

Wesley LifeForce General Practitioner Suicide Prevention Training Program Evaluation

Executive Summary December 2019

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The Suicide Prevention Skills Training Program for General Practitioners has been accredited as Continuing Professional Development (CPD) by:









Executive summary

This evaluation shows that the Wesley Lifeforce General Practioner (GP) Suicide Prevention Training Program is a highly valued training process that is accepted by participants as both a training process and program that delivers good skills. It allows them to tackle patients with suicidal ideation with more confidence, more planning and overall success for the patient's outcome.

Pleasingly, clinicians have taken the knowledge learned in this program and are also using it with patients/clients who are suffering from various degrees of depression, with positive benefit in those consultations for the patient as well as the clinician.

This is an important finding in that the overall number of patients that this program can now benefit has been greatly increased.

An overwhelming number of 85-90 per cent of participants, on virtually all measures, found that the program has been a positive benefit to their clinical practices and they have continued to use the skills learned since developing them. Many commented that they wished they had been taught the skills earlier in their clinical life.

The overall survey response rate of 35 per cent, although difficult to achieve, has meant that an appropriate cross section of views has been surveyed. The survey group contained an appropriate mix of male and female respondents and clinicians who have been in practice for various lengths of time. Hence, allowing comment that the program is suitable and valuable for any clinician whatever their experience in terms of their occupational journey.

From the perspective of the program, logic, content and the base principles, particularly the SALT (See, Ask, Listen, Tell or Take) foundation, received widespread praise as being appropriate and easy to utilise with a little practise within clinical practice. More experienced clinicians commented that the program would be a boon to all young GP trainees.

Little comment was received about any specific need for program change, apart from some discussion about reinforcing aide de memoires and possibly viewing 'gold standard' consultations, demonstrating the techniques to better benchmark the participants' skills.

From the perspective of the program and where it may sit in the broader picture of suicide prevention, little opportunity exists for clinicians to experience and learn such a simple evidence-based technique that is of proven benefit, apart from attending this course.

Participants were highly complimentary about the skills they learned and how it had benefited them with their patients.

This program has the opportunity to be more widely offered, with this evidence, to all levels of GPs, including GP registrars. The ability for this program also to fit within some of the possible opportunities that may come from the Towards Zero report, which will be published in 2020, is worth pursuing.

With some modification, this program could also fit into the possible training needs of peer workers and workers working within the 'Stepped Care Model' with the Primary Health Network mental health programs nationally.

A total of 11 recommendations are made by the evaluator, mainly around expansion of the availability of the program and some opportunities to strengthen its appeal through linkages.

I would like to thank Mary McNamara for her assistance and forbearance over the course of this evaluation, and I commend Wesley Mission on its foresight and work in producing this program, which is of excellent standard and usefulness to its target audience.

I commend the report to you.

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