OPERATION COMPASS EVALUATION
CORES QUEENSLAND

Regions: NQPHN & CQPHN

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ACKNOWLEDGEMENTS

Definitions

ADF   Australian Defence Force

CORES   Community Response to Eliminating Suicide

CQ   Central Queensland

NMHC   (Australian) National Mental Health Commission

NQ   North Queensland

PHN   Primary Health Network

TOL   Transfer of Learning

WHO   World Health Organisation

Executive Summary

The two relevant areas of Operation Compass for this report are the North Queensland Primary Health Network (NQPHN) and Central Queensland Primary Health Network (CQPHN) funded through the National Mental Health Commission via CORES. 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, to recognise the warning signs of suicide, intervene before the potential crisis occurs, and support the person at risk to access appropriate services. Consequently the aims and objectives of this Outcome Evaluation focused on how well 177 CORES program attendees at the CORES one day program learn and retain knowledge to act effectively in the event that they become aware of a person at risk of taking their life or harming themselves; whether CORES facilitated eight to ten programs within each PHN area; and whether attendees valued the learning experience. Program attendees' feedback indicates that the one day workshop was a practical learning experience and valued by participating veterans in the North and Central Primary Health Network regions. The outcome evaluation showed clear Transfer of Learning (TOL) through increased knowledge; understanding about suicide prevention, and willingness to implement strategies if and when required. The lack of participation by partners and families was also investigated which suggested that persisting suicide stigma and the anticipated effect on military careers as a consequence was an inhibiting factor. Recommendations include adding a short knowledge quiz to the start and end of the one day program, continue building relationships with the veteran community, expand relationships with the Aboriginal and Torres Strait Islander community on Palm and the mainland, and aim to train facilitators on the mainland. Consider developing a program for underserved communities such as people with disabilities and older age persons at higher higher risk than the general community.

OVERVIEW OF SUICIDE PREVENTION AND CORES

Suicide is a global concern with many countries finding suicide in the top 10 causes of death and a global suicide rate of over 10 per 100, 000 (WHO, 2017). Suicide was previously a 'taboo' rarely spoken of in western cultures. However, active community engagement in preventing suicide are integral to early intervention and reducing suicide rates. Suicide prevention programs range from universal programs such as restrictions on access to methods or media reporting guidelines, to community education programs such as gatekeeper training (Platt & Niederkrontenthaler, 2020). Suicide prevention based at a service provision level can be costly and unsustainable in today's economic climate (Cantor & Baume, 1999). Consequently community vigilance in the prevention of suicides is imperative. This outcome evaluation aimed to review quantitative increase in knowledge, qualitative commentary from attendees at CORES programs for evidence of willingness to provide early timely intervention to reduce the risk of suicide, and consequent strain on existing services.

Community education is essential in communities' suicide prevention plans. Research has found that suicide prevention programs increase knowledge in, and improve attitudes towards, mental illness and suicide however, the contribution to suicide prevention is unclear due to difficulties of directly measuring program outcomes (Guo & Hartall, 2004). Effective components in an overall suicide prevention strategy often found in suicide prevention programs, include identifying signs of suicidality and effective questioning about suicidality (Capp, Deane, & Lambert, 2001; van der Feltz-Cornelis, Sarchiapone, Postuvan, Volker, Roskar, Grum et al., 2011). However, there is insufficient evidence that universal programs, such as public education, are effective (Robinson, McGorry, Harris, Pirkis, Burgess, Hickie et al., 2006). A follow up assessment of retention after a delay such as a focus group discussion or questionnaire are more likely to provide stronger evidence of effectiveness.

The effectiveness of different approaches used in national suicide prevention programs found weak support for community based programs (Platt & Niederkrontenthaler, 2020). Evaluation of suicide prevention programs are problematic if multiple programs are used within the same community, as separating individual program contributions is problematic (Beautrais, 2005). Many community suicide prevention programs are of short duration, while research suggests longer programs are more effective although how long is long enough or too long is not clearly defined either (Miller, et al.,, 2009).

Effective community programs should be grounded in the principles of adult learning; Adults are autonomous and self-directed and as such should be involved in the process of learning that reflects their interests; bring life experiences and knowledge to learning, are goal oriented, relevancy oriented, practical and, like to be respected (Alabama Pathways, 2014; Knowles, et al., 2005). Consequently, mandatory attendance is likely to negatively affect outcomes of suicide prevention programs if the community member does not feel the subject is relevant to them or are uncomfortable with the topic. Factors such as cognitive interest can affect attendance, willingness to learn and participate (Sutha, Kailasapath & Jayakody, 2016). Another adult learning principle relates directly to the CORES Program i.e., individuals accumulated knowledge and life experience being valued and shared (Alabama Pathways, 2014; Knowles, et al., 2005).

Incorporating lived experience into training programs provides evidence of a learning experience that is powerful and insightful (Jones, et al., 2018). Adults are goal-orientated and practical so learning outcomes should be made clear and include the opportunity to practice specific skills (Principles of Adult Learning – Alabama Pathways, 2014). A focus must also be on the importance of self-care and support for people attending particularly those with lived experience, and for group facilitators who are frequently exposed to the lived experiences of others. The CORES program meets these criteria and includes a second support person for attendees and presenters.

The CORES program was founded on principles of adult learning and since establishment in the Burdekin district of Queensland in 2008 and has expanded training capability across the state. The program introduces the topic of suicide in a safe environment that explores community attitudes, facts about suicidal thoughts and behaviours. It provides participants with a plain language understanding of how to assist a person considering suicide and to use already existing resources in the community.

Whether a program is mandatory or non-mandatory training is relevant to outcomes, particularly the transfer of learning (TOL) into practice and/or daily life. It is one thing to learn about and quite another to apply. John's (2015) study of 104 community health workers found that non-mandatory training improved the level of knowledge, skills, confidence and outcomes were sustained. In fact 92% of participants had shared the learning with others. This may be true of CORES although there is no current data to support this observation. This evaluation incorporates consideration of the geographical area of the two Primary Health Networks, the retention of learning, as well as qualitative feedback from participants over the evaluation period. This brief literature review was supported by an extensive search of six data bases relevant to this evaluation topic: *CINAL, Cochrane, Proquest, OVID, PsychArticles, SCOPUS.*

CORES Aim and Mission

The Kentish Regional Clinic Inc. in Tasmania is the registered organisation to deliver the CORES programs around Australia. Suicide and self-harm continue to be major issues in rural communities throughout Australia and CORES educates community members to be proactive to prevent a person taking their life, or harming themselves.

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 to:

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

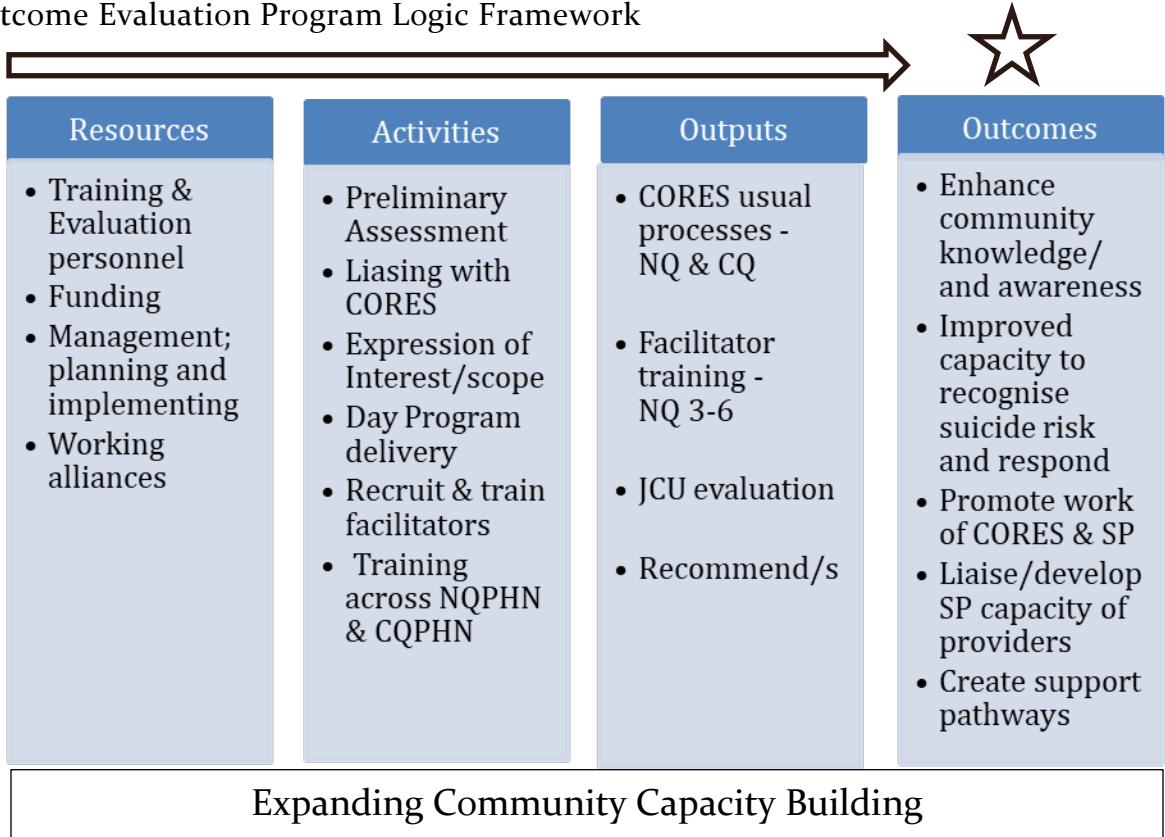CORES Philosophy sums up the approach and intent of community suicide prevention education, "*The more people from within a community who complete the training, the less likelihood there is of someone at risk not receiving help. It empowers communities to watch out for each other*" (https://cores.org.au/). The program empowers individuals with sufficient skills to recognise risk and act effectively to save lives.

OUTCOME EVALUATION OBJECTIVES

1. To identify how well participants in the CORES one day program learn and retain knowledge to act effectively in the event that they become aware of a person intent on lethal self-harm.
2. Evaluate if CORES in Queensland met the criteria of facilitated 8 - 10 programs (NQ & CQ) and trained 3 to 6 facilitators.
3. To identify attendees perceived value of the CORES Program learning experience.

Figure 1:

Outcome Evaluation Program Logic Framework

Resources	Activities	Outputs	Outcomes
• Training & Evaluation personnel • Funding • Management; planning and implementing • Working alliances	• Preliminary Assessment • Liasing with CORES • Expression of Interest/scope • Day Program delivery • Recruit & train facilitators • Training across NQPHN & CQPHN	• CORES usual processes - NQ & CQ • Facilitator training - NQ 3-6 • JCU evaluation • Recommend/s	• Enhance community knowledge/ and awareness • Improved capacity to recognise suicide risk and respond • Promote work of CORES & SP • Liaise/develop SP capacity of providers • Create support pathways

Expanding Community Capacity Building

Data Sources

Data was collected from multiple sources providing multiple viewpoints including from:

- Pre and Post assessments (Literacy of Suicide Scale (LOSS), Calear et al., 2012).
- CORES program participants' feedback comments from the end of the one day program.
- Brief interview with Open Arms
- ADF organizing and program support persons
- Palm Island program observer
- Facilitators
- Female adult a former partner of a serving military person.

In addition to the standard format of the CORES PROGRAM we used an unpublished, validated measure to assess how well participants retained Knowledge of Suicide. The *Literacy of Suicide Scale (LOSS)* has a maximum score of 27 correct responses. The data provides an accurate estimate of how well the program and presenters could deliver complex knowledge in a manner that relatively naïve participants could easily understand and retain. At the mid-point review of the evaluation a snapshot of 62 responses showed a Mean score of 19.2 (71%) with a possible range of 0-27. This outcome showed that the program was effective and that increased to variable accuracy between 71 and 75% average (97 program participants) over the entire program.

Methodology

This evaluation was conducted from Townsville due to work commitments although primarily due to the distance from Townsville to the CQPHN training location. COVID 19 was a further impediment to data collection in person. Overall there were 177 individuals who attended CORES training across the two sites. Two other interviews were conducted in person in Townsville and voice recorded, some participants provided written statements about their involvement and views about the program. Participants written feedback provided at the end of the program also provided data on attendees' views and opinions of the content as well as value statements. Participants completed pre and post assessments in pencil and paper format which were then collected and delivered for analysis. The multimethod approach provided excellent and extensive data that could not be captured easily otherwise. As this evaluation was contracted JCU did not require an ethics application however, the NHMRC ethical principles were adhered to.

Participant Consent:

Quantitative data (LOSS: Literacy of Suicide Scale, Calear et al., 2012) was provided anonymously by respondents, as was the participants' program feedback.

Qualitative data (written feedback about the program) was not identifiable.

Interviewees were asked to provide verbal consent at the beginning of the recorded interview.

Data Analysis:

Questionnaires were input to SPSS for analysis

Comparison group data was readily available from a prior 2012 general community study that also used the Literacy of Suicide Scale. The availability of this data provided an opportunity to assess general community responses in comparison to Defence personnel. The comparison provided external validity for this evaluation as Harris (2016) recommended.

Qualitative Analysis:

Thematic Analysis (Braun & Clarke, 2006) was used to define themes in written feedback.

CORES TRAINING IN QUEENSLAND

CORES established in Queensland during 2008 in the Burdekin rural region of North Queensland and has since expanded with programs across Northern, Western and Central Queensland. The focus of the Operation Compass evaluation is North and Central Queensland Primary Health Networks. The combined populations of these two catchment areas extend across 1500 kilometers along the coast of Queensland and includes Palm Island off the NQ coast and within the Townsville postcode areas. The population in the catchment areas totals 1536451. The travel time is fifteen hours between Townsville where the largest concentration of ADF personnel live and work, and Central Queensland where there is a large military training area and a substantial retired veteran community on the Fraser Coast (Hervey Bay) 380 kilometers south of Rockhampton. Given the distance between the NQ and CQPHNs it was not possible for the evaluators to personally attend training CQ events.

Demographics

TOWNSVILLE DISTRICT

In the 2016 Census, there were 229,031 people in Townsville (Statistical Area Level 4). Female: 49.9%; Male: 50.1%; Median age 36. Lavarack Barracks is one of the ADF's largest bases and home of the 3rd Brigade, the Army's light infantry brigade, which forms the core of the Army's Ready Deployment Force. The base currently supports a population of 3,817 military and 626 civilian personnel. Estimates of current and former ADF members living in the NQPHN vary. Partners and other dependents are not included in the estimate. The exact data of serving members, veterans and their families was not accessible for this report.

SERVING MEMBERS AND VETERAN SUPPORT SERVICES

Open Arms is the largest provider of mental health services including suicide prevention in the NQPHN region with offices in Townsville and Cairns for serving military, veterans, and families including children. Across the state there are seven Open Arms centres, and none are publicly listed in the CQPHN region which is serviced by contracted providers. Open Arms also employs former ADF members as peer support workers for former and current members experiencing psychological distress as do other military service orientated services[1] in the region. The organisation contracts external mental health providers across the state in addition to employed Psychologists and Social Workers at the Townsville facility. The organisation services:

- Australian veterans of all conflicts and peace operations.
- Partners and dependent children (under 26 years of age) of veterans with issues arising from the veteran's service
- War widows and widowers
- Ex-partners of Vietnam veterans, within five years of separation
- Sons and daughters of Vietnam veterans, regardless of age, with issues relating to their parent's operational or warlike service
- All participants in the Veterans' Vocational Rehabilitation Scheme as defined under the VEA Part VI Section 115A.

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1. The Oasis, Mates4Mates, Soldier On, RSL, Townsville Homeless Veterans

- Ex-ADF personnel with a mental health conditions

HERVEY BAY

The population of Hervey Bay in 2019 was 55446 (http://www.population.net.au/hervey-bay-population/) and the Fraser Coast area of Queensland was 101504 in the 2016 census (https://quickstats.censusdata.abs.gov.au/census_services/getproduct/census/2016/quickstat/LGA33220#). This area of Queensland is a popular retirement location for veterans with some support services available locally e.g., Hervey Bay RSL (General Welfare and Support), Mates4Mates (Online), Military Brotherhood https://mbmmc.org.au/wp-content/uploads/2018/08/media-brief.pdf . Online mental health support via Open Arms is also accessible.

PALM ISLAND

Palm Island (Great Palm Island), has a population of 2455 (2016 Census) although other estimates suggest up to 5000 (http://www.palmcouncil.qld.gov.au/about-palm-island) Residents are of Aboriginal and Torres Strait Islander heritage. Palm is 57 km North of Townsville 46 km East of Ingham 224 km South of Cairns. Great Palm Island is one of 16 Islands in the Palm Island Group. Located 65km north of Townsville in Cleveland Bay.

Historically the Manburra people occupied the Palm Island group prior to first contact with Europeans. The contemporary Aboriginal name for Palm Islanders is 'Bwgcolman people', which means 'many tribes – one people'. Palm residents are descendants of Aboriginal and Torres Strait Islander people forcibly removed to Palm Island from throughout Queensland. The community is now a self-governing council after a troubled history. On 30 March 1985, the Palm Island community elected 5 councilors as an autonomous Palm Island Aboriginal Council established under the Community Services (Aborigines) Act 1984 (Qld). https://www.qld.gov.au/atsi/cultural-awareness-heritage-arts/community-histories/community-histories-n-p/community-histories-palm-island

The council area, previously an Aboriginal reserve held by the Queensland Government, was transferred on 27 October 1986 to the trusteeship of the council under a Deed of Grant in Trust. As of January 2005, the Local Government (Community Government Areas) Act 2004 (Qld), the Palm Island Aboriginal Council became the Palm Island Aboriginal Shire Council. This relatively recent history bridges the former and post 2005 lived experience of older Islanders. The suicide rate for Postcode 4816 that includes Palm Island was reported in 2016 as 2.5 times higher than Queensland average. In the NQPHN area Aboriginal and Torres Strait Islanders suicide 1.2 times more frequently than Queensland generally, and 1.5 times more than the overall national rate ratio (Buckby, Stodden, & Lutkin, 2016).

DVA PENSIONERS AND TREATMENT CARD HOLDERS

Table 1 provides an approximation of potential participants in the two Local Government Areas/PHN districts included in this report. The data is indicative of CORES program participant potential.

Table 1: Local Government Areas data 3/1/2020
https://www.dva.gov.au/sites/default/files/files/publications/datastatistical/LGAprofile/lgas_dec2019.pdf

Location	Net Total DVA	Veterans	Dependents	Disability Pensioners	War Widows	Service Pensioners
NQ Townsville	8958	7586	1369	2150	408	1311
CQ Harvey Bay & Maryborough	3474	2163	1314	1451	462	1397
CQ Mundberra	144	91	53	55	26	41
NQ Palm Is.	Under 4	4	0	4	0	0
Total	12436	9753	2683	3605	870	2708

Note: Currently serving members and their dependents are not included in the table. Hervey Bay (53035; 2016) and Maryborough (27700; 2014) population are on the Fraser Coast. Mundubberra population (1261; 2016) is in the North Burnett Region. Townsville (North Queensland) estimated pop: 195,430, 30/6/2020)

PROCESS AND OUTCOME VALIDITY.

A non-Military comparison group of CORES program attendees were included in this evaluation as recommended by Harris (2016) to test the external validity of the reported outcomes i.e., how generalizable the outcome of this evaluation can be expected to apply in non-military settings as a measure of equal effectiveness. Following Harris' criteria, the questions included in the pre-post design (The Literacy of Suicide Scale, Calear, et al., 2012) included information provided in the program to determine that the increase in scores were due to workshop participation.

CORES PROGRAM ATTENDANCE PROFILES

The overall attendance (177) at Military programs in two PHN areas were predominantly male, mostly veterans and, working in peer support programs. Female military or former military members were very few and not clearly identifiable in the data. One female person self-identified as a former partner of a military member.

FACILITATOR TRAINING

The training of CORES facilitators' are recruited from the community rather than professionally trained mental health practitioners and includes: Learning and becoming conversant with the CORES Manual and PowerPoint and skills development in:

- Observing and monitoring the room for evidence of mood change
- Observing body language that might indicate distress or risk
- Conflict Resolution skills
- Debriefing
- Self Care

- Awareness training through facilitating a course with a CORES Mentor (being observed as a presenter and receiving feedback)

Potential facilitators tend to self-select through expressions of interest after completing a day long CORES Program.

OPERATION COMPASS PROGRAM FACILITATING PERSONNEL

A core group of three (One male and two female presenters) facilitated the programs delivered across the two Primary Health Network (PHN) areas.

New facilitators trained in the NQPHN region during the period included: Five women (two were Aboriginal and/or Torres Strait Islander)

All programs in the Northern Region including Palm Island were facilitated by two persons. In the Central Region the program was facilitated by one highly experienced CORES presenter with the aid of veteran support persons. The two Palm Island programs included an Aboriginal long standing member of the Townsville Suicide Prevention Network who attended as a support person / observer. A second observer who grew up on Palm, also attended.

The CORES program complied with the Black Dog Institute Lifespan Model framework that aims to build a community safety net supporting grass roots suicide prevention.

OPERATION COMPASS PROGRAMS PROFILE

Table 2: NQPHN Programs (Townsville)

Program Date	Attendance	NQPHN Locations
18 Oct 2018	10	NQPHN Meeting Room
27 Nov 2018	4	Townsville Coast to Country Housing
29 Nov 2018	3	Townsville Coast to Country Housing
30 Jan 2019	16	Townsville Court Support (TSV)
31 Jan 2019	4	Breast Screen Qld (TSV)
30 Mar 2019	16	Queensland Country Credit Union TSV
22 Jun 2019	9	Upper Ross Community Centre TSV
25 July 2019	14	PHN Meeting Room TSV
21 Nov 2019	4	PHN Meeting Room TSV
9 CORES Programs	**80**	

Table 3: CQPHN Region Programs (Fraser Coast/Hervey Bay)

Program Date	Attendance	Location
13 Apr 2019	8	Mundubbera
16 Apr 2019	12	Maryborough
1 July 2019	15	Hervey Bay RSL
19 Sept 2019	14	Maryborough
20 Sept 2019	13	Maryborough
17 Feb 2020	32	Hervey Bay RSL
18 Feb 2020	3	Maryborough
7 CORES Programs	**97**	

Table 4: NQPHN Programs (Palm Island)

Program Date	Attendance	Location
12 Sept 2019	8	Palm Island Community Company (PICC)
24 Oct 2019	6	Palm Island PCYC
2 Cores Programs	**14**	

Note: Two Aboriginal women from Palm facilitated the program delivered on 24 Oct, 2019

Overall 18 programs were delivered across three locations

OUTCOMES

Three forms of assessing outcomes have been applied to data from a broad range of programs within the evaluation time frame.

1. An independent measure of suicide literacy, the Literacy of Suicide Scale (Calear et al., 2012) includes 27 questions and was used an independent measure of accurate knowledge acquisition using a pre-post assessment methodology.

2. Evaluate if CORES facilitated 8 - 10 programs (NQ & CQ) and trained facilitators. Direct observation of program data.

3. CORES attendees' perceived value of the learning experience was evaluated through thematic evaluation of individuals' personal accounts.

The choice of a pre-post Outcome Evaluation design was deliberative to allow a comparison of baseline knowledge at two time points as recommended (Harris, 2016). Multiple forms of data analysis allows depth of analysis to substantiate the evidence of learning effectiveness.

EVIDENCE OF SUICIDE LITERACY AND GOALS ACHIEVEMENT

1. The Literacy of Suicide Scale (Calear et al., 2012) includes such questions as, *"5. Only experts can help people who want to suicide; 23. A person who suicides is mentally ill".* The questionnaire includes three possible responses, "True", "False", and "Don't Know". For all general community and ADF responses pre-assessments averaged in the 50 to 60% accuracy range, and in the post-assessments in the 71 to 75% range, which provides evidence of sound increases in understanding and knowledge about suicide over the one day training. In comparison to a general community sample there was no significant difference between the community and military samples in the post-program evaluation. The questionnaire also showed some evidence of persistent suicide stigma particularly in pre-program assessment, e.g., Responding *"true"* to Question 9, *"Talking about suicide always increases the risk of suicide."*

2. The CORES program was delivered on 18 occasions over the three sites (2 in the NQPHN and 1 in CQPHN) in accordance with Grant Agreement. Facilitators as active members of the Townsville Suicide Prevention Network were able to directly collaborate and update local networks and organisations working in areas of suicide bereavement, mental illness and stigma.

3. Qualitative data from CORES program attendees was gathered via written responses and short interviews and then analysed to assess the learning experience, and the value participants' placed on the knowledge gained through the program.

The broad outcomes as stated in Figure 1 the logic model page 6 were achieved as the quantitative and qualitative data of 177 participants clearly shows.

THEMATIC ANALYSIS

Thematic Analysis (Braun & Clarke, 2006; Clarke & Braun, 2017) was used to analyse written and interview commentaries to further assess the learning experience of program attendees and observers in NQPHN and CQPHN locations. The process was theoretically informed and involved initial reviewing, identifying themes and patterns within the data, which was then reviewed independently by a second reviewer to ensure a rigorous process. Yardley's (2000) characteristics of good (qualitative) research were also applied: *Sensitivity to context, Commitment and rigour, Transparency and coherence, and Impact and importance.* These are defined as:

Sensitivity to Context: Theoretical: relevant literature; empirical data; sociocultural setting; participants' perspectives; ethical issues.

Commitment and rigour: In-depth engagement with topic; methodological competence/skill; thorough data collection (reliant on CORES processes): depth and/breadth of analysis

Transparency and coherence: Clarity and power of description/argument; transparent methods, and data presentation; fit between theory and method, reflexivity.

Impact and importance: Theoretical (enriching understanding); socio-cultural; practical (for community; policy makers; (mental) health workers.

Transference of learning is most likely to occur in circumstances when participants can readily associate new information with something they already know, when the information is similar to material the participant already knows or finds familiar and/or logical. Transference also occurs when a critical attribute or element is present i.e., the information is extremely beneficial on the job and when the degree of a program attendees' original learning is relatively high. The CORES program ably fits these criteria.

Analyses of participant feedback was reviewed, discussed and agreed by the two authors of written text provided by CORES program attendees. Four themes were identified from reading and re-reading participant feedback additional interviews were also conducted. The Palm Island programs are separately identified given the unique history of Palm residents. The agreed themes and related verbatim quotes of a sample of attendees' responses that represent the four themes are:

1. **Learning (non-mandated)**

2. **Practicality**

3. **Suitability to context**

4. **Confidence - empowerment**

Theme 1: Learning [non-mandated]

So I can do a better assessment of people with suicidal ideation. I have a better sense of how to enhance my skills and help people get support and help.

To ensure I can recognize the signs of those I know who are at risk

To identify signs in people of potential for suicide

We are a military family and sadly there have been many suicides or attempts with DF personnel.

I wanted a deeper understanding in motives for suicide and ways to intervene and help

I don't get sufficient training at work

This was really valuable - identified some useful pints for general life and workplace

I am retired and in the Suicide Prevention Network; wanted a bit more on addiction, and mental health education.

Really great, I gained valuable lessons on how to help and that I can be the first step...

Was wonderful - thought also for cultural version for Indigenous people

Content was relevant and further expanded my knowledge on speaking with someone on the subject of suicide.

Friend highly recommended this training and so will I. It was very informative.

Has given me more information and answered my questions

I learnt a lot today and glad I came. It will help with occupation a lot.

Provides me to be more confident in asking the hard questions. Learnt more about what to look out for.

Makes the subject of suicide less taboo.

I learnt more than what I thought I knew!

Didn't know before today that men choose more lethal methods

Palm Island Indigenous program

Easy to understand

Very informative.

Scenario activities were great to help group understanding - intervention steps

Definitely - found context very informative and facilitator excellent educator

I can use some methods to help myself deal with stress and feeling down

Met my expectations

I learned a lot in today's session

Very useful, interesting and learned a lot from the course

I have more knowledge

Gave me better knowledge and understanding any situations and difficulties

Enjoyed the session and explanation given ....I have more knowledge

Theme 2: Practicality

Great practical interventions that are easy to use

Specific local knowledge is good to have

Some interesting models for practice discussion points etc. especially in a first of contact role

Very practical and enlightening.

Very informative and practical

The river of risk is a great tool that I will keep in mind for future

Excellent - gave strategies and role play

How to handle the situation if it arises

How to have the "conversation" direct questions

A lot of information including strategies on how to assess levels of risk

New skills and tools to use, I feel more prepared to help

Positive language skills to use and great explanations of steps

I took away several tools which I will apply to my counselling

In depth scenario activities were great to help group understanding of ABCD - Intervention steps

Liked the practical nature of the program delivered by people with lived experience

The role play and discussions helped a lot.

Not sure about getting a stranger to ask someone about feeling suicidal "asking are you suicidal" is too in your face.

Palm Island Indigenous Program

I can use some methods to help myself deal with stress and feeling down

...would like to see more engagement with youth and community

Great use of analogies (funnel/tunnel vision)

(know how) to approach in a right matter to encourage other people with their mental health and wellbeing; (know how to) support community and individuals.

Theme 3: Suitability to context

Easy to digest, powerful presentations - very suitable for the Defence Community (former ADF)

Easily tailored to add a Defence Community dimension.

A trainer with a Defence background of lived experience would be an asset for the Defence program and **WITH** the community (program attendee's emphasis)

Helpful for my work as a mental health counsellor

Skills transferable to my daily work (in mental health) [Defence related]

Got a chance to ask a person, "*are you having thoughts of suicide?"*

Palm Island Indigenous Program

(Have new) knowledge with supporting community and individuals

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Theme 4: Confidence - empowerment

From my perspective/knowledge CORES training ticked all the boxes: demonstrating, support, listening, non-judgmental.

Transferable to my life and work

(Example from personal experience offered up as feedback post-program)
"One of our welfare officers called me to follow up on a client she was seeing and after CORES alerted me to several characteristics displaced by the client…. As such I was able to work with the client and I am able to say this person is still with us."

[Interview Female & former partner of an ADF member] The CORES Program presents content so that it is memorable, and understandable; good for people untrained in mental health.

- Definitely applies for Defence Personnel and others.

- I did feel more confident in what my role would be if faced with a situation whereby someone expressed suicidal thoughts.

- Skills I learned in the CORES program have been good for me personally and professionally.

Palm Island Indigenous Program

I can use some methods to help myself deal with stress and feeling down

Feel confident with supporting community and individuals.

KEY VETERAN OBSERVERS' WRITTEN COMMENTS

I had a positive experience (NQPHN region). The CORES Program delivered the content very well, it was easy to digest, and the local presenters were powerful. From my observations the reaction from the varied group was very positive. As a former senior officer in the ADF I found the program very suitable for the Defence Community. I liked the down to earth, practical nature of the program *(Theme 2: Practicality) NOT delivered by clinicians* (Veteran's emphasis) but by people with lived experience and/or wisdom and experience. I believe the program could easily be tailored for the Defence Community *(Theme 3: Suitability)*. I have said it before and truly believe that a trainer with a Defence background of lived experience would be an asset for the Defence Program (A strength though is doing it WITH (writer emphasis) the community.) The facilitators engaged very well. Great Compassion, Empathy, compassion and experience which showed. As I recall presenters responded to off the cuff questions very well. Presenters built confidence *(Theme 4: Confidence)* in the people attending: it is one thing to gain the "theory" but another to have the confidence to engage with a suicidal person. This was helped by good exercises in pairs *(Theme 1: Learning)*. I think if there is not currently a small pocket card, then that might be an advantage for people to have one with *"key, five point"* or *"cheat list."* In theory, the skills taught in CORES are transferable to daily life and work but, it wasn't until I received a call from a suicidal person (which was managed successfully).

From my perspective the (CQPHN) program was set out and presented in a way that people from all walks of life would be able to engage with easily *(Theme 3: Suitability)*. We had an opportunity to practice skills, and the content was very relevant. Our presenter was excellent. He was very down to earth, compassionate, engaging and was able to keep presenting material at a reasonable pace. Our presenter provided advice, and a number of role play scenarios that allowed us to practice what we would do in a situation *(Theme 2: Practicality)*. The presenter provided advice, and a number of role play scenarios that allowed us to practice what we would do in a situation. The people attending were encouraged to ask questions; it was a very open atmosphere. The Presenter seemed to have a deep knowledge of the material presented. I didn't feel that there was anything missing from the program it was comprehensive. I thought the skills would be transferable to my daily work *(Theme 1: Learning)* - these skills and understanding can be shared and used within our community.

I found the content practical and easy to understand (CQPHN). The content was carried out within time frames, power points visible, evidence based along with collaborative engagement with all who attended. I got a chance to ask a person, "Are you having thoughts of suicide?" The program was relevant to my work as a mental health counsellor *(Theme 3: Suitability)*. The presenter navigated through the program with clarity, confidence, giving clear goals and objectives *(Theme 4: Confidence)*. The presenter also delivered the program I was in to over 22 people - a great effort. The presenter demonstrated awareness at all times during presentation and I was also there to provide support as we were both aware we had people with lived experience attend. At the end of each section there was

question and answer time allocated. The presenter demonstrated a diverse understanding relating to material, giving examples and methods, along with being aware of attendees understanding. The presenter was able to clarify and engage when required to do so. From my perspective/knowledge CORES training ticked all the boxes; demonstrating, support, listening, non-judgmental, along with seeing signs of those in distress (**Theme 2: Practicality**). The skills in CORES training are definitely transferable to my life and work **(Theme 1: Learning)**. An example I can provide is one of our welfare officers called me to follow up on a client and after attending CORES, alerted me to several characteristics displayed by the client, I was able to help them through it (**Theme 1: Learning & Theme 2 Practicality**).

CORES ON PALM ISLAND OBSERVATIONS AND COMMENTARY

An Indigenous Perspective

Interview Transcript 5 June 2020 used with permission

The Construct and CORES, delivery and focus on peer education is really valuable for community people. I have worked in both structures and now familiar with CORES for communities like Palm for people not working in the professional space the concept of people sitting down and peer education is very powerful.

*I have worked with CORES personnel when first talking about bringing in CORES - we talked, looked at content of slides and talked about the match with the way that community thinks and the way that the content would be better understood by Aboriginal people and particularly people on Palm (**Theme 1: Learning**). But the colloquialism in the language and the imagery and… we looked at that and changed some of that - and yes, changed some of that (**Theme 3:Suitability to context**) - and that is the beauty of a program like CORES that have core structures that you can adjust the way that the language and content is, not the teaching content, (**Theme 2: Practicality**)… principles of teaching or meaning, but change/ adjust the way you can deliver it and modify it to the community you are working with (**Theme 3: Suitability**). So … um we changed some images and language and words that were ambiguous that meant something different to us as Murris and CORES trained up a couple of young adults, "LM" (talk to her she would be good) and "SD" - so they did some instructor session and then they did a training session that was well received as far as I have heard: heard people have been making requests to be involved as instructors but then COVID [closed the island] and that has not gone ahead as yet, but still on the cards to do that with people… because one of the things about Palm people is that we recognise the value of the MHFA (Mental Health First Aid) training for those who are working in that profession and also see value in having that peer education [CORES] so you have got both tiers in the community having access to appropriate education (**Theme 1: Learning; Theme 3 Suitability to context**).*

*I think in communities where they aren't able to have access to more formally structured training the CORES really speaks to them (**Theme 3: Suitability**). And how they can be involved around suicide prevention and mental health and stuff like that*

*because people always talk about it…..in community… but you don't get the access to training as much as you can within mainland … particularly in remote communities. And if you get instructors in the community, then it's always they are available. It's a basically… the [CORES] construct actually fits in with the way we sit and talk, and having a good yarn and bringing those important issues but bringing them out in the context of people that you know **[Theme 3: Suitability to context]**; speaking to people that you know - speaking…… almost like speaking in a brother or sister way you know; you know the people you care about them and you can talk about this stuff **(Theme 3: Suitability to context)**….. there is an element of trust already there which I think……….. within the community, then people know you and particularly if it's done by people that they know; and then you can get a deeper level of sharing, **(Theme 4: Confidence-empowerment)** I think, in this way, rather than when you are in a group in the mental health first aid. Because there is a vulnerability in both ways but I think with CORES it is done by people they [Palm Islanders] know, if they are community lead instructors **[Theme 3: Suitability to context]**.*
*They are people, they {Palm people] know they are people who know and understand these issues and have been through these things themselves. And that makes for a more powerful engagement and um level of trust you would not get if you were doing MHFA (Mental Health First Aid) **(Theme 3: Suitability)** - And, because there is a follow up; like, you can do the training in community and that's always like there is always a door there to go back and talk about ….. and talk about it. And yeah, it generates a space you can keep building.*

OPEN ARMS - BRIEF INTERVIEW REPORT

On the topic of low identification of Military Partners and Family members
The first author, who has professional links with Open Arms, approached Open Arms to discuss potential reasons for the lack of identifiable Military Partners and Family members in the attendees of the 18 CORES programs in this evaluation. The discussion was instructive and identified several observed barriers to participation which were:

- Attendance at a CORES program might suggest Military partners were experiencing some form of mental health leading to speculation.

- Mental Health/ suicide Stigma remains prevalent amongst military members and families

- Attendance at CORES was likely to reflect on, and lead to speculation about suitability of partners in the military to be effective members of the ADF.

- Concerns that such speculation will affect partners' career opportunities.

These are matters beyond the scope of this evaluation and likely to be an obstacle to participation in suicide prevention and intervention education if found to be prevalent.

DISCUSSION

This evaluation was conducted mostly at arms-length due to excessive travel time and distance to attend CQPHN. The Operation Compass CORES program was delivered on 18 occasions (177 individuals) across North and Central Queensland Primary Health Networks during this period of evaluation. The data shows clear evidence of increased knowledge through pre-post questionnaires and qualitative feedback across three sites and two Primary Health Networks. Included in the NQPHN were Townsville district (Postcodes 4810 to 4816 which includes Lavarack Barracks 4813, and Palm Island 4816) and one central site in CQPHN (Hervey Bay Postcode 4655) where there are higher concentrations of military veterans and, families to the south of the Shoalwater Bay training facility. The emergence of COVID 19 during the first half of 2020 was an impediment to training, however, a brief online toolbox program delivered to approximately 290 individuals, partially maintained continuity of the program to the broader community although any military or veteran attendees who attended were not identifiable and consequently not included in this evaluation.

Low participation of identifiable partners and families was investigated further with a knowledgeable informant which suggested suicide sigma is prevalent in the ADF and considered by serving members and their close others to be career ending and potentially inhibited participation in the Operation Compass CORES programs. Other than identifying that suicide stigma is probably a barrier to attendance it may explain why the majority of participants were veterans working as peer support workers who found the training directly relevant to their support roles.

The low participation of serving members, partners and families, appears to have been influenced by the perception that attendance might affect future careers and undoubtedly had an unquantifiable impact on willingness to participate. The suicide stigma effect was far less evident on Palm Island within the Townsville post-code region, where the prevalence of suicide is well above the national and non-Indigenous local average. The whole of community effect of suicide on Palm appears to have motivated key locals to attend and generated interest in further facilitator training.

It was noticeable that only one item of feedback fitted within the *Suitability to Context* theme in the Palm Island feedback data. This potentially suggests that some further development of the program wording and delivery might be required in collaboration with Aboriginal and Torres Strait Islander Cultural Advisors.

Open Arms provides significant face-to-face support in Townsville and Cairns, and online support for military families and veterans in the Fraser Coast area as well as contracted providers working out of practices in the community seem likely to have had some effect on participation in the Operation Compass one day program particularly in the NQPHN region. Suicide prevention programs and workshops are also available through Open Arms. In discussion with Open Arms about suicide prevention and suicide stigma, it was suggested that delivering programs out of military/veteran related services is likely to attract more participation. For example, Mates4Mates was suggested by the informant as a potential location in the NQPHN.

This evaluation was conducted mostly at arms-length from program attendees due to the travel distances to attend CQPHN programs and to maintain equivalence of process across the two Primary Health Network sites. However, Participants' written feedback from each group was collated and text thematically analysed. Providing written data anonymously is arguably a more reliable source of information and opinion compared to face-to-face discussion. Additional interviews and observations were also conducted and the same four themes were most prevalent: *Learning, Practicality; Suitability to context, and Confidence-empowerment.* The Literacy of Suicide Scale (Calear et al., 2012) was used to evaluate effectiveness of learning after one day of CORES training and a comparison community control group was not significantly different providing sound external validity of the process. Both forms of analysis, quantitative and qualitative showed positive change after the CORES program. External validity was conducted using a comparative community sample of Literacy of Suicide data to strengthen the rigour of the evaluation as Harris (2016) recommended. The CORES data and the community sample were not significantly different. A second form of external validity was also conducted on the written feedback from an equivalent number of participants in non-military programs and different contexts (e.g., community and workplaces) to compare with military programs. The four themes, (*Learning, Practicality, Suitability-to-context and, Confidence-empowerment)* were the same for both, and the free responses comparable in content. The evidence from multiple sources demonstrates an effective program that increases knowledge and skills to intervene if and when it is necessary to do so. Overall the program is highly rated by participants.

LIMITATIONS

The vast distances along the Queensland coast of more than 1500 kilometers was a limitation of this evaluation which required several forms of data gathering to evaluate the CORES program. COVID 19 in 2020 added to risk and an opportunity to personally conduct participant interviews. Unfunded travel and three days away from the evaluators' substantive positions for each group was not approved for absences during teaching semesters and supervision responsibilities. However, working with the Queensland CORES team collaboratively, provided evidence from program participants' written feedback which was further supplemented by key personnel interviews and written feedback. Comparative community Literacy of Suicide data was available to strengthen the rigour of the evaluation and to provide external validity as Harris (2016) recommended. A second form of external validity was also conducted on the written feedback from an equivalent number of non-military programs compared to military programs. The four primary themes, (*Learning, Practicality, Suitability to context and, Confidence-empowerment)* were the same, and the free responses comparable in content

Data from participants' anonymous written feedback, supplemented by interviews with Observers from the facilitation team and other key sources provided rich information discussed in the previous section. Further investigation suggested that the prevalence of suicide stigma amongst military personnel, their partners and families may have been a deterrent to participation. As this is beyond the scope of the evaluation no firm conclusion can be drawn about the absence of partners and other family members.

RECOMMENDATIONS

1. Add a knowledge quiz to the start and end of the one day program to quantify learning. The Quiz could be a show of hands or a pencil and paper format based on the Literacy of Suicide Scale (Calear, et al., 2012) or equivalent.

2. Build relationships with the veteran community to provide an ongoing regular short "Took Box" talk at gathering places to maintain relationships with Military veterans e.g., Mates4Mates

3. Expand relationships with the Aboriginal and Torres Strait Islander Community to further develop the Indigenous program on Palm and on the Mainland

4. Aim to train Indigenous Facilitators on the mainland to facilitate-co-facilitate the CORES Aboriginal Program given the high suicide rate particularly amongst young Indigenous men.

5. Develop a component of the program for facilitating higher risk or marginalized groups e.g., targeting people with disabilities, older adults.

6. The evaluation suggests that the program is providing the general community with a quality program provided in plain language. Recommendations 1 to 5 are intended to provide ways of developing a more inclusive program rather than changing its core structures.

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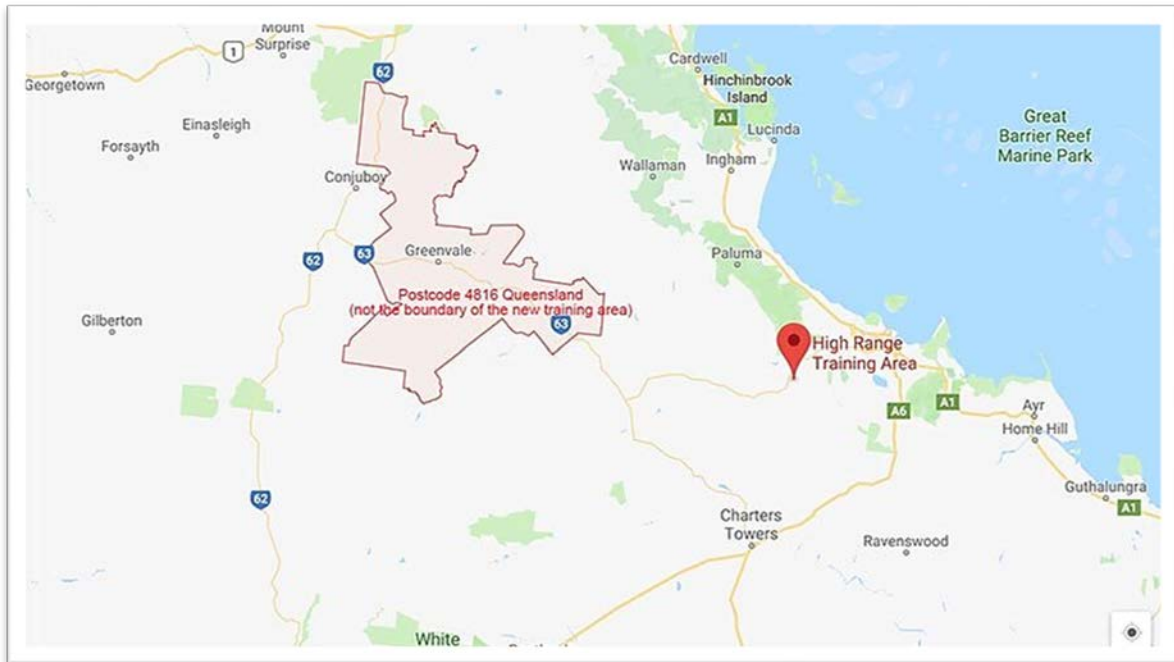
APPENDIX A

NQPHN Area   **Palm Island**

High Range (west-south-west) and Greenvale (north-west) of Townsville - Training Areas

Appendix B

CQPHN   Shoalwater Bay Training area

The Shoalwater Bay Training Area has been one of Australia's prime military training areas since 1965. It is located in the Livingston Shire North of Yepoon in Central Queensland. The training area was first used by troops who were deployed to the Vietnam War. The Shoalwater Bay Training Area is approximately 453,700 hectares (ha) with 289,700 ha occupied by terrestrial environments and the remaining area 164,000 ha occupied by marine environments. (Source: Department of Defence, 2017). "No images may be used without permission of the Department of Defence." Hervey Bay is 406 kilometers south of Shoalwater Bay and 382 kilometers from Rockhampton the location of the CQPHN.