



**ACU**

INSTITUTE FOR  
POSITIVE PSYCHOLOGY  
& EDUCATION

# Addressing a National Crisis of Our Time:

*An Evaluation of the Wesley Mission  
Aboriginal & Torres Strait Islander  
Suicide Prevention Program*

**July 2023**



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**Rhonda Craven, Anthony Dillon, Georgia Durmush & Alexander Yeung. (2023).**  
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 Institute for Positive Psychology and Education, Australian Catholic University

***Front Cover Illustration: Charlotte Craven-Miller***

*Charlotte Craven-Miller is a proud Wonnarua Woman and full-time artist. Her artistic skills and works encompass realism portraiture and images, and abstract art. Her artistic works are inspired by her rich Wonnarua cultural heritage drawing upon The Dreamings and the Wonnarua peoples’ connection and belonging to Country.*

## Acknowledgement of Country

We acknowledge Aboriginal and Torres Strait Islander peoples as Australia's First Peoples and the original and ongoing Custodians of the lands and waters on which we all live and work. We recognise the continuing sovereignty of Aboriginal and Torres Strait Islander peoples. We pay our respects to all Elders – past, present, and emerging – and to all Aboriginal and Torres Strait Islander peoples and communities.

## Executive Summary

### *Background*

Indigenous people are far more likely to die from suicide than non-Indigenous Australians. According to the Australian Institute of Health and Wellbeing (AIHW, 2023), in 2021, suicide accounted for 5.3% of all deaths of Indigenous Australians, whereas for non-Indigenous Australians, it was 1.8%. To contribute to addressing this issue Wesley Mission, a Christian community organisation in Australia, partnered with Indigenous Consultancy company Seedling Group to develop a culturally responsive suicide prevention program to “improve the range and quality of suicide prevention knowledge skills and training material and programmes available to the Aboriginal and Torres Strait Islander Peoples of Australia” (Ryan & Tujague, 2015, p. 1).

### *Aims*

Wesley Mission approached researchers from the Institute for Positive Psychology and Education, Australian Catholic University to examine the effectiveness of aspects of the program. More specifically, the aims of this study were to identify Indigenous participants’ perceptions of the: 1) The strengths and weaknesses of the initial 3-4 day training component of the suicide prevention program (SPP); 2) Useful skills and knowledge gained from participating in the SSP; 3) Confidence gained in using the skills and knowledge acquired with people who may be experiencing suicidal thoughts.

### *Methods*

A qualitative research methodology approach was employed to ensure Indigenous participants’ voices and experiences were prioritised and captured. A total of 14 participants (3 male) participated in semi-structured interviews of 30-40 minutes duration; all interviews were done via telephone with a member of the research team.

### *Strengths*

The findings indicated that Indigenous participants felt equipped with the appropriate skills and knowledge relevant to suicide prevention. Participants were informative when reporting on the strengths of the SSP which included the:

- Relevant and high-quality course content;
- Excellent presenters and engaging workshop format;
- Safe, controlled, and calm delivery;
- Access to onsite accommodation and catering;
- Reinforcement and refreshment of existing knowledge; and
- Cultural importance of connecting with and learning from others.

### ***Useful Skills and Knowledge Gained***

Findings indicated the skills and knowledge acquired from attending the SSP included:

- Acquiring new relevant skills for working with Indigenous peoples;
- Identifying the signs of suicide contemplation;
- Responding effectively to someone contemplating suicide; and
- Gaining broader knowledge about more appropriate techniques.

### ***Confidence Gained***

Not surprisingly, the acquisition of skills and knowledge about suicide prevention correlates with confidence for those working in the field. Participants reported gaining confidence in a variety of ways:

- Confidence in knowledge as power;
- Confidence in having positive conversations;
- Confidence in responding;
- Confidence in de-escalating; and
- Confidence in conducting workshops.

### ***Potential Areas for Improvement***

The suggestions for improving the SPP are not so much identified deficits or weaknesses, but more so, ideas for extending and building on its many strengths:

- Inclusion of Indigenous presenters;
- Adding trauma informed content and delivery; and
- Including local issues and culture.

### ***Suggestions for Strengthening Other Components of the Program***

Once completing the SPP, participants are expected to conduct two training sessions of their own, while being supervised by a Wesley Mission staff member. While evaluation of these two training sessions is beyond the scope of this evaluation report, some participants did have feedback regarding the challenges in conducting these sessions. This feedback is provided here for Wesley Mission's consideration. Consideration could be given to:

- Increasing the numbers of Wesley Mission staff available to supervise and assess participants conduct of two workshops; and
- Supporting participants with financial assistance with printing costs (e.g., printing) associated with conducting their own training sessions.

## *Recommendations*

1. Given the strengths of the program it is recommended that the program be upscaled and this broader application of the program be rigorously evaluated.
2. Consideration be given to employing Indigenous co-facilitators to deliver components of the training to further embed Indigenous ways of knowing into the program.
3. Consideration be given to employing local Indigenous co-facilitators to embed local issues, context, and culture into the program.
4. Consideration be given to including content on trauma, as it relates to Indigenous Australians, as a component of the training.
5. Consideration be given to Wesley Mission staff developing plans with potential participants before training to ensure that the conduct of two, one-day workshops each participant is expected to facilitate is feasible.
6. Future research could benefit from employing a multi-method approach such as interviews, focus groups, and surveys; increasing sample size; employing a longitudinal research design; engaging a broader participant pool (e.g., presenters, Elders, community members); and evaluating all elements of the program.

# 1. Aboriginal and Torres Strait Islander Suicide: A National Crisis of Our Time

*“The great loss and grief around losing loved ones has left many physically, emotionally and spiritually fatigued but they are determined to find answers to the suicide problem. They felt that they were rolling from one sorry to the next and that they lacked the resources and culturally responsive support” (Ryan & Tujague, 2015, p. 3).*

Death by suicide is always tragic, affecting those left behind like no other death. This is true for both non-Indigenous and Indigenous Australians alike, but we know from the available statistics, that Indigenous people are far more likely to die from suicide than non-Indigenous Australians. According to the Australian Institute of Health and Wellbeing (AIHW, 2023), in 2021, suicide accounted for 5.3% of all deaths of Indigenous Australians, whereas for non-Indigenous Australians, it was 1.8%. The rate of suicide among Indigenous Australians is much higher than that of non-Indigenous Australians, even when taking into consideration the younger age structure of Indigenous Australians, as shown in Figure 1 below.

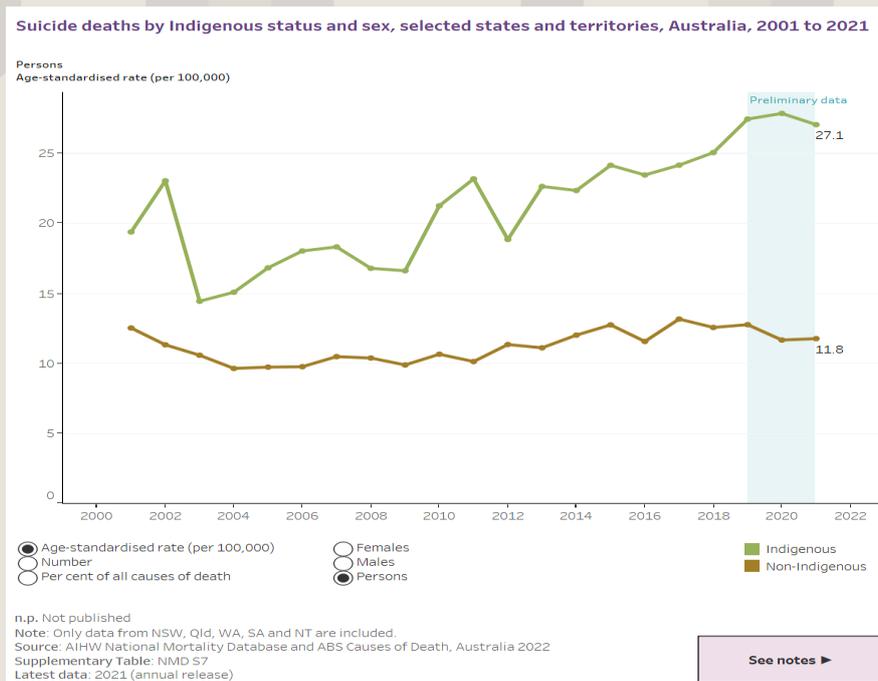


Figure 1. Comparison of suicide rates (age-standardised) for Indigenous and non-Indigenous Australians (AIHW, 2023).

Given that suicide is largely preventable, findings like those described by AIHW (2023) represent a tragedy when one considers the lost potential due to lives lost. Unfortunately, despite considerable attempts to address this national crisis by government and other organisations, there appears to be little evidence of any real progress towards reducing Indigenous suicides.

While available statistical reports that describe the prevalence of suicide across different demographic groups are useful, and indeed necessary, they do not paint a complete picture. Missing from the narrative, is that Indigenous Australians have strengths and knowledge (Groves et al., 2022), that when harnessed (or more simply, are given opportunities to be expressed), result in programs and interventions that enable Indigenous people to not only just reduce suffering, but to thrive. Such a strengths-based approach does not necessarily mean Indigenous people working in isolation to other Australians, but the opposite—bringing their insights, goals, and aspirations to work in *partnership* with non-Indigenous Australians. Such an approach is consistent with the model for promoting Indigenous wellbeing proposed by Craven et al. (2016). In their model, appropriately called the Reciprocal Research Partnership Model of Indigenous Thriving Futures, Craven et al. have proposed the integration of “Western and Indigenous methodologies, particularly those emphasizing the importance of embracing Indigenous knowledge, values, self-concepts, and autonomy, in new synergistic ways” (p. 35). This is essentially what Wesley Mission are doing with their Aboriginal and Torres Strait Islander suicide prevention program. They are working in partnership with Indigenous staff to equip them to become agents of change—change that is expected to see Indigenous communities thrive.

## 2. The Wesley Mission Aboriginal and Torres Strait Islander Suicide Prevention Program

### *Program Overview*

Wesley Mission have been delivering quality suicide-prevention programs since 1995. In 2014, Wesley Mission partnered with an Indigenous consultancy company known as The Seedling Group to adapt to their program for Indigenous people, thus forming the Wesley Mission Aboriginal and Torres Strait Islander Suicide Prevention Program. The purpose of the program is to “improve the range and quality of suicide prevention knowledge skills and training material and programmes available to the Aboriginal and Torres Strait Islander Peoples of Australia” (Ryan & Tujague, 2015, p. 1).

The program has three parts. The first part is a workshop of three days duration with Indigenous workers working in mental and community health—the focus of this report. For convenience, the first part of the program and the component to be evaluated in this report will be referred to as the Suicide Prevention Program (SPP). The second part of the Wesley Mission Aboriginal and Torres Strait Islander Suicide Prevention Program entails participants who have completed the SPP, facilitating two one-day workshops on their own, while being supervised by a Wesley Mission staff member. Whilst not a focus of this research, some suggestions for strengthening this component emerged from participants in this research and are reported herein. The third component is a one-day program on *Trauma-Informed Care and Practice* working with Aboriginal and Torres Strait Islander people facilitated by a trainer from other organisations that followed the three-day program. Participants also provided comments on this component which are also reported herein. Wesley Mission removed this component of the program based on feedback from participants.

### *Program Aims and Objectives*

The objectives of the SSP were:

- 1) To be able to identify some of the signs that someone may be at risk of suicide;
- 2) To know the elements of a suicide intervention strategy which includes connecting the suicidal person to professional help; and
- 3) To have increased knowledge and skills to assist someone at risk of suicide.

Wesley Mission determined early that this program was to be more than an adaptation of an existing program. It was to be both culturally appropriate, responsive to participants, and adaptable to individual communities with the aim of enhancing community capacity and engagement, to help increase community strength and resilience.

### *Content*

Content covered during the SPP includes:

- Statistics on Indigenous suicide,
- Suicide risk and protective factors;

- Warning signs;
- Intervention strategies;
- Skills training; and
- Question and answer sessions.

### 3. Program Evaluation Procedures

#### *Aims*

Wesley Mission approached researchers from the Institute for Positive Psychology and Education, Australian Catholic University to examine the effectiveness of the SSP, 3-4 day training component of their program. The aims of this evaluative study were to identify Indigenous participants' perceptions of the:

- 1) Strengths of the SPP;
- 2) Useful skills and knowledge gained from participating in the SPP;
- 3) Confidence gained in using the skills and knowledge acquired in the SPP with people who may be experiencing suicidal thoughts; and
- 4) Potential areas for improvement.

#### *Research Questions (RQs)*

RQ1. What are the strengths of the training program?

RQ2. What useful skills and knowledge have been gained from the training program?

RQ3. Are participants more confident in using the skills and knowledge gained, with people who may be experiencing suicidal thoughts?

RQ4. What areas of the training could potentially be improved?

#### *Procedures*

Researchers developed semi-structured interview questions (see Attachment 1) to address each of the four research questions. Interview questions were designed to be consistent with Kirkpatrick's (2015) four-tiered method of evaluating training and learning programs to consider: 1) Reaction to the program, 2) Learning regarding if participants' knowledge changed, 3) Behaviour in terms of whether they have applied what they have learnt, and 4) Results in relation to the benefits of the program. Each tier involves consideration of key issues as outlined below.

Due to program delivery interruptions caused by COVID, Wesley Mission staff conducted five workshops over a period of three years. Consent forms were distributed to participants towards the end of each SPP. ACU contacted participants who had signed consent forms, either by phone or email, and appointments were made for a telephone interview of 20 to 40 minutes duration at a mutually agreeable time. All interviews were audio recorded and transcribed.

## Participants

Wesley Mission recruited participants (see Table 1) for this evaluative study based upon informed consent. All survey participants identified as Aboriginal or Torres Strait Islander. Most worked in Indigenous-specific positions in the health sector. Two of the participants were social workers and it was not possible to determine if their job roles were Indigenous-identified, but it can be assumed that the services they provide, directly impact on Indigenous consumers. Most participants were either from Victoria or ACT, with one from the Northern Territory. The ages of participants ranged from early 30s to late 60s, with the average age being 45 years. A total of 23 signed consent forms were collected. Of these, 14 were interviewed (4 male, 10 female), and nine were not. Reasons for not interviewing were usually because the training participant had left their previous organisation and were not contactable, or they were contacted, but scheduling an interview proved too difficult. Table 1 provides details of the participants.

Table 1: Survey Participants

Participant	Age range	Gender	Location	Area of work
1	40-49	Male	ACT	Managerial/Coordinator
2	40-49	Female	Victoria	Managerial/Coordinator
3	40-49	Male	Victoria	Managerial/Coordinator
4	50-59	Female	Victoria	Community Worker
5	Not stated	Male	ACT	Managerial/Coordinator
6	40-49	Male	ACT	Community Worker
7	40-49	Female	ACT	Managerial/Coordinator
8	60+	Female	ACT	Social Worker
9	50-59	Female	Victoria	Managerial/Coordinator
10	30-39	Female	NT	Social Worker
11	30-39	Female	Victoria	Community Worker
12	50-59	Female	ACT	Community Worker
13	50-59	Female	ACT	Community Worker
14	30-39	Female	ACT	Community Worker

## Data Analysis

Data analysis was guided by a thematic analysis approach and responses were analysed separately for each of four research questions. Thematic analysis is a popular method for qualitative analysis (Braun & Clarke, 2017). Its purpose is to “identify and describe patterns of meaning in a dataset” (Joffe, 2012, p. 210). Thematic analysis is guided by a six-phase procedure (Clarke & Braun, 2017, p. 1) Gaining familiarity with the data, 2) Generating initial codes, 3) Searching for themes, 4) Reviewing themes, 5) Defining and naming themes, and 6) Producing the report (i.e., developing a narrative and contextualising the analysis).

## 4. Program Strengths

### *Relevant and High-Quality Course Content*

Participants were asked to describe what they thought were the strengths of the training. Participants were quick to respond, indicating their enthusiasm, and spoke about how the training was “great”, relevant, and easy to understand.

*I thought it was a great course as in it was short and sweet. It wasn't so full-on. We could understand the course. It wasn't, not Indigenous jargon, it was straight to the point for us. Since all have different learning skills, it was made easy for us to understand. We could ask questions and they'd be answered. We had a bit of a laugh with each other. Not about suicide. It was a fun course, actually. I really enjoyed it. Getting to meet new people and different orgs. I enjoyed it. It wasn't boring that you would lose interest. It didn't go on and on. It was straight to the point and we got it ... I went in there with no expectations and I've walked away and I felt really great walking away from it. I felt like I gained some important skills, to be honest (Participant 4).*

Another participant also reinforced that “*The content was spot on for what we were doing there. It was taught to us in a way that we were able to pick it up very quickly*” (Participant 12).

Participants emphasised that the course was worth doing and of practical significance. For example, when asked what she might say to someone contemplating doing the training, Participant 12 stated: “*Absolutely do it ... It's worth it. Even if it helps you save one person.*” Others emphasised:

*This is one of the best training programmes that I've ever been to, okay? And by a long way. Jeez ... I think it was an excellent programme. It was well run. Yes, we obviously need to run more of them in the community (Participant 5).*

*The training was great. The content was great. The facilitator was great and the rest of the participants there were great as well (Participant 3).*

*Overall, I was incredibly happy with the program. It was one of the best I've ever been to ... It was amazing (Participant 12).*

*So, the manual itself is good. It's easy to work with. It's not too big and it's not too long. And it holds the right amount of content and I think the right content as well (Participant 4).*

Participants also appreciated that the content was evidence-based and included useful data that was thought provoking.

*Yes, the content is all great, up to date, evidence-based. The content was wonderful (Participant 10).*

*I have definitely gained skills to share with my community and family. And in particular, some of the things that I guess resonate with me throughout the training is the rates of*

*suicide in Australia, and how high they are compared to other death rates (Participant 2).*

*There was a lot of data but very useful data. The data was important because it just shows how important it is and what hasn't worked or what action that we need to take in order to reduce those numbers and save. And today, I was thinking, now, what sort of campaign do we need to reduce those numbers? We can do this (Participant 6).*

*The statistical information that was provided. And we've been given all of the resources to help us in recapping that, and also presenting to communities in our facilitation role. They were figures that, I guess, when I looked at them on the screen when we were presented, they just blew me away (Participant 7).*

### ***Excellent Presenter and Engaging Workshop Format***

Participant 13 stated: "I could have sat there longer ... to be honest, between me and you, I could have sat there longer, you're just absorbed in what the delivery of what the program was about". Similarly, participant 12 stated: "Overall, I was incredibly happy with the program. It was one of the best I've ever been to ... It was amazing."

Probing to ascertain why this program was so well received resulted in participants reporting that the trainer and the format of the workshop was engaging. For example, a participant noted that they feared: "To be maybe talked at. Maybe the presenter saying this is how you do it. Do it this way. But it was none of that." Participants emphasised that the excellent trainer and the way the workshop was presented made the content easy to understand.

*I think one of the strengths in that training programme was the facilitator herself ... she was very, very good. She was very, very clear and she made everything easy to understand and enjoyable to do. Just the way she presented the whole programme. It was awesome. I took it in. it was easy for me to understand. I'm no academic by any means, but to learn from that facilitator was very easy for myself (Participant 3).*

Participants also found that the non-Indigenous trainer's personal and lived experience enabled them as Indigenous people to engage in learning and provided them with new insights.

*She's an amazing facilitator. I'd go to any course with her again ... Her ability to maintain her focus, given her personal scenario. She does talk about how suicide has affected her personally, from her partner's perspective, and her husband. But she's got the ability to keep that reined in, so to speak, so it doesn't get the better of her while she's talking, but she's also ... emotions come out, and I think it shows people that, my trainer is human. So it allows them to relate a lot quicker (Participant 1).*

*I just felt that she connected pretty well, and had her own lived experience of suicide and was open about sharing that with the group. I think it's good that you can relate the topic back to your own lived experience, in any area of learning and training, and I think she'd done that well. She conducted the sessions well. Had plenty of time for yarnning and discussion in between. She provided a lot of feedback in her own words (Participant 2).*

*One thing I did like was that the trainer on the day, on the days, actually had a lived experience of suicide (Participant 9).*

*Because they related to what they were teaching us. They were so laid back, but in a professional way, that I felt really comfortable with them. They were really approachable, a sense of humour. I thought they were really good. They always stopped when we had questions and we mulled over everything. It was at a perfect pace. Just the knowledge that the presenters had and the personalities that they bring with it. Ross, for instance, has all that lived experience. It makes a difference when you're learning from someone with lived experience (Participant 12).*

*Amazing. Absolutely amazing. Very knowledgeable. They provided first-hand experiences. They shared their own personal journey. And for us, as Aboriginal people, that's how we learn. So, we learn through our own journeys and our lived experience, so they come on that with us. And they were very receptive of what we had to contribute. And they could see how that, I guess, aligned with what they were presenting (Participant 7).*

Participants also appreciated that the trainers gave them the opportunity to share their stories.

*It was so deadly the way Ross engaged with us, look, he gave us, him and Mary just have that personal touch when working with Aboriginal and Torres Strait Islander people, what you need. Just that personal touch what we needed, to acknowledge our life event, to acknowledge the healing, that was the best part of the training ... I like how they engaged the audience, we had a chance to tell our stories and our communities. We had a chance as Aboriginal people to share our stories, to share our journeys, to share our struggles in community and with family and identified that we also have lost loved ones from suicide (Participant 13).*

### **Safe, Controlled, and Calm Delivery**

Participants emphasised that content was respectfully delivered in a calm manner.

*And I think the strengths for the Wesley Mission training was, one, how it was delivered. In a very safe, controlled, calm environment. It was perfectly fine. Perfectly safe. Everything worked quite well. People had enough space to feel comfortable if they needed their own space (Participant 1).*

*You know what, Ross allowed to tell his story, as well, and I think that's what broke the barriers down. Having somebody up there that's been on the frontline and that just knows what it's like to be, he was a frontline worker, he's seen it all, and heard lots of stuff. And that was what made it easy, he shared a lot, he gave. He gave more than he delivered, which was good, he gave himself ... I just want Mary and Ross to know how deadly they were on the day and honestly, mate, just their training and the way they deliver it put a different perspective on the way I work now and the way that I deliver my programs ... It was the language, it was the way Ross gave the delivery, the way Mary gave the delivery. It was given with respect, it was given with ... Look it was just, you couldn't, I could have sat there for five days (Participant 13).*

### ***Access to Onsite Accommodation and Catering.***

Participants found that access to onsite accommodation and catering helped them to have the time to participate and digest the course content.

*I feel even if you did live local, to be able to stay on-site and have that option of accommodation was a real draw card, if you like, for participants to be able to just get away from the normal routine of family and life. To set aside this time, two or three days, to participate in the training was ... It's valuable to have accommodation provided, and meals ... And with traffic, in peak hour traffic and things like that, if you're living locally, it still takes a long time to get from one place to another (Participant 2).*

*I think I felt like it was a good venue, and the catering was good. Yes, I think the only issue was, as often is, that there were some technical issues, at times, where the presentation wouldn't work. But other than that, that was really a good venue for the topic. The area was away from the main part of the hotel, so there wasn't interference, or anything, and it was a really good space. So, I can say that was appropriate, for sure ... Yes. For me, personally, being an older Aboriginal woman, I have some health problems, so it was important for me to be able to stay there because travelling back and forth ... can be over an hour's drive, and that would have been a bit much for me. So, it was really convenient to be able to stay there (Participant 9).*

*It was great that you facilitated a hotel for mob because not everyone can be able to travel down there every day. So knocking down that barrier so people could come. And also catering their food and what not is also supportive, like another barrier you're supporting them with (Participant 11).*

### ***Reinforcement and Refreshment of Existing Knowledge***

Three of the participants indicated that they had experience in suicide-related training. For example, Participant 1 stated: "I've got an extensive amount of suicide prevention experience." Despite this, these experienced participants still felt that they benefited in reinforcing and refreshing their knowledge.

*Yes, because it refreshed me, and I hadn't done it for a little bit. So for me, it's always good just to rehear it ... It's just like doing CPR training. It changes all the time. This doesn't really tend to change, but different areas have different methods of doing it (Participant 1).*

*Look, it was probably a bit of a refresher for me. I have done this sort of training a few times in the past because I've worked in mental health for a number of years. But it was good to have a refresh of the sort of ways of approaching someone that's contemplating suicide. It was probably more of a refresh of my knowledge. I didn't learn anything new, but it was some good reminders, yes ... I think the main thing I learnt is, and it was really just a refreshing for me to hear again, that we mustn't be afraid to use the word suicide. If we try and pussyfoot around that, that's when we can end up in some trouble (Participant 9).*

*Yes, it definitely reinforced. It made me more confident in the skill set that I had to know that I am following the latest evidence-based research in my practice ... It's really good to have an update and a refresh and also to know that what we're doing is the latest and greatest research, to know that we are doing the best that we can to support mob who may feel like they may want to end their life (Participant 10).*

Participant 9 indicated that there is a need to be direct when discussing suicide with an at-risk person. Even for experienced workers who deal with suicide regularly, like Participant 9, they likely benefit from being reminded of the importance of being direct and not to “pussyfoot around.” Further, Participant 10 had said earlier in the interview: “I think I already had the skills that were taught in the program ... I do think that the training did deliver helpful skills, that if someone didn't have my work experience or my university degree would have found really helpful.” This suggests that even if a participant has skills and knowledge relevant to suicide, there is still benefit in participating in the training.

### ***Connecting With and Learning from Others***

Jalla and Hayden (2014) have stated that “In Aboriginal culture the overarching glue of life, work and community is relationships” (p. 1). Relationships are central to Wesley Mission, given they are a faith-based organisation. It is no surprise therefore, that the theme of connecting with and learning from others emerged from the data. Participant 9 summed it up well when she stated: “Look, one I probably did learn, and it wasn't, really directly from the training so much, but it was more from fellow participants.” She then elaborated by stating that she learnt about the different services available for the Aboriginal community around post-intervention and other mental health programmes available to the Aboriginal community that she had not been aware of prior to participating in the program. Participant 7 stated “The strength of the training programme was the cream of all those participants.”

Being able to openly talk about the issues and listen to other people's views was an important component of the program that enabled participants to learn from each other.

*And certainly, in our communities, there are a lot of people that have been affected by suicide, and that ability to be able to talk about it openly was one of the really good points in the session, I feel (Participant 2).*

*It was very helpful because you were able to hear from everybody else's thoughts as well. And to put all that together, and some people have different ideas. So, yes. That was a good way to learn (Participant 3).*

*Two other participants had day-to-day knowledge of individuals who had mental health and social and emotional wellbeing issues. They contributed what I can say to be fantastic because practical issues were discussed (Participant 5).*

*When were at the start, we spoke about ourselves and why we're there. And a lot of people opened up and they shared, and sometimes that doesn't happen in forums and that's okay. But I think at that point, the energy in the room, everybody was really comfortable with talking ... Yes, and shared their personal experiences. And some of those experiences how it shaped them as a person and the work they do. (Participant 6).*

*And I liked the topics, the outline of the program was just fantastic, it just gave us, it just brought us in and made us feel like we were all connected. The thing about it, for me it was like community, it was like fellowship. Because we were all there for the one course, and Mary and Ross, when they delivered it, they were there for the same course, and that's what I liked about it (Participant 13).*

Participant 1 stated that he has trained in suicide prevention in the past, so he knew what to expect. He stated that he learnt from the participants: “It’s sad but great when you hear personal circumstances come out, which people use.” He added that the facilitator allowed that sort of organic learning to happen in a safe manner.

### ***Section Summary***

Participants had lots to say regarding the strengths of the SSP which included the:

- Relevant and high-quality course content;
- Excellent presenters and engaging workshop format;
- Safe, controlled, and calm delivery;
- Access to onsite accommodation and catering;
- Reinforcement and refreshment of existing knowledge; and
- Cultural importance of Benefits of connecting with and learning from others.

## 5. Useful Skills and Knowledge Gained

### *Relevant Skills*

Participants reported that they had acquired useful and salient skills for Indigenous clients which have enabled them to help a broader range of people. For example:

*Because it allows me to work from a different angle now. What I learnt there gives me the skills I need to help a broader range of people ... Prior to this I had knowledge but not the right skills to be able to help (Participant 12).*

They also noted that roleplays were useful in enhancing their skills.

*We did some roleplays within the course, which was good. It definitely upskilled me a bit in being able to say that in having the roleplays. It's planted the seed for me, the knowledge, and I hope to become more skilful in it the more I practice (Participant 14).*

### *Identifying the Signs of Suicide Contemplation*

Knowledge gained was demonstrated in participants being able to identify the signs that a person may be contemplating suicide, which included being aware of the changes in people's behaviours such as: "Withdrawal and being quiet; talking about what's the point of being here; expressing a sense of hopelessness;" "Giving all of their possessions away;" "If they started to pay all their debts;" and "Tying up loose ends in their business." This is illustrated by the following comment:

*One thing, look at changes in a person, their behaviours, the way they're acting. I never thought to take that into consideration, to be honest. You think someone's happy. They've probably down. And then all of a sudden, they're happy. Generally, you think, oh, that's great. They've picked themselves up and they're getting through this. And then the next minute you find out next week, well, they've gone. Honestly, be aware. Take note of the different changes in people's behaviour (Participant 4).*

### *Understanding How to Respond*

Participants also reported that they had gained skills in understanding how to respond to a person who may be contemplating suicide. These skills included: "Trying to establish an agreement with a person about keeping themselves safe until further support is in place;" "Making a concrete plan and sticking to it;" "Listening to them; connecting them with appropriate supports;" "Knowing what services to call;" and "not mentioning names, places, or means of suicide."

*I've got more knowledge of the help that's out there. I could give them the number maybe to Yarning Safe or something and feel confident that they will help them on the other end. It's more effective for us because our people find it better to talk to our own kind and get that sort of help (Participant 4).*

*Look, for me, it's maintaining contact and talking to the person. So I use the SALT method, see, ask, listen, talk, method with that, which I think is quite good (Participant 1).*

*It's enhanced the skills that I had. Like a few days after the training, I used the SALT on a person at work ... SALT is, S for see, A for ask, L for listen, and then T is for either take away their means of suicide or take them somewhere safe. And just having that acronym makes a huge difference (Participant 12).*

Participants also reported that they learnt it was important to be present and listen to people they serve:

*Yes. I probably would not have known what to do if someone asked me... If I was in that situation where I was talking to someone who was thinking about suicide. So, yes, I did learn that good information ... I learnt good knowledge. I learnt good stuff ... I suppose if you were talking to someone who's thinking about suicide, you always think, I've got to come in and save, but I guess a good skill is just to be present and listen and learn (Participant 11).*

### **Broader Knowledge**

Participants reported gaining useful broader knowledge:

*I've got knowledge of frameworks, knowledge of resources, and a bit more awareness around people's contribution in there and definitely terminology. I didn't realise I was using a bit of the wrong terminology prior. After the course I have a better understanding on what's a bit more appropriate to use ... Being Aboriginal, we know a lot of this stuff, but it's really good to formalise it and to put the clinical component to it as well ... I didn't realise how uncomfortable it was to maybe actually say the words to somebody, 'are you having suicidal thoughts?' (Participant 14).*

### **Section Summary**

Participants were able to describe the skills and knowledge acquired from attending the SSP which included:

- Acquiring new relevant skills for working with Indigenous peoples;
- Identifying the signs of suicide contemplation;
- Responding effectively to someone contemplating suicide; and
- Gaining broader knowledge about more appropriate techniques.

## 6. Confidence Gained

Most participants indicated that they felt more confident in working with people at risk of suicide because of attending training. This was typically evident in the tone of their voices when describing the skills and knowledge they learnt.

### *Confidence in Knowledge as Power*

Participants reported that their increased knowledge enhanced their confidence:

*I've got more knowledge now. Knowledge is power, and confidence. Like I said, I've got the knowledge and practice will upskill me, so the more I get into it, I hope to become more skilful in it (Participant 14).*

### *Confidence in Having Positive Conversations*

Participants reported that the knowledge gained enabled them to develop confidence in approaching and structuring positive conversations:

*A format on how to speak. A generic format. So, with a generic format and it gives me confidence to be able to deliver what I'm going to say. Yes. And having that confidence is a big thing (Participant 6).*

*And with this training, I feel that it does give people the ability to be able to have some confidence in approaching the subject and talking about it (Participant 2).*

*Because I had the knowledge, I felt more comfortable speaking and encouraging, having that positive conversation with that person (Participant 4).*

*It gave us some tools. Some really, I guess, yes, easy tools that you could use in situations where people might be talking about harming themselves or have the plan. It empowered us to feel that we could ask questions around safety questions. How to ask them and when to ask them. Yes, and it just got us, I guess, equipped. Ready to roll in and help our communities. It demystified it a little bit for us. Where once upon a time it might have been, no I won't ask that question. But no, hang on, we do need to ask that question ... Yes. It's a topic of extreme, that we all need to be confident around (Participant 7).*

*An example is we have a young fellow here at the Mental Health Unit at the moment who came in after trying to suicide. At first, I would have been a bit hesitant about discussing it with him, but I felt safe with the knowledge and skills I've learnt to actually sit down and start pointing out some things and what brought it on and what we can do about it and what his next steps are (Participant 12).*

### *Confidence in Responding*

Participants indicated that they felt more confident in responding.

*Well, it just increased my confidence practising, I suppose ... Yes, I would have a plan now. Whereas before I'll have people, friends or what not, ringing me up, talking about it, and you just don't really know what to do. You just listen to them, I suppose. But now I would have a bit of a plan. So, yes, I'd feel more confident (Participant 11).*

*I deliver a lot of programs ... in the community. I now deliver them differently ... Look, it just changed me, I'm more confident (Participant 13).*

### **Confidence in De-escalating**

Participant 13 described in compelling detail how after attending the training workshop, she had the confidence to talk to an at-risk woman over the phone and was successful in de-escalating the situation. This confidence arose from the skills and knowledge acquired from the training. Participant 13 reported: "Look, you know what, it gave me a deeper understanding to suicide, it gave me a deeper understanding on supporting somebody that's suicidal. I feel that confident that I can go in there now and fully support someone that's suicidal."

### **Confidence in Conducting Workshops**

When Participant 3 was asked how he felt about facilitating two workshops under supervision, he stated he was:

*A little bit nervous. It's just that when we find the time, we can do that but it's just the time. But I'm a little bit nervous, of course, because you've got to be up there facilitating this programme. You've just learned it. You've never facilitated it before, so I'm feeling a little bit nervous but I feel that we can do it fine.*

Participant 4 also displayed confidence when she stated: "I'd do quite well. I'm very passionate about suicide. I have a gentle nature about me. I'm gentle. I go about it gently because it was a very sensitive topic. I would sympathise."

### **Section Summary**

Participants' responses show that they acquired confidence from attending the SSP. Further, the confidence acquired was more than just a general confidence, but was a confidence that applied to different facets of the suicide prevention process including:

- Confidence in knowledge as power;
- Confidence in having positive conversations;
- Confidence in responding;
- Confidence in de-escalating; and
- Confidence in conducting workshops.

## 7. Potential Areas for Improvement

### Overview

All participants emphasised that the program was excellent. Participant 4 stated “Honestly, no, I can't fault it. I don't know where improvements go” while stated Participant 5 stated “I think I was so enamoured with the quality of the programme that I didn't see any weaknesses, to be quite honest.” These comments, combined with others from the previous section (Program Strengths) provide strong evidence that the training received was of a high quality, meeting the needs of participants. However, there can always be improvement, and several of those participants who spoke very positively about the training, offered constructive feedback for improving the program.

### Inclusion of Indigenous Presenters

As shown in the Strengths section, the content and presenters were evaluated very positively. However, three participants expressed their opinions that the training could be more culturally appropriate.

*I think, if I were to name a weakness, I might suggest there may be Aboriginal trainers available on-site as well ... But yes, I think just probably some more Aboriginal resource or guidance, notes, things like that, I guess (Participant 2).*

*Look, I would say the weakness was that there wasn't an Aboriginal presenter ... And I don't think any Aboriginal people that were there at the time felt 100% comfortable with the fact that there wasn't any Aboriginal presenters on the day. There's lots of difficult cultural practices that go along with this sort of training, and it would great to be able to have some of that encompassed in the training, along with having an Aboriginal presenter, that would just bring the whole thing together. That was the real downfall, I think, was not having an Aboriginal presenter ... There were a few things that she inadvertently said that probably did create a sense of not really feeling safe. And that wasn't purposeful, we know that, but if there was an Aboriginal presenter, we would have, probably, felt quite different (Participant 9).*

Similarly, Participant 11 stated “Definitely, having that content delivered by someone who identifies as Aboriginal or Torres Strait, that will get things changing a lot for you, I think. That's a massive weakness ... I know that a lot more people would've attended if she had identified.” Participant 5 made similar comments about another trainer, while stating that having an Aboriginal trainer partner with the non-Aboriginal trainer would improve training, he added that he thought the presenter “seems to have a handle on the sort of issues that we live with and put up with and observe and all that stuff.”

### Trauma Informed Content and Delivery

When asked how the program could be improved, Participant 12 stated: “That's a tough one because it was such a good program. Maybe if we touched a bit more on trauma amongst Aboriginal people.” She elaborated with:

*A lot of Aboriginal people suffer intergenerational trauma and our suicide rates are very high due to that. Especially in the communities, where we're seeing grandparents who are not healing their own traumas, and that's being passed along. So, this generation, we've got so many younger ones who see it as no other way out. My role here at the moment is trying to help people get through their traumas so that we don't end up attending funerals.*

Others also supported this view:

*Yes, intergenerational trauma as some of that stuff is triggering for Aboriginal people when you're hearing and you're seeing that sort of stuff. So, I think maybe a little bit more understanding of what their people are stepping into before they do step into that space and hear that sort of stuff because it is triggering (Participant 3).*

*Potentially having a more trauma-informed way of delivery and also content would be really helpful because a lot of mob have been impacted by suicide. This topic touches a lot of us close to home (Participant 10).*

### **Reflecting Local Issues and Culture**

Closely related to the request for the training to be culturally appropriate, some participants spoke about the need for the training to have local relevance. That is, aspects of the content should reflect local issues and culture. This is demonstrated by the following quotes:

*So, whilst the positive was that they'd done some consultation, the negative was that they hadn't actually consulted with any of our local communities, of which there are many ... The only other thing that I think I would say is they had an art work that had been commissioned to go along with the training, and it was done by someone up North, with a story about that. It would be wonderful if they did that in each state they were going to present this training. To have a local artist commissioned, with a local story, would really connect the training to the place where they're running it ... I think that that's important for us as Aboriginal people to know that there's been some broader conversations around the local area. That's going to really connect this training to the local people, I think (Participant 9).*

*It should've been created here and had conversations with our Elders from this area as well, because we are really diverse. So coming from Northern Territory, I suppose, [unclear] Kimberley, it should've probably been from this area just to make it more respectful ... And respect the knowledge that's already created here. Do a little bit of asset mapping what suicide... What Elders or nations are doing suicide prevention ... Because obviously, it's a great course, and a lot of people are interested, but just those things are more respectful culturally (Participant 11).*

### **Other**

Although not actually themes, two different participants raised two separate matters that may be useful for Wesley Mission Staff when conducting workshops in the future, and they are included here. First, Participant 8 spoke of the impact that phone interruptions had on

interrupting the program: “They all have work outside and the telephone is always there, the mobile phone is always ringing. There’s always a call coming through ... That was probably bad manners or probably housekeeping to be told in the beginning when you come into the room, put the phone away.”

Second, Participant 1 believed that sometimes feedback given to participants after engaging in practical elements of the course such as role plays should have been more constructive. He stated: “And look, you’re there to be trained as a trainer, not to be there to just get positive feedback from the whole thing.” However, he did acknowledge that it is possible that the presenters gave constructive feedback to participants in private.

### *Section Summary*

With the strengths of the program highlighted, participants were also able to highlight areas that can be used to build on the program’s existing strengths including:

- Inclusion of Indigenous presenters;
- Trauma informed content and delivery; and
- Including local issues and culture.

## 8. Suggestions for Strengthening Other Components of the Program

### Overview

Attendance at the 3-day training workshop is to prepare participants to conduct their own training sessions on suicide prevention, where they are supervised and assessed by an appropriate Wesley Mission staff member.

### Feedback from Participants

Conducting these training sessions is not always easy, as it is necessary to find participants, find an appropriate venue, and do this when a Wesley Mission staff member is available. Four of the participants expressed their concerns about this:

*Well, what would be of benefit is if there was more than one trainer at the time, then there'd be more than one trainer to supervise us, and it would probably make the planning of that more accessible. But because there was, oh, I can't remember now, 15 people in the group, maybe, and one trainer to oversee everybody's first two or three training sessions, it makes it quite tricky. When you're already busy, and then you've got one person to try and coordinate two people with. It just has become quite difficult. So, yes, if they had other people that were able to supervise the training, that would make it heaps easier. But yes, just so many conflicting commitments, it would be really helpful if there were other people available (Participant 9).*

*We had to present it three times or something in a certain timeframe. I haven't been able to do that. Our communities have been experiencing a lot of sorry business and it just hasn't been appropriate to deliver this workshop during the time. A bit more flexibility with the assessment requirements would be really beneficial as well. Even not having to present to people, if you could just present if back to the facilitators to get the accreditation (Participant 10).*

*Maybe having some local trainers as well. The trainers were really good. But at the moment I'm trying to lock in my follow up workshop to facilitate, and because the people are from out of town and they're travelling in, we've got less time to lock them in for the follow ups. Maybe if they were on-site, fulltime, we'd have a bit more opportunity to follow through with things (Participant 14).*

*Just around future training sessions that facilitators may be delivering, having the financial support from Wesley LifeForce Mission would be beneficial in being able to... Printing cost and resources that Wesley provides. I'm not sure if that's ongoing, but I definitely think it would be required if we were to be delivering future sessions (Participant 2).*

## *Section Summary*

Participants expressed concerns over not being able to easily organise opportunities to facilitate training sessions where they are supervised by staff from Wesley Mission. Consideration could be given to:

- Availability of more Wesley Mission staff to supervise and assess participants of the SPP for when they go to run their two mandatory training sessions; and
- Financial assistance provided to participants with printing costs, etc., in preparation for when they then conduct their own training sessions.

## 9. Discussion

### *General*

The overarching question this evaluative report sought to answer was: Are participants of Wesley Mission’s suicide prevention program better equipped to reduce the rate of suicide in the Indigenous population? Essentially, answering this question entails determining if the following three objectives of the SSP (described in Section 2) were achieved:

- 1) To be able to identify some of the signs that someone may be at risk of suicide;
- 2) To know the elements of a suicide intervention strategy which includes connecting the suicidal person to professional help; and
- 3) To have increased knowledge and skills to assist someone at risk of suicide.

Participants’ responses provide solid evidence that the training program was successful in equipping them with appropriate skills and knowledge relevant to suicide prevention. Participants enjoyed the training experience, felt the content was appropriate, and the presenters were highly effective. Importantly, participation in the training was beneficial for people with a range of experiences. For some participants, the training experience was very informative and educational. They learnt relevant skills and knowledge on Indigenous suicide, adding to their confidence when working with at-risk people. For participants who were already confident in their knowledge and skills of suicide prevention, they believed the SPP was a refresher course for them. Finally, participants reported that training took place in an appropriate environment, thus making the entire training program salient.

### *Fostering Participant Buy-in*

The ultimate test of the SPP’s success in achieving its goals would be a reduction in death by suicide that could be attributed to intervention by participants of the SPP. This report represents one phase of the program, and reports are required for subsequent phases. However, there are other means that can provide insight into the effectiveness of the SPP, and they are explored next.

Are there elements of the SPP that are consistent with Indigenous ways and knowledge? This question is highly relevant because an affirmative answer is likely to increase the buy-in from participants. Early in this evaluation report, reference was made to a model for Indigenous thriving (Craven et al., 2016). The model emphasises the need to be responsive to Indigenous worldviews, ways of being, doing, and knowing. Responses from participants interviewed for this research strongly suggest that they were encouraged to express their views as Indigenous workers, and not just be passive listeners in a training program facilitated by non-Indigenous presenters with westernised solutions. The Craven et al. model emphasises genuine partnership and a combining of western methods *and* Indigenous worldviews. Several participants expressed that they felt valued and were able to contribute. For example, Participant 7’s experience of the training: “So, we learn through our own journeys and our lived experience, so they (i.e., course presenters) come on that with us. And they were very receptive of what we had to contribute. And they could see how that, I guess, aligned with what they were presenting.”

Further, Participant 13 stated earlier: “We had a chance as Aboriginal people to share our stories, to share our journeys, to share our struggles in community and with family and identified that we also have lost loved ones from suicide.” These reported experiences demonstrate that the presenters promoted genuine partnership, where they (the Wesley Mission presenters) and the Indigenous participants brought their expertise to the training program.

### *Promoting Participants’ Psychological Wellbeing*

The findings in this report provide good evidence that participants in the SPP learnt relevant skills and knowledge to reduce suicide in people at risk of dying from suicide. But does the SPP extend beyond skills and knowledge—as important as they are—and tap into psychological principles known to facilitate wellbeing? This question is relevant for Indigenous staff working in health and wellbeing positions who are affected by high rates of stress and burnout (Deroy & Schütze, 2019). This is particularly true when working to combat suicide, given the pervasive and heavy impact it has in the Indigenous community. Healthy psychological wellbeing is a huge asset for Indigenous health workers working in stressful environments with an at-risk population. Working in stressful environments comes under what Participant 7 refers to as ‘cultural load’:

*And in respect of our culture, we call it cultural load. So, we carry lots of different loads and that is part of what we do. Part of what we do is not just nine-to-five work, it’s around the clock work. It’s not only for your clients, it’s for your family, your friends, your community, and you’re the go-to person.*

Complementing Participant 7’s experience, Lai et al. (2018) have reported that while Indigenous employees in the health workforce found that their communities served as strong personal motivator, communities are also a source of stress, making it difficult to maintain work/life boundaries, thus adding to the ‘cultural load.’ The presenters seemed to present in a way that was sensitive to the cultural load.

While findings presented in this report provide good evidence that the SPP was successful in meeting the needs of technical competence, Ryan and Deci (2018) propose other fundamental needs, which in addition to competence, when met, enable people to attain optimal psychological functioning and to thrive. There can be little doubt that the ability to thrive is a huge advantage for Indigenous workers working in Indigenous mental health. Spreitzer and Porath (2014) report that higher levels of thriving are associated with higher levels of job performance. In addition to the need for competence, Deci and Ryan propose the need for autonomy and relatedness. This is captured in their Self-Determination Theory (SDT), one of the most well-researched and validated theories of wellbeing and motivation. Gilbert and Kelloway (2014, p. 183) describe all three of SDT’s components, as follows:

- Competence: the need for a sense of proficiency and feelings of effectiveness in one’s work;
- Autonomy: engaging in behaviour because it is compatible with one’s values;
- Relatedness: feeling connected with others and having a sense of belonging.

Regarding autonomy, participants’ responses show that they were respected as Indigenous persons who brought their own valuable experiences and knowledge to the room to share. As previously mentioned, Participant 12 was expecting “Maybe the presenter saying this

is how you do it. Do it this way” but added “But it was none of that.” Supplementing this experience, Participant 7, as previously reported, stated: “And they were very receptive of what we had to contribute” thus demonstrating how the presenters promoted participants’ autonomy. Further evidence of promoting autonomy came from Participant 8 who stated:

*The respect is there. There was no one saying, stop, hold it there ... There was nothing like that. It was a freedom that allowed you to speak in a way that we are growing each other ... They allowed us to be ourselves and how they learn from us in one-to-one or in a group setting like that is very valuable experience. We listen to the Indigenous experts in that room.*

Further, there was no evidence to suggest that training was overly prescriptive in how participants should deal with people at risk of committing suicide. Regarding the need for relatedness, as previously mentioned, Participant 13 stated: “it just brought us in and made us feel like we were all connected. The thing about it, for me it was like community, it was like fellowship.”

These findings provide good evidence that the SPP has contributed to the psychological wellbeing of Indigenous workers working in health settings, to better manage the cultural load they are subjected to on an ongoing basis. While the literature is replete with advice about tending to the social and emotional wellbeing (SEWB) of Indigenous people, less is said about the SEWB of their carers, who are often Indigenous themselves. The approach adopted by Wesley Mission in their suicide prevention program is consistent with advice contained in the Draft Western Australian Suicide Prevention Action Plan 2021 to 2025 (2020, p. 27).

For Aboriginal people and their communities, SEWB is the foundation for a holistic concept of physical and mental health. This concept is strongly influenced by a connection between Aboriginal people and family, culture, country, community, spirituality and Elders. These connections work together to provide a culturally safe and appropriate environment for Aboriginal people, and help individuals to enhance their SEWB.

### ***Collaborations Between Indigenous and non-Stakeholders***

The past 5-10 years has seen an intense increase in programs and research that emphasise collaborations between Indigenous and non-Indigenous stakeholders when seeking to promote Indigenous health and wellbeing. Consistent with this approach, this report refers to work done by Craven et al. (2016), which adopts a strengths-based approach to working with Indigenous populations. Craven et al. (pp. 33-34) note:

Our proposed model seeks, in fact, to integrate Western and Indigenous methodologies, particularly those emphasizing the importance of embracing Indigenous knowledge, values, self-concepts, and autonomy, in new synergistic ways to yield translational research of salience to Indigenous children, youth, and communities ... With respect to Indigenous Australian people, the aim of a positive psychology approach is not about a preconceived notion of success, but rather to allow their autonomous perspectives to be considered among the drivers of thriving.

Participant responses in this report suggest that the suicide prevention training Wesley Mission provide aligns with the sentiments expressed by Craven et al. in embracing Indigenous ways of knowing and being and autonomous perspectives.

### ***Suggestions for Improvement***

There are two main areas of improvement to the training for consideration. The first is Cultural Considerations (which includes cultural appropriateness, trauma, and local relevance). The second is the need to connect the first component of the SPP (3-day training; the focus of this report) with the second component of the SPP (participants conducting their own workshops while being supervised).

### ***Cultural Considerations***

While some participants mentioned a preference for an Indigenous presenter or a co-facilitator to ensure cultural appropriateness, most participants emphasised that presenters were excellent. Further, Wesley Mission knows the importance of Indigenous input and have consulted with Indigenous stakeholders. Nonetheless, there can be gains in considering including an Indigenous presenter to present some components of the training.

AIHW (2022) have noted that in addition to the consideration of age and gender of Indigenous people, location is also an important factor given that location is a risk factor. Some participants suggested that program content should reflect local issues and culture. Participants also emphasised that the content can be readily adapted by them to meet local needs. For example, “The learnings taken away from that was just phenomenal and amazing. And been really well thought out and you can see how it’s, I guess, can be adapted for each of our own communities” (Participant 7). Further “The program tries to be culturally competent. That obviously needs to be adjusted to every community that you're in as everything’s different, but the bones of it, for that to be able to happen, which is nice” (Participant 10).

Finally, as more is learnt about the effects of trauma, inclusion of trauma content is increasingly happening more and more in training relating to Indigenous people. Wesley Mission’s suicide prevention program could build on its existing strengths by including a component in the program on trauma. This needs to be considered carefully, as its inclusion in the presentation has the potential for stirring up emotions in ways that are not helpful. For this reason, expert consultation is required.

### ***Other Training Components***

After participating in the SPP, participants are required to conduct two one-day workshops, while supervised. Participant 10 stated: “Training Indigenous people to be able to deliver the program is really important and that’s a massive strength of the program.” Participant 2 after delivering one session to 15 Aboriginal and non-Aboriginal workers stated that: “We’ve received good feedback. We have received lots of requests for future sessions. So that’s something.” These quotes demonstrate both enthusiasm and need. However, participants reported that the logistics of completing the workshop component of the program can be difficult. For example, Participant 10 stated: “No one from my work has been able to complete them. It's due to the fragility of the communities we've been working in.” However, it is necessary for completeness of training, and for the beginning of new experiences for

participants. Completion of the facilitation of these workshops prepares participants to do the job they have invested themselves in. Without this completion, participants may experience frustration, thus undermining the fine results already achieved by participants attending the SPP.

### ***Limitations of this Report***

Survey research, like all research, is not immune to sources of error (Ponto, 2015). For example, interviewees can misremember experiences, and be affected by demand characteristics (i.e., the tendency to report what is expected of them). There is the potential for bias in the interview participants in that they self-selected to participate. In addition, the sample size was small and future research could benefit from a larger sample size.

In addition, there can be methodological errors and limitations (e.g., appropriateness of interviews vs. other means of data collection) as this report is based solely on participants' responses to a series of interview questions. Further, interviewees were interviewed only once, hence there were no pre and post intervention interviews nor follow-up interviews. Further, the presenters were not interviewed to gain their perceptions to enrich the findings. In addition, only one component of the program was evaluated in this research. Future research could benefit from employing a multi-method approach such as interviews, focus groups, and surveys; increasing sample size, employing a longitudinal research design; engaging a broader participant pool (e.g., presenters, community members); and evaluating all elements of the program.

### ***Recommendations***

The recommendations that follow come primarily from the data collected while interviewing participants of the SPP, from the literature, and from Australian Catholic University's experience in working with and for Indigenous communities. We emphasise that these recommendations will build on the strengths of Wesley Mission's Aboriginal and Torres Strait Islander Suicide Prevention Program, making it an even stronger program for addressing the pressing issue of Indigenous suicide.

1. Given the strengths of the program it is recommended that the program be upscaled and this broader application of the program be rigorously evaluated.
2. Consideration be given to employing Indigenous co-facilitators to deliver components of the training to further embed Indigenous ways of knowing into the program.
3. Consideration be given to employing local Indigenous co-facilitators to embed local issues, context, and culture into the program.
4. Consideration be given to including content on trauma, as it relates to Indigenous Australians, as a component of the training.
5. Consideration be given to Wesley Mission staff developing plans with potential participants before training to ensure that the conduct of two, one-day workshops each participant is expected to facilitate is feasible.

6. Future research could benefit from employing a multi-method approach such as interviews, focus groups, and surveys; increasing sample size; employing a longitudinal research design; engaging a broader participant pool (e.g., presenters, Elders, community members); and evaluating all elements of the program.

### ***Conclusion***

Groves et al. (2022) have noted that there is a lack of suitably evaluated Indigenous-specific suicide-prevention programs in Australia. Further, “Suicide interventions are complex interventions due to the sensitive nature of suicide and suicide-related behaviour” (Dudgeon et al., 2021). It is therefore encouraging, that Wesley Mission have taken up the challenge to address this “National Crisis of our Time.” The evidence provided in this report is very encouraging in that Indigenous participants found their participation in the program to be very beneficial to them as workers who seek to prevent the tragedy, which is Indigenous suicide.

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