

Evaluation Report Summary

Live4Life community youth suicide prevention and mental health promotion model pilot implementation



Mental health problems are most common among young Australians with one in four young people having experienced a mental health issue in the past 12 months. Suicide remains the leading cause of death for young people. Mental illness and suicide are more prevalent in rural and regional communities, and this is attributed to lower access to general practitioners and health services, lower socio-economic status, social and educational disadvantage, and social and cultural isolation (Robinson et al., 2018).

Rural and regional areas of Australia are seeking programs that target youth mental health and suicide prevention, such as educational workshops that teach school students, teachers, parents and the broader community about the signs and symptoms of mental health problems and managing a mental health crisis.

Macedon Ranges Shire Council has been running Live4Life since 2010. Youth Live4Life Inc., a registered health promotion charity, was established in 2015 to spread the reach of the Macedon Ranges Shire Council's Live4Life model. The model was developed with the potential to be adapted locally by other rural communities, and in 2017 was piloted in the rural communities covered by the Rural City of Benalla and Glenelg Shire.

In 2017, Youth L4L commissioned Orygen, the National Centre of Excellence in Youth Mental Health, to evaluate the implementation of the L4L model in the two pilot sites. The evaluation assessed whether:

- the L4L model aligned with national and state suicide prevention policies;
- the L4L model provided a community partnership that was able to deliver its core components;
- stakeholders considered it to have had a positive impact on the local community;
- participation in youth leadership (the Crew) was perceived to be beneficial by the young people who volunteered; and
- training in teen Mental Health First Aid was associated with perceived improvements in participants' mental health literacy and confidence in helping their peers, reducing stigma towards mental health problems and help-seeking.

A range of data collection methods were used to explore the evaluation questions, including a scan of national and Victorian suicide prevention policies; a desktop review of relevant documentation; focus groups with 'The Crew', students and community members who completed MHFA training; and interviews with key stakeholders.

This document summarises the key findings from that evaluation, as well as the recommendations made to enhance the model. Youth L4L acknowledges the work of Orygen: The National Centre of Excellence in Youth Mental Health. We also thank the community members who so openly took part in the evaluation and shared their insights, to make the model even stronger for future participants.

Sarah Mahon

Chair of the Board
Youth Live4Life Inc.

Overview of the Live4Life model

Youth Live4Life Inc. is a registered health promotion charity. Its vision is that all rural Victorian communities have the capacity to support, improve and invest in their young people's mental health and wellbeing. Youth L4L Inc. is focused on expanding its youth suicide prevention model in rural Victoria.

The L4L model comprises four key initiatives:

1. Developing school and community partnerships, with clearly assigned roles and formally establishing a lead agent;
2. Centrally administering coordination, support and mentoring services. Staff at Youth L4L provide core support, problem solving and guidance to L4L communities. This is based on nearly a decade of experience and the sharing of outcomes from the Macedon Ranges L4L initiative;
3. Delivering evidence-based suicide prevention and mental health education. Youth L4L has used the Mental Health First Aid (MHFA) courses to deliver the educational component of its L4L model; and
4. Implementing a youth leadership program to promote the L4L model among a community's young people. Representatives in year 9 and 10 are invited to participate in a 'Crew', and to act as mental health ambassadors for the model.

The L4L model involves:

- Training local community members to become accredited Youth and teen MHFA Instructors and deliver the training to local community members;
- Providing teachers, parents, carers and broader community leaders with the opportunity to be trained in Youth MHFA; and
- Providing the teen MHFA course to all year 8 and year 11 students across all secondary schools within the shire.
- The delivery of three key events – the launch, celebration and competition with year 8 secondary school students.



Reach in 2017*

117

Adults received Youth MHFA training

563

Students received teen MHFA training

30

Young people participated in the Crew

330

Young people attended the Live4Life launch and celebration events

18

Stakeholder organisations participated in the Partnership Groups

7

Community members were trained to deliver teen and/or youth MHFA

*Participant data provided by Youth L4L

High level findings from the evaluation

The Orygen evaluation¹ concluded that the L4L model aligns well with both national and state suicide prevention policies and provides a community partnership approach capable of implementing the model's four key initiatives.

The **community partnership component was highly valued** by both of the pilot communities, each of whom considered the L4L model to have been appropriate to the needs of their community.

Participants felt that the training received had a **positive impact on their attitudes towards mental health**.

¹ Robinson, J., Thorn, P., Byrne, S., Bailey, E., & Kennedy, V. (2018). An evaluation of the implementation of the Live4Life community youth suicide prevention and mental health promotion model in two rural Victorian communities. Melbourne, Australia: Orygen, the National Centre of Excellence in Youth Mental Health.

Recent meta-analysis of 15 evaluations of MHFA training found that it is effective in improving knowledge, attitudes and behaviours related to mental health². The teen MHFA course teaches secondary school students how to provide mental health first aid to their friends and peers. The course was developed following research that found young people prefer sharing problems with their peers. The teen MHFA course includes education on the best actions that young people can take to support peers who might be showing signs of a developing mental health problem.

² Orygen Evaluation, pg 9. Ref: Hadlaczky, G., et al., Mental Health First Aid is an effective public health intervention for improving knowledge, attitudes, and behaviour: A meta-analysis. International Review of Psychiatry, 2014. 26 (4): p. 467-475.

Alignment of L4L with suicide prevention strategies, policies and relevant reports

Scope	Title	Relevant Elements
Strategy / Policy documents	National	
	LIFE Framework	Action Area 2: Building individual resilience and the capacity for self-help Action Area 3: Improving community strength, resilience and capacity in suicide prevention Action Area 4: Taking a coordinated approach to suicide prevention Action Area 5: Providing targeted suicide prevention activities
	Fifth National Mental Health and Suicide Prevention Plan	Priority Area 2: Suicide prevention Priority Area 6: Reducing stigma and discrimination
	State	
	Victorian Suicide Prevention Strategy	Objective 1: Build resilience Objective 5: Help local communities prevent suicide
	Other	
	World Health Organization report: 'Preventing suicide: A global imperative'	Key message 5: Communities play a critical role in suicide prevention.
	Mental Health Commission Review of Mental Health Programs and Services	Recommendation 17: Use evidence, evaluation and incentives to reduce stigma, build capacity and respond to the diversity of needs of different population groups.
	Senate report: 'The hidden toll: Suicide in Australia'	Recommendation 31: The Committee recommends that additional 'gatekeeper' suicide awareness and risk assessment training be directed to people living in regional, rural and remote areas.
	Report of a Parliamentary Inquiry: 'Before it's too late'	Committee Comment (4.49): The Committee considers that it would be useful for parents, peers and teachers to be trained to recognise the signs of mental distress and be equipped to start a conversation providing at risk young people with advice on the resources that are available or putting them in contact with a specialist service.

“... a teacher at [School] came to me the week after she’d done the training and just said, thank God I’ve done that training, because it was literally two days later that I had a young person at the school on suicide watch.”

After the training, participants were **more capable of recognising signs that might indicate a young person is experiencing some level of distress**. Adult community members who completed Youth MHFA reported having a greater understanding of the language that should be used when speaking with a young person about their mental health, and how best to approach them.

Participants **commended the use of local trainers** because it meant they could run additional local sessions beyond the lifespan of the pilot, and because they knew about local issues and the community’s context more generally, and could sensitively bring that into the course when necessary.

The evaluation found that while it was the first year of the model being implemented in the pilot communities, stakeholders perceived that it had a positive impact on their community.

Due to the limited time over which the evaluation was conducted, it was not possible to fully determine the model’s impact on the two pilot communities.

Nonetheless, **the young people** who participated in the evaluation believed **the L4L model to have been of great benefit to them**, including participants of teen MHFA, who recommended the course to their peers.

“We all live in and share the same challenges with other rural communities in that access to training... is more limited... So being able to upskill local people [and] not have to rely on bringing people in... is a real advantage...”

“...what a fantastic program I do think it is sustainable with additional funding, I do think that it is possible to do it in other communities, and other rural communities too.”

“I really enjoyed the course. Being a mum, having three children, [it was] a real eye-opener. Some nights it was tough, some of the topics were tough, but really interesting. I knew it was beneficial...”



Key Learnings

The Orygen evaluation report provided the following summary of key learnings and recommendations for further discussion:

- The **partnership model** is crucial to success.
- **Broad representation** from a range of different community members and stakeholders and having local schools on board was considered to be of particular value.
- The importance of having **genuine buy-in** from teachers, as well as the school leadership was noted, with one suggestion being that a school staff member could be appointed an ‘ambassador’ for the model within each school.
- **‘Community readiness’** was also seen to be key to the success of the model. The two pilot communities were both prepared and willing to implement the L4L model. It is important for Youth L4L Inc. to remain cognisant of this if the project is expanded to include additional communities.
- Having **community leadership** was also seen as important, with particular reference given to the importance of the project **being locally run**.
- **Aligning L4L activities** with **those already occurring** in the schools and wider community was seen as useful in terms of embedding the model and reinforcing its key messages.

- The importance of **flexibility in adapting the model** to the specific community and their needs was identified as critical for successful implementation.
- The **development of Memorandums of Understandings or Partnership Agreements** seemed to auger well for success. More specifically, these served to clarify the nature of the relationship, assign duties, reduce misunderstandings, and ensure that partners have a common understanding of expectations of each other and the group. Furthermore, such agreements reduced the likelihood of unwanted dissolution of partnerships, and ensured better representation at meetings and events.

There were a series of learnings relating specifically to the **administration of the project**:

- Stakeholders suggested more **lead-in time** prior to getting the project up and running. Specifically, they **recommended initiating the project in the middle of the school year prior to model delivery**. This would allow sufficient time for the model to be embedded in the school curriculum.
- They also noted that **having an evaluation planned and established from the outset would have been beneficial** due to the time constraints involved.
- Stakeholders suggested greater efficiency would be achieved with a **local coordinator working with the Youth Live4Life Project Manager** to coordinate the local implementation.
- Stakeholders felt that the model would benefit from a **staged implementation**, where the **partnership group** is first established, after which the **Crew is recruited**, and **then community members and young people receive the training**.
- **Crew** members expressed a strong appetite for learning more about mental health. Youth L4L note that future members of the Crew **should receive MHFA training**. Feedback suggested it would be **easier for Crews to promote L4L** if they learnt what was involved in this core component of the model. It is understood that future members of the Crew will be trained in teen MHFA, as they will come up through the model from Year 8. It is noted that in the inaugural year no member of the Crew would have received this education prior to their commencement.
- Young people felt it was **extremely problematic that social media and the Internet was neglected in the MHFA training**. This was reiterated by adult community members who completed the Youth MHFA course.





Next Steps

Youth Live4Life Inc. is reviewing the evaluation findings in consultation with the two Live4Life communities.

The three groups have agreed to undertake a further two years of evaluation in the two pilot sites to explore in more detail the key components of the Live4Life model, as well as develop evaluation tools for Live4Life Communities. Findings are due in early 2020.

The ongoing evaluation of the program will provide longer-term information regarding the acceptability and likely efficacy of this rural, community-based approach to mental health and suicide prevention. If the results are favourable, it will provide a sound evidence-base for the program to be implemented in years to come, and will contribute to the broader suicide prevention evidence-base. It will also provide support for Youth L4L to be rolled out across additional rural sites.

The program is expected to build much needed local capacity, particularly strengthening connectedness between schools, young people, and services in the community.

Given the high rates of mental health problems and barriers to help-seeking found in rural communities, this provides significant opportunities to improve the mental health of young people in these areas.



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“I was going through a bit of a rough time and I was kind of like, I don't really want to go talk to someone because I don't really know that someone, and then it kind of helped me understand what to do and where to go.” - Participant



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This summary is based on the findings from: Robinson, J., Thorn, P., Byrne, S., Bailey, E., & Kennedy, V. (2018). An evaluation of the implementation of the Live4Life community youth suicide prevention and mental health promotion model in two rural Victorian communities. Melbourne, Australia: Orygen, the National Centre of Excellence in Youth Mental Health.”