



# **Evaluation of the Victorian #chatsafe postvention campaign**

## **FINAL REPORT**

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# 1 Executive Summary

## Background

#chatsafe is an initiative led by Orygen which provides guidance for young people on how to discuss topics of self-harm and suicide safely on social media and other digital platforms, including peer-to-peer help-seeking. The #chatsafe guidelines, developed in 2018 and updated in early 2023, were formulated in collaboration with young people, are grounded in research and offer support to anyone encountering suicide-related posts. Originally developed as a universal prevention intervention, in 2020 #chatsafe was adapted to be used as an evidence-based guideline and a social media campaign specifically for suicide postvention on digital platforms (Robinson et al., 2018; Thorn et al., 2020; La Sala et al., 2023).

### ***Victorian #chatsafe postvention campaign***

The Victorian #chatsafe postvention campaign is being delivered by Orygen in partnership with the Victorian Department of Health from March 2023 to June 2024. The campaign involves the Department of Health notifying the #chatsafe program team of a suspected suicide death of a young person. Within 48 hours of receiving the notification a locally targeted campaign is initiated. The campaign involves four-to-six #chatsafe messages distributed at intervals over a four-week period as paid advertisements on social media platforms (Facebook, Snapchat, Instagram) along with links to the main #chatsafe resources and service information. The advertisements are targeted at young people in the affected community, and at educators and adults (in order to reach parents and carers). Actioning a campaign is at the discretion of the Department of Health and campaigns are not implemented for every suspected suicide of a young person.

## Evaluation

In June 2023 the University of Melbourne was commissioned to evaluate the Victorian #chatsafe postvention campaign. The objectives of the evaluation were to:

1. To document the processes and assess the fidelity of the implementation of the Victorian #chatsafe postvention campaign;
2. To quantify outputs and evaluate selected short-term impacts of the #chatsafe Victorian postvention campaign; and
3. To recommend improvements to implementation processes and for optimising future campaigns.

Evaluation questions and sub-questions were formulated and aligned to a program logic. A mixed methods approach was adopted and data sources included a notification data audit, interviews with 12 stakeholder interviews (#chatsafe program team, Orygen communication staff, Department of Health staff, and other postvention service providers), an implementation documentation review and analysis of social media data.

## Findings

### *#chatsafe in the postvention environment*

Overall, both the environmental scan and stakeholder interviews indicated that the #chatsafe postvention program is unique. It is delivered with immediacy via the most contemporary modality, providing a rapid postvention response. It enables equitable delivery of information and education about suicide and self-harm communication to a large cohort of young people including, marginalised and vulnerable young people excluded from mainstream institutions such as schools and well-resourced and geographically accessible health services, the mainstay of current suicide postvention resources for young people. #chatsafe provides information and links to resources but does not provide services or linkages to local services, as such is a compliment to, rather than a replacement of, traditional forms of postvention initiatives such as in-school intervention, community-based initiatives and support services for those bereaved by suicide. While providing a unique service, there is an opportunity to better integrate #chatsafe postvention with local services and supports. Other service providers in the postvention space had limited knowledge of, or misconceptions about, #chatsafe and thought it a missed opportunity that there was no facility to link to local resources included in the campaigns.

### *Implementation and record-keeping*

Interviews with the #chatsafe program team and Orygen communications staff indicated a shared understanding of the processes and responsibilities and review of the notification and social media data indicated that the intervention was implemented as intended and in alignment with the protocol as outlined in project proposal and internal procedures documents. While implementation challenges relating to how to optimise social media platforms to reach the target audiences were noted, communications and program team staff were able to deliver the campaigns as intended to the appropriate audience within the limitations of the platforms.

The overall high quality of the implementation rested on the knowledge, availability, and efficiency of a small number of #chatsafe program staff and on the rare occasion when an implementation issue arose it was generally a case of key staff not being available. This is a key risk to the program and presents an ongoing challenge.

Reflecting this, overall, the evaluation identified a clear need for more formalised processes with respect to the intervention protocols. While the general procedures for activating a campaign and the content of campaigns are familiar to the #chatsafe program team members responsible, they are not definitively documented in a single 'master' document.

Notification data are stored securely, and access is limited to the minimum number of staff required to action the protocol as is appropriate for sensitive and potentially distressing data of this kind. However, the current storage arrangements (on an email server) are not best practice and more robust data storage should be established. Moreover, notification data are not compiled as a data set which hampers the ability to monitor the overall quality of the data and produce aggregate reporting and so on.

Campaign implementation records are scant and not readily accessible. A more comprehensive and systematic recording of campaign implementation would serve to support fidelity of implementation to the protocol, maintain implementation fidelity in the absence or changeover of key personnel and be a key resource for quality assurance purposes.

Finally, with respect to campaign materials it was considered that, pending resources, there was an opportunity to improve the reach and engagement of the initiative by developing more targeted content – for example, for LGBTIQ+ young people and First Nations young people. Moreover, having more contextual information about the deceased, the area and circumstances of the suspected suicide as part of the notification, would also allow better tailoring of campaigns.

#### *Reach and engagement.*

In interviews, one of the key outcomes highlighted was that the #chatsafe postvention campaigns were able to directly reach young people in affected communities, as well as also reaching those who support them. This was underscored by the social media data which indicated that the campaigns were reaching substantial numbers of their targeted population groups albeit with considerable variability reflecting population density variation across geographic regions. The majority of the activations for which data were available were in major city LGAs, but close to one third (10/33) were in regional areas.

Most platforms demonstrated high levels of reach among the relevant target populations, with the exception of Meta's Audience Network facility. Engagement showed some variation across age groups, reflective of younger users preferences for Instagram and Snapchat.

In terms of future directions to build engagement, in interviews #chatsafe program team members identified a need for a next stage of research to examine how the campaigns are being received and engaged with by individual young people receiving them in the community. Other suggestions raised by stakeholders were to develop more tailored campaign materials, as described above, and working with the platforms to try and refine targeting.

### **Recommendations**

#### *Position of #chatsafe Victorian postvention campaign*

1. #chatsafe postvention clearly fills a gap in the postvention service landscape and is particularly important in terms of reaching young people who are not engaged in education. Ongoing, sustainable funding to support the continuation of the initiative should be sought.
2. Explore mechanisms for communication with other service providers to improve their awareness of and understanding of the #chatsafe postvention intervention and to support a coordinated response in communities.

#### *Implementation*

1. Develop a clearly identified 'master protocol' document that includes the steps, roles and responsibilities, contingency arrangements, documentation and data capture and so on. Provide the 'master protocol' to all parties involved in instigating and implementing a campaign, and periodically review, amend and disseminate changes it as required.
2. Develop policies and sustainable mechanisms to ensure that key program team staff are not overburdened and that campaigns can run smoothly in their absence. These might include temporary allocation of access rights to notification and other data so that at least two on-site staff have access at any point, streamlined and documented record keeping procedures and so on.

#### *Record-keeping and data management processes*

1. Review notification data management and establish a more robust data storage solution using existing Orygen or University of Melbourne data infrastructure.
2. Create a notification database that contains all individual notification records.
3. Conduct an end-to-end review of the implementation and campaign output and outcome data collection and record-keeping. Drawing on the advice of in-house data and records management expertise and Orygen communications staff involved in implementation to develop a minimal burden, fit-for-purpose data capture and management system and protocols.

#### *Campaign reach and engagement*

1. Explore with the Department the possibility of accessing more contextual information about a suspected suicide in order to tailor the campaign.
2. If resources are available, develop additional content to support the engagement of young people and the adults who support them, from different population groups such as First Nations young people, LGTIQ+ young people, etc.
3. If resources are available, engage with end-users of the intervention to understand if and how it is supporting them.
4. Explore opportunities and mechanisms for coordinating campaigns with other postvention activity taking place in a community. There may be a role for the Department of Health in facilitating this.

## 2 Background

### *Postvention*

Postvention is the term used to describe interventions which are initiated following a suicide death. They may be provided for families or for communities, including learning communities and aim to reduce distress, protect against emergent suicidality, and provide guidance for safe communication about the suicide (Andriessen, 2009). Postvention program guidelines exist (World Health Organisation, 2018), however the utilisation of social media in postvention activities has remained largely unexplored until recently. Originally developed as a universal prevention intervention, in 2020 #chatsafe was adapted to be used as an evidence-based guideline and a social media campaign specifically for suicide postvention on digital platforms (Robinson et al., 2018; Thorn et al., 2020; La Sala et al, 2023).

### *#chatsafe*

#chatsafe is an initiative led by Orygen which provides guidance for young people on how to discuss topics of self-harm and suicide safely on social media and other digital platforms, including peer-to-peer help-seeking. The #chatsafe guidelines, developed in 2018 and updated in early 2023, were formulated in collaboration with young people, are grounded in research and offer support to anyone encountering suicide-related posts. A 2021 evaluation in a general sample of young Australians aged 16 to 25 found that engaging with #chatsafe successfully increased participants' perceived internet self-efficacy and confidence, and enhanced safety in discussing suicide online (La Sala et al., 2021).

A recent evaluation examined the safety and efficacy of the #chatsafe materials in the context of postvention among young individuals who had been exposed to suicide or suicide attempts in the previous two years. That evaluation found notable improvements in young people's readiness to intervene against suicide online, their internet self-efficacy, and their perceived confidence and safety when discussing suicide online (La Sala et al., 2023).

### *Victorian #chatsafe postvention campaign*

The Victorian #chatsafe postvention campaign is being delivered by Orygen in partnership with the Victorian Department of Health from March 2023 to June 2024. The campaign involves the Department of Health notifying the #chatsafe program team of a suspected suicide death of a young person. Within 48 hours of receiving the notification the campaign is initiated. The campaign involves four-to-six #chatsafe messages distributed at intervals over a four-week period as paid advertisements on social media platforms (Facebook, Snapchat, Instagram) along with links to the main #chatsafe resources and service information. The frequency and intervals of the ads are determined by the platform. The advertisements are targeted at young people in the affected community, and at educators and adults (in order to reach parents and carers) where appropriate – for example, amongst the school community if the suspected suicide death is a school-aged young person. Actioning a campaign is at the discretion of the Department of Health, and thus

#chatsafe postvention campaigns are not implemented for every suspected suicide of a young person.

## 3 Evaluation of the Victorian #chatsafe postvention campaign

### 3.1 #chatsafe postvention program logic

Figure 1 presents the program logic for the Victorian #chatsafe postvention campaign based on the current evidence. The program logic identifies the inputs, activities, outputs, short- and long-term outcomes and the overall impact of the intervention.

### 3.2 Evaluation scope

This evaluation focused on the implementation of the #chatsafe postvention program within Victoria, but also included assessing outcomes in terms of campaign outputs (reach and engagement). It focused primarily on the period from March 2023 to June 2024, but also included available social media reach and engagement data from *ad hoc* campaigns conducted in Victorian from January 2023. The evaluation did not have capacity to assess user satisfaction for the Victorian postvention campaign, nor medium- to longer-term outcomes, noting that many of these latter have been previously evaluated. Figure 1 indicates the scope of this evaluation shaded in green.

### 3.3 Evaluation objectives

1. To document the processes and assess the fidelity of the implementation of the Victorian #chatsafe postvention campaign;
2. To quantify outputs and evaluate selected short-term impacts of the #chatsafe Victorian postvention campaign; and
3. To recommend improvements to optimise future campaigns.

### 3.4 Evaluation questions

The following evaluation questions and sub-questions were developed for to guide the evaluation.

#### FORMATIVE EVALUATION

***Evaluation Question 1: Is the #chatsafe Victorian postvention campaign filling a gap in postvention response in Victoria?***

- 1.1 Where does the #chatsafe postvention intervention sit within the postvention service environment?



## PROCESS EVALUATION

### ***Evaluation Question 2: Is the Victorian #chatsafe postvention campaign being implemented as designed?***

#### *Notifications*

2.1 Is there an efficient, secure, effective tracking and recording process for notifications?

2.2 Are data recorded in sufficient detail and level of quality?

2.3 Are notifications of potential clusters received and recorded in a timely manner?

#### *Implementation*

2.4 Is the implementation protocol fit-for-purpose?

2.5 Does the implementation follow the protocol?

- a. Was the campaign initiated within 48-hours of notification?
- b. Are demographics of target audience consistent with notification?
- c. Is the region of target audience consistent with notification?

2.6 Are cluster response adjustments initiated in a timely fashion?

2.7 Are the appropriate campaign materials and platforms implemented for each campaign?

### ***Evaluation Question 3: What are the challenges and enablers to implementing the program as intended?***

3.1 What are the challenges, issues, opportunities for improvement relating to staffing and resources?

3.2 What are the non-staff related challenges and enablers for implementation?

### **Evaluation Question 4: Are record-keeping and data management processes fit-for-purpose?**

## OUTCOME EVALUATION

### ***Evaluation Question 5: Is the Victorian #chatsafe postvention campaign reaching and engaging its intended audience?***

#### *Outputs*

5.1 What is the overall reach of the campaigns?

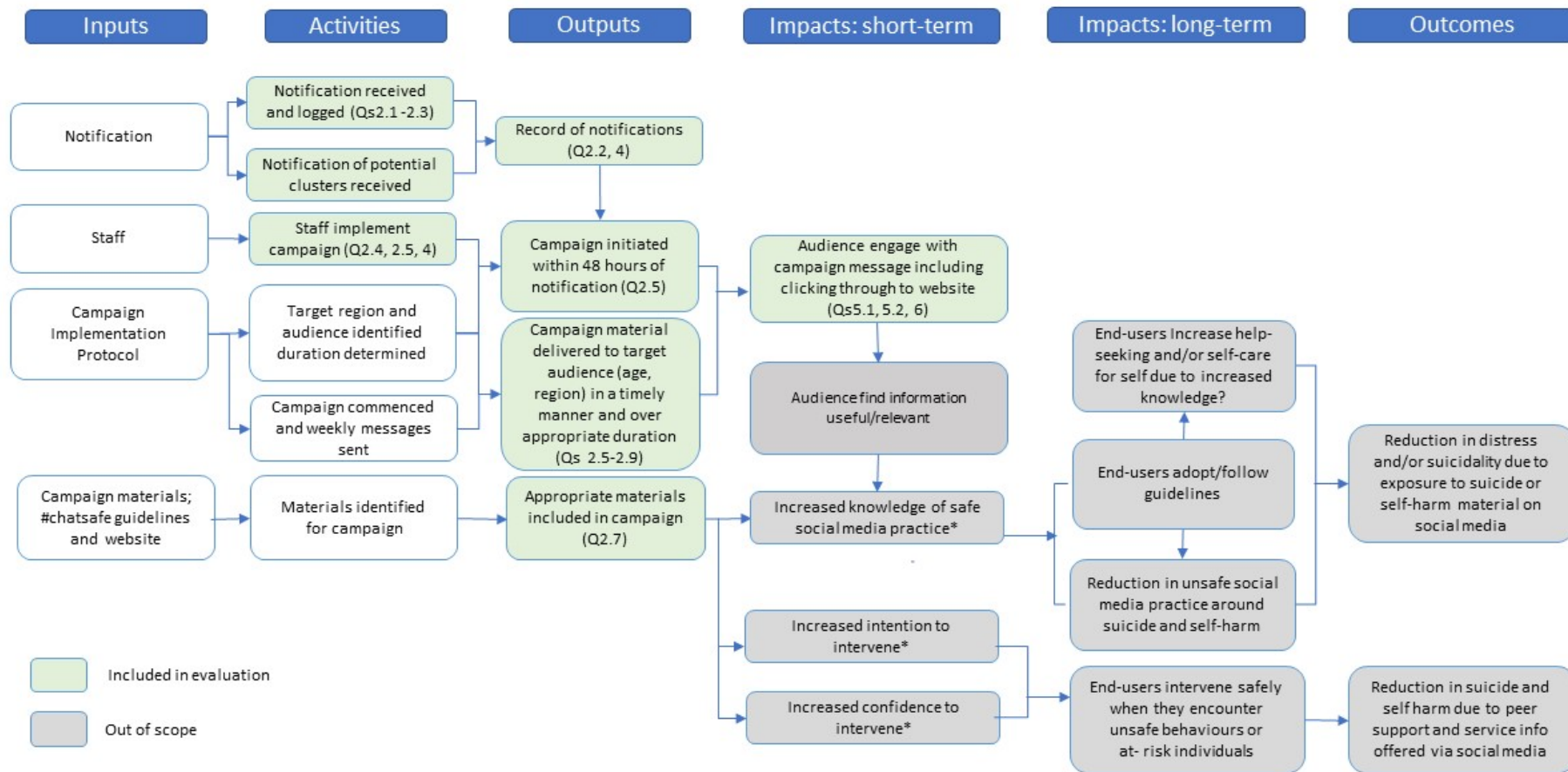
#### *Short-term Impacts*

5.2 What is the level of engagement with campaign on social media platforms?

### ***Evaluation question 6: What are the challenges and opportunities for engagement?***



Figure 1: #chatsafe Victorian postvention campaign program logic and evaluation scope



\*Established for complete guidelines - DeSala et al/being confirmed in current RCT

## 4 Evaluation methods

A mixed methods approach was used which included key stakeholder interviews, analysis of social media analytic data, data audit, and document reviews, and an environmental scan of postvention services.

### 4.1 Data sources

#### **Notification data audit**

Notification records were reviewed to assess the timeliness, completeness, and accuracy, of data recording.

#### **Campaign implementation documentation review**

We reviewed campaign implementation documentation relating to the implementation of each campaign following a notification to evaluate if the campaigns are being rolled out as intended i.e., in a timely way, correctly targeted, and so on.

#### **Stakeholder Interviews**

From March 14, 2024 to May 7, 2024, we conducted online interviews with 12 stakeholders:

- Seven with Orygen employees responsible for delivering the campaign, including three of the #chatsafe program team and four with Orygen communications staff;
- Two with Department of Health Suicide Prevention and Response Office personnel involved with #chatsafe; and
- Three with stakeholders from other organisations working in the postvention service provision environment.

From May to October 2023 social media ad placement was temporarily outsourced to an external agency, The Digital Picnic. Staff from The Digital Picnic were invited to participate in the evaluation but declined.

#### **Social media data**

Orygen provided aggregated social media data for all campaigns, including those managed by The Digital Picnic a Melbourne based social media marketing agency responsible for disseminating #chatsafe content between May and November 2023. Data covered campaigns initiated during the period of February 2023 to May 2024. The following campaign reach and engagement data were provided:

- Impressions: The number of times a post is displayed to any user, regardless of whether it is clicked or not;
- Reach: The number of unique users who have seen the post; and
- Engagement: Total number of clicks (Facebook/Instagram) or swipe ups (Snapchat).

Campaign data were available for Facebook, Instagram, and Snapchat (only deployed for young people) and Meta's audience network. Meta's Audience Network is a service provided by Meta (formerly Facebook) that allows advertisers to extend their campaigns beyond Facebook and Instagram to a network of third-party apps and websites, allowing them to reach the target audience across the broader internet, not just within the confines of Facebook.

## 4.2 Data analysis

### **Notification data audit**

Notification data were reviewed to assess the data quality in terms of completeness, timeliness, accuracy, and consistency.

### **Campaign implementation documentation review**

Documentation of implementation consisted of email exchanges between the Department of Health, #chatsafe program staff and either the Orygen Communications team or The Digital Picnic and, records, in the form of archived email exchanges, were available for 17 activations.

Campaign implementation documentation was reviewed to assess compliance with the campaign protocol in terms of timeliness of response and campaign material appropriateness for notification type.

### **Interview data**

Data gathered from interviews was thematically analysed using both an inductive and deductive approach. The researcher who conducted the interviews coded a portion of the transcripts and interviewer notes to design the coding framework which was then checked with the other researcher. Once the coding framework was agreed on, the researcher coded all the transcripts and interview notes. Interview participants are identified by organisation (CS - #chatsafe program team members; OC – Orygen Communications staff; SP – other service provider representatives; and DH – Department of Health staff).

### **Social media and website data**

Social media data were analysed using counts and proportions to quantify reach and engagement overall and by campaign platform and population groups.

## 4.3 Ethics

Ethics approval was obtained from the University of Melbourne Human Research Ethics Committee (approval # 2024-27481-51890-5).

# 5 Findings

## 5.1 Campaigns

Social Media data were available for 26 campaigns initiated from February 2023 until May 2024. Table 1 indicates the target groups for the 26 campaigns.

**Table 1: Audiences targeted and number**

Campaign Audiences	# of campaigns targeting
Under 18 years (young people)	21
18-25 years (young adults)	17
Parents & carers	17
Educators	16

## 5.2 Formative evaluation

**Evaluation Question 1: Is the #chatsafe Victorian postvention campaign filling a gap in postvention response in Victoria?**

### Environmental Scan

The environmental scan identified a range of modes and types of postvention activity in Australia including initiatives providing psychological support to individuals, programs providing support to communities, community-based peer support programs, postvention guidelines and toolkits and postvention education, service directories, and community protocols.<sup>1</sup>

#### *Individual support providers*

The scan identified six organisations offering psychological support to individuals bereaved by suicide. Four were national organisations (Thirrili National Indigenous Postvention Service; StandBy Support after Suicide; Lifeline; Suicide call-back service), one Victorian (Suicide Line Victoria) and one was the delivery agency for a national program in Victoria and NSW (Jesuits Support after Suicide). In terms of service delivery mode one was in-person only, two in-person plus phone and/or online, and three offered a combination of phone, video chat, chat or online services. The majority of services were for families and friends bereaved by suicide. Only one of the services included specific programs targeting children and young people (Jesuits Support after Suicide), one organisation was for First Nations peoples, and one included people who had been 'exposed to suicide' such as first responders and witnesses.

#### *Community support providers*

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<sup>1</sup> Note: Since 2020 and continuing until 2025, a limited number of #chatsafe universal and postvention campaigns in states outside Victoria are being undertaken, funded by the Commonwealth Government via the National Suicide Prevention Leadership and Support Project. These were not included in the environmental scan.

Three organisations offered support to communities (Beyond Blue – Be You; McKillop Family Services Seasons for Life; Wesley Lifeforce Suicide Prevention Networks). All three were national, two delivered some components of their programs in-person (Be You; Seasons) and all had online or phone components. Two were focussed on school communities and on geographical communities. Programs involved providing resources and advice, in some instances training and linking to community-based services.

#### *Community-based peer support programs*

There are innumerable community-based peer support programs, both for geographic communities and identity-based communities (First Nations, LGBTQI+). Many of these are online.

#### *Other postvention activity*

There is a national educational program for GPs delivered by headspace as a webinar which includes responding after a suicide. Postvention Australia provides a national online directory of services. Two regionally-based initiatives, including one in Victoria, have established postvention response protocols for a coordinated response by community agencies and organisations following a suicide death in the community. The NSW protocols (part of the Zero Suicides NSW Community Collaborative initiative) include a provision for implementing for geo-targeted awareness ads.

#### *Postvention Guidelines and Toolkits*

There are national and state (Vic, SA) guidelines for responding to suicide in schools, and national guidelines for universities. The 2012 Emerging Minds – Suicide Postvention Toolkit developed by headspace for secondary schools included a fact-sheet for social media. General postvention guidelines or toolkits are also available.

#### *General bereavement support*

There are several general bereavement and grief support services, but they are not specific to suicide bereavement.

### **Stakeholder consultations**

All participants were asked to describe where they see #chatsafe as fitting within the Australian postvention environment. The most common description given was that #chatsafe was unique (CS01, CS02, SP01, OC01, OC02, OC03, OC04, DH02, SP03). Most frequently this was expressed in terms of the reach of #chatsafe (CS02, SP01, OC02, OC03, OC04).

*“It is at the forefront... I can't think of another program with its reach. ...#chatsafe's ability to reach at scale with genuinely helpful content, I think is pretty unique. And special.” (OC03)*

Related to reach, was participants' perceptions of #chatsafe's proximity to young people – delivered where they live, on social media (CS02, OC02, OC04, SP03). Others noted that in doing this it filled a gap -

*“Nationally there is a gap with postvention services, it is patchy, but we hope to have a comprehensive approach in the future. #chatsafe is key to linking people to the resources they need.” (DH02)”*

The second most frequent description of #chatsafe's position within the Australian postvention service environment was its accessibility (CS01, CS02, DH01, OC02, DH02). This was expressed in terms of its speed, and coverage of unmet need -

*“There are kids not captured by other postvention activities, who are aware, and communicating and not thought of. #chatsafe can provide something to those people, validation and help to communicate safely” (CS02).*

Finally, four participants described #chatsafe's complimentary quality. That is that it does not compete, duplicate or counteract other existing postvention services (Int 01, CS02, CS03, SP03)

The service providers interviewed described #chatsafe as an important resource (SP01, SP02, SP03), particularly given its reach and appeal to young people (SP01).

*“We breathed a sigh of relief, because it did take that burden away from us in what we were trying to do.” (SP03)*

## **Summary**

Overall, both stakeholders and the environmental scan observed that the #chatsafe postvention initiative occupies a unique role in the Victorian and National postvention support space in terms of reaching a particular target population and the format of the intervention.

The environmental scan found that the majority of initiatives focussed on young people are delivered via educational settings. Educational settings are no doubt important sites for reaching young people, but programs implemented in those settings do not reach 1) school aged young people who are disengaged from education who may be among the most marginalised and vulnerable, or 2) those over school-leaving age, particularly if they are not enrolled in tertiary education. Thus #chatsafe postvention intervention has the capability to reach a larger cohort of young people than other existing programs.

In terms of format of the intervention, the environmental scan and interviews both noted that there are no comparable programs to #chatsafe in terms of using social media to provide information and safety messaging to young people in a community setting following a suicide in that community. Thus, as noted by multiple stakeholders it complements rather than duplicates other offerings.



## 5.3 Process Evaluation

**Evaluation Question 2: *Is the Victorian #chatsafe postvention campaign being implemented as designed?***

The following section combines data from the campaign documentation review and the stakeholder interviews and reports on the following components of the campaign implementation process:

- Notifications;
- The #chatsafe implementation protocol;
- The implementation of the campaign protocol; and
- Challenges and opportunities.

### *Notifications*

**Evaluation sub-question 2.1: *Is there an efficient, secure, effective tracking and recording process for Notifications?***

A notification log was re-constructed post hoc for the evaluation, and as it was compiled retrospectively solely for the evaluation it was not assessed in terms of how notification data are collected and managed in real time.

The campaign document review and interviews with the #chatsafe program team identified that there is currently no formal process in place for recording incoming notifications, no central log, and no protocol documented setting out who is responsible, what data should be recorded, or any mechanism for tracking that the notification had been actioned. Rather, email threads serve as the records of notifications being received and actions. PDF copies of a sub-set of the notification/activation threads were provided to the evaluation. Notifications are not routinely collated and compiled into a central record but remain stored as emails in the #chatsafe program inbox (not in the personal accounts of staff). All current #chatsafe program team members have access to the shared inbox but only a limited number of approved staff have the password for accessing the password protected notification files sent but the Department. Those notification files are not removed from the shared inbox.

**Evaluation sub-question 2.2: *Are notification data recorded in sufficient detail and level of reliability and completeness?***

In terms of adequate detail, while the original notification data provided to Orygen by the Department of Health was not available to the evaluation, the notification template used by the Department was provided and #chatsafe program team staff confirmed that they had never received an incomplete notification. That template along with the campaign records indicate that the minimum relevant information to determine the type and location of the campaign is provided, as per the protocol. In addition, gender of the deceased, which was not included in the protocol, was provided, although there is no variance in the campaign options related to gender.

In terms of reliability and completeness, there were inconsistencies in number of campaigns and campaign dates between the post hoc notification log and campaign data from both the campaign activation documents and the social media analytic data which in turn had divergences from each other. The evaluation did not have access to Department of Health records which would be the 'source of truth' regarding the number and dates of notifications and thus could not document the extent of discrepancies.

Interviews with the #chatsafe program staff and the Department of Health participants indicated a degree of flexibility around the steps between a notification and campaign activation. In some circumstances, the #chatsafe program team and the Department of Health may negotiate the way an activation occurs in the event of a suspected cluster, a subsequent death in a location where a campaign is currently activated, concern over social media chatter, or an anniversary of a previous suicide. Interviewees indicated there is no formal documented protocol for this process.

The #chatsafe program team indicated that they also receive information about a suspected suicide death from the community themselves. However, these informal notifications do not activate a campaign as the protocol clearly sets out a requirement for a formal notification from the Department of Health to activate a campaign. Therefore, data are not formally collected on informal notifications received from community organisations or service providers.

Two participants felt that more notification detail from the Department of Health would provide greater context and therefore allow greater tailoring of campaign content (CS02, OC03).

***Evaluation sub-question 2.3: Are notifications of potential clusters received and recorded in a timely manner.***

There was no documentation of any formal notifications of potential clusters from the Department of Health over the trial. However, as described above, information gleaned from interviews indicated that when there is more than one suspected suicide in a region during the four week campaign the campaign is extended or a softer campaign is deployed, rather than flooding young people with suicide content or making them feel targeted by initiating a new campaign. Softer content includes self-care messaging, or a parent or carer targeted campaign rather than a young person targeted campaign (CS01, CS03). It was noted by members of the #chatsafe program staff, and the Orygen Communications team that the optimum exposure to content is yet to be established. Establishing this likely requires empirical testing which is challenging and would require substantial resources.

The Department holds responsibility for monitoring suspected suicides and identifying potential clusters. All notifications to activate the #chatsafe postvention response are at the discretion of the Department. It is also the Department's responsibility to review suspected suicides and assess the likelihood that a possible cluster is emerging. The #chatsafe program team, in keeping with the protocol, does not make any decisions or assumptions about possible clusters. If there is an active campaign in a region and a subsequent notification for that region is received the

#chatsafe program team and the Department discuss modifications such as if to extend or restrict the campaign intensity in a region on a case-by-case basis.

### *Implementation*

#### ***Evaluation sub-question 2.4: Is the implementation protocol fit-for-purpose***

There is no stand-alone formal campaign protocol document. Two documents outlined the intended protocol. Firstly, the project proposal document provided to the Department of Health contains a brief protocol in the methods or procedure section. It also describes proposed campaign targets and options depending on circumstances. The protocol is brief and broad and leaves a lot to case-by-case decision making by the #chatsafe program team in consultation with, or on the advice of, the Department. Secondly, an internal procedures document includes a more detailed description of the protocol, however it does not contain the proposed campaign targets and options.

There are three campaign options or types. The first is targeted at young people in either of two age groups – under 18 years or 18 to 25 years. The second is targeted at educators who may support young people, the third is targeted at parents and carers who may support young people. The protocol set out in the contract document states that in the event that the person who died by suspected suicide is under 18, all three campaign options are deployed, and if 18 to 25, only the campaign targeted at young people aged 18-25 is deployed.

The protocol describes a ‘campaign’ as four to six ads deployed over a four week period. The precise frequency of the ad – four, five or six times – and the timing of the ad within that four week window was not clear. A member of the #chatsafe program team explained that the timing was determined by the platform based on an internal algorithm of some sort. It was unclear if that algorithm was driven by marketing theory or was informed by health promotion social media messaging theory.

According to documentation and information from interviews with the #chatsafe program team and the Orygen communications team, the protocol to implement a #chatsafe activation begins with a Department of Health staff member emailing the [chatsafe@orygen.edu.au](mailto:chatsafe@orygen.edu.au) email with the details of the suspected suicide death in a password protected attachment. During business hours, the inbox is monitored by unit staff and when a notification arrives they advise one of the two #chatsafe program team members who have the password to the protected attachment and who then action the notification by passing instructions to the Orygen communications team (internal or external) for launching a campaign. The Orygen communications team respond once the campaign has been launched and the #chatsafe project team staff advise the Department that the campaign is underway.

Interview data indicated the communications team from Orygen perceived that despite lack of formal documentation, the de facto protocol contained clear steps with levels of responsibility at each stage and that pre-prepared campaign materials ready to be deployed meant that activations occurred efficiently. The multiple steps and multiple parties involved in actioning a

campaign brings with it multiple points where issues may arise, as one interview subject noted there is a risk that:

*“The different skill sets required mean that different people are involved at different steps along the way and there is opportunity for disconnect and other issues” (CS01)*

#chatsafe and Orygen communications participants were asked about whether they thought there were any steps missing from the protocol and they said they needed more detail on the specific communities affected and could then develop the content more to target more effectively. One participant felt that reporting back to the Department after a campaign was lacking, and a service provider felt the protocol should include notifying other organisations involved in the postvention response that an activation had occurred (SP01).

When asked about their perceptions of opportunities for improvement of the protocol, two members of the Orygen Communications team mentioned improving or updating the campaign resources to be more tailored. A service provider felt that the reach of the two adult targeted campaigns – to educators or to parents and carers could be extended when the person who died by suicide was over 18 because some of these young people may still be living at home or studying (SP01). A Department of Health participant felt there was a good opportunity to develop the linkage aspect and provide a more integrated approach with local services.

#### ***Evaluation sub-question 2.5: Does the implementation follow the protocol?***

Interviews with the #chatsafe program team and the Orygen Communications team indicate that they were confident that implementation followed the protocol - “100%” according to one participant (OC01). One communication team member noted that,

*“It was certainly the most formalised approach to social media advertising that I’ve come across” (OC04)*

Given the brevity and informality/flexibility of the protocol there are few direct parameters against which to assess compliance to protocol in campaign implementation. Documentation and interviews offered some insight into the following:

- Consistency of target audience with notification information;
- Consistency of region in which campaign is deployed with notification information; and
- Timeliness of campaign activation after receipt of a notification.

#### ***Evaluation sub-question 2.5a: Was the campaign initiated within 48-hours of notification?***

Notification records showed that in all but one instance the #chatsafe response was activated within the required 48 hours and overwhelmingly on the same day the notification was received. This was the case for both campaigns that were outsourced to the Digital Picnic and those which were managed by the Orygen communications team.

The #chatsafe program team, the Department of Health interviewees and the Orygen Communications team also indicated that implementation was good in terms of timeliness. However, one participant indicated that staffing – in particular the limitation of personnel with access to the password – meant that things bottlenecked, or there may be a delay. Currently access to the password is restricted to two staff from the #chatsafe program team. This is primarily in order to limit staff exposure to the potentially distressing and sensitive information contained in the notifications. One interviewee noted that things could be automated but there was still a need for a human element in making decisions.

***Evaluation sub-question 2.5b: Are demographics of target audience consistent with notification?***

A high degree of fidelity to the campaign target protocol was observed. For 19 activations notification records that included age could be cross-referenced with campaign details from the social media platforms. In every case the relevant age-group of young people was targeted. There were only three activation (15%) where the campaigns did not exactly align to the protocol: for one under 18 notification no educator campaign was deployed, for two other under 18 deaths the campaign included 18-24 year olds as well as parents, carers, educators and under 18 year olds.

There were different views from interviewees regarding the decision-making processes for the various campaign options – particularly around which campaign is deployed for which age group. Members of the #chatsafe program team indicated flexibility in decisions around the type of campaign deployed when an existing campaign is running in the area or based on new information that might come in. Department of Health interviewees indicated that a notification may not go to #chatsafe or a campaign may not be deployed for someone over 18 due to funding limitations, or when there is already an active #chatsafe campaign in the area. Similarly, Department of Health interviewees described a past incident where a campaign was deployed due to a community's distress about a past suicide. One of the service providers held the perception that a #chatsafe campaign could be deployed upon request when a community is in distress.

***Evaluation sub-question 2.5c: Consistency of region in which campaign is deployed with notification information***

There was excellent fidelity to the protocol in terms of the campaign targeting the correct region. There were no instances discernible from the data supplied where the correct region had not be covered by the campaign. The notifications contain information on both the LGA where the suspected suicide occurred and the LGA where the deceased lived. Generally, these were the same, but in instances where they are not, pending the Department's approval a campaign would be activated in both LGAs.

***Evaluation sub-question 2.6: Are cluster response adjustments initiated in a timely fashion?***

Campaign activation documentation (email exchanges) indicated that any adjustments for suspected or potential clusters are made in the context of a new notification and take the form of discussions between the Department and the #chatsafe program team regarding the extent and targeting of a new campaign and/or extending an existing campaign in the region. Thus, they are timely.

***Evaluation sub-question 2.7: Are the appropriate campaign materials and platforms implemented for each campaign?***

The project proposal document sets out the target audience and the platforms for each campaign based on the age of the deceased. Campaign activation documentation (emails) indicated that the person who activated the campaign advised the communications team (internal or external) of the details of the campaign to roll out including what campaign materials (identified by target audience) and which platforms.

In terms of examining the fidelity of the implementation, beyond examining the alignment of the age of the deceased with the targeted audiences (described above) we reviewed the social media data to assess if the campaigns were activated for the appropriate target audience. We did not have a mechanism to review the actual materials that were sent out for each campaign to verify that they were the correct set for the target audiences. The campaign material message-sets are clearly demarcated by target audience group and the campaign activation documentation in email exchanges between the #chatsafe program team and Orygen communications staff indicated that it was clear to the communications staff (internal and external) which materials were sent for each audience group. In the interviews it was noted that in the initial activations there were some instances of the incorrect message-set being sent out in error.

***Evaluation sub-question 3.1: What are the challenges, issues, opportunities for improvement relating to staffing and resources?***

When interview participants were asked to identify what they saw as the overall challenges of the Victorian #chatsafe postvention campaign, the most frequent theme to emerge was around resources (CS01, CS02, SP01, OC01, OC02, OC03, OC04, DH02, SP03). Most frequently this was expressed in terms of the reach of #chatsafe (CS02, SP01, OC02, OC03, OC04).

*“Continuity and security – the money, but also recruiting and keeping staff because it is quite niche and requires investment in skill development of staff – difficult to attract with only short-term contracts because of funding.” (CS01)*

*“Workflow – to have the ability to wave it through in a systemised fashion” (OC04)*

Another challenge raised by the #chatsafe program team was the limit to the number of people with access to the email from the Department of Health - an issue if they are on leave or otherwise occupied. The team suggested the implementation of a dedicated role rather than a composite role of various people who also have other commitments. However, they also noted

that due to the sensitivity of the information contained in those emails, limiting access to the minimal number of staff necessary to implement the campaign was important to reduce the risk of distress from exposure to that information. The #chatsafe program team reflected that although automation would improve efficiency, there is a need for a human element. Finally, it was noted by the #chatsafe program team that with the different skill sets required across the protocol steps there is opportunity for disconnect or other issues.

***Evaluation sub-question 3.2: what are the non-staff related challenges and enablers for implementation?***

Aside from challenges and enablers related to staffing described above, interview participants commented on some challenges associated with creating appropriate content and identifying appropriate platforms, and differences between platforms in terms of scope to geotarget audiences.

A number of interview participants thought that there were challenges with limitations to the content of the campaigns. Challenges due to content limitations were that it is not a direct resource, but rather direction to resources, and that there is not a direct link to services. One Department of Health interviewee suggesting this was an opportunity where #chatsafe could be further developed. One service provider, who admitted they knew very little about #chatsafe, cautioned that it looked like a service but is not actually offering a service. That same participant questioned the utility of geotargeting information provision when it would be better to geotarget where to get help.

Another challenge with the content noted was in reaching particular groups such as LGBTIQ+ or specific cultural groups, and tailoring resources more specifically to these groups was suggested by a few participants. Related to this, was the perception of the need to maintain relevance as a challenge. This was perceived as a challenge because social media moves quickly, but also the challenge of the content being relevant to various groups such as Aboriginal and Torres Strait Islander youth. As one participant noted, sometimes it is unknown why the campaign does not resonate with the community –

*“One of the challenges is that people in the community don’t always take up the resources even though the ad is very much targeted to their current situation” (DH01)*

Platform specific challenges raised by Orygen Communications team members and Department of Health interviewees included banned words and the use of ‘algospeak’. Algospeak involves the replacement and use of coded language such as deliberate misspellings and symbols to avoid AI content moderation of banned words. Algospeak constantly and rapidly evolves. Interviewees felt the banning of words to do with suicide perpetuated the stigma of talking about suicide, restricts what people can say online and is counterintuitive to the aim of #chatsafe.

*“From a content creator perspective, it is hard to identify people because they are worried about getting banned.” (DH01)*

Another challenge described by Orygen Communications team members to implementing the initiative as intended was the way the different platforms target. One platform uses postcode, and another uses a circular catchment of a specific radius - resulting in some areas outside of a local government area being excluded due to the shape of the local government area.

#### ***Evaluation Question 4: Are record-keeping and data management processes fit-for-purpose?***

Review of data files and campaign implementation documentation indicate that while implementation has generally been efficient and aligned to the overall intent and scope of the intervention, record keeping, and data management processes are under-developed.

Interview participants from Orygen and the Department of Health were asked a series of questions about data management. This included how data is stored, whether it is of a sufficient level of detail and quality, and whether they had any recommendations. Most of the participants were not able to answer these questions or deferred to another colleague. It was not clear whether data gathered from the platforms was stored on the platforms themselves or stored within Orygen's database. In terms of the sufficiency of level of detail and quality of the data, three interview participants were positive about this stating that it was sufficient for what they needed (CS03, OC01, OC02). Three participants made a number of recommendations around data management. The first was around providing more detail to allow greater targeting and tailoring of campaigns (CS01, CS02). Secondly, participants recommended some streamlining, with alerts going straight to the communications team (CS02). Thirdly, additional information gathered from the community or other sources during the campaign is not recorded (CS03).

#### **Summary**

Interviews with the #chatsafe program team and Orygen communications staff indicated a shared understanding of the processes and responsibilities and review of the notification and social media data that were available indicated that the intervention was implemented as intended and in alignment with the protocol as outlined in project proposal and internal procedures documents. Challenges relating to how to optimise the social media platforms to reach the target audiences were noted, however Orygen communications and #chatsafe program team were able to deliver the campaigns as intended to the appropriate audience within the limitations of the platforms.

The overall high quality of the implementation rested on the knowledge, availability and efficiency of a small number of staff and on the rare occasion when an implementation issue arose it was generally a case of key staff not being available. This is a key risk to the program and presents an ongoing challenge.

This, along with a review of implementation-related documentation, indicates a clear need for more formalised processes with respect to the intervention protocol. While the general



procedures for activating a campaign and the content of campaigns are familiar to the staff responsible, they are not definitively documented in a single 'master' document. It was noted in interviews that there needs to be a level of flexibility to ensure campaigns are responsive to the particular circumstances of a suspect suicide, and thus the protocol must acknowledge and accommodate that.

Notification data are stored securely, and access is limited to the minimum number of staff required to action the protocol as is appropriate for sensitive and potentially distressing data of this kind. However, the storage arrangement (on an email server) is not ideal and more robust data storage, which includes regular back-ups, greater security and data management support and so on should be explored. Moreover, notification data are not compiled into a single database which hampers the ability to monitor the overall quality of the data and produce aggregate reporting and so on.

Campaign implementation records are scant and not readily accessible. While not overburdening staff a more comprehensive and systematic recording of campaign implementation would serve to support fidelity of implementation to the protocol, maintain implementation fidelity in the absence or changeover of key personnel and be a key resource for quality assurance purposes.

Finally, with respect to campaign materials it was considered that if there were sufficient resources available there was an opportunity to improve the reach and engagement of the initiative by developing more targeted content – for example, for LGBTIQ+ young people. Having more contextual information about the deceased, the area and circumstances of the suspect suicide as part of the notification was also raised as a way to be able to better tailor campaigns.

## 5.4 Outcome Evaluation

***Evaluation sub-question 5.1 and 5.2: What is the overall reach of the campaigns? and, What is the level of engagement with campaigns on social media platforms?***

### *Target regions*

From the data supplied there were 33 campaigns run across 24 different LGAs (only included one Gippsland LGA as data didn't specify if it was South or East Gippsland or both). This is 30% of all Victorian LGAs. Seven LGAs received more than one campaign, although from the correspondence this looks like it was under-represented in the data. By region, classified according to the Australian Statistical Geography Standards, campaigns occurred in 23 Major Cities, eight inner regional and two outer regional areas.

### *Target population groups*

The metric which indicates to population catchment is 'impressions', defined as the total number of times the content was displayed to people. In terms audience engagement with the campaigns the metrics are 'reach', defined as the total number of people who see the ad, 'click throughs' for Facebook and Instagram, defined as the total number of times people clicked through to the

#chatsafe website, and 'swipe up' for Snapchat, defined as the total number of times people 'swiped up' to go through the #chatsafe website.

These metrics do not provide insight into how people who receive the message interpret or use them. It was beyond the scope of this evaluation to examine this. However, as mentioned above, the Orygen communications team and the #chatsafe program team recommended more research in the field to better understand this.

Table 1 shows total number of reach, impressions and clicks per platform across the 26 campaigns for which data were available.

**Table 1: total number of reach, impressions and clicks by platform**

PLATFORM	TOTALS
<b>Facebook</b>	
Number of campaigns	26
Impressions	6,833,072
Reach	1,459,221
Click through	331,133
<b>Instagram</b>	
Number of campaigns	26
Impressions	4,512,188
Reach	1,429,680
Click through	10,576
<b>Meta - Audience Network</b>	
Number of campaigns	26
Impressions	678,116
Reach	77,842
Click through	2,589
<b>Snapchat</b>	
Number of campaigns	25
Impressions	6,279,910
Swipe up	78,418

Table 2 shows the average number of reach, impressions and clicks per platform by target population group. Note the broad ranges and very large standard deviations indicating that there is considerably variability across campaigns – in large part this can be attributed to the variability in population density across the LGAs where campaigns are deployed. This variability does, however, mean summary statistics must be interpreted with caution.

Some broad conclusions do emerge from the data regarding platform performance in terms of reaching targeted age groups. In terms of engagement, campaigns on Facebook elicited the most engagement from parents/carers and educators of all platforms, while Instagram and particularly Snapchat elicited greater engagement from both under 18-year-olds and 18–25-year-olds. Meta's audience network distribution was extremely variable in terms of reach across campaigns and yielded very low engagement.

**Table 2: Average reach, impressions and click by platform and campaign target population**

Platform	Target Population				
	18-25 years	Parents	Educators	Under 18 years	13-25 years (Snapchat)
<b>Facebook</b>					
Number of campaigns*	14	17	16	14	n/a
Total Impressions	1,955,829	1,996,590	1,735,730	1,144,923	n/a
Range Impressions	91,563-218,571	16,389-203,733	2,432-218,308	385-203,198	n/a
Mean Impressions (SD)	139,702 (39,766)	117,447 (45,721)	108,483 (49,511)	76,328 (69,769)	n/a
Total Reach	320,825	512343	395291	230782	n/a
Range Reach	9,201-49,511	563-68198	308-55392	89-78543	n/a
Mean Reach (SD)	22,915 (14,289)	30,138 (18,366)	24,706 (15,464)	15,386 (20,932)	n/a
Total Clicks	8,174	11,330	10,458	3,151	n/a
Range Clicks	381-962	71-1144	6-1265	3-610	n/a
Mean Clicks (SD)	584 (192)	667 (268)	654 (318)	210 (194)	n/a
<b>Instagram</b>					
Number of campaigns*	17	16	16	14	n/a
Total Impressions	685,247	25,626	45,657	3,756,658	n/a
Range Impressions	2,359-439,172	83-9,674	0-11,994	11,666-620,026	n/a
Mean Impressions (SD)	40,309 (103,245)	1,507 (4,565)	2,854 (4,214)	268,333 (232,604)	n/a
Total Reach	121,417	10,476	18,159	1,279,628	n/a
	18-25 years	Parents	Educators	Under 18 years	13-25 years (Snapchat)
<b>Instagram (continued)</b>					
Range Reach	261-41,957	80-3,539	16-3,730	1,229-406,112	n/a
Mean Reach (SD)	7,142 (9,794)	616 (860)	1,135 (1487.0)	91402 (118922)	n/a
Total Clicks	3,147	170	517	6,742	n/a
Range Clicks	2-2,245	0-75	0-128	4-1,269	n/a
Mean Clicks (SD)	185 (523)	12 (21)	37 (52)	482 (436)	n/a
<b>Meta Audience network</b>					
Number of campaigns*	14	17	16	13	n/a
Total Impressions	29,531	622,917	21,964	3,704	n/a

Platform	Target Population				
Range Impressions	68-5,958	1,471-101,225	524-3,146	21-1,067	n/a
Mean Impressions (SD)	2,109 (1,716)	36,642 (25,178)	1,373 (749)	285 (405)	n/a
Total Reach	5,886	64,306	5,686	1,964	n/a
Range Reach	32-1,152	84-6,728	35-961	3-703	n/a
Mean Reach (SD)	420 (341)	3,783 (1,983)	355 (243)	151 (229)	n/a
Total Clicks	189	2,147	229	24	n/a
Range Clicks	0-53	8-366	1-58	0-7	n/a
Mean Clicks (SD)	14 (15)	126 (85)	14 (15)	2 (2.3)	n/a
<b>Snapshot</b>					
Number of campaigns*	8	n/a	n/a	14	3
Total Impressions	622,858	n/a	n/a	4,826,936	830116
Range Impressions	71,294-120,601	n/a	n/a	81,893-500,282	150,897-376,679
Mean Impressions (SD)	88,980 (18,443)	n/a	n/a	321,796 (164,282)	276,705. (115,087)
Total Swipe ups	10,387	n/a	n/a	61,159	6,872
Range Swipe ups	504-2,092	n/a	n/a	335-9,089	2,009-2,658
Mean Swipe ups (SD)	1,484 (530)	n/a	n/a	4,077 (2,535)	2,291 (333)

\*Number of campaigns for each platform will be fewer than the total number of campaigns for each audience segment reported in Table 1 as not all campaigns used all platforms for every activation.

### **Evaluation question 6: What are the challenges and opportunities for engagement?**

Interview participants from #chatsafe program team, the Orygen Communications team and the Department of Health noted that one challenge is the current dearth of knowledge about engagement on the individual level, and that there is the need for further research about the program to fully understand its impact.

*“One of the challenges – we don’t know how young people are receiving the campaigns, we can see the engagement is there, but we can’t see whether it is making people want to get help etc.” (CS03)*

Three participants noted the need for feedback as an overall challenge. As one service provider noted -

*“We don’t get to see feedback after we have requested it. Other than the metrics of hits on the website, it would be good to see its effectiveness and how that is measured. We would like to see that.” (SP03)*

When interview participants were asked to identify what they saw as the overall achievements of the Victorian #chatsafe postvention campaign, the most frequent theme to emerge was around the reach #chatsafe has been able to achieve, targeted specifically at young people.

*“The reach has been way more than we thought possible.” (CS02)*

*“The reach – many millions of young people. And it has a good click rate indicating good engagement.” (OC01)*

The next most frequently cited achievement (by all participant types) was about the content – that it was well designed, and evidence informed.

*“[For external agencies] You can relax a bit because you’ve got experts who have come up with this, rather than us trying to do it ourselves. ... It’s something we can rely on – others’ expertise in this area, that we don’t have to come up with something ourselves. We can concentrate on our area of expertise” (SP03)*

The #chatsafe program team, the Orygen Communications team and the Department of Health interviewees noted the achievements of #chatsafe as being educative, that #chatsafe has not caused any harm, and highlighted the program’s success in obtaining funding resulting in its subsequent growth.

*“It equips young people to be able to support each other.” (CS01)*

*“There is no harm, there is no harm in seeing the ad if you’re not someone who is going to engage with it.” (DH01)*

*“The first one we did, it’s come so far, and the more people we partner with, the more partnerships we have in this, the better it will get.” (CS02)*

Participants were asked to reflect on the program’s opportunities. In line with the challenges reaching specific groups noted above, participants from the #chatsafe program team and the Department felt there was an opportunity to tailor the content to different groups such as LGBTIQ+, Aboriginal and Torres Strait Islanders, or specific cultural groups. In a similar vein, a suggested opportunity was for the content to be updated. An Orygen Communications team participant repeated that there was an opportunity to undertake more testing and optimisation of the content.

*“If we can optimise data analysis, and upscaling there is more room for improvement.” (OC01)*

Lastly, the Department suggested that two-way communication between #chatsafe and other services in the community could help to determine the level of community distress.

*“If there were PV (postvention) protocols in every PHN, there could be 2-way communication with #chatsafe in terms of how many people have accessed resources as*

*a proxy to gauge level of community distress. There is an opportunity to integrate with PV interventions across Victoria. Not sure how we would link #chatsafe to that” (DH02)*

As a final reflection, participants were asked to identify any overall issues they saw with #chatsafe. The #chatsafe program team and the Orygen Communications team again stated that there needed to be more research and reflection, particularly around the end user experience.

*“Rolling out a campaign on social media is a blunt instrument. You can’t predict who is seeing it, how they are feeling at the time they see it. So, there are still unknowns around who is going to benefit from what type of content.” (CS01)*

*“Other limitations to data is knowing how well it is working. Over a longer period of time, it would be good to know and compare communities where it has been launched and where it hasn’t to measure an impact over time.” (OC01)*

## **Summary**

In interviews, one of the key outcomes highlighted was that the #chatsafe postvention campaigns were able to directly reach young people in affected communities, as well as also reaching those who support them. This was underscored by the social media data which indicated that the campaigns were reaching substantial numbers of their targeted population groups albeit with considerable variability relating to the population density variation across geographic regions. The majority of the activations for which data were available were in major city LGAs, but close to one third (10/33) were in regional areas.

All platforms demonstrated high levels of reach among the relevant target populations, although Meta’s Audience Network facility did not. Engagement showed some variation across age groups, reflective of younger users preferences for Instagram and Snapchat.

In terms of future directions to build engagement, in interviews #chatsafe program team members identified a need for a next stage of research to examine how the campaigns are being received and engaged with by individual young people receiving them in the community. Other suggestions raised by stakeholders were to develop more tailored campaign materials for different population groups such as LGBTIQ+ young people and First Nations young people, and to boost communication and coordination with local postvention providers such as PHNs.

## 6 Recommendations

### *Position of #chatsafe Victorian postvention campaign*

1. #chatsafe postvention clearly fills a gap in the postvention service landscape and is particularly important in terms of reaching young people who are not engaged in education. Ongoing, sustainable funding to support the continuation of the initiative should be sought.
2. Explore mechanisms for communication with other service providers to improve their awareness of and understanding of the #chatsafe postvention intervention and to support a coordinated response in communities.

### *Implementation*

1. Develop a clearly identified 'master protocol' document that includes the steps, roles and responsibilities, contingency arrangements, documentation and data capture and so on. Provide the 'master protocol' to all parties involved in instigating and implementing a campaign, and periodically review, amend and disseminate changes it as required.
2. Develop policies and sustainable mechanisms to ensure that key program team staff are not overburdened and that campaigns can run smoothly in their absence. These might include temporary allocation of access rights to notification and other data so that at least two on-site staff have access at any point, streamlined and documented record keeping procedures and so on.

### *Record-keeping and data management processes*

1. Review notification data management and establish a more robust data storage solution using existing Orygen or University of Melbourne data infrastructure.
2. Create a notification database that contains all individual notification records.
3. Conduct an end-to-end review of the implementation and campaign output and outcome data collection and record-keeping. Drawing on the advice of in-house data and records management expertise and Orygen communications staff involved in implementation to develop a minimal burden, fit-for-purpose data capture and management system and protocols.

### *Campaign reach and engagement*

1. Explore with the Department the possibility of accessing more contextual information about a suspected suicide in order to tailor the campaign.
2. If resources are available, develop additional content to support the engagement of young people and the adults who support them, from different population groups such as First Nations young people, LGTIQ+ young people, etc.

3. If resources are available, engage with end-users of the intervention to understand if and how it is supporting them.
4. Explore opportunities and mechanisms for coordinating campaigns with other postvention activity taking place in a community. There may be a role for the Department of Health in facilitating this.



## 7 References

- Andriessen K. Can postvention be prevention? *Crisis* 2009; **30**(1): 43-7.
- La Sala, L., Teh, Z., Lamblin, M., Rajaram, G., Rice, S., Hill, N. T. M., Thorn, P., Krysinska, K., & Robinson, J. (2021). Can a social media intervention improve online communication about suicide? A feasibility study examining the acceptability and potential impact of the #chatsafe campaign. *PLOS ONE*, 16(6), e0253278. <https://doi.org/10.1371/journal.pone.0253278>
- La Sala, L., Pirkis, J., Cooper, C., Hill, N. T. M., Lamblin, M., Rajaram, G., Rice, S., Teh, Z., Thorn, P., Zahan, R., & Robinson, J. (2023). Acceptability and Potential Impact of the #chatsafe Suicide Postvention Response Among Young People Who Have Been Exposed to Suicide: Pilot Study. *JMIR Hum Factors*, 10, e44535. <https://doi.org/10.2196/44535>
- Robinson, J., Hill, N. T. M., Thorn, P., Battersby, R., Teh, Z., Reavley, N. J., Pirkis, J., Lamblin, M., Rice, S., & Skehan, J. (2018). The #chatsafe project. Developing guidelines to help young people communicate safely about suicide on social media: A Delphi study. *PLOS ONE*, 13(11), e0206584. <https://doi.org/10.1371/journal.pone.0206584>
- Thorn, P., Hill, N. T. M., Lamblin, M., Teh, Z., Battersby-Coulter, R., Rice, S., Bendall, S., Gibson, K. L., Finlay, S. M., Blandon, R., de Souza, L., West, A., Cooksey, A., Sciglitano, J., Goodrich, S., & Robinson, J. (2020). Developing a Suicide Prevention Social Media Campaign With Young People (The #Chatsafe Project): Co-Design Approach. *JMIR Ment Health*, 7(5), e17520. <https://doi.org/10.2196/17520>
- World Health Organisation. (2018). *National suicide prevention strategies: progress, examples and indicators*. Retrieved 26 June 2023 from <https://www.who.int/publications/i/item/national-suicide-prevention-strategies-progress-examples-and-indicators>

