



## Editorial On evaluation

Professor Graham Martin

*Director, Child and Adolescent Psychiatry, University of Queensland, Brisbane, Australia  
Editor in Chief, AeJAMH*

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Earlier this month (May 2005) saw the two-day meeting of the National Advisory Council on Suicide Prevention in Canberra, and there are several issues worth noting. First, the new national website for suicide prevention ([www.livingisforeveryone.com.au](http://www.livingisforeveryone.com.au)) was launched in Parliament House by Senator Christopher Pyne, Parliamentary Secretary for Health. The site is clearly linked with the national Suicide Prevention Strategy (LiFe: Living is For Everyone), and will become an electronic repository of everything to do with suicide and its prevention in Australia, including Council proceedings which will be published on the site, and details on all of the 170 programs funded under the strategy. Of course there will be links to relevant international sites, other national programs (for instance [www.mindframe-media.info](http://www.mindframe-media.info) for journalists) and state-based programs in Australia. The site will be maintained by the Auseinet team ([www.auseinet.com](http://www.auseinet.com)) who will ensure both high standards and up to date information. Keeping things up to date was a major issue of discussion at the Council with reference to the LiFe framework documents originally published in 2000 (Commonwealth Department of Health and Aged Care, 2000). Clearly there is a need for upgrading the information that underpins the strategy, and there was agreement that this should be undertaken.

A recurrent theme at Council was evaluation. Urbis Keys Young have been appointed to evaluate the overall LiFe strategy, and

considerable discussion surrounded the kinds of questions that need to be answered. At one level, the questions relate to how we ensure that each funded program is evaluated. Some programs funded under the strategy (for instance MindMatters or Auseinet) are large enough to be able to fund comprehensive external evaluations, with expert evaluators who have provided a competitive tender to get the job. There is little doubt that these experts come with experience, a well-honed framework in which to embed the questions, and an ability to provide answers about process, impact, outcome and (important for us as tax-payers) value for money. It is already clear from the developmental stage of some of these evaluations that the information provided will play a clear role in guiding further development (and therefore will also guide further funding).

For other programs funded under the strategy, evaluation has been (or currently is) more of a struggle. The program may be smaller (and therefore the available finance for evaluation more limited), the program designers may have a conceptual or even an ethical struggle with the idea of evaluation, the pool of local expertise to develop and guide an evaluation is just not available, or more simply the questions asked are impossible to answer in the context of the program of interest. For a few programs there seem to have been difficulties with just how to go about the process of evaluation. This latter problem should be helped by two recent publications. The simplest guide to evaluation is

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- Contact:** Professor Graham Martin, Director Child and Adolescent Psychiatry, University of Queensland, Brisbane, Australia. [graham.martin@uq.edu.au](mailto:graham.martin@uq.edu.au)
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*Evaluation: A Guide for Good Practice* (Commonwealth of Australia, 2001). Brief, written in a clear style, and well illustrated, this guide follows a simple stepwise framework which should allow easy discussion. A slightly more daunting guide is based on program logic, and developed by the Australian Institute for Primary Care (Mitchell & Lewis, 2003) specifically for the programs funded under the LiFe strategy. I say daunting because, at first sight, it appears comprehensive (perhaps complex), and is full of diagrams and tables. In fact, it is written in a clear style, follows a very logical pathway, and once you get past the prejudice of having to read something about evaluation, it provides a very good framework in which to embed the questions you need answered.

I recommend the struggle. There may still be a need for a guiding hand or some support to enable local evaluations. But somehow we have to get there; we must gain a clear idea of how each and every one of the programs contributes to the overall strategy. After all, how can we advance mental health in this country unless our ideas and programs are both thoroughly evaluated and the results published, for everyone else to make up their own mind. One last point: if a program ends up not working, or if (worse than that) it ends up causing some harm to an individual, a family or a community, then we need to know – if only to ensure that the same program does not get reinvented elsewhere.

There is one question about the whole National Suicide Prevention Strategy which at some stage must be answered, and that relates to the overall change in the number of suicides experienced in the last few years. When we first began 10 years ago the consensus was that the outcome of major interest was a reduction in rates of suicide. There was a hesitancy to put some percentage figure on this, because of the fear of a public backlash if the target was not reached. But many of us had in mind a reduction of about 20% suicides during the life of the first strategy. What was clear to the original Evaluation Working Group of the National Youth Suicide Prevention Strategy was that it would take some time for the impact of any programs to lead to the outcome of a reduction in suicide rates. At that time we had many robust discussions around the proxy

measures that might indicate possible future success, and of course there were indicators like fewer attempted suicides, or a lowering of the rates of suicidal thinking in various groups, or lower rates of depression.

However, we are now 10 years down the track. And success appears to have occurred. The very high rates of suicide from the early to mid 1990s have now been reduced. Overall, for all ages, there is a reduction of around 25% in the number of suicides. For young people aged 15-24 years, the reduction from the highest rates of 1997 is a staggering 40% in round figures.

But now we have a serious problem. To what can we attribute the change? Are the evaluations we have at the program level good enough for us to have confidence that they have contributed to the overall change? What combination of programs provides the strongest evidence, and the highest confidence in that evidence, to allow us to conclude that changes are due to the enormous efforts, and considerable costs, at the national and state level? Are there other factors in Australia, or in our world, that may have contributed to the reduction in suicide rates? To give a couple of examples, in Australia for some time there have been relatively low rates of unemployment. Is it this, alone or in some combination with other factors, which has improved suicide rates? We have some evidence that war seems to reduce suicide rates at the country level; has global terrorism in some way contributed to a lowering of the suicide rates in Australia?

At this stage, we can only surmise. But this is not good enough, and we have a fantastic opportunity to make sense of the debates that will rage around the impressive reduction in our suicide rates. We must gain the best knowledge, evidence and wisdom that we can. We must be able to state with confidence that the combination of factors x and y and programs a, b and c (if supported and funded in the long term) will maintain the tremendous progress that has occurred. We must be as clear as we can about value for money. And yes, I am fully aware we are talking about stemming the loss of human life, and not just some bean counting exercise! So this in part is the task taken on by Urbis Keys Young. They have to assist the Council to make sense of the result that we always wanted when

we began 10 years ago. I don't envy them the responsibility. But I do hope that evaluators around the country will support the process, and collaborate with Urbis Keys Young to get the best understanding we can of what is a very complex set of issues.

Turning to this issue of AeJAMH, it is a delight to welcome back Lou Morrow (founding editor and current Editorial Advisory Board member) with a typically pithy challenge around where our health services may be going. Masood Zanganeh, also a member of our Editorial Advisory Board, and editor of a sister online journal ([www.ecommunity-journal.com/](http://www.ecommunity-journal.com/)), explores the issue of suicide and gambling. David Webb reflects on the crucial place of spirituality in bridging the gap between the lived experience of suicidality and the academic and professional discipline of suicidology. Craig Murray and colleagues report on an internet-based study that identifies the salient characteristics of adolescent self-injurers. Chris Lennings thoroughly explores a novel approach to improving our ability to assess the risk of

child abuse, with implications for our clinical practice. And finally, Janki Shankar provides a thought provoking piece on employment support for people with psychiatric disabilities. We hope that you enjoy this rich smorgasbord of issues toward the advancement of mental health.

## References

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