

‘Making the journey easier’: An evaluation of community- and clinician-targeted rural suicide prevention workshops

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ABSTRACT: For more than eight years the Farm-Link program has delivered suicide prevention skills workshops to members of rural communities, particularly to people from sectors such as finance and agriculture who work closely with farmers likely to experience mental distress. In the course of this work it became apparent that if Farm-Link was going to have a role in advising community members on ‘where to get help’, it also had a responsibility to ensure that health professionals providing that help had the skills and knowledge to support people who were thinking about or considering suicide. Farm-Link partnered with Black Dog Institute to roll out their recently developed ‘Advanced Training in Suicide Prevention’ to health professionals, particularly General Practitioners and Psychologists, in the Farm-Link target area. An evaluation, comprising a series of questionnaires and qualitative interviews, is currently being conducted to examine the two complementary aspects of Farm-Link’s suicide prevention work; the delivery of Suicide Prevention Skills Workshops to rural community members, and delivery of Black Dog Institute’s suicide prevention training to rural health professionals. This presentation reports on the preliminary findings of this evaluation. It reports on the experiences of community members and health professionals who have sought to apply mental health and suicide prevention skills in their everyday lives and practices. The findings of the evaluation highlight that Farm-Link’s suicide prevention training has real transformative potential for community members who, sometimes for the first time, have an opportunity to reflect on their role in promoting positive mental health. However, findings also suggest challenges for maintaining and sustaining the momentum that is generated in short-term training approaches. The partnership approach to delivering suicide prevention training to health professionals highlights the importance of collaboration, recognising that multi-tiered approaches are important, that draw on the existing strengths and resources of communities and associated institutions.

Keywords: *Suicide prevention, training, rural, community, health professionals*

Introduction

Farm-Link program, part of the Centre for Rural and Remote Mental Health at the University of Newcastle, delivers rural suicide prevention skills workshops throughout the New England North West region of New South Wales. Previously, Farm-Link’s suicide prevention

workshops targeted people from rural communities who work in sectors such as finance and agriculture and who are likely to work closely with farmers who might experience mental distress. In the course of this work it became apparent that if Farm-Link was going to have a role in advising community members on where to get help, it also had a responsibility to ensure that health professionals providing that help had the skills and knowledge to support people who were thinking about or considering suicide. Farm-Link partnered with the Black Dog Institute to roll out their recently developed ‘Advanced Training in Suicide Prevention’ to health professionals, particularly General Practitioners (GPs) and psychologists, in the Farm-Link target area.

This paper reports on the preliminary findings of an evaluation currently being conducted on two components of Farm-Link’s work; the delivery of Suicide Prevention Skills Workshops to rural community members, and delivery of Black Dog Institute’s suicide prevention training to rural health professionals. While the evaluation is at its midway point, this paper offers preliminary insights into the experiences of community members and health professionals who have sought to apply mental health and suicide prevention skills in their everyday lives and practices. The preliminary findings of the evaluation highlight that Farm-Link’s suicide prevention training has real transformative potential for community members who, sometimes for the first time, have an opportunity to reflect on their role in promoting positive mental health. However, findings also suggest challenges for maintaining and sustaining the momentum that is generated in short-term training approaches. The partnership approach to delivering suicide prevention training to health professionals highlights the importance of collaboration, recognising that multi-tiered approaches are important, that draw on the existing strengths and resources of communities and associated institutions (van der Feltz-Cornelis et al., 2011).

A previous evaluation of Farm-Link’s community suicide prevention workshops indicated that participants show improvements in knowledge and attitude regarding suicide after the training. This supports what is already known about ‘gatekeeper’ training programs. However, it doesn’t tell us much about what happens *after* training and whether the learnings are applied in everyday life. This paper offers some preliminary insights into the experiences of two different rural groups of people who share an interest, and potential role, in rural suicide prevention and response. It reports on a study which seeks to understand what happens *after* suicide prevention training activities and to examine the value of multi-tiered approaches to suicide prevention training that recognise the value of different professional, personal and community roles.

Background

There is evidence to suggest that ‘gatekeeper’ suicide prevention training programs – those training programs which target key professionals or community members as points of support or referral for people who may be thinking about suicide – contribute to improvements for those directly take part in the training. A systematic review of gatekeeper training as a prevention intervention for suicide found that, of the nine studies examined, there was evidence showing the programs had a positive effect on participants’ skills, knowledge and attitudes (Isaac et al., 2009). Previous internal Farm-Link program evaluations supported this finding, indicating that participants in community-based suicide prevention workshops had experienced improvements in attitudes towards suicide, increased understanding of suicide and increased confidence to assess and respond to people at risk of suicide. There was some evidence that these improvements, while diminished slightly, were mostly sustained for three months following participation in the workshop. However, little is known about the *application* of the knowledge, skills and confidence gained in this type of workshop activity and whether, and how, participants go on to apply what they have learned.

A systematic review of the effectiveness of a range of suicide prevention strategies, including education and awareness, treatment, and access to means, found that awareness and education programs targeting primary care physicians ‘represent the most striking known example of a therapeutic intervention lowering suicide rates’ (Mann, Apter, Bertolote, & et al., 2005, p. 2067). Internationally, programs which sought to improve physicians’ knowledge of depression and other psychiatric disorders were generally associated with increased provision of treatment and outcomes such as decreases in suicide attempts and suicide ideation. Brunero et al. (2008) found, in a study of health and allied health professionals in one Australian Local Health District, that targeted training on suicide awareness and management resulted in improved attitudes, skills and knowledge. Although now slightly dated, a particularly relevant Australian study examined the impact of training GPs in recognising and responding to psychological distress and suicide ideation in young people (Pfaff, Acres, & McKelvey, 2001). After attending a one-day training workshop, GPs demonstrated increased recognition rates of psychologically distressed patients and identification of suicidal patients, although there were not significant changes in patient management. Pisani, et al. (2011) conducted a review of 11 workshops from various countries that targeted mental health professionals to improve general

clinical competence in the assessment and management of risk for suicide (including an Australian program). They found a lack of research to demonstrate clear impacts or outcomes from these programs, but two studies within their review showed that the programs contributed to improved clinical knowledge and attitudes. There was no evidence to demonstrate whether the programs had impacted upon skills of clinicians.

GPs are often an important source of support and referral for people with concerns related to their mental health (Australian Institute of Health and Welfare, 2015), but particularly so for people in rural areas where there may be limited specialist services. GPs have been found to be, by far, the main professionals contacted by people in rural locations to seek help related to mental distress (Perkins et al., 2013). As such, the Farm-Link staff recognised that engaging with GPs and other health professionals was a key rural suicide prevention strategy. Given that the Black Dog Institute had recently developed an ‘Advanced Training in Suicide Prevention’ program to target GPs, GP registrars and psychologists, a partnership was developed between the two organisations to deliver this training in targeted rural communities. The evaluation of this training seeks to acknowledge the importance of the multi-tiered approach – training community gatekeepers and health professionals – but also recognises that there are substantial gaps in the evidence base to understand the ways in which these types of interventions actually impact upon practice and decision-making regarding suicide prevention amongst those people trained.

Methods

This mixed methods, formative evaluation draws primarily on questionnaires and interviews to understand whether participation in a Farm-Link suicide prevention training activity is associated with changes to attitude, knowledge and practice and to understand whether and how different groups of participants apply what they have learned in their everyday lives and practice. Two discrete groups of participants are being targeted in the evaluation which is being conducted between January 2016 to July 2017; those people who have participated in a Farm-Link Suicide Prevention Skills Workshop and those health professionals who have participated in the Black Dog Institute’s Advanced Training in Suicide Prevention as part of the Farm-Link program.

All participants in a Farm-Link Suicide Prevention Skills Workshop are being invited to participate in a semi-structured telephone interview approximately three months after taking

part in the training, to discuss their experiences of applying what they learned in the workshop. The Suicide Prevention Skills Workshop is a four-hour workshop delivered throughout the New England North West region to members of the public and representatives from groups likely to have contact with farmers, such as financial counsellors and agricultural service providers. It aims to develop participants' knowledge and confidence in helping someone who may be at risk of suicide using the SCARF action plan – Suspect, Connect, Ask, Refer and Follow-up. The evaluation interview asks questions about participants' perceptions of key learnings, whether and how they have applied what they have learned and their self-care. A brief pre- and post- training questionnaire is also administered to all participants to identify whether participants perceive improvements to their own knowledge and capacity. Previous evaluations of Farm-Link's community-based suicide prevention skills training activities used the Literacy of Suicide Scale (LOSS) and Stigma of Suicide Scale (SOSS) in pre- and post-training questionnaires, and had already identified that participation in the training was associated with improvements to suicide literacy and attitude, and as such the LOSS and SOSS are not being repeated in this evaluation. This paper reports on data collected to 30 June 2016, at which point five workshops had been conducted.

Health professional participants are those people who have taken part in a Black Dog Institute 'Advanced Training in Suicide Prevention' conducted under the auspices of the Farm-Link program. The Black Dog Institute's 'Advanced Training in Suicide Prevention' is a six-hour workshop delivered by a GP and offers accreditation points for a number of professional groups, including GPs and psychologists. It aims to increase health professionals' skills and confidence in taking a detailed suicide history and developing a collaborative management plan to increase the safety of people planning suicide. For the health professional cohort, a pre-, immediately-post- and four-month-post-training questionnaire have been designed to measure changes in attitude, practice and knowledge regarding suicide and suicide prevention. The questionnaire incorporates two validated tools; the LOSS, which measures changes in participants' knowledge regarding suicide and suicide prevention through a series of true/false statements, and the SOSS, which measures changes in participants' attitudes towards suicide by assessing their level of agreement with a range of descriptions of people who suicide (Batterham, Callear, & Christensen, 2013a, 2013b). The questionnaire incorporates some additional questions to better understand the current practices of the participants and the context in which they work. The questionnaire is administered at three points (before, after and four months after training) with respondents having the option to complete by paper or online.

Participants are also invited to take part in a semi-structured telephone interview to discuss in more depth their experiences of applying the knowledge and skills learned in the training. Two rural GPs were consulted to support the development of the interview guide and to ensure its appropriateness for the target group. To date, two training workshops have been conducted at rural NSW locations, with a total of 37 participants. It is anticipated that three more trainings will be conducted by July 2017.

Quantitative data were analysed using IBM SPSS (version 23). One-way ANOVA with post-hoc analyses were used to compare SoSS, LoSS and confidence and knowledge scores across the three time points (baseline, midline and endline). Qualitative data were analysed using QSR International NVivo (version 11). A thematic content analysis was conducting drawing on the evaluation questions as a coding framework. Content was analysed to identify frequently reported themes and also the variations in participants' self-reported experiences.

All data collected is de-identified to protect the anonymity of participants and pseudonyms are used for interview respondents. Participation in the evaluation is voluntary and a decision not to participate in the evaluation does not in any way affect a person's eligibility to participate in the Farm-Link training activities or any other part of Farm-Link's work. This study has gained approval from the University of Newcastle Human Research Ethics Committee.

Community suicide prevention skills workshops

To date, 43 participants in the Farm-Link Suicide Prevention Skills Workshops (SPSW) have completed the paper-based pre- and post-workshop questionnaire and five workshop attendees have participated in interviews.

Table 1: Suicide Prevention Skills Workshops pre- and post-workshop questionnaire preliminary results

Statement (indicate level of agreement)	% agree or strongly agree	
	Pre-training	Post-training
I could identify someone experiencing signs and symptoms of a mental health problem	53.5	81.4
I would feel comfortable talking to someone about seeking help for a mental health problem	76.7	93.0
I could link someone in need to mental health services and information	69.8	90.7
I understand the risk and protective factors associated with suicide	44.2	90.7
I feel confident with identifying someone at risk of suicide	30.2	81.4
I feel confident to ask someone directly about their suicidal thoughts	41.9	83.7

Prior to the training most respondents did not feel that they could understand, recognise or ask about suicide. After the training, most participants agreed that they had skills and confidence to recognise and respond to someone experiencing signs of a mental health problem and/or someone experiencing suicidal thoughts. This reinforces earlier Farm-Link evaluations which indicated that people who participated in the training experienced increased knowledge and confidence to recognise and respond to someone thinking about suicide.

Of the five people who took part in interviews, four people had attended the workshop in some kind of professional capacity. Their jobs meant that they had regular contact with farmers, or other rural community members, who may be experiencing hardship and distress and as such they had identified that this training would be relevant and useful. Three of these participants worked with financial institutions.

The main thing for me was if I did identify someone who needed assistance, how I went about offering them assistance and what was available. ... So for me just having those contacts and being able to you know, pass that onto someone who needs them, was something I really took away from the workshop. (Cara, SPSW participant)

These participants each identified important changes in their attitudes towards suicide and their own capacity to recognise and support people who may be at risk of suicide. There was some element of transformation experienced as a result of the workshop. All four of these participants saw that they could use these skills in their individual interactions with groups such as farmers, to recognise distress, inform their communication strategies and to offer referral information to support services where relevant and appropriate. However, the kinds of skills and knowledge gained in the workshop hadn't translated into any ongoing changes to their workplaces and there wasn't an ongoing or identified role for them in utilising these skills in their work. Some respondents had shared information about the training with their colleagues. For Debra, who had found the training very informative and powerful, the reaction of her colleagues when she tried to share information about the workshop was disappointing because,

They weren't very interested actually. I think that some of those people don't share the same personal relationship as I do... they don't see their role as developing strong personal relationships.

For other people, such as Cara, the training seemed to align well with the philosophy of her workplace, which was increasingly encouraging employees to take preventative actions regarding their physical and mental health.

One participant attended because she wanted information to help her in supporting a particular family member who had been experiencing mental distress, noting that "I was just hoping to get some more insight into how to handle it and how to approach it" (Belinda, SPSW participant). She did note that most people in attendance had been there in some kind of work capacity and she wished that more people from the general community had attended.

When asked to recall the most important things they'd learned in the workshop, respondents were not generally able to recall specific details about the content. However, all were able to identify at least one service that they would refer someone to if they thought they needed assistance and reflected on important parts of the workshop such as role playing conversations about suicide.

In the few months since taking part in the workshop two people had had contact with someone they considered to be experiencing, or at risk of experiencing, mental distress. Belinda had continually encouraged her family member to seek professional support, drawing on information from the workshop, but noted that her family member was reluctant to seek help

and that taking part in the workshop had done little to resolve her particular situation. In the course of her work, Cara had passed on information about support services to a farmer who had been experiencing severe hardship and felt that this had been well received. She paid attention to the distress or potential distress of all of her clients and noted that this particular farmer “was very comfortable opening up with myself, but he probably wouldn’t be, you know, if it was a counsellor or in a workshop situation”.

For Alan and Debra, while they hadn’t had direct contact with someone they considered to be experiencing symptoms of mental distress or to be at risk of suicide, they had experienced the relevance of the workshop in other ways. Driving home from the workshop with a colleague, Alan had learned about this colleague’s personal experiences of mental illness. This, in combination with the workshop, had really changed his attitude towards mental illness and suicide, and he noted that understanding people’s personal experiences of mental illness and suicide provided an opportunity to help others to make their “journey” “easier”. Where previously he’d perceived conditions such as depression as a situation where people should “suck it up and get on with it”, he now strongly advocated that:

It’s not a stigma, it’s more the medical condition. It’s because that’s who they are. It’s just, unfortunately, it’s a treatable thing that they can get help with, treatment – medical treatment. So I guess that was an eye opener for me.

He perceived that he could have a valuable role in recognising and supporting clients, particularly farmers, who may be having a difficult time. For Debra, the self-care component of the workshop had been very powerful and she had really become attuned to improving her own mental health, stating that it was useful:

...in terms of looking after my own mental health. And even if it’s just the basics of you know eating well, drinking water, getting plenty of sleep, finding other outlets outside of work to get enjoyment from... It was a good reminder of those different aspects that are important.

Health professionals suicide prevention training

From the two Advanced Training in Suicide Prevention workshops conducted to date, 22 participants completed pre-workshop questionnaires, 20 completed questionnaires

immediately after the workshop and 7 completed questionnaires four months after the workshop (noting that participants in the second workshop hadn't been invited to complete the endline questionnaire yet as it has not been four months since training was completed). No interviews have been conducted yet. The 20 participants who completed the midline questionnaire identified their professions as psychologists (n=10), GPs (n=5), GP registrar (n=1), medical student (n=1), social worker (n=2), and not identified (n=2).

Table 2: Preliminary Literacy of Suicide Scale and Stigma of Suicide Scale data for health professionals

Item	Time	N	Mean	Std. Deviation
LOSS total /12	Baseline	22	10.59	1.26
	Midline	20	11.55	0.60
	Endline	7	11.29	0.95
SOSS isolation /5	Baseline	22	3.99	0.52
	Midline	20	3.99	1.17
	Endline	7	4.04	0.86
SOSS glorification /5	Baseline	22	2.70	0.58
	Midline	20	2.78	0.59
	Endline	7	2.18	0.95
SOSS stigma /5	Baseline	22	1.48	0.85
	Midline	20	1.31	0.63
	Endline	7	1.18	0.37

While the sample sizes to date are quite small, these preliminary results identify trends which will be monitored closely over the coming months. Importantly, these participants reported fairly high levels of literacy and low levels of stigma associated with suicide at the baseline. It should be noted that 13 out of the 22 participants reported that they had taken part in some form of suicide prevention training prior to this workshop, including activities such as online trainings, workplace-based sessions and Applied Suicide Intervention Skills Training (ASIST).

There was an overall significant difference in LOSS scores between the three time points, $F(2,48) = 5.02, p = .011$. Post-hoc analyses indicate that immediately after taking part in the training there was a significant increase in participants' literacy regarding suicide compared to baseline scores ($p = .003$). Four months after training there was no significant difference between endline scores and either baseline or midline scores. There were no

significant changes to the SOSS scores across baseline, midline or endline points. Stigma scores related to suicide tended to be quite low for most participants prior to training, suggesting that there was little stigma towards suicide amongst this group from the outset.

Table 3: Preliminary confidence and knowledge in regard to recognising and managing suicide risk data for health professionals

Item	Time	N	Mean	Std. Deviation
Confidence /10	Baseline	22	6.50	1.26
	Midline	19	8.21	0.713
	Endline	7	7.86	0.69
	TOTAL	48	7.38	1.28
Knowledge /10	Baseline	22	6.23	1.48
	Midline	19	8.16	0.83
	Endline	7	7.86	0.69
	TOTAL	48	7.23	1.48

The findings show that respondents' reported an overall difference on both their levels of confidence ($F(2,47) = 15.69, p < .001$) and knowledge ($F(2,47) = 15.15, p < .001$) regarding recognising and managing suicide risk across the three time points. Post-hoc analyses showed that for confidence, both midline ($p < .001$) and endline ($p = .003$) scores were significantly higher than baseline. There was no significant difference between midline and endline scores. These findings were similar for knowledge, with both midline ($p < .001$) and endline ($p = .002$) scores being significantly higher than baseline, and no significant difference between midline and endline scores.

Discussion

For both groups – community members and health professionals – who have engaged in suicide prevention training activities delivered through the Farm-Link program, there are reported increases in confidence, skills and knowledge associated with recognising and responding to suicide and improvements in attitudes towards people who think about or die by suicide. During interviews, participants described a transformative process, in which their confidence to have discussions about issues related to suicide and their perceptions of people experiencing mental distress or thinking about suicide had changed. The willingness of participants to engage with these workshops, and the gains in confidence and knowledge, suggest that is a reasonable

expectation of people to engage as gatekeepers and that suicide awareness and suicide prevention are areas in which community members and health professionals see that they can make a valuable contribution. The low levels of stigma amongst health professionals prior to (and the sustained after) training, and the fact that many health professionals had undertaken some previous suicide prevention education or training, suggest that this program is engaging people with an existing, and strong interest in, and professional commitment towards, suicide prevention. Fundamentally, this illustrates that health professionals and members of the broader community (including key professional groups such as the finance sector) represent potentially important resources for rural suicide prevention and response and that these training workshops are valuable steps in engaging these people.

These preliminary findings show that gains in knowledge, skills and confidence, as well as already positive attitudes tend to be maintained after the training. However, interviews with community workshop participants suggest that there may be missed opportunities to reinforce what people have learned in training sessions and to continue building knowledge and engagement after the workshop. Farm-Link has not claimed to be the stand-alone solution to any rural community's complex and multi-faceted issues related to suicide. Rather, Farm-Link's training workshops are offered as tools to support broader suicide prevention and response mechanisms. However, it is unclear how the cohort of newly trained health professionals and community members might make an ongoing contribution within those broader mechanisms. At present, their roles as 'gatekeepers' are focused on their individual interactions with people who might be thinking about or at risk of suicide, largely in their workplaces, but also in their personal lives.

Limitations and strengths

It is important to note that these findings are presented as a 'work-in-progress', with the expectation that ongoing data collection and larger sample sizes may result in quite different final evaluation outcomes than those presented here. The intention is to highlight the importance of evaluating this type of intervention and the potential areas of interest for further exploration. In addition, it should be noted that recruiting participants in evaluation activities, such as questionnaires and interviews, are substantial, particularly when potential participants working in busy jobs with numerous demands on their time.

While the evaluation has been able to identify whether improvements in confidence, knowledge and attitude take place, it is difficult to attribute these changes directly to the Farm-Link suicide prevention training activities without have a control group for comparative purposes.

The key strength of this study is that it offers insight into the experiences of applying the knowledge and skills learned in suicide prevention training activities in a rural context, drawing on quantitative methods to identify overall changes and qualitative methods to understand what these changes mean.

Conclusions

These preliminary findings are promising, indicating that appropriately designed and delivered suicide prevention training workshops have the potential to improve skills, confidence and knowledge amongst health professionals and community members in rural settings. Ongoing study will provide further depth of understanding regarding people's experiences of applying their newly acquired knowledge, skills and confidence.

Partnership has been an important factor in the design and delivery of programs, particularly the partnership between the Centre for Rural and Remote Mental Health and Black Dog Institute. It is an example of organisations working together to use existing strengths and resources in new ways, rather than duplicating existing training activities. This is certainly an approach to continue building upon.

To date, there has been little crossover between the activities targeting health professionals and those targeting community members. They have tended to be treated as two discrete groups. However, an opportunity to build on the gains in knowledge, skills and confidence and ensure ongoing, multi-faceted support mechanisms within rural communities, may exist in bringing these two groups together in some way. As yet it is unclear how these trained health professionals may support community-based gatekeepers in their role as referral and support points or how community-based gatekeepers may support health professionals in their role as practitioners.

Ongoing evaluation of the Farm-Link program, and ongoing innovation within the program, offer opportunities to ensure that this newly developed asset - rural health

professionals and community members with increased skills, confidence and knowledge regarding suicide and suicide prevention – is supported and engaged for maximum impact.

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