

VIDEO RESOURCES FOR FIRST RESPONDERS WHO ENGAGE WITH VETERANS' EXPERIENCING SUICIDE CRISIS:

Outcomes of a co-design workshop and recommendations for resource development



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1. Executive Summary

- A one-day co-design workshop was hosted at the United Services Club, in Spring Hill, Brisbane, Queensland on 20 March, 2023. This workshop was attended by 27 delegates spanning several organisations.
- The workshop contributes to an overall project aim to create and evaluate lived experience and evidence-informed video resources to assist first responders in their responses to veterans who experience suicide crisis, based on qualitative research undertaken with veterans who have experienced suicidality, their families, police and ambulance responders who respond to individuals in crisis, and input from expert stakeholders.
- These resources will be available for use by all first responders, and other organisations who provide crisis responses to individuals who are currently serving or veterans.
- The purpose of the workshop was to develop provisional consensus as to the target audience, learning objectives, and topics of focus of video resources and training materials to be developed, based on research undertaken and stakeholder views.
- The day was defined by four key components: context and background; interactive activities; filming; and evaluation.
- Findings from the day have been synthesized in this report, to produce summary recommendations pertaining to target audience, learning objectives and resources to be developed.

2. Summary of Recommendations

A summary of recommendations is provided for the training materials as follows:

Target audience

- QPS front line/general duties officers
- QAS front line staff across the organisation
- Qld Health co-responders, MH call attendants, Acute Care Teams and Mental Health Intervention Coordinators

Learning objectives

Themes around which learning objectives will be refined are:

1. Person-centred approaches to suicide crisis situations: responding to people on worst day of their life
2. Building connection, rapport and trust with veterans

3. Demystifying veterans' crisis and alleviating responders bias and fear
4. Understanding the military experience and language; understanding what it means to identity/loss of identity
5. Referral pathways and support services
6. Promoting help seeking behaviours post-crisis

Video resources

1. Understanding veterans experience in crisis (lived experience video)
2. Working with veterans – trauma informed responses (clinician/expert advice)
3. The behavioural influence stairway model (skills, QPS, with accompanying text)
4. Self-management, self-care, and when to seek support (Responder perspectives)

Text resources

- Referral pathways and promoting help seeking behaviours (text resources)

3. Background

Suicide in veteran communities is a high profile issue of concern in veteran health. The need to improve responses to veterans who experience suicidality, and their families, is being highlighted by the current Royal Commission into Defence and Veteran Suicides.

Suicide crises that result in a call to emergency services (police, paramedics or emergency mental health workers), represent a critical 'touchpoint' between individuals in crisis and health and social care services (WHO, 2019¹).

In spite of this, there is scant evidence or interventions to inform optimal first responses, including first responses tailored to the specific needs of specific populations, including Defence and veteran populations.

4. Project aims

The present project aims to create and evaluate lived experience and evidence-informed video and training resources to assist first responders in their responses to veterans, based on qualitative research to be undertaken with veterans who have experienced suicidality, their families, and police and ambulance responders to respond to individuals in crisis. These resources will be available for use by all first responders, and other organisations who provide crisis responses to individuals who are currently serving or veterans.

5. Approach

The project is envisaged to comprise three phases: 1. Qualitative interviews and focus groups 2. Video development and 3. Evaluation. This document outlines the outcomes of phase 2 of this project, pertaining to a one-day co-design workshop, the purpose of which was to develop provisional consensus as to the target audience, learning objectives, and topics of focus of video resources and training materials, based on research undertaken and stakeholder views.

6. Workshop

A one-day co-design workshop was hosted at the United Services Club, in Spring Hill, Brisbane, Queensland on 20 March, 2023. This workshop was attended by 27 delegates spanning:

- Queensland Centre for Mental Health Research
- Gallipoli Medical Research Foundation
- Queensland Health
- Queensland Police Service
- Queensland Ambulance Service
- Australian Defence Force

The day was defined by four key components: context and background; interactive activities; filming; and evaluation

6.1 Context and background

Three presentations were delivered to provide context and background to the purpose of the workshop

6.1.1 Presentation 1

Suicide crisis, first responders, current and ex ADF members: current clinical services and pathways – A/Prof Ed Heffernan

In this presentation, A/Prof Heffernan provided an overview of the context to the videos project, in terms of rising pressures on police and paramedics to respond to individuals in crisis, and the existing service context in Queensland.

A/Prof Heffernan also noted the definition of veteran to be used for this project, as follows: “people who have any experience in the ADF including permanent, reserve, and former (ex-serving) personnel”.

6.1.2 Presentation 2

The Partners in Prevention videos project – background, outcomes and learnings – Dr Carla Meurk

In this presentation, Dr Meurk overviewed the initial Partners in Prevention videos project, and discussed key learnings arising, including highlighting key considerations for filming, such as:

- Being mindful of length, in general viewership drops substantially after 6 minutes length.
- Consideration of what/when videos (versus text or face-to-face delivery) are the best approach e.g., the ability of videos to effectively convey emotion and connection to material through emotional connection.
- Focus on one specific or topic or question per video
- Video resources can be good where visual aids, diagrams, or animations can be used to convey information easily and/or in a more appropriate manner than having faces on camera.

The presentation ended with three key questions:

1. What are our objectives for these resources?
2. Who are they for?
3. What is the ONE thing you want the audience to come away with for each video?

A schema of the proposed video production process, was presented, as follows:

1. Pre-production	2. Production	3. Production/post-production
<ul style="list-style-type: none"> • Workshop – gathering ideas and provisional consensus • Project investigators and multimedia team prepare a proposal for the format/type for each video/topic. • Once approved by stakeholders, project 	<ul style="list-style-type: none"> • With endorsement from stakeholders, the team will move onto production. Comprising: <ul style="list-style-type: none"> – Film shoots – Audio recording – Title / animation production 	<ul style="list-style-type: none"> • A rough cut / first draft of each project will be prepared and presented back to stakeholders for feedback. • Another round of post-production will take place to resolve feedback. • Following implementation of resources, evaluation

1. Pre-production	2. Production	3. Production/post-production
investigators and multimedia team will prepare pre-production materials as necessary for further approval – for e.g. storyboards, list of interview participants.		will take place.

6.1.3 Presentation 3

Training needs and gaps: Preliminary findings from qualitative interviews and focus groups with individuals with lived experience, families, and first responders – Dr Kerri-Ann Woodbury and Dr Emina Prguda

In this presentation, Dr Woodbury introduced phase 1 of this project, the qualitative interviews and focus groups with veterans who have been the subject of a suicide-related call to emergency services, their families, and first responders.

Dr Prguda presented the preliminary findings of the research based on six interviews and one focus groups ($n = 10$). See Table 1 for an overview of the key preliminary findings that were covered at the workshop.

Table 1

Phase 1: Preliminary findings

Agreement across participants	Source
An understanding, professional, caring, and non-judgmental approach is crucial for emergency service responses, including clear communication and good listening skills	Veterans and family member
Veterans may struggle with communication	All participant groups
Identify people as ex-serving Defence members earlier on in the process to help guide emergency service responses	All participant groups
Stigma, shame, and the mentality that veterans need to manage their mental health on their own influences lack of help seeking in the community	All participant groups
Others (e.g., partner) are most likely to call for help	All participant groups

Update since the workshop

Since the workshop, researchers have finalised data collection and the qualitative analysis for phase 1 of this project. The final sample consisted of seven veterans, one family member, and nine first responders. The final themes and subthemes are presented in Table 2. These findings will inform the development of the evidence-informed video resources. Once the findings are reviewed and approved for public dissemination, findings will be shared with the workshop participants.

Table 2

Phase 1: Final thematic analysis

Theme	Subtheme (italicized text) and notes
Community involvement in veteran suicide prevention	Participants spoke of the need for wider community involvement, apart from emergency services
Barriers to interactions	<ul style="list-style-type: none"> • <i>Barriers that are influenced by military culture</i> • <i>Veterans are at high risk of death by suicide</i>
Factors that contribute to suicide crises	<ul style="list-style-type: none"> • <i>The military-civilian transition and loss of military culture and identity</i>
Veterans' history of mental health support	<ul style="list-style-type: none"> • <i>Not receiving vs receiving needed mental health support</i> • <i>Challenges with the DVA system and access to healthcare</i>
Family involvement in suicidality experiences	<ul style="list-style-type: none"> • Seen as a protective factor • Often the ones reaching out for support for the veteran
Interactions between veterans and emergency services	<ul style="list-style-type: none"> • <i>Veterans' gender and interpretations of interactions</i> • <i>EEAs and transporting</i> • <i>The importance of rapport building and active communication and listening</i> • <i>First responder characteristics that may influence interactions</i>
Aggression and violence considerations in responses that involve veterans	Emergency services are on alert when they know they are responding to a veteran, but report that most calls to veterans do not include violence/aggression
Recommendations for improving	<ul style="list-style-type: none"> • <i>Specific recommendations for working with</i>

Theme	Subtheme (italicized text) and notes
responses to suicide-related calls	<i>veterans</i> <ul style="list-style-type: none"> <i>Procedural recommendations</i>

6.2 Interactive activities

Following presentations, workshop participants took part in three focussed interactive activities, with the purpose of progressing towards developing provisional consensus on the following matters:

1. Who is/are the target audience(s) for these video resources; and
2. What training needs will the video resources seek to meet (i.e., what are the videos aims and specific learning objectives)?
3. What are the number, content, and broad stylistic features, including approximate length, of resources to be produced?

There were two parts to the activities: (1) brainstorming at tables, and (2) a short summative survey based on each table's consensus.

6.3 Filming

In addition to the interactive activities, a film crew was on site for the day to obtain responses from meeting attendees for potential use in video resources. Respondents were invited to respond to the following questions:

- When you are talking to veterans, what specific communication skills do you use to engage them?
- What, if anything, is it that's unique about a veterans' in crisis?
- What's one implementable suggestion you could give to a 1st responder on how to respond to veterans' in crisis?

6.4 Evaluation

At the end of the day, there was a preliminary discussion regarding an evaluation protocol for the project. A short survey from the day was circulated for participant feedback.

6.5 Outcomes and provisional consensus

Response rate

Activity	% (n) of workshop participants
Workshop Questions	63.6% (n = 14)

Activity	% (n) of workshop participants
Evaluation	90.9% (n = 20)

Target audiences

Target audiences	% (n) of respondents
QAS front line, whole of organisation	86% (n = 12)
QPS front line/general duties, already qualified	86% (n = 12)
QAS Emergency Medical Dispatch operators	79% (n = 11)
QLD health/co-responder	71% (n = 10)
QPS front line, first year constable	71% (n = 10)
ADF medic	64% (n = 9)
QLD health, MH call	64% (n = 9)
QLD health, Mental Health Intervention Coordinators	64% (n = 9)
QLD health, acute care team	50% (n = 7)
QPS, specialised roles	36% (n = 5)
QLD fire service/RFS	21% (n = 3)

Learning objectives

Learning objectives	% (n) of respondents
Building connection, rapport and trust	100% (n = 14)
Person centered approaches to suicide crisis situation, responding to people on worst day of their life	100% (n = 14)
Demystifying veterans' crisis and alleviating responders bias and fear	93% (n = 13)
Referral pathways and support services	86% (n = 12)
Understanding the military experience and language; understanding what it means to identity/lost of identity	86% (n = 12)
Epidemiology of suicidality, normalising and de-stigmatising suicide crisis	71% (n = 10)
Promoting help seeking behaviours post crisis	64% (n = 9)

Video (resources) topics

Video topics	% (n) of respondents
Communication - how to communicate and keep them informed (presenting them with safe options)	75% (n = 9)
Education module on resources available (referral pathways and organisation supporting veteran)	67% (n = 8)
Understanding the veterans experience in crisis	67% (n = 8)
Working with veterans - trauma informed responses	67% (n = 8)
Being able to be adaptive and flexible in responding to veterans' in crisis	58% (n = 7)
Rapport building	50% (n = 6)
Orienting to the person and the problem at hand. Not being distracted by their background	42% (n = 5)
Cultural Change - anyone can make an influence	33% (n = 4)
Understanding your training bias and how it may not be effective responding to ADF veterans	25% (n = 3)
Difference in response and risk assessment in QAS and QPS	8% (n = 1)

Learning package style

Package styles	% (n) of respondents
A mix/hybrid	64% (n = 9)
A comprehensive e-learning package/module	21% (n = 3)
Not sure	14% (n = 2)
Standalone resources	0% (n = 0)
Other	0% (n = 0)

7. Synthesis of Workshop Outcomes

As a means to refine the scope, answers regarding target audience, learning objectives and video topics were synthesized to identify areas of consistency and misalignment.

7.1 Target audience

With regards to target audience, the vast majority of attendees endorsed the idea that the target audience for training should be QPS front line/general duties officers and QAS front

line staff across the whole of organisation. The needs of these target audiences appeared to align with consensus around learning objectives and video topics. The next most endorsed category were QAS Emergency Medical Dispatchers, however, the prescriptive nature of this group's role, and according needs, did not appear to align with the learning objectives or topics as relevant to other groups.

Queensland Health co-responders, MH call attendants, Acute Care Teams and Mental Health Intervention Coordinators, were considered to have similar needs and therefore could be grouped together as the equivalent Queensland Health 'frontline staff'.

Other organisations, such as Australian Defence Force (ADF) and Queensland Fire Service (QFS), maybe secondary beneficiaries of resources but, based on previous learnings, expanding the target audience across too many organisations risks resources not effectively targeting any.

Consequently, a provisional recommendation for target audience was identified as follows:

- QPS front line/general duties officers
- QAS front line staff across the organisation
- Qld Health co-responders, MH call attendants, Acute Care Teams and Mental Health Intervention Coordinators

7.2 Learning objectives and video (resource) topics

Provisional consensus was achieved regarding seven thematic areas for learning objectives to be based upon. These were assessed in relation to the ten video topics identified, which also achieved high levels of consensus.

Mapping learning objectives to topics suggested, identified areas of alignment which allowed for further refinement. The table below identifies the seven learning objectives identified, and maps them to a synthesized and refined list of video topics. In this process, one learning objective was excluded, due to its not having an alignment with video topics identified. As can be seen, learning objectives map to parts of multiple video topics.

Learning objectives	Video (resource) topics
<ul style="list-style-type: none"> • Person centred approaches to suicide crisis situations, responding to people on worst day of their life 	<ul style="list-style-type: none"> • Understanding the veteran's experience in crisis • Working with veterans – trauma informed responses
<ul style="list-style-type: none"> • Building connection, rapport and trust with veterans 	<ul style="list-style-type: none"> • Communication + rapport building
<ul style="list-style-type: none"> • Demystifying veterans' crisis and alleviating responders bias and fear 	<ul style="list-style-type: none"> • Understanding the veteran's experience in crisis • Working with veterans – trauma

Learning objectives	Video (resource) topics
	informed responses <ul style="list-style-type: none"> • Self-management, self-care, and when to seek back-up or support (on-scene, and in the aftermath)
<ul style="list-style-type: none"> • Understanding the military experience and language; understanding what it means to identity/loss of identity 	<ul style="list-style-type: none"> • Working with veterans – trauma informed responses • Understanding the veteran’s experience in crisis • Communication + rapport building
<ul style="list-style-type: none"> • Referral pathways and support services 	<ul style="list-style-type: none"> • Education module on resources available
<ul style="list-style-type: none"> • Epidemiology of suicidality, normalising and de-stigmatising suicide crisis 	
<ul style="list-style-type: none"> • Promoting help seeking behaviours post crisis 	<ul style="list-style-type: none"> • Education module on resources available

Communication and rapport building are specific components of the Behavioural Influence Stairway Model (BISM²), used by police negotiators. Elements of the BISM model were discussed both at roundtables, and referred to in video clips. The BISM model has been developed overtime and has become a widely established approach to crisis response and de-escalation internationally². Consequently, it was recommended that one learning objective focus specifically on outlining the BISM approach.

Consequently, the following themes for learning objectives are recommended. These will be refined in the pre-production phase:

- Person-centred approaches to suicide crisis situations, responding to people on worst day of their life
- Building connection, rapport and trust with veterans
- Demystifying veterans’ crisis and alleviating responders bias and fear
- Understanding the military experience and language; understanding what it means to identity/loss of identity
- Referral pathways and support services
- Promoting help seeking behaviours post-crisis

Following the mapping above, the following resources have been identified for production:

- Understanding the veteran's experience in crisis (lived experience video)
- Working with veterans – trauma informed responses (clinician/expert advice video)
- The behavioural influence stairway model (skills, QPS, video with accompanying text)
- Self-management, self-care, and when to seek support (Responder perspectives, video)
- Referral pathways and promoting help seeking behaviours (text resources)

8. Proposed Consultation and Timeline

Pre-production

- Circulation of workshop report to all attendees (July, 2023)
- Project investigators and multimedia team to prepare a proposal for the format/type for each video/topic (July-August, 2023)
- Consultation period with stakeholders, and approval by Queensland Health, Queensland Police Service, and Queensland Ambulance Service of concept developed with multimedia team (September, 2023)

Production

- TBC - October-November, 2023

Post-production

- November-December, 2023

9. Appendix

10. Workshop Evaluation

10.1 Rating the effectiveness of the workshop

Questions	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
I was able to contribute effectively to the workshop	75%	15%	5%	0%	5%
The process was effective in generating draft learning	45%	50%	5%	0%	0%

Questions	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
objectives for the content of the education package					
The process was effective in generating draft video content ideas for the education package	50%	45%	0%	0%	5%
This workshop was a valuable use of my skills	55%	30%	10%	0%	5%

10.2 Questions about process

Best

Comments
Collaborative approach
Co-design
The collaborative and collegial approach.
Open communication with multiple perspectives and view points assessed.
Collaboration all had a voice
Collaborative approach
It produced output!
Sharing of research that mirrors the findings and direction of education within my organisation
The collective conversation that was created.
The use of the topic specific round table discussions gave us the opportunity to learn from each others expertise and to add our own experience of the issues under discussion
Diverse table groups so different perspectives were covered.
Inclusive multi faceted ability to contribute
Group discussion and gaining perspectives from everyone involved. Involving the right people in the process.
Discussions with, and the opportunity to hear from First Response and clinical subject matter experts.
These occasions always lead to better informed outcomes that directly benefit persons in crisis. Sometimes the agencies can be siloed in our responses/actions

Comments

Diverse group of professionals

The use of qualtrics to collect information.

Very good mix of people per table

Worst

Comments

Sometimes gif off topic

Nil

Not enough time

I'd like to have heard from, perhaps the ADF Pshcy present, or any other of the eminently qualified people, as to her input on how an ADF Vet in crisis is different or unique to anyone else in crisis and how to better deal with them

Could have benefited from more time, but then again getting these people into the same room at the same time was a huge achievement!

When facilitating discussion as a group have clearly defined roles.

We are out of time to facilitate enough content for the videos.

Not enough time to unpack the specifics of the video content

Probably didn't make full use of people's experience - but that may come later with further collaboration.

It would have been good to understand why first responders are the focus of this intervention...

Have there been problems in how first responders respond, if so what?

There was nothing negative about the day.

I would have liked more whole of room discussion

The time allocated for activities was not enough. An extra 20-30 minutes for each would have been appreciated.

Changes

Comments

Nope

No

Comments

No, I really valued havthe range of people and organizations here

Have people present with lived experience if available

We need more time to work on the content to ensure we capture the knowledge across the agencies.

No, it was well done and the right people were in the room.

Perhaps a pre-survey for attendees to help spark/focus conversations.

To bring Emergency Departments and Acute MH services into the conversation as important stakeholders.

No, it was a well organised event.

Being it was tailored to Defence, perhaps a short talk (or video) from an ADF lived experience person?

1. Invite some veterans 2. Get people to move tables to get greater cross-population

A change of tables/groups may have resulted in more collaboration across the entire attendance cohort.

Some more time for distillation and focusing of ideas could have been useful

Other thoughts and comments

Comments

Thanks superstars

Well done and many thanks to the organisers.

No

Need more

Thank you very much for the opportunity to attend!

Wonderful opportunity to discuss these issues with all agencies in the room.

Congratulations to the team.

Good context setting in the morning, knew why we were here and what trying to achieve for the day.

Great workshop and valuable use of time

11. References

¹ World Health Organization. (2019). *Suicide in the world: global health estimates* (No. WHO/MSD/MER/19.3). World Health Organization.

² Vecchi, G. M., Wong, G. K., Wong, P. W., & Markey, M. A. (2019). Negotiating in the skies of Hong Kong: The efficacy of the Behavioral Influence Stairway Model (BISM) in suicidal crisis situations. *Aggression and violent behavior*, 48, 230-239.