma because people will go, “Gee, I’m not the only one that suffered a traumatic experience in this room.” – K5

Bringing a “taboo” subject to the forefront

When asked why the CORES training would be recommended to the community, one of the primary reasons highlighted was that suicide needs to be spoken about more and normalised, rather than being treated as a “taboo” subject to be avoided.

“Because we need to speak about it more. Um, yeah, it needs to be not a taboo subject, it needs to be a reality, and the more we help people understand and the more— even the grandparents understand then they’re not going to be fearful of it, they’re not going to be ashamed that someone did it in the family. It’s going to be okay, we can talk about like heart disease and cancer...” – F4

“...people with lived experience certainly say that the secrecy and shame does the most damage. So being able to have those conversations and have a community that’s aware and knows how to talk about it, I think that’s a really important aspect as well. So, people understand how to talk about it and are able to have those conversations, which means, you know, it’s an early intervention model, from my perspective.” – F5

Normalising the process of emotional distress

For training participants, the training provided an understanding and appreciation of the fact that emotional distress is an acceptable part of human behaviour.
“...normalising the process of emotional distress...everyone needs to look after themselves, everyone needs to be aware of their strategies, their stresses and have them just check in, “Where am I sitting? Where am I going? How am I sitting with this?”...normalising is so powerful for the community; it takes it away from just a thing and makes it about us.” – F4

“...it normalises it for people as well. And I think that’s important because there’s a lot of people in the room that have experienced suicidality or lost someone to suicide, so a lot of that lived experience in the room, and I think in valuing what’s in the room already just adds to it so much.” – K5

5.2.7 Measures of success and key strengths

Several key success measures and strengths of CORES were highlighted by respondents.

Measures of success

When asked what key measures indicate that CORES has been successful, respondents indicated the following, highlighting that the ultimate measure is whether CORES could save lives.

Savings lives

The ability to save lives was regarded as the ultimate measure of success by respondents. As mentioned by one facilitator, they owe their own life to CORES:

“I owe, my life, I guess to the program...So, you know, that’s as a simple as that gets for me...” – F5

Feedback from the community also supports this claim that CORES is saving lives.

“So, you know, I certainly had someone come back to me to say, you know, a Minister say that he had used the training to save a life within two days of doing the training. That’s gold, really... and the other feedback was someone had come to the [Launceston NSPT coordinator] and said... and you get that sort of feedback in small communities...that-that they wouldn’t be alive today if it wasn’t for the CORES Program.” – F5

Respondents also spoke of experiences where they utilised the skills and knowledge from their participation in the training to save lives in their communities.
“A guy rang me up who I see twice a week and he was on my mind because of the stresses and all that stuff, and that-that compounding issues in his life. And he rang up and was so frustrated... when I asked the question, um, and he said “yes”, and I said, “right”. And it just so happens, I had the, the, um, information registered in my head, and I asked. And started to draw the dam... he just sat there with his mouth open... we were able to put things into place to... and show him the positive things during his life, you know, he’s got two dogs...well, he’s still having a lot of issues but he didn’t, um, you know, attempt to take his life...he said that “you’ve-you’ve absolutely saved my life”.” – P4

“I recently had an experience where I actually visited a client. And, um, through the course of, and that was to help him navigate the My Aged Care system. But in the course of our conversation, I’ve, uh, realised that he was extremely depressed. And I actually asked him the question, uh, you know, “are you thinking of taking your own life?”...felt I knew from doing the CORES training, I felt I knew what to ask him, you know, further. And when he said yes, and I asked him about whether he had a plan and he said, yes and explained, you know, what the plan that he was also going to take his dog with him when you went...I was able to then refer him to, you know, another organisation who’ve directly helped him through that process.” – P6

Participant numbers and recruitment

How many people attended training was another measure of success identified by several respondents:

“...how many people are attending, and you know, certainly that’s grown over time.” – F5

Similarly reflected by whether service organisations continued to send their staff to the training:

“...if you look at, um, you know, [service organisation], like, they’ll send a couple of people and then they’ll send more... And that, that’s always a really good sign...” – F5
Positive feedback on CORES

Whether participants provided positive feedback, such as stating their increased confidence in intervening if someone was suicidal, was also identified as a measure of success.

“...even feedback, you know, we usually do that round at the end and the feedback of what people will take away and use... We also have many people come back to us and say, you know, they’ve used the training within two weeks of doing their training.” – F5

“...at the beginning of the training people will say, um, is that they wouldn’t know how to react if someone was suicidal. And I’ll often at the end of the training... I’ll come back to them, and they’ll say... “Well, I didn’t know what to do before but now I do and there’s very simple steps to follow through that I could actually feel confident to intervene and go through the steps. You know, I don’t have to do it all myself because it’s a referral pathway.” So that’s an important aspect of that.” – F5

Willingness to recommend CORES to others

Willingness to recommend CORES was identified as a measure of success, from both training participants and facilitator perspectives.

“to the right person I would, yes. Someone I know that understands mental health if I had a friend that was open to it, I definitely would, yes, to open people’s mind up about it.” – P7

“I first attended CORES from my own perspective and then I took family members along with because it became evident that this is something that they needed as well.” – F4

Key strengths

Participants were asked to reflect on what they considered to be the key strengths and weaknesses associated with CORES. In their responses, the respondents were only able to recall strengths despite being prompted to consider any potential weaknesses.

Designed by the community, for the community

The strength of the CORES model was noted as how it has been developed.
Support, self-care, and follow-up processes

The self-care strategies as part of the training and how both training participants and facilitators were supported were described as one of the strongest attributes of the CORES model, covering the provision of self-care strategies in training, to the follow-up support provided post-training and through the CORES Network.

Self-care of participants and facilitators is a crucial part of the training, aiming to ensure people are reflecting on their mental and physical wellbeing, particularly in relation to their experiences of training. The “Ball of Wool” activity, as previously described, as well as a reflective activity on what self-strategies the participants would use that evening, are dedicated self-care components included at the end of the training. As described, self-care provided both participants and facilitators with an opportunity to debrief and reflect. In addition, these self-care strategies were seen to provide a therapeutic intention, in which participants may experience life-changing effects.

“Particularly the self-care strategies in the CORES Program, I think really help people turn their lives around.” – K5

Expanding on these activities, one facilitator felt that there could be a bit more time permitted towards the end of the day, or even throughout the day, to focus on the self-care component.

“I think they could be a little bit more at time to spend time self-care towards the end...we get to the end and it’s like all this information and then we talk about self-care and then with the Ball of Wool going around and talking about what we’re going to do for our self-care for that- for the evening” – F2

As previously described, facilitators are empowered by the opportunity to share their stories through the provision of a safe and supportive environment in which facilitators worked together.
“I wouldn’t invite people to be part of the facilitation program that wasn’t supportive. So really, I believe in the values not only of the program but also the way the facilitators worked together…” – F3

The support received by facilitators is to be commended, in terms of the breadth and quality of support. External support through the Employee Assistance Program allowed facilitators to access free support from trained counsellors.

“…the supervision level for the debriefing that’s all of the three CLS [Choose Life Services] so it’s not just through KRC and that the KRC has seen the need to offer specialist support, external, on top of existing support centre and place…” – F3

The support received and experience through the wider CORES network is also to be commended.

“…keeping members involved in the network...because I think the network needs to support those facilitators…” – F5

“...one of our facilitators, because he’s got some stresses in his own life, he’s out of it for quite some time but he said he’s valued so much that the time that he spends as a facilitator and as a part of the network and that he’s felt supported. And, I think, that it means so much and it’s like a little family in a way but it’s a network of people that supports each other and I think we evolved together where we’re working together and it’s hard to feel alone doing that work…” – K5

As previously noted, facilitators were more than satisfied with the level of support and follow-up mechanisms available to them regarding their self-care; however, some concerns were raised that the same level of self-care/follow-up was not provided to participants after training.

“...how are those people [participants] afterwards. Down, you know, a week, a month, how is their self-care?” – F2

“...if people want to keep the knowledge alive is having conversations with people they met in the group or to know that others who have attended the training so you can have meaningful conversations with people who understand the same language. “How is this, how’s it going for you in applying this knowledge? Have you
5.2.8 Sustainability

Of interest to the evaluation is the issue of sustainability. Participants were asked how they perceive the program and associated learnings could be sustained. Several areas were highlighted as contributing towards the sustainability of CORES.

Adaptability of CORES

CORES is considered as having the ability and flexibility to be adaptive, ensuring it remains current, relevant, competitive and sustainable. Being able to adapt to community need, and to provide access to specific information on sub-groups in the local communities, was noted as an area of importance. CORES training is commended by respondents as being “community-friendly” and accessible, with an adaptable format to incorporate any changes as needed.

“I was really impressed with how community-friendly it was. So, if I was um-- a mum attending who just wanted more information, I could be in that. As a mental health professional, there was plenty in it for me...” – P1

“...there’s lots of different people that will help but sometimes it’s specific for either age, um-- gender, which I wanna get into...you know, where are they from you know? If they’re from the country, do we ring RAW [Rural Alive and Well Inc]? If they’re from the city and they’re young do we go to Headspace?...So, I think knowing where to send someone at different stages of their life was also very important because for myself...-who do I send someone to if I don’t live in their world...” – P2

The ease of adaptability of training content and structure was highlighted, ensuring the training reflected community need.

“And I said to tailor it to the, um, so we’re actually designing a specific, um, training tailored for Indigenous communities. Uhm, and so I-I-little is it, little bit of change to language very little change those facilitators said, it was very little change, change the scenarios.” – F5

“...we’re doing a big push next year into schools. So, we’ve started that work on-on the schools training. Uhm, you know, so we’re looking at 15 to 17-year-olds in
The ability to accommodate the learning needs of specific population sub-groups was discussed, relating to program format and delivery. Duration of training and alignment with the specific needs of sub-population groups was also raised.

"...if it went on the second day... Based on what comes out of first you build the second which will be sensitive to the needs of that particular group that you were doing." – F2

One facilitator noted the difficulties with providing tailored content for every population sub-group, within the current training program structure.

"...if you get a mixture of people...certain, um, things that maybe touchy, I mean, I know there’s certain things that are talked on there but um, you know, culturally...know, suicide being a sin, uh, or things like that...I mean, you couldn’t have a set of extra things for every group." – F2

Targeting specific participant groups

In terms of tailoring training for specific sub-groups in the community, several suggestions were made.

Young people

Adapting the CORES training program to be delivered specifically to young people (for example, in schools) would require little change to the current training program. This was discussed in both the facilitator and training participant focus groups as an area of importance, with training format and content being currently tailored for nonspecific demographic groups.

"...rural schools, there’s a lot of bullying. Um, I think because of the isolation. So, I’d like to see, maybe CORES is go to, I don’t know if they go to schools but start to implement that. Um, and just show the hard reality of um, what, because I’m really passionate about bullying, what that can do because that’s a big thing in high schools." – P7

"I personally think we need to get into the schools and, um, youth programs and that kind of thing, even if it is in the churches... community houses, um, that work
In considering how CORES could be adapted to target specific sub-population groups, one respondent suggested that training could be delivered by peers within the target cohort.

“I know a lot of the schools have the respectful relationships programs and that, whether that actually talks about, um, suicidality or not, I don’t know… when my kids were at school… they had a number of their friends…Died by suicide…I think sometimes young people will talk to young people about it and, um, whereas young people won’t actually go to an adult may be to talk about these issues, they’ll talk to their peer group…” – P6

In addition, training sports coaches could be a novel way of reaching young people.

“I’m involved in sport as well. And I think that, you know, um-- coaches see a lot more than what parents do sometimes… Because you know, kids trust people sometimes more than their parents which I understand. Um-- And so just seeing things from a different light that then I’d also recommend it to, you know, sport coaches as well…” – P2

There were suggestions that the government needs to take a more proactive approach with training around suicide for young people.

“… government programs should be more proactive, I think that they should, uh, have mandatory training, uh, on suicide, especially in the younger, um, age group because they’re the ones with the worst statistics… driving here today I heard on the radio that, because, students are preparing for exams that, their stress is really, very high. And the fear of the future is also very high fear of failure and fear of the future, um, especially in socio-economic lower groups where they don’t how if they’re gonna get a job, they don’t know how they’re gonna get a car, they don’t know how they’re
gonna have a wife and children and everything is just very dark and full of despair. So I really think the government should try to implement mandatory classes... if they’re in high school you know a lot of kids drop out of high school... in order to get your-your benefits, you have to attend-attend this training and I think it, it could do. I think it could make a big difference...” – P3

Men
Another demographic the respondents noted as being at high risk and in need of targeting was men, with a suggestion that training could be targeted at male-dominated industries and workplaces.

“...men are at the higher risk of suicide in different categories, you know, in different age groups and that. So, yeah, that would certainly be, um a possibility.” – P6

“...another target group, um, that I have found in the male community is mechanics.” – F1

Frontline workers
Targeting people on the “frontline”, defined as those individuals whose work gives them direct access to community members, as participants, who can make a difference at the community level, was also suggested.

“...healers, massage therapist, people like that, um, hairdressers, um, beauticians, who come into contact with people when they’re in a vulnerable space. You know, those people that always get everybody’s story, I believe that they should also be targeted... attend this training just to give them the confidence to-- you know, they don’t have to do the whole, you know, “Do you think you’re suicidal? Are you going to kill yourself?” But they can point them in a direction. You know, have you tried calling, you know, this organisation or that organisation, type of thing?... they’re on the frontline...when you go into have your face done or whatever it is, it’s such a safe environment...those industries should be targeted...” – F1

“...something that actually needs to be done and getting into departments like the police department, the fire-- fire services, um, the ambulance drivers... Not only that they have tools to, um, help the people that they come into contact with, but their peers, their colleagues. Where they can recognise it because they become so
Workplace-specific training

Digital and online promotion of the training was considered a beneficial marketing approach, as was continuing to market CORES and adapting and delivering training within the workplace.

“There’d been a couple of housewives or families from community houses, but not a lot. The majority are service providers, um, and, you know, like I said, people who work in an office have access to a computer.” – F1

“I think it’d be good for workplaces perhaps... To have like a work group session come in and do this because, um, yeah, I think that that would be beneficial.” – P5

CORES network

The CORES network also provides opportunities for people to be involved with SP at the community level, building self-sustaining, strong communities. The sustainability of CORES networks through community ownership was considered one of the program’s key strengths.

“So we have facilitators, but they, they, the body of Kentish Regional Clinic is not to be controlling networks, is to build self-sustaining, uh, strong communities that then fundraise and deliver their own training to really take, take hold of the training in the area...” – F3

“...the network itself as you know, it’s owned by the community. I think that again, that’s their strength somewhat you know that their people within the community keeping members involved in the network...” – F5

Being involved with the network did not necessarily mean having to become a facilitator; there were other benefits of being involved, which reflected the sustainability of the model.

“...the CORES facilitation at the end, um, there’s always an invitation for people to join the networks...that’s where that sustainability model comes in. So, there’s invitations that if people are interested in what they saw today, they don’t have to be facilitators to be part of the network...There are other parts around, um, supporting a network. So, it might be grant writing skills that you bring, or it might be just a passion,
Being involved in the CORES network provided support to community members at an individual level.

“I guess the-the key example would be, you know, for looking at the Devonport network... one of the people that, um lost her son to suicide 20 years before and never ever got support... when linked into that group and then she has gone on to get support...” – F5

“...some of the key things that happened within those groups or the magic that happens, so one of a better word really is that, you know, in that supporting environment, having that supporting conversations and, and being supported to get help.” – F5

Through participation in CORES, and making those links with other people:

“It takes away that social isolation... a lot of people spend so much time now in their own little world, and, um, I think, this brings people together and you know, they actually do have conversations and like what K1 was saying the person was actually thinking about suicide but invited them to come to have a swim or whatever. It’s bringing people together... just real people looking after real people, you know. And it’s not just looking at an app on your computer or anything... You bring something together as a community...” – K4

**Train the Trainer model**

The use of a TTT model was a key contributor to the sustainability of the program, where minimal resources or funding are required to sustain the program.

“the other good thing about the CORES model, you know, as far as Kentish Regional Clinic goes is that it can gear up or gear down to what the need is. So, you know, those networks continue to function by themselves if there wasn’t someone there and, you know, where, um, you know, we have to get minimal. There’s minimal support given to networks once set up. Meander Valley, you know, is an hour, one to two hours, one hour a month probably support their needs...” – K5
One aspect of sustainability related to how effective the model has been in establishing and maintaining the networks in both Launceston and Devonport, with the primary impediments to this model noted as maintaining a pool of facilitators and acquiring on-going funding.

“...the model is that that’s funded for three years and then we train volunteer facilitators going forward. We, we’ve already put chairs in places both in Launceston and Devonport, really committed people...this is really cemented that model, and I think that that would absolutely continue. We really do hope to get funding so we can add a little bit of support to that because I think there are times where that does need to be supported... But the model is sustainable...” – K5

“I think sustainability depends on people becoming trainers. So, what we’ve got passionate people there at the moment that’s the ideal time to encourage other people to participate in training.” – K2

**Funding and competition**

Operation of the CORES program currently relies on grants and external funding opportunities, in the hope that it will continue to receive government support, particularly given the need for such programs in regional areas.

“I would love to see the CORES program as a government-funded program. Um, as a-- almost like a Mental Health First Aid.” – F1

“I think there’s need to be more government funding, definitely. Um, I know the government’s promised a lot of beds and stuff for mental health, but I think like there’s a lot of areas in mental health that... need attending to. Um, and I think, regional places need it more...” – P7

Being reliant on external funding was noted as potentially problematic, with planning needs of the model requiring a base minimum to be sustainable.

“...a 12-months model and that doesn’t work, 12 months not enough to really establish yourself in a community so um, yeah, the two-year-model is a better model for sure.” – K5

In addition, competition for funding was noted as something that is particularly prevalent in the area of SP.
“Suicide Prevention is getting a bit competitive, everyone’s you know, we’ve been people say $1 that everyone wants piece of it that day... There’s more and more programs out there...” – F5

5.3 Other key documents

Whilst findings from evaluation activities are the main data source utilised in the current evaluation, several other key documents were accessed in support of the evaluation.

5.3.1 Letters of support

For community-based initiatives to be successful, community support is required. Letters of support allow people who are important to the success of a program to show that they are happy to endorse a program they consider to be of importance to the community. These letters reveal a level of engagement between the CORES management and organisation which helps build community buy-in and influence program success (City of Melton., n.d.).

*TasTAFE, Launceston – letter of support from the education manager (Appendix R)*

On 9 April 2020, the education manager at TasTAFE Community and Children’s North provided a letter of support for CORES Australia, to enable CORES to further its development through grant funding applications. The letter stated that suicide is the leading cause of death for youth in Australia and that, through such educational institutions as TasTAFE, improving mental health outcomes for both staff and students is vital. The letter stated that for those students who completed the CORES training in 2019 and 2020:

“Students spoke highly of their learning from the training and the confidence they had gained from being able to ascertain through observation and clear questioning the level of risks to an individual of suicide and how to support them. Students stated after the training that their personal goals of knowing how to approach an individual and what to say to them were met.”

In addition, the letter described how the CORES training supports specific learning outcomes in all the qualifications offered through Community Services, which require knowledge and skills in supporting people’s health and wellbeing.
CORES Network member, Devonport – letter of support (Appendix S)

KRC received a letter of support in September 2019 from a member of the Devonport CORES network. As stated in the letter, as a non-professional community member with a lived experience, the support received by this person through the network was both valued and highly praised, at a personal level and also for the wider community.

“I cannot praise the work done by this group highly enough. It provides an invaluable service within the community with many immediate and long-term benefits for participants and members.”

5.4 Contextual factors and overall data considerations

Throughout the evaluation, the research team was made aware of several contextual factors that may have influenced evaluation findings. These contextual factors warrant consideration when interpreting findings.

Changes in content, format, delivery for TasTAFE training

For school-based training, including TasTAFE classes, the CORES program delivery time was reduced by one hour and content was modified by:

- reducing the lunch break to 30-minutes rather than a 45-minutes;
- excluding the 15-minute afternoon tea break;
- excluding the 25-minute allowance and content “What brings you here?”; and
- not spending additional time on conversations and personal stories.

Updates to content made throughout the evaluation

As updated data regarding suicide, including rates, became available, changes were made to training course content to maintain currency of training information and suicide-related statistics. The latest updates were made to ABS statistics in PowerPoint slides in November 2019.

6 Discussion

In this section we consider how the study findings inform a discussion around the effectiveness of the CORES training. It provides discourse through aligning findings from the evaluation to the literature and identifying gaps in this alignment. The discussion is centred
around the six predetermined evaluation questions and any additional key points from the findings.

6.1 To what extent does the training structure and processes equip participants with the essential skills, knowledge and resources required to identify and respond to a person at risk of suicide?

Each of the essential skills, knowledge and resources is discussed individually as follows, with an emphasis on how the training has increased the essential skills, knowledge and resources, thus helping to equip participants to identify and respond to someone at risk of suicide.

6.1.1 Essential skills to identify and respond to someone at risk

When asked about essential skills required to identify and respond to a person at risk of suicide, levels of confidence with scenarios in which essential skills could be called upon to act post-training were recorded as high. Respondents mostly either agreed or strongly agreed that the training helped them to feel confident to approach and talk to a person who may be experiencing suicidal thoughts. The training had helped them provide guidance and support to a person at risk in ways that meet their individual safety needs and to identify the key elements of an effective suicide safety plan and the actions required to implement it.

The structure and processes of the CORES training that supported the learning of these essential skills are highlighted in the qualitative findings, with respondents identifying the methods used during training that led to the attainment of these skills. One example was the presentation of up-to-date information included on PowerPoint slides, followed by a general discussion and practical exercises to practise the skills needed to approach someone identified as at risk; for example, through asking the question, “Are you thinking of killing yourself?” Through catering for multiple learning styles and using practical role playing and scenarios, participants can increase their skills and gain the confidence to intervene.

Whilst nearly all survey respondents either agreed/strongly agreed that the structure of training catered for individual learning styles, responses from the qualitative findings highlighted some areas for improvement; e.g. the additional use of audio/visuals. This may indicate that, given time to reflect on the training structure between the training and the focus
groups, participants were able to identify additional areas they feel may be updated/improved.

6.1.2 Knowledge and understanding to identify and respond to someone at risk

As an indication of knowledge and understanding required to identify and respond to a person at risk of suicide gained through participating in the CORES training, the majority of the survey participants either agreed or strongly agreed that they had a good understanding of SP, that the training improved their knowledge and understanding about SP interventions, and that the training helped them to better understand how to assist someone who is feeling suicidal. In addition, participants felt they were able to identify groups within the community who are at higher risk of suicide through an improved understanding of the risk factors and protective factors associated with suicidality.

These outcomes were reflected in the qualitative findings, highlighting that knowledge and understanding was increased through the content of the training and the information and statistics presented. Bearing witness to the stories of others had the effect of challenging pre-existing assumptions and stigma.

6.1.3 Resources to identify and respond to someone at risk

Most survey participants either agreed or strongly agreed that they were aware of the services (resources) available locally to help someone who is feeling suicidal and that the training helped them network with SP services. Qualitative findings further describe how the training structure and processes equipped participants with the resources to identify and respond to a person at risk of suicide. This is evident from respondent statements, where there was appreciation for activities using resources and referral pathways which could then be taken away from the training and used in everyday settings. The provision of local-level service and referral information was also a welcome addition to the training. Representatives from service provider organisations who undertook the training were surprised at the breadth and quality of resources available.
6.2 To what extent does the training equip participants with the ability to recognise the warning signs of suicide; intervene before a potential crisis occurs; and support the person at risk to access the appropriate support services?

The following points highlight how the training has equipped participants with the ability to recognise the warning signs of suicide, to intervene before a potential crisis occurs, and to support someone at risk to access the appropriate support services.

6.2.1 Recognising warning signs of suicide

Participants’ perceived ability to recognise warning signs was reflected in survey responses, where the majority agreed or strongly agreed that they were able to identify groups within the community who are at higher risk of suicide. Respondents stated that they had an improved understanding of the risk factors associated with suicidality and could identify some of the protective factors associated with suicidality (99.4%).

This was supported by qualitative findings, where most respondents acknowledged that the training had helped them identify groups who are at higher risk of suicide by providing them with an increased understanding of the risk factors associated with suicidality. Respondents were able to describe these risk factors within the context of their communities and provide examples of where and how they were able to use this knowledge from the training to recognise warning signs in people they know.

6.2.2 Ability to intervene with someone identified at risk

The extent to which the training equipped participants with the ability to intervene before a potential crisis occurs was reflected in participant responses to several survey questions, suggesting a higher level of confidence as a result of completing the training. For example, the majority of training participants agreed or strongly agreed that the training increased their confidence to approach and talk to a person who may be experiencing suicidal thoughts and to provide guidance and support to a person at risk in ways that meet their individual safety needs. Findings from focus group participants provide specific examples of how participants have used the knowledge and skills as a direct result of the training and have intervened with people they know at risk.
6.2.3 Ability to support someone at risk of suicide

The extent to which the training equipped participants with the ability to support a person at risk to access the appropriate support services can be determined by looking at participant confidence levels to intervene and approach individuals at risk, as well as to provide guidance and support. As indicated above, the majority of training participants either agreed or strongly agreed that they had this confidence following the training.

Focus group and interview data further describe how training participants felt better able to support someone at risk as a result of the training, with respondents describing an increase in knowledge around support services available, how to refer someone, and have the discussion around referring on. Comments from service provider representatives who participated in the training indicate that they also felt better able to support clients who may identify as being at risk.

Whilst there is no dispute that the training did provide the skills, knowledge and confidence to intervene and support someone at risk, it was noted that, even after completing the training, some participants would still not feel confident or able to intervene, or to “ask the question”, if the person at risk was someone close to them.

6.3 How effective is a ‘train the trainer’ model, using trained volunteers to deliver the training?

Through evaluation team observations and interpretations of the findings, it is apparent that the TTT model has ensured training has been delivered effectively, in that the aims of the CORES program are being met. This includes the processes in place to help facilitators prepare for their role, through to the supervisory processes embedded in the model and the provision of ongoing support, both peer and professional, to assist facilitators in their roles.

As identified in the literature (Beidas & Kendall, 2010; Hepner et al., 2011) providing individualised feedback, supervision and coaching based on observation can help the transfer of knowledge between the trainer and the trainee. Evaluation responses from facilitators describe how the co-facilitation design under the TTT model reveals that all these processes have been in place, with facilitators being provided with timely feedback to enhance their own learning.

Given that the CORES training is often the first referral point for individuals who might be suicidal but have not yet accessed supports, it is important that the facilitators are well
equipped with knowledge, skills and attitudes that are necessary for both assessing and responding to individuals at risk of suicide. Embedding the TTT model in the CORES training ensures that these trainee outcomes, including having an appropriate level of knowledge, are effectively met. Through the formal training components and learning through a co-facilitation structure, there is an increase in facilitator knowledge. This knowledge is gained through learning “by doing”, including the sharing of lived-experience stories which occurs throughout the training sessions. This finding aligns with the literature, as a factor in influencing effectiveness, through ensuring practice is integrated into training (Wexler et al., 2017).

6.4 To what extent does the content of the training recognise and embed cultural and social norms associated with the target population groups?

The CORES training content was very much considered by focus group participants and facilitators as targeting a very broad audience. CORES training participants were most likely to be female, between the ages of 25-29. When considering alignment with the target population groups of the NSPT in Tasmania, men over the age of 40 represented only 11.2% of training participants, and people over 65 only 1.1%. With this in mind and considering that CORES is currently focused at a more general audience, it is suggested that CORES consider further adaptation to meet the needs of other specific population sub-groups, including men, older people, younger people; for example, both through the focus of content and training delivery.

Several training participants and facilitators felt that the training could be easily adapted or tailored to incorporate specific training content for sub-population groups such as delivering the training to youth, particularly in schools. Tailoring the training to specific sub-population groups would further allow cultural and social norms associated with the target population groups to be embedded into the CORES training. Such a strategy would enhance the reach of the training, creating opportunities for collaboration with organisations and advocacy groups associated with target sub-population groups, identifying and establishing new funding sources, and ultimately providing an opportunity to increase the knowledge and capacity within the CORES community in these areas.
The key messages and activities are regarded by a vast majority of participants as relevant, current and applicable in real-life situations in most communities. Feedback from both participants and facilitators highlighted the success of CORES in being able to keep content up to date and reflecting nuances in the local communities, including myths around suicide. Through the CORES networks, local cultural and social norms can be fed back and considered within the training program. In addition, the participant evaluation forms offer another useful means of providing feedback.

6.5 To what extent does the training adopt best practice approaches to maximise and sustain community involvement in the program?

The literature (Buykx et al., 2012; Kenny, Farmer, Dickson-Swift, & Hyett, 2015; Phipps, Quantz, Shakespeare, Stitt, & Williams, 2002) suggests that organisations that embed the following community strategies within their engagement processes have a greater likelihood of achieving successful intervention outcomes than those that do not.

- Having consultative and transparent program operations;
- Maintaining a high standard of service and continuity in service delivery;
- Supporting community autonomy and advocating community control over health services;
- Delivering community endorsement of a program once established; and
- Tailoring engagement processes to the local context.

Respondents believed that informal engagement and communication involving CORES program staff, including regular CORES network meetings, provide a consultative and transparent process, where updates on the program can be fed back to staff and staff can be involved with decision-making regarding the program. Through network members representing CORES within the community, including at community events like TSPCN meetings, this involvement with community is sustained. The CORES Lead Facilitator is well connected within state and national SP networks, providing an opportunity to engage with a diverse range of stakeholders in the SP sector.

CORES maintains a high standard of service and continuity of service delivery, as demonstrated by its long track record of successful programs delivered in Australian communities. As the evaluation findings highlight, CORES ensures that adequate staff support
processes are in place, and that it invests in building staff capacity in key areas (such as understanding local SP services, service and policy reform, facilitation processes, program coordination and group learning theory) through ensuring up-to-date content and training facilitators using a co-design model where facilitators can learn from one another.

Central to the ethos of the CORES program is support for autonomous learning, in which participants take ownership of their own learning. This process provides participants with a sense of empowerment that they are taking charge of this important social and health issue. Engagement strategies used by CORES, incorporating strength-based approaches that leverage the skills, networks, leadership, services, needs and experience present in a community, help to build capacity through encouraging local responsibility and autonomy.

The CORES training program has achieved a high level of community support and endorsement as a leading SP training program both locally and nationally. Examples of this include letters of support, including from TasTAFE (Appendix R).

6.6 How does the training align with the context and approach (LifeSpan model) adopted by the NSPT?

As observed by the evaluation team and based on the evaluation findings, key components of the CORES training program and network activities, within both its content and structure, enable it to correlate to the following eight (of nine) strategies of BDI’s LifeSpan model (Figure 1), which is currently adopted by the NSPT in Tasmania.

- **Engaging the community and providing opportunities to be part of the change** – encouraging local communities to be a part of the CORES network, and initiating consultation with community members to determine the needs of the communities, and how can they be involved with programs like CORES, to reduce suicide rates.

- **Training the community to recognise and respond to suicidality** – providing training to local community members, who are then equipped with knowledge that can be shared within their personal and professional networks.

- **Promoting help-seeking, mental health, and resilience in target groups** – providing training to local community members, providing self-care and support strategies within the training, in addition to resources on where further help can be sought.
• **Improving the competency and confidence of frontline workers to deal with suicidal crisis** – training frontline workers to increase knowledge, understanding and confidence to respond to someone at risk, including avenues for referral.

• **Equipping primary care workers to identify and support people in distress** – through the provision of training, the knowledge and confidence of primary care workers are increased.

• **Using evidence-based treatment for suicidality** – training content and delivery format is continuously updated with current statistics and research concerning best practice delivery of community-based, gatekeeper SP training, including recommendations for refers to treatment.

• **Improving emergency and follow-up care for suicidal crisis** – both CORES training and the CORES network provide follow-up support for people who have a lived experience of suicide. Both provide a supportive environment for stories to be shared, with trained facilitators available to further guide and refer people to receive any follow-up care they need.

• **Encouraging safe and purposeful media reporting** – training content and how it is delivered reflects the Mental Health Council of Tasmania’s National Communication Charter, including their guide to language, which is subsequently taught to training participants.

Considering the wider categories of the LifeSpan model (Figure 1), CORES aligns with all categories, where it:

• incorporates **lived experience inclusion at every level** – reflected in both facilitator and participant characteristics and providing a safe environment for storytelling;

• **engages community** – through both the delivery of the training program and the network;

• **harnesses local ownership and adaptation** – of the training program and network;

• incorporates **data-driven decision-making** – utilising current, reliable statistics and research to inform the training content and delivery; and

• targeting **workforce information and development** – targeting workplaces, including those delivering community and health services.
7 Strengths and limitations of the evaluation

Several factors that influenced the performance and outcomes of the evaluation should be considered within the overall context of the evaluation as either a strength or limitation.

7.1.1 Strengths

Survey response rates
Of the 219 participants who attended the training overall, just over nine out of ten (93.2%) completed either a pre- or post-training survey, with nearly nine out of ten (88.6%) completing the pre-training survey, and eight out of ten (82.6%) completing the post-training survey.

7.1.2 Limitations

Ill-defined site boundaries
Even though the CORES training program was associated with the Launceston and Devonport networks, study participants were able to register from wherever they lived in Tasmania. This may have impacted on the representativeness of the data and the ability for it to be attributed or generalised to the two specified sites/CORES networks.

Low focus group/interview numbers
Of the 220 participants who completed the training in the data collection period, 36 (16%) registered interest in participating in a focus group, by filling out the focus group interest form at the end of the post-training survey. These people were contacted, with only 7 (19%) responding and subsequently participating in a focus group/interview. Such low participation numbers can be attributed to several factors, including:

• incorrect or illegible email addresses provided on forms prevented invitations to participate from reaching people; and

• a delay in time between when a participant first completed training and when they were contacted to participate in a focus group.

Data generalisability
The number of training participants in the focus groups and interviews also varied, depending on the number of people attending training and expressing interest to participate. In addition, of the 36 participants who initially registered their interest in participating in a focus group, only 7 (19%) attended. Given the recruitment methods and the low focus group/interview
rates, caution needs to be exercised when seeking to generalise findings from the current research to the other CORES training populations in Australia.

The number of participants representing service organisations and those presenting as community members varied across locations and training sessions. Therefore, in some instances, data may have been skewed towards a service provider, rather than a community, perspective.

Survey response rates
Variability in the proportion of participants who filled in a pre-training (88.6%) versus post-training (52.6%) survey can be attributed to several factors.

- Participants who arrived late at a training session might have missed the opportunity to fill in a pre-training survey. Where late arrivals did complete a post-training survey, it was excluded from analysis.
- Participants who needed to leave a training session early did not complete a post-training survey. Their pre-training survey was also excluded from analysis.

Survey data bias
The use of Likert-style questions in the pre- and post-training surveys brings with it the potential for response bias, including a propensity to respond using the options at the extreme ends of the scale (i.e. always selecting “strongly agree” or “strongly disagree”), as well as a tendency to agree rather than to disagree, irrespective of what the question is asking. It is not possible to know the degree to which the results of the survey may have been impacted by response bias. It is nonetheless important to highlight this point as a potential limitation.

Incomplete data or invalid responses
Of those participants who provided complete data (both pre- and post-training survey), the majority filled in the surveys in their entirety, with participant ID code the only variable that was sometimes completed incorrectly. However, it was almost always possible to match pre- and post-training surveys from a respondent who had provided an incorrect code as the code was completed incorrectly but identically on both surveys.

With regard to validity of the responses, like any research, there are limitations to the method of collecting data by way of a survey with Likert style responses, in that people can respond based on something other than what the survey is asking (Moors, Kieruj, & Vermunt, 2014). This is referred to as response bias, with common biases including a propensity to respond using the options at the extreme ends of the scale (i.e. always strongly agreeing or...
strongly disagreeing) as well as tending to opt to agree rather than to disagree, irrespective of what the question is asking (Moors et al., 2014). There are many reasons why these and other biases can occur, for example social desirability, time pressure, or misunderstanding the question. Whilst we cannot know whether or how the results of this survey may have been impacted by response bias and believe any effects would be minimal, it is important to interpret the data with this consideration in mind.

**Representativeness of organisations**

Participant training attendance numbers were cross-checked against CORES training sign-in sheets, which also provided data regarding the organisations the participants represented. However, not all participants provided information on the organisation they worked at, so the data provided can only be assumed as an example of organisations represented.

**General assumptions**

Participation in surveys in general is based on a set of assumptions, including a level of understanding that may exist amongst the respondents around terminology and concepts associated with program evaluation including those specific to SP. Terms such as “confidence”, “suicidality” or even “satisfaction” are ambiguous and may be subject to different interpretations. Differences in interpretation and understanding of this terminology and these concepts may influence the outcomes of the study through the quality and validity of participants’ responses.

Last, data shows some promising immediate effects on participants’ knowledge, understanding and confidence regarding suicide prevention. However, it is important to note that data, including post-training survey data, is not a valid indicator of longer-term outcomes of the training. Changes occurring as result of training will generally be most pronounced directly following the training, when the content is fresh in people’s minds; it cannot be known if, or for how long, these observed changes may last. It should also be acknowledged that having greater knowledge and confidence increases the likelihood of someone assisting a person who is feeling suicidal, but that this capacity does not always translate into behaviour.

There also needs to be mention and consideration of the distinction between evidence that people can be trained to conduct such programs and evidence that such programs are actually having some effect on the occurrence and/or impact of suicide/suicidal behaviour.
8 Recommendations and future directions

The following recommendations draw on evaluation findings and the literature reviewed, building on those things that are working well, reflecting a strengths-based approach, as well as considering practical solutions to several areas in need of updating. Several of the following recommendations may reflect activities that are currently in place and therefore require the adoption of a stronger or more coordinated and/or formal approach to enhance effectiveness. As CORES continues to grow at state and national levels, these recommendations have the potential to further build the capacity of the networks and training program, as well as the wider local communities.

8.1 Program planning and communication

The following recommendations centre on the planning of the CORES program and the role of communication in the promotion and operation of the CORES training and networks.

8.1.1 Marketing and promotion

Communication about the purpose, design, and intended outcomes must be clear, concise and consistent. There is scope to highlight the uniqueness of the CORES training, including how it fits within the current SP landscape as the only community-based SP in Tasmania that is tailored for the one-day timeframe. There is a need to continue using Eventbrite as a booking system, to ensure lead times of several months are utilised to get messages out and understood and that follow-up reminders are automatically sent closer to the training date.

**Recommendation 1** – That promotional campaigns continue to highlight the uniqueness, applicability, place-based and strengths of the training, including details about the contextual and practical nature of the program; for example, as the only one-day SP training program, and how the training can help participants help themselves, friends, family and other community members that who be in distress.

Opportunities exist for greater utilisation of social media forums such as Facebook and Instagram, as well as tapping into mental health and wellbeing platforms. There is a need to continue to tap into the resource of local community members or groups, or volunteers who have capacity to take on active roles. Linking into social media platforms relating to specific
population groups such as rural youth, students and the unemployed, for example, has the potential to expand the reach of the training and to also increase the number and diversity of network membership.

**Recommendation 2** – That the development of a marketing or communication strategy for CORES, including how local community members or groups, or volunteers, be utilised to take on this task, as well as maintain social media platforms.

Where concerns were noted from facilitators around service providers attending CORES training with pre-existing expectations that they were attending “another PD” activity, it is essential to ensure service providers’ expectations of the training are realistic. This will ultimately benefit both the facilitators and participants, through improved participation and input during training, as well as potentially increasing attendance rates by outlining these additional values of attending the training.

**Recommendation 3** – That any advertisements to include a sentence/section highlighting CORES as a professional development activity that has direct relevance to SP practice, noting the grassroots approach taken and what this means.

The CORES Suicide prevention training has established itself as a leading community-based SP training initiative in Tasmania and, increasingly, interstate. The strategy considers such factors as gaps and opportunities to expand the current reach of the training to both Tasmanian and interstate communities, drawing on the participant and trained facilitator experiences (testimonials) and the endorsement of leading SP specialists. These tasks, in addition to all the other recommendations, require significant investment of employee resources, reflecting the importance and need of a dedicated program development officer role at KRC.

**Recommendation 4** – That KRC invest in the development of a specific marketing strategy to further promote the benefits of the training to both a Tasmanian and national audience, as well as continue to engage a dedicated program development officer role to manage such tasks.

**8.1.2 Extending governance and reach**

Strong governance is the backbone of effective training programs. Strong and credible leadership at an individual and organisational level instils confidence, generates stability, and
fosters growth and expansion. Through collaborating with key leaders and stakeholders in mental health and SP in Tasmania, the CORES governance structure will be aligned with current resources and policies, ensuring program planning is effectively fitting within these broader Tasmanian contexts.

**Recommendation 5** – That KRC continue to invest in fostering close collaboration with SP and MH peak bodies in Tasmania such as the Tasmanian Suicide Prevention Community Network (TSPCN) and the Mental Health Council of Tasmania (MHCT) to extend the reach of the CORES training program in Tasmania.

### 8.1.3 Senior managers as a target market

Data from the demographic survey suggests that participation is generally drawn from lower to mid-range managerial employees working in the social service and community health sectors, as well as interested members of the public. Opportunities exist to market the training to higher-level management, who have higher decision-making autonomy in their workplaces. This has the benefit of not only increasing participation rates, but also helping to ensure that managers can support employees on completion of their training.

**Recommendation 6** – That strategies continue to be developed specifically to attract senior managers to the training.

### 8.2 Program structure and delivery

Several recommendations relate to enhancing how the CORES training program is structured and delivered.

#### 8.2.1 Shared learning

Findings suggest that participants have a wealth of knowledge and experience that they often want to be recognised and shared. To further enhance this shared-learning environment, how the room is set up could be reconsidered if the space of the room allows.

**Recommendation 7** – That, where space allows, training rooms continue to set up to be conducive to, and to enhance, shared learning; for example, in a semi-circle, where participants can all see each other as well as the facilitator/screen.
8.2.2 Adoption of self-care principles during and post training

Self-care is one of the guiding principles of the training. Integrating self-care, both during and following the training, into the training is essential for both individual and collective safety and wellbeing but is also good practice in the delivery of SP training programs.

**Recommendation 8** – That facilitators continue to “check in” with participants discreetly and where required at regular intervals during the training, and as well considering scheduling a touchpoint post-training.

This touchpoint, whether by phone or email, can be used to determine whether participants need any advice or support, and for program planning purposes, to see whether they have used the CORES training or had any interactions with other training participants post-training. The touchpoint could also be used to recommend a further training module (for example, a short online course like the MHCT communications charter training), or even recommending the participant do the CORES training again in a few years as a refresher.

**Recommendation 9** – That a post-training touchpoint provide access to a training refresher; for example, referring to or recommending a short online course to complement the CORES training.

8.3 Content

When considering the development, maintenance, and updating of training content, the following recommendations should be considered.

8.3.1 Authentic learning

Evaluation findings showed that the training content was relevant to most participants, with a key factor of this concerning the contextualised and authentic content enhanced by personal narratives. The evidence states that adults “open up” to learning when they think that the learning will help them with real problems.

**Recommendation 10** – That there be a continued effort to ensure content is contextualised and authentic, to provide the necessary skills and tools for participants to apply in their daily lives and to sustain and enhance interactions with others.
8.3.2  Close friends and family at risk

Whilst there was no dispute that the training did provide the skills and knowledge to intervene and support someone at risk, even after completing the training some participants indicated they would still not feel comfortable, confident or able to intervene if the person at risk was someone close or familiar to them. This is potentially a “gap” area that requires more focus in training to ensure participants have both the knowledge and/or coping strategies to deal with these potentially distressing situations, recognising how these situations may be different when compared to intervening with someone who may not be familiar to them.

**Recommendation 11** – That program learning content include a specific section on how to work with a close friend or family member who is at risk or suicidal.

8.3.3  Training support material

Participants highlighted the significant amount of new learning presented at the training. Some participants expressed concern over their ability to retain the new information despite being presented with resources to take away with them.

**Recommendation 12** – That participants continue to be provided with a comprehensive training handbook that is updated regularly based on participant feedback. This includes sufficient space for participants to write their own personal reflections on the training. Ideally, this should be clearly written in plain language to help ensure that any participant whose first language is not English can better comprehend the supporting materials.

8.4  Facilitator support

Several recommendations concern factors which relate specifically to attracting and supporting facilitators.

8.4.1  Facilitator recruitment and retention

Effective facilitators and facilitation processes are critical success factors associated with community-based training. The evidence further suggests that trained facilitators are often difficult to retain if their input is not adequately supported or acknowledged by their peers.
and as professional development. Reward and recognition initiatives, including merit-based incentives, have been shown to boost retention levels amongst a volunteer workforce.

**Recommendation 13** – That KRC progress a facilitator recruitment and retention strategy that is underpinned by professional organisational and collegial training and support initiatives.

### 8.4.2 Personal support structures

Evaluation findings also exposed the demands inherent in being a CORES facilitator, both physically and emotionally. Acknowledgment of these factors and developing strategies to mitigate against the impacts of the training on the facilitators can have positive health outcomes and reflect the supportive and collegial nature of the organisation.

**Recommendation 14** – That KRC continue to support the health and wellbeing of facilitators through the provision of effective internal and external support structures, as and when required.

### 8.4.3 Professional development support

Skilled and engaged facilitators who have a deep understanding of the audience as well as the training content are essential to building trust with participants. Trust encourages risk taking, such as disclosure and experience sharing within a safe and supported environment.

Embedding processes within the facilitator training that help facilitators increase their knowledge of local SP services, service and policy reform, facilitation processes, program coordination and group learning theory will therefore increase their capacity in the role of facilitator. Flow-on effects will show further credibility and trust with participants, which enriches the learning experience for both the facilitator and participant.

**Recommendation 15** – That facilitators continue to be supported and encouraged to undertake relevant professional development, with costs covered by KRC. This training needs to align with principles of adult learning and be offered as part of informal and formal ongoing CORES facilitator training or through other external training organisations.
8.5 Measuring success and ensuring sustainability

Several key recommendations emerge from the evaluation findings regarding measuring key success indicators of CORES. These include: whether the training increases levels of knowledge, understanding and skills as community gatekeeper training; whether it ultimately reduces the occurrence and/or adverse impact or suicide and suicidal behaviour in the community; and whether it ultimately contributes to the sustainability of CORES.

8.5.1 Funding opportunities and strategic partnerships

The short-term and unpredictable nature of funding for not-for-profit organisations creates a significant risk in ongoing funding. This was an area highlighted in the previous CORES evaluation as impacting the capacity of KRC to adapt to the growth of CORES (Success Works Pty Ltd., 2009). To continue to adapt to this growth, KRC and CORES are in the unique position of being able to capitalise on the organisations’ highly recognisable and credible brand to investigate alternative longer-term funding for the CORES program through establishing strategic partnerships.

One specific target population recognised by the evaluation as critically requiring SP training is youth. Building on this, CORES could explore a strategic partnership within existing service provision structures of local education institutions; for example, training teachers or school social workers to deliver CORES within schools or in healthcare settings. Exploring “non suicide-specific” funders (for example, schools) was identified by the previous evaluation (Success Works Pty Ltd., 2009) as a way to explore options for funding. This includes corporate sponsorship, where CORES may focus on delivering training to specific industries or workplaces.

**Recommendation 16** – That KRC and CORES capitalise on their brand and explore the feasibility of resource sharing, through establishing strategic partnerships with both emerging and recognised organisations working in community services.

In addition, as highlighted in the previous evaluation (Success Works Pty Ltd., 2009), CORES works best in communities that have raised funds themselves, as fundraising generates and reflects a community’s commitment and sense of ownership.
Recommendation 17 – That KRC continue to explore alternative funding options where community groups or organisations interested in having a CORES training delivered through their service raise funds themselves to cover the training costs.

8.5.2 Diversify funding models and program offerings

The CORES networks and associated activities such as the training have been successful to date in attracting funding to support ongoing activities. Reliance of external funding presents challenges as well as opportunities to diversify the CORES training program to meet the needs and demands of the local communities where it is offered. This could include an additional second day/half-day of training specifically for those wanting to learn about SP for cultural groups, youth, frontline service workers, LGBTI, as examples.

Funding options could include the adoption of a fee-for-service model targeting the business sector, government and non-government, the education sector, tertiary and non-tertiary, and service provider agencies.

Recommendation 18 – That KRC explore an additional fee-for-service model targeting, for example, the business or education sectors. Such an approach would require customisation of the training and content (for example, an additional half to full day) to target the specific needs of the participant groups; e.g. content on youth, LGBTIQ.

As a reflection of the types of people who commonly attend training, another future program offering could target people whose primary work roles are computer based. This could require adapting the CORES training to be delivered through an online platform. This could enhance the accessibility of the program, particularly as an alternative for people living in rural areas who have internet access but may be unable to attend in person.

Recommendation 19 – That KRC further explore the use of a shorter version of the CORES training to be delivered in an online form; for example, expanding the use of CORES Toolbox Talks.

8.5.3 Ongoing program data collection

Collection and reporting on program performance are pivotal for securing future funding. Prior to this formal evaluation, CORES captured training outcomes via a basic evaluation form for participants post-training. Other suggestions and examples of evaluations to consider
include: pre- and post-training community surveys of people’s attitudes, levels of distress, willingness to seek help, mental health wellness themed discussion forums (at a local community event, for example); and interactive social media platforms.

**Recommendation 20** – That KRC continue program monitoring and program evaluation processes, including the continued use of external, independent evaluators, and a designated administrative role to collate, record, and archive CORES performance data, to be used for evaluation purposes and key success measures, as well as support future funding opportunities.

8.5.4 **Alignment with SP policy and practice frameworks**

New research is constantly refining evidence around best practice and cost-effective approaches to SP training. To ensure currency of training, it is important that the CORES training program be aware of, and in alignment with, recent developments in SP policy and practice – including frameworks such as the LifeSpan approach, as well as other systems-based approaches – and adopts one of these approaches in the design, delivery and evaluation of its activities; for example, strategies and evidence from such models in relation to SP in school, GPs, frontline and emergency workers.

**Recommendation 21** – That training content continue to be regularly updated and refined to ensure optimal alignment with current SP statistics, policy, and practice and that this be reflected in the design, delivery and evaluation of CORES training activities.

8.5.5 **Community involvement and co-design**

The operation of the CORES networks provides an opportunity for greater engagement with local communities. Involving local communities to work with KRC and CORES staff and identify key objectives, outcomes, and evaluation processes associated with the CORES program is one way to ensure the sustainability of CORES, through this community involvement and co-design process. This could mean that the CORES program continues to actively engage target communities in the co-design of performance measures against a range of priority indicators as identified by the community. For example, if branching out to schools, what are their performance expectations for the training and how will this be measured?
**Recommendation 22** – That KRC and CORES staff, through the CORES networks, continue to involve local communities and/or target population sub-groups to assist with the design of the CORES program, including objectives, outcomes and evaluation processes.

**8.5.6 Exploring community attitudes**

To ensure community involvement and that CORES reflects the needs and attitudes of the local community, as suggested in the evaluation findings, further exploratory research is needed. This includes how particular attitudes are developed and maintained, and how they impact stigma in the community around suicide and its prevention.

**Recommendation 23** – That KRC consider applying for research funding to explore the local SP training needs and community attitudes towards SP in the areas where CORES is active.

**8.5.7 Celebrating and sharing successes**

Celebrating and sharing success with local staff, community members and stakeholders builds credibility, fosters relationships, and rewards the initiative and efforts of those involved. Evidence suggests that training providers such as KRC and training facilitators are often too busy “doing the doing” and make little time to reflect on their successes and achievements.

**Recommendation 24** – That KRC share its considerable successes with its staff, stakeholders and the wider community, including utilising the voices of training beneficiaries to promote these successes. Potential platforms to do this include local community events, recognition dates or weeks, forums, conferences and publications.
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Appendices

Appendix A: CORES advertisement posters and information sheets

CORES™ Launceston
Community Response to Eliminating Suicide

Suicide Prevention Training

Have you ever been worried about family, friends, neighbours or work colleagues?
Are you concerned someone is having troubling thoughts?
Would you know how to help or what to do?

The training is designed to provide individuals and organisations with essential skills and resources required to identify and respond to a person at risk of suicide as well as supporting the person at risk to access appropriate services.

Location: Town Hall Reception Room, 18-28 St John Street
Launceston
Cost: Free due to funding from the National Mental Health Commission (Please bring your own lunch)
Date: Wednesday 14th August 2019
Time: 9:00 AM – 4:30 PM – registration from 8.30am
RSVP: admin@kentishrc.com.au or 64 911552
Within 5 days prior to training
Community targeted information sheet

CORESTM Australia
COmmunity Response to Eliminating Suicide
Town Hall - 66 High Street, PO Box 285 Sheffield Tasmania 7306
03 64 91 1366 sharon@kentshr.com.au

Suicide Prevention Training
Facilitated by
CORES Australia

Tasmania has the HIGHEST rate of SUICIDE of WOMEN and the SECOND HIGHEST SUICIDE rate of MEN in Australia

History and Overview
The Community Response to Eliminating Suicide (CORES) program was developed in Sheffield, Tasmania in 2003. It was developed to address the issue of suicide in the Kentish Region after ten people died by suicide over a three-year period. It was developed by community for community with ‘lived experience’ people involved from the very beginning. Its greatest strength is that it is a peer support model.

Kentish Regional Clinic Inc. operates as CORES Australia and was formed as a not for profit organisation in May 2007, with a main office in Sheffield. It consists of a Board of Directors governing the integrity and viability of the CORES Program.

Purpose of the Training
The training is designed to provide individuals and communities with essential skills and resources required to identify and respond to a person at risk of suicide.

Aims
- Recognise the warning signs of suicide
- Intervene before the potential crisis occurs
- Support the person at risk to access the appropriate services

Benefits for Organisations
- Helps reduce turnover and absenteeism by increasing employee morale
- Helps reduce workplace injuries through creating a culture of care
- Develops a sense of community in the workplace
- Reduces the rates of suicide and encourages early help seeking behaviour
- Improves the Corporate Image

Broader Benefits (Individual & Community)
- Generates social capital
- Recognises suicide as a social health issue, helping reduce the stigma associated with suicide
- Helps facilitate an open discussion of what most consider an uncomfortable topic
- Encourages communities to become supportive, healthy and well-connected
- Strengthens local social networks
- Norms to help seeking behaviour
- The skills learned in this training are transferrable to other areas of life

Target Audience
Whole Communities. All community members will benefit from this training.

Duration
One day, 9am – 4.30pm

Resources
- Adequate size training room for the number of participants
- Training is provided at a pre-organised venue/locus
- Whiteboard and projector
- Lunch to be supplied by the organisation or participants BYO

Cost
6 - 10 people $900 per day inc GST
11 - 25 people $1,250 per day inc GST

Other Expenses (Where Required)
Travel, Accommodation, Meals, Airfares

Expressions of Interest
For further information please email: sharon@kentshr.com.au
Suicide Prevention Training
Facilitated by CORES Australia

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History and Overview
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- Helps reduce workplace injuries through creating a culture of care
- Develops a sense of community in the workplace

- Reduces the rates of suicide and encourages early help-seeking behaviour
- Improves the Corporate Image

Broader Benefits (Individual & Community)
- Generates social capital
- Recognises suicide as a social health issue, helping reduce the stigma associated with suicide
- Helps facilitate an open discussion of what most consider an uncomfortable topic
- Encourages communities to become supportive, healthy and well-connected
- Strengthens local social networks
- Normalises help seeking behaviour
- The skills learned in the training are transferrable to other areas of life

Target Audience
Whole of Organisation - All employees will benefit from this training

Duration
One day: 9am – 4.30pm

Resources
- Adequate size training room for the number of participants
- Training is provided onsite at workplaces
- Whiteboard and projector
- Lunch to be supplied by the organisation or participants (BYO)

Cost
6 - 10 people $1,000 per day inc GST
11 - 25 people $1,375 per day inc GST

Other Expenses (Where Required)
- Travel, Accommodation, Meals, Airfares

Expressions of Interest
For further information please email: sharon@kentishr.com.au
School targeted information sheet

CORES™ Australia
CCommunity Response to Eliminating Suicide
Town Hall: 60 High Street, PO Box 285 Sheffield Tasmania 7306
0417 383 711 cressa@laun hardesth.com.au

Suicide Prevention Training
“One in four young people experience a mental health condition and suicide is the leading cause of death for Australians aged 15 to 24.” Beyond Blue, 2019

Background:
The Community Response to Eliminating Suicide (CORES) program was developed in Sheffield, Tasmania in 2003. It was developed to address the issue of suicide in the Kentish Region after ten people died by suicide over a three-year period. It was developed by community for community with 'lived experience' people involved from the very beginning. Its greatest strength is that it is a peer support model.

In 2007 Kentish Regional Clinic Inc. was formed as a not for profit organisation to manage the CORES program. Now a national organisation, with a main office in Sheffield, Tasmania, the integrity and viability of the CORES Program is governed by a Board of Directors.

Purpose of the CORES Training:
The training is designed to provide individuals and communities with essential skills and resources required to identify and respond to a person at risk of suicide.

Aims:
• Recognise the warning signs of suicide.
• Support the person at risk to access appropriate services.
• Promote help-seeking behaviour before a crisis occurs.

The key functions of the CORES model are consistent with the Black Dog Institutes Lifespan Integrated Suicide Prevention Model 2016.

CORES One Day Program Outline:
• Introduction to suicide (statistics and signs).
• Exploring suicide thoughts and behaviours.
• Looking for signs and indicators.
• Assessing the level of risk.
• Considering appropriate interventions.
• Drawing up agreements.
• Finding and using community resources.
• Evaluation Questionnaire.

Curriculum Links:
Links directly to the Personal, social and community health strand within the Health and Physical Education (HPE) Curriculum.
• Sub-strand: Being healthy, safe and active – Help-seeking.

Mental Health and Wellness - HPE Focus Area
• Helps to reduce the stigma associated with suicide and mental illness within the community.
• Helps facilitate an open discussion of what most consider an uncomfortable topic.
• Promotes support resources within the community.
• Develops knowledge, understanding and skills to manage mental health and wellbeing.
• Promotes resilience and self-care skills.

Target Audience:
Students aged 15 years upwards.

Duration:
One day: 9am - 3pm with breaks scheduled to coincide with each schools’ regular timetable.

Resources Required:
• Adequate size training room for the number of participants.
• Whiteboard, projector and screen or Smartboard.
• Cost:
  - 6 - 10 people $90 per day inc GST
  - 11 - 25 people $57.50 per day inc GST
Evaluation of the CORES Devonport and Launceston Networks
Pre-Training Session Survey Participant Information Sheet

1. Invitation
You are invited to participate in an evaluative study being conducted by the Centre for Rural Health, University of Tasmania that is being funded by the Community Response to Eliminating Suicide (CORES.) program. The research is being conducted by: Mr Stuart Auckland, Dr Jon Mond, Ms Laura Smith, Miss Terry Purton (Centre for Rural Health) and Dr David Lees (School of Health Sciences).

2. What is the purpose of this study?
The purpose of this study is to evaluate the process and outcome-related aspects of the CORES program. More specifically, the evaluation seeks to gather information on the effectiveness of the 1-day Suicide Awareness and Intervention Program (SAIP) training, delivered by CORES, and how this impacts individuals’ knowledge of and confidence in responding to suicidal behaviour within their local community.

3. Why have I been invited to participate?
You have been invited to participate in this study because you:

- Are aged 18 years or above
- Are participating in a SAIP training session in either Launceston or Devonport

Your involvement in this study is voluntary. While we hope that you will be willing to participate, we respect your right to decline.

4. What will I be asked to do?
To complete a 10-15 minute hard-copy survey asking about your knowledge of suicide, your confidence in responding to suicidal behaviour, and your awareness of appropriate services available in your community. The survey is anonymous, i.e., no identifying information will be obtained from survey participants. Your consent to participate in this research is implied by completing and submitting the survey.

5. Are there any possible benefits from participation in this study?
Your participation in this study will enable us to gain a greater understanding of the effectiveness of the 1-day SAIP training, offered by CORES, in increasing individuals’ knowledge of suicide, their
confidence in responding to suicidal behaviour, and their awareness of appropriate support services within their community.

6. **Are there any possible risks from participating in this study?**
There are no anticipated risks associated with participating in this study.

7. **Is there any reimbursement for participation?**
An information package and a summary of the key study findings will be made available to participants upon completion of the research project, should you wish to be contacted with this information.

8. **What if I change my mind during or after the study?**
Your participation in this study is appreciated, however, you may choose to discontinue participation in the study at any time without providing an explanation.

Given the anonymous nature of the survey, data cannot be deleted once the survey has been completed.

9. **What will happen to the information you provide when this study is over?**
All data will be stored on a password protected computer at the Centre for Rural Health, University of Tasmania and will be destroyed five [5] years after the date of publication.

10. **How will the results of the study be published?**
We hope that, in due course, results from this study will be published in peer-reviewed academic journals and presented at academic and/or public forums.

11. **Who do I contact if I have any other queries?**
If you would like to discuss any aspect of this study, please contact the Project Manager, Ms Laura Smith, at la.smith@utas.edu.au

12. **Who should I contact if I have any concerns?**
If you would like to discuss any aspect of this study please feel free to contact any of the investigators below:

   Laura Smith on ph (03) 6324 3357 or email la.smith@utas.edu.au or,

   Stuart Auckland on ph (03) 6324 4035 or email stuart.auckland@utas.edu.au

Should you feel distressed, or feel like you wish to talk to someone:

   …you can call Lifeline on 13 11 14
   …or Beyond Blue on 1300 224 636

This study has been approved by the Tasmanian Social Sciences Human Research Ethics Committee. If you have concerns or complaints about the conduct of this study, please contact the Executive Officer of the HREC (Tasmanian Government) Network on +61 3 6226 6254 or email
human.ethics@utas.edu.au. The Executive Officer is the person nominated to receive complaints from research participants. Please quote ethics reference number [H0017811].

Thank you for taking the time to consider this study

If you wish to take part, please complete the attached survey

Your consent to participate in this study is implied by your completion of this survey
CORESTM Australia Pre-Training Survey Tool

This questionnaire relates to your knowledge and understanding of suicide intervention and the CORES training. It takes approximately 10 minutes to complete. Please either answer or tick the most appropriate box for each of the following items.

Code Please insert the first three letters of your birth month and the last two letters of your mothers first name

1. Your Age _______ years

2. Gender

3. What is the postcode where you normally live? _______

4. What is your main activity at present? (tick one box only)
   □ In paid work full-time
   □ In paid work part-time
   □ Full-time student
   □ Home duties/caring for children
   □ Retired
   □ Seeking paid work
   □ Other (please specify)

5. What is the highest level of education you have completed? (tick one box only)
   □ Year 10
   □ Year 12
   □ Trade certificate/apprenticeship
   □ Undergraduate diploma
   □ Bachelor’s degree
   □ Postgraduate degree or diploma

6. In which country were you born?
   □ Australia
   □ Other (please specify) _______

7. Do you identify as:
   □ Aboriginal
   □ Torres Strait Islander
   □ Neither Aboriginal or Torres Strait Islander

What are your expectations of the CORES training and what do you hope to gain by participating in it?

___________________________________________________________________________
___________________________________________________________________________
What is the one thing that you would most like to learn from the training?

Please indicate your level of agreement with each of the following statements. Please tick one response for each statement.

<table>
<thead>
<tr>
<th>Prior knowledge and understanding</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Disagree Nor Agree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
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<tbody>
<tr>
<td>1. The purpose and intent of the CORES training has been clearly communicated to me.</td>
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<td>2. The CORES training will improve my knowledge and understanding about suicide prevention interventions</td>
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<td>3. The CORES training will help me better understand how to assist someone who is feeling suicidal</td>
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<td>4. The CORES training will help me network with suicide prevention services</td>
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<td>5. I have a good understanding of suicide prevention</td>
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<td>6. Certain groups within the Australian community are at a higher risk of suicide.</td>
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<td>7. I feel confident that I can provide guidance and support to a person at risk in ways that meet their individual safety needs</td>
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</tr>
</tbody>
</table>
8. I am aware of the services available locally to help someone who is feeling suicidal

9. I understand the risk factors associated with suicidality

10. I can identify some of the protective factors associated with suicidality

11. I can identify the key elements of an effective suicide safety plan and the actions required to implement it

12. I feel confident to approach and talk to a person who may be experiencing suicidal thoughts

ONCE YOU HAVE COMPLETED THE SURVEY MAY WE ASK THAT YOU INSERT THE COMPLETED SURVEY IN THE BOX MARKED ‘PRE-SURVEY FORMS’

THANK YOU FOR YOUR TIME IN COMPLETING THIS SURVEY

YOUR CONSENT TO PARTICIPATE IN THIS RESEARCH IS IMPLIED BY COMPLETING AND SUBMITTING THE SURVEY
Appendix D: CORES Evaluation Post-training Survey Participant Information Sheet

Evaluation of the CORES Devonport and Launceston Networks

Post-Training Session Survey Participant Information Sheet

13. Invitation
You are invited to participate in an evaluative study being conducted by the Centre for Rural Health, University of Tasmania that is being funded by the Community Response to Eliminating Suicide (CORES) program. The research is being conducted by: Mr Stuart Auckland, Dr Jon Mond, Ms Laura Smith, Miss Terry Purton (Centre for Rural Health) and Dr David Lees (School of Health Sciences).

14. What is the purpose of this study?
The purpose of this study is to evaluate the process and outcome-related aspects of the CORES program. More specifically, the evaluation seeks to gather information on the effectiveness of the 1-day suicide awareness and intervention program (SAIP) training, delivered by CORES, and how this impacts individuals’ knowledge of and confidence in responding to suicidal behaviour within their local community.

15. Why have I been invited to participate?
You have been invited to participate in this study because you:

- Are aged 18 years or above
- Have participated in a SAIP training session in either Launceston or Devonport

Your involvement in this study is voluntary. While we hope that you will be willing to participate, we respect your right to decline.

16. What will I be asked to do?
To complete a 10-15 minute hard-copy survey asking about your knowledge of suicide, your confidence in responding to suicidal behaviour, and your awareness of appropriate services available in your community, following the completion of the SAIP training. The survey is anonymous, i.e., no identifying information will be obtained from survey participants. Your consent to participate in this research is implied by completing and submitting the survey.

17. Are there any possible benefits from participation in this study?
Your participation in this study will enable us to gain a greater understanding of the effectiveness of the 1-day SAIP training, offered by CORES, in increasing individuals’ knowledge of suicide, their
confidence in responding to suicidal behaviour, and their awareness of appropriate support services within their community.

18. **Are there any possible risks from participating in this study?**
There are no anticipated risks associated with participating in this study.

19. **Is there any reimbursement for participation?**
An information package and a summary of the key study findings will be made available to participants upon completion of the research project, should you wish to be contacted with this information.

20. **What if I change my mind during or after the study?**
Your participation in this study is appreciated, however, you may choose to discontinue participation in the study at any time without providing an explanation.

Given the anonymous nature of the survey, data cannot be deleted once the survey has been completed.

21. **What will happen to the information you provide when this study is over?**
All data will be stored on a password protected computer at the Centre for Rural Health, University of Tasmania and will be destroyed five [5] years after the date of publication.

22. **How will the results of the study be published?**
We hope that, in due course, results from this study will be published in peer-reviewed academic journals and presented at academic and/or public forums.

23. **Who do I contact if I have any other queries?**
If you would like to discuss any aspect of this study, please contact the Project Manager, Ms Laura Smith at la.smith@utas.edu.au.

24. **Who should I contact if I have any concerns?**
If you would like to discuss any aspect of this study please feel free to contact any of the investigators below:

   Laura Smith on ph (03) 6324 3357 or email la.smith@utas.edu.au
   Stuart Auckland on ph (03) 6324 4035 or email stuart.auckland@utas.edu.au

Should you feel distressed, or feel like you wish to talk to someone

   …you can call Lifeline on 13 11 14
   …or Beyond Blue on 1300 224 636

This study has been approved by the Tasmanian Social Sciences Human Research Ethics Committee. If you have concerns or complaints about the conduct of this study, please contact the Executive Officer of the HREC (Tasmanian Government) Network on +61 3 6226 6254 or email
human.ethics@utas.edu.au. The Executive Officer is the person nominated to receive complaints from research participants. Please quote ethics reference number [H0017811].

Thank you for taking the time to consider this study

If you wish to take part, please complete the attached survey

Your consent to participate in this study is implied by your completion of this survey
Appendix E: CORES Evaluation Post-training Survey

CORESTM Australia Post-Training Survey Tool

This questionnaire includes questionnaires relating to your experience as a participant of the CORES Training. It takes approximately 10 minutes to complete. Please either answer or tick the most appropriate box for each of the following items.

**Code**

Please insert the first three letters of your birth month and the last two letters of your mothers first name

Please indicate your level of agreement with each of the following statements. Please tick one response for each statement.

<table>
<thead>
<tr>
<th>Part A: About the Training</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Disagree Nor Agree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The CORES training met my expectations.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. The structure of the training catered for my learning style</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. The training used an effective mix of learning styles that enhanced my understanding of suicide prevention</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. The information provided by the trainer was relevant, current and informative</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. The content provided by the training directly linked with the objectives of the training.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Part B: About your experience</td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Neither Disagree Nor Agree</td>
<td>Agree</td>
<td>Strongly Agree</td>
</tr>
<tr>
<td>6. The training improved my knowledge and understanding about suicide prevention interventions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. The training helped me better understand how to assist</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>someone who is feeling suicidal</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. The training helped me network with suicide prevention services</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>9. I have a good understanding of suicide prevention</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>10. I can identify groups within the Australian Community who are at a higher risk of suicide.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>11. I feel confident that I can provide guidance and support to a person at risk in ways that meet their individual safety needs</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>12. I am aware of the services available locally to help someone who is feeling suicidal</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>13. The training improved my understanding of the risk factors associated with suicidality</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>14. I can identify some of the protective factors associated with suicidality</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>15. I can identify the key elements of an effective suicide safety plan and the actions required to implement it</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>16. I feel confident to approach and talk to a person who may be experiencing suicidal thoughts</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

17. Overall, I was satisfied with the training. □ No □ Yes

Please explain why you were/were not satisfied with the training

___________________________________________________________________________
___________________________________________________________________________
18. What is the main message that you learnt from the training?

19. Do you have any other comments that you would like to make about the training?

ONCE YOU HAVE COMPLETED THIS SURVEY MAY WE ASK THAT YOU:

1. DETACH THE POST SURVEY FORM FROM THE FOCUS GROUP INTEREST FORM.
2. DROP THE POST SURVEY FORM IN THE BOX MARKED POST SURVEY FORM BOX
3. DROP THE FOCUS GROUP INTEREST FORM IN THE BOX MARKED ‘FOCUS GROUP INTEREST FORMS’

THANK YOU FOR YOUR TIME IN COMPLETING THIS SURVEY
YOUR CONSENT TO PARTICIPATE IN THIS RESEARCH IS IMPLIED BY COMPLETING AND SUBMITTING THE SURVEY

Focus Group Interest Form

Thank you for taking the time to complete this survey.
If you wish to participate in a focus group (to be conducted in approximately three months), in which your understanding of suicide and suicide-related behaviours among your local community will be further discussed, please provide the following information:

Preferred email address: _____________________________________________

A trained CORES facilitator will contact you via your preferred email address with details of the focus group (i.e., time and location), as well as an information sheet and consent form. Please note that all focus group discussions are confidential.

PLEASE REMOVE THIS FORM AND PLACE INTO THE CLOSED POSTING BOX PROVIDED
Appendix F: CORES training participant focus group/interview participant information sheet

Evaluation of the CORES Devonport and Launceston Networks

Focus Group Participant Information Sheet
SAIP training workshop participants

1. Invitation
You are invited to participate in an evaluative study being conducted by the Centre for Rural Health, University of Tasmania that is being funded by Community Response to Eliminating Suicide (CORES), Tasmania. The research is being conducted by: Mr Stuart Auckland, Dr Jon Mond, Ms Laura Smith, Miss Terry Purton (Centre for Rural Health) and Dr David Lees (School of Health Sciences).

2. What is the purpose of this study?
The purpose of this study is to evaluate the process and outcome-related aspects of the CORES program. More specifically, the evaluation seeks to gather information on the effectiveness of the 1-day suicide awareness and intervention program (SAIP) training, delivered by CORES, and how this impacts individuals’ knowledge of and confidence in responding to suicidal behaviour within their local community.

3. Why have I been invited to participate?
You have been invited to participate in this study because you:

- Are aged 18 years or over
- Have participated in a SAIP training session in either Launceston or Devonport

Your involvement in this study is voluntary. While we hope that you will be willing to participate, we respect your right to decline.

4. What will I be asked to do?
To participate in a 45-60 minute focus group with a group of 5-10 other people, in which your beliefs, attitudes and behaviours towards suicide in your local community will be discussed. All focus groups will be audio-recorded (to assist the researchers in recalling important details of the focus groups and to enable accurate transcription). Should you wish to participate, focus groups will be conducted in an office of Relationships Australia (in both Launceston and Devonport), a CORES partner agency.

5. Are there any possible benefits from participation in this study?
Your participation in this study will enable us to gain a greater understanding of the effectiveness of the 1-day SAIP training, offered by CORES, in increasing individuals’ awareness of and attitudes towards suicide in their local community.
6. **Are there any possible risks from participating in this study?**
There are no anticipated risks associated with participating in this study. However, given the nature of focus groups, where individuals are invited and encouraged to discuss their experiences within a group environment, there is a limitation around confidentiality, as other members will hear your views and you will hear theirs. All participants will be asked to keep focus group conversations confidential, not to be discussed outside of the focus group.

7. **Is there any reimbursement for participation?**
All focus group participants will be provided with a light lunch and will be reimbursed with a $20 Visa gift card to go towards any costs incurred for attending the focus group.

An information package and a summary of the key study findings will be made available to participants upon completion of the research project, should you wish to be contacted with this information.

8. **What if I change my mind during or after the study?**
Should you wish to discontinue your participation in the study during the focus group, please let one of the researchers know and they will ensure your information is not used for the study. If you wish to withdraw your participation after the focus group, you can do so, without providing an explanation, by contacting Ms Laura Smith (la.smith@utas.edu.au), within twenty-eight [28] days of the focus group being conducted.

9. **What will happen to the information you provide when this study is over?**
All data will be stored on a password protected computer at the Centre for Rural Health, University of Tasmania and will be destroyed five [5] years after the date of publication.

10. **How will the results of the study be published?**
We hope that, in due course, results from this study will be published in peer-reviewed academic journals and presented at academic and/or public forums.

11. **Who do I contact if I have any other queries?**
If you would like to discuss any aspect of this study, please contact the Project Manager, Ms Laura Smith, at la.smith@utas.edu.au

12. **Who should I contact if I have any concerns?**
If you would like to discuss any aspect of this study please feel free to contact any of the investigators below:
   
   Laura Smith on ph (03) 6324 3357 or email la.smith@utas.edu.au or
   
   Stuart Auckland on ph (03) 6324 4035 or email stuart.auckland@utas.edu.au

Should you feel distressed, or feel like you wish to talk to someone:
   
   …you can call Lifeline on 13 11 14
This study has been approved by the Tasmanian Social Sciences Human Research Ethics Committee. If you have concerns or complaints about the conduct of this study, please contact the Executive Officer of the HREC (Tasmanian Government) Network on +61 3 6226 6254 or email human.ethics@utas.edu.au. The Executive Officer is the person nominated to receive complaints from research participants. Please quote ethics reference number [H0017811].

Thank you for taking the time to consider participating in a focus group.

If you wish to take part, please complete the attached consent form.
Appendix G: CORES training facilitator/manager/key stakeholder focus group/interview participant information sheet

Evaluation of the CORES Devonport and Launceston Networks

Focus Group Participant Information Sheet
CORES managers, facilitators, stakeholders

13. Invitation
You are invited to participate in an evaluative study being conducted by the Centre for Rural Health, University of Tasmania that is being funded by Community Response to Eliminating Suicide (CORES), Tasmania. The research is being conducted by: Mr Stuart Auckland, Dr Jon Mond, Ms Laura Smith, Miss Terry Purton (Centre for Rural Health) and Dr David Lees (School of Health Sciences).

14. What is the purpose of this study?
The purpose of this study is to evaluate the process and outcome-related aspects of the CORES program. More specifically, the evaluation seeks to gather information on the effectiveness of the 1-day suicide awareness and intervention program (SAIP) training, delivered by CORES, and how this impacts individuals’ knowledge of and confidence in responding to suicidal behaviour within their local community.

15. Why have I been invited to participate?
You have been invited to participate in this study because you:

- Are aged 18 years or over
- Are a CORES manager
- Are a trained SAIP facilitator; or
- Are a key stakeholder

16. Your involvement in this study is voluntary. While we hope that you will be willing to participate, we respect your right to decline.

17. What will I be asked to do?
To participate in a 45-60 minute focus group with a group of 5-10 other people, in which your beliefs about the effectiveness of CORES training, the extent to which CORES training is impacting the community more generally, and whether you would recommend CORES training to other members of the community, will be discussed. All focus groups will be audio-recorded (to assist the researchers in recalling important details of the focus groups and to enable accurate transcription). Should you wish to participate, focus groups will be conducted in an office of Relationships Australia (in both Launceston and Devonport), a CORES partner agency.
18. Are there any possible benefits from participation in this study?
Your participation in this study will enable us to gain a greater understanding of the effectiveness of the 1-day SAIP training and the extent to which CORES training is impacting communities more broadly.

19. Are there any possible risks from participating in this study?
There are no anticipated risks associated with participating in this study. However, given the nature of focus groups, where individuals are invited and encouraged to discuss their experiences within a group environment, there is a limitation around confidentiality, as other members will hear your views and you will hear theirs. All participants will be asked to keep focus group conversations confidential, not to be discussed outside of the focus group.

20. Is there any reimbursement for participation?
All focus group participants will be provided with a light lunch and will be reimbursed with a $20 Visa gift card to go towards any costs incurred for attending the focus group.

An information package and a summary of the key study findings will be made available to participants upon completion of the research project, should you wish to be contacted with this information.

21. What if I change my mind during or after the study?
Should you wish to discontinue your participation in the study during the focus group, please let one of the researchers know and they will ensure your information is not used for the study. If you wish to withdraw your participation after the focus group, you can do so, without providing an explanation, by contacting Laura Smith (la.smith@utas.edu.au), within twenty-eight [28] days of the focus group being conducted.

22. What will happen to the information you provide when this study is over?
All data will be stored on a password protected computer at the Centre for Rural Health, University of Tasmania and will be destroyed five [5] years after the date of publication.

23. How will the results of the study be published?
We hope that, in due course, results from this study will be published in peer-reviewed academic journals and presented at academic and/or public forums.

24. Who do I contact if I have any other queries?
If you would like to discuss any aspect of this study, please contact the Project Manager, Laura Smith, at la.smith@utas.edu.au

25. Who should I contact if I have any concerns?
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Stuart Auckland on ph (03) 6324 4035 or email stuart.auckland@utas.edu.au

Should you feel distressed, or feel like you wish to talk to someone

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…or Beyond Blue on 1300 224 636

This study has been approved by the Tasmanian Social Sciences Human Research Ethics Committee. If you have concerns or complaints about the conduct of this study, please contact the Executive Officer of the HREC (Tasmanian Government) Network on +61 3 6226 6254 or email human.ethics@utas.edu.au. The Executive Officer is the person nominated to receive complaints from research participants. Please quote ethics reference number [H0017811].

Thank you for taking the time to consider participating in a focus group.

If you wish to take part, please complete the attached consent form.
Appendix H: CORES training participant focus group/interview consent form

Evaluation of the CORES Devonport and Launceston Networks

Focus Group Participant Consent Form
SAIP training workshop participants

1. I agree to take part in the research study named above.
2. The nature and possible effects of the study have been explained to me.
3. I understand that all focus groups will be audio-recorded.
4. I understand that focus groups will be conducted by research team members and that any focus group materials, such as transcripts and audio-recordings, will be de-identified, i.e., it will not be possible to know which materials belong to which participants.
5. I understand that the researchers will maintain the confidentiality of all information provided and that this information will be used only for the purposes of the research.
6. I understand that all information collected will be confidential and securely stored on the University of Tasmania premises for five [5] years from the publication of study results and will then be destroyed.
7. I understand that given that nature of focus groups, where individuals are invited and encouraged to discuss their experiences within a group environment, there is a limitation around confidentiality, as other group members will hear my views and opinions, and I will hear theirs. I understand that as a focus group participant, I will be asked to keep all focus group conversations confidential, not to be discussed outside of the focus group. This will also be asked of other focus group participants.
8. I confirm that any questions that I have asked have been answered to my satisfaction
9. I understand that my participation is voluntary, that I may withdraw from the focus group at any time without providing an explanation and without penalty, and that should I wish to withdraw my contribution to the focus group following the focus group completion, I should contact Ms Laura Smith, at la.smith@utas.edu.au, within twenty-eight [28] days of the focus group being conducted.

Participants name: _______________________________________________________

Participants signature: ____________________________________________________

Date: ______________________
Statement by Investigator

☐ I have explained the project and the implications of participation in it to this participant and I believe that the consent is informed and that he/she understands the implications of participation.

If the Investigator has not had an opportunity to talk to participants prior to them participating, the following must be ticked.

☐ The participant has received the Information Sheet and Consent Form where my details have been provided so participants have had the opportunity to contact me prior to consenting to participate in this project.

Investigator’s name: ___________________________________________________

Investigator’s signature: _______________________________________________

Date: __________________________
Appendix I: CORES training facilitator/manager/key stakeholder focus group/interview consent form

Evaluation of the CORES Devonport and Launceston Networks

Focus Group Participant Consent Form
CORES Trained Volunteer Peer Workers (trainers), stakeholders

10. I agree to take part in the research study named above.
11. The nature and possible effects of the study have been explained to me.
12. I understand that all focus groups will be audio-recorded.
13. I understand that focus groups will be conducted by research team members and that any focus group materials, such as transcripts and audio-recordings, will be de-identified, i.e., it will not be possible to know which materials belong to which participants.
14. I understand that the researchers will maintain the confidentiality of all information provided and that this information will be used only for the purposes of the research.
15. I understand that all information collected will be confidential and securely stored on the University of Tasmania premises for five [5] years from the publication of study results and will then be destroyed.
16. I understand that given that nature of focus groups, where individuals are invited and encouraged to discuss their experiences within a group environment, there is a limitation around confidentiality, as other group members will hear my views and opinions, and I will hear theirs. I understand that as a focus group participant, I will be asked to keep all focus group conversations confidential, not to be discussed outside of the focus group. This will also be asked of other focus group participants.
17. I confirm that any questions that I have asked have been answered to my satisfaction
18. I understand that my participation is voluntary, that I may withdraw from the focus group at any time without providing an explanation and without penalty, and that should I wish to withdraw my contribution to the focus group following the focus group completion, I should contact Ms Laura Smith, at la.smith@utas.edu.au, within twenty-eight [28] days of the focus group being conducted.

Participants name: _______________________________________________________
Participants signature: ____________________________________________________
Date: ______________________
Statement by Investigator

☐ I have explained the project and the implications of participation in it to this participant and I believe that the consent is informed and that he/she understands the implications of participation.

If the Investigator has not had an opportunity to talk to participants prior to them participating, the following must be ticked.

☐ The participant has received the Information Sheet and Consent Form where my details have been provided so participants have had the opportunity to contact me prior to consenting to participate in this project.

Investigator’s name: ___________________________________________________

Investigator’s signature: ________________________________________________

Date: ________________________
Appendix J: CORES training participant focus group/interview topic guide

Evaluation of the CORES Training Launceston and Devonport Networks
Focus Group Questions

Context: The Centre for Rural Health at the University of Tasmania is undertaking an evaluation of the CORES Training conducted at the Launceston and Devonport Networks. The evaluation concerns itself with both process and outcome components.

ICEBREAKER QUESTIONS

1. What was your motivation for participating in the one-day CORES training session?
2. Can you tell me how you first heard about the CORES training sessions?

TRAINING EXPERIENCE QUESTIONS

3. What were your expectations from the training sessions and to what extent were they achieved and how?
4. What are your thoughts about the format and content of the training and how could it be improved to enhance your understanding of suicide prevention/ideation?
5. Did the training improve your understanding of the factors associated with suicidal ideation, if so, how did it improve your understanding?
6. Can you tell me about the particular aspects of the training that had the greatest impact on you and why?
7. Do you feel that the training has helped you recognise people who may be having suicidal thoughts, if so, how?
8. Has the training provided you with the confidence to approach someone who you may sense is at risk of suicide, if so, how?

GENERAL CONCLUDING QUESTIONS

9. Is there anything further you would like to add about the training sessions or your experience as a participant?
10. Would you recommend CORES training to a friend or colleague and why?
Appendix K: CORES training facilitator/manager/key stakeholder focus group/interview topic guide

Evaluation of the CORES Training Launceston and Devonport Networks

Sample questions Focus Group Questions CORES Training - Trained Volunteer Peer Workers (Trainers) and Stakeholders

Stakeholder interviews or focus group 2-3 months after asking:

1. What do you know about the CORES Training program? (Stakeholder Question)

2. From a trainer perspective what do you think were some of the key success indicators for the training program. (Trainer question)

3. What difference do you think the training will make at a community level and can you give examples of this difference? (trainers and stakeholders)

4. How can the training program outcomes be sustained in the community? (trainers and stakeholders)

5. What changes would you recommend (content and structure) to the training so it may enhance its target goal of enhancing awareness around suicide prevention? (trainers and stakeholders)

6. Would you recommend the training to your community and why? (stakeholders and trainers)

7. Would you recommend people undertake further training to become trainers and why? (trainers only)

8. Are there any further comments you wish to make about any aspects of the training? (Stakeholders and trainers)
Appendix L: Ethics approval letter

Social Science Ethics Executive Officer
Private Bag 21
Hobart
Tasmania 7001 Australia
Tel: (03) 6226 8204
Fax: (03) 6226 7180
e.s.ethics@utas.edu.au

HUMAN RESEARCH ETHICS COMMITTEE (TASMANIA) NETWORK

05 December 2018

Mr Stuart Auckland
Center for Rural Health
Private Bag 1372

Dear Mr Auckland,

Re: MINIMAL RISK ETHICS APPLICATION APPROVAL
Ethics Ref. H00176/11 - Evaluation of the CORES Devonport and Launceston Networks

We are pleased to advise that acting on a mandate from the Tasmania Social Sciences HREC, the Chair of the committee considered and approved the above project on 05 December 2018.

This approval constitutes ethical clearance by the Tasmania Social Sciences Human Research Ethics Committee. The decision and authority to commence the associated research may be dependent on factors beyond the remit of the ethics review process. For example, your research may need ethics clearance from other organisations or review by your research governance coordinator or Head of Department. It is your responsibility to find out if the approval of other bodies or authorities is required. It is recommended that the proposed research should not commence until you have satisfied these requirements.

Please note that this approval is for four years and is conditional upon receipt of an annual Progress Report. Ethics approval for this project will lapse if a Progress Report is not submitted.

The following conditions apply to this approval. Failure to abide by these conditions may result in suspension or deactivation of approval:

1. It is the responsibility of the Chief Investigator to ensure that all investigators are aware of the project approval, to ensure the project is conducted as approved by the Ethics Committee, and to notify the Committee if any investigators are added to, or cease involvement with, the project.

2. Compliance: If any complaints are received or ethical issues arise during the course of the project, investigators should advise the Executive Officer of the Ethics Committee on (03) 6226 8204 or health.ethics@utas.edu.au.

A PARTNERSHIP PROGRAM IN CONJUNCTION WITH THE DEPARTMENT OF HEALTH AND HUMAN SERVICES

3. Incidents or adverse effects: Investigators should notify the Ethics Committee immediately of any serious or unexpected adverse events affecting the ethical acceptability of the project.

4. Amendments to Project: Modifications to the project must not proceed until approval is obtained from the Ethics Committee. Please submit an Amendment Form (available on our website) to notify the Ethics Committee of the proposed modifications.

5. Annual Report: Continued approval for this project is dependent on the submission of a Progress Report by the anniversary date of your approval. You will be sent a courtesy reminder closer to this date. Failure to submit a Progress Report will mean that ethics approval for this project will lapse.

6. Final Report: A Final Report and a copy of any published material arising from the project, either in full or abstract, must be provided at the end of the project.

Yours sincerely,

Lisa Hall
Ethics Officer
Tasmania Social Sciences HREC

A PARTNERSHIP PROGRAM IN CONJUNCTION WITH THE DEPARTMENT OF HEALTH AND HUMAN SERVICES
Appendix M: Participant expectations of training – full list of responses

- Develop strategies/awareness, Early detection, Engagement
- Expand current knowledge on suicide and suicide prevention and be more confident to speak to someone who is feeling suicidal and know what to say, in the right way to assist them
- Become more comfortable with talking about suicide
- Gaining knowledge and skills in assisting the community in suicide prevention
- Better understanding of suicide prevention in the community as in how and what individuals can do to prevent suicide
- Expect to learn more about suicide as a topic in general, and hopeful consolidate and add to knowledge about how to respond to a person with suicidal ideation and/or support services available for people and their friends/family affected by suicide
- Just to understand better
- More understanding of suicide prevention
- To gain more information about suicide prevention in order to help those at risk of suicide
- To extend on my knowledge on the topic
- Add tools to my toolbox to use with the youth I come into contact with
- A better understanding around suicidal thoughts and how to help people
- Further understanding of suicide prevention
- The reason I participating is I am a community service student and I hope to work in this field. I might come across some vulnerable people and I want to know how to help them
- To learn
- To have a better understanding of how I can interact better with my clients when they present in crisis
- To be able to revise and develop my understanding of the perceptions of suicide within general Australian communities. Also to develop skills to support people.
- Recognising the signs of people at risk, mental health first aid, how to help someone with suicidal intentions.
- Just to gain more information and effective strategies to help people.
- Expectations are to understand signs of suicide within my family and community and workplace.
- Not sure. To gain more an insight of what CORES do.
- I expect the content of this training to have a clear and thorough message and I hope to gain insight, knowledge and skills when it comes to dealing with people who are at risk of suicide.
- A better understanding.
- To refresh my memory as I had participated in CORES training session some years ago.
- More knowledge about the correct language and how to help people.
- Wish to experience the training so that I can confidently talk about it and/or recommend it to my client group.
- Further understanding of how to respond to people (particularly young people) who are verbalising suicidal feelings.
- How to get involved to help people who are contemplating suicide.
- Knowledge and skills to identify suicidal.
- Increase my awareness and gain some tools to assist in the future.
- A wider understanding of why people suicide and their thought processes. How a community can support people with suicidal thoughts/tendencies.
- Maintain current awareness.
- Increase knowledge - higher level of awareness.
- Awareness of dangers to support clients in the disability field.
- Understanding and "tools" strategies to support those who experience suicidal thoughts.
• To gain a detailed understanding of how I can support someone that is feeling suicidal.
• Additional skills in suicide assessment and intervention.
• Have no idea.
• Better understanding of suicidality and ways I can support people to reduce suicidal thoughts and behaviours.
• More information.
• Hoping to expand my knowledge of suicide tendencies and hopefully one day help somebody in need.
• Just to get an updated knowledge base on preventative strategies and the local supports available.
• More understanding of specific suicide prevention strategies and ways as a community to reduce suicide rates.
• To gain tools to use when working with suicidal clients and to increase my knowledge of suicidal ideation and suicide.
• Provide education and awareness around suicide and help me to be able to deal with the situation better.
• More information
• To learn techniques to aid in suicide prevention..
• Knowledge and strategies on how to help those with suicidal thoughts.
• Information regarding services available specific to the Launceston area.
• I want to learn more about suicide.
• Hoping to understand how to prevent a suicide.
• To learn practical skills
• Further my understanding of suicide and how to assist people.
• Increased knowledge and skills on suicide prevention to be able to be utilised both at work and in personal life.
• An awareness of the signs of suicide and tools to approach and intervene with at risk people.
• By gaining more skills to have the information to help people.
• Consolidate suicide awareness
• To understand my role and how I can prevent someone from following through with suicide
• How to take adequate action in preventing suicide
• A better understanding on how to respond if someone is suicidal
• Recognition of people at risk of suicide. Knowledge and ability to act.
• To learn how to help people who may be at risk.
• Knowledge
• To understand why and how to help
• More info on suicide prevention.
• A refresher of knowledge gained and other suicide prevention courses including "practice".
• Educational, informative. Hope to gain confidence in assisting, identifying risk.
• How to help.
• Greater knowledge of mental health and suicide prevention. The best way to talk to people about mental health and suicide without them feeling that it is wrong to talk about this.
• A further insight into mental health.
• An appreciation of issues surrounding suicide - warning signs and means to support and prevent the occurrences.
• Gaining skills around mental health and suicide prevention.
• To build current knowledge. To refresh current knowledge.
• Learn to how to how to recognise the symptoms of suicide.
• Understand current best practice.
• To extend my knowledge about suicide prevention.
• Contemporary information.
• Refresher course.
• A better understanding of suicide. To build my own confidence and understanding of appropriate actions for support particularly with young people.

• More knowledge surrounding suicide.

• Gain more understanding of people who are suicidal.

• To be able to identify a person at risk of suicide then assist them in the 1st instance, then help them find further help.

• Increased understanding and awareness.

• To help me understand the signs of suicide and how I can help prevent it.

• To gain a better understanding of how to respond to people experiencing suicidal thoughts and how to recognise if someone may be at risk.

• Knowledge how to identify and support those who are suicidal.

• Better understanding of recognising people at risk of suicide

• Learning about indicators and strategies

• Gain knowledge if I am ever confronted with the situation

• To be able to advise/support my son and his friends if at risk.

• To get a better understanding of mental health and suicide.

• More information. Networks.

• I have heard that the training was really good and hope to come away with helpful tools and more knowledge.

• To be refreshed on suicide prevention and to be updated on new information. To build my confidence in working with people who have suicidal ideation.

• In depth training to compliment my community service education.

• To be able to help others who are thinking about suicide.

• Insight into the warning signs of someone who is potentially suicidal.

• Need a refresher.

• Knowledge, awareness. Confidence to engage in conversation on the suicide subject.

• Understanding of responding to suicide and suicide ideation. And prevention of suicide.

• I hope to learn about anything that I can really.

• Learn to identify those that are struggling and tools to assist them.

• Better understanding of suicidal thoughts.

• To be able to identify if someone is at risk of suicide and to know what interventions I can take and/or to know what other services are available.

• Knowledge on how to support someone at risk.

• Currently studying diploma of counselling, will help with this. The capacity to help and support friends and family.

• I attended CORES training approximately 5 years ago. I hope to be refreshed and updated.

• Who to go to.

• Better understanding and how to support those in need.

• No experience, communication skills.

• More understanding of suicide prevention to support our team and those in the community.

• To have a greater understanding of how to deal with individuals who are going through a tough time.

• A better understanding on mental health.

• New skills/approaches - community approaches. Applicability to different audiences.

• No expectation. Greater knowledge of program for use in Gippsland.

• I work as a medical receptionist in a rural setting. Coming to training today I hope to have a better understanding on mental health and suicide prevention and what I can do to help people in my job.

• To learn how to talk to people who need help in suicide prevention.

• I’m looking at this from an organisational perspective to use if its suitable for our staff.

• To learn more about suicide prevention and awareness.
• Increased knowledge around suicide prevention, particularly as I work with older Australians and the high incidence of suicide in over 85 y.o. men is most concerning.
• I hope to gain a better knowledge and skill set to be able to identify and assist participants who disclose suicidal thoughts or actions.
• An understanding of at-risk signs for people thinking of suicide and how to assist them.
• Any information relevant to my role as a community service provider. Strategies currently implemented/prevention.
• To learn new knowledge and skills.
• Hope to gain knowledge of suicide prevention help.
• In depth knowledge of suicide prevention.
• More knowledge that will help me help others if needed.
• Gain some knowledge and education that can be used for my course and working in the sector.
• My expectations are to gain knowledge about suicide.
• To gain more knowledge.
• Information to be able to assist suicide prone individuals and their families.
• Further understanding around the issue of suicide.
• Knowledge.
• Best techniques for preventing suicide relevant to Tasmania and for less skilled people.
• Awareness.
• Expansion of current knowledge.
• New knowledge.
• Practical information or resources for preventing suicide.
• Hope to gain knowledge of how to recognise and assist someone who is feeling suicidal.
• Knowledge about dealing with people’s suicidal thoughts.
• A better understanding.
• I expect to gain knowledge around suicide and what can I do about it.
• Knowledge on how to support anyone that may contact me with a mental health problem and save lives.
• Gain more knowledge in regard to prevention of suicide and what to do and what not to do in a situation.
• To gain knowledge in suicide prevention, understand how this occurs and ways to help
• Confidence in being able to remember how best to support someone contemplating suicide. I like to do training in suicide prevention frequently to refresh the knowledge and confidence.
• To be able to build strategies to prevent and respond to suicide from a community perspective.
• Better knowledge of suicide and hopefully be able to help prevent suicide.
• To learn more about and how to prevent suicide and depression.
• Id like to learn any signs or symptoms how to deal with them and what help is out there. Also what support is out there for family and friends after the fact.
• Training for the future which will be important in my field.
• To gain extra knowledge and refresh from the last time I completed the training.
• To gain more of an insight on the warning signs of suicide.
• Understanding of statistics, the knowledge of the risk factors and learning state of the demographic affecting Australians.
• Knowledge of how to help others.
• Knowledge and strategies in the workplace.
• A knowledge of the different stages of suicide thought and how to ethically and efficiently change peoples notions of suicide.
• I hope to gain more knowledge in the area and hopefully gain skills and the right words to use while working to help people who struggle in the area of life (more understanding of the area).
• To be able to identify and ask the question “are you thinking of suicide?”. To be able to help and set a safety plan and refer to appropriate people.
• I hope to learn about the signs of being or seeing someone experiencing suicidal tendencies and ways to help them.
• I hope to gain some core knowledge re suicide and how best to work with those who are dealing with suicidal ideation/an emergency situation.
• Gain a knowledge of how to prevent suicide.
• To gain more information on providing suicide prevention strategies.
• To refresh on the last CORES training which is fantastic.
• A better understanding on reading the signs of suicidal clients and how to have a conversation that can effectively respond to suicidal concerns.
• To learn how to support people affected by suicide or people who are suicidal.
• A greater understanding of suicide as it occurs across populations and methods of best practice ways of approaching people thinking of taking their life and ways of talking about suicide.
• CORES general information. Suicide reasons, cause and precaution to deal with person seeming frustration, depression. Identify the behaviours of the person who is going to commit suicide.
• Pass on valuable information to our workforce.
• Become familiar with current literature and techniques.
• Identify people at risk. When to ask R U OK?
• I would like to gain a broader view on how to assist someone who is suicidal.
• Understanding of how best to respond to client suicidal ideation.
• No expectations, knowledge around suicide prevention.
• Knowledge of what makes people snap.
• A better idea of how to approach the subject with someone as well as what to say/do about the person response.
• I don’t have any specific expectation, however I would like to gain some education around suicide and how to prevent and recognise the signs.
• I haven’t been to a CORES training program before but have been to the programs like this. I would like to gain knowledge that can help me at work and private life.
• To gain a better understanding of suicide prevention and hopefully use it in my place of work when needed.
• To refresh and update information, knowledge, and skills pertaining to suicide prevention and care of people impacted by suicide.
• Better knowledge and understanding.
• Hope to gain some information about identifying someone who is suicidal and how to deal with them.
• Suicide prevention tools.
• I expect to find out information, statistics, services, communications skills. I hope to have skills to identify and assist people who may be at risk of suicide or help friends and family who know someone who may be at risk.
• More insight into suicide prevention.
• Refresh and build confidence in responding.
• Information on suicide and suicide prevention and practical advice to take away.
• Information on how to best respond in the event of being presented with an attempted suicide.
• How to deal with a family member (son aged 23) anxiety, depression, suicidal thoughts.
Appendix N: One thing most wanting to take away from the training – full list of responses

- Awareness.
- As above.
- How to talk to somebody who is suicidal.
- How to help people who may be thinking of attempting suicide.
- How the CORES program is run.
- Risk assessment questions, process, things to look for.
- Understand.
- How best to assist someone who is feeling suicidal.
- To better spot warning signs that a person is suicidal.
- To have a better understanding of suicide prevention.
- To recognise the hidden signs of a potential suicide.
- How to change my mindset on why people suicide. It to me feels like a very selfish thing to do.
- Strategies to use when someone discloses harm or thoughts of suicide - questions and actions to take.
- How to help people in the community which are at risk of killing themselves. To better understand how to help.
- To recognise and be able to assist anyone in need.
- What is the next best step after someone discloses feelings of suicide. How can I report it/keep them safe without breaking their trust.
- Skills/knowledge, community development.
- To learn the skills in helping someone at risk.
- Confidence when faced with a suicidal client etc.
- Other ways of approach and fine tuning technique.
- I love to learn as much as I can. After losing my father to suicide, it's another way of coping and understanding.
- I would like to gain an insight into the thoughts and behaviours of people who are at risk of suicide and the appropriate ways of responding to these people.
- About the understanding of Anxiety.
- Reinforce and learn what not to say or do.
- How to help people through hard times.
- How well the community is informed and engaged about suicide.
- How to manage technology (i.e., FB, facetime, 24/7 phone calls) and how it relates to young people and their interactions with each other.
- Do's and don't in handling individuals in trouble. Assess if I can get involved and participate in program.
- Ability to identify suicidal.
- How to help someone when they are making threats of self harm/talking about suicide.
- An understanding of why people who suicide think they have no other option.
- Language, trends.
- Trends, current language.
- How to recognise the risks.
- As above.
- Tools to use to help support people and the correct things to say.
- A better way to manage someone considering suicide.
- Learning more about prevention of suicide.
- Prevention skills.
- How to identify and help when someone is at risk.
- How to pick up on signs that someone needs help.
- Confirm my knowledge in this area to be better equipped to respond to clients, colleagues, family/friends in relation to them speaking about suicide.
- Why the rates have not decreased significantly despite numerous campaign initiatives and increasing interest in this area.
• To increase my skill base around suicidal ideation and to increase my ability to have a conversation about suicide with clients.
• How to talk a person down from wanting to kill themselves.
• Update my knowledge and learning.
• How to help somebody in crisis.
• As above.
• An understanding of how to deal with and support someone who is depressed and is having suicidal thoughts. How to work through this low stage and encourage someone to get back on their feet after experiencing these thoughts.
• How to prevent suicide.
• To be able to recognise the suicide cues and assist where I am able to.
• As above.
• As above.
• What to say when people express suicidal thoughts.
• How to help.
• The right way to talk to someone about suicide.
• Unsure.
• How I can help those who have thoughts of suicide.
• More referral services.
• How to handle the situation.
• Knowledge and ability to support appropriately someone who maybe at risk of suicide.
• How to talk to someone in crisis.
• What to look for.
• As above - understand.
• How to deal/approach someone who is experiencing suicidal emotions/signs.
• Best practice in dealing with someone who may be suicidal.
• Clearly identify risk.
• As above.
• How to respond to people who do reach out to me when feeling suicidal. Being a team leader I feel this is important.
• Key strategies to support people at risk that I am working with.
• Simple tools to help people who are 'at the end of themselves.
• To help someone who is suicidal.
• As above.
• Different tools to help me stop someone from suiciding.
• Facilitator.
• Ways in which I can/should respond if a person presents with signs they may be contemplating suicide.
• Unsure.
• To learn how to talk with someone who is feeling suicidal.
• Suggested approaches.
• How to help me be able to talk to someone about suicide.
• The best way to respond if I identify someone as being suicidal.
• How to respond.
• More information regarding resources available for referrals.
• Guidance in assisting others.
• Skills, knowledge and understanding.
• How to talk to someone who is depressed or talking about suicide.
• Nothing specific in mind.
• Networks. Services.
• To learn about other services that be can utilised in suicide prevention.
• Knowledge of how to cope.
• A refresher on indicators of suicidal ideation and pathways of help.
• Knowledge of suicide intervention and prevention.
• How to support someone who is suicidal.
• To gain more tools.
• How to feel passion for the act of suicide and the person thinking about it.
• above.
• How to help people in their own situation even though I’ve never been in the same situation.
• How to help/guide those who need help.
• To feel empowered.
• To identify those at risk of suicide.
• Recognition and confidence to ask and pursue question.
• Actions to take.
• Knowledge for practical help.
• How to get help and support when needed.
• Communicating.
• Signs to look for in someone experiencing or likely to experience.
• Communication styles.
• To have the confidence to support those in need of support.
• How to have that first conversation.
• Methods of assisting others around mental health.
• Understanding of program aims/delivery.
• Benefits of using it in Gippsland.
• I would like to learn better ways to interact with people through speech, that are dealing with mental health problems.
• How to communicate with people who need and ask for help.
• As above.
• I want to learn as much as possible.
• How to pick up that someone has suicidal thoughts and how to approach them.
• How to be confident when working with a participant who identifies as suicidal.
• How to approach people at risk. How to acknowledge that risk.
• How to identify and support those at risk, including family. How to deal with grief.
• Lots of skills to use in the workplace.
• How to deal with people who is suicidal.
• Ways to talk to someone who may be feeling suicidal.
• More communication skills.
• Talking people down from suicide.
• Learning about people at risk of suicide. Identifying people at risk, warning signs.
• How to assist those with suicide in their lives and how to help them.
• As above.
• How to provide the most support to someone thinking about suicide.
• How the wording around suicide helps.
• How to reach people resisting help.
• Identify and support.
• Not seeking anything specific.
• How to help and support friends and community.
• How to interact people with suicidal thought or behaviour.
• Knowledge of suicide prevention interventions.
• Same as above.
• Why.
• Strategies to help people and how to help.
• More knowledge and understanding the cause and how to deal with.
• How to identify someone that could be feeling suicidal.
• As above.
• How to deal with people suffering depression and anxiety. The right things to say and do.
• Any new updated or modified ways to effectively support someone contemplating suicide.
• How to work with family and community members after a suicide occurs.
• How to recognise and help.
• How to deal with depression and people with depression.
• How to respond to someone requesting help.
• How to support a person who is experiencing suicidal thoughts.
• Any additional knowledge available.
• To learn to spot warning signs.
• Preventative measures, policies to facilitate and lead in a beneficial manner those affected by mental neurosis.
• Knowledge.
• Emergency/crisis intervention.
• How to help people in an emergency.
• How to effectively reduce the rates of suicide.
• Skills and knowledge to help support people in the community.
• To be able to assist in saving someone’s life.
• How to help others who have dealt with or are dealing with suicide with family friend or personal.
• What to do in a suicide related emergency.
• Statistics of suicide in Australia.
• Dealing with post-suicide attempt.
• Statistics, prevention in suicide.
• Communication around suicide.
• As above.
• How to talk about it with people who have been affected by it.
• Responding with person who is going to commit suicide after identifying his/her behaviour.
• First response - what to say to people who threaten they will suicide.
• Updated methodology for prevention.
• Dealing with grief and loss.
• As above.
• Confidence in conducting assessment, exploring situation further.
• Recognising the sign of someone who could possibly be thinking of suicide.
• True figures around male suicide.
• How to assist someone who is thinking of harming or killing themselves, in the best way I can.
• Improved knowledge and understanding.
• How to talk through this with people and help them.
• The right things and the wrong things to say when someone has come to me regarding suicide.
• As above
• Resources available, support available, self-care for self and others.
• How to help someone who is suicidal.
• Key indicators of a suicidal person
• To understand how we as a community can address this issue and make significant changes.
• The above.
• First response procedures. Refresh my response verbal.
• Recognise signs and de-escalate situations.
• How to implement a safety plan.
• How to get help if worried about suicidal son.
Appendix O: Training satisfaction – full list of responses

- Well engaged.
- I loved the direct applicability of the content to scenarios and relevant info about services. The group providing answers to scenarios together was empowering.
- The facilitator was excellent.
- Liked the training, many opportunities for discussion, great knowledge from Sharon.
- The training was interesting and accessible.
- It was interesting and informative.
- The information was relevant to Tasmania/Launceston community.
- I have been given the tools to be able to assist me with potentially helping someone in this situation.
- Interactive and engaged participants with "hands on" activities to increase understanding, e.g., river activity (on whiteboard) and scenarios at end of session.
- I like protective factors, local services available, better understanding. I didn’t like some of the comments which were judgemental to local churches.
- Very happy - knowledgeable instructors - enjoyed our day.
- It was informative and presentation style was engaging. Presenters were great.
- This workshop was invaluable to anyone in our community. The experiences and stories are vital to gaining understanding in suicide prevention but intervention.
- Info was set out clearly and easy to follow and understand.
- Very happy, just needed the notes throughout the course.
- The training helped me gain a new perspective and level of insight into the subject of suicide.
- Excellent communication and knowledge. Easy to understand.
- It was very informative. Well run. Relevant information.
- Very clear and involving day.
- Well facilitated, safe, strong community skill building. I better understand what CORES offers the community.
- It was excellent. Could be louder, but the room was large.
- Good pace, good use of group work. Enjoyed hearing stories and ideas from the group.
- Excellent. Asking question - I’m more confident.
- The training helped me to increase my awareness of suicide and how to help prevent it.
- Using real life examples, practical exercises, supportive environment.
- The river of risk explained the process and answers to better understand suicide prevention.
- Good down to earth practical training.
- I feel better equipped to assist a suicidal person and approach them.
- Helpful information and systems. Good mix of activities.
- Well taken course.
- I've learnt a lot about suicide today.
- The training was really good. I enjoyed it.
- Relatable scenarios were used, really straightforward and structured process to help with conversations/identifying who needs extra support.
- It answered my questions.
- Very easy to understand, particularly late in the day doing the matrix.
- Delivered excellent and clear. Easy to understand.
- It was very engaging and interactive and visual, making it easy to learn new information and also “techniques” of assisting someone with suicidal thoughts. Scenarios were a great conclusion reinforcing our learning I also appreciated role plays.
- Relevant and cooperative style. Informative.
- The trainers were excellent, relaxed presentation styles combined with their own lived experience meant the training was authentic. I feel so much more confident under their warm and informed guidance.
- Great delivery and wonderful up to date info.
- Great training!
- Good information, easy to understand. Good to practice scenarios and conversations. Would like more info in notes of copy of slides.
- The instructors were amazing at explaining everything and were very welcoming.
• Excellent strategies and information provided to understand, recognise and address suicidality and ways to help
• Very interesting and informative training day.
• Still have a couple of questions.
• Very open and honest sharing combined with well presented informed with regards to the topic.
• Great day, well delivered, informative and interactive.
• I found the presentation built on my previous knowledge and provided a clear tool for assessment.
• It was very well presented and easy to understand.
• Great content, great presentation and intimate group
• Well delivered, clear messages and understanding of suicide prevention strategies.
• I’m a lot more confident on how to assist my friends with their situations.
• Presented in an easy to follow format. Provided all tools and info to give me confidence to help those in need.
• It was engaging which helped to focus and learn.
• The training was engaging and informative.
• Process, clear and concise.
• Was very satisfied with the knowledge I now have around this excellent program.
• Good trainers, life experience.
• Good process to follow now.
• Extremely well facilitated and great content.
• The training made me more confident to help someone who is having suicidal thoughts.
• Very in-depth training and appreciate the groups voices.
• Well thought out and presented, all in line with current suicide intervention practices.
• I learned so much more than I was expecting.
• Excellent training - very relevant and down to earth trainers.
• Content was very well explained by the facilitators and also with the interaction of all attending.
• The training has provided further information and knowledge on how to be confident when assisting someone who is suicidal.
• It was relevant to my area and the realistic scenarios helped to practice the skills.
• The training was easy to follow and presented well by Sharon and Dave. I like how the class was heavily involved in contributing.
• Great guest speakers, held my interest all day.
• Lots of learning and I feel more confident to have the conversation.
• The training was very informative and well presented.
• Well presented.
• The information and content as well as the ABS info and facts and presenters.
• The instructors were well informed and experienced.
• Easy to understand, very clear and concise.
• Did not expect the high level of engagement from the presenters. Fabulous training.
• Eye opening.
• Sharon and David were awesome, they made learning enjoyable and I learned so much.
• It was very good information and will help in the future.
• All information given was clear and explained well.
• I loved the fact the statistics were current and I could ask questions without judgment.
• Better understanding on how to ask the big question.
• Presentation was clear with plenty of options to interact.
• I was able to understand step by step processes. My questions were answered. I was inspired by the lived experiences.
• It was very informative. The facilitators were well resourced and knowledgeable.
• Effective, informative.
• Well-structured and well amount of information.
• Clear guidelines on how to discuss and refer people at risk, options on treatment.
• It was a very informative and educational day.
• I felt the training built on and refreshed my knowledge. It was well set out and enjoyable.
• The training covered everything and was very relevant.
• Mixed learning methods were highly appreciated.
• All those who delivered the training were inclusive and provided all info in accessible terms and manner.
• The training taught me things which I probably would not of learned by not doing the training.
• Learning the river system.
• I was satisfied with the training as I learnt more further than the training that I done 2 years ago, the statistics have changed.
• The training was a good insight and learning experience on the subject of suicide.
• Fantastic facilitators, role plays and lived experience.
• The information was clearly portrayed and scripted so it was easy to understand.
• Was great to get framework and strategies. Build on existing knowledge and develop confidence.
• Information was well presented.
• Delivered well. Informative.
• Very informative. Open and honest discussions.
• I feel that anything and everything I wanted to know was covered.
• Good communication from everyone.
• Very clear to understand.
• Great facilitation, vulnerable, open discussions.
• Excellent delivery.
• I am feeling much more confident around the topic of suicide and discussing it with people.
• Well communicated, covered the topic well.
• Fantastic easy to absorb information.
• Relaxed and informative, good day.
Appendix P: Main message taken away from training – full list of responses

- We can all do something
- Assist to be a ‘first aider’ and help link someone with supports, rather than feeling responsible entirely for their safety, specifically with close family/friends
- Not to overreact, funnel vision
- There is a script, but contextualising it is important
- I guess the biggest learning for me is that 1 in 10 people will die from suicide even after intervention. The training did not paint a rosy picture that all suicides can be prevented, but we should do what we can without thinking of ourselves as the ‘fixer’
- Don’t be scared to ask
- Learning
  - To ask the direct question and active listening
  - To ask for information before making recommendations, i.e., not jump to conclusions
  - That anyone can be affected, but there is always a way out and help is there
  - I am confident that I have the skills to help someone considering suicide
  - There are many factors around suicide
  - Knowledge and skills in your approach with someone considering suicide can make a difference
  - Suicide prevention strategies and intervention
  - How to assess with reasonable accuracy
  - Dams. People who experience suicidal feelings want to escape the pain, not die. Increased risk rule.
  - Always follow the answer when asking the question "R U okay?"
  - To not be afraid to ask direct question regarding suicide.
  - I can be of assistance.
  - That I will be able to pick up on the signs stresses and be able to help.
  - It’s okay to ask someone about suicide, and not to contact family/friends without consent.
  - Learning.
    - Can help someone and be part of the solution.
    - How to help my family and friends cope.
    - There can be a strength in everything.
    - We are all able to assist people, even if we aren’t trained professionals in this area.
    - That each trainee can make a difference.
    - Awareness.
      - How to address/speak to someone who may be suicidal.
      - Don’t be afraid to ask the question.
      - Asking question - I’m more confident. Visual metaphors - great. "River of Risk and Dam"
      - Be open and confident to ask someone about suicide and then from there they can get help.
      - Reinforcement, I am on the right track.
      - Learning the right questions to ask.
      - How to assist people who need help.
      - That everyone can help someone that is having suicidal thoughts.
      - Asking the direct question can save a life.
      - People’s different experiences of suicide are varied and there are multiple factors allocated with suicide, both risk factors and protective.
      - I can help others.
      - Not every suicidal person can be sorted out, but most don’t want to die.
      - Been more aware of what people are saying and listening.
      - That it is okay and preferred to be direct.
      - ABCD and funnel vision.
      - The steps to take if someone says "yes" to being suicidal.
      - Ask the question - implement a strategy.
      - Ask the question.
      - Ask the question, the river of risk, flags and how to assess the levels of risk and interventions to follow.
• You can’t save everyone.
• How to talk and approach a person.
• It’s ok to talk about suicide and important we do
• It’s okay to talk about suicide
• It was a well-structured and easy to follow day. One day I could repeat if needed.
• How to identify risk
• Don’t be scared of someone who is experiencing suicidal thoughts.
• The Dam - listen, understand empathy
• Being able to ask the question and further questions to help someone with suicidal thoughts.
• That I can assist someone with suicidal thoughts using an identified process.
• We can all help support people prevent suicide.
• Suicide is real and we all a role to play in prevention and awareness.
• Ask the question.
• It is ok to ask if someone is going to take their life.
• Do not be afraid to ask.
• Suicide is a tough subject, but we can be equipped to help those who are suicidal.
• How to assess someone’s level.
• Not to be afraid to ask the question "are you thinking about suicide?"
• That it is ok to talk about suicide and that there are many steps I can take to assist someone who is feeling suicidal.
• To ask the questions and make a support plan.
• Ask the question or provide support.
• The river diagnosis tool. Tributaries/flags/ask/behaviour/current plan to determine level of risk and a range interventions.
• Be direct and don’t beat around the bush with conversation and be prepared to continue the conversation/chat.
• I have gained skills and knowledge which will assist me to support people if I am ever in this situation
• We are able to assess and help others
• Be ready to listen and ask direct if you think suicide is an issue.
• Tributaries and flags are important.
• How to rate the problem, what strategies to use and contacts.
• The assessment tool.
• Recognise and support those planning suicide. Empower them to seek treatment for themselves.
• Even though you aren’t medically trained, you can help someone who is feeling suicidal.
• To be inclusive and respectful of the LGTBI community.
• The dam wall/assessing risk.
• Communication and early intervention.
• What certain questions are the ones you can ask and how certain questions can trigger people.
• Everyone can help and there are numerous avenues of help to support those in need.
• Flags/resources
• That anyone is able to step in and help.
• Suicide was across all age range and we can all help, don’t need to be professional.
• Be direct.
• Any support is better than none. There are services to help.
• Steps to ask to get the right help.
• Communication, processes, resources.
• Confidence, process, how to, awareness.
• I can help.
• There is an abundance of resources in our local community. Vital to use the ABCD.
• You’re not alone and plenty of resources available to help self plus others.
• Great local resources.
• Review of skills, addressing issues.
• Ask the question. Listen. Get help.
• It is a tough question to ask but can make all the difference.
• How to listen and encourage someone to get help if they need it.
• Community members have an important part to play in regards to supporting safety.
• How serious suicide and awareness is.
• If you suspect someone is suicidal - ask.
• The main message I have learned is how to assess and implement a plan if and when required.
• That interventions usually go well and people are receptive to assistance.
• Intervention strategies and signs of possible thoughts of suicide.
• Its ok to ask if you are suicidal to somebody.
• Self-care.
• Never give up hope.
• Not give up on people (even when its hard) and how to ask them.
• Early intervention strategies. Direct questions for suspected suicide cases.
• That people who are at risk of suicide are not wanting to die, just wanting the pain to end.
• People who die by suicide don’t want to die.
• It doesn’t hurt to ask if someone is suicidal and you should when you see the red flags.
• Communication/alert awareness.
• What questions to ask and what to look for.
• River of risk.
• Be comfortable discussing suicide and prevention strategies.
• A, B, C, D.
• There are many ways to help someone. There is always hope.
• That suicide can be stopped and can be helped.
• Gave me a depth insight to approach and support anyone going through or planning to commit suicide, if my own family, friends or anyone.
• What questions to ask and how you could talk to someone.
• That suicide isn’t and should not be a taboo subject to talk about.
• Everyone has hope and always be observant towards the signs and indicators of suicide.
• Suicide sucks
• Correct terminology
• Seeing signs, being able to ask the right questions.
• ABCD. How to proceed when someone is suicidal. Also, how to provide and encourage social networks and self-care to all people.
• Talking about suicide doesn’t have to be confronting.
• Wording to use. System in place to talk to people.
• The cluster of flags and ABCD
• That it is not talked about enough and people feel shame.
• Resources and networking.
• To assist those at low risk and prevent them being medium or high.
• ABCD. Learn how to look for the signs and assess.
• The training was facilitated with etiquette. It was brilliant.
• Early intervention.
• Suicide is tough
• That suicide is not taboo.
• Identifying the risks of people.
• That it is ok to ask the hard question.
• I’m fine, and happy and ok.
• The three golden rules and to be honest and don’t beat around the bush when asking if someone is considering suicide.
• How to help those experiencing suicidal thoughts.
• Be direct.
• This is a great training program.
• Have an open and direct conversation.
• How to assess a client with suicidal thoughts.
• Risk assessment/avoid assumptions/asking appropriate questions.
• Sign indicator, behaviour, appropriate language.
• There is hope and support.
• The training has given me the confidence to talk to someone on the subject of suicide.
• Have the conversation, ask the questions.
• Suicide is real.
• It only takes care and desire to help and change someone’s life.
• We can all help.
• Suicidal people do not want to die, just want to end the pain.
• Suicidal people don’t want to die, just want to stop hurting.
• Framework for assessment.
• Reach out and ask are you suicidal, if person is displaying risk signs.
• Be proactive about suicide prevention.
• How to identify people at risk, red flags, and the framework to support them.
• The available resources in the community. The river.
• Framework for the conversation.
• ABCD use for assessing.
• There is help, strategies and tools available.
Appendix Q: Any further comments from training participants – full list of responses

- Excellent facilitator(s).
- The booklet could include more of the information.
- Good information/program for community members.
- All good.
- Great.
- Great - would love more training.
- Great trainers.
- An extra 10 minute break would be handy.
- Thanks.
- Thanks.
- Increase awareness and improve my life skills.
- Excellent.
- Smaller class sizes. Less overhead projector training.
- Great presenters that are clearly passionate about the topic.
- Liked the river of risk.
- Great trainers and easy location.
- It was a worthwhile training and I will pass on to others.
- No.
- The facilitators were fantastic, hats off to them.
- Be good if the definition of advanced risk was in workbook. Be good to have hand.
- Fantastic delivery.
- Would be great in schools!
- Good day - thanks.
- Thank you! Outstanding content delivered by passionate, kind and inclusive presenters.
- Would recommend to others.
- Keep it up.
- Thank you to Sharon, Leanne and Rob.
- Very valuable training.
- The facilitators were very good. Explained things clearly and was a great learning curve for me. Thank you.
- Could be faster, some slow moments (I have to go back to work).
- No.
- The tick/cross scenario activity could be better explained, as I felt lost at the start.
- It is an excellent service to provide.
- Thank you!
- Thank you.
- It was very helpful and a great learning experience.
- May have been 1 hour too long.
- Thankyou for sharing your experiences.
- Great and experienced people to listen to.
- Thank you.
- It was very informative, I have taken away a lot of information. Thank you!
- Great pace, relevant resources.
- Awesome job.
- No. I had a wonderful time regardless of subject matter.
- Sharon is inspirational in her story.
- Thank you.
- Great trainers.
- Well presented.
- Well done, really enjoyed it.
- Very engaging and practical evidence-based information.
- Thanks.
• Great job.
• It would be great to have statistics about the connection of people experiencing suicidality and mental health.
• Liked doing scenarios at the end. Helped implement suicide talk system.
• Thank you very much for your dedication to educate and help other people’s lives.
• Great trainer and great content.
• Thank you so much for your contributions.
• Excellent.
• Great teamwork.
• Thank you! Also thank you for having a fill in your own gender option!
• Great facilitators.
• Worthwhile.
• Slow start. Afternoon was more practical elements was much better.
• Chairs are uncomfortable for an all-day session.
• Excellent workshop.
• Everyone should do it, the training that is.
Appendix R: TasTAFE, Launceston – letter of support

TasTAFE
COMMUNITY & CHILDREN'S NORTH
44A Aucer Road, NEWMAVETS TASSIE
PO Box 539, LAUNCESTON TAS 7250, AUSTRALIA
Phone (03) 6377 2800

9th April 2020

Letter of Support for CORES Australia.

The TasTAFE Community Services Team would like to support CORES Australia with their application for funding that will enable the organisation to further its mission.

With the help of CORES Australia they will be able to provide free Community Response to Eliminating Suicide (CORES) one day training to our Community Services Students. Each class group has approximately 35 students. Across the state this could be 12 classes per year.

Educational institutions, such as TasTAFE, often have restricted budgets so additional funding opens up opportunities to develop relationships with other training organisations in the community.

The CORES training is designed to provide individuals and communities with essential skills and resources required to identify and respond to a person at risk of suicide. The aims include: recognizing the warning signs of suicide, supporting the person at risk to access appropriate services, promote help-seeking behaviour before a crisis occurs and teach self-care skills and strategies.

It is reported that "One in four young people experience a mental health condition and suicide is the leading cause of death for Australians aged 15 to 24." (Beyond Blue, 2019). With Key Action 3 of the Youth Suicide Prevention Plan for Tasmania 2016–2020 is a "Build the capacity of schools and other educational settings to support young people who may be at risk of suicide or impacted by suicide". Thus the CORES training is well placed to be able to deliver suicide awareness training to students who fall into this age bracket and who are also training to support others in the community in this demographic.

The potential outcomes of improving the mental health of students and staff are varied. For students their capacity to succeed and grow in their study may be improved. With increased confidence and emotional health students’ capacity to enhance others’ health and wellbeing may also occur. This could further lead to more students being able to be more actively involved and participating in their learning and also allow for the students to transition into different areas and situations more easily.

For staff the potential outcomes may involve greater confidence to assist the students to build their capacity to manage their mental health through helping them to identify support strategies that could assist. As a result of this student and staff relationships could become more positive with staff developing understanding and empathy for students. Teachers could still maintain expectations of students in regards to their learning and/or class behaviour but in a more realistic way through making some reasonable adjustments for participation and assessments for example.

There are some specific learning outcomes in all of the qualifications in Community Services which are supported by the CORES training program. These learning outcomes are listed in the units of competence in the qualifications. A substantial amount of required knowledge and skills across the full range of qualifications is related to effective communication and interpersonal skills. Some examples from the range of qualifications are below:

- CHC22015 Certificate II in Community Services has units which relate to how to communicate and work in health or community services, provides first point of contact and assists effectively with others at work.
- CHC31015 Certificate III in Community Services has units which relate to how to respond to client needs, work with people with mental health issues and to work in an alcohol and drug alcohol context.
- CHC321015 Certificate IV in Community Services has units which relate to how to identify and respond to oral health and people at risk, promote Aboriginal and Torres Strait Islander cultural safety and work with diverse people.
- CHC331015 Diploma of Community Services has units which relate to how to develop workplace communication strategies, apply specific interpersonal and counselling interview skills and assess co-existing needs.

The CORES training complements and enhances knowledge and skills required of students when supporting individuals who may be disadvantaged or vulnerable through a variety of needs and circumstances. All of the above units require knowledge and skills in how to support individuals with health and wellbeing concerns and issues.

The CORES training also gives students an opportunity to experience a professional one day training session in preparation for the workplace. Professional development through industry based training is highly regarded by TasTAFE teachers and community service organisations. Industry based training is also recommended for current students for their future employment in the community services sector.

We have had Community Service students complete the CORES one day training during 2019 and more recently in March 2020. Feedback has been very positive from students involved in CORES training to date. Students spoke highly of their learning from the training and the confidence they had gained from being able to exercise through observation and clear questioning the level of risks to an individual at suicide and how to support them. Students stated after the training that their personal goals of knowing how to approach an individual and what to say to them were met.

The staff involved with the CORES training were knowledgeable and approachable with the student cohort. The messages and information which they shared were clear, relevant, in plain English and at times supported through appropriate sharing of their lived experiences. CORES staff encouraged students to ask questions and participate through a variety of learning activities. For example, students were given cards to guide their verbal feedback and students were able to work in small groups on scenario situations. All students were able to engage in their learning style.

We are aware that CORES Australia received two years of seed funding for the CORES training in Tasmania and Queensland from the National Mental Health Commission in 2018 and support their application for ongoing funding to provide opportunities for more engagement to students in staff in education and for other.

Yours sincerely,

[Signature]

[Position]
Appendix S: CORES Network member, Devonport – letter of support

[NAME AND ADDRESS REMOVED FOR CONFIDENTIALITY]

September 3rd, 2019

To Whom It May Concern

I am writing this letter to attest to the value and benefit of the CORES Devonport Community Network.

I joined the Network as a non-professional community member (Lived Experience) and have found it invaluable on a personal level. I have received unconditional support (both from other members and also from external sources arranged for me by the Network co-ordinator, Sharon Corvinus-Jones) which has enabled me to cope better with my loss and personal growth.

Whilst the group’s main objective is its community capacity-building program centred upon the prevention and intervention of suicide, the Network also provides significant benefits to its members – via sharing information, life skills, coping strategies and emotional support.

I cannot praise the work done by this group highly enough. It provides an invaluable service within the community with many immediate and long-term benefits for participants and members.

Sincerely

[NAME REMOVED]