

6 Snapshot of project activity: Oct 2012 to Mar 2013

6 SNAPSHOT OF PROJECT ACTIVITY: OCTOBER 2012 TO MARCH 2013

The data presented in this chapter provides a snapshot of project activities based upon data collected via the MDS for the six month period October 2012 to March 2013. By providing an analysis of the activities undertaken during the snapshot period, it builds on the overview of NSPP-funded activities presented in *Chapter 5*.

It is important to note that prior to the implementation of the MDS, existing project data was only able to be used to generate a broad overview of project activities. While areas of activity could be established, information regarding the scale of this activity was not available. Likewise, analysis of activities was not able to be undertaken, including relation to dimensions such as participant demographics, target groups, and referral pathways, for example. The MDS data therefore facilitates the first in-depth review of NSPP-funded activity.

Sections 6.1 and 6.2 examine the scope and quality of the MDS data. The subsequent sections provide analysis of the data at program level, individual or group level, and by target group.

6.1 Scope of MDS data

A total of 47 of the 49 projects included in *Chapter 5* were required to collect data using the MDS during the snapshot period. Two projects, Healing Through the Map and Post-discharge Care from Hospital Emergency Departments, were not funded beyond June 2012 and were therefore exempt from MDS data collection.

StandBy ACT submitted data each month as part of the Standby Response Service project MDS data. Accordingly, analysis in this section is based upon MDS data collection for 46 projects.

As outlined in *Chapter 4*, the MDS comprises three components (see *Appendix C* for further details):

- **Program level data.** Program level data reports on the LIFE Action area(s) addressed, type(s) of suicide prevention activities (universal, selective, indicated), promotion of activities, activity settings, time estimates in relation to travel, administration, etc, and good news/barriers and challenges encountered during the reporting period.
- **Individual level data.** Individual level data relates to episodes of service provided to or in relation to an individual during the reporting period.
- **Group level data.** This includes a broad spectrum of activities such as workshops, meetings, homework groups, community events and research/development. These group activities can vary in scale from small local events to national level projects, and can be once-off or ongoing.

All projects were required to submit program level data. Individual level data and/or group level data were also required to be submitted by projects that delivered individual or group-based services. A summary of these data requirements across the 46 projects is provided in *Table 6-1*.

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Table 6-1: Overview of MDS data submission requirements by project

Data required			Projects	%
Program	Individual	Group		
✓		✓	18	39%
✓	✓		1	2%
✓			2	4%
✓	✓	✓	25	54%
Total			46	100%

The status of data submission and the type of data provided by each project is shown in *Table 6-2*.

Table 6-2: Data submission status, per NSPP project

Project name	Complete submissions		
	Program level data	Individual level data	Group level data
Active Life Enhancing Intervention (ALIVE) Program	✓	✓	✓
Active Response Bereavement Outreach Program (ARBOR)	✓	✓	✓
Apprentices Project ACT	✓	✓	✓
Apprentices Project NT	✓	✓	✓
Basic Needs Project	✓	NA	NA
Building Bridges	✓	NA	✓
Burdekin SP and MH Support	✓	✓	✓
Community Broadcasting SP Project	✓	NA	✓
Community Capacity Building and Training Project	✓	✓	✓
Community Connections	-1 month	✓	✓
Community Connections Toowoomba	✓	✓	✓
Comprehensive Suicide Prevention Service	✓	✓	✓
Deadly Alive ¹	✓	✓	✓
Expanded Horizons	✓	✓	✓
Farm Link	✓	✓	✓
HOPE – SRA	✓	NA	✓
Hope for Life	✓	NA	✓
Incolink	✓	✓	✓
Koori Kids Wellbeing Program	✓	✓	✓
LIFE Communications	✓	NA	✓
LifeForce	✓	NA	✓
Living Beyond Suicide	✓	✓	✓

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Project name	Complete submissions		
	Program level data	Individual level data	Group level data
Men's Health Information and Resource Centre (MHIRC) 'The Shed'	-1 month	-1 month	-1 month
Mental Illness and Bereavement Project	✓	NA	✓
MindFrame Education and Training Projects	✓	NA	✓
MindOUT!	✓	NA	✓
National Centre of Excellence in Suicide Prevention	✓	NA	✓
National Suicide Call Back Service	✓	✓	NA
NEXUS	✓	✓	✓
Peer Support	✓	NA	✓
Phoenix Centre SP Project	✓	✓	✓
R U OK? Day	✓	NA	✓
RAW – Rural Alive and Well Program	✓	✓	✓
ReachOut! Pro Website	✓	NA	✓
Real engagement and linking for Men in industry (RealMii)	✓	✓	✓
Response to Youth Suicide in Greater Geelong*	-1 month	NA	-1 month
SANE Media Centre and Stigmawatch	✓	NA	✓
SPA Strategic Partnership	✓	NA	✓
StandBy Brisbane	✓	✓	✓
StandBy Response Service	✓	✓	✓
Suicide Story Train the Trainer	✓	NA	✓
Support After Suicide	✓	✓	✓
Sustainable Personal Development for Aboriginal Men	✓	✓	✓
WHO START Project	✓	NA	NA
Workplace Training and Education	✓	NA	✓
Yiriman Project**	✓	✓	✓

NA = Not Applicable (signifies that data of this type was not required).

* Data submitted too late and in wrong format to be included in this Report.

** The Yiriman project did not submit data for 3 out of 5 months, as the project did not operate during December to February for various reasons. In the Kimberley, law time runs during this time and weather conditions halt their on-country work. Yiriman is a small organisation with a full time staff of two, who work away from their families for 10 months of the year.

As indicated in *Table 6-2*, the majority of projects submitted all required data within the timeframes required for inclusion in this Report, with only a small number submitting data behind schedule.

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Key findings

- Funded organisations were generally compliant with MDS submission requests. Despite working in sometimes difficult environments with limited capacity for administration, responses to requests for data were outstanding and allowed an excellent picture of the NSPP-funded program activity to be developed.

Analysis of the program, individual and group level data submitted by projects is presented in the following sections.

6.2 Data quality

There are a number of data quality considerations associated with the data set out in this chapter, as follows:

- As outlined in *Table 6-2*, not all projects submitted data within sufficient time for it to be included in this Report.
- Not all MDS data items were fully completed by all projects. For this reason, the total number of responses reported for specific data items may not match the total number of projects that submitted program, individual or group data.
- Inconsistencies in data reporting across projects were evident. For example, some projects used narrative such as 'many' or '1 person plus three schools' to describe group size or reach rather than numbers as instructed in the MDS Data Dictionary. For this reason, group size data does not fully reflect the true scale of group activities.
- The six month snapshot period includes months where some projects were not operating for seasonal/cultural reasons or where peak activity periods were missed. Examples include the Western Australia-based Yiriman project which did not undertake activities over the December to February period; and organisations with key date-specific activities such as R U OK? which conducts a national day of action on the second Thursday of September each year.

Collectively, these data quality issues mean that the scale of project activity presented in the following sections is understated.

6.3 Program level data

6.3.1 Overview of program level data submitted

A full six months of data was received from 43 out of 46 projects (94%), providing a total of 270 program data submissions for the period October 2012 to March 2013. The distribution of these submissions by month is shown in *Table 6-3*. The majority of projects submitted program level data for each of the six months from October 2012 to March 2013.

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Table 6-3: Program level data submission by month

Collection period	No. submitted	% total projects (n=46)
October 2012	46	100%
November 2012	45	98%
December 2012	45	98%
January 2013	45	98%
February 2013	46	100%
March 2013	43	93%
Total	270	

6.3.2 Time estimates for program activities

Program level data included estimates of the proportion of time spent by each project in relation to nine key activities, as follows:

- Travel
- Event planning
- Administration
- Event/activity promotion
- Service provision
- Research and development
- Information development and provision
- Supervision
- Other.

The following *Table 6-4* provides a summary of information provided by projects regarding time spent in relation to the above activities. For each activity, the table identifies, the minimum, maximum and mean percentage of time reported.

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Table 6-4: Proportion of time allocation by program activity (%)

Program activity	Minimum %	Maximum %	Mean %
Travel	0	60	11.2
Event planning	0	75	13.7
Administration	0	100	15.4
Event/activity promotion	0	65	8.7
Service provision	0	87	28.1
Research and development	0	87	11.6
Information development and provision	0	80	6.9
Supervision	0	30	1.9
Other	0	40	2.6

The minimum and maximum percentage range for each activity indicates that projects differed substantially in terms of the time spent in relation to each activity. Overall, service provision was, on average, the activity upon which projects spent most time (mean = 28.1%). However, it should be noted that some organisations were not involved in direct service provision, defined in the *MDS Data Dictionary* as time spent actually delivering services to individual or groups. Projects that allocated a greater proportion of their time to activities such as research and development or administration have low percentages allocated to service provision.

The time allocated to each activity is shown using 5% intervals in *Table 6-5*. The table identifies, for example, that 28 of the 270 program data submissions (over the six month period) report that travel time represented zero (0) percent of their time.

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Table 6-5: Time allocation by program activity, all program data submissions

Time allocation (%)	Travel	Event planning	Administration	Event/activity promotion	Service provision	Research	Information provision	Supervision	Other
	n	n	n	n	n	n	n	n	n
0%	28	29	11	32	65	82	164	215	205
1-5%	82	60	43	112	10	90	45	26	26
6-10%	70	70	75	75	20	39	21	19	21
11-15%	39	32	47	19	15	7	3	6	3
16-20%	22	23	46	17	14	15	10	1	8
21-25%	5	23	16	5	12	6	1	1	4
26-30%	12	14	9	4	20	5	4	2	1
31-35%	7	7	10	-	16	1	3	-	1
36-40%	3	4	6	5	31	5	9	-	1
41-45%	1	1	3	-	7	1	2	-	-
46-50%	-	5	1	-	12	1	3	-	-
51-55%	-	-	-	-	2	1	-	-	-
56-60%	1	1	2	-	23	5	1	-	-
61-65%	-	-	-	1	8	1	-	-	-
66-70%	-	-	-	-	2	1	1	-	-
71-75%	-	1	-	-	1	-	2	-	-
76-80%	-	-	-	-	3	5	1	-	-
81-85%	-	-	-	-	8	3	-	-	-
86-90%	-	-	-	-	1	2	-	-	-
91-95%	-	-	-	-	-	-	-	-	-
96-100%	-	-	1	-	-	-	-	-	-
Total	270	270	270	270	270	270	270	270	270

Key findings

- Program data indicates that NSPP-funded projects spent more time on service provision activities than any other activity. Wide variations existed in the way projects spent their time, reflecting the diversity of the project activities undertaken and the settings in which the activities take place.

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6.4 Individual level contact or activity data

This section provides an analysis of individual contacts or activities, under the following headings:

- Number of individual activities
- Mode of delivery
- Session type
- Duration of contact
- Activity mechanism
- Age groups
- Sex
- Aboriginal and Torres Strait Islander status
- Ethnicity
- Refugee status
- Target group
- Referral pathways
- Geographical distribution of activities.

6.4.1 Number of individual contacts or activities

In the six month period October 2012 to March 2013, a total of 16,222 individual contacts or activities were recorded. A contact or activity is defined as an episode of service that may be delivered in one or more sessions over a period of time. Contacts or activities can be delivered face-to-face, by telephone or online. This varies from one project to the next based upon their scope and function.

The number of contacts or activities in each month of the six-month MDS period was broadly consistent, with reduced activities recorded in December 2012 period as identified in *Table 6-6*.

Table 6-6: Number of individual contacts or activities reported by month

Collection period	No. of activities	%
October 2012	3,014	18.6
November 2012	2,762	17.0
December 2012	2,281	14.1
January 2013	2,719	16.8
February 2013	2,618	16.1
March 2013	2,828	17.4
Total	16,222	100.0

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6.4.2 Mode of delivery

Table 6-7 identifies the mode of delivery (ie, face-to-face, telephone or online) for individual contacts or activities. Telephone sessions represented the primary mode of service delivery (59.2%), with face-to-face and online sessions representing 38.7% and 2.1% respectively.

Lower levels of contact or activity were recorded in December 2012 across all modes of delivery. This was most pronounced in relation to face-to-face contacts or activities. The reduction in telephone-based contacts or activities was less pronounced, possibly reflecting the greater accessibility of these services during the holiday period.

Table 6-7: Number of individual activities by mode of session

Mode of session		Collection period							Share of total
		Oct 12	Nov 12	Dec 12	Jan 12	Feb 12	Mar 13	Total	
Face-to-face	n	1,337	1,204	853	1,029	921	917	6,261	38.7%
	%	21.4	19.2	13.6	16.4	14.7	14.6	100	
Telephone	n	1,621	1,492	1,384	1,607	1,621	1,843	9,568	59.2%
	%	16.9	15.6	14.5	16.8	16.9	19.3	100	
Online	n	52	60	14	83	74	66	349	2.1%
	%	14.9	17.2	4.0	23.8	21.2	18.9	100	
Total	n	3,010	2,756	2,251	2,719	2,616	2,826	16,178	100%
	%	18.6	17.0	13.9	16.8	16.2	17.5	100	

Note: Information not available for 44 (0.3%) of 16,222 individual responses.

Key findings

- In the six month period from October 2012 to March 2013, a total of 16,222 individual activities were reported.
- The most frequently reported mode of delivery for individual activities was telephone.

6.4.3 Session type

The majority of individual contacts or activities (94.5%) involved direct client contact (Table 6-8). Non-direct contacts or activities (such as case planning and engagement with community leaders) and supportive services activities accounted for the remainder (5.5%).

Table 6-8: Number of individual activities by session type

Session type	No.	%
Direct client contact	15,049	94.5
Non-direct client case planning with professionals	379	2.4
Non-direct case planning/management with families, careers and/or significant others	95	0.6
Non-direct engagement with community leaders	7	<0.1

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Session type	No.	%
Supportive service – community	319	2.0
Supportive service – family, friends	82	0.5
Total	15,931	100.0

Note: Information not available for 291 (1.8%) of 16,222 individual responses.

Key findings

- The majority of individual contacts or activities (94.5%) involved direct client contact.

6.4.4 Duration of contact or activity

The duration of each contact or activity ranged from 0-15 minutes to 7 days or longer, however approximately half (51%) of all contacts or activities were less than 15 minutes duration (*Table 6-9*). Overall, 85.6% of contacts or activities were of less than one hour in duration.

Further exploration of MDS data has identified that almost half (42.1%) of all contacts or activities of less than one hour duration were attributable to the National Suicide Call Back Service, a service that provides up to six 50-minute telephone call-back counselling sessions for up to six months.

Table 6-9: Duration of contact or activities

Duration of contact	No.	%
0–15 mins	8,141	51.0
15–30 mins	2,560	16.0
30–45 mins	1,319	8.3
45 mins–1 hr	1,647	10.3
1 hr–1 hr 15 mins	936	5.9
1 hr 15 mins–1 hr 30 mins	363	2.3
1 hr 30 mins–1 hr 45 mins	79	0.5
1 hr 45 mins–2 hrs	272	1.7
2–4 hrs	355	2.2
4–8 hrs	166	1.0
1 day	29	0.2
2 days	47	0.3
5 days	44	0.3
7 days or longer	6	<0.1
Total	15,964	100.0

Note: Information was not available for 258 (1.6%) of the 16,222 individual responses.

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Key findings

- Individual contacts or activities ranged widely in duration from 15 minutes to 7 days; however most contacts or activities (85.6%) had a duration of less than one hour.

6.4.5 Activity mechanism

Activity mechanism refers to the context in which care was provided to an individual. A list of these mechanisms is provided in *Table 6-10*. In the majority of cases (89.9%) care was provided directly to the individual client rather than by working with family, peer groups, workplace, educational or community groups.

Table 6-10: Activity mechanism of individual activities

Activity mechanism	No.	%
Individual	14,181	89.9
Family	582	3.7
Peer group	176	1.1
Workplace	285	1.8
School	130	0.8
Tertiary education setting	16	0.1
Community	171	1.1
Other	235	1.5
Total	15,776	100.0

Note: Information not available for 446 (2.7%) of 16,222 individual responses.

Key findings

- The majority of individual contacts or activities were undertaken directly with the individual client rather than via other avenues such as through family or friends.

6.4.6 Age groups

Age group data was not provided for 7,410 (45.7%) of individual contacts or activities (*Table 6-11*). The National Suicide Call Back Service did not provide age information for any individual contacts, and accounted for 3,941 (53.2%) of the 7,410 activities for which age was not reported.

In those cases where age group was recorded, a spread across age groups was evident. Children (0-14 years) accounted for 7.5% (660 out of 8,812) of individual contacts or activities. Youth and emerging adults (15-24 years) accounted for 24.5% (2,158 out of 8,812) of individual contacts or activities.^{37,38} The age cohorts 25-29, 45-49 and 50-54 accounted for the greatest proportion of the

³⁷ Emerging adulthood is defined as the period from late teens through the twenties, with a focus on ages 18-25 years. JJ Arnett, 'Emerging Adulthood – A theory of development from the late teens through the twenties', *American Psychologist*, vol 55, no 5, 2000, pp.469-480.

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remaining contacts or activities. A marked decline was evident in the number of contacts or activities in age groups over 55.

Table 6-11: Age groups of individual contacts or activities

Age	No.	%
0-4	1	<0.1
5-9	159	1.0
10-14	500	3.1
15-19	1,193	7.4
20-24	965	5.9
25-29	765	4.7
30-34	708	4.4
35-39	640	3.9
40-44	714	4.4
45-49	874	5.4
50-54	818	5.0
55-59	414	2.6
60-64	377	2.3
65-69	220	1.4
70-74	198	1.2
75 or older	266	1.6
Unknown	7,410	45.7
Total	16,222	100.0

Key findings

- The age of individuals to whom services were delivered broadly reflects the Australian population age distribution. The notable exception was children aged between 0 and 14 years who, as would be expected, received proportionally fewer services than their share of the Australian population.

6.4.7 Sex

For a small proportion of individual contacts or activities (7.2%), sex was not stated or inadequately described. For those participants for whom information regarding sex was provided (n=15,056), over half (58.1%) were female, with males representing 41.9% (Table 6-12). This signifies an imbalance in the sex composition of the individual contact or activity participants.

³⁸ The ABS commonly uses the age group 0-14 years for children and 15-24 years for youth, although this does not necessarily apply to all output. Australian Bureau of Statistics, accessed 24 June 2013, <<http://www.abs.gov.au/websitedbs/c311215.nsf/web/Children+and+Youth+Statistics+-+Using+Children+and+Youth+Statistics>>

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Table 6-12: Sex of individual contact or activity participants

Sex	No. of activities	%
Male	6,312	38.9
Female	8,744	53.9
Not stated/inadequately described	1,166	7.2
Total	16,222	100.0

When sex distribution is explored by age group, the under-representation of males is further illustrated (*Table 6-13*). Few exceptions exist where the proportion of males exceeds that of females. Males exceeded females in the age cohorts for children (5-14 years) and over 75 year age groups, where the proportion of males is up to twice that of females. For many other age cohorts, females outnumbered males by a 2:1 ratio.

Several reasons may account for the difference in participation by gender, including:

- The greater help-seeking behaviour of females over males
- The fact that more men than women suicide, hence women present for postvention support more often than men.

Given that over three-quarters (76.0%) of people who died by suicide in 2011 were male, this finding is of importance in reviewing the appropriateness of activities provided to this age group of men and the willingness of this cohort to seek help.³⁹

It is noted however, that in the absence of data on those who are not using the services and the reasons why, the extent to which these gender differences can be apportioned to these or other factors/barriers is unknown.

The following *Table 6-13* provides further detail of sex distribution, broken down by age cohort.

Table 6-13: Age and sex distribution of individual contacts or activities

Age		Male	Female	Not stated	Total
0-4	n	-	1	-	1
	%	-	100.0	-	100.0
5-9	n	110	49	-	159
	%	69.2	30.8	-	100.0
10-14	n	287	158	54	499
	%	57.5	31.7	10.8	100.0
15-19	n	368	610	214	1,192
	%	30.9	51.2	18.0	100.0
20-24	n	364	561	21	946
	%	38.5	59.3	2.2	100.0

³⁹ ABS, *Causes of Death, Australia, 2011*.

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Age		Male	Female	Not stated	Total
25-29	n	349	412	4	765
	%	45.6	53.9	0.5	100.0
30-34	n	241	465	2	708
	%	34.0	65.7	0.3	100.0
35-39	n	216	423	1	640
	%	33.8	66.1	0.2	100.0
40-44	n	198	516	-	714
	%	27.7	72.3	-	100.0
45-49	n	217	654	2	873
	%	24.9	74.9	0.2	100.0
50-54	n	278	538	2	818
	%	34.0%	65.8	0.2	100.0
55-59	n	176	238	-	414
	%	42.5	57.5	-	100.0
60-64	n	139	237	1	377
	%	36.9	62.9	0.3	100.0
65-69	n	108	112	-	220
	%	49.1	50.9	-	100.0
70-74	n	93	105	-	198
	%	47.0	53.0	-	100.0
75 or older	n	190	74	2	266
	%	71.4	27.8	0.8	100.0
Unknown	n	2,698	2,937	835	6,470
	%	41.7	45.4	12.9	100.0
Total	n	6,032	8,090	1,138	15,260

*Information not available for 962 (5.9%) of 16,222 individual responses.

Key findings

- Fewer males than females participated in suicide prevention individual activities.

6.4.8 Aboriginal and Torres Strait Islander status

Aboriginal and Torres Strait Islander status was not reported for more than half (53.0%) of all individual contacts or activities (Table 6-14). Almost two-thirds (65%) of these unknown contacts or activities were attributable to the National Suicide Call Back Service.

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A total of 2,379 individual contacts or activities were recorded for people of Aboriginal and/or Torres Strait Islander descent. The majority of these (2,255 out of 2,379, 94.8%) were of Aboriginal, but not Torres Strait Islander origin.

Table 6-14: Aboriginal and Torres Strait Islander status of individual contacts or activities

Aboriginal and Torres Strait Islander status	No. of activities	%
Aboriginal but not Torres Strait Islander origin	2,255	13.9
Torres Strait Islander but not Aboriginal origin	74	0.5
Both Aboriginal and Torres Strait Islander origin	50	0.3
Neither Aboriginal nor Torres Strait Islander origin	5,249	32.4
Not stated/inadequately described	8,594	53.0
Total	16,222	100.0

Key findings

- Data collected from NSPP projects suggests that Aboriginal and Torres Strait Islander peoples are receiving a high number of suicide prevention services (14.7% of total contacts or activities compared to an estimated 2.5% of the population).⁴⁰ This suggests that the NSPP-funded projects are successfully targeting this group who have a significantly higher rate of suicide than the non-Indigenous population.

6.4.9 Ethnicity

Ethnicity details were self-reported by either the individual client or project staff and were captured using a free text data entry field. In nearly half (49.1%) of individual contacts or activities, no information was provided in this field (*Table 6-15*). Where details were provided, Australian represented the largest single ethnicity category reported. Although not mutually exclusive, Australian and Aboriginal and Torres Strait Islander were listed as two distinct categories in the self-reported responses and are presented accordingly in *Table 6-15*.

Table 6-15: Ethnicity of individual activities

Ethnicity	No. of activities	%
Australian	5,472	33.7
Aboriginal and Torres Strait Islander	1,127	6.9
CALD	1,305	8.0
Other	357	2.2
Not stated	7,961	49.1
Total	16,222	100.0

⁴⁰ ABS, *Population Distribution, Aboriginal and Torres Strait Islander Australians, 2006*.

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Over 60 ethnicities were reported in the CALD category. These are listed in the following *Table 6-16*. The 'other' category generally comprised people of English-speaking background. These included British, Canadian, English, Irish, Scottish and New Zealander.

Table 6-16: Ethnicity (CALD)

Afghanistan	El Salvador	Pakistani
Arabic	Eritrean	Papua New Guinea
Argentinian	Ethiopia	Persian
Asian	Fiji	Peru
Asian descent	Filipino	Polish
Bangladeshi	French	Russian
Bhutanese	German	Sierra Leone
Bosnia	Greek	Somalia
Brazil	Indian	South African
Bulgarian	Indonesian	South Korean
Burma (Republic of the Union of Myanmar)	Iran	Sri Lankan
Burundi	Italy	Sudan
Cantonese	Japan	Swedish
Chilean	Jordanian	Syrian Arab Republic
China	Lebanese	Tanzanian
Colombian	Liberia	Thai
Congo, Democratic Republic of	Macedonian	Turkish
Cote d'Ivoire	Malaysian	Ugandan
Croatian	Maltese	Ukrainian
Danish	Maori	Vietnamese
Dutch	Mauritius	Yugoslav
Egypt	Mozambique	Zimbabwe
	Oromo	

Note: This is as reported in the MDS. It is noted to be a mix of countries and ethnicities.

Key findings

- The NSPP-funded projects have reported that over 60 different ethnic groups have been involved in individual suicide prevention activities.
- Notwithstanding the large number of different ethnic groups involved in individual activities, CALD clients appear to be under-represented, with only 8.0% of the total number of activities assigned to CALD clients.

6.4.10 Refugee status

Refugee status details were either not stated or unknown for 8,329 (51.4%) of individual contacts or activities. For the contacts or activities for which refugee status was reported (n=7,893), 7.8% were activities delivered to refugees, with 92.2% delivered to non-refugees.

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Table 6-17: Refugee status of individual activities

Status	No. of activities	%
Refugee	614	3.8
Not a refugee	7,279	44.9
Unknown	8,329	51.4
Total	16,222	100.0

Key findings

- Refugees living in the community are accessing NSPP-funded services. Given the relatively small cohort of refugees living in the community and their high suicide risk, it is noteworthy that 3.8% of individual activities reached this target group.

6.4.11 Target group

This section identifies the group or groups which were targeted by each NSPP project for suicide prevention activities. Projects were able to assign multiple target group codes to a single contact or activity; hence the values presented in *Table 6-18* exceed 16,222, the total number of individual activities.

Overall, the most frequently reported target group was whole-of-community (36.5%). Men (23.6%), people bereaved by suicide (17.8%), Indigenous populations (16.5%) and people living with a mental illness (16.3%) were the four other target groups most frequently cited. The inclusion of men as one of the top five target groups is surprising given that, as earlier reported (*Section 0*), only 41.9% of individual contacts or activities involved men. This suggests incongruence between the projects' perceived focus on men as a target group and actual service uptake by men.

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Table 6-18: Target group composition of individual contacts or activities

Target group	No. of activities	%
People bereaved by suicide	2,889	17.8
Men	3,826	23.6
Children	418	2.6
Youth	1,257	7.7
Indigenous populations	2,674	16.5
People living with a mental illness	2,649	16.3
People who have previously attempted suicide	966	6.0
People who have self-harmed	1,245	7.7
Rural and remote communities	1,767	10.9
LGBTI populations	325	2.0
CALD communities	139	0.9
Refugee communities	375	2.3
Older people	393	2.4
People living with an alcohol or other drug problem	273	1.7
Whole-of-community	5,920	36.5
Workforce	766	4.7
People affected by workforce redundancies	64	0.4
People affected by natural disasters	33	0.2
People at risk (no previous attempts of suicide or self-harm)	226	1.4
Those engaged with the justice system	27	0.2
Other	808	5.0

Note: Multiple target groups could be selected.

Key findings

- The NSPP-funded projects are providing individual activities to a wide range of people from specific target groups.
- The provision of individual contacts or activities to LGBTI and CALD community members is relatively fewer than other high-risk groups. It would be expected that activity should at a minimum reflect the proportion of those groups in the general population.

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6.4.12 Referral pathways

Multiple referral sources and destinations could be listed in relation to each individual activity; hence the totals presented in the following tables exceed 16,222, the total number of individual activities reported.

A broad range of referral sources were noted (*Table 6-19*). Although nearly a third of referral sources (29.4%) were unknown, self-referrals were the most frequently listed referral source (30.9%). This finding reflects strong help-seeking behaviour. Health providers (including emergency departments, inpatient units, community and primary care) were listed as the referral source for 5.6% of individual activities. Referrals from mental health providers (including inpatient units, community care and Aboriginal mental health services) were listed for a further 3.4%.

Table 6-19: Individual activity by referral source

Referral source	No.	%
Self-referral	5,018	30.9
Health provider – emergency department	489	3.0
Health provider – inpatient	76	0.5
Health provider – community care	127	0.8
Health provider – primary care	209	1.3
Mental health provider – inpatient unit	111	0.7
Mental health provider – community care	423	2.6
Mental health provider – Aboriginal mental health services	12	0.1
Community and social service (government)	156	1.0
Community and social service (non-government organisation)	501	3.1
Education sector	439	2.7
Juvenile justice	70	0.4
Housing provider	8	<0.1
Employer	233	1.4
Police	501	3.1
Coroner	396	2.4
Internal referral	358	2.2
Migration/settlement service	32	0.2
Community event or activity	145	0.9
Other	1,245	7.7
Unknown	4,775	29.4

Referral destinations are shown in *Table 6-20*. Overall, on-referral of persons engaged in individual activities was not the norm. Referrals were unnecessary for 32.1% of individual activities. No further action or referrals were required for a further 1.2% of individual activities. Collectively, health providers, mental health providers and community social services were listed as referral destinations for 6.2%, 8.6% and 12.6% of individual activities respectively.

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Table 6-20: Referral destination for individual activities

Referral destination	No.	%
Referral not necessary	5,210	32.1
Health provider – emergency department	161	1.0
Health provider – community care	587	3.6
Health provider – primary care	252	1.6
Mental health provider – inpatient unit	215	1.3
Mental health provider – community care	1,113	6.9
Mental health provider – Aboriginal mental health services	57	0.4
Community and social service (government)	1,543	9.5
Community and social service (non-government organisation)	502	3.1
Education sector	214	1.3
Juvenile justice	10	0.1
Housing provider	221	1.4
Employer	9	0.1
Police	268	1.7
Coroner	4	<0.1
Internal referral	975	6.0
Migration/settlement service	8	<0.1
Self-management	238	1.5
Other	516	3.2
No further action required	195	1.2
Not applicable	1,299	8.0

Key findings

- The NSPP-funded projects are receiving referrals from a number of different sources, indicating intersectoral collaboration.
- There was a high rate of self-referrals, which reflects strong help-seeking behaviour among those using NSPP-funded services.
- Referrals are also frequently made from NSPP-funded projects. This indicates a multi-disciplinary approach which is an important aspect of embedding suicide prevention activity in the broader community. Notably, significant numbers of referrals were made to health and mental health services.

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6.4.13 Geographical distribution of contacts or activities

Analysis of the geographical distribution of individual contacts or activities by state is restricted by the substantial number of activities (19.6%) for which state details are unknown (*Table 6-21*). These unknown cases are largely attributable to one organisation, the National Suicide Call Back Service. This telephone-based service did not have state details for 2,999 (51.7%) of their 5,803 individual activities, which in turn represents 94.3% of all unknown state designations for the period.

Table 6-21: Individual activities, by state/territory

State or territory	No.	%
New South Wales	4,021	24.8
Victoria	2,174	13.4
Queensland	3,016	18.6
South Australia	538	3.3
Western Australia	2,172	13.4
Tasmania	520	3.2
Northern Territory	299	1.8
Australian Capital Territory	303	1.9
Unknown	3,179	19.6
Total	16,222	100.0

The highest proportion of individual activities is found in New South Wales followed by Queensland, Victoria and Western Australia. These four states correspond to the four states with the highest populations in Australia.⁴¹

6.5 Group level activities

Group level activities are examined in this section under the following headings:

- Number of group activities
- Activity type
- Mode of delivery for group activities
- Number of people engaged
- Duration of group activity/event
- Sector
- Settings
- Age groups
- Sex
- Aboriginal and Torres Strait Islander status

⁴¹ Australian Bureau of Statistics, *Australian Demographic Statistics, December 2012*, Summary 3101.0, ABS, Canberra, 2013, accessed 16 April 2013, <<http://www.abs.gov.au/ausstats/abs@.nsf/mf/3101.0>>.

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- Ethnicity
- Target groups
- Effect of group activities
- Geographical distribution of activities.

6.5.1 Number of group activities

In the six month period (October 2012 to March 2013), a total of 2,425 group activities were recorded.

While the number of group activities recorded per month ranged from 230 to 546 (*Table 6-22*), more than 444 group activities occurred each month, with the exception of the December and January periods.

Table 6-22: Group activities by month

Collection period	No. of activities	%
October 2012	450	18.6
November 2012	444	18.3
December 2012	230	9.5
January 2013	286	11.8
February 2013	469	19.3
March 2013	546	22.5
Total	2,425	100.0

Key findings

- Over the six month period from October 2012 to March 2013, a total of 2,425 group activities were reported.

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6.5.2 Activity type

Group activities included a range of activity types (Table 6-23). The five activity types that accounted for the greatest number of group activities were:

- Direct service delivery (22.4%)
- Service promotion (15.1%)
- Community engagement and/or community development (13.9%)
- Training (11.9%)
- Information development and/or provision (10.6%).

Table 6-23: Group activity by activity type

Activity type	No.	%
Direct service delivery	533	22.4
Service integration	176	7.4
Service promotion	360	15.1
Community engagement and/or community development	331	13.9
Evaluation	47	2.0
Research	58	2.4
Training	284	11.9
Sector development	195	8.2
Information development and/or provision	253	10.6
Community awareness	143	6.0
Total	2,380	100.0

Note: Information was not available for 45 (1.9%) of the 2,425 group activities.

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6.5.3 Mode of delivery for group activities

The range of modes through which group activities were delivered is identified in *Table 6-24*. Meetings (37.3%), presentations (12.9%) and workshops (11.5%) were the most frequently reported modes of delivery.

Table 6-24: Group activity by mode of delivery

Activity mode	No.	%
Workshops	268	11.5
Meetings	869	37.3
Presentations	301	12.9
Training	183	7.9
Consultation events	176	7.6
Community events	206	8.8
Clinical/counselling	43	1.8
Desk-based work	128	5.5
Other	154	6.6
Total	2,328	100.0

Note: Information was not available for 97 (4.0%) of the 2,425 group activities.

6.5.4 Number of people engaged

The number of people reportedly engaged in group activities varied considerably (*Table 6-25*). More than one-third (36.2%) of groups engaged one to five persons. Cumulatively, 71.8% of group activities engaged 15 people or less. Group sizes included in the 'over 100' category ranged from 102 to 6.2 million.

This diversity in group size reflects that group activities ranged from small, community-based opportunities for people to come together to large scale national events such as RUOK day. This range of activities included the universal, selective and indicated approaches that are recommended in the LIFE Framework.

Table 6-25: Group activity by number of people engaged

People	Activities	%
1-5	785	36.2
6-10	420	19.3
11-15	353	16.3
16-20	186	8.6
21-50	239	11.0
51-100	77	3.5
Over 100	111	5.1
Total	2,171	100.0

Note: Information was not available for 254 (10.5%) of the 2,425 group activities.

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The number of people engaged needs to be interpreted with caution. In some cases, the figures reported represent precise numbers of group attendees. In other cases, the potential reach of the group activity is reported. These figures should therefore be taken as indicative only.

Cross-tabulation of group size by group purpose provides further insight into the possible reach of group activities (Table 6-26). In several cases, group size may mask the true potential reach of the activity. This is particularly true in the case of groups where the main purpose was training, community awareness or sector development. While the majority (74.2%) of training was delivered to groups of 20 or less, the reach of such training exceeds the number of people trained. Likewise, groups of over 100 whose primary purpose was community awareness (20.6%) or sector development (7.4%) may have a larger than reported reach.

Table 6-26: Group purpose by group size (number of people)

Group purpose		1-5	6-10	11-15	16-20	21-50	51-100	>100	Total
Service delivery	n	153	124	94	62	39	11	16	499
	%	30.7	24.8	18.8	12.4	7.8	2.2	3.2	100.0
Service integration	n	75	32	54	6	5	-	1	173
	%	43.4	18.5	31.2	3.5	2.9	-	0.6	100.0
Service promotion	n	109	63	57	29	53	12	17	340
	%	32.1	18.5	16.8	8.5	15.6	3.5	5.0	100.0
Community engagement and/or community development	n	58	64	54	32	52	21	9	290
	%	20.0	22.1	18.6	11.0	17.9	7.2	3.1	100.0
Evaluation	n	31	-	2	-	-	1	1	35
	%	88.6	-	5.7	-	-	2.9	2.9	100.0
Research	n	45	3	1	1	7	1	-	58
	%	77.6	5.2	1.7	1.7	12.1	1.7	-	100.0
Training	n	37	71	60	33	42	12	16	271
	%	13.7	26.2	22.1	12.2	15.5	4.4	5.9	100.0
Sector development	n	122	21	9	7	14	3	14	190
	%	64.2	11.1	4.7	3.7	7.4	1.6	7.4	100.0
Information development and/or provision	n	105	15	7	4	9	3	11	154
	%	68.2	9.7	4.5	2.6	5.8	1.9	7.1	100.0
Community awareness	n	44	17	7	8	11	13	26	126
	%	34.9	13.5	5.6	6.3	8.7	10.3	20.6	100.0
Total	n	779	410	345	182	232	77	111	2,136
	%	36.5	19.2	16.2	8.5	10.9	3.6	5.2	100.0

Note: Information was not available for 289 (11.9%) of the 2,425 group activities.

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6.5.5 Duration of group activity/event

The duration of group activities reported ranged from 0-15 minutes to 7 days or longer, the majority of activities (52.5%) were of less than two hours duration (*Table 6-27*). Durations of two to four hours were the next most frequently reported (17.4%). Groups of 45 minutes to one hour and four to eight hours accounted for 10.5% and 10.3% of group activities respectively. Groups of one day duration represented 12.8% of activities.

Table 6-27: Group activity by duration of contact or activity

Duration of contact or activity	No.	%
0-15 mins	138	6.3
15-30 mins	196	9.0
30-45 mins	104	4.8
45 mins-1 hr	229	10.5
1 hr-1 hr 15 mins	188	8.6
1 hr 15 mins-1 hr 30 mins	106	4.9
1 hr 30 mins-1 hr 45 mins	31	1.4
1 hr 45 mins-2 hrs	149	6.9
2-4 hrs	379	17.4
4-8 hrs	223	10.3
1 day	278	12.8
2 days	81	3.7
3 days	18	0.8
4 days	3	0.1
5 days	4	0.2
6 days	1	<0.1
7 days or longer	46	2.1
Total	2,174	100.0

Note: Information was not available for 251 (10.4%) of the 2,425 group activities.

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6.5.6 Sector

Group activities/events were undertaken in a variety of different sector contexts (*Table 6-28*). The sectors in which most group activity/events occurred were mental health (23.3%), community and social services (17.7%) and construction and mining (13.4%).

Table 6-28: Group activity by sector

Sector	No.	%
Health	106	4.4
Mental health	558	23.3
Community and/or social services	425	17.7
Education	176	7.3
Police	9	0.4
Justice	12	0.5
Transport	4	0.2
Finance	1	<0.1
Media	133	5.6
Construction/mining	320	13.4
Consumer/people with lived experience	107	4.5
Carer	5	0.2
Advocate	14	0.6
Research/academic	33	1.4
Public service (not otherwise captured above)	35	1.5
Volunteers	39	1.6
General public	151	6.3
Other	159	6.6
Not applicable	109	4.5
Total	2,396	100.0

Note: Information was not available for 29 (1.2%) of the 2,425 group activities.

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6.5.7 Settings

The settings in which group activities occurred are listed in *Table 6-29*. The two most frequently cited settings for group activities were workplace (28.1%) and community-based (26.4%).

Table 6-29: Group activity by setting

Setting	No.	%
Community-based	625	26.4
Health service	59	2.5
Mental health service	239	10.1
Primary care setting	18	0.8
School	172	7.3
Tertiary institution	113	4.8
Vocational services	69	2.9
Workplace	666	28.1
Other law enforcement	15	0.6
None of the above	391	16.5
Total	2,367	100.0

Note: Information was not available for 58 (2.4%) of the 2,425 group activities.

Key findings

- Most group activities take place in community-based or workplace settings.

6.5.8 Age groups

The average age of participants involved in group activities is identified in *Table 6-30*. Just over one-fifth of groups (21.5%) were reported as being across all age groups and 19.8% were unknown. Among those groups that reported specific average age cohorts, the 35-44 age groups accounted for the greatest proportion of group activities. Few recorded groups featured the youngest and oldest age cohorts in their average age profile. Activities comprising children (0-14 years) and youth/emerging adults (15-24 years) accounted for 4.4% and 10.2% of activities respectively.⁴² Groups involving people from each of the three oldest age cohorts collectively accounted for 1.7% of group activities represented.

⁴² The ABS commonly uses the age group 0-14 years for children and 15-24 years for youth although this does not necessarily apply to all output. ABS, accessed 26 June 2013, <<http://www.abs.gov.au/websitedbs/c311215.nsf/web/Children+and+Youth+Statistics+-+Using+Children+and+Youth+Statistics>>

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Table 6-30: Average age groups of group activity participants

Age group	No.	%
0-4	0	0.0
5-9	1	<0.1
10-14	107	4.4
15-19	180	7.4
20-24	68	2.8
25-29	91	3.8
30-34	123	5.1
35-39	246	10.1
40-44	256	10.6
45-49	175	7.2
50-54	109	4.5
55-59	39	1.6
60-64	13	0.5
65-69	12	0.5
75 years or older	17	0.7
Across all age groups	509	21.0
Age unknown	479	19.8
Total	2,425	100.0

Key findings

- Only very small numbers of children and older people are represented in group activities.

6.5.9 Sex

Only 179 (7.4%) group activities were exclusively male and 400 (16.5%) were exclusively female. A further 407 (16.8%) were either not stated or inadequately described. The remainder comprised a mix of males and females, ranging from one percent to 99% in each case.

6.5.10 Aboriginal and Torres Strait Islander status

The Aboriginal and Torres Strait Islander status for group activities is recorded on the basis of majority composition of the group, ie, if a majority of the group participants are of Aboriginal and/or Torres Strait Islander background, the group is recorded accordingly. As identified in *Table 6-31*, 19.4% of group activities were recorded as being comprised of groups where the majority of participants were of Aboriginal and Torres Strait Islander origin. However, for the remaining 51.8% of group activities, the Aboriginal and Torres Strait Islander status of participants was either not stated or inadequately described.

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Table 6-31: Group activity by Aboriginal and Torres Strait Islander status

Aboriginal and Torres Strait Islander status	No.	%
Aboriginal but not Torres Strait Islander origin	261	10.8
Torres Strait Islander but not Aboriginal origin	1	<0.1
Both Aboriginal and Torres Strait Islander origin	209	8.6
Neither Aboriginal nor Torres Strait Islander origin	699	28.8
Not stated/inadequately described	1,255	51.8
Total	2,425	100.0

Key findings

- Aboriginal and Torres Strait Islander peoples are over-represented in group activity data (19.4% of group activities compared to an estimated 2.5% of the population).⁴³ This may signify that the NSPP-funded projects are successfully targeting this group, who have a significantly higher rate of suicide than the non-Aboriginal population.

6.5.11 Ethnicity

Projects were asked to provide information on the predominant ethnicity of group activity participants. A free text box was provided for doing so. The information provided was mixed in terms of quality, with many responses listing more than one ethnicity.

Overall, the predominant ethnicity of group participants was those who identified as being Australian (60.2%). A mismatch occurred between the number of groups where Aboriginal and Torres Strait Islander was listed as the predominant ethnicity in the group and the proportion of groups reported in *Section 6.5.10* as having the majority of its members comprised of people from Aboriginal and Torres Strait Islander backgrounds. For more than a quarter of group activities (25.6%), ethnicity was not stated.

Table 6-32: Group activity by ethnicity

Ethnicity	No. of activities	%
Australian	1,459	60.2
Aboriginal and Torres Strait Islander	60	2.5
Both Aboriginal and non-Indigenous	2	0.1
CALD	179	7.4
Other	104	4.3
Not stated	621	25.6
Total	2,425	100.0

Those groups listed as having predominantly CALD group members included more than 37 ethnic groups as shown in the following *Table 6-33*.

⁴³ Australian Bureau of Statistics, *Population Distribution, Aboriginal and Torres Strait Islander Australians, 2006*, Summary 4705.0, ABS, Canberra, 2007, accessed 30 April 2013, <<http://www.abs.gov.au/ausstats/abs@.nsf/mf/4705.0>>.

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Table 6-33: Ethnicity (CALD)

Afghani (Hazara)	Ethiopia	Oromo
Afghanistan	Iran	Pacific Islanders
Asia Pacific	Guinea	Pakistan
Australian/Greek	India	Persian
Australian/Sudanese	Iraq	Philippine
Bhutan/Nepali	Karen	Russian
Brazil	Korea	Sierra Leone
Burma (Republic of the Union of Myanmar)	Kurdish	Somalia
Burundi	Kuwait	Sri Lanka
China	Liberia	St. Barthelemey
Congo (Republic of)	Malaysian	Sudanese
Eritrea	Maori	Thailand
	Mozambique	Zimbabwe

Note: This is as reported in the MDS. It is noted to be a mix of countries and ethnicities.

The 'other' category generally comprised people of English-speaking background. These included British, Canadian, English, Irish, Scottish and New Zealander.

Key findings

- Although a wide range of ethnic groups were represented in group activity data, the number of people from CALD communities is relatively low.

6.5.12 Target groups

Group activities were evident for all target groups (*Table 6-34*). In rank order, the greatest proportion of group activities was directed to the following target groups:

- Workforce (40.2%)
- Whole of community (22.9%)
- Men (19.5%)
- Rural and remote communities (19.5%)
- People bereaved by suicide (17.3%).

The groups which ranked lowest in terms of proportion of group activities were:

- People affected by natural disasters (0.5%)
- People affected by workforce redundancies (1.1%)
- Those engaged with the justice system (1.1%)
- LGBTI populations (3.8%)
- People at risk (no previous attempts of suicide or self-harm) (4.6%).

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It should be noted that two of these target groups (those engaged with the justice system and people at risk) were additions to the list of target group options provided to projects based on feedback from project representatives. Consequently, data was not collected in relation to these target groups for the full snapshot period and this may explain the low percentages recorded.

Table 6-34: Group activity by target groups

Target group	No. of activities*	%
People bereaved by suicide	420	17.3
Men	472	19.5
Children	191	7.9
Youth	375	15.5
Indigenous populations	370	15.3
People living with a mental illness	346	14.3
People who have previously attempted suicide	172	7.1
People who have self-harmed	130	5.4
Rural and remote communities	472	19.5
LGBTI populations	92	3.8
CALD communities	157	6.5
Refugee communities	140	5.8
Older people	121	5.0
People living with an alcohol or other drug problem	136	5.6
Whole of community	555	22.9
Workforce	976	40.2
People affected by workforce redundancies	26	1.1
People affected by natural disasters	12	0.5
People at risk (no previous attempts of suicide or self-harm)	111	4.6
Those engaged with the justice system	27	1.1
Other	477	19.7

Note: Multiple target groups could be nominated.

Key findings

- It appears that LGBTI people and people engaged with the justice system are 'at risk' populations that are underrepresented in the group activities funded by the NSPP.

6.5.13 Effect of group activities

Group activities primarily resulted in sector engagement, with almost half of all groups (46.9%) being listed as having this as the main effect of their activities (*Table 6-35*). Group activity resulted in a direct

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referral for individual services in 18.5% of activities, or led to requests for specific resources/information (13.4%). Less than 10% of group activities resulted in requests for specific additional activities.

Table 6-35: Effect of group activity

Effect of activity	No. of activities	%
Individual referral to services (help-seeking)	412	18.5
Request for specific activities	174	7.8
Sector engagement	1,047	46.9
Request for specific resources/information	299	13.4
Other	300	13.4
Total	2,232	100.0

Note: Information was not available for 193 (8.0%) of the 2,425 group activities.

Key findings

- The main effect of group activities was sector engagement.
- Over one third of group activities lead to requests for specific resources/information, activities or referral of individuals to services. This level of further engagement appears to be an important by-product of group activities.

6.5.14 Geographical distribution of activities

The geographical distribution of group activities is shown in *Table 6-36*. Most activities were state/territory specific in their focus, with only 9.5% reported as being related to the whole of Australia. At state/territory level, more than one-quarter (27.8%) of all group activities occurred in New South Wales. Victoria (16.9%), Western Australia (13.5%) and Queensland (12.5%) were the next states in terms of highest group activity numbers reported.

Table 6-36: Group activity by state/territory

State/territory	No. of activities	%
New South Wales	651	27.8
Victoria	395	16.9
Queensland	293	12.5
South Australia	65	2.7
Western Australia	316	13.5
Tasmania	152	6.5
Northern Territory	220	9.4
Australian Capital Territory	28	1.2
Other territories	1	<0.1

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State/territory	No. of activities	%
Whole of Australia	222	9.5
Total group activities	2,343	100.0

Note: Information was not available for 82 (3.4%) of the 2,425 group activities reported.

6.6 Target group analysis

Activities related to specific target groups are analysed in this section from two perspectives:

- The number of individual and group activities by target group is compared, to establish the main modes of service delivery for each target group.
- State/territory level comparisons are made regarding individual and group activities, to identify any geographical differences in modes of service delivery.

6.6.1 Comparison of individual and group level activities by target groups

The number of individual and group activities by target group is shown in *Table 6-37*. In each case, the number of activities is presented in rank order to indicate the level of individual and group activity directed to each target group. This in turn, provides an indication of the preferred mode of service delivery relative to each target group.

Table 6-37: Individual and group activities, by target group

Target group	Individual activities			Group activities		
	No.	%	Rank	No.	%	Rank
People bereaved by suicide	2,889	17.8	3	420	17.3	6
Men	3,826	23.6	2	472	19.5	4
Children	418	2.6	12	191	7.9	10
Youth	1,257	7.7	7	375	15.5	7
Indigenous populations	2,674	16.5	4	370	15.3	8
People living with a mental illness	2,649	16.3	5	346	14.3	9
People who have previously attempted suicide	966	6.0	9	172	7.1	11
People who have self-harmed	1,245	7.7	8	130	5.4	15
Rural and remote communities	1,767	10.9	6	472	19.5	4
LGBTI populations	325	2.0	15	92	3.8	18
CALD communities	139	0.9	18	157	6.5	12
Refugee communities	375	2.3	14	140	5.8	13
Older people	393	2.4	13	121	5.0	16
People living with an alcohol or other drug problem	273	1.7	16	136	5.6	14
Whole of community	5,920	36.5	1	555	22.9	2
Workforce	766	4.7	11	976	40.2	1

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Target group	Individual activities			Group activities		
	No.	%	Rank	No.	%	Rank
People affected by workforce redundancies	64	0.4	19	26	1.1	20
People affected by natural disasters	33	0.2	20	12	0.5	21
People at risk (no previous attempts)	226	1.4	17	111	4.6	17
Those engaged with the justice system	27	0.2	21	27	1.1	19
Other	808	5.0	10	477	19.7	3

Overall, individual and group activities are implemented in roughly equal measure by each target group. In terms of number of activities, most of the target groups ranked in top ten individual activities (whole of community, men, people bereaved by suicide, Indigenous populations, people living with a mental illness, rural and remote communities, youth, people who have self-harmed, people who have previously attempted suicide, other) are also ranked in the top ten group activities. Likewise, many of the target groups that were represented in the lowest ranks in terms of volume of individual activities also occupied similar ranks in the group activity rank table.

Where marked differences in rank order occur, this signified a preference for one form of activity over another. For example, workforce was ranked eleventh for individual activities and first for group activities, thus indicating that group level activities were more common than individual activities for this target group.

6.6.2 State/territory level comparisons of individual and group level activities

Table 6-38 shows the spread of individual level activity for each target group by state/territory. One of the striking features of this table is the number of states/territories in which no or limited NSPP-funded individual level activities were reported for specific groups. Examples include the absence of individual activities for Indigenous populations in Victoria, Tasmania and the Australian Capital Territory, and the low levels of activity for people bereaved by suicide in Northern Territory. Among the most surprising gaps is the absence of individual activities for:

- LGBTI in almost all states, with 99.7% of activities for this cohort reported in Queensland.
- CALD groups in all states and territories except New South Wales, Queensland and Tasmania.
- People affected by natural disasters in all states and territories except Tasmania, particularly given the recent flood disasters in Queensland.

Furthermore, the NSPP-funded activities are not proportionality distributed by population size. For example, 83.0% of all individual activity related to children is provided in New South Wales and 46.7% of all individual activity related to people bereaved by suicide is provided in Victoria. Furthermore, only 0.3% of all individual activities related to Indigenous populations are provided in Northern Territory.

Table 6-38: Individual activities – target group by state/territory

Target group		NSW	Vic	Old	SA	WA	Tas	NT	ACT	Unknown	Total
People bereaved by suicide	n	78	1,333	418	131	464	115	2	254	58	2,853
	%	2.7	46.7	14.7	4.6	16.3	4.0	0.1	8.9	2.0	100.0
Men	n	2,076	188	393	97	159	250	152	14	488	3,817

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Target group		NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Unknown	Total
	%	54.4	4.9	10.3	2.5	4.2	6.5	4.0	0.4	12.8	100.0
Children	n	347	12	-	4	20	30	-	1	4	418
	%	83.0	2.9	-	1.0	4.8	7.2	-	0.2	1.0	100.0
Youth	n	29	75	882	13	128	14	7	-	16	1,164
	%	2.5	6.4	75.8	1.1	11.0	1.2	0.6	-	1.4	100.0
Indigenous populations	n	1,996	-	351	26	287	-	9	-	5	2,674
	%	74.6	-	13.1	1.0	10.7	-	0.3	-	0.2	100.0
People living with a mental illness	n	1,013	277	679	77	42	165	14	28	352	2,647
	%	38.3	10.5	25.7	2.9	1.6	6.2	0.5	1.1	13.3	100.0
People who have previously attempted suicide	n	100	109	250	64	41	29	13	1	356	963
	%	10.4	11.3	26.0	6.6	4.3	3.0	1.3	0.1	37.0	100.0
People who have self-harmed	n	6	7	153	9	1,024	29	1	-	16	1,245
	%	0.5	0.6	12.3	0.7	82.2	2.3	0.1	-	1.3	100.0
Rural and remote communities	n	324	122	456	22	402	310	8	-	28	1,672
	%	19.4	7.3	27.3	1.3	24.0	18.5	0.5	-	1.7	100.0
LGBTI populations	n	-	-	324	-	-	1	-	-	-	325
	%	-	-	99.7	-	-	0.3	-	-	-	100.0
CALD communities	n	22	-	110	-	-	7	-	-	-	139
	%	15.8	-	79.1	-	-	5.0	-	-	-	100.0
Refugee communities	n	-	-	345	-	-	16	-	-	14	375
	%	-	-	92.0	-	-	4.3	-	-	3.7	100.0
Older people	n	45	-	260	3	21	62	1	-	-	392
	%	11.5	-	66.3	0.8	5.4	15.8	0.3	-	-	100.0
People living with an alcohol or other drug problem	n	114	7	57	7	18	50	3	-	16	272
	%	41.9	2.6	21.0	2.6	6.6	18.4	1.1	-	5.9	100.0
Whole of community	n	594	524	955	355	305	63	97	28	2,954	5,875

6 Snapshot of project activity: Oct 2012 to Mar 2013

Target group		NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Unknown	Total
	%	10.1	8.9	16.3	6.0	5.2	1.1	1.7	0.5	50.3	100.0
Workforce	n	109	31	174	24	119	2	156	8	143	766
	%	14.2	4.0	22.7	3.1	15.5	0.3	20.4	1.0	18.7	100.0
People affected by workforce redundancies	n	3	-	-	3	4	50	2	-	2	64
	%	4.7	-	-	4.7	6.3	78.1	3.1	-	3.1	100.0
People affected by natural disasters	n	-	-	-	-	-	33	-	-	-	33
	%	-	-	-	-	-	100.0	-	-	-	100.0
People at risk (no previous attempts of suicide or self-harm)	n	5	1	154	4	2	60	-	-	-	226
	%	2.2	0.4	68.1	1.8	0.9	26.5	-	-	-	100.0
People engaged in the justice system	n	14	-	-	2	5	6	-	-	-	27
	%	51.9	-	-	7.4	18.5	22.2	-	-	-	100.0
Other	n	531	4	86	11	42	101	5	26	1	807
	%	65.8	0.5	10.7	1.4	5.2	12.5	0.6	3.2	0.1	100.0

Note: Multiple responses permitted.

The spread of group level activities by target group and state/territory is shown in *Table 6-38*. When the group level data is compared with the individual activity data by state, it is evident that many of the gaps in NSPP-funded individual level activities are met by group level activities.

Table 6-38: Group activities – target group by state/territory

Target group		NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Other territories	Whole of Australia	Unknown	Total
People bereaved by suicide	n	87	103	20	27	123	9	22	3	-	22	3	419
	%	20.8	24.6	4.8	6.4	29.4	2.1	5.3	0.7	-	5.3	0.7	100.0
Men	n	113	77	46	13	13	34	148	-	1	14	2	461
	%	24.5	16.7	10.0	2.8	2.8	7.4	32.1	-	0.2	3.0	0.4	100.0
Children	n	72	68	14	10	2	4	2	5	-	10	3	190

6 Snapshot of project activity: Oct 2012 to Mar 2013

Target group		NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Other territories	Whole of Australia	Unknown	Total
	%	37.9	35.8	7.4	5.3	1.1	2.1	1.1	2.6	-	5.3	1.6	100.0
Youth	n	50	102	111	14	13	16	39	4	-	18	3	370
	%	13.5	27.6	30.0	3.8	3.5	4.3	10.5	1.1	-	4.9	0.8	100.0
Indigenous populations	n	98	67	47	18	78	3	23	3	-	15	2	354
	%	27.7	18.9	13.3	5.1	22.0	0.8	6.5	0.8	-	4.2	0.6	100.0
People living with a mental illness	n	111	64	62	10	19	8	28	2	-	21	3	328
	%	33.8	19.5	18.9	3.0	5.8	2.4	8.5	0.6	-	6.4	0.9	100.0
People who have previously attempted suicide	n	54	34	47	5	3	7	1	-	-	19	2	172
	%	31.4	19.8	27.3	2.9	1.7	4.1	0.6	-	-	11.0	1.2	100.0
People who have self-harmed	n	29	27	44	3	2	5	2	-	-	17	1	130
	%	22.3	20.8	33.8	2.3	1.5	3.8	1.5	-	-	13.1	0.8	100.0
Rural and remote communities	n	170	64	72	14	101	13	4	-	-	25	1	464
	%	36.6	13.8	15.5	3.0	21.8	2.8	0.9	-	-	5.4	0.2	100.0
LGBTI populations	n	27	6	30	-	-	11	-	1	-	16	1	92
	%	29.3	6.5	32.6	-	-	12.0	-	1.1	-	17.4	1.1	100.0
CALD communities	n	22	20	26	-	-	71	-	-	-	16	2	157
	%	14.0	12.7	16.6	-	-	45.2	-	-	-	10.2	1.3	100.0
Refugee communities	n	9	6	47	-	-	73	-	-	-	5	-	140
	%	6.4	4.3	33.6	-	-	52.1	-	-	-	3.6	-	100.0
Older people	n	30	23	36	5	-	9	1	-	-	15	1	120

6 Snapshot of project activity: Oct 2012 to Mar 2013

Target group		NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Other territories	Whole of Australia	Unknown	Total
	%	25.0	19.2	30.0	4.2	-	7.5	0.8	-	-	12.5	0.8	100.0
People living with an alcohol or other drug problem	n	32	33	38	10	1	3	4	-	-	13	2	136
	%	23.5	24.3	27.9	7.4	0.7	2.2	2.9	-	-	9.6	1.5	100.0
Whole of community	n	183	81	26	33	54	21	51	7	-	81	8	545
	%	33.6	14.9	4.8	6.1	9.9	3.9	9.4	1.3	-	14.9	1.5	100.0
Workforce	n	301	152	54	22	174	26	168	10	-	58	2	967
	%	31.1	15.7	5.6	2.3	18.0	2.7	17.4	1.0	-	6.0	0.2	100.0
People affected by workforce redundancies	n	10	6	3	-	-	1	1	-	-	3	-	24
	%	41.7	25.0	12.5	-	-	4.2	4.2	-	-	12.5	-	100.0
People affected by natural disasters	n	1	3	2	-	-	3	-	-	-	3	-	12
	%	8.3	25.0	16.7	-	-	25.0	-	-	-	25.0	-	100.0
People at risk (no previous attempts of suicide or self-harm)	n	31	28	26	3	-	8	-	-	-	14	1	111
	%	27.9	25.2	23.4	2.7	-	7.2	-	-	-	12.6	0.9	100.0
People engaged in the justice system	n	4	15	-	3	-	1	-	-	-	3	1	27
	%	14.8	55.6	-	11.1	-	3.7	-	-	-	11.1	3.7	100.0
Other	n	87	175	31	24	7	18	4	7	1	105	15	474
	%	18.4	36.9	6.5	5.1	1.5	3.8	0.8	1.5	0.2	22.2	3.2	100.0

Note: Multiple responses permitted

Despite the broad coverage identified for group and individual activities, a number of gaps are evident including:

- No NSPP-funded group or individual level activities were reported for any of the following target groups in the following states/territories:
 - People who have self-harmed (ACT)

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- Rural and remote communities (ACT)
- LGBTI populations (SA, WA, NT)
- CALD communities (SA, WA, NT, ACT)
- Refugee communities (SA, WA, NT, ACT)
- Older people (ACT)
- People living with an alcohol or other drug problem (ACT)
- People affected by workforce redundancies (ACT)
- People affected by natural disasters (SA, WA, NT, ACT)
- People at risk (no previous attempts of suicide or self-harm) (ACT, NT)
- People engaged with the justice system (Qld, NT, ACT).
- No NSPP-funded group level activities were reported for any of the following target groups in the following states/territories (ie, only individual level activities reported):
 - Men (ACT)
 - People who have previously attempted suicide (ACT)
 - Older people (WA)
 - People affected by workforce redundancies (SA, WA)
 - People at risk (no previous attempts of suicide or self-harm) (WA)
 - People engaged with the justice system (WA).
- No NSPP-funded individual level contacts or activities were reported for any of the following target groups in the following states/territories (ie, only group level activities reported):
 - Children (NT)
 - Youth (ACT)
 - Indigenous populations (Tas, ACT)
 - LGBTI population (ACT)
 - CALD communities (Vic)
 - Refugee communities (NSW, Vic)
 - Older people (Vic)
 - People affected by workforce redundancies (Vic, Qld)
 - People affected by natural disasters (NSW, Vic, Qld)
 - People engaged with the justice system (Vic).

It is important to note that each state/territory government also funds a range of projects and activities related to mental health that may be similar to some of the NSPP-funded projects, and the fact that some of these groups are not targeted by NSPP-funded projects does not mean there is no activity in that area.

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6.7 Summary of key findings

Funded organisations were generally compliant with MDS submission requests. Despite working in sometimes difficult environments with limited capacity for administration, responses to requests for data were outstanding and allowed an excellent picture of the NSPP-funded program activity to be developed.

Program data indicates that NSPP-funded projects spent more time on service provision activities than any other activity. Wide variations existed in the way projects spent their time, reflecting the diversity of the project activities undertaken and the settings in which the activities take place.

Individual activities

- In the six month period from October 2012 to March 2013, a total of 16,222 individual activities were reported.
- The most frequently reported mode of delivery for individual activities was telephone.
- The majority of individual activities (94.5%) involved direct client contact.
- Individual contacts or activities ranged widely in duration; however most contacts or activities (85.6%) had a duration of less than one hour.
- The majority of individual contacts or activities were undertaken directly with the individual client rather than via other avenues such as through family or friends.
- The age of individuals to whom services were delivered broadly reflects the Australian population age distribution. The notable exception was children aged between 0-14 years who, as would be expected, received proportionally fewer services than their share of the Australian population.
- Fewer males than females participated in suicide prevention individual activities.
- Data collected from NSPP projects suggests that Aboriginal and Torres Strait Islander peoples are receiving a high number of suicide prevention specific services (14.7% of total contacts or activities compared to an estimated 2.5% of the population).⁴⁴ This suggests that the NSPP-funded projects are successfully targeting this group, who have a significantly higher rate of suicide than the non-Indigenous population.
- The NSPP-funded projects have reported that over 60 different ethnic groups have been involved in individual suicide prevention activities.
- Notwithstanding the large number of different ethnic groups involved in individual activities, CALD clients appear to be under-represented, with only 8.0% of the total number of activities assigned to CALD clients.
- Refugees living in the community are accessing NSPP-funded services. Given the relatively small cohort of refugees living in the community and their high suicide risk, it is noteworthy that 3.8% of individual activities were identified as having reached this target group.
- The NSPP-funded projects are providing individual activities to a wide range of people from specific target groups.

⁴⁴ ABS, *Population Distribution, Aboriginal and Torres Strait Islander Australians, 2006*.

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- The provision of individual contacts or activities to LGBTI and CALD community members is relatively fewer than other high-risk groups. It would be expected that activity should at a minimum reflect the proportion of those people in the general population.
- The NSPP-funded projects are receiving referrals from a number of different sources, indicating intersectoral collaboration.
- There was a high rate of self-referrals, which reflects strong help-seeking behaviour among those using NSPP-funded services.
- Referrals are also frequently made from the NSPP-funded projects to other services and programs. This indicates a multi-disciplinary approach which is an important aspect of embedding suicide prevention activity in the broader community. Notably, significant numbers of referrals were made to health and mental health services.

Group activities

- Over the six month period from October 2012 to March 2013, a total of 2,425 group activities were reported.
- Most group activities take place in community-based or workplace settings.
- Only very small numbers of children and older people are represented in group activities.
- Aboriginal and Torres Strait Islander peoples are over-represented in group activity data (19.5% of cohort compared to an estimated 2.5% of the population).⁴⁵ This may signify that the NSPP-funded projects are successfully targeting this group who have a significantly higher rate of suicide than the non-Indigenous population.
- Although a wide range of ethnic groups were represented in group activity data, the number of people from CALD communities is relatively low.
- It appears that LGBTI and people engaged with the justice system are 'at risk' populations that are underrepresented in the group activities funded by the NSPP.
- The main reported effect of group activities was sector engagement
- Over one third of group activities lead to requests for specific resources/information, activities or referral of individuals to services. This level of further engagement appears to be an important by-product of group activities.

⁴⁵ ABS, *Population Distribution, Aboriginal and Torres Strait Islander Australians, 2006*.