OzHelp Foundation

Provision of online suicide prevention, awareness and postvention resources for the Veteran/Peacekeeping Community - Operation *Life* Online

for the Australian Government as represented by the Department of Veterans' Affairs

Evaluation report

January, 2014

OZHELP FOUNDATION

Australian Government
Department of Veterans' Affairs

Operation *Life* Online Evaluation

This Evaluation report has been prepared by the OzHelp Foundation Ltd (OzHelp) for the Department of Veterans' Affairs.

OzHelp is a not for profit, community based organisation which specialises in developing and delivering suicide prevention strategies for workers in male dominated workplaces. OzHelp's processes and resources have been forged in the tough building, construction and mining industries and in more recent years applied in other industry settings including the utilities industry, community services and even the white collar industries of law and public service. Since its formation in 2001, the OzHelp Foundation has undergone national expansion of its services not only into various locations around Australia but into a variety of sectors. This has entailed working with clients who not only utilise the existing OzHelp award-winning resources, but also working collaboratively to create culturally relevant programs that meet the unique requirements of the client.

Contents

Executive summary

Following an open tender process, OzHelp Foundation (OzHelp) was contracted by the Department of Veterans' Affairs (DVA) to develop online suicide awareness and postvention resources for the *veteran/peacekeeping community*[1] in August 2011. To supplement the required skills for this project, OzHelp partnered with Human Capital Alliance (International) Pty Ltd (HCA), a research consultancy with past experience in mental health and suicide prevention and with a track record of training materials development, and Osky Interactive Pty Ltd, a website development specialist organisation.

The online suicide awareness and postvention resources were developed into a website titled Operation *Life* Online. The website went live on 15 August, 2013. From the commencement of the project a meaningful evaluation effort was always envisaged and this was built in to and influenced the direction of the project throughout. In this context, evaluation was considered in its broadest sense — not just as a means of determining the relative success and worthiness of the project, but also as a means of controlling the quality and continually improving processes (and the content)of the project in response to evaluation findings.

All evaluation efforts for this project were structured around a set of objectives that were established and agreed early in the project and formalised for the DVA Ethics Committee Application. The role of evaluation was to quite simply determine whether the objectives for the website were met or not (or the extent to which they were met). If an objective was not met, the question was asked as to why and whether not satisfying the objective was a problem or not. The objectives were:

Operational / *implementation* objectives (outputs)

- Develop suicide prevention, awareness and postvention resources appropriate to the needs of the veteran/peacekeeping community within the specified time frame.
- Design a suitable online environment so target audience users can easily access the developed resources.
- Members of the veteran/peacekeeping community who use the resources are satisfied or highly satisfied with the online resources.

Individual and community change / *impact* objectives (outcomes)

- Increase awareness in the veteran/peacekeeping community (who use the resources) in regard to suicide including risk and protective factors, and about the need for, and potential to, prevent suicide.
- Increase the proportion of the veteran/peacekeeping community who feel confident to identify a person at risk of suicide and be able to connect them to appropriate support services.
- Increase the proportion of the veteran/peacekeeping community with sufficient knowledge about suicide prevention to achieve a change of behaviour to increase help seeking efforts personally or in others.

This evaluation report is divided into two parts reflecting the structure of the objectives into two main segments — implementation and impact.

Part 1 of this evaluation report focuses on the ***implementation*** of the Operation *Life* Online website project and was written in August 2013 and approved by DVA on the 10th September, 2013. That

[1] This broad term was used throughout the project to cover three potentially separate populations viz.: veterans, returned peacekeepers, and family members of veterans and peacekeepers.

earlier report is essentially folded into this report as Chapters 2 to 6 without change from the originally submitted and approved report.

Part 2 of this evaluation report concentrates on the ***impact*** of the website from the date it went 'live' - 15 August, 2013 and analyses utilisation statistics of the website and feedback gathered from National Mental Health Forum members and nationally recognised expert suicide prevention organisations.

Main findings on implementation effort

In reviewing the implementation process for the design, development and delivery (launch and promotion) of the Operation Life Online website a number of findings can be elicited. The more important are briefly outlined below:

- The implementation process began to fall significantly behind schedule after the first six months of the project and ultimately required an additional 12 months to complete. The main contributing elements to the delay were the development and approval of website content in general and the design and development of the interactive tools in particular.

  While some of the content delays could be attributed to the development process (in particular some technical problems affected the interactive tools development), most of the delay was due to a wholesale DVA project team change after the first ten months of the project. Subsequent delays were experienced whilst the new project team became familiar with the project and approval processes were hence extended. Even if the DVA project team had not changed, it is likely the time estimated and allowed for planned review (of design, the wireframe, content, graphics, etc.) in any case was insufficient.

- The lack of a project reference group comprised of the target audience, that is, individuals from the veterans and peacekeeper community, possibly exacerbated delays in approval rather than added to them which was the original concern. Such a reference group would have potentially benefited the project by providing direct access to the target audience for the project designers and developers. This would have allowed the project team to test website components with the target audience more routinely and in a meaningful and consistent way.

- The choice of Adobe Flash software for development of the interactive tools was problematic and caused substantial delays for the website. The project team learnt (after development had commenced) that it is not available on IPads or mobile devices and is becoming out of date or less commonly used by other IT providers.

- In order to meet the contractual website accessibility design and development requirements (as embodied in the WCAG guidelines) significant rework was required late in the project.

- Insufficient budget and time was allowed for development of the video materials. In particular allowance needed to be made for auditions and rehearsals of actors to ensure quality performances.

- The subcontracted IT company only had one person allocated permanently to this project. The project was at times delayed when this IT person was unavailable, or did not have

strong expertise in particular technical elements. While some changes were identified only as the site became operational and were sought by DVA to improve usability, some changes were required because the site was clearly not working to purpose or to contractual requirements.

Main findings from assessing impact

Appropriateness and value of website content

The website content has been confirmed as largely appropriate to the target audience. While the educational aims of the website have been more strongly endorsed as appropriate for the online medium, both the support components and suicide prevention/awareness learning activities have been approved by suicide prevention expert reviewers and ex-service organisation representatives of the target audience. This acknowledgement has been for the content on a technical capacity (that is accuracy and compliance with current understanding of best practice) and suitability and relevance to the target audience.

Visitors to the website were invited to provide feedback on the website content and its relevance and effectiveness. While only a small proportion took this opportunity, still between 72% and 93% of visitors who provided feedback on the website agreed or strongly agreed about the worth of the website on a range of measures including the relevance to the target audience, useability and the capacity to provide awareness and knowledge. Almost all (93%) would recommend the website to others.

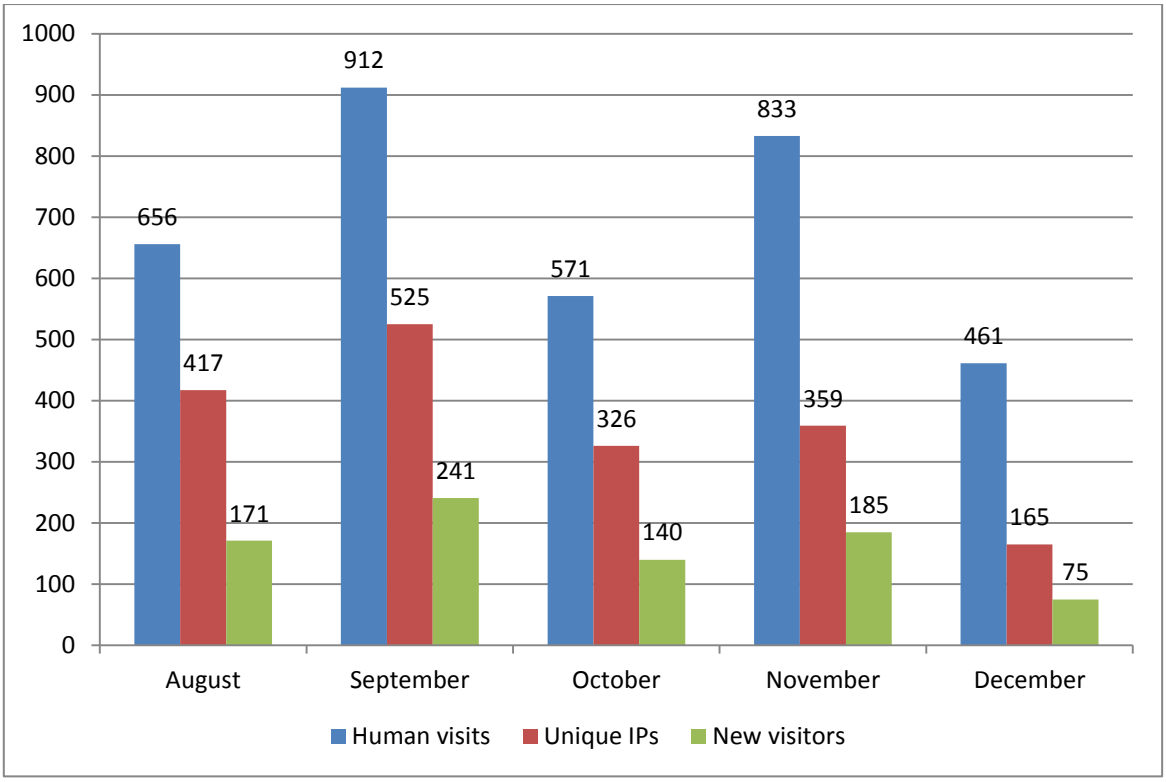
Promotion and utilization of the website

Since the commencement of the website on the 15th August 2013, there have been 3393 visitors to the website (up to 19 December 2013). If the unique IP address is used as a proxy for assessing individual visitors (not entirely accurate since multiple individuals can use a single IP address, for instance in a library or club but a fair measure nevertheless), these visits were made by 1511 individual visitors. The volume of visits for each of the first five months of operation of the website is shown in the figure below. During the time of operation of the website, the number of total visitors and new visitors has trended downwards from the peak in September. From August to December the visitors have viewed 22,697 pages on the website, an average of 184 per day.

Currently, the majority of traffic to the site (90%) is coming through the At Ease portal, which itself has, over roughly the same time period, received only 16,259 visitors. The Operation Life Online component of the At Ease website accounts for approximately 18.5% of total visits and 56.5% of total page views. There is very little direct access to the Operation Life Online site, either from entering the site's URL or via search engines. Entry of appropriate key words (such as 'suicide', 'prevention', 'veterans') into a search engine such as Google does not prioritise the Operation Life Online website.

Because of the importance of the At Ease website in traffic flow to Operation Life Online, and because traffic to At Ease is low, the volume of traffic coming to the Operation Life Online website is constrained. Moreover, some of the reviewers of the website found it difficult to see Operation Life Online within the At Ease home page (which has five other equally prominent options), although it is clearly identified with "suicide prevention".

Accordingly there is not enough traffic coming through the Operation Life Online website to see an impact on the ex-service veteran and peacekeeper community. Current site visitor numbers represent only a small fraction of the potential ex-service veterans' population, probably less than 1%. In other words, while the site is deemed to be appropriate and recommended for the target audience, too few are actually seeing the site.



Note: Figures for the months of August and December based on available data which is less than a full month (15 days and 19 days respectively)

Unmet design expectations

Analysis of page view activity and visitor feedback suggests that the user population of the website, and the way it is being used, may not be as was anticipated during the design stage and prior to launch. For instance, a priori the primary website focus was on assisting visitors identify and manage potential suicide crises, and a secondary focus was on providing awareness and information. It was also expected that families and friends would be more prevalent visitors than veterans themselves.

Analysis so far suggests that most visitors are not in crisis and are seeking to more generally learn about suicide and its prevention. The website reviewers both peer and ESO thought this was always a more likely scenario and appropriate. Analysis also suggests, although based only on a small sample, the visitor population is largely ex-service veterans and peacekeepers (60%) and not their family and friends as was expected.

In a similar way, some elements of the website that were thought pre-launch to be important have not been viewed frequently, including the 'Staying calm' tool, 'Veteran's stories', the slides and interactive tools. This may in part be due to the visitor population discussed above. There is some suggestion also though, gleaned through both the consultations and interpretation of utilisation statistics, that layout is affecting the 'visibility' of some page elements that have not been visited as frequently. One ESO representative for instance recommended making the 'slides' on the "Learn more about suicide prevention" pages more user friendly. As for the 'Veteran's stories', peer and ESO reviewers noted videos are an important part of 'normalising' the issue of suicide and increasing the ability to understand and talk about suicide and to build a community awareness and should be retained on the website. But integrating them more into valued visitor pathways might be appropriate.

Other website improvements

As noted above, the content of the website has been largely assessed as relevant to the target audience and effective in its aims of raising awareness and providing valuable support. The major

problems with the website outlined above relate mostly to its promotion (insufficient) and some layout issues that may have caused important content to be insufficiently visible.

There are as well though, and in spite of the overall positive perception, some content issues that appear to be limiting the potential of the website to raise awareness. Some of these issues are comparatively small and relate to terminology and technical accuracy. Others are more important, and relate to 'missing' content.

Most pertinent is the finding that the average length of time being spent by visitors in the website is dwindling. More content is apparently required on the website to keep visitors in the site longer, to enhance their participation in learning activities and to improve knowledge transfer. Extensive fact sheets were developed as part of the original website design to support the slide presentations, facilitating the taking of those visitors with higher information demands than the slide presentation could satisfy to greater depths of understanding. A decision was taken to remove these from the site. It may be appropriate to reinsert fact sheets or similar further information when upgrading the slide operations, in particular those 'facts' that are most pertinent and somewhat unique to suicide ideation. Alternatively, or in addition, visitors seeking more information can be more assertively directed back into the At Ease website where there is good information on mental health (especially depression and anxiety), alcohol and other drug use and ways of keeping physically and mentally well.

Recommended actions

The website is not considered static and the suggestions offered below will help to immediately enhance the resource and provide a process for continued improvement. None of the suggested changes significantly challenge the existing structure of the website.

Recommendation 1:

More traffic needs to be directed to the Operation Life Online. In the first instance, there is a need to improve:

1. The chances of being landed upon from Google or other search engines by using specific search terms in the website. Discussions and a list of appropriate search terms have been provided to SMS (DVA's current website managers) to improve search optimization for the website;
2. The promotion of http://at-ease.dva.gov.au/suicideprevention/ URL to as many places as possible so visitors can come direct to the site from Facebook (not just DVA's Facebook but those of many appropriate organisation's and individual's Facebook), Twitter, emails, electronic newsletters, etc. Promotion efforts could also progress to seeking endorsement from individuals credible to the veteran's community[2] and organisations trusted by the target audience. Serendipitous opportunities also need to be grasped, for instance news magazine stories on TV and radio can be followed by advertising of the website.

[2] For instance, individuals such as Major General John Cantwell who has written extensively in the Sydney Morning Herald of his personal experiences with depression and suicide ideation and become a 'go-to' figure for television journalists for comment on veteran's mental health issues.

3. The visibility of the 'suicide prevention' portal to Operation Life Online within the At Ease home page, sending a clearer sense of both its support and information possibilities.

Recommendation 2:

It is recommended to make simple improvements to the design and content of the website particularly to improve attraction of some website components that have so far been poorly viewed. This includes:

1. Enhancing the visibility of the 'Staying calm' tool on the "I am worried about myself" page.
2. Making the videos more integral to the 'flow' of the site and especially certain visit pathways.
3. Enhancing useability of the slides in the learning page by simply adding an arrow into the slides to indicate there is more to view.
4. Refilming Major General Mark Kelly's introductory video without the use of a teleprompter.

Recommendation 3:

On the "I am worried about myself" page it is recommended to:

1. Provide a life-affirming statement to reinforce that the person wants to live. For example, Lifeline's website includes the statement:
   "Just by reading this, a part of you is looking for ways to live and to get help for problems in your life. It is not uncommon to feel this way and lots of people have suicidal thoughts and are able to work through them and stay safe."
2. Help persons in crisis by prompting the individual to reflect on and connect with their existing coping strategies and understanding the passing nature of suicidal thoughts.
3. Reverse the order of the 'National Sexual Assault, Family and Domestic Violence Counselling Line' and 'Suicide Call Back Service' on the page 'I am worried about myself' page.

Recommendation 4:

On the "I am worried about someone else" page it is recommended to:

1. Encourage the individual to think about their own well-being and readiness for a conversation about suicide. Before initiating the conversation, the person asking should consider their own state of mind and whether they would be able to calmly respond to the answers given.
2. Provide additional brief information on building rapport and guidance on how to respond to someone who reveals they are suicidal e.g. do not offer the person advice or minimise their reasons for wanting to die. See ***Conversations Matter, Core principles: Intervention-focused conversations*** for more information.

Recommendation 5:

Some of the terminology in the site needs to be audited where peer reviewers have identified potential problems (as detailed in the findings above). Where suggested changes provided from expert reviewers is controversial (that is their opinion is not universally accepted), it is recommended that VVCS advice is sought to ensure that appropriate and consistent terminology is used throughout DVA.

Recommendation 6:

The gradually dwindling visit time since its launch date suggests more learning content is required on the website to keep visitors in the site longer given this is clearly an area of visitor interest and an area well supported by the reviewers. It is recommended to re-insert the fact sheet content or similar further information when upgrading the slide operations and improving links back to relevant information in the At Ease suite of resources.

Recommendation 7:

It is recommended that ongoing evaluation of usage of the website should be undertaken to ensure the live resource remains relevant to the needs of the target audience. This includes:

1. Utilization data being analysed at least every four months given the current data collection structure purges usage data after 120 days.
2. Undertaking a full evaluation within 12 months of the website launch (August 2014) including more extensive collection of quantitative data from the target audience. The larger evaluation might benefit from the creation and use of a target audience reference group.

Project background & methodology

Background

Following an open tender process, OzHelp Foundation (OzHelp) was contracted by the Department of Veterans' Affairs (DVA) to develop online suicide awareness and postvention resources for the *veteran/peacekeeping community*[3] in August 2011.

The purpose of DVA's original request for tender is extracted below:

> *"DVA is seeking to expand the range of suicide awareness resources as part of the Operation Life framework and is seeking a suitable provider to develop or adapt existing resources to form an online suicide awareness package which will sit on the At Ease website. The purpose of the package is to provide a range of online resources to increase suicide awareness among the veteran/peacekeeping community and provide information and support for those affected by suicide. The target audience is veterans, peacekeepers, Australian Defence Force members, their families and friends."*

Operation *Life* Online development team

OzHelp project team

The OzHelp project team was constructed with a view to gathering the required skill mix to develop a suicide prevention website for DVA. The skills believed to be required included:

- Experience in developing and delivering suicide prevention activities and services;
- Knowledge of 'best practice' suicide prevention;
- Experience with and understanding of the veteran/peacekeeper community;
- Expertise in developing learning resources;
- IT capabilities to develop an interactive learning website; and
- Project management expertise.

Whilst OzHelp clearly held requisite expertise in developing and delivering suicide prevention activities and services (the first two dot points), it needed to supplement these skills through collaboration with strategic partners who could supply the skills represented by the remaining four dot points. OzHelp's partners were Human Capital Alliance (International) Pty Ltd (HCA), a research consultancy with past experience in mental health and suicide prevention and with a track record of training materials development, and Osky Interactive Pty Ltd, a website development specialist organisation.

The OzHelp project team included members from each of these organisations:

OzHelp

- Tony Holland (OzHelp CEO);
- Brenton Tainsh (former OzHelp National Operations Manager);
- Keith Todd (former OzHelp CEO); and
- Belinda Rule (OzHelp resource developer).

Human Capital Alliance (International) Pty Ltd (HCA)

[3] This broad term was used throughout the project to cover three potentially separate populations viz.: veterans, returned peacekeepers, and family members of veterans and peacekeepers.

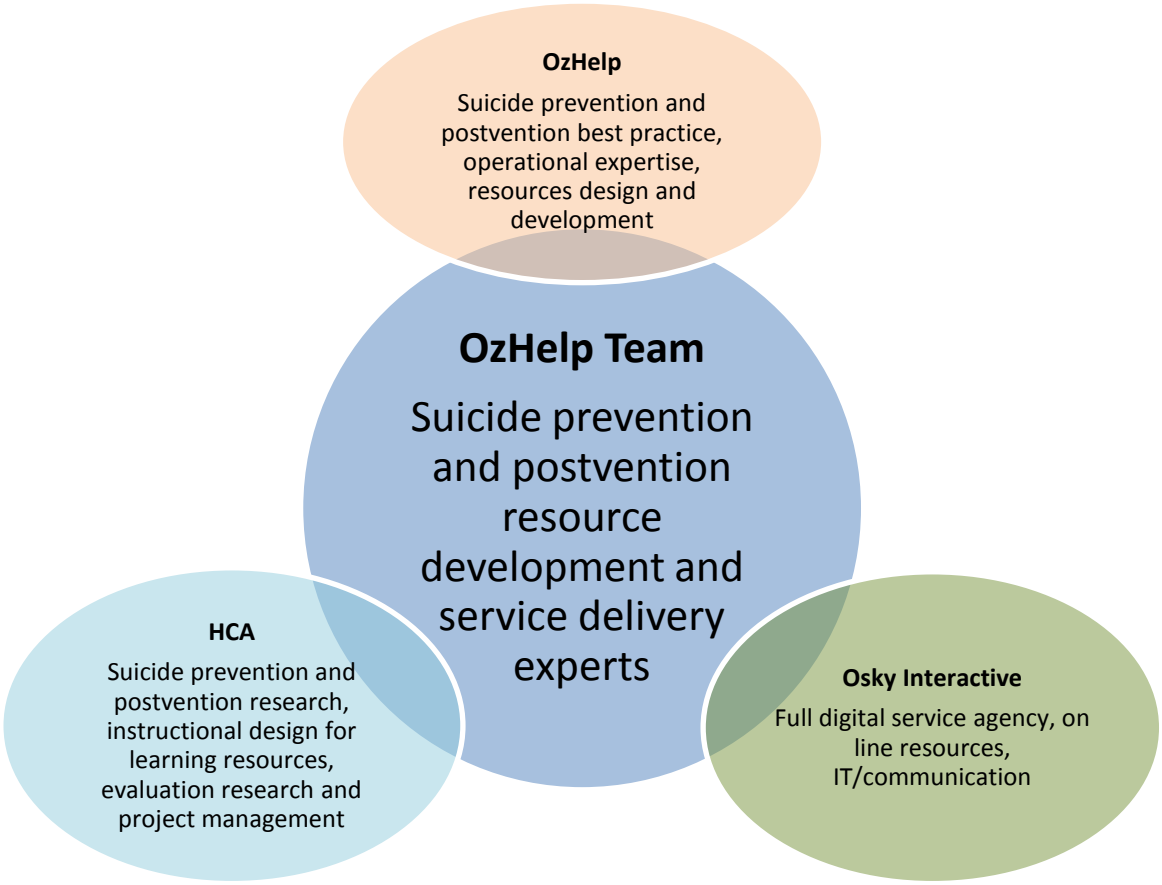
- Lee Ridoutt (HCA principal);
- Victoria Pilbeam (HCA social research consultant); and
- Joanne Bagnulo (HCA project management expert).

Osky Interactive Pty Ltd

- Ken Ong (Account Manager);
- Jonathan Ng (Lead IT project manager);
- Khairi Misdi (Lead Multimedia Developer); and
- Virgilio Del Valle (Flash Multimedia manager and developer).

The broad contribution in terms of skill and knowledge areas of expertise brought to the team by the different organisations is summarised in Figure 1 below.

Figure 1: Expertise of team members



In addition to the resources provided by the partner organisations, several content experts for suicide prevention and in working with the veteran/peacekeeper community were conscripted into the team. This included:

- Dr Jan Ewing (clinical neuropsychologist with over 30 years experience in supporting the veteran/ peacekeeping community). Jan provided clinical expertise and advice at the conceptual stage of the project and reviewing content with special input into techniques to support individuals at risk including the 'Staying calm' tool. She also provided access to

members of a support group that she ran for veterans and their partners to provide the project team with a greater understanding of the needs of the target audience.;

- Dr Martin Harris (mental health research expert with the University of Tasmania, Department of Rural Health). Martin provided suicide prevention strategy expertise and advice as well as being a major contributor for the content of the learning resources; and
- Derek Volker (former Chair of OzHelp, former Secretary of DVA and the current Chair of the Defence Housing Authority) Derek participated in the original concept and design workshops to provide context, background and understanding of the veteran community to the team.

All of the project team members remained throughout the project period with the exception of Virgilio Del Valle from Osky Interactive.

DVA project team

The DVA project team that initially contracted OzHelp included:

- Chris Reed (then Acting Director Mental Health Policy Section);
- Karen Campbell as the project manager; and
- Michael Burvill from VVCS (Veterans and Veterans Families Counselling Service) providing expert advice and content review.

In July 2012 (10 months after project commencement), Chris Reed and Karen Campbell transferred to other roles and were replaced by:

- Kym Connolly (Director Mental Health Programs);
- Pam Barnard (then Assistant Director Mental Health Programs) and later;
- Jacqui Derriman (Mental Health Programs Officer) as DVA project manager.

At the time of this project team changeover, DVA appointed Dr Stephanie Hodson as DVA Mental Health Advisor and in her role and her previous experience as an Army Psychologist Dr Hodson was able to provide expert advice and reviewed the website content for the DVA project team.

On Jacqui Derriman's departure from DVA on maternity leave in August 2013, Sarah Chong (Assistant Director) and Sharon Stevenson (Programs Officer) from Mental Health Programs were appointed to manage this project until its completion.

Chris Tough from DVA's web services reviewed some of the IT components of the project at crucial points and provided advice.

Evaluation methodology

From the commencement of the project a meaningful evaluation effort was always envisaged and this was built in to and influenced the direction of the project throughout. In this context, evaluation was considered in its broadest sense — not just as a means of determining the relative success and worthiness of the project, but also as a means of exerting control over the quality of the project processes and to continually improve processes (and content) in response to evaluation findings.

Statement of objectives

All evaluation efforts for this project were structured around a set of objectives that were established and agreed early in the project and formalised for the Ethics Committee Application. The role of evaluation was to quite simply determine whether the objectives for the website were met or not (or the extent to which they were met). If an objective was not met, the question was asked as to why and whether not satisfying the objective was a problem or not. The agreed objectives were as follows:

Operational / implementation objectives (outputs)

- Develop suicide prevention, awareness and postvention resources appropriate to the needs of the veteran/peacekeeping community within the specified time frame.
- Design a suitable online environment so target audience users can easily access the developed resources.
- Members of the veteran/peacekeeping community who use the resources are satisfied or highly satisfied with the online resources.

Individual and community change objectives (outcomes)

- Increase awareness in the veteran/peacekeeping community (who use the resources) in regard to suicide including risk and protective factors, and about the need for, and potential to, prevent suicide.
- Increase the proportion of the veteran/peacekeeping community who feel confident to identify a person at risk of suicide and be able to connect them to appropriate support services.
- Increase the proportion of the veteran/peacekeeping community with sufficient knowledge about suicide prevention to achieve a change of behaviour to increase help seeking efforts personally or in others.

Methodology outline

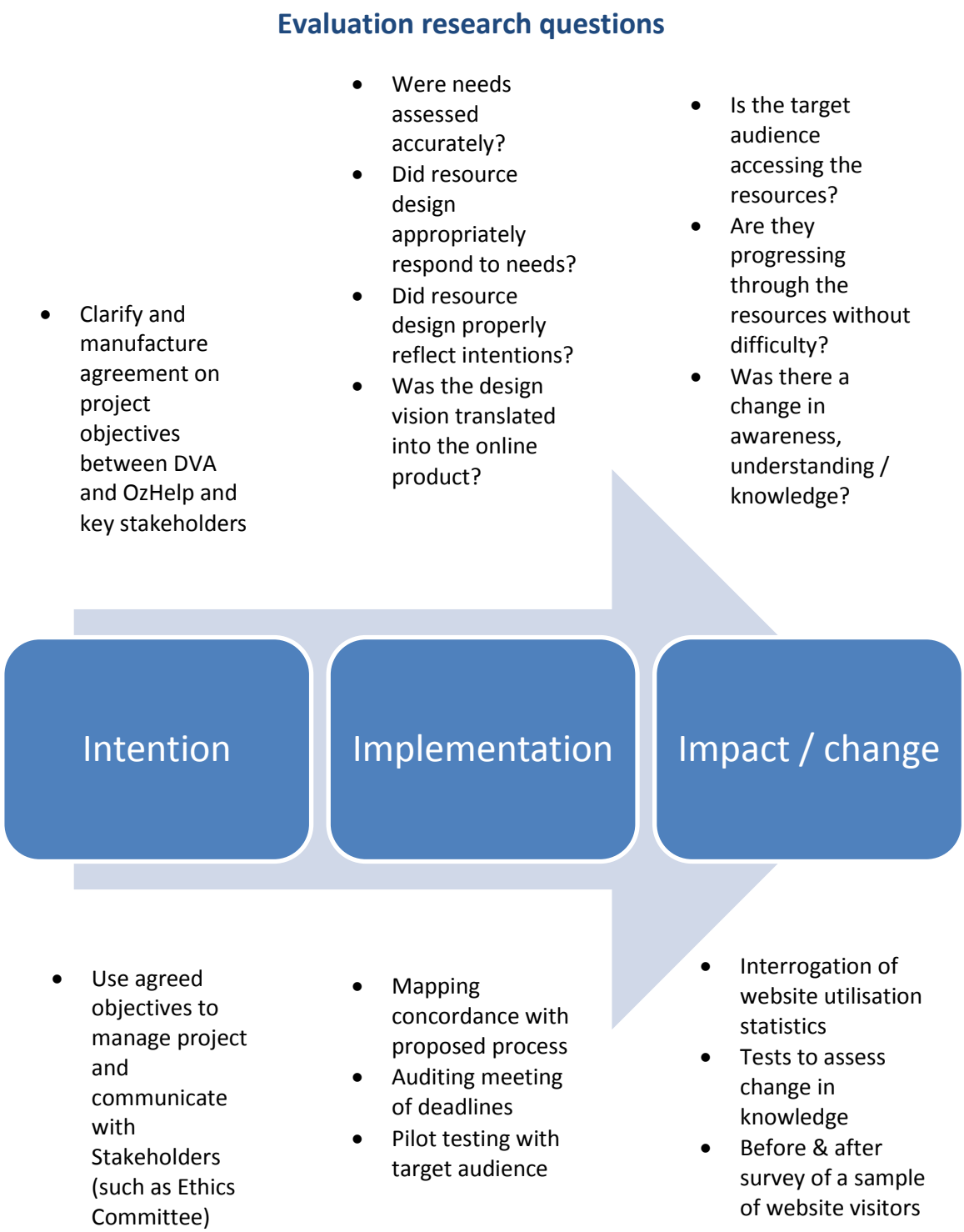
An overview of the approach that was originally planned for the evaluation is provided in Figure 2 below. More details on the methodology as it was planned can be found in Appendix A of the *Project Plan*.

As can be seen in Figure 2, the evaluation was primarily segmented into an examination of the way the project was implemented and whether the 'implementation' objectives had been satisfied, and an assessment of the outcome objectives, that is whether the project had achieved change in the target audience for the website.

In respect to the satisfaction of **implementation objectives**, apart from the obvious project management requirements (e.g. meeting set deadlines), the evaluation involved continuous questioning of development activities, sometimes formally and using structured activities (such as target audience focus groups) but most often informally as an integral part of the design process. These processes were religiously documented. The recurrent questions which the implementation process continuously attempted to address included:

- Have the resources been designed and developed in line with the needs of the target audience and the best ways of communicating with that audience?
- Do the resources exemplify the most up to date principles of suicide prevention?
- Does resource design comply with best practice instructional design and adult learning principles?
- Can the online resources be accessed as envisaged and used easily?

Figure 2: Overview of the evaluation process / outcomes



This component of the evaluation relied upon:

- Assessment of the resources development by team members independent of the development process;
- Focus groups of potential users formed from stakeholder interest groups; and,
- Individual potential users (or proxy representatives of the target audience, individuals who 'know' the target audience) asked to work independently through draft resources to test user friendliness, functionality and the capacity of the resources to hold interest and promote learning.

In respect to the satisfaction of **change or impact objectives**, the first line of evaluation was to interrogate website utilisation statistics to assess the number of the target audience visiting the website and their viewing behaviour once in the site[4]. The main research questions for which website utilisation statistics were interrogated to seek answers for included:

- How many of the target audience are actually accessing the online resources? Are there any trends in visitor activity? How are they coming to the site?
- Are people using the resource as intended or desired? What pages are they viewing?
- What are the online assessment processes indicating? Do visitors seem to be gaining awareness and knowledge of suicide issuers?

Utilisation statistics were analysed using SlimStat software. This software was chosen in preference to Google Analytics because it allowed greater flexibility in the first instance to analysis specific issues. The main statistics of interest collected and made available for analysis included:

- Number of visitors (broken down by whether they were 'human' or 'bots' (automated searches);
- Number of page views (broken down by actual pages within the site viewed);
- Length of stay in the website;
- Pathway for accessing the site;
- Countries in which visitor resides;
- Search terms used to find the site;
- Test scores and responses to individual test questions; and
- Feedback responses from site visitors.

The statistics analysed cover all the website activity from the date of the website launch (15 August, 2013) to 11th December, 2013, approximately the first 120 days of the website's life.

The second line of inquiry to assess achievement of change objectives was intended to be interview of a sample of the target audience who had visited the site. The original evaluation methodology outlined in Appendix A to the Project Plan and for which ethics approval was granted by DVA's Human Research Ethics Committee allowed for users of the website to register to participate in the evaluation. This would have allowed the evaluators to contact registrants to undertake a pre and post quiz to ascertain knowledge acquisition of suicide prevention and provide 'qualitative' data about the website in a telephone interview.

This approach proved unsuccessful since only a handful of site visitors registered to participate in the evaluation. Accordingly, this part of the evaluation methodology was then revised to attempt to collect feedback from 'proxies' for the target audience and a request was sent to DVA's National Mental Health Forum members by the Repatriation Commissioner. The National Mental Health Forum is part of the Department's consultative framework and comprises representatives from

[4] Note that website utilisation statistics can also be used to throw light on the questions of implementation.

various ex-service organisations (ESOs). Only two members were able to provide a response to the evaluation questions (see Appendix A) within the evaluation time period.

In addition, three peer reviews were requested and obtained from nationally recognised 'expert' suicide prevention organisations. Each organisation was asked to review the website from the perspective of their understanding of current 'best practice' suicide prevention, applicability and useability of the online environment and use as a resource for the target audience. The following organisations provided peer reviews:

1. Suicide Prevention Australia (SPA) the national peak body for the suicide prevention sector. SPA focused on reviewing the website against the recently released 'Conversations Matter' suicide prevention website that was developed by HIMH (Hunter Institute for Mental Health) and considered current 'best practice'
2. HIMH a unique – self funded organisational unit of the Hunter and New England Local Health District. HIMH runs a support program for family and friends living with people with mental illness and they provided comments in consideration of the resource from the perspective of this target audience; and
3. Lifeline Foundation for Suicide Prevention whose review focused on policy and translational research and how that is calibrated to knowledge and implications for stakeholders.

As mentioned above, feedback was collected through the 'Feedback' button that appears on the top banner of the website (see Appendix C for questions) and analysed.

Structure of the report

This report is divided into two parts reflecting the structure of the objectives into two main segments — implementation and impact.

Part 1 of this evaluation report focuses on the ***implementation*** of the Operation *Life* Online website project and was written in August 2013 and approved by DVA on the 10th September, 2013. That earlier report is essentially included in this report as Chapters 2 to 6 without change from the originally submitted and approved report.

Part 2 of this evaluation report concentrates on the ***impact*** of the website from the date it went 'live' - 15 August, 2013 and analyses utilisation statistics of the website and qualitative data gathered from National Mental Health Forum members and national recognised expert suicide prevention organisations.

Part 1 – Implementation

Researching the target audience

At the commencement of the project a range of research activities were conducted by the OzHelp team to confirm their understanding of the veteran/peacekeeper community and to help guide the development of appropriate resources. The OzHelp project team did not conduct a full needs assessment as had been outlined in the proposal documentation as DVA considered that it had enough material to guide the project team through recent research efforts. The OzHelp team therefore conducted an update of their current understanding of best practice suicide prevention literature and interviewed a sample group of veterans and their families that were known to the project team. An extensive search of relevant national and international online suicide prevention resources, particularly those relevant to the target audience, was also undertaken.

Literature review

Prior to the conduct of this project, a recent literature review was undertaken by certain members of the OzHelp project team into 'best practice' suicide prevention activities for the Department of Health, Tasmania in the development of a state-wide Suicide Prevention Strategy. This previous research provided the starting point for the team to refresh the current context and understanding of effective suicide prevention activities and to incorporate further relevant literature from the veteran/peacekeeper community. Two reports commissioned by DVA were included in this review namely the:

- 2009 Scoping Study undertaken by the Centre for Military and Veterans' Health[5]; and
- qualitative research undertaken by Elliott and Shanahan Research, July 2011[6];

The final literature review was submitted on 30 September, 2011 and accepted by DVA on 20 October, 2011. It provided the following suggestions for development of the online suicide prevention resource:

1. Provide information in a clear and simple format on mental health and suicide to reduce stigma and increase the community capacity to talk about suicide;
2. Provide clear, upfront pathways to support services for crisis situations, counselling and postvention (consider including access to online counselling);
3. Provide online suicide prevention training programs to create a critical mass of 'gatekeepers' within the veteran/peacekeeping community who are able to identify individuals at risk of suicide and connect them to support services;
4. Facilitate pathways to community support groups and creation of new community networks to enhance and create 'connectedness' within the veteran/peacekeeping community as a postvention resource; and
5. Evaluate online resources to ensure they meet the requirements of the veteran/peacekeeping community.

With the exception of point 4 above, all of the literature review suggestions were realised in the final resources that were realised in the final product of the project, the Operation Life Online website.

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[5] Dunt, D. (2009) *Independent study into suicide in the Ex-service community* accessed 20.9.11 at http://www.dva.gov.au/health_and_wellbeing/research/Pages/suicide%20study.aspx#is

[6] Elliott and Shanahan (2011) *Operation Life Qualitative Research With the Veteran Community* for Department of Veterans' Affairs.

The "pathways to community support groups" and "creation of new community networks" suggestions was removed from the initial draft of the website content as it was deemed a list of current and suggested support groups was not sustainable for DVA to maintain on an ongoing basis and there were concerns that 'informal' support groups established as a result of suggestions in the website would be outside DVA monitoring and support processes.

In addition, the original project requirement to develop a 'self screening tool' was abandoned as a result of the literature review[7] investigations and reported as:

> *"In considering the possible inclusion of a screening tool for assessing suicide risk (self or others) in the online resources the project team has concluded that a screening tool is not appropriate to be included in the online resources for DVA. There is some controversy in the evidence base about the results and possible risks of suicide risk assessment tools, especially when not administered by a skilled practitioner. Risk assessment tools, by categorising an individual for instance as 'low' risk provides a false sense of the real likelihood of that person attempting suicide."* (Page 17)

Consultation with veterans/peacekeeper community

As mentioned previously, as a content expert member of the OzHelp team, Dr Jan Ewing provided extensive input into the team's understanding of the veteran/peacekeeper community. Dr Ewing conducts regular support groups for a number of her veteran/peacekeeper clients and their families. At one of the support groups, the attendees were keen to provide insights into the perceived needs of the target group for an online suicide prevention resource through discussions with representatives of the OzHelp team. Discussions focused on features that would support help seeking activities for the target group online as well as appropriate learning resources.

Suggestions collected from this target group that were realised in the final website included:

- Simple, clear, straightforward text;
- No 'flashing' or 'moving' text that would over-stimulate or alarm users;
- Addition of 'real life' stories to engage users and make them feel the website was relevant to them (fictional case study videos);
- The addition of a grounding tool (called "Staying Calm" on the website); and
- Ensuring that all defence forces were represented in the colours selected for the website.

Search of online suicide prevention resources

A thorough search both in Australia and overseas of online suicide prevention websites, resources and learning activities was undertaken and recorded in an access database. The database identified and reviewed 57 resources seeking insights to inform development of the proposed DVA website.

[7] Harris, M. Pilbeam, V. & Ridoutt, L. (2011) *Provision of online suicide prevention, awareness and postvention resources for the Veteran/Peacekeeping Community – literature review* for Department of Veterans' Affairs.

The key points from the review of these materials that guided design of the website were:

- That the website needed to include helplines and suggestions for users in crisis as well as learning activities around suicide prevention activities;
- Confirmed self assessment tools rarely rated a person at risk appropriately and that, if a user was seeking to undertake a self assessment of suicide risk, it would be preferable for them to access help prior to a risk escalating; and
- That the use of interactive games and learning activities e.g. quizzes was important to maintain audience interest and would enhance the DVA website to be 'cutting edge' in relation to international online suicide prevention resources.

Ethics approval

Whilst the research processes above were being undertaken, the DVA project team advised that there would be a requirement for the OzHelp team to obtain ethics approval from their internal ethics committee (HREC)[8] to enable data to be collected from website users for the evaluation. As part of this process, the project objectives that had been established in the original request for tender and so far adopted through the project plan were reassessed and refined to ensure that they linked the achievements of the project to benchmark achievements for the project's evaluation. The revised project objectives that were developed in the final ethics approval and adopted for the remainder of the project were detailed in Chapter 1.

[8] Ethics approval was not part of the RFT requirements but was prepared and submitted on the 23rd September, 2011 to the DVA representative for lodgment and review at the HREC meeting on 14 October, 2011. A letter from the Committee was received on the 18th November, 2011 and a response together with a revised application was then resubmitted to the meeting on the 13th April, 2012. The second version was approved. The OzHelp project team did not seek reimbursement for time spent on this project task.

Setting the direction for the website

As detailed in the previous chapter, the project objectives were finalised within the ethics application processes of the project. The objectives were crafted to set the overall direction for the website and to provide a benchmark against which all design decisions could be referenced (for example, "if I do x, will it enhance our chances of meeting the objectives?"). In addition, the project objectives were developed to ensure that they were relevant and measurable for evaluating the project.

The research processes identified the needs of the target audience as well as the applicable best practice suicide prevention strategies for the website. This information was utilised by the project team to establish a conceptual framework that attempted to put the project objectives into action. This was achieved by relevant members of the OzHelp project team meeting for a three day intensive workshop focused on the support and learning needs of the target audience. The workshop was broken into three activities as follows:

- Day 1: OzHelp content team agreed on proposed website content and structure;
- Day 2: OzHelp content team conceptualised the agreed content within an online environment with Osky Interactive; and
- Day 3: OzHelp project team with the DVA project team created and confirmed the direction of the online environment.

As a result of the workshop, the following conceptual framework was established and adhered to for the development of the website:

- The website was to utilise plain English language with relevant terminology and contextualised examples for the target audience;
- The website should provide support pathways and suicide prevention learning activities as its two main resources;
- To encourage users to identify as the target audience for the website and to then access and navigate through the website, use of common 'life story' videos and images was desirable;
- Learning activities needed to cater for all adult learning styles and would include text based information, interactive 'games' and a quiz;
- The website should contain a common theme of 'community' supporting itself;
- A grounding tool should be included to assist users to take control of their thoughts. It was envisaged that this tool would be useful for repeat users to the website as well as for individuals who needed to take control of their thoughts to then access support services; and,
- An App should be developed for the target audience to access information about warning signs, protective factors and provide access to the grounding tool and support services when they are 'on the go'.

Development of content

The project team commenced development of the agreed website content that arose from the creative workshop and a detailed description of the website content for each of the website components is provided in the following chapter.

The content for the interactive components of the website was not included in the website content first submitted to DVA. The timeline for the interactive components was redesigned to coincide with the wireframe and design concepts due to the highly technical nature of its implementation.

Team prepares wireframe for approval

Following the creative workshop, and development of the first draft of the website content, an outline of a proposed wireframe for the website was developed.

Establishing and agreeing upon the wireframe was a crucial point in the development of the website as once developed, there could be no further changes to the structure of the website without incurring long delays, probably with associated cost implications. The wireframe determined the structure of the website, how users would move between the different pages, where to locate the range of support and learning activities and the relevant links between all activities on the website. The design concept for the website was also discussed and agreed during the wireframe development process as it impacts the development processes of the wireframe and restricts changes after it has been developed.

The draft wireframe and design concepts were submitted to DVA in March 2012 and final approval was given on 31 July, 2012.

Development of major components of the website

After determining the conceptual framework for the website and the proposed wireframe structure, the OzHelp project team drafted the content for the major components of the website. The first draft of the full website content was submitted to DVA on the 24th December, 2011. The three major components of website content were:

- Support components;
- Making site relevant / engagement of target audience; and
- Learning activities.

The project team had established two main sources of information or 'pathways' within the website for the target audience, one to assist individuals to access ***support services*** if they or someone they were concerned about were at risk of suicide, and the second to ***build awareness*** within the target audience community about suicide prevention through a range of learning activities.

Support components

It was decided that the support pathway could be utilised by individuals at risk, family or friends of someone at risk, individuals who have been affected by a suicide or individuals affected by a suicide attempt. The result was four paths for users to access relevant support through the following four tabs or buttons that appear on each page:

- I am worried about myself;
- I am worried about someone else;
- Someone close recently suicided; and
- Someone I know has attempted suicide.

In addition a '**Need help now**' button was created and placed on every page in the top right hand corner to provide quick access to support service numbers for urgent situations as well as advice on how to access support for yourself, someone else and the grounding tool (described below).

The five pages mentioned above (the four dot points and the 'Need help now') were developed to not only provide suggested support services or 'helplines' for individuals to access but also to provide suggestions on how to talk to someone about their situation and to access support from a range of sources.

A grounding tool called '**Staying calm**' was also developed and included for people who might be in more immediate crisis and needed to regain control of their thoughts to enable them to think more clearly about what support they needed. The grounding tool is an exercise available to users as video or text that they can work through. The exercise allows users to focus and name things they can see, hear and feel around them. The aim is to distract them from thoughts that are confusing them whilst they are in an anxious or 'heightened' state and allow them to calm down. Once calm they should then have the ability to ascertain if they need further help and to make a decision about who they need to go to and how to get help. It is envisaged that users can use the tool when they are in a situation that causes them stress or anxiety (for example in a large social situation) or for people worried about someone else to have an exercise that they work through to calm that person enough to be able to have a conversation about what is happening to them.

The content for the five support pages above was approved by DVA with minor alterations suggested and adopted. The contact list for support numbers changed a number of times, such as the decision to include the ADF (Australian Defence Forces) helpline details[9].

Making site relevant/comfortable for the target audience

One of the main dilemmas faced by the project team was how to make a DVA website 'friendly' towards a target audience who (as had been suggested in the research processes) may be suspicious or negative towards the provider of the website. The project team therefore focused on developing videos and content that reflected similar circumstances with which the target audience might identify and see the relevance to their own circumstances.

A series of videos was developed that portrayed, through actors, fictional stories that highlighted common circumstances of target audience members touched by suicide. The learning resources were developed to ensure that all examples and context were relevant to the target audience. In addition, the design concepts for the website including all images selected ensured that they reflected the three services of the Australian Defence Force — namely Army, Air Force and Navy.

The original scripts for the video production developed by the OzHelp project team were reworked within a collaborative workshop environment with members of the DVA and OzHelp project teams. The resultant scripts were deliberately constructed to match each of the four support pathways mentioned above to assist in placement on the website. They were also designed to meet the major 'types' of veteran and peacekeeper community members that were receiving counselling support from VVCS. Age and gender variation was considered.

Filming of the videos was undertaken by a Canberra production company, Coordinate with actors sourced from Canberra Academy of Dramatic Art. Due to the rewriting of the scripts, the videoing processes were delayed from the original project timeline however, due to delays of other components of the website the filming and (unexpected) edits of the videos were able to be accommodated without delaying any other project component.

The videos that were produced from the rewritten scripts were considered by DVA as too emotional, poorly cast and not directed to meet the purpose of an online learning resource. The video scripts had been reworked to portray a case study of recovery with support and hope for the future, however this had been lost in the delivery and many were unable to be used or required significant editing or refilming. The project team surmised that the actors selected for the videos may not have had enough experience and that the direction of these actors did not achieve the desired result. It was important that the videos be retained on the website as the OzHelp project team felt that they were essential to assist in users connecting to and engaging with the website, and to then be willing to explore the remainder of the website. The aim of the videos was therefore to provide users with a story to relate to that included a message of hope that accessing the support mechanisms suggested on the website can make a difference to their lives. The resultant videos, after a substantial and collaborative editing effort provided a successful range of stories to engage users.

Learning elements

As mentioned previously, the website was structured for two major pathways or purposes, one for support and the other for learning activities. The intent of the learning activities was to build awareness of suicide within the broad veteran/peacekeeper community. The website was constructed to deliver information and learning activities on five main topic areas to raise awareness and prevent suicide namely:

[9] There were discussions about whether to focus solely on the veteran and peacekeeper community or the wider Defence cohort. It was decided that the website should be inclusive and as such the ADF helpline was added to the support services contacts.

- Warning signs;
- Risk factors;
- Protective facts;
- Facts and myths; and
- Feelings after a suicide.

In order to remain faithful to the design principles of adult learning, learning activities were designed for topic areas (website content) as follows:

- Text based learning activities: These included text based 'slides' which the user can read to gain key information on the topic areas listed above. Originally these slides were amplified with fact sheets that interested users could 'click on' to access further contextualised information on each slide. The fact sheets were reviewed a number of times throughout the project with suggestions for amendments provided by Michael Burvill and Stephanie Hodson. After numerous revisions, DVA decided to abandon the fact sheets as they were difficult to incorporate into the slides in a seamless manner and often duplicated content appearing on the At Ease website. It was felt that the slides sufficiently performed their learning objective for the purpose of the site and if the evaluation of the site found that users wanted more detail, that inclusion of fact sheets would be revisited... A function was added to allow users to download and print out the slide topics as PowerPoint slides.
- Interactive learning activities: These were designed as a new and innovative approach to learning for kinaesthetic users who prefer to learn by 'doing' and were designed as a series of interactive 'game like' tools which reinforced the key messages of the website. The interactive tools encountered many difficulties during their development due to the use of "Flash player," its lack of accessibility, and delays in programming by developers (described below); and
- A Quiz – to allow users to test their knowledge and identify areas to direct further knowledge acquisition. The intent of the quiz was to allow users to test their existing knowledge but also to expand their suicide prevention knowledge. After entering a response (either correct or incorrect) users are provided further information on the questions asked to extend (or correct in the case of an error) their knowledge. Late in the project a 'sharing function' was added to provide users with the option to share their scores by Facebook, Twitter or email. The intent of this was to broaden the audience of the website and hopefully direct new users to access the site as well as to promote social interaction among those in need. The quiz was also intended as a key data collection tool for evaluating the website and the content of the quiz was approved early in the project as it was included in the ethics application.

App

An App wireframe was developed from the original project workshops and was put on hold until the wireframe for the website was approved. The new DVA project team that commenced after July 2012 took up the role of reviewing the draft App wireframe to provide essential mobile tools required by someone at risk or someone caring for someone at risk, and after a workshop with OzHelp, helped to redesign the structure of the wireframe to ensure that it met its intended purpose. The revised App wireframe focused on providing users with:

- The ability to personalise the program, by distinguishing the user as being worried about themselves or worried about someone else;
- The ability to customise the support numbers required by users for themselves or someone else they are concerned about;
- Personal reminder tools as to what is important in their or someone else's life;
- Information on the warning signs of suicide to identify someone at risk of suicide;
- Information on the protective factors of suicide to help to put in place measures to keep someone safe from suicide; and
- The 'Staying calm' grounding tool for people 'on the go' who may want to use the tool when in stressful situations.

The App was intended to support the website, not to replicate the information therein but to provide help that was identified as required in social or other situations where the website was not accessible. This was seen as more of a support mechanism for the target audience than a learning activity. After the difficulties in the development of the interactive components of the website and DVA's increased expertise in App development, DVA determined not to progress the development of the App under this contract.

Summary of content development implementation processes

- The conceptual framework developed from the initial research phases of the project, and which provided the website content, remained faithful throughout the project. This ensured there were no major deviations from the original wireframe.
- The website content was developed as 'pages' in line with the original wireframe.
- The 'support pages' were approved with simple amendments suggested by Michael Burvill and later confirmed by Dr Hodson.
- The approval processes for the fact sheets encountered substantial delays due to the amount of content to be reviewed and the availability of relevant DVA staff to review them.
- The 'slides' that were the key messages under each topic area and originally the entry point for the fact sheets remained largely unaltered throughout the approval process.
- The video scripts were rewritten in a creative workshop with DVA and OzHelp project team members.
- Submission of the content of the interactive tools and 'storyboards' were delayed from the remaining content of the website due to the consideration of the highly technical nature of their development. Provision for the interactive tools on the wireframe was maintained and not altered.

Summary of implementation IT element development processes

- Website – the wireframe and design concepts were approved within the original project timeframe and content developed to suit these structures. The wireframe remained unaltered throughout the project with a few additional changes that were enhancements rather than structural differences. For example, the addition of Facebook, Twitter and email sharing of the quiz results, repositioning of the four main support buttons from the bottom of the home page to the top.
- The original design concept approved by the initial DVA project team remained unaltered.
- The interactive tools were the most significant challenge of the project. Challenges arose due to the use of 'Adobe Flash' being utilised as the programming tool (this will not allow

interactive tools to be viewed on IPads and created challenges to comply with WCAG AA accessibility standards), the storyboards were very long and required substantial reductions which had impacts on the development processes, the animation processes took longer than anticipated and the useability of the tools needed enhancements which required an extra round of changes.

- Development of the website from the initial wireframe occurred within the original expected project timeframes. It did however commence later than anticipated as the wireframe had to be demonstrated to the incoming DVA project team and to allow them time to understand the website structure and access relevant advisors within the Department prior to approving the move to develop the website.
- The production of the videos for uploading to YouTube and then the website were delayed but accommodated within the range of development processes that were being undertaken at the time of the project.
- Simple amendments to the website on request by DVA were attended to throughout the project period in a timely manner however corrections/improvements that required developmental work, including the Flash interactive, resulted in substantial delays to the project.

Pilot testing to check relevance prior to going live

The original project and evaluation plan as well as the ethics approval sought allowed for pilot testing of the website prior to going live with internal DVA staff and members of the target audience. However during the course of the project, DVA determined that testing the site with people at risk or people caring for those at risk was problematic and sensitive, while bringing together a group of serving or ex-serving personnel with little or no motivation to use the site would yield little useful intelligence. Therefore, DVA amended this component of the project plan to instead test the website with VVCS clinicians experienced in treating veterans at risk before release and allow the evaluation by Oz Help with site users to inform any necessary amendments to the site.

The website was made available to testers for a period of two weeks and the results of the testing were collated by the DVA project manager and a list of required changes forwarded to the OzHelp project team for implementation to the website. This process confirmed the useability of the website for pilot testing participants and did not raise any major content or functionality issues that could not be easily fixed.

A target audience perspective on the website will be collected during the three month evaluation period. This evaluation will inform future changes to the website to ensure it meets the needs of the veteran/peacekeeper community.

Observance of the implementation timeline

Development of the Operation *Life* Online website departed from the original project timeline by approximately fourteen months. The table below illustrates each project activity and the planned and actual implementation dates to illustrate project components that caused the delayed development of the site. Please note the project completion dates are subject to the Operation *Life* Online website going live during the week starting Monday 12th August, 2013. This allows for the three month data collection period and final evaluation report to be submitted to DVA in early December, 2013.

Table 1: Project activities and implementation dates

Project activity	Planned date	Actual date	Planned timeframe	Actual timeframe
Commencement of project	Aug 2011	Aug 2011	18 months	28 months
Conclusion of project	Feb 2013	Dec 2013		
Project plan and evaluation plan submitted	Aug 2011	Aug 2011	1 month	1 month
Project plan and evaluation approved	Aug 2011	Aug 2011		
Ethics application submitted	Sep 2011	Sep 2011	1 month	7 months
Ethics application approved	Sep 2011	Apr 2012		
Literature review submitted	Sep 2011	Sep 2011	1 month	1 month
Literature review approved	Sep 2011	Oct 2011		
Conduct 3 day conceptual workshop	Oct 2011	Oct 2011	3 days	3 days
Draft online resource content submitted	Dec 2011	Dec 2011	3 months	15 months
Online resource content completed	Mar 2012	Mar 2013		
Draft design concepts and wireframes submitted	Mar 2012	Mar 2012	1 month	4 months
Design concepts and wireframes approved	Apr 2012	Jul 2012		
Draft Storyboard and scenario scripts for interactive tools submitted	Mar 2012	Oct 2012	3 months	16 months
Interactive tools delivered	Apr 2012	Jul 2013		
Develop online environment	Jan 2012 - Mar 2012	Jan 2012 – Aug 2013	3 months	19 months
Develop interactive components	Jan 2012 – Mar 2012	Jan 2012 – Aug 2013	3 months	19 months
Integrate Operation *Life* Online onto At Ease website	Jun 2012	Mar 2013	1 month	1 month
Pilot testing online resources	Mar 2012	Jun 2013	1 month	1 month
Online resources 'go live'	June 2012	Aug 2013	10 months after project started	24 months after project started
Evaluation report – Part 1: Implementation submitted	Oct 2012	Aug 2013	Whole project period	Whole project period
Evaluation data collection period	Nov 2012-Jan 2013	Aug 2013-Nov 2013	3 months	3 months
Evaluation report – Part 2: User feedback due	Feb 2013	Dec 2013	1 month	1 month

This table illustrates that the major delays to the project were attributable to:

- Delayed approval processes on project content. A change of the DVA project team in July 2012 required a review of content. The website development time frame was extended to cover the approval processes of the project content. Although the actual website development only took 3 months in total the site did not meet DVA expectations and the website underwent iterative changes to meet the standards required. In addition, the video production processes took longer than anticipated due to substantial editing processes required although the video production was only every scheduled as part of the content development processes; and
- Delays in the Adobe Flash development of the interactive tools after approval of the concepts, scripts, storyboards and animation sketches.

Part 2 – Impact of the website

Website usage statistics

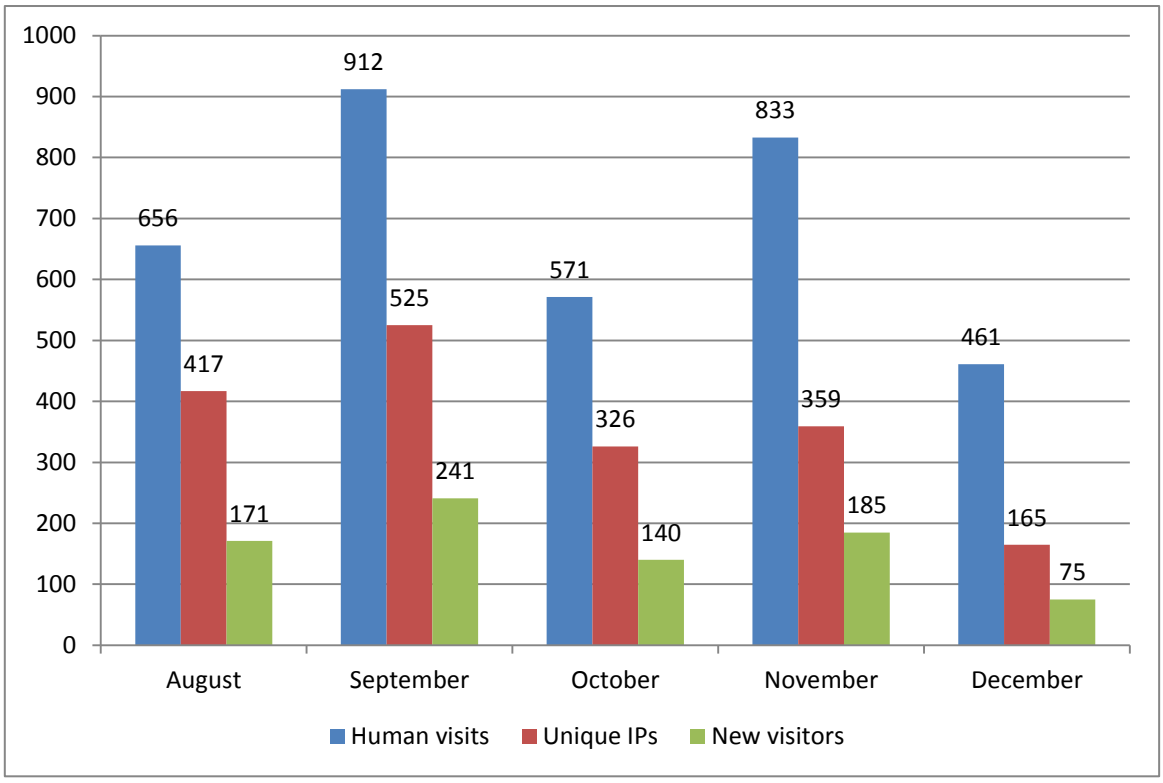
In order to develop an understanding of how the website has been utilised since it went live on the 15th August, 2013, a thorough analysis of the website's utilisation statistics was undertaken. Relevant utilisation data analysis is reported upon below.

Website traffic

Since the website was launched on 15th August 2013 the site has been visited by just over 3000 'human[10]' visitors from 1511 unique IP addresses. The distribution of visits over the months since the launch of the website is shown in Figure 3. The visits represent only a small proportion of the over 300,000 DVA beneficiaries (veterans and dependents) or the broader veteran and peacekeeper community.

A 'visit' is defined as a session of no more than 30 minutes. Repeat visitors can be counted multiple times if they visit on multiple occasions. The highest number of visitors was in the month after launch in September. Just under half (45.6%) of visitors only visited the one time (shown as 'new visitors' in Figure 3).

Figure 3: Monthly human visits

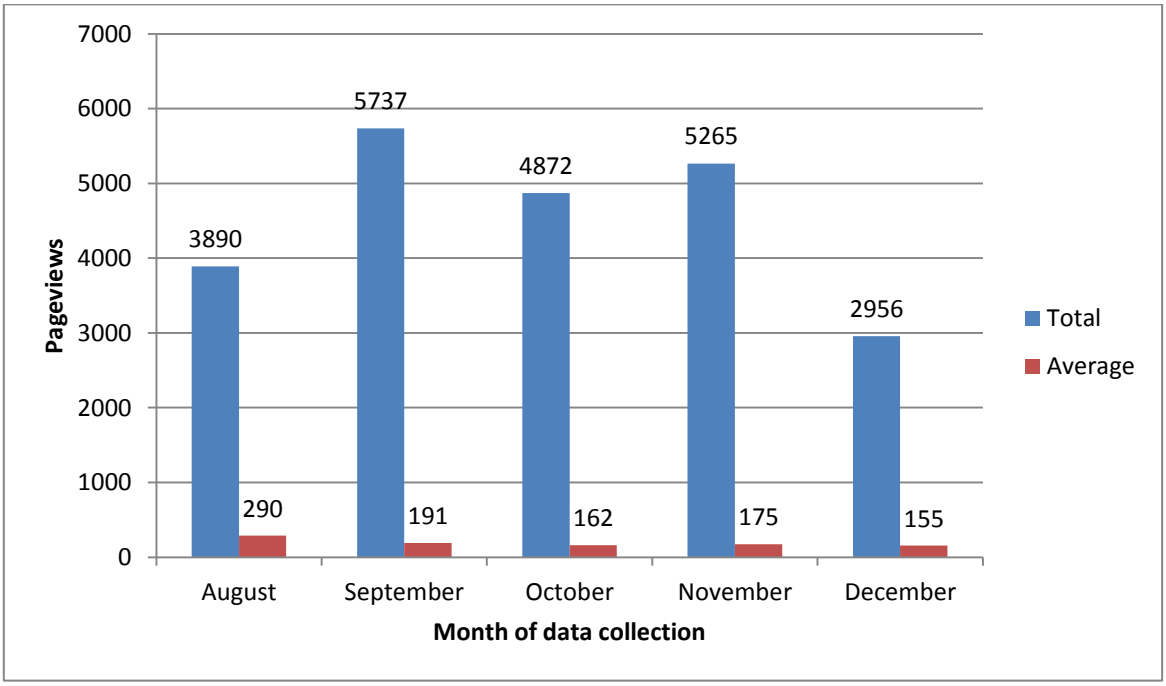


Note: Figures for the months of August and December based on available data which is less than a full month (15 days and 19 days respectively)

[10] All websites can be visited by 'bots'. An Internet bot, also known as web robot, is a software application that runs automated tasks over the Internet. The largest use of bots is in web spidering, in which an automated script fetches, analyses and files information from web servers.

The 3000 plus visits viewed in total over the same period of time 22,697 pages, at an average per day ranging from 290 to 155 pages. The relative page views on a monthly basis are shown in Figure 4 (with again figures for August and December unadjusted), demonstrating a general trend towards reduced page views over time.

Figure 4: Monthly page views



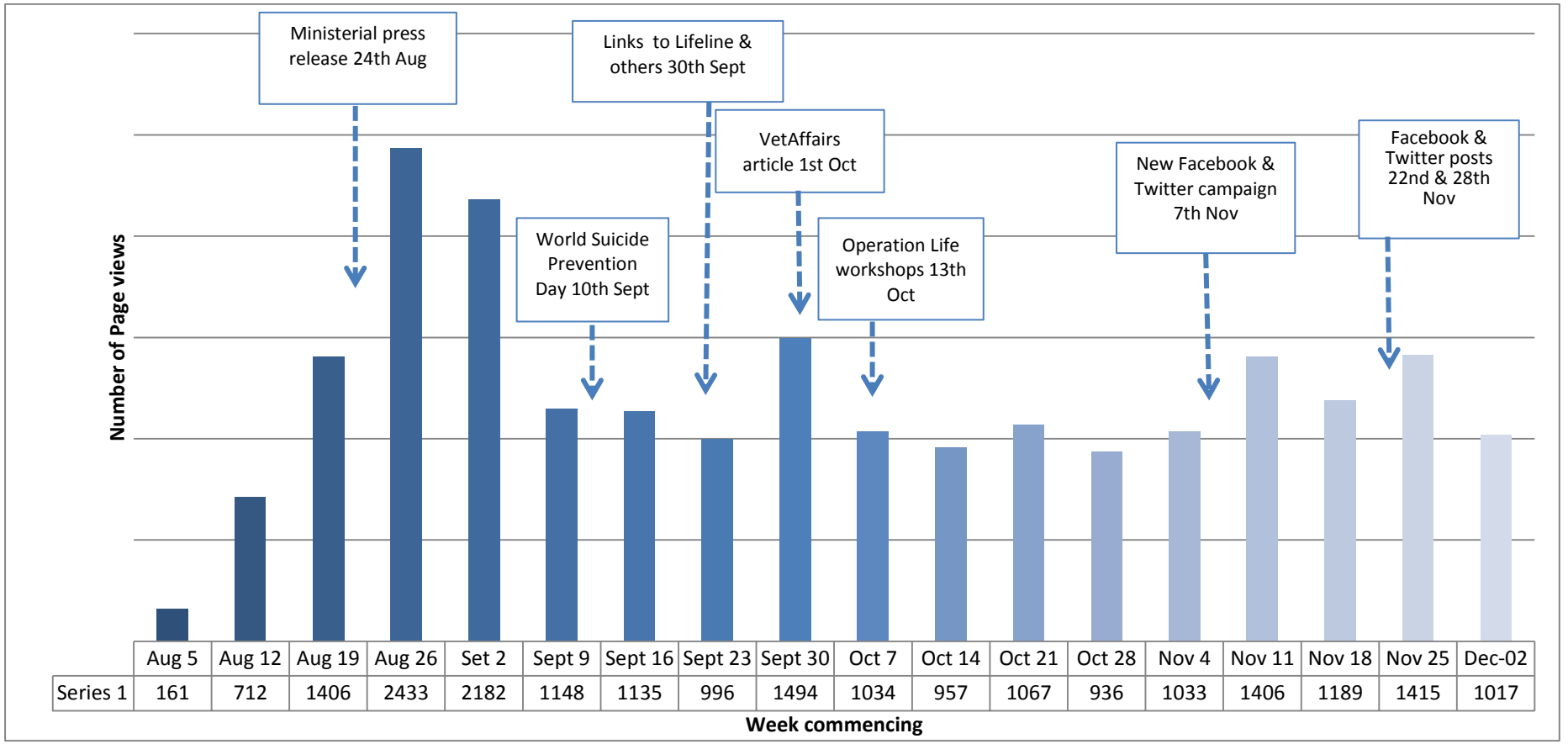
The highest number of pages viewed was in the 4th and 5th weeks after the launch of the website. In those weeks the number of page views almost doubled the average weekly number of views. The weekly page views over the period of the websites life so far are provided in Figure 5.

Promotion of the website has been largely through the traditional channels of press releases (from the former Minister for Veterans' Affairs, Warren Snowdon, on 24th August 2013) and in association with World Suicide Prevention Day (10th September) as well as regular DVA Facebook and Twitter feeds. In addition promotion of the site has occurred through conferences and relevant workshops.

Figure 5 seems to suggest that apart from the promotion near the commencement of the website small 'spikes' in visits have been associated with an article in *VetAffairs* and in response to Facebook and Twitter.

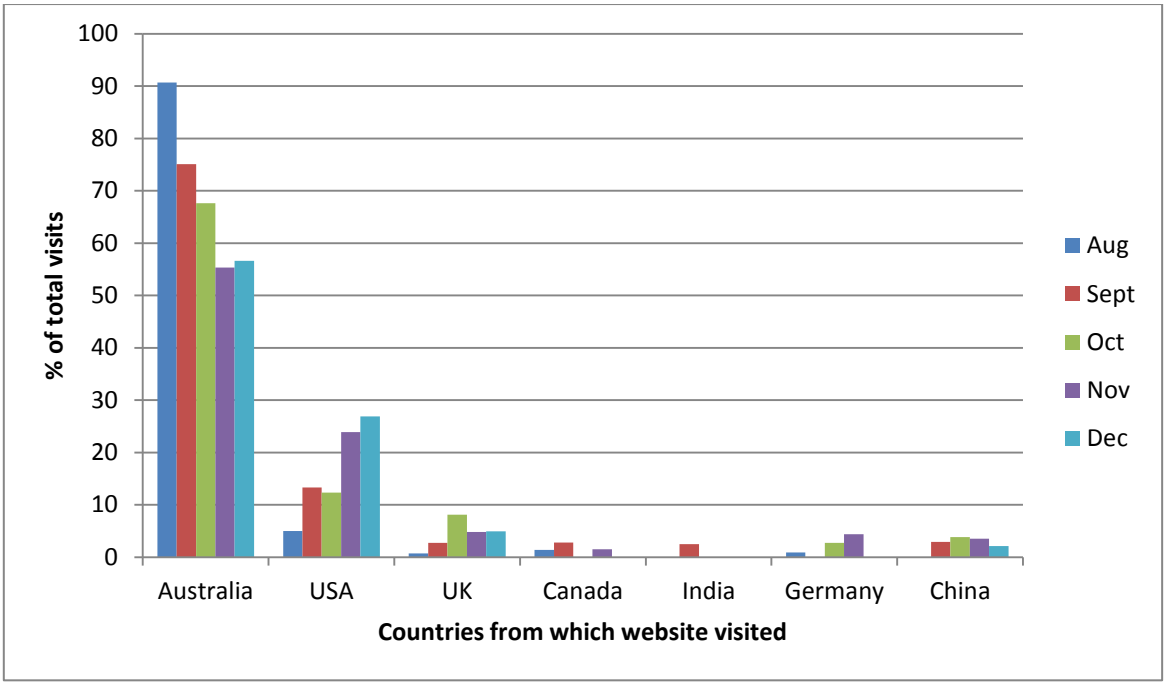
As might be expected, most of the traffic to the website is from Australian IP addresses. As shown in Figure 6, in the first few months of activity, over 90% of users of the website were from Australia. Over the period of the website's short life however a surprising number of visits to the site have been from overseas, principally the USA, which in December accounts for just on a quarter of all visits. Other countries from which there are a number of visitors include the United Kingdom, Canada and China.

Figure 5: Page views per week



	Aug 5	Aug 12	Aug 19	Aug 26	Set 2	Sept 9	Sept 16	Sept 23	Sept 30	Oct 7	Oct 14	Oct 21	Oct 28	Nov 4	Nov 11	Nov 18	Nov 25	Dec-02
Series 1	161	712	1406	2433	2182	1148	1135	996	1494	1034	957	1067	936	1033	1406	1189	1415	1017

Figure 6: Countries accessing the website



Source of traffic

The vast majority of visitors to the website (90%) did so from the At Ease portal — by typing the site URL directly into their browser, by clicking a link from their bookmark or favourites, or by clicking a link from a document or email. Very few visitors found their way to the website through a search engine or from another (possibly linked) site. Thus, there is very little incidental traffic coming to the website, it is mostly only coming when informed through a promotion activity or word of mouth.

Google.com.au or Google.com accounts for 82% of referrals to the site from search engines. The top search terms used to get to Operation Life Online are (in order of descending importance):

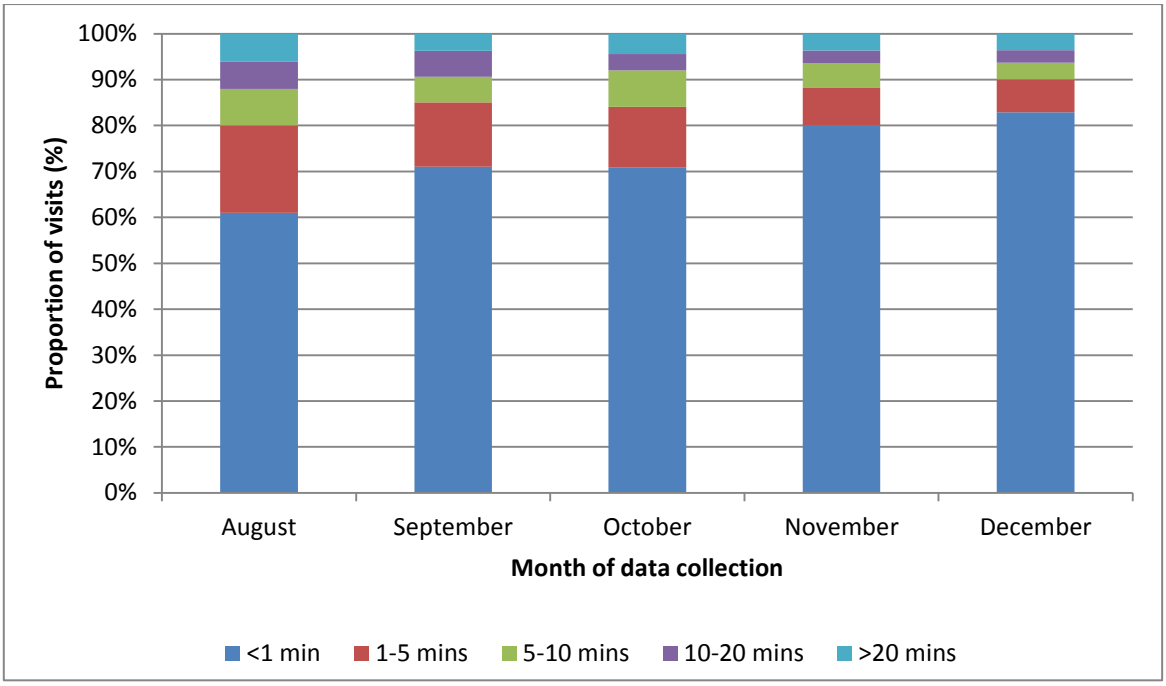
- Kids helpline
- Operation life online
- Undiagnosed PTSD
- Grounding
- Feelings after suicide
- Suicide
- Worry

Facebook seems to be as equally as important as a search engines as a pathway to the website.

Characteristics of visits

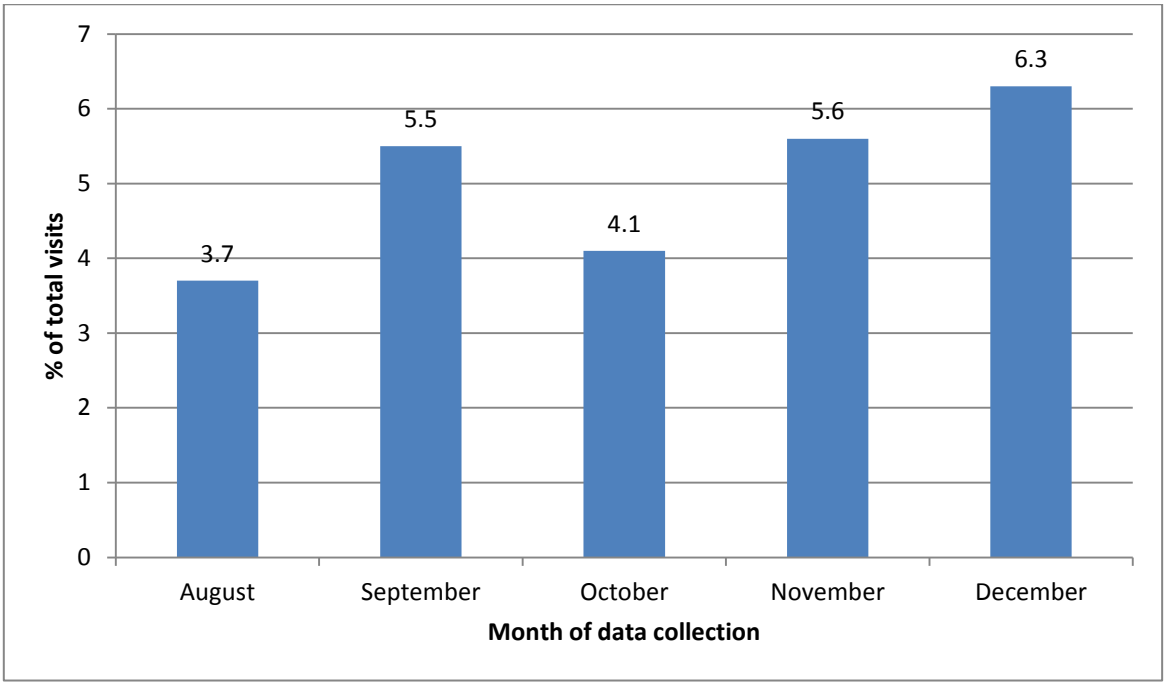
Most visits to the website are only for a short period of time, generally for less than one minute. In August, just over 60% of visitors spent less than one minute in the website during that visit. Just on 20% of visitors spent more than 10 minutes exploring the website. Worryingly, the proportion of visitors spending significant time in the website is trending downwards as shown in Figure 7.

Figure 7: Visit duration



It is difficult to explain this outcome — perhaps repeat visitors are simply running out of content to explore and so staying less or extracting only that which they need. While visitors are only staying less that does not mean that they are necessarily viewing less pages. There is no real trend in 'bounce' statistics (proportion of site visitors who leave after viewing only the page they landed upon) as shown in Figure 8 and the bounce rate in any case is comparatively low.

Figure 8: Bounce rate



The most popular page viewed by visitors is the 'home page', but this is to be expected as that is the most common landing page. After that, the most commonly viewed pages are those that offer learning opportunities (between 8% and 12% of total page views each month), including the pages

on warning signs and risk factors. The rank order in terms of total numbers of viewings of the different pages is provided in Table 2.

Table 2: Top pages viewed

Pages visited	Percentage of Total page visits each month				
	Aug	*Sept*	*Oct*	*Nov*	*Dec*
Home page	19.4	19.0	15.8	14.7	15.7
Learn more about suicide prevention*	7.8	10.6	8.3	12.2	11.3
I am worried about myself	3.1	3.5	3.0	2.9	2.3
I am worried about someone else	3.9	2.7	2.0	2.0	5.8
Veteran and other stories	3.7	6.7	5.4	1.3	2.7
Someone close recently suicided	1.7	2.1	2.9	3.8	3.3
Need help	1.2	1.8	2.0	2.2	1.6
Someone I know attempted suicide	1.3	1.6	1.5	1.7	1.8
Feedback	-	1.4	1.6	2.1	1.7
Staying calm	-	-	1.3	-	1.3
Test of knowledge	-	-	-	1.5	1.4

* Note that this includes all pages associated with the 'Learn more about suicide prevention'. Statistics are available for separate sub pages (e.g. 'warning signs', 'risk factors', etc.) but not for use of the slides and inter-actives.

Surprisingly, the pages more associated with crisis or an existing problem (worried about myself or someone else) account for a smaller proportion of the total pages viewed than for learning. While there was an *a priori* hypothesis that the website might be more appealing to friends and relatives of ex-service men and women, that does not seem to be supported by the page viewing statistics unless a small increase in December of viewing of the 'I am worried about someone else" page emerges as a trend.

A corollary of this is the poor viewing of the 'Staying calm" (grounding) tool. It may be this tool is 'lost' in the broader page and, without some form of 'advertising' earlier in the page visitors are unlikely to go there by chance. For instance, a visitor might be asked initially as to what state they are in, and if agitated and anxious, prompted to visit the grounding tool. Of course, it is quite possible that the visitors entering the website are simply not looking for crisis help, and instead when in a crisis state they would go to an alternative source of help that is more personalised such as a telephone counselling service where they can connect with another 'real' person. At least one of the website reviewers was of the opinion that a static website was less useful to individuals in crisis than a medium that was responsive.

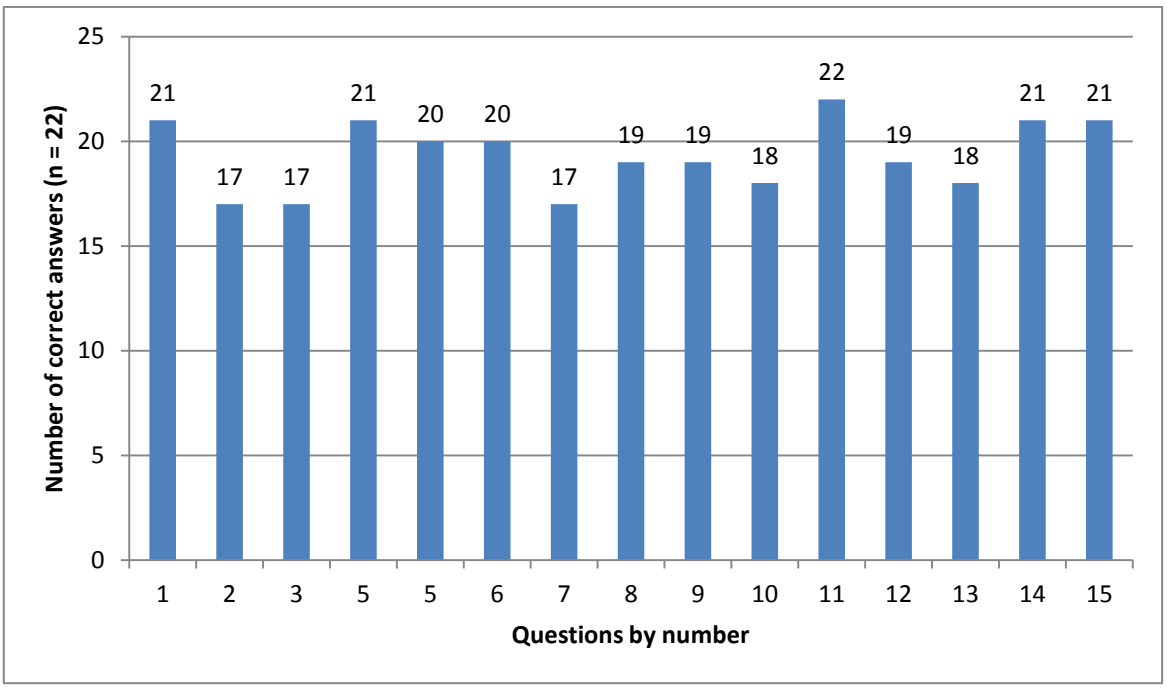
Somewhat disappointing is the limited viewing of the personalised video stories (they are ranked only at number five), especially after October. The most viewed stories in order are those of Daniel, Emma and then Jayden. These stories were meant to create empathy with the target audience and therefore enhance engagement, but perhaps something about their placement makes them less attractive or at least not part of the normal visitor pathway. They might be better placed within appropriate pages, for instance Emma's story could be integrated into the 'worried about myself' page. Text could also be fashioned to direct visitors more to the stories, encouraging them to see if they find parallels, and in what way.

Test results

Given the relative importance of the pages on learning about suicide prevention, it is useful to see how persons who undertook the online test of awareness and knowledge progressed. The test consisted of 15 multiple choice and true/false questions (see Appendix B).

As of early December, a total of 20 visitors elected to attempt the test, presumably after having first viewed the various pages in support of raising awareness and knowledge about suicide issues. The tests took between 2 and 5 minutes to complete. Scores in the test ranged from a low of 53% to 100% and averaged 88.3%. Correct score profiles on each of the 15 questions is provided in Figure 9.

Figure 9: Correct answer counts for each of the test questions



Clearly some questions were more difficult to answer than others. Those questions where at least 20% or more respondents to the test were confused included:

Question 2 - More men than women complete suicide

Question 3 - Many suicides are committed under the influence of alcohol

Question 7 - Which of the following are warning signs of suicidal behaviour?

Overall, the level of awareness was uniformly high amongst website visitors confident enough to complete the test. Ideally it would have been valuable to see if this knowledge base was enhanced by the website or possessed prior to visiting the website, but this level of analysis was not possible.

Stakeholder feedback on the site

In the methodology detailed in Chapter 1 it was noted that feedback was elicited from two stakeholder groups:

- Individuals / organisations representing target audience (ESO representatives); and,
- Individuals / organisations with suicide prevention expertise who could provide 'peer reviews' similar to a review of a research article submitted to a journal (peer reviewer).

The feedback from these stakeholders is reported in this chapter in relation to specific components of the website.

In addition to the above stakeholders, feedback was obtained direct from the target audience through a facility in the Operation Life Online (see Appendix C). Although only a few visitors availed themselves of this opportunity to provide feedback (15 in all), nevertheless useful summary thoughts on the website more generally were obtained. These views are reported at the conclusion of this chapter.

Web users seeking personal support

Within the context of individual requirements and situations at different times, overall, feedback from peer reviewers and target audience representatives to the evaluation considered Operation Life Online a useful suicide awareness and prevention website for the ex-service community. The website was considered to be most useful for individuals seeking help at the early stages of mental ill health for example, depression or suicide ideation – but not necessarily that useful for someone who has already 'planned' suicide and for whom an attempt to suicide is imminent.

ESO representative feedback opined that someone who was at risk of suicide would not 'sit down and read through a website' or be receptive to the format or information contained therein. It was also suggested that the website was most likely to be utilised primarily by family and friends of ex-service personnel rather than ex-service personnel themselves, although this is not supported in visitor statistics which rank the 'worried about someone else' page lower in page views than the pages related to self worry (see Chapter 7). In this regard, it was seen as a useful resource for the identification of someone at risk of suicide and pathways to appropriate support services. These suggestions were in line with the original aims for the website which aimed to create a suicide aware and supportive network around ex-service personnel with the correct information to assist all ex-service community members to access appropriate support services. However, it was anticipated that ex-service personnel may access the site themselves when they are not in an 'at risk' state so that they could either refer to it again at a time when they may be in crisis or be able to apply the skills acquired from use of the website to another individual at risk.

Two Facebook messages posted in response to DVA's Facebook promotion of the website provide insight into an initial reaction to the website by individual members of the ex-service community:

> *"(1) Veterans who want to end their life because they can no longer continue in their living hell are not going to look at the suicide prevention site. When you want to be dead nothing will stop you."*
>
> *"(2) Better late then never, I think this is all well and good but you need to get onto a personal level with the "troops". Help them see that they can get help with out being treated like a victim."*

These comments confirm the original project purpose to build the whole ex-service community awareness of suicide as it will most likely be the community that identifies someone at risk and directs them to appropriate support.

'Staying Calm' tool

ESO representatives considered the 'Staying Calm' video a useful tool for individuals to regain control of their thoughts and 'calm down' when in an agitated state. However, again this is dependent on the individual and immediacy of suicide. Use of the tool was further considered more appropriate for repeat rather than first time visitors to the website. One ESO representative stakeholder suggested a review of the wording of the tool as it was suggested that the tool should:

> *"… be careful using questions and especially the word 'planning' as it can be provocative to some individuals."*

The use of the word 'plan' in the tool is found in the following context:

> *"If this exercise has managed to calm you enough to think clearly, you may be able to consider who you need to talk to about how you feel and plan to meet with them."*

The reference to 'plan' in the website context is to meet with someone to gain support – not to plan a suicide. In this context the use of the word 'plan' is intentional and aims to distract the individual's attention away from their 'anxious' thoughts. In consideration of this feedback, the evaluators would recommend not changing the current version of the 'Staying calm' tool but continue to consider the sensitivities of use of the word 'plan' in future amendments of the website.

Accessibility of the website for individuals at risk of suicide

It was the opinion of one of the ESO representatives that the website would not necessarily help a person at imminent risk of suicide as the website was not easily accessible with access to the website primarily being through the *At Ease* portal. When accessing the site through At Ease, this participant commented that the 'button' to direct users to the Operation *Life* Online website was not easily identifiable and the At Ease page was considered 'confusing' for this individual. It is recommended that in any future evaluations of the At Ease website that this be included as a consideration.

Suggested improvements to website accessibility were to ensure it was promoted through Facebook, Twitter and other social media. Ex-service organisation Facebook pages could 'bookmark' the website and DVA could sponsor ads on these pages to advertise the website. This would encourage a broader uptake. Other suggestions to enhance accessibility were to promote it in VVCS and DC regional forums and transitioning seminars. DVA already promotes the website through these activities and it is recommended that these efforts continue on a regular basis as well as requesting ESOs to include the website on their Facebook pages as suggested above.

In addition, promotion efforts could progress to seeking endorsement from individuals with credibility within the target audience (e.g. Major General John Cantwell) and also organisations trusted by the veteran's community. Serendipitous opportunities also need to be grasped, for instance news magazine stories on TV and radio can be followed by advertising of the website.

Additional user group

One of the peer reviewers identified a potential user group that may not currently be addressed by the website as the 'suicide attempt survivor' and recommended the addition of a section providing information and guidance to a person recovering from a suicide attempt. The evaluator's opinion is that the text that appears on "Someone I know attempted suicide" page is appropriate and relevant but a review of the resources suggested by the peer reviewer could be undertaken to assess the inclusion of additional text. The resources identified for review included SPA's position statement on *Supporting Suicide Attempt Survivors* as well as the blog 'What happens now?' a project of the American Association of Suicidology.

If review of the above resources highlights the need for amendment to the text the evaluators would recommend that the current page of the website be renamed: "After a suicide attempt" and appropriate changes to be made to this page as assessed.

Web users seeking help in dealing with someone else

"I am worried about someone else" was considered a valuable resource by all feedback participants as it was "*helpful and easy to read with good points made*" (ESO representative). It was suggested that the page might assist someone feeling depressed or low to help them recognise that they or someone they care about may need help. The page was considered especially relevant for family and friends as in a couple of participant's experience, partners are often the first to recognise something is wrong before the individual at risk. The page provides a practical resource to help identify a problem and then a relevant structure and suggestions to access support.

Dependent on the individual, it was suggested by both ESO representatives interviewed that the website could help someone become more confident in speaking to someone who they were worried about. This was considered an extremely important component of the website content and a suggestion was made to evaluate in more depth a specific question on an individual's ability to ask someone directly if they were thinking of suicide after viewing the relevant website pages. This would require collection of qualitative data *direct* from a sufficient number of members of the target audience, and so a recommendation is made to include this effort in a subsequent follow up evaluation within 12 months of the website's commencement (that is before August 2014).

In regard to this point, one peer reviewer commented:

> *"The look and feel of the website in its entirety is one of information as well as concrete strategies and hints to use which is great. The ability to print off relevant pages is useful. Feedback we have received has indicated that having printed materials from a source (e.g. website or group) has allowed family and friends to have a conversation starter, and a framework to structure difficult conversations."*

Telephone crisis / support services

The list of support services provided in the website at various points was considered comprehensive and provided individuals with appropriate options. Some suggestions were made by one peer reviewer to improve the list to include online crisis chat and counselling services. These are detailed in the findings.

Awareness and knowledge of suicide / learning activities

The content and learning activities were considered relevant and appropriate for the ex-service community by all feedback participants to the evaluation. One ESO representative suggested that the website's ability to build awareness of suicide within the ex-service community:

> *"… could be a useful tool for military families to help them feel less alienated as it is difficult to recognise the commonalities of their personal situation with others within the ex-service community."*

A peer reviewer commented:

> *"Overall, Operation Life is a comprehensive website, providing a wealth of current and practical information about suicide and suicide prevention. A particular strength of the site is the provision of information for learning and skills development."*

Specific comments in relation to some of the learning activities in the website are addressed below.

Veteran stories (videos)

The veteran stories (videos) were considered an important and appropriate component of the website by all feedback participants. The value of including video stories was specifically commented on as follows:

> *"The use of video examples is a good practice for a website such as this as it 'personalises' and normalises experiences around suicide." (*Peer reviewer*);*
>
> *"Feedback from carers, family and friends that we have had contact with, have said they appreciate and find useful, stories from people in similar situations. It provides a sense of hope past the current difficulties, and potentially some strategies they may not have tried, or confirmation that the strategies they are using are the "right" ones." (*ESO representative*); and*
>
> *"The addition of stories is a strength of the website. They humanise the information and highlight the complexity of suicide while emphasising hope and recovery." (*Peer reviewer*)*

One video of particular importance was identified as "Jayden's story: When dad died" by an ESO representative. It was suggested that the videos (and especially this one) may assist those contemplating suicide to think about their loved ones more and have a preventative effect.

One video that was not quite as successful was the introductory message by Major General Mark Kelly. One participant noticed that his eyes were travelling as he was reading his script and the result was that it made it look impersonal. However, his voice was considered appropriate and soothing. The evaluators would recommend refilming this video without the use of a teleprompter.

A comment was made by one ESO representative that the statement 'This is a fictional case study' under the videos distracted this user from the stories themselves and detracted from the authenticity of the story. If this statement is required, it was suggested to expand it to note that the stories are based on the experiences of real people. This is a difficult suggestion to address as the message was originally written to assure viewers that the stories did not reflect individual experiences so that attempted identification of a real target audience member did not occur. The stories were however written from an understanding of common experiences within the target group. It is therefore recommended to leave the message as is and consider it in further evaluations and feedback of the website.

One final comment by an ESO representative was that it may be worth considering a further video story that includes a relapse as if a person has been ill and recovered only to find that they became depressed again. This was considered as the site only contains stories with positive endings and this could make some users 'feel worse'. This suggestion would need to be carefully assessed by DVA's psychiatric advisor as the videos on the website were purposely constructed to give a message of hope to viewers – an important key message of the website. However the comment about relapse is valid as the majority of people with mental illness or suicidal thoughts have recurrences of episodes and ideation.

Slides

The slide content was considered relevant and important however, there was a need identified by ESO representative to make them more user friendly. No specific suggestions were given to achieve this however it is the evaluator's recommendation that an arrow that actions the movement through the slides appear on the right and left hand side of the middle of each slide.

Interactive tools

Only one of the evaluation participants, a peer reviewer commented specifically on the interactive tools as follows:

> *"I think the inter-actives are really useful to highlight real situations and give some examples of conversations. The one for risk factors (at a family dinner) and warning signs (in the car) are great. The content and messaging is accurate as well as encouraging people to start a conversation.*
>
> *The one for protective factors is not as effective. While the messages and information contained in the scenario are great, the "actors" and voice-over comes across as very mechanical, and the intonation of the conversation is uncomfortable. I think part of the success of the other tools is that they appear more real, and engender someone to think "I could do that". With this tool, it felt more stilted and false."*

During the evaluation, not enough uses of the interactive tools were undertaken to assess their impact on the target audience with the only feedback being provided above. It is recommended by the evaluators to retain the interactive tools and assess their impact on the target audience during the next evaluation period.

General impressions

The website has received positive support from all of the evaluation participants. It was clear that they easily interpreted the aims of the website to:

1. Provide advice to access appropriate support services; and
2. Provide educational resources to build suicide awareness in the ex-service community.

However, one peer reviewer did note a conflict with this as she had difficulties identifying who the intended audience for the site was – "*is it individuals in distress or individuals who are seeking in-depth understanding of suicide prevention?"* This participant believed that the dual aims of the website created some confusing pathways for the user.

> *"For example, when attempting to take a user journey through the site as someone who was concerned about a loved one who may be suicidal one moves from 'I am worried about someone else' to 'Warning signs' and is then presented with other more technical modules such as 'Risk factors' and 'Protective factors'. While this information is all valid, it is presented in a factual manner and is not action-oriented with simple steps an individual can do to help the person they are concerned about or themselves. The user may become overwhelmed and confused. While Operation Life covers a wealth of information—all of which is useful—navigation could be improved so the information presented to different user groups meets their needs without adding unnecessary complexity."*

It would be important to continue to evaluate the website to see if this opinion is supported by others as it is an individual opinion but could be validated in the future.

General impressions of the website by peer reviewers include:

> *"Overall, the website is easy to follow and clear in its guiding the user to relevant sections using personal need/context prompts."*
>
> *"Overall, I think if someone was to work their way through the various components of the website, they would increase their awareness and knowledge of suicide, and pick up skills in either their own help seeking or encouraging someone they know to seek help.'*
>
> *"Operation Life is a comprehensive website that provides information in a variety of formats including factual information, stories, animations and a quiz. The site covers a diversity of experiences with suicide including suicidal ideation, being concerned about or caring for*

someone who is suicidal, suicide bereavement and knowing someone who has attempted suicide. The information provided on the website reflects the established evidence base and the website gives clear focus to the development of skills in addition to knowledge via multiple learning formats and self-test exercises. For the user in distress or needing help, the site provides simple and clear information and helps them take practical steps to obtain assistance from informal or formal supports. The inclusion of the 'Staying Calm Tool' is useful and may help the user to focus and relax before taking action to obtain help."

All evaluation participants agreed that they would recommend the website to others within the ex-service community. One participant was especially keen to promote it through ex-service organisations.

The site was noted by one peer reviewer that it did not appear to give due attention to cultural diversity and/or cultural factors which may impact suicide. Recommendations taken from *Conversations Matter, Core principles: Intervention-focused conversations* advocate considering any cultural factors which might impact on the conversation. This was a peer reviewer comment and the evaluators acknowledge that whilst the resources have been developed to meet the needs identified for the target audience it is correct that 'cultural diversity' was not specifically mentioned. Throughout the project's initial needs assessment the requirement to address cultural diversity across the target audience was not specifically identified. It is recommended that further investigation of the particular need and relevance required to address cultural diversity across the target audience be undertaken in conjunction with VVCS representatives who should be able to discuss this further and make recommendations in line with their approaches and current resources. It would also be important to consider strategies and policies of DVA and Defence that relate to equal opportunity, cultural safety, etc.

Website visitor feedback

A number of visitors took the time to respond to the form soliciting feedback (see Appendix C to view the feedback form). In all, 15 visitors to the site took this opportunity, four females and eleven males. Most of the respondents were an ex-service man or woman, veteran or peacekeeper (60%) or a partner or friend of an ex-service man or woman (33%) and only one was a daughter of an ex-service man or woman. Most of the persons providing feedback were under 40 (80%) perhaps reflecting greater acceptance of the electronic media.

Responses were provided to the first six questions by 14 of the 15 respondents and by 13 respondents to the last two questions. An analysis of the responses, presented as percentages rather than counts, is provided in Table 3.

Table 3: Analysis of feedback from website visitors (n varies with different questions)

Questions	Proportion of respondents (%)				
	Strongly agree	*Agree*	*Not sure*	*Disagree*	*Strongly disagree*
I found the Operation Life Online website easy to use	50	36	7	7	-
I found the information on the Operation Life Online website appropriate for the ex-service community	57	21	21	-	-
I found the information on the Operation Life Online website helpful	29	43	21	7	-
The Operation Life Online website increased my awareness of suicide risk	36	36	21	7	-

Questions	Proportion of respondents (%)				
	Strongly agree	*Agree*	*Not sure*	*Disagree*	*Strongly disagree*
and protective factors					
The Operation Life Online website increased my awareness about suicide prevention in the ex-service community	29	43	14	14	-
The Operation Life Online website increased my awareness of how to identify a person at risk of suicide and to connect them to appropriate support services	31	62	8	-	-
I intend to return to the Operation Life Online website in the future to find out more information	38	46	-	15	-
I intend to recommend the Operation Life Online website to others	38	54	-	8	-

By and large, feedback from the actual target audience (users of the website) was positive, with particularly strong agreement on the website's user friendliness and appropriateness to the target audience. There was less endorsement of the website's ability to raise awareness about suicide prevention in general and risk and protective factors in particular, but still over 70% of persons providing feedback agreed or strongly agreed that the website provided a sound basis for developing awareness. It is not possible from the data available to know whether persons providing feedback were commenting on the ability of a website per se to influence awareness, or whether they found less value in the content. Doubts as to whether visitors actually viewed the inter-active tools and / or the slide shows, makes this issue even more difficult to interpret. It is possible the withdrawal of the fact sheets from the website, in which there was considerably more detail on risk and protective factors, might have contributed to this slightly poorer outcome.

Only two people commented in more detail on the website, and they represented the opposite ends of the opinion spectrum:

> *"(1) … more 'glossy' web sites with little direction on how to contact DVA....Mental Health is a problem not a side-show"* (50 year old ex-serviceman)

> *"(2) I have recently been approached separately by two Afghanistan veterans who are suffering from PTSD. I am deeply involved with Legacy and as such would not normally be involved with veterans, but as a veteran myself I could not help but support them. I found this website extremely helpful to me and I will definitely recommend it to them. We need more support for veterans in country areas and this is one way of beginning that support. Personal interaction and genuine friendship with similar age veterans is what is needed. In remote areas this is a bit more difficult and sometimes they seek out older veterans like me."* (63 year old ex-serviceman)

Technical & terminology issues

One of the areas of improvement identified during the peer review process that has not already been dealt with in this chapter was around some of the current language used when talking about suicide prevention and some of the concepts explored especially in the learning materials. A number of the issues raised are open to debate and no consensus exists in some of these areas. It is

recommended that each of the areas identified in this regard must be considered in line with current terminology used by VVCS to ensure that there is consistency across DVA mental health website information (At Ease factsheets etc.) before necessarily acting on the suggestions.

Based on advice from peer reviewers:

1. *"Mental illness should not be recorded as a 'causal' factor for suicidal behaviour: the research evidence does not support this statement. Mental illness may be a factor, but there is not a causal relationship, as is acknowledged in the section on myths about suicide, mental illness does not mean a person will become suicidal."*

The evaluators agree that not all people with a mental illness will consider suicide however, as stated in the "Risk factors" slides, 70% of people who do suicide have a diagnosed mental illness and therefore mental ill health has been considered 'causal' by a number of suicide prevention and mental health experts, obviously including the teams that developed and reviewed these slides. This comment was provided from one of the three peer reviewers and as such needs to be considered in context with current VVCS, DVA and Defence mental health policy materials. The At Ease website lists warning signs under 'symptoms' for users to identify with and does not list them as 'causal' or 'circumstantial' as does Operation Life Online. It is therefore recommended that the slides be reviewed and amended to remove the classifications of 'causal' and 'circumstantial' risk factors.

2. *"The term 'risk factors' suggest a predictive element to certain traits or behaviours: there are not reliable measures to assess risk of suicide on a predictive basis. A more accurate and useful term is 'vulnerability' factors, ie: certain factors which may operate together to increase a person's vulnerability to suicidal thoughts and behaviours."*

'Risk factors' as terminology was utilised for this section of the website as it is commonly accepted in suicide prevention literature and resources and remains in use in the National Suicide Prevention *LiFE* Framework as well as in use by SPA. It is therefore recommended to retain the use of the term 'risk factors'.

3. "*The research evidence is unresolved regarding whether or not suicide bereavement is different to other forms of grief and loss – although the experience of suicide bereavement is a different context and the social dimensions around shame, stigma and social exclusion may be more prominent. A more circumspect statement on suicide bereavement may be warranted."*

Standby and United Synergies are Australia's leading suicide bereavement organisations and believe that suicide bereavement is relatively unique to other forms of bereavement as people commonly do not know how to talk about it. The evaluators are aware that there is no research however to prove that suicide bereavement is different to other forms of loss and believe that the existing text on the website is moderate and suits the needs of the target audience. It is not recommended to change this component of the website at this time but future revision would be required if evidence became available to the contrary.

4. *"When Jayden's father committed suicide, it left him feeling like it was his fault". The Mindframe guidelines provide some recommended language use when discussing suicide, self harm and mental illness. It is recommended that we use phrases like "died by suicide" or "took his/her own life" instead of "committed" which is regarded outdated in line with the article 'Suicide and language: Why we shouldn't use the 'C' word' and the Mindframe Guidelines for more information on the use of appropriate language*.

The evaluators agree that the use of the word ‘committed’ needs to be removed from the description of this video.

Achievement of objectives

The following table provides an indication of how all of the project objectives have been met at the conclusion of the evaluation. The table incorporates the original assessment of achievement of the implementation objectives from Part 1 of the evaluation report.

Table 4: Achievement of operational / implementation objectives

Project operational / implementation objective	Assessment of achievement
Develop suicide prevention, awareness and postvention resources appropriate to the needs of the veteran / peacekeeping community within the specified time frame.	As noted above the website was not developed within the specified timeframe. Content was developed from the OzHelp team's expert knowledge and DVA knowledge of veteran / peacekeeping community. The focus of the website content is largely consistent with research on the target group needs. Direct feedback from the target audience and representatives of the audience's interests confirm content and presentation appropriate. Pilot testing with clinicians experienced in treating veterans at risk did not identify any issues of potential target audience disconnect with the resources. Feedback received confirmed the relevance of the content of the website.
Design a suitable online environment so target audience users can easily access the developed resources.	Website functionality pilot tested and approved by internal DVA project team. The website was developed to WCAG AA compliance standards to ensure accessibility by individuals with a range of vision or hearing impairments. ESO representative and usage statistics data collected has indicated that accessing the website is difficult due to the inability to identify the website from usual search engines (see Chapter 7). The majority of traffic (90%) was coming through the At Ease website and therefore promotion of the website needed to ensure increased direct access to the website through specific URL – suggested this could be mainly through social media.
Members of the veteran/peacekeeping community who use the resources are satisfied or highly satisfied with the online resources.	Feedback collected from site visitors, whilst limited, has suggested a strong satisfaction within the target audience with the online resources. Peer and ESO representative reviewers all

	would recommend the site to members of the ex-service community.
Community change objectives (outcomes)	**Assessment of achievement**
Increase awareness in the veteran / peacekeeping community (who use the resources) in regard to suicide including risk and protective factors, and about the need for, and potential to, prevent suicide.	Site visitors who have attempted the online test have shown uniformly impressive levels of awareness and knowledge of suicide prevention issues. The resources developed for Operation Life Online have been confirmed as relevant to the target audience through data collected from ESO representative and peer reviews. Due to the low volume of traffic to the website though it is difficult to quantify the increased awareness of the target **community** — clearly only limited penetration of the target audience has so far occurred.
Increase the proportion of the veteran / peacekeeping community who feel confident to identify a person at risk of suicide and be able to connect them to appropriate support services.	An increase in the level of confidence was not able to be tested directly. However, feedback during the evaluation confirmed the resources did provide appropriate and helpful information to enable users to achieve this outcome. Limited feedback from site visitors confirmed they felt better able to identify individuals with problems. Due to the low volume of traffic again though to the website, it is difficult to quantify the proportion of the target community who can identify and connect to support services an individual at risk of suicide. It seems the website will engender greater confidence but more of the target audience need to access the site.
Increase the proportion of the veteran/peacekeeping community with sufficient knowledge about suicide prevention to achieve a change of behaviour to increase help seeking efforts personally or in others.	This objective was essentially untested in regard to the website's capacity to engender the desired change in behaviour. Peer reviewers and relevant stakeholders though were optimistic. Due to the low volume of traffic to the website it would be difficult to quantify the proportion of the target **community** who have developed sufficient knowledge about suicide prevention to increase help seeking efforts.

Key findings and recommendations for the future

Key findings on implementation effort

In reviewing the implementation process for the design, development and delivery (launch and promotion) of the Operation Life Online website a number of key findings can be elicited. Below is a complete list of findings on implementation effort:

- The implementation process began to fall significantly behind schedule after the first six months of the project and ultimately required an additional 12 months to complete. The main contributing elements to the delay were the development and approval of website content in general and the design and development of the interactive tools in particular.

  While some of the content delays could be attributed to the development process (in particular some technical problems affected the interactive tools development), most of the delay was due to a wholesale DVA project team change after the first ten months of the project. Subsequent delays were experienced whilst the new project team became familiar with the project and approval processes were hence extended. Even if the DVA project team had not changed, it is likely the time estimated and allowed for planned review (of design, the wireframe, content, graphics, etc.) in any case was insufficient.

  The lack of a project reference group comprised of the target audience, that is, individuals from the veterans and peacekeeper community, possibly exacerbated delays in approval rather than added to them which was the original concern. Such a reference group would have potentially benefited the project by providing direct access to the target audience for the project designers and developers. This would have allowed the project team to test website components with the target audience more routinely and in a meaningful and consistent way.

- The choice of Adobe Flash software for development of the interactive tools was problematic and caused substantial delays for the website. The project team learnt (after development had commenced) that it is not available on IPads or mobile devices and is becoming out of date or less commonly used by other IT providers.
- In order to meet the contractual website accessibility design and development requirements (as embodied in the WCAG guidelines) significant rework was required late in the project.
- Insufficient budget and time was allowed for development of the video materials. In particular allowance needed to be made for auditions and rehearsals of actors to ensure quality performances.
- The subcontracted IT company only had one person allocated permanently to this project. The project was at times delayed when this IT person was unavailable, or did not have strong expertise in particular technical elements. While some changes were identified only as the site became operational and were sought by DVA to improve usability, some changes were required because the site was clearly not working to purpose or to contractual requirements.
- When developing highly technical components such as the videos and inter-actives, an understanding and ability to edit technical formats after the translation of approved content

is required. This would include a greater transparency in the processes of developing the technical components of both videos and the interactive tools to allow for the project team to edit a working 'draft' of the technical item.

Key findings from assessing impact

The following is a complete list of findings able to be elicited from the evaluation of change through analysis of user statistics and feedback received:

- From the time of launch in August 2013 until late December of the same year just over 1500 unique individuals have visited the Operation Life Online website, a fraction of the potential veteran's community target audience (probably less than 1%). Visitor activity has peaked in September 2013, and essentially trended downwards since on all measures of visitor activity including number of new visits, average number of page views per day, and average time spent in the website viewing pages.

- Currently, the majority of traffic to the site (90%) is coming through the At Ease portal, which itself has, over roughly the same time period, received only 16,259 visitors. The Operation Life Online component of the At Ease website accounts for approximately 18.5% (less than one fifth) of total visits but 56.5% of total page views. There is currently very little direct access to the Operation Life Online website either from directly entering the site's URL or via search engines. Entry of appropriate key words into a search engine such as Google does not prioritise the Operation Life Online website.

  Because of the importance of the At Ease website in traffic flow to Operation Life Online, and because traffic to At Ease is low, the volume of traffic coming to the Operation Life Online website is ultimately constrained. Moreover, some of the reviewers found it difficult to see Operation Life Online within the At Ease home page, although it is clearly identified with "suicide prevention".

  Originally the suicide prevention website was planned to be a stand alone site, but was later incorporated within the 'suite' of At Ease resources, and perhaps now, in spite of the perceived clear 'suicide' wording, is somewhat lost in the different At Ease home page options. The fact that the entire At Ease home page is educational in orientation (which incidentally is echoed in the wording for the Operation Life Online entry portal despite its dual crisis support and awareness / educational ambitions) might dissuade individuals seeking support to not progress further. Alternative wording which better reflects the offer of both ***support*** and ***learning*** might be more effective.

- For those individuals who find their way to the Operation Life Online website, the website content has been confirmed as largely appropriate to the target audience – both the support components and suicide prevention/awareness learning activities have been approved by suicide prevention expert reviewers and ESO organisation representatives of the target audience. Between 72% and 93% of visitors who provided feedback on the website agreed or strongly agreed about the worth of the website on a range of measures including the relevance to the target audience, useability and the capacity to provide awareness and knowledge. Almost all (93%) would recommend the website to others.

- Analysis of page view activity and visitor feedback suggests that the user population of the website, and the way it is being used, may not be as was anticipated during the design stage and prior to launch. For instance, *a priori* the primary website focus was on assisting visitors identify and manage potential suicide crises, and a secondary focus was on providing

awareness and information. It was also expected that families and friends would be more prevalent visitors than veterans themselves. Analysis so far suggests instead that most visitors are not in crisis and are seeking to more generally learn about suicide and its prevention. The website reviewers, both peer and ESO, thought this was always a more likely scenario and that persons in genuine crisis are more inclined to seek personalised services, where they can communicate with a support person. Analysis also suggests, although based only on a small sample, the visitor population is largely ex-service veterans and peacekeepers (60%) and not their family and friends as was expected.

- In a similar way, some elements of the website that were thought pre-launch to be important have not been viewed frequently, including the 'Staying calm' tool, 'Veteran's stories', the slides and interactive tools. This may in part be due to the visitor population discussed above. There is some suggestion also though, gleaned through both the consultations and interpretation of utilisation statistics, that layout is affecting the 'visibility' of some page elements that have not been visited as frequently. One ESO representative for instance recommended making the 'slides' on the "Learn more about suicide prevention" pages more user friendly. No specific suggestions were given to achieve this, however it is the evaluator's opinion that an arrow that actions the movement through the slides appear on the right and left hand side of the middle of each slide. As for the 'Veteran's stories', peer and ESO reviewers noted videos are an important part of 'normalising' the ability to understand and talk about suicide and to build a community awareness and should be retained on the website. But integrating them more into the visitor pathway might be appropriate.

- As noted earlier, and in spite of the perceived desire of most visitors for information, the average length of time being spent by visitors in the website is dwindling. More content is apparently required on the website to keep visitors in the site longer to enhance their participation in learning activities and improve knowledge transfer given this is clearly an area of visitor interest and an area well supported by the reviewers. Extensive fact sheets were developed to support the slide presentations, but the decision was taken to remove these from the site. It may be appropriate to reinsert fact sheets or similar further information when upgrading the slide operations, in particular those 'facts' that are most pertinent and somewhat unique to suicide ideation. Alternatively, or in addition, visitors seeking more information can be more assertively directed back into the At Ease website where there is good information on mental health (especially depression and anxiety), alcohol and other drug use and ways of keeping physically and mentally well.

- There was some suicide prevention 'language technicalities' identified by expert reviewers that could be considered for amendment. Most but not all of these identified terms are contentious within the field of suicide prevention, that is there has not yet emerged a 'best practice' consensus on the 'correct' terminology. The ones that are recommended for adoption include:
    - the "Risk factors" slides be reviewed and amended to remove the classifications of 'causal' and 'circumstantial'; and
    - Remove the word 'committed' from the video Jayden's story in the description: *"When Jayden's father committed suicide, it left him feeling like it was his fault".*

Recommended actions to improve the website

The website is not considered static and the suggestions offered below will help to continually enhance the resource. None of the suggested changes challenge the existing structure of the website.

Recommendation 1:

More traffic needs to be directed to the Operation Life Online. In the first instance, there is a need to improve:

1. The chances of being landed upon from Google or other search engines by using specific search terms in the website. Discussions and a list of appropriate search terms have been provided to SMS (DVA's current website managers) to improve search optimization for the website;
2. The promotion of http://at-ease.dva.gov.au/suicideprevention/ URL to as many places as possible so visitors can come direct to the site from Facebook (not just DVA's Facebook but those of many appropriate organisation's and individual's Facebook), Twitter, emails, electronic newsletters, etc. Promotion efforts could also progress to seeking endorsement from individuals credible to the veteran's community (e.g. Major General John Cantwell) and organisations trusted by the target audience. Serendipitous opportunities also need to be grasped, for instance news magazine stories on TV and radio can be followed by advertising of the website.
3. The visibility of the 'suicide prevention' portal to Operation Life Online within the At Ease home page, sending a clearer sense of both its support and information possibilities.

Recommendation 2:

It is recommended to make simple improvements to the design and content of the website particularly to improve attraction of some website components that have so far been poorly viewed. This includes:

1. Enhancing the visibility of the 'Staying calm' tool on the "I am worried about myself" page.
2. Making the videos more integral to the 'flow' of the site and especially certain visit pathways.
3. Enhancing useability of the slides in the learning page by simply adding an arrow into the slides to indicate there is more to view.
4. Refilming Major General Mark Kelly's introductory video without the use of a teleprompter.

Recommendation 3:

On the "I am worried about myself" page it is recommended to:

1. Provide a life-affirming statement to reinforce that the person wants to live. For example, Lifeline's website includes the statement:
2. "Just by reading this, a part of you is looking for ways to live and to get help for problems in your life. It is not uncommon to feel this way and lots of people have suicidal thoughts and are able to work through them and stay safe."
3. Help persons in crisis by prompting the individual to reflect on and connect with their existing coping strategies and understanding the passing nature of suicidal thoughts.
4. Reverse the order of the 'National Sexual Assault, Family and Domestic Violence Counselling Line' and 'Suicide Call Back Service' on the page 'I am worried about myself' page.

Recommendation 4:

On the "I am worried about someone else" page it is recommended to:

1. Encourage the individual to think about their own well-being and readiness for a conversation about suicide. Before initiating the conversation, the person asking should consider their own state of mind and whether they would be able to calmly respond to the answers given.
2. Provide additional brief information on building rapport and guidance on how to respond to someone who reveals they are suicidal e.g. do not offer the person advice or minimise their reasons for wanting to die. See Conversations Matter, Core principles: Intervention-focused conversations for more information.

Recommendation 5:

Some of the terminology in the site needs to be audited where peer reviewers have identified potential problems (as detailed in the findings above). Where suggested changes provided from expert reviewers is controversial (that is their opinion is not universally accepted), it is recommended that VVCS advice is sought to ensure that appropriate and consistent terminology is used throughout DVA.

Recommendation 6:

The gradually dwindling visit time since its launch date suggests more learning content is required on the website to keep visitors in the site longer given this is clearly an area of visitor interest and an area well supported by the reviewers. It is recommended to re-insert the fact sheet content or similar further information when upgrading the slide operations and improving links back to relevant information in the At Ease suite of resources.

Recommendation 7:

It is recommended that ongoing evaluation of usage of the website should be undertaken to ensure the live resource remains relevant to the needs of the target audience. This includes:

1. Utilization data being analysed at least every four months given the current data collection structure purges usage data after 120 days.
2. Undertaking a full evaluation within 12 months of the website launch (August 2014) including more extensive collection of quantitative data from the target audience. The larger evaluation might benefit from the creation and use of a target audience reference group.

General lessons for future DVA website development

DVA will no doubt want to design and develop more websites in the future, or significantly modify existing sites. Some implementation lessons learnt for this project that could be considered to make future efforts more efficient include:

- Continuity of personnel on both sides of a website design contract is important. Over long project implementation timeframes this can possibly be more difficult from DVA's side of the contract as staff tend to move more regularly these days. Ideally, management of the transfer process to a new or changing project team within DVA could be improved with the retention of at least one member of the original project team for a period to impart the creative 'history' to the new team.
- Adobe Flash is not recommended to be used in the future as the software option for interactive learning tools.
- Accessibility requirements need to be considered in the design of the project to dictate the software and format of the website.
- Use of a reference group of veterans and peacekeeper community individuals would benefit any project by providing direct access to the target group.
- When producing videos to meet a learning purpose, benefits would be realised when a sufficient budget is set to allow for auditions and rehearsals of actors to ensure quality performances. In addition, a project would benefit from having a specific project timeframe for the videos instead of tying them to the overall resource content timeline.

Appendix A: Evaluation questions

Operation *Life* Online Website Evaluation Questions given to Veteran Representatives from the National Mental Health Forum

WEB USERS SEEKING PERSONAL SUPPORT

1. Do you think that current serving or ex-serving ADF personnel contemplating self harm or suicide would find the website useful?

2. Do you think that the 'grounding tool' would be helpful in reducing immediate levels of anxiety?

3. Do you think that the website would motivate current serving or ex-serving ADF personnel to seek help?

4. Do you think that the resources and tools provided by the website are likely to be effective for individuals seeking help?

WEB USERS SEEKING HELP IN DEALING WITH SOMEONE ELSE

5. Do you feel that the information on the website will help current serving or ex-serving ADF personnel, or a member of their family or a friend, to identify someone at risk of suicide?

6. After using the website, do you feel that they would know enough about where and how to access support services for themselves or someone they were worried about?

7. Do you think the website will help an individual to feel more confident in speaking to someone who they think may be contemplating suicide?

8. Would the website help them to ask someone directly if they were thinking of suicide?

AWARENESS AND KNOWLEDGE OF SUICIDE

9. Has your knowledge about suicide prevention in the ex-service community increased as a result of your interaction with this website?

10. Do you think others would/not agree with you?

11. Do you think that the information provided in the website is relevant and appropriate for the ex-service community?

12. Did you find the learning tools easy to use and relevant?

GENERAL IMPRESSIONS

13. Was there any information or component of the website that you particularly liked? Why?

14. Was there any information or component of the website that you did not like? Why?

15. Would you recommend this website to your membership within the ex-service community?

FURTHER IMPROVEMENTS

16. What information or resources do you feel may be missing from the website? Can you identify any further training or educational needs that would be desirable?

17. As a result of the website, are you now more interested in taking action to raise awareness of suicide prevention within the ex-service community?

Appendix B: Suicide awareness quiz

After every question is answered by users the red text – the answers should be displayed (whether they get it right or wrong). Then if they had the question wrong the blue message should appear.

Messages to users if they get the wrong answer are in blue.

There is a lot of inaccurate information around about suicide. Some of the answers to this quiz may surprise you, or you may already know a lot about this subject.

This quiz should take you no longer than 10 minutes to complete.

Facts and myths about suicide

1. There is a typical profile for a person who may suicide.

   True ( )

   False ( )

   False:Anyone could suicide.
   People of all ages, races, faiths, and cultures suicide, as do individuals from all walks of life and all income levels. Popular, well connected people who seem to have everything going for them and those who appear less confident or vulnerable die by suicide. Suicidal people come from all kinds of families; rich and poor, happy and sad, two-parent and single parent, civilian and ex-service community members.

If users enter a wrong answer for this question the following message should appear: "We suggest that you read the "Facts and Myths about suicide" [link to Facts and Myths powerpoint] to review your answer to this question."

2. More men than women complete suicide.

   True ( )

   False ( )

   True. Suicide is about four times more common in men than women. In Australia in 2010, 1,816 males and 545 females completed suicide. *Source: Australian Bureau of Statistics (2012) Suicides Australia 2010 (Catalogue No. 33090.0)*

If users enter a wrong answer for this question the following message should appear: "We suggest that you read the "Facts and Myths about suicide" [link to Facts and Myths powerpoint] to review your answer to this question."

3. Many suicides are completed under the influence of alcohol and drugs.

   True ( )

   False ( )

True: Alcohol and drug abuse problems contribute to suicidal behaviour in several ways. Substance use and abuse can be common among persons who are prone to be impulsive, who have been involved in trauma and among persons who engage in many types of high risk behaviours that result in self harm. Since substance abuse lowers inhibitions, it can be particularly life threatening for suicidal people. Fortunately, there are a number of effective prevention efforts that reduce risk for substance abuse and there are effective treatments for alcohol and substance use problems. Have a look at the DVA website www.**therightmix**.gov.au/

If users enter a wrong answer for this question the following message should appear: "We suggest that you read the "Facts and Myths about suicide" [link to Facts and Myths powerpoint] to review your answer to this question."

4. All suicidal people have a mental illness.

   True ( )

   False ( )

   False: Not all suicidal people suffer from a mental illness. Ex-service men and women and others who appear to be happy and have no history of depression or mental illness have taken their own lives. Depression and anxiety and other forms of mental illness, if untreated, can lead to suicide, but mental illness is not the only factor that can lead to suicide. In fact, there may be many other contributing factors and some forms of mental illness may also protect.

If users enter a wrong answer for this question the following message should appear: "We suggest that you read the "Facts and Myths about suicide" [link to Facts and Myths powerpoint] to review your answer to this question."

5. Which of the following are true? Tick the boxes where the statement is true.

(a) All suicidal ex-service men and women are mentally ill	( )
(b) Many suicides can be prevented in our community	( )
(c) People who are suicidal always want to die	( )
(d) People who talk about suicide are unlikely to go through with it	( )

Answers:
(a) False: Not all suicidal ex-service men and women are mentally ill.
(b) True: Suicides can be prevented through suicide awareness raising education and activities within communities.
(c) False: People who are thinking of suicide are in pain and cannot find a reason to live – more than wanting to die.
(d) False: All conversations about suicide should be taken seriously. You might be the only person who has listened and understood.

If users enter a wrong answer for this question the following message should appear: "We suggest that you read the "Facts and Myths about suicide" [link to Facts and Myths powerpoint] to review your answer to this question."

Warning signs of suicide

6. Suicides always occur without warning.

True	( )
False	( )

False: Most suicidal people show warning signs before a suicide attempt. Some early warning signs include: drug/alcohol abuse, disinterest in usual activities, restlessness, agitation, anxiety, irritability, moodiness over minor incidents, and being overly self-critical. Some late warning signs include: talk of suicide or death, dropping out of activities, isolating self from friends and family, putting life in order, making a will, or giving away favourite possessions.

If users enter a wrong answer for this question the following message should appear: "We suggest that you read the "Warning signs of suicide" [link to Warning signs powerpoint] to review your answer to this question."

7. Which of the following may be warning signs of suicidal behaviour?
   (a) Crying
   (b) Angry outbursts
   (c) Reckless behaviour
   (d) Mood changes
   (e) Withdrawal from family and friends
   (f) Increased use of alcohol or other drugs
   (g) Giving away possessions
   (h) Threatening to hurt or kill themselves
   (i) Talking about death or suicide
   (j) Expressing feelings of hopelessness, being trapped with no way out and no reason for living
   (k) Abnormal anxiety or agitation
   (l) Sleeplessness
   (m) Feeling isolated and that no one understands you
   (n) All of the above

Answer (n) A suicidal person may show one or many of the warning signs listed above. The majority of people who take their own life have given definite signs. The keys to prevention are recognising the warning signs and knowing what to do to help. A suicidal person needs help from someone else to find solutions to their problems.

If users enter a wrong answer for this question the following message should appear: "We suggest that you read the "Warning signs of suicide" [link to Warning signs powerpoint] to review your answer to this question."

Risk factors for suicide

8. Identify any of the following which can be a risk factor for suicide

(a) Mental illness/psychiatric conditions	( )
(b) One or more prior suicide attempt(s)	( )
(c) Loss of significant relationships	( )
(d) Alcohol and other drug abuse	( )
(e) Living in isolation	( )
(f) Living with chronic pain or disability	( )
(g) Financial crisis	
(h) All of the above	

Answer: (h) All of the above are known risk factors for suicide. However, any observable changes in behaviour could also be seen as signs of risk for suicide.

If users enter a wrong answer for this question the following message should appear: "We suggest that you read the "Risk factors for suicide" [link to Risk factors powerpoint] to review your answer to this question."

Protective factors against suicide

9. Identify any of the following which you think could help protect against suicide:

(a) Learning to live with chronic pain and managing good physical and mental health	( )
(b) Financial security	( )
(c) Staying connected to a community	( )
(d) Having a significant relationship with another person	( )
(e) Developing personal skills and resilience	( )
(f) Removing access to things such as pills, weapons and other lethal means	( )
(g) Spirituality and belief systems	( )
(h) Talking to someone you trust about your feelings and problems and getting timely help	( )

(i) All of the above	

Answer: (i) all of the above are known protective factors against suicide.

If users enter a wrong answer for this question the following message should appear: "We suggest that you read the "Protective factors" [*link to protective factors powerpoint]* to review your answer to this question."

Feelings after a suicide

10. Grieving after suicide is different than after other kinds of death.

True ( )

False ( )

True: Because of the stigma attached to suicide, it is difficult for family and friends to grieve. There are often questions about 'what if' and 'if only' and feelings of guilt by those close to the person. This is why support after death by suicide is very important.

If users enter a wrong answer for this question the following message should appear: "We suggest that you read "Feelings after a suicide" [link to Someone close recently suicided - Feelings after a suicide powerpoint] to review your answer to this question."

11. Being angry with someone after he or she dies by suicide is a normal reaction.

True ( )

False ( )

True: After someone close to you dies by suicide, it is normal to feel emotions like anger or sadness. The best thing you can do is talk to someone about how you are feeling. This is a normal part of the grief process.

If users enter a wrong answer for this question the following message should appear: "We suggest that you read "Feelings after a suicide" [link to Someone close recently suicided - Feelings after a suicide powerpoint] to review your answer to this question."

Helping someone at risk of suicide

12. If you think someone is suicidal you should ask them?

(a) Never, talking about suicide will cause it ( )

(b) Directly ( )

(c) Indirectly ( )

Answer (b) Talking about suicide does not cause suicide to occur. In fact, **it can be a good way to help prevent suicide**. Asking the individual: "are you thinking of suicide" directly will give the person the opportunity and permission to talk about suicide. People who are not suicidal reject the idea, while people who may be thinking about it usually welcome the chance to talk about it. Often suicidal people are relieved because they feel they can talk to someone. Talking breaks the secrecy of the person who is feeling suicidal, and lets them know that there is help available.

However users answer this question the following message should appear: "If someone has told you they are thinking about suicide they need professional help. Please help them contact their GP, VVCS or other services they would prefer on the Need Help Now page. [link to Need Help Now].

13. If someone tells me they are thinking of suicide and asks me to keep it a secret I should not agree

True ( )

False ( )

True: When someone tells you that they are thinking of suicide you should not agree to keep it a secret. Let them know that you need to involve others to keep yourself and the person at risk safe and to ensure they get the help they need.

However users answer this question the following message should appear: "If someone has told you they are thinking about suicide they need professional help. Please help them contact their GP, VVCS or other services they would prefer on the Need Help Now page. [link to Need Help Now].

14. You should always take suicide threats seriously and treat the person talking about suicide with understanding and compassion...

True ( )

False ( )

True: You should always take people seriously when they talk about suicide or hurting themselves. There are three basic steps you should take:

- **First**, show you care, listen carefully to what the person has to say;
- **Second**, ask about suicide. Ask the person if they are thinking about suicide and if they have a plan; and
- **Third**, get help. Stay with the person, and assist them to get professional help. You may want to offer to take them to the appointment.

However users answer this question the following message should appear: "If someone has told you they are thinking about suicide they need professional help. Please help them contact their GP, VVCS or other services they would prefer on the Need Help Now page. [link to Need Help Now].

15. If someone tells me that they are thinking of suicide should I?

(a) Keep them safe for the immediate future and get them help.

(b) Show them understanding and compassion.

(c) Take immediate action if they are at imminent risk.

(d) Encourage them to get professional help.

(e) All of the above.

Answer (e) Whenever anyone tells you that they are thinking about suicide you should take them seriously, keep them physically safe and seek professional help for them. You should also ensure that you look after yourself and seek help if you need to talk about your experience.

However users answer this question the following message should appear: "If someone has told you they are thinking about suicide they need professional help. Please help them contact their GP, VVCS or other services they would prefer on the Need Help Now page. [link to Need Help Now].

Appendix C: Feedback form

Thank you for providing feedback to help us improve this website for the benefit of all users. Please use this form to provide any comments or feedback on the website and to report any technical issues. If you are experiencing distress and do not feel the website has been very helpful for you, please consider seeking professional help. You may wish to talk to your GP or contact the VVCS - Veterans and Veterans Families Counselling Service 1800 011 046 (National). Please do not submit requests for personal assistance in this feedback form.

YOUR THOUGHTS ON THE WEBSITE

We would like to ask you some questions to understand your experience of using the website so we can improve the resource. It will take you less than 3 minutes to complete. This information cannot be used to identify you personally.

1. Please indicate your preference below:

- ○ I would like to provide some feedback on the website
- ○ I would rather not provide feedback on the website but want to report technical difficulties

Basic Information

2. My gender is

- ○ Male
- ○ Female

3. My age is

4. I am a

- ○ Ex-service man or woman, veteran or peacekeeper
- ○ Partner of an ex-service man or woman, veteran or peacekeeper
- ○ Son or daughter of an ex-service man or woman, veteran or peacekeeper
- ○ Friend of an ex-service man or woman, veteran or peacekeeper
- ○ Other

Feedback

I found the Operation Life Online website easy to use

○ Strongly agree ○ Agree ○ Not sure ○ Disagree ○ Strongly disagree

I found the information on the Operation Life Online website appropriate for the ex-service community

Strongly agree Agree Not sure Disagree Strongly disagree

I found the information on the Operation Life Online website helpful

Strongly agree Agree Not sure Disagree Strongly disagree

The Operation Life Online website increased my awareness of suicide risk and protective factors

Strongly agree Agree Not sure Disagree Strongly disagree

The Operation Life Online website increased my awareness about suicide prevention in the ex-service community

Strongly agree Agree Not sure Disagree Strongly disagree

The Operation Life Online website increased my awareness of how to identify a person at risk of suicide and to connect them to appropriate support services

Strongly agree Agree Not sure Disagree Strongly disagree

I intend to return to the Operation Life Online website in the future to find out more information

Strongly agree Agree Not sure Disagree Strongly disagree

I intend to recommend the Operation Life Online website to others

Strongly agree Agree Not sure Disagree Strongly disagree

Comments

6. Do you wish to provide any further comments on the Operation Life Online website?

Technical Enquiries

7. Have you had any technical difficulties whilst using the Operation Life Online website? Please describe below: