STOP RURAL SUICIDE - TELL YOUR STORY - BREAK THE STIGMA -

THE RIPPLE EFFECT

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beyondblue

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MIFNQ mental illness fellowship north queensland
A Member of the Mental Illness Fellowship of Australia

AgChat oz

Victorian Farmers Federation

'Sometimes trying to deal with things on our own or even talking it over with mates just isn't enough. There is no shame in putting yourself first and seeking professional help.'
- Male, 23 years

IMAGE | LANI HOLMBERG - GROWN WITH A WHOLE LOTTA LOVE

‘The Ripple Effect has helped move me into a new phase of my on-going maintenance of my mental health.’

- Male 34

IMAGE | DEB CRISTINELLI, WA - CROP INSPECTION

ACKNOWLEDGEMENTS

We wish to thank *beyondblue* and the Movember Foundation for their generous funding of the Ripple Effect research project.

We would also like to thank the following people and organisations whose contributions were invaluable to the project:

- Members of the Ripple Effect Steering Group: Alison Fairleigh, Dan Koerner, Graeme Ford, John Clark, Karen Seiler, Katrina Myers, Kylie Robertson, Maria Parente, Martin Butler, Nick Shady, Ross Romeo, Sam Haren, Steve Junghenn, Tom Whitty and Tristan Brumby-Rendell
- Participants and community donors, notably the Geelong Gentlemen's Lunch, for their contribution to the National Centre for Farmer Health Digital Storytelling Workshop
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- Finally, we would like to extend our sincere gratitude to the participants who shared their insights and information and made a difference to farmers' and rural community members' lives.

AN OVERVIEW OF *beyondblue*'s *STRIDE* INITIATIVE

Following an open, competitive process, *beyondblue* with donations from the Movember Foundation, supported six action research partnerships to answer a key question:

> "Can digital interventions, implemented at a local population level, promote change across the knowledge, attitudinal and/or behavioural components of stigma experienced and/or exhibited by men aged 30 to 64 years?"

The partnerships were all required to involve multiple perspectives—local community, academics, evaluators and designers—each contributing to an integrated innovative digital project.

The **Stigma Reduction Interventions: Digital Environments (STRIDE) Initiative** investigated the 'real world' effectiveness of evidence-informed interventions and prioritised research partnerships between the community and academics.

The six funded projects were:

- Better Out Than In, led by the AFL Players Association
- Contact+Connect, led by Incolink
- Out of the Blue: Pete & Dale, led by VAC
- Tell Your Story, led by UNSW Refugee Trauma & Recovery Program
- The Ripple Effect, led by the National Centre for Farmer Health
- Y Fronts, led by CGA Consulting

beyondblue received results of the six projects in mid-2017. These results provided us with insights into how to best use digital channels to promote behaviour change in men in their middle years so they report less stigma around mental health and/or suicide.

More information on the STRIDE Initiative, including detailed results of the research, is available at: beyondblue.org.au/stigma.

The STRIDE Initiative is a *beyondblue* project funded with donations from the Movember Foundation.

'At the time I attempted to take my own life, my world had practically fallen apart around me. I was suffering with depression and anxiety, I lost my job, my home was at risk due to having no income, and eventually my girlfriend who I absolutely adored left me. It seemed nothing would get better. I look back at those days now and I am so very thankful that none of my attempts were successful. I still have bad patches, but the good outweigh the bad. I've got a great support network around me and that takes the edge off things. The biggest piece of advice I can give is just don't give up. It does get better. It's not easy, but it does happen.'
- Male, 33 years

IMAGE || ANGIE BUHK - POPPY AT WORK AGAIN

GLOSSARY

Experience of suicide

Those bereaved by suicide, those who have contemplated or attempted suicide, those who have cared for someone who has attempted suicide, and those who have been touched by suicide in another way.

Literacy of Suicide Scale (LOSS)

An assessment of the knowledge of suicide (true or false questions) comprising four themes: risk factors, signs/symptoms, cause/nature, and treatment/prevention. Responses—graded correct or incorrect—highlight knowledge and areas of misinformation (Batterham, Callear, & Christensen, 2013a).

Stigma

Stigma involves lack of knowledge or misinformation, prejudicial attitudes and discriminating behaviour. There are a number of different types of stigma. The Ripple Effect is specifically focused on reducing the self-stigma and perceived-stigma associated with an experience of suicide.

Perceived-stigma

A person's beliefs about the negative and stigmatising views that other people hold.

Self-stigma

A person's self-directed judgemental attitudes and beliefs.

Stigma of Suicide Scale (SOSS) - short form

A 32-item short form of the 58-item assessment tool adapted to specifically measure self-stigma and perceived-stigma in the Ripple Effect (Batterham, Callear, & Christensen, 2013b). Using a 5-point Likert scale, the assessment tool measures stigmatising attitudes toward people who suicide. Subscales identify participants' perceptions of stigma, their attribution of suicide to isolation and depression, and the presence of glorification and normalisation.

STRIDE Project

The Ripple Effect is one of six projects funded by *beyondblue*'s Stigma Reduction in a Digital Environment (STRIDE) Initiative through donations from the Movember Foundation.

IMAGE | TRACEY KRUGER - SHEARING AT BATESWORTH

'In your darkest moment, the hardest thing to believe is that it will pass. Yet, it will and things change and eventually you can overcome. The hardest thing to do is to reach out and yet this is the very thing that will save you.'

- Male, 61 years

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IMAGE | SAMANTHA KASPERS - DAIRY FARMER

'Suicide is something that needs to be discussed. Particularly in a friendship setting, as it may not be just yourself that is having difficulty. Sometimes other friends need to talk as much as yourself and in a tough time, such as with suicide, it can be easy to lose sight of this.'

- Male, 23

EXECUTIVE SUMMARY

Introduction

This report details the design and evaluation of The Ripple Effect—a technologically-innovative, digital intervention to reduce the stigma associated with suicide for males aged 30-64 years in rural and remote Australian communities. The findings presented are the product of 23 months of engagement with rural and remote farming community members affected by suicide—those bereaved by suicide, those who have contemplated or attempted suicide, those who have cared for someone who has attempted suicide, and those who have been touched by suicide in other ways. The Ripple Effect recognises that males in rural Australia, in comparison to males in the urban population, experience higher rates of suicide. This is despite similar levels of diagnosed mental health conditions in rural and urban areas. Contextual elements such as geographic isolation, traditional gender and cultural expectations, and close-knit communities can restrict open discussion about suicide and reinforce the effects of stigma (A. J. Kennedy, 2015). The inclination to avoid emotional vulnerability can be detrimental when combined with feelings of weakness, shame, guilt, selfishness and the sense of rejection often associated with an experience of suicide. The self-stigma and perceived-stigma that manifests can lead to obscured behaviour and aversion to help-seeking, which may have life-altering effects and, ultimately lead to increased ongoing suicide risk.

The Ripple Wheel (see Figure 1) visually represents the Ripple Effect's multifaceted approach to reducing rural suicide stigma. The inner wheel demonstrates the stigma-reducing actions used throughout the intervention, while the middle wheel identifies the groups involved in project governance and resource creation. The outermost wheel describes the avenues of dissemination and communication during the research phase to achieve maximum reach, maximum engagement in the website, and maximum effect of the intervention to reduce suicide stigma.

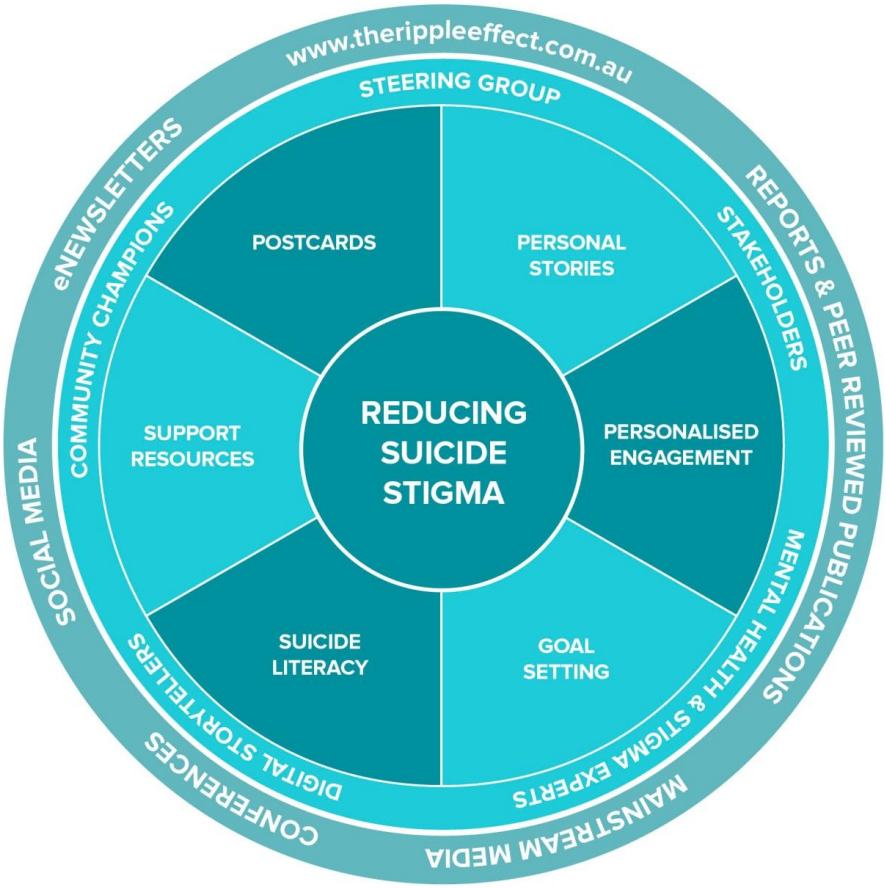


Figure 1: The Ripple Wheel

Research Design

The primary research aim of the Ripple Effect was to:

> *Identify the effect of a digital intervention to reduce self-stigma and perceived-stigma experienced by men in rural farming communities affected by suicide as shown by changes in the Stigma of Suicide Scale (SOSS) and qualitative measures of stigma reduction assessed throughout the project.*

The secondary research aim of the Ripple Effect was to:

> *Increase suicide prevention in the rural farming community and explore the relationship between change in self-stigma and perceived-stigma of suicide, suicide literacy (LOSS), the nature of experience of suicide, age and health behaviour measures.*

The Ripple Effect encouraged participation from a strengths-based perspective working with, rather than against, the normative behaviours present in Australian rural males (e.g. participation was encouraged as a way of helping your rural community and presented problems as solvable). A Steering Group comprising researchers, health professionals, industry representatives, digital designers and rural community members with an experience of suicide guided the project. Personalisation throughout the Ripple Effect allowed for targeted and relevant information to increase knowledge, influence attitudes and facilitate behaviour change.

The Ripple Effect involved development and delivery of tailored web content for the primary audience of farming men, aged 30-64 years, with an experience of suicide. The content comprised shared stories, education, personal goal-setting and links to further resources. To assess change in self-stigma and perceived-stigma among participants, researchers used pre- and post-completion survey tools, and thematically analysed personal goals and postcards contributed by participants.

The rural community greatly supported and engaged with the Ripple Effect, leading to the formation of a network of Community Champion and a large group of stakeholders. Marketing and recruitment efforts used these networks as well as social media, flyers mainstream media and community presentations.

Profile of Participants

Participants were located across rural Australia. Despite being designed and marketed for males, aged 30-64 years, females and males outside of the TARGET group participated in www.therippleeffect.com.au. There was strong participation from current farmers, those who were no longer farming and those who had never farmed. Of those who were farming, a wide variety of farming types was represented. Differences were seen according to the nature of suicide experience, impact of the event and closeness to someone who had died by suicide. Notably, males in the TARGET group were more likely to have attempted or had thoughts of suicide than participating females.

Results

Reduction in suicide stigma was identified through mixed methods survey analysis following participation in the Digital Storytelling Workshop.

Baseline comparisons, measured by the Stigma of Suicide Scale (SOSS), highlight a stronger perceived stigma associated with suicide than previously identified in Australian research. Comparisons also highlighted the Ripple Effect cohort having a weaker association between suicide and isolation/depression than previous Australian research.

When assessing pre and post-participation measures using the SOSS, no significant change in the subscales ‘stigma’ or ‘isolation/depression’ was identified—for either the TARGET group or other participants overall. No

significant change in self-glorification/normalisation was identified. A significant increase from baseline to completion was identified for glorification/normalisation perceived in others. This result raises discussion points relative to the differences between the rurality of the Ripple Effect sample and previous community samples, 'best practice' suicide stigma reduction content, the significance of increasing normalisation of suicide and the interpretation of SOSS scores.

Behavioural indicators of stigma reduction were identified following qualitative analysis of personal goal-setting data. Identified themes included increasing the support of others, expressing feelings and help-seeking.

Increased understanding of suicide was identified through mixed methods survey analysis following participation in the Digital Storytelling Workshop.

Baseline suicide literacy levels for TARGET male participants were much higher than any previous Australian community samples. Given this, few significant gains in literacy were achieved. Significant increases in literacy were, however, identified for the TARGET group relative to two individual items: knowledge about people being able to change their mind quickly about wanting to attempt suicide and knowledge of the links between suicide and alcoholism.

Conclusion

The Ripple Effect has achieved significant engagement with Australia's rural community through the development and implementation of www.therippleeffect.com.au. Suicide stigma reduction has been demonstrated through community-wide conversations, awareness-raising and demonstrated community action to improve support as a result of the Ripple Effect. However, this has not always been measurable. Measurable stigma reduction has been demonstrated by evaluation of the Digital Storytelling Workshop and personal goal-setting via www.therippleeffect.com.au. While previously validated in a sample of university students, the SOSS did not identify reductions in either perceived- or self-stigma among the TARGET rural males, aged 30-64, or the broader adult rural population.

Given the very high baseline of suicide literacy in participants, only small and/or marginal improvements were possible.

Questions for further research and recommendations have been made relative to:

- best practice stigma reduction material,
- existing suicide stigma assessment tools,
- alternative measures of suicide stigma reduction, and,
- extending, repeating and transferring www.therippleeffect.com.au.

IMAGE | BARBARA HEIL - FOUR HEADS ARE BETTER THAN ONE

'Sharing your experience is like a weight being lifted from you.'
- Female, 52 years

IMAGE | JENNIFER FAWKES - WATCHING THE CANOLA GROW

'I used to think that everyone who committed suicide was cowardly, I now know that if we are there to offer more help to these people whether it be just to be there to talk to and let them know they can express their feelings, then we are heading in the right direction to raise more awareness and to help these people get the help they deserve.'

- Female, 24 years

I know everyone says to talk to someone about it and it is the last thing you may want to do, but it saved my life. I walked into a co-workers office and asked how their day was going and with a single look, she knew there was something wrong. She saved my life. I had a moment when everything hit me at once and you never truly know just who may be there to help.

- Male, 21 years

IMAGE | JAN HOLLINGSWORTH - FARMER & CATTLE

INTRODUCTION

This report is the culmination of several years of engagement with Australian farming and rural communities. Across Australia, individuals have channelled their passion for community wellbeing into reducing the stigma associated with the experience of rural suicide.

The Ripple Effect was initiated in response to research conducted by the National Centre for Farmer Health (NCFH) identifying the self- and perceived-stigma experienced by farming families bereaved by suicide. Messages shared in a video produced for the STRIDE Project grant application substantiates NCFH research findings, powerfully conveying the poignant messages of Australian farming families affected by suicide http://www.farmerhealth.org.au/page/research-centre/the-ripple-effect). This video continues to inspire rural community members to join The Ripple Effect and reduce the stigma associated with suicide.

The Ripple Effect project has reached beyond the original and primary focus of an online stigma reduction intervention for rural men aged 30-64 years through engagement with steering group members, community champions, digital storytellers, social media followers, stakeholders and participants in www.therippleeffect.com.au. A raised consciousness and conversation has rippled, digitally and by word of mouth, across Australia's rural community. The conversations and experiences shared demonstrate personal pain, insight, and hope. Evident above all is a desire for others to learn from, and be inspired by, personal experience.

This final report applies to the period July 2015 to June 2017, detailing the efforts and outcomes in achieving the objectives of the Ripple Effect. The report outlines the development and progress of the project, and uses qualitative and quantitative data to demonstrate the project outcomes relating to the Ripple Effect's primary objective of stigma reduction and secondary objective of improved suicide literacy. Additionally, processes involved in the research—intervention design, community involvement, measurement methods and frequency, and marketing and recruitment—are evaluated.

This report has a primary focus on the TARGET group of rural males aged 30-64 years. However, engagement by rural community members outside of this TARGET group (including males outside of the target age and rural females of all ages) was substantial and cannot be ignored. This information has been reported separately.

Context

Despite a similar prevalence of diagnosed mental health conditions across Australia's metropolitan and rural areas, the risk of suicide is significantly increased in farming communities (Caldwell, Jorm, & Dear, 2004). Farmers[1], particularly males aged 15 to 54, die by suicide at up to twice the rate of the general employed population, with recognition that this will vary regionally (Andersen, 2010; Arnautovska, 2014; Caldwell et al., 2004). Ingrained in the social, geographical and psychological rural context is a recognised stigma related to suicide and help-seeking. Stigma[2] can manifest from lack of knowledge or misinformation, prejudicial attitudes and discriminating behaviour. Stigma can arise in the form of 'perceived-stigma' or 'self-stigma'—a person's beliefs about negative views that other people have, and negative or stigmatised views a person holds about themselves, respectively (*beyondblue*, 2015). Contextual elements such as geographic isolation, traditional gender and cultural expectations, and close-knit communities restrict open discussion about suicide and reinforce the effects of stigma. The inclination to avoid emotional vulnerability can be detrimental when combined with feelings of weakness, shame, guilt, selfishness and the sense of rejection often associated with an experience of suicide (A. Kennedy, Maple, McKay, & Brumby, 2014; David L Vogel, Heimerdinger-Edwards, Hammer, & Hubbard, 2011). Self-stigma and perceived-stigma can lead to obscured behaviour and aversion to help-seeking, which may, in turn, have life-altering effects (Pompili, Mancinelli, & Taterelli, 2003; World Health

[1] Self-reported and defined by occupation.

[2] 'A mark of disgrace associated with a particular circumstance, quality, or person' (Oxford University Press, 2017)

Organisation, 2014). Internationally, men have been identified as experiencing increased self- and perceived-stigma regarding psychological problems, particularly those outside a clinical population, and those who are aged 30 to 64 years (Reynders, Kerkhof, Molenberghs, & Van Audenhove, 2014).

The cultural and contextual tendencies demonstrated within rural and farming communities—including self-reliance, an acclimatisation to risk-taking behaviour and stoicism—are not only associated with increased risk of suicide, but also self- and perceived-stigma in the bereaved and those who have attempted suicide (A. Kennedy & Brumby 2016; A. Kennedy et al., 2014; McKay, Milner, Kolves, & De Leo, 2012). Such stigma is strongly connected to grief difficulties and ongoing suicide ideation (S. Clark, 2001; Cvinar, 2005; Pitman, Osborn, King, & Erlangsen, 2014; Reynders et al., 2014; SANE Australia & University of New England, 2015). In rural communities, where social connections are generally tight knit, the impact of both suicide and stigma can be particularly profound and long lasting. It is important, therefore, to understand the construction of stigma, how it is experienced and expressed, its implications, and how it may be overcome.

The Impact of Self-Stigma and Perceived-Stigma

Suicide reporting

Where suicide stigma is prevalent, concealment of cause of death is not uncommon. Where concerns about stigma and confidentiality exist, there may also be reduced reporting of suicide (De Leo et al., 2010), particularly given the close social ties within farming communities, where anonymity is low and suicide stigma exists (A. Kennedy & Brumby 2016; The Australian Senate, 2010).

Help-seeking

Stigma is a significant barrier to individuals engaging with healthcare services and expressing suicide ideation (SANE Australia & University of New England, 2015) (World Health Organisation, 2014). Self-stigma and perceived-stigma restricts engagement with trained professionals, particularly if prior contact has been unhelpful or negative (A. Kennedy & Brumby 2016; SANE Australia & University of New England, 2015). The stigma of seeking professional mental health support—compounded by the traditional masculinist farming paradigm (A. J. Kennedy, 2015)—inequitable access to health services, and stoicism over help-seeking, deters male farmers from asking for assistance (David L Vogel et al., 2011; D. L. Vogel, Wade, & Hackler, 2007). Accordingly, concealment is favoured over emotional vulnerability. Additionally, self- and perceived-stigma means those experiencing emotional pain or suicide ideation and those who have attempted suicide are likely to obscure their behaviour and avoid seeking help for fear of being judged negatively, considered weak or perceived as untrustworthy (A. J. Kennedy, 2015).

Social connection

Social avoidance due to the anticipation of negative judgement increases the potential risk for distress. Withdrawal from usual support networks hampers the protection from vulnerability that social connections can provide (Shiner, Scourfiled, Fincham, & Langer, 2009). Whether negative judgement is incorrectly perceived, or there is evidence of social isolation by the community, there can be serious ramifications for already emotionally vulnerable and geographically isolated people.

Ongoing cycle of suicide risk

An experience of suicide significantly increases the ongoing risk of suicide and the likelihood of poor social and emotional wellbeing (Hawton et al., 1998; Pitman et al., 2014; Pompili et al., 2003; SANE Australia & University of New England, 2015). Furthermore, stigma increases the risk of suicide for those already suffering psychologically (Reynders et al., 2014).

'Talking about suicide has helped me gain greater understanding of where and when I can help family and friends.'

– Male, 52 years

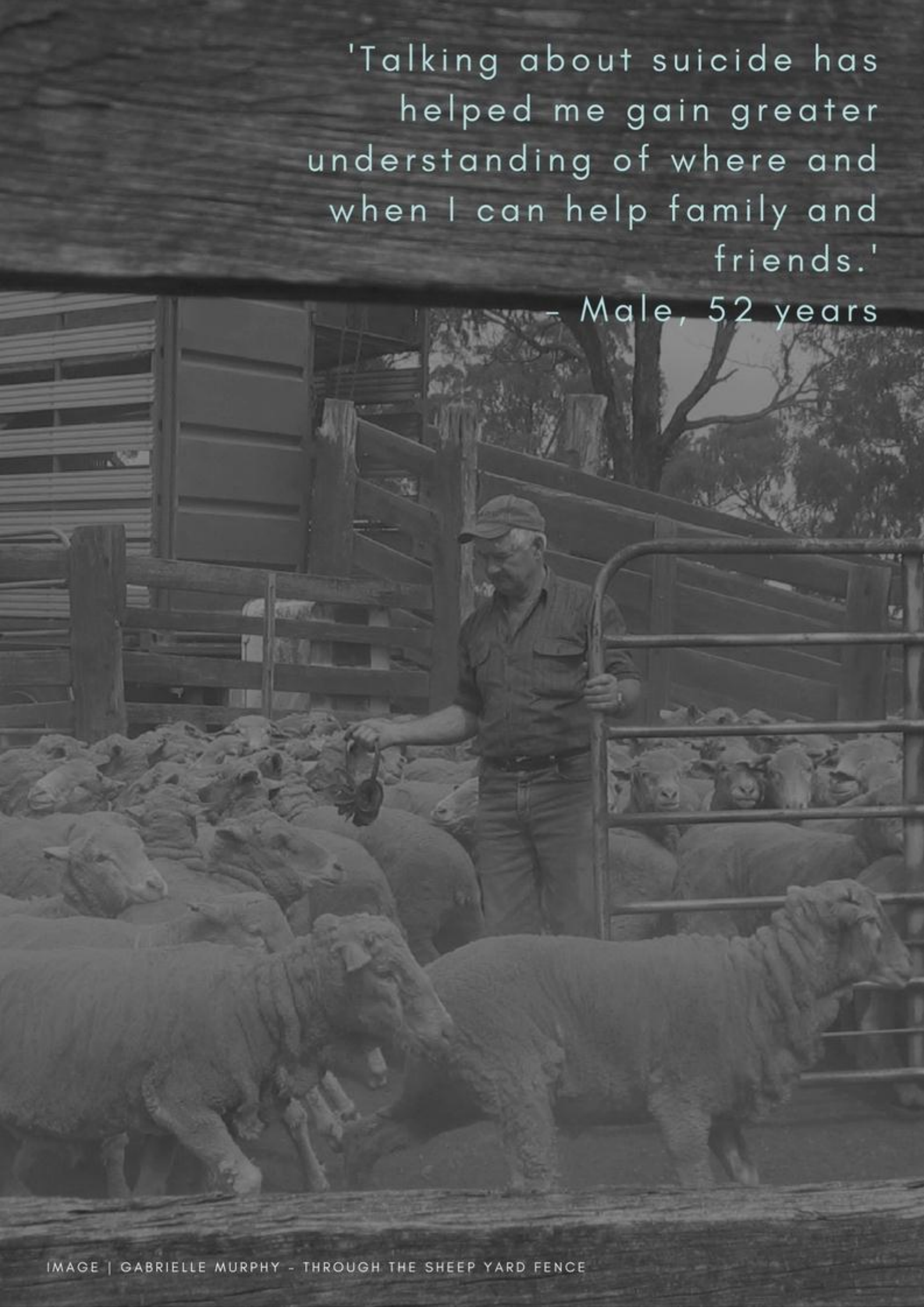


IMAGE | GABRIELLE MURPHY - THROUGH THE SHEEP YARD FENCE

What We Know About Reducing Self- and Perceived-Stigma

Reducing suicide stigma allows for improved communication, enhanced social connection and opportunities to access effective assistance (Scocco, Castriotta, Toffol, & Preti, 2012). Improved communication not only helps the individual but also assists researchers, health practitioners and policy makers understand the issue and develop appropriate and effective evidence-based responses. Ultimately, encouraging open communication will also challenge the thought and behaviour patterns that maintain personal and structural stigma in rural communities.

The social cognitive model of stigma (Corrigan, 2005) describes stigma relative to the concepts of:

- Attitude – reflects ideas maintaining stereotypes and judgement (beliefs regarding blame, dangerousness, etc.)
- Affect – the emotional reaction to attitudes (dangerousness begets fear, blame leads to anger), and
- Behaviour – the discriminating result of stereotypic attitudes and affect.

An approach that encourages disclosure and social connection, attitudinal change, improved awareness and empowerment through knowledge has proven effective as a method of self- and perceived-stigma reduction (Evans-Lacko, Brohan, Mojtabai, & Thornicroft, 2012). Mental illness stigma research suggests that a combination of education and contact with persons with a mental health condition effectively reduces stigma (Corrigan, Morris, Michaels, Rafacz, & Rüsch, 2012). Contact, either face-to-face or online, can improve affect, influencing attitude and behavioural intention. While face-to-face contact is found to be the most effective means of changing public stigma, digital stories also expose the effects of stigma in a personal and powerful way. This method provides opportunity for contrasting myths against facts, challenging misconceptions and developing empathy.

Research understanding suicide stigma and its reduction (in contrast with mental illness stigma) remains in its infancy. There is an absence of evidence referring to suicide stigma reduction efforts in farming, rural and remote communities. With this in mind, a tailored digital intervention was produced that reflected some of the defining characteristics of Australian rural farming communities—practicality/pragmatism, willingness to help others while avoiding asking for help themselves, and geographic isolation (A. J. Kennedy, 2015). The digital intervention through the Ripple Effect website demonstrated knowledge of, and empathy for, Australian rural farming communities affected by suicide and was designed to foster a sense of understanding and trustworthiness. A combination of personal stories and education was designed to empower rural farming individuals as agents of change in reducing suicide stigma, and establish greater understanding about suicide and mental wellbeing in rural farming communities.

Given that knowledge to date was primarily based on face-to-face interventions, the Ripple Effect sought to better understand how this might effectively translate into a digital environment. This is particularly important for rural farming communities, where there is reduced access to on-the-ground resources, increasing access to—and use of—digital connection (although this remains poor in some areas) and greater geographic isolation.

RESEARCH DESIGN

Objectives

The Ripple Effect's primary objective was to answer the following question:

> *'Can a sustained, flexible and well-planned digital intervention, implemented at a local population level, prompt change across the knowledge, attitudinal and behavioural components of self-stigma and perceived-stigma experienced by males aged 30-64 years from the rural farming community with a lived experience of suicide?'*

Key to achieving this was the development of new knowledge and enhanced insight into the most effective ways of using digital media/platforms to engage males—particularly those from rural farming communities with an experience of suicide—in stigma reduction interventions.

Aims

The primary research aim of the Ripple Effect was to:

> *Identify the effect of a digital intervention to reduce self-stigma and perceived-stigma experienced by farming men affected by suicide as shown by changes in the Stigma of Suicide Scale (SOSS) and qualitative measures of stigma reduction assessed throughout the project.*

The secondary research aim of the Ripple Effect was to:

> *Increase suicide prevention in the community of farming and explore the relationship between change in self-stigma and perceived-stigma of suicide, suicide literacy (LOSS), the nature of experience of suicide, age and health behaviour measures.*

Project Governance

Establishing partnerships

The National Centre for Farmer Health drew on a number of existing partnerships and established new collaborations to provide the expertise necessary to support the Ripple Effect. The following partners provided a range of inputs including communications, promotion, recruitment and Steering Group participation to facilitate national focus and participant engagement:

- Victorian Farmers Federation
- Western District Health Service
- Mental Illness Fellowship North Queensland
- AgChat Oz
- Deakin University

Sandpit was contracted as the digital designer and also provided representation on the Steering Group.

Steering Group

The research team (Brumby and Kennedy) worked together with the Steering Group to ensure the Ripple Effect was appropriate, accessible (psychologically and physically), relevant, respectful and useful within the context of life and work for males aged 30-64 years from the rural farming community.

In August 2015, expressions of interest to join the Steering Group were sought from members of the farming community with an experience of suicide. Fifteen members were initially appointed, representing farmers (or

farming family members) with a personal experience of suicide, agricultural industry representatives, rural health and mental health professionals, researchers and digital design specialists. Several members had experience in more than one field. During the course of the project, three members left the Steering Group due to changes in employment and farming obligations. Accordingly, two further members were appointed.

Steering Group members

Dr Susan Brumby	Deakin University/National Centre for Farmer Health/Western District Health Service
Dr Alison Kennedy	Deakin University/National Centre for Farmer Health
Katrina Myers	Farmer Representative, NSW
Karen Seiler	Farmer Representative, QLD (July 2015–August 2016)
Maria Parente	Farmer Representative & Psychologist, VIC
Nick Shady	Farmer Representative, VIC
Tristan Brumby-Rendell	Psychologist, VIC
Martin Butler	Farmer Representative & Social Worker, VIC
Tom Whitty	Victorian Farmers Federation, VIC (July 2015–December 2015)
Graeme Ford	CEO, Victorian Farmers Federation, VIC (commenced December 2015)
John Clark	Farmer Representative & Outreach Worker, TAS (commenced January 2017)
Steve Junghenn	Farmer Representative, QLD
Ross Romeo	Farmer Representative & Counsellor, QLD
Alison Fairleigh	Mental Health Advocate, QLD
Dan Koerner	Digital Design Representative, VIC
Sam Haren	Digital Design Representative, SA
Kylie Robertson	Digital Design Representative, VIC (July 2015–August 2016)

The Intervention

Content development

The design and content of www.therippleeffect.com.au was strongly influenced by findings on reducing stigma associated with the experience of living with a mental health condition. This was due to a paucity of research literature specifically focussing on the reduction of suicide stigma.

As detailed previously, a combination of knowledge, attitude and behaviour change has been identified as the most effective way to reduce self-stigma and perceived-stigma, particularly through the facilitation of disclosure and the encouragement of positive social contact (Evans-Lacko et al., 2012) (Corrigan et al., 2012). Accordingly, The Ripple Effect intervention focused on combining education and contact to reduce stigma.

The SOSS was originally designed as a general measure of the stigma associated with a suicide death. As such, it was not necessarily intended to measure the perceived- and self-stigma relating to the broad range of suicide experience Ripple Effect participants represented—including bereavement, suicide attempts, thoughts of suicide, caring for someone who attempted suicide or touched by suicide in some other way. Developing content to challenge each of the scale items, then, may have proved confusing for participants. Instead, content was designed to challenge the outcomes of damaging assumptions and negative perceptions associated with suicide stigma i.e. a focus on behavioural indicators of stigma reduction. Content was framed to challenge knowledge, attitudes and behaviour previously identified in the research literature as representing stigma. This included avoiding help-seeking, poor social connection, feelings of shame, blame and guilt, selfishness and the sense of rejection often accompanying a lived experience of suicide and contributing to ongoing suicide risk (Dyregrov, 2002; Pompili et al., 2003). These outcomes could relate to the range of suicide experience represented so were not limited to participants response in terms of a suicide death, as in the original use of the SOSS (Batterham et al., 2013b).

All participants were presented with content including digital stories, postcards and educational material. The specific form of this content, however, was tailored to reflect the experience of each participant. Examples of this tailoring include:

- All participants were presented with four digital stories from commencement to completion of www.theripppleeffect.com.au. The selection of digital stories presented to participants, however, varied according to their experience. For example, participants who had indicated that they had been bereaved by suicide were presented with digital stories created by other rural farming community members who had been bereaved by suicide.

- All participants were presented with a range of educative material including information about suicide (risk and protective factors, warning signs, precipitating events, understanding about thoughts of suicide and suicide stigma), how to talk about suicide, the importance of being positive and proactive, having an awareness of existing resources, recognising and overcoming barriers to support, how to care for and support others, and how to keep well. The form of this written content, however, varied according to participant experience. For example:
    - For a bereaved participant:

        "Be sensitive and patient—often the best way that you can help someone grieving is to listen without making any judgement. Each person affected by your loss will react differently. There is no one 'right' way to grieve."

    - For a participant who has cared for someone who attempted suicide:

        "Be sensitive and patient—often the best way that you can help someone caring for someone who has attempted suicide is to listen without making any judgement. Different people will react differently to situations. There is no one 'right' way to respond when someone you are caring for attempts to take their own life."

- Additional educative information was presented to people who identified particular influencing factors on their experience of suicide. This included content tailored for cultural and linguistic diversity; Aboriginal or Torres Strait Islander status; sexuality, sex or gender status; and, disability, illness or ageing.

- All participants were presented with opportunities to reflect and share elements of their experience of suicide. The requested content varied depending on participant experience. For example:
    - For someone who answered 'yes' to having previously spoken with someone about their experience of suicide:

      "Was talking about your experience of suicide helpful?"

    - For someone who answered 'no' to having previously spoken with someone about their experience of suicide:

      "What stopped you?"

- All participants were emailed a list of support resources (also available on the website) on registering to participate. The resources listed depended on the participant's postcode.
    - A participant listing their postcode as 3300 (Hamilton, VIC) received resources available:
        - nationally (e.g. *beyondblue*),
        - in Victoria (e.g. Compassionate Friends Victoria), and,
        - in their local area (e.g. Warrnambool and District Base Hospital Psychiatric Services).
    - A participant listing their postcode as 7025 (Richmond, Tasmania) received resources available:
        - nationally (e.g. *beyondblue*),
        - in Tasmania (e.g. Mental Health Carers Tasmania), and,
        - in their local area (e.g. Hobart and Southern Districts Mental Health Service).

- All participants were invited to set personal goals. The nature of the goals set, however, and how they were measured, was chosen by the participant.

Website design

Sandpit designed a digital platform to embrace the diverse ways that suicide stigma affects rural communities, with a bold, simple and intuitive style. A personalised engine was designed to drive the site, which 'listened' to the participant as they shared their experience, and presented content that was considered most relevant to their experience and responses.

Central to the process was ensuring the design could be simple and intuitive, as well as 'light weight' given that many individuals in rural communities may have slower internet connections. It was recognised that smartphones were likely to be an important way for men in farming communities to explore the Ripple Effect, so the project was designed with a mobile optimised approach.

The website framework—identifying an entry/exit process and five core chapters—can be seen in Figure 2. Individuals had the opportunity to complete their participation in these chapters over numerous stages. Upon returning to the site, participants recommenced where they had left off at the conclusion of their previous visit. This allowed flexibility and recognised that people may not have the time to complete the intervention in a single sitting. Within the five core chapters, a range of content was adopted to reduce stigma through the benefits of education and contact. Material included postcards, digital stories, health professional/stigma expert videos, suicide and social and emotional wellbeing literacy-building information, and personal goal setting opportunities.

Participant journey – a tailored pathway

To ensure appropriateness for a range of suicide experience, www.therippleeffect.com.au was designed to provide a tailored pathway for each participant. Personalisation was initiated from early in the registration phase when participants provided their gender and farming type. Answers to these questions determined the nature of the imagery presented to participants during their ongoing engagement in the site. For example, a male dairy

farmer's pathway would be characterised by images of males engaged in dairy farming (Figure 6). Conversely, if a beef farmer, images would be suited to this farming type. By creating an environment that reflected a demonstrated understanding of the context of farming work and life, the Ripple Effect aimed to provide a familiar, relatable and trusted environment for effective engagement. This was additionally supported by the use of artistic images of farming-related work—generously provided by artist and Steering Group member Steve Junghenn. This provided a range of aesthetically pleasing, meaningful and relevant images to develop people's engagement with the site.

On entering the Ripple Effect URL, visitors arrived at a landing page (including a menu, information about the partners, background information about rural suicide, an overview of who the Ripple Effect was for and, a call to action to participate).

Chapter 1

A 'Get Started' button guided participants through a registration and consent process (see Figure 4).

Participants then completed pre-intervention measures of suicide stigma (adapted from the SOSS (Batterham et al., 2013b) and suicide literacy (Batterham et al., 2013a)(see Figure 5). The SOSS was adapted—in consultation with the SOSS author Philip Batterham (2015)—from a generalised measure of suicide stigma to one adapted to explore self- and perceived-stigma of suicide. The changes resulted in a new introductory pre-fix to the questionnaire for perceived-stigma ('In general, other people think that a person who takes their own life is…') and self-stigma ('Because I have had thoughts of taking my own life, I feel….')[3]. All participants were assessed at baseline for perceived-stigma and suicide literacy. Those who identified as having a personal experience of suicide (had attempted suicide or had experienced thoughts of suicide) were also assessed for self-stigma.

Chapters 2-4

Following the pre-intervention measures of suicide stigma and suicide literacy, participants were guided through core chapters 2–4 (see example images from Chapters 2–4 in Figures 6–8). Within the structure of these chapters, participants were presented with a personalised experience, depending on how they answered questions posed to them. One method of tailoring content was according to the nature of participants' experience of suicide. For example, those who identified as bereaved by suicide were presented with content that was particularly relevant to that experience. This did not exclude them from experiencing any other content—all presented postcard and video material was made available via the library, on completion of participation (see Chapter 5)—but provided them with relevant material in a manageable period of time using language tailored to their experience.

Chapter 5

On completion of core chapters 2–4, participants entered Chapter 5 (see example images from Chapter 5 in Figure 9), where they were guided through the completion of post-intervention measures of suicide stigma and literacy (adapted from the standard SOSS (Batterham et al., 2013b) and LOSS (Batterham et al., 2013a), respectively—as described previously). On completion, participants were thanked for their participation in the Ripple Effect and encouraged to continue to access the full collection of postcards and video stories via the library (see Figure 15), which could be accessed ongoing, as required.

[3] The introductory statement from the original SOSS reads *"Using the scale below, please rate how much you agree with the descriptions of people who take their own lives (suicide). In general, people who suicide are ..."(Batterham et al., 2013b)*

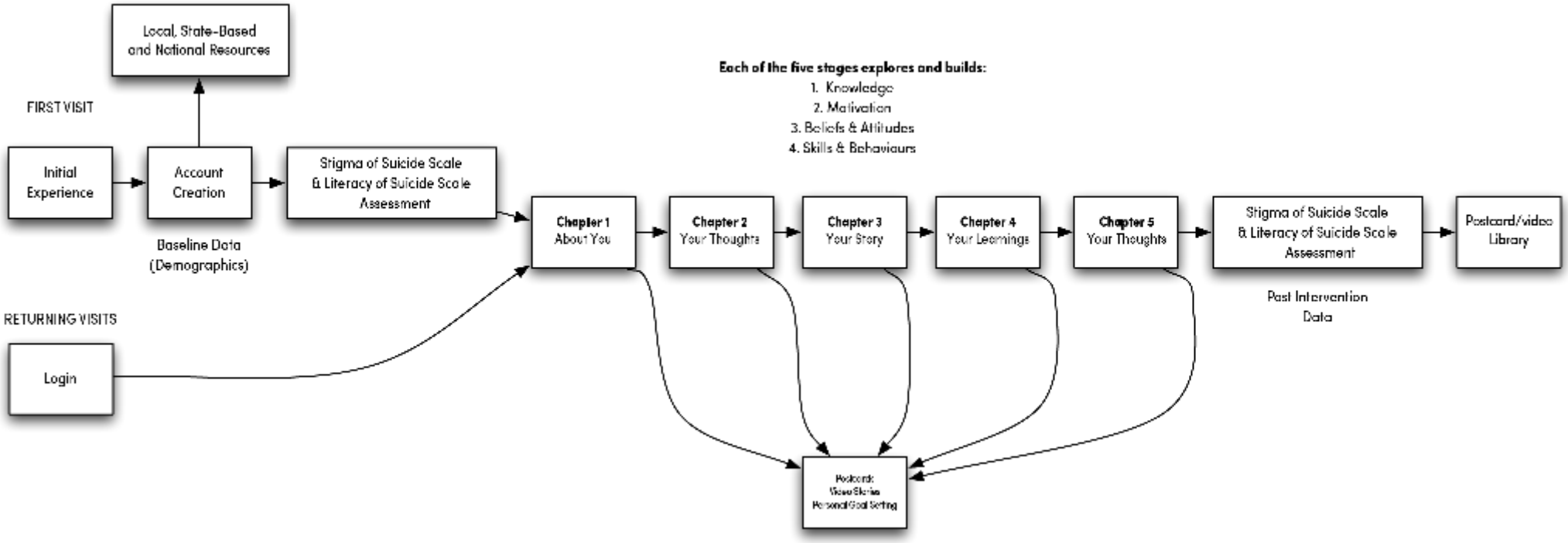


Figure 2. The Ripple Effect wireframe

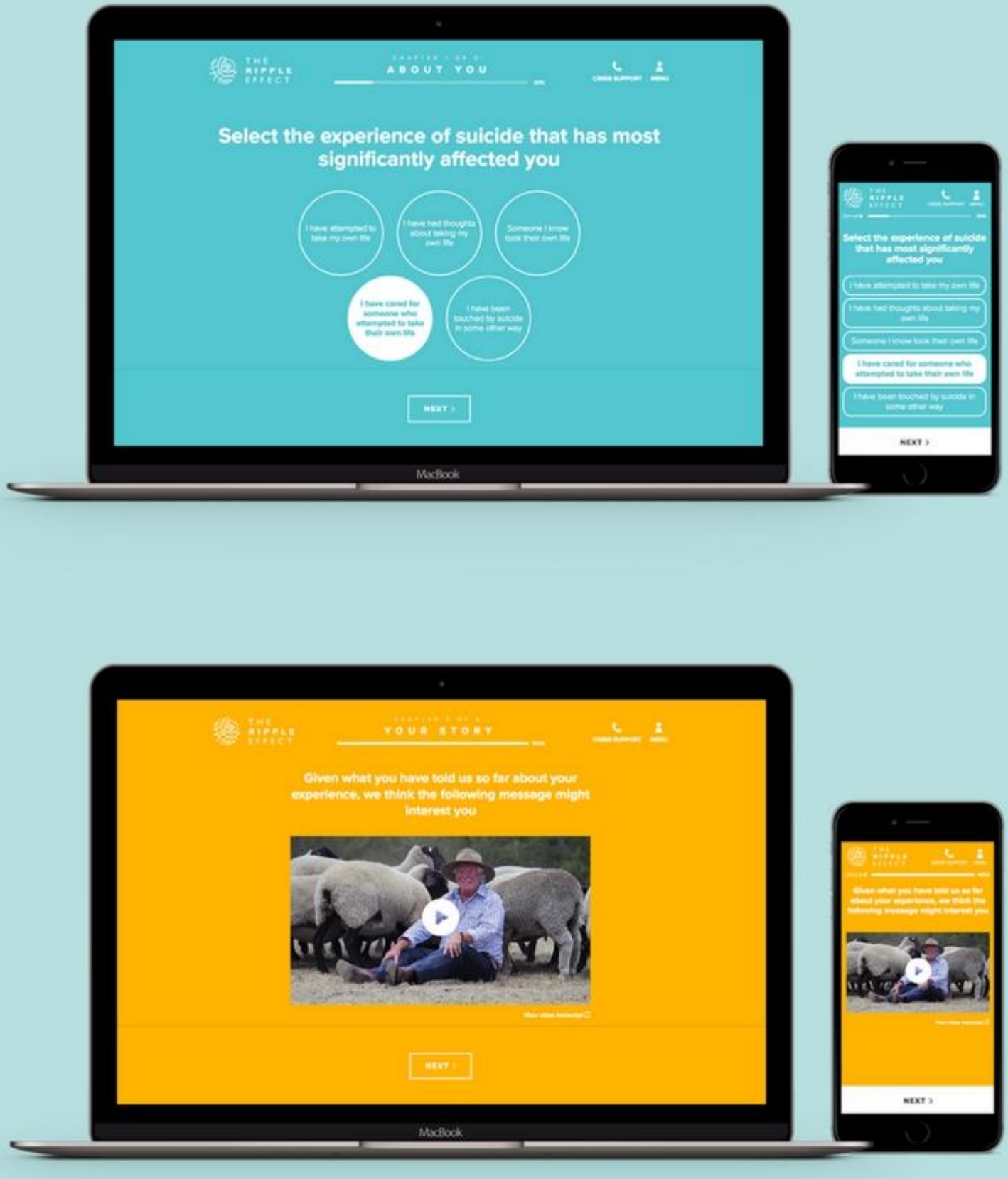


Figure 3. Tailoring of the Ripple Effect pathway to suit the participant's experience and background

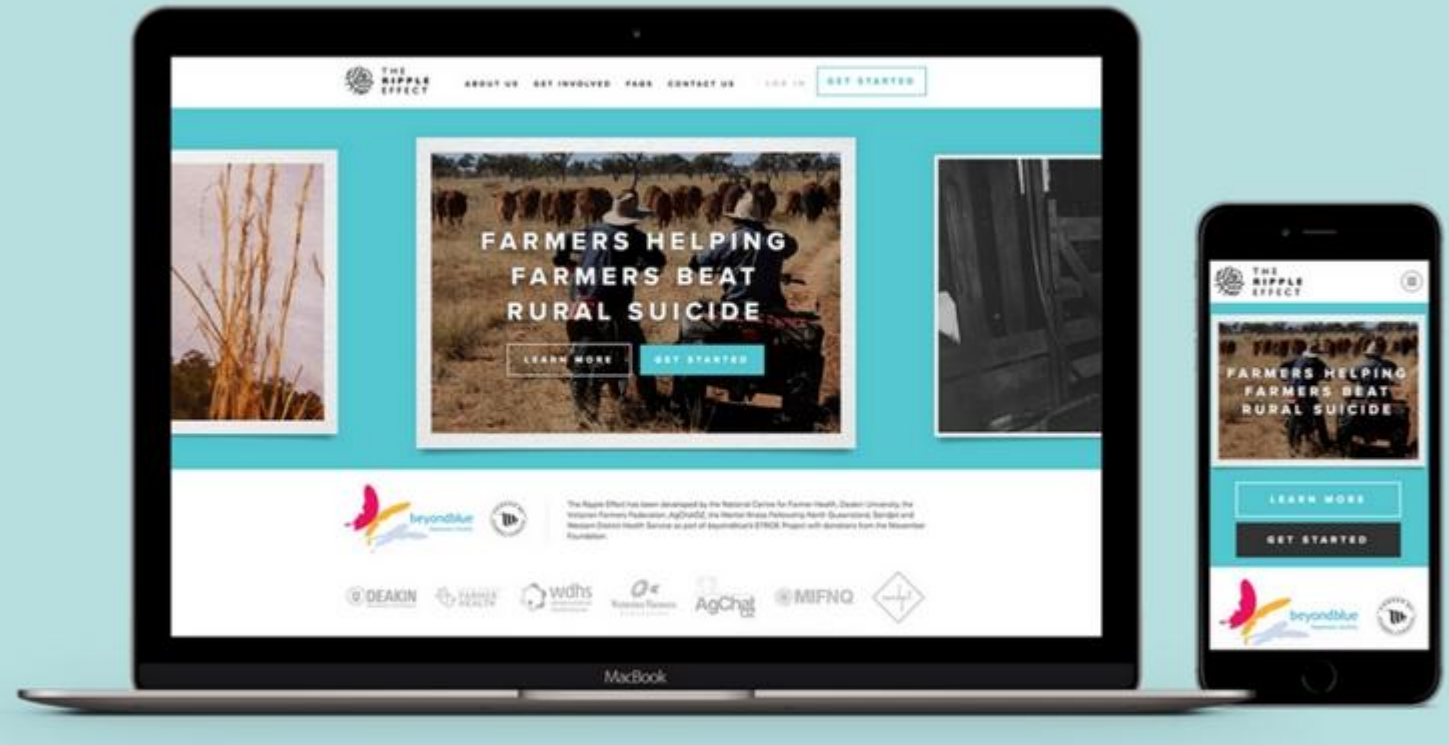
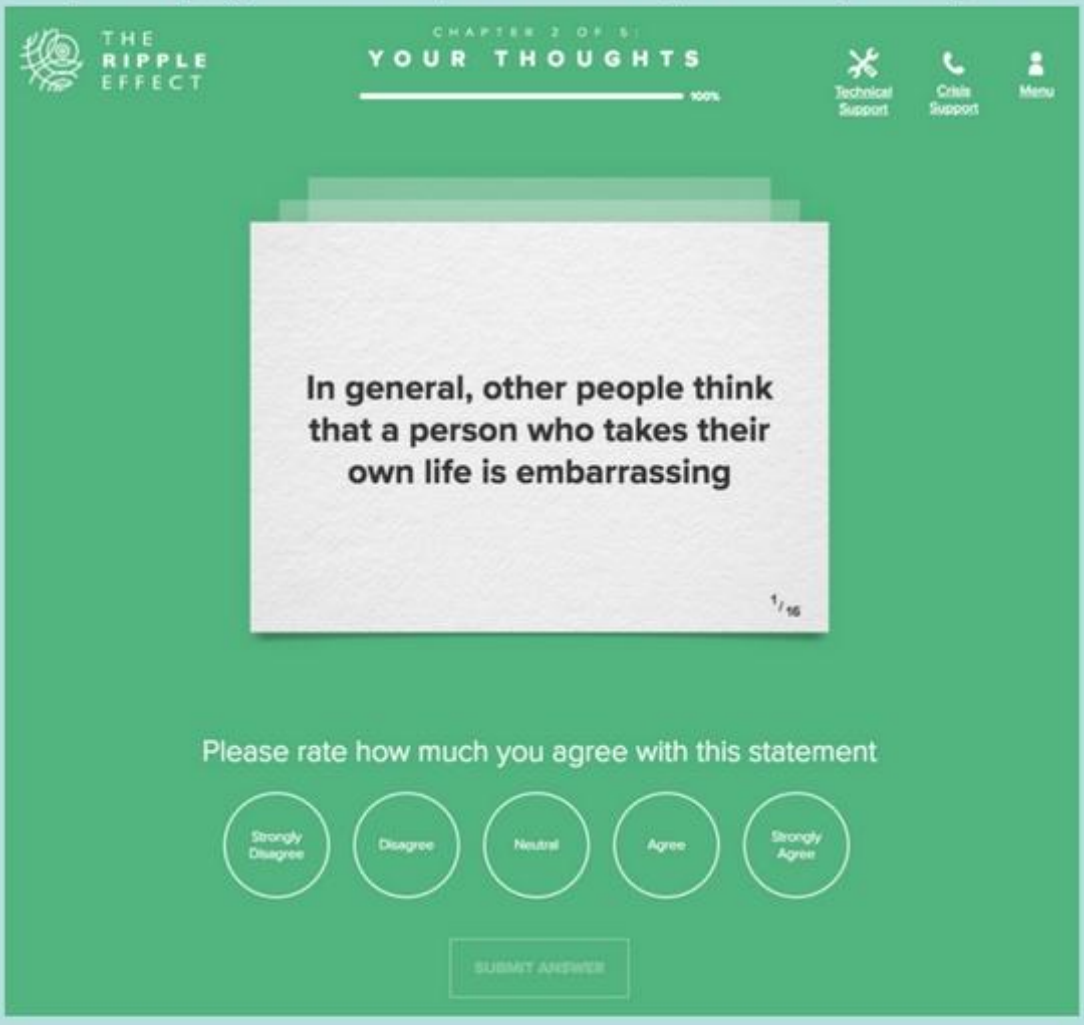


Figure 4. The Ripple Effect 'landing page' - the 'Get Started' button guided participants through the registration process.

Figure 5. The front page of Chapter One 'About You', in which participants shared their story and were measured for suicide stigma and literacy

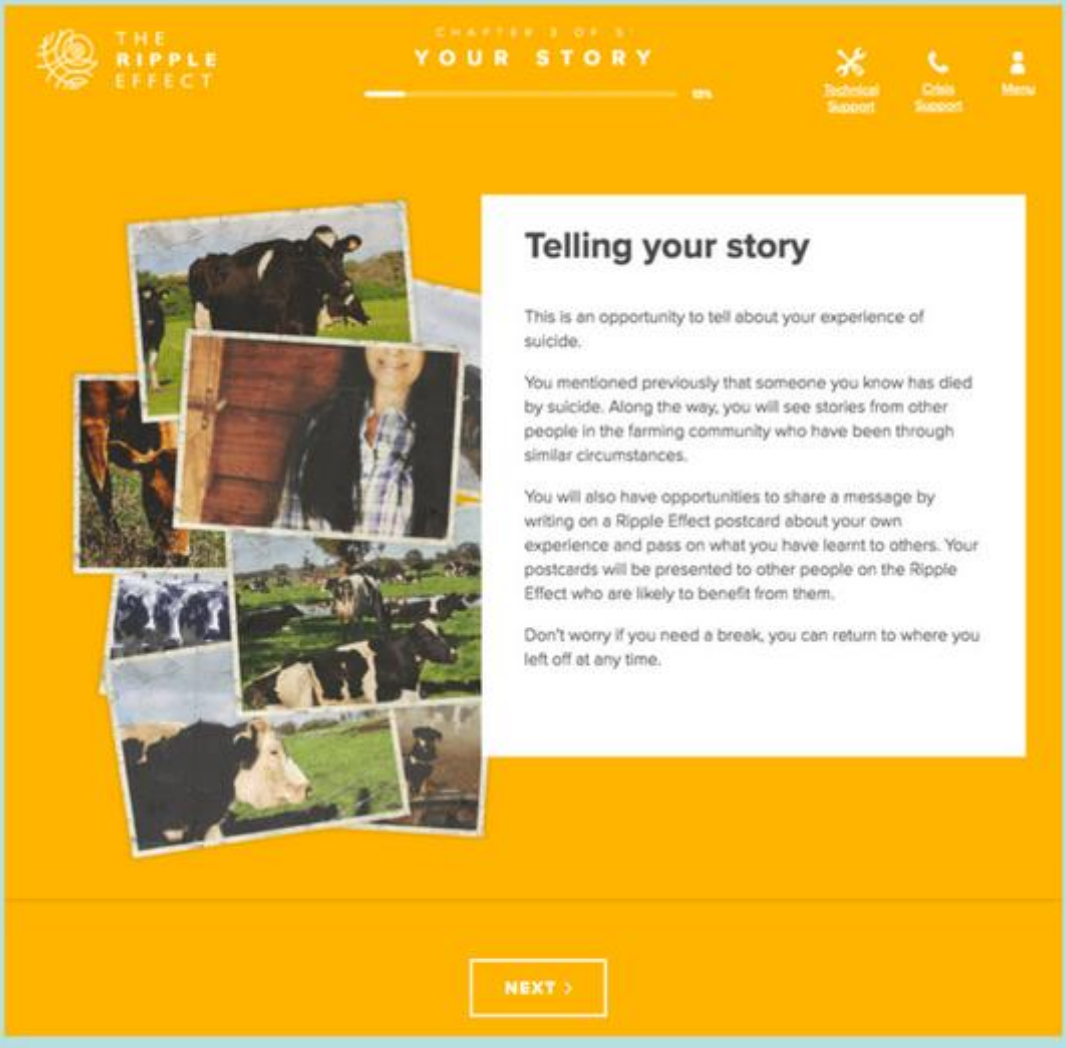
Figure 6. Examples of pages from Chapter 2 of the Ripple Effect pathway - 'Your Thoughts'



'By sharing my issues with friends helped me sort some of these problems out. Doctors and counsellors also made me aware that perhaps I'm a bit distressed and distraught and this is very normal and that I was coping well.'

- Male, 58 years

Figure 7. Examples of pages from Chapter 3 of the Ripple Effect pathway – 'Your Story'



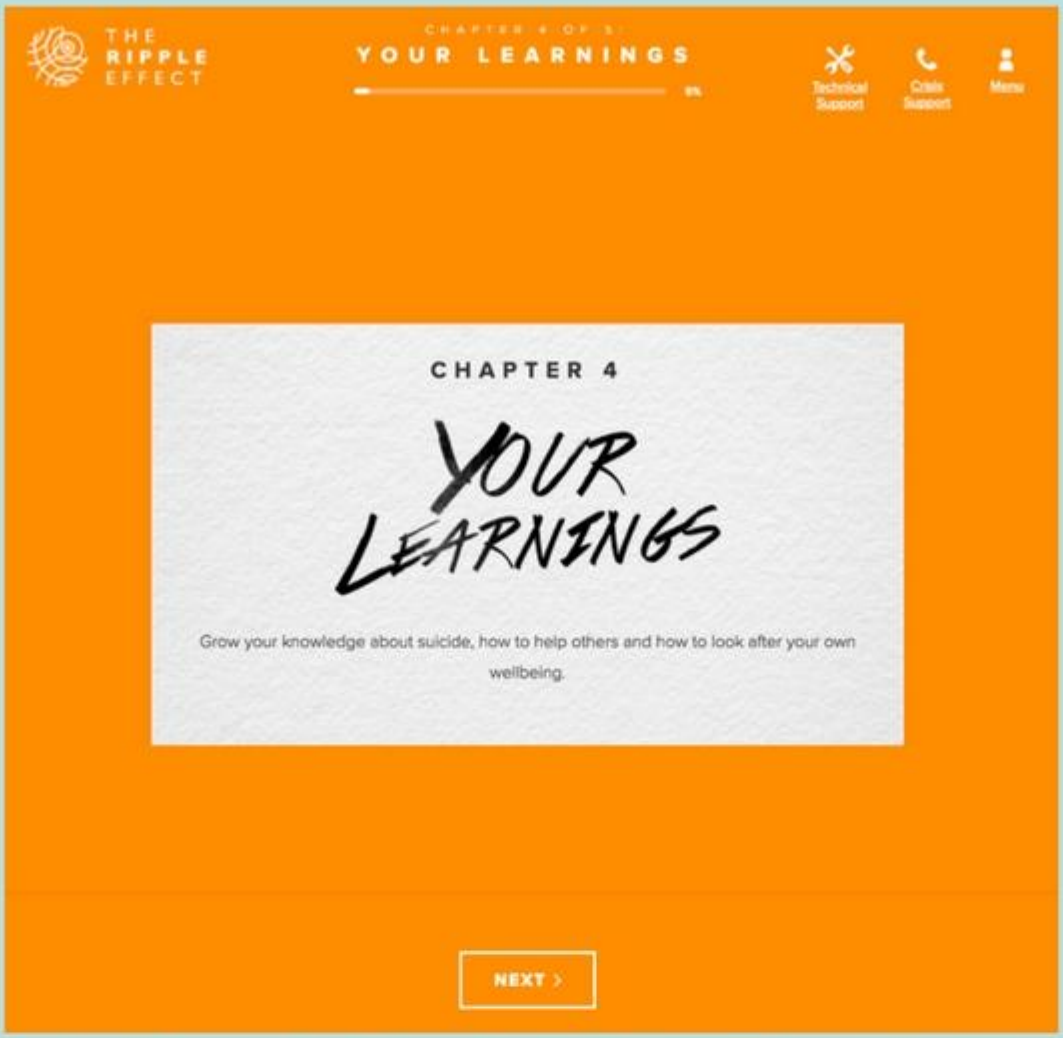
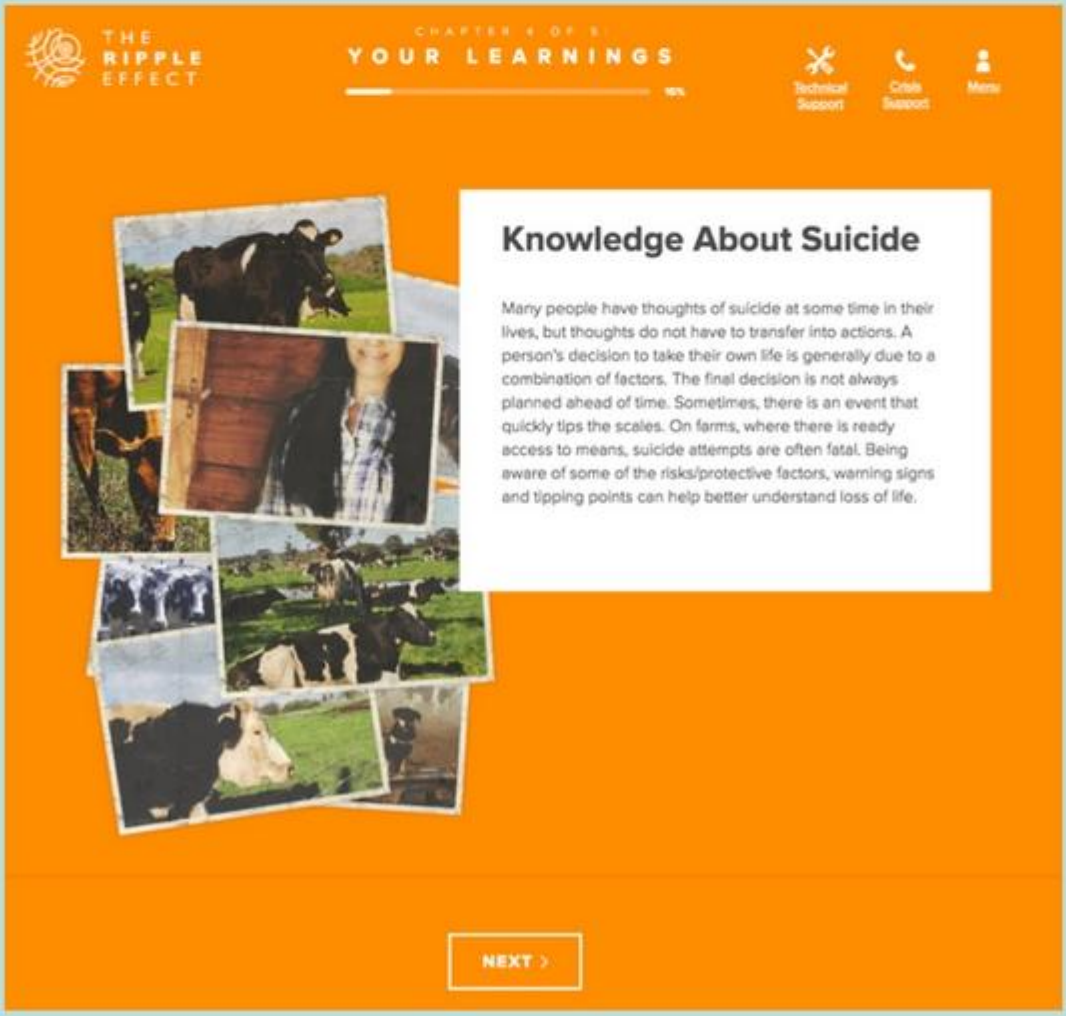


Figure 8. Examples of pages from Chapter 4 of the Ripple Effect pathway - 'Your Learnings'



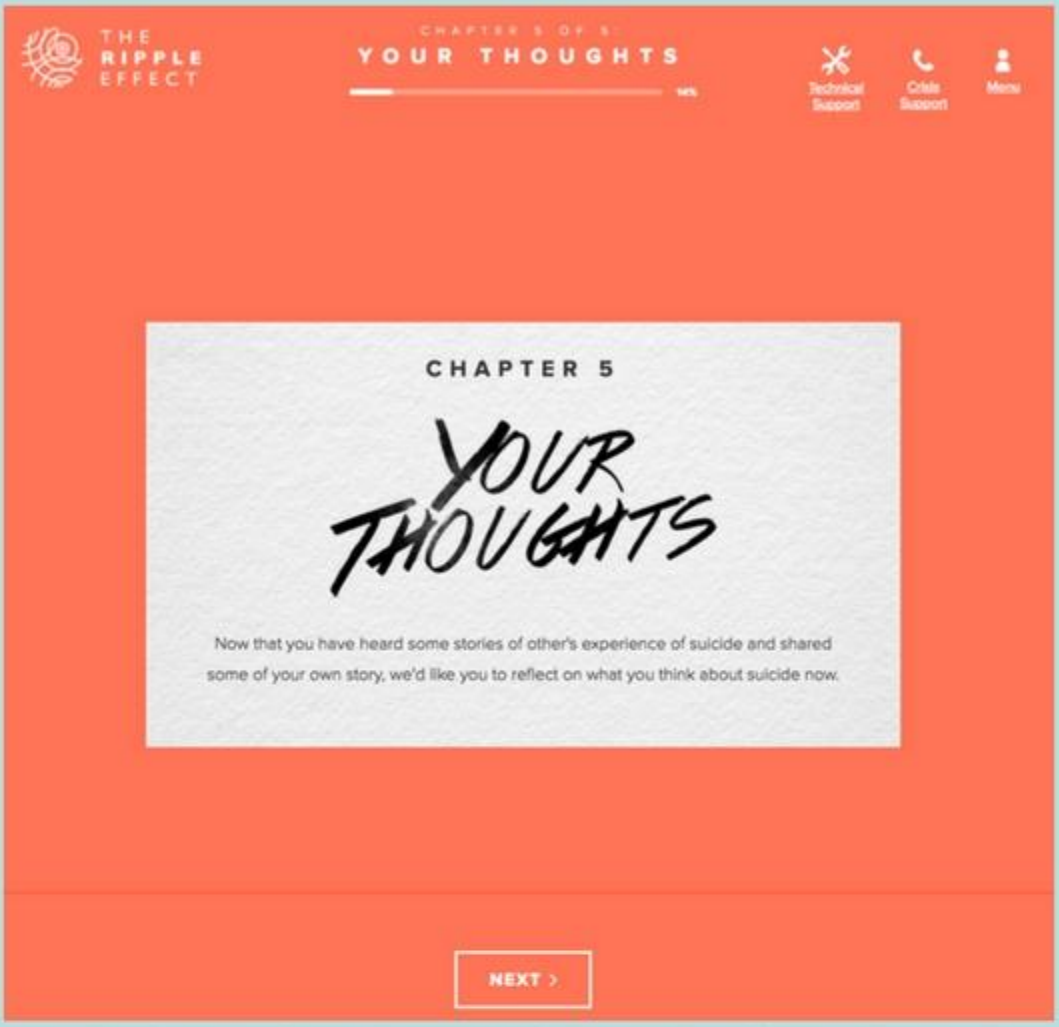


Figure 9. Examples of pages from Chapter 5 of the Ripple Effect pathway - 'Your Thoughts'

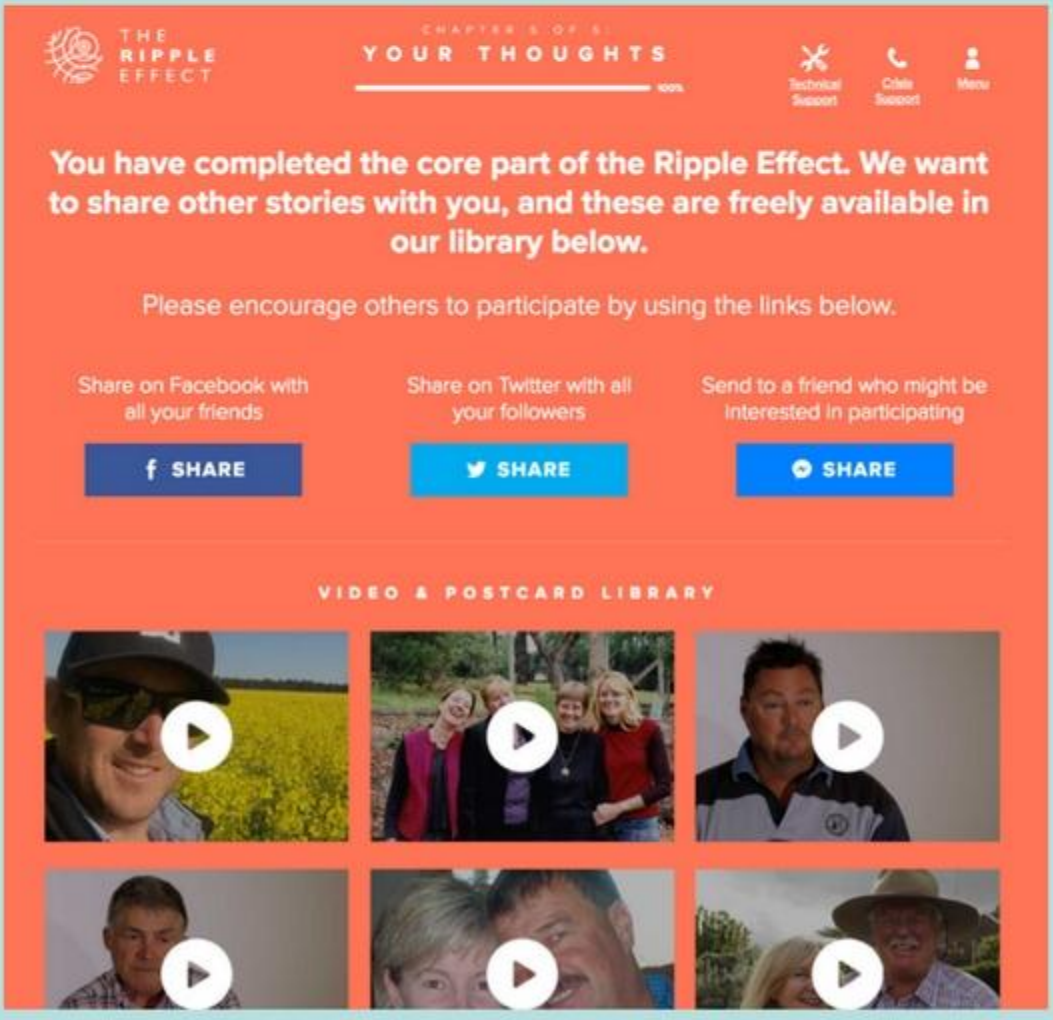


Figure 10. Finishing the Ripple Effect and accessing the entire postcard library

So, you have finished the core chapters of the Ripple Effect... What next?

Go back and check out all the postcards and videos

VIEW MEDIA LIBRARY

Access resources and support information

VIEW RESOURCES

YOUR PROGRESS

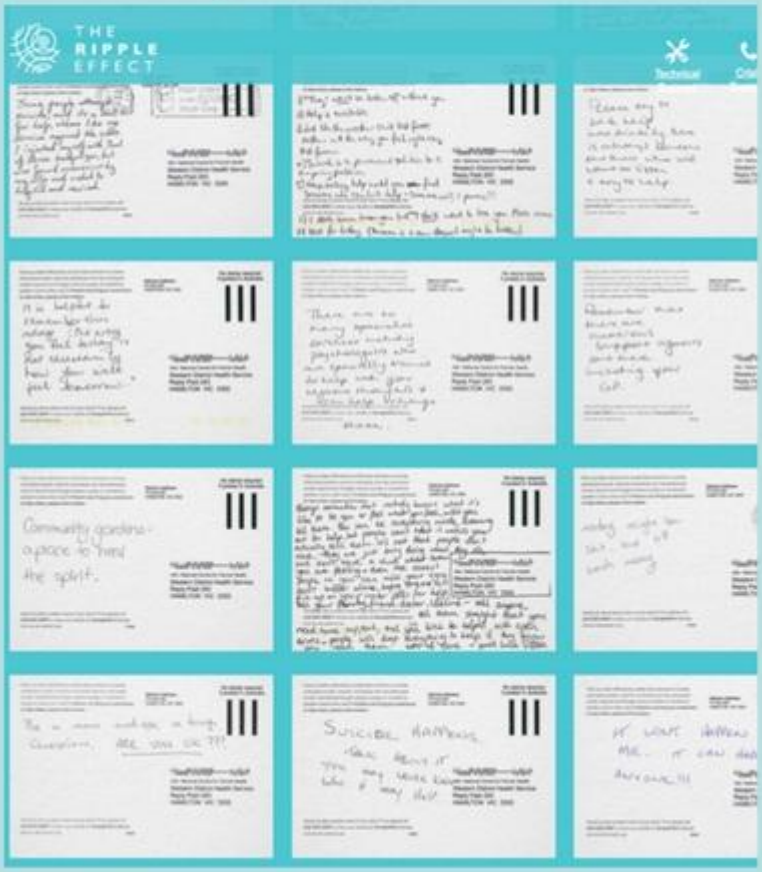
CHAPTER 1
About You
COMPLETED

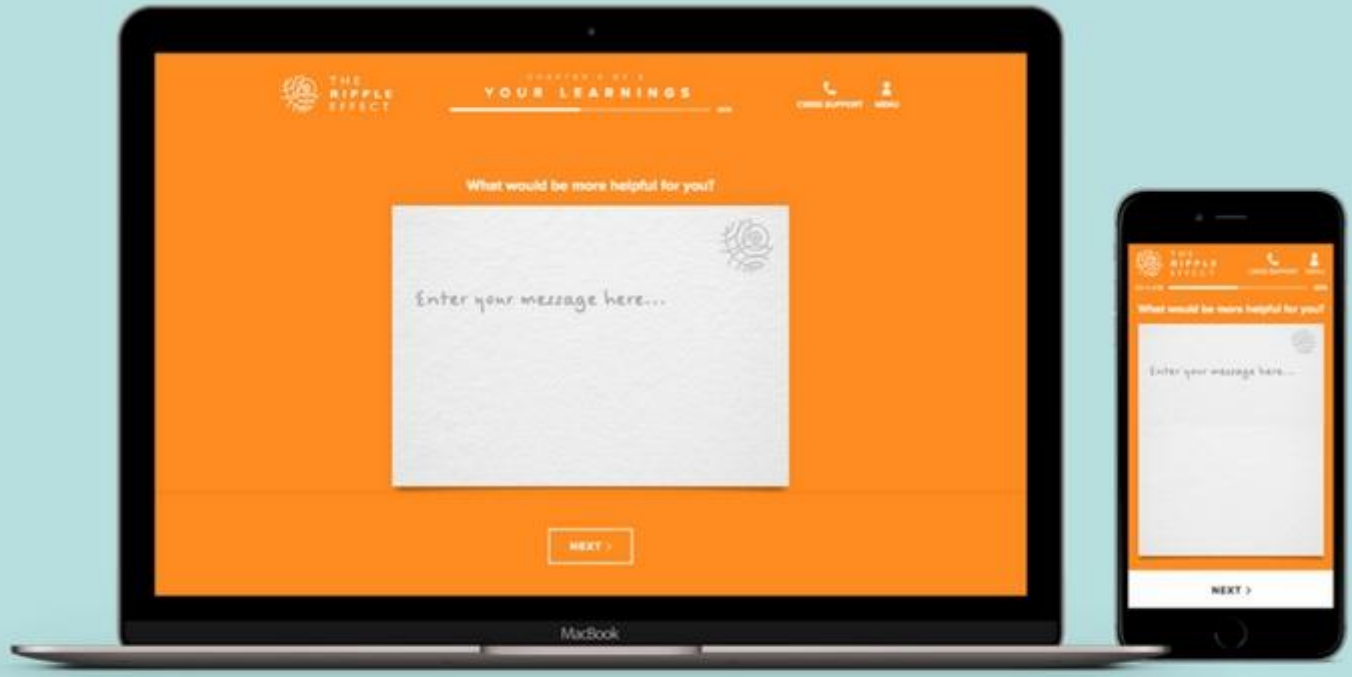
CHAPTER 2
Your Thoughts
COMPLETED

CHAPTER 3
Your Story
COMPLETED

CHAPTER 4
Your Learnings
COMPLETED

CHAPTER 5
Your Thoughts
COMPLETED





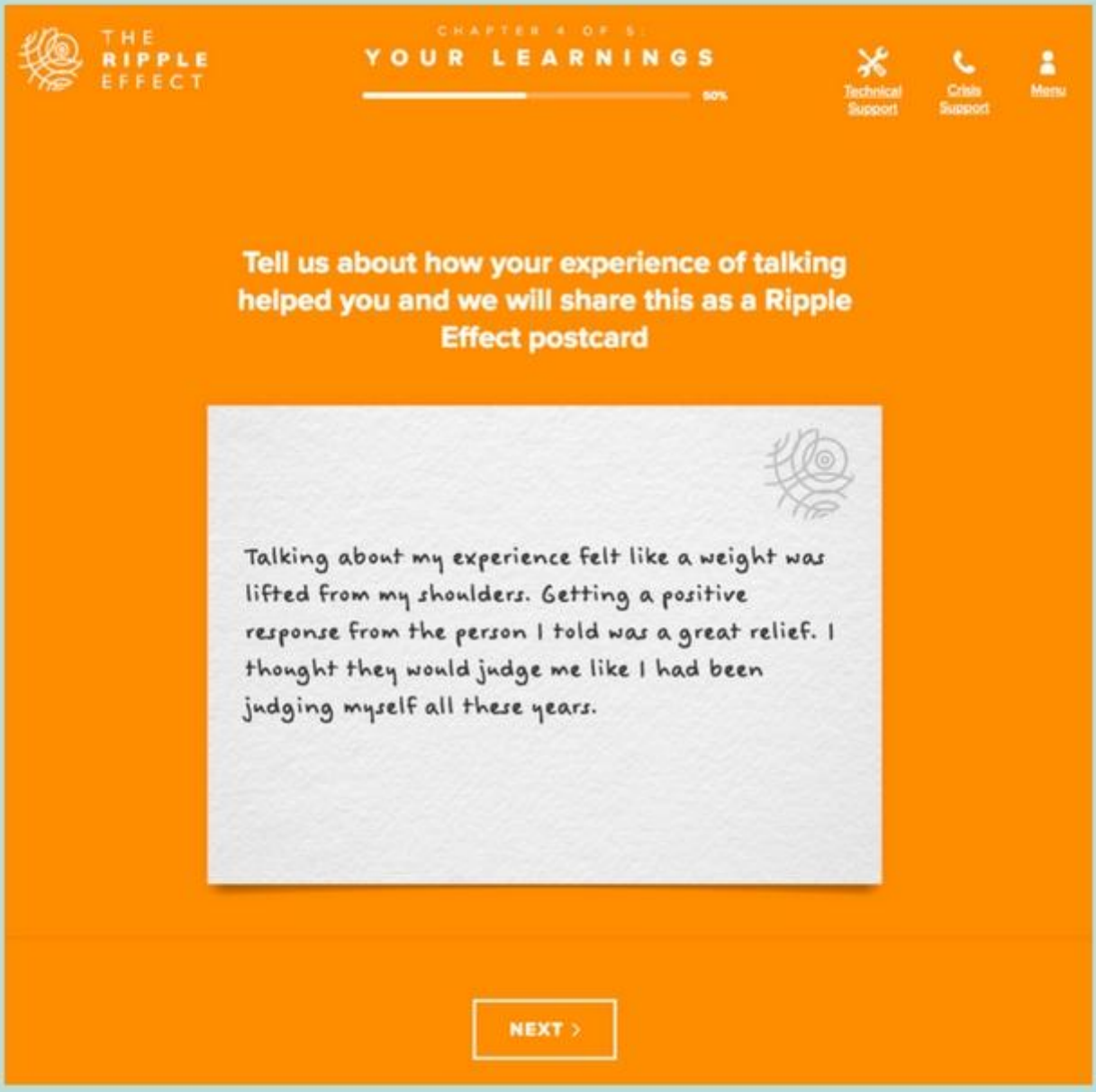


Figure 11. Opportunities to write postcards, sharing experiences and learnings along the Ripple Effect pathway

Chapter elements

Postcards

The Ripple Effect encouraged peer-based communication between geographically isolated people via postcard messages. These postcards communicated messages of personal experience, support and encouragement.

Completed postcards were distributed, collected and shared in two distinct formats:

1. Hard copy reply paid postcards were designed during the development phase of the website, as an opportunity for people to contribute their personal insights and information where access to good quality, reliable internet was unavailable (see Figure 13). These postcards provided opportunity for contributions to be made to the Ripple Effect and for messages to be 'heard' by a wider rural audience. Submitted hard copy postcards were digitised and uploaded as content to www.theripppleeffect.com.au. Ten thousand (10,000) postcards were printed and distributed across Australia via partner networks, Community Champions and in response to direct requests from individuals.
2. Digital postcards provided opportunity for participants to contribute their personal insights online, as part of their personalised pathway through www.theripppleeffect.com.au. Blank digital postcards were presented following several information stages on the pathway, with the invitation for participants to reflect and share their experience (see Figure 11). Prompts for postcards included:
    - What can you share about your experience that would be helpful for others?
    - How was talking about your experience helpful?
    - If talking was not helpful, was there something that would be helpful for you?
    - How have your thoughts about your experience of suicide changed (on completion of www.theripppleeffect.com.au)?

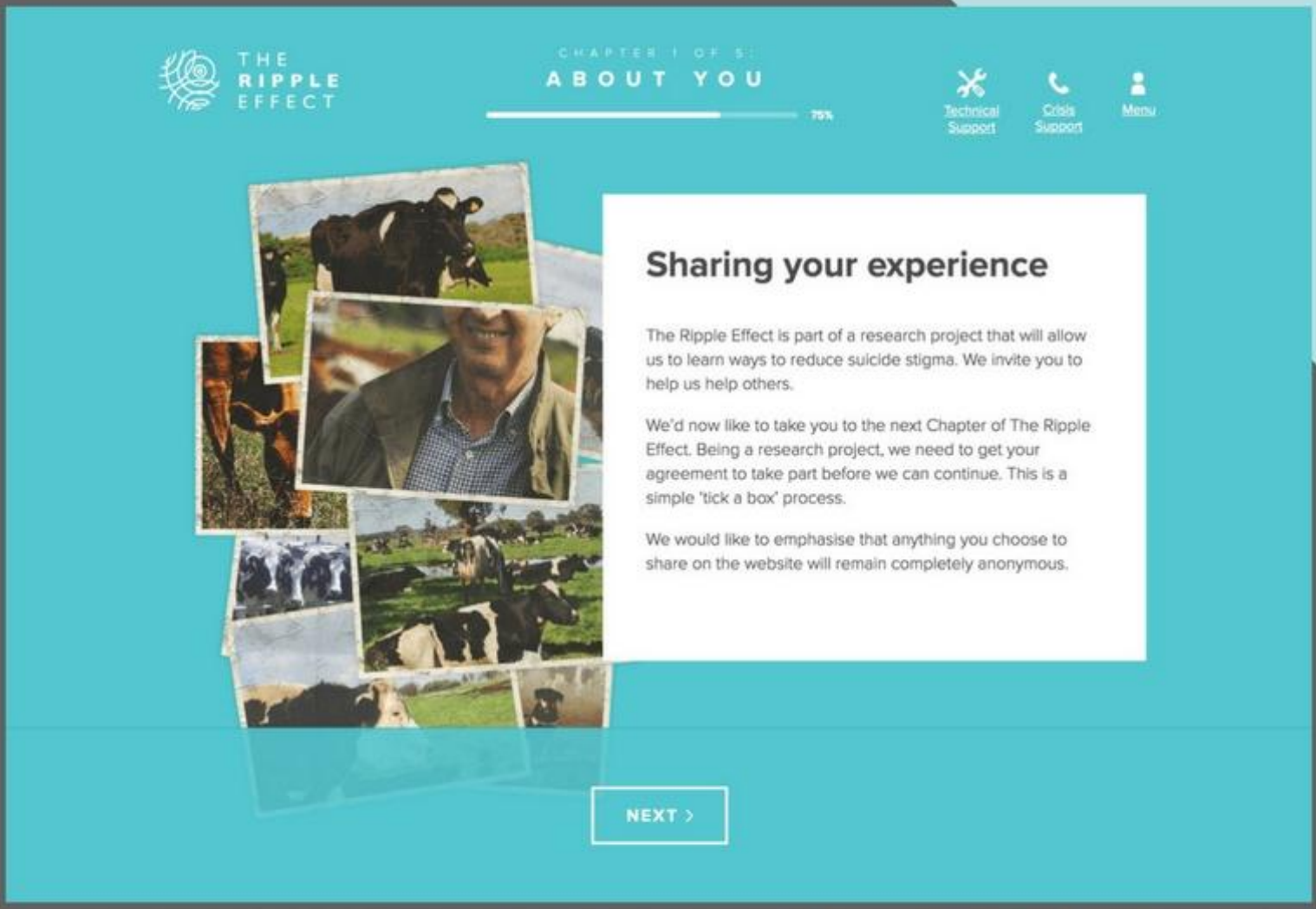


Figure 12. Image of the screen participants see as they commence participation in the Ripple Effect

Figure 13. Image of The Ripple Effect hard copy postcard

'4 years ago I lost my father to cancer, since his death I never really had to time to grieve his loss. This affected me, my wife and family. Recently my wife and I separated due to a number of factors but my mental health state was one of the issues, and not feeling comfortable in talking about my feelings. It was only by talking to mental health professional and a close friend that I got to the heart of my depression and how to it was affecting me, since that low point in my life I have begun to look at life in a different way and put my kids and myself 1st instead of everyone else.'

- Male, 42 years

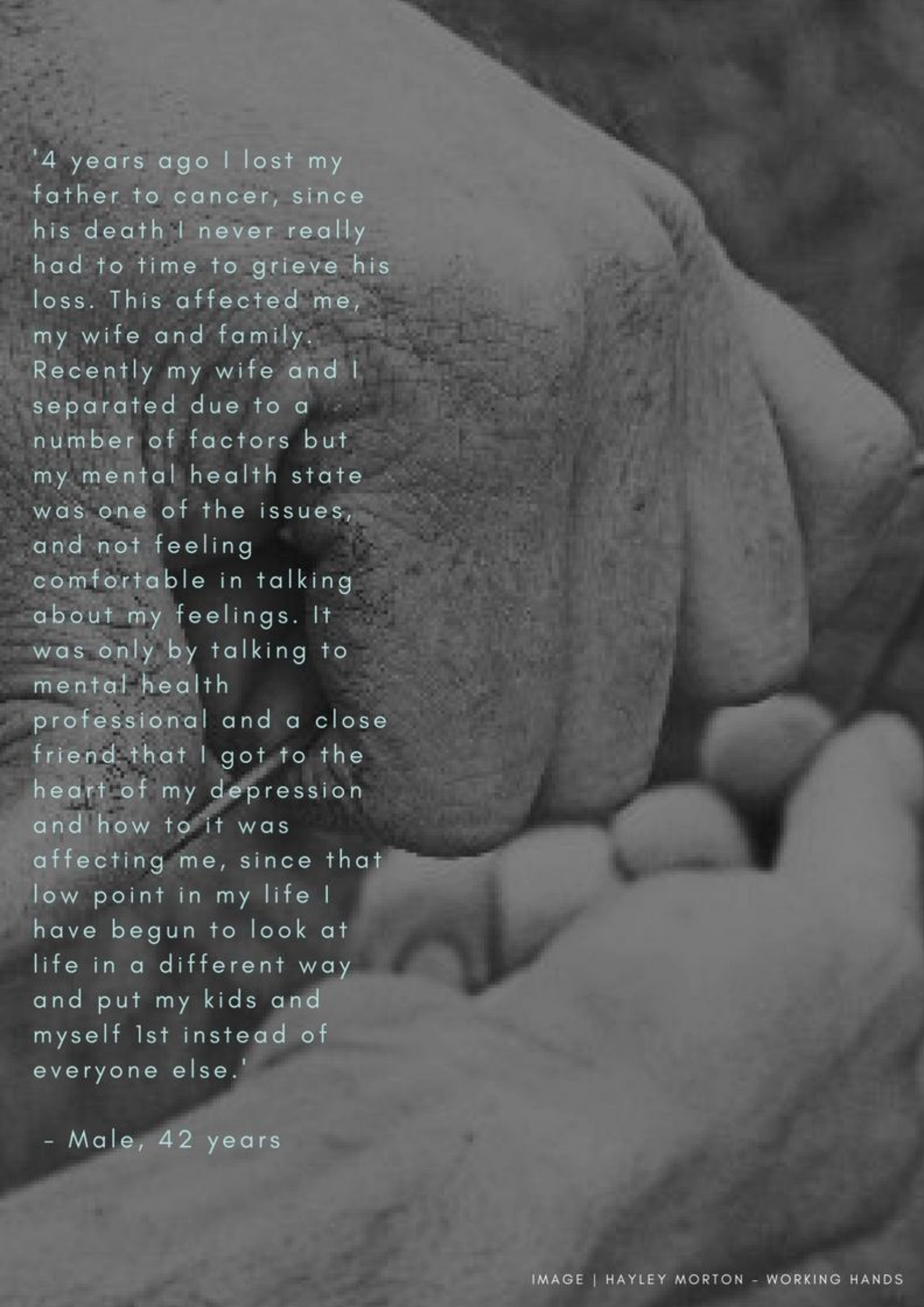


IMAGE | HAYLEY MORTON - WORKING HANDS

Digital stories

It became evident during the planning for the Ripple Effect that being able to give "voice and story" would be important. Previous experience in the research team while working with young rural people had shown that digital story telling was an effective and positive medium to achieving this (S. Brumby, Eversole, R., Scholfield, K., Watt, L, 2007). A community-funded digital storytelling workshop was conducted during the development of the Ripple Effect, bringing together 12 farming community members affected by a range of suicide experiences. The three-day workshop followed the previous successful workshop format and produced ten completed digital stories. These stories were categorised according to relevance to the varying five experiences of suicide; 'someone I know took their life', 'I have been touched by suicide in some other way', 'I have had thoughts about taking my own life', 'I have attempted to take my own life', and 'I have cared for someone who attempted to take their own life'.

Ripple Effect participants were presented a minimum of four digital stories considered most relevant to their experience of suicide. For example, participants who self-identified as 'bereaved by suicide' were presented with the stories of digital storytellers also bereaved by suicide. By connecting individuals (albeit by video) with a shared background and mutual understanding of the effects of suicide, a reduction in feelings of guilt and shame associated with the experience was anticipated. This follows the notion that self-stigma and perceived-stigma can be reduced through the realisation that experiences are usually not exclusive to oneself.

The inclusion of digital stories was based on research identifying this process as providing meaningful communication about wellbeing and encouraging mutual reflection, empathy and understanding in a safe, supported and connected environment (De Vecchi, Kenny, Dickson-Swift, & Kidd, 2016). Digital stories have also been identified as powerful means of creating and sharing knowledge (Lal, Donnelly, & Shin, 2015) and capturing defining moments and turning points in life (Lambert, 2013). Viewing digital stories fosters understanding of the complexity of experience and promotes reflective practice when supporting people facing adversity.

Health professional/stigma expert videos

Health professionals and stigma experts addressed current best-practice in six information videos focused on knowledge development and facilitated behavioural change (see Figures 16-18). Video content considered the farming and rural context and was aimed at confronting misinformation, breaking down misconceptions, sharing relevant and useful information regarding acknowledging experiences of suicide, and advice on self-care and supporting others. This part of the intervention was designed to stem perceived- and self-stigma around suicide in rural and remote areas and improve participant literacy of suicide.

Each of the six videos communicated three key messages. These were summarised on the closing slide of each video.

1. Stigma:
    - Don't accept suicide stigma
    - Stigma can stop people from seeking support
    - Reduce stigma by sharing your story
2. Seeking support:
    - Healthy people are the best asset for your farming business
    - There is no 'one-size-fits-all' when gaining support—find what fits you
    - Tough times need to be shared
3. Talking safely about suicide:
    - Talking about suicide is important and necessary
    - Take time to: have a conversation, maintain a connection and follow-up
    - Support is available to meet your needs
4. Suicide experiences in rural farming communities:
    - Everybody's experience of suicide will be different

- Difficult situations on farms and in life can increase suicide risk
- Farming life and work can help get us through tough times

5. Helpful thinking:
    - The way we think affects our wellbeing
    - Understanding what causes you stress is the first step to making change
    - Recognise what you can't control in life, jot it down and focus your response on what you can control
6. Setting personal goals for health and wellbeing:
    - Understand what factors affect your mental health
    - Stay well through physical activity, doing things you enjoy and being connected
    - Keeping mentally healthy takes effort and planning—set your SMART goals.

Personal goal setting templates

Action-planning and goal-setting had previously been used, with success, in farmer health programs by the National Centre for Farmer Health (S. Brumby, Martin, & Willder, 2006) (S. Brumby, Willder, & Martin, 2010). Accordingly, templates for personal goal-setting provided opportunity to put new knowledge and improved attitudes into practice in a '**S**pecific, **M**easurable, **A**chievable, **R**ealistic and **T**ime-based' manner (Doran, 1981). The Ripple Effect provided a place where participants could complete details of personal goals set and how progress could be measured (see Figure 14). Participants were also invited to return to the Ripple Effect after a specified period (set by the participant) to report on goal achievement using a behaviourally-anchored rating scale (Brumby 2013). This participatory approach was informed by Kolb's (1984) experiential learning process and Ajzen and Fishbein's (1980; 2010) theory of planned behaviour. Personal goal setting allowed participants to share personal goals, reflect, learn and apply new knowledge in a safe environment with a group of people with shared interest, experiences and cultural context.

Postcard/video library

Upon completion of www.therippleeffect.com.au, participants were provided ongoing access to the entire collection of participant-completed postcards, digital stories and health professional/stigma expert videos. The library held all of the digitised hard copy postcards in addition to a collection of moderated and uploaded online postcards that participants wrote during their www.therippleeffect.com.au pathway (see Figure 15).

Continued access to these materials provided participants with the opportunity for continuing reminders of the importance of stigma reduction. Furthermore, ongoing access to messages of encouragement and support could facilitate continuing destigmatisation. It also provided evidence for participants that their messages were being 'heard' by the researchers and other rural community members affected by suicide, and that their experiences and messages could help others. The library also allowed for participants to watch digital stories that had not been presented to them previously.

Pilot testing

Pilot testing was conducted following development of www.therippleeffect.com.au. Twenty contributors—including Steering Group members and key members of the rural health and agricultural industry—completed one or more pathways through the website, and provided feedback on key elements of the intervention. These included:

- Device (phone, laptop, tablet or PC) and browser used
- Ease of use/user experience
- Technical problems encountered
- Suggested design improvements
- Suggestions for additional content
- Most helpful elements of the website

- Feedback on each of the specific elements of the website (goal setting, accessing the Dashboard, the video/postcard library)
- Suggestions for Frequently Asked Questions (FAQs)

Pilot Group members were also invited to attend a teleconference for further feedback and discussion.

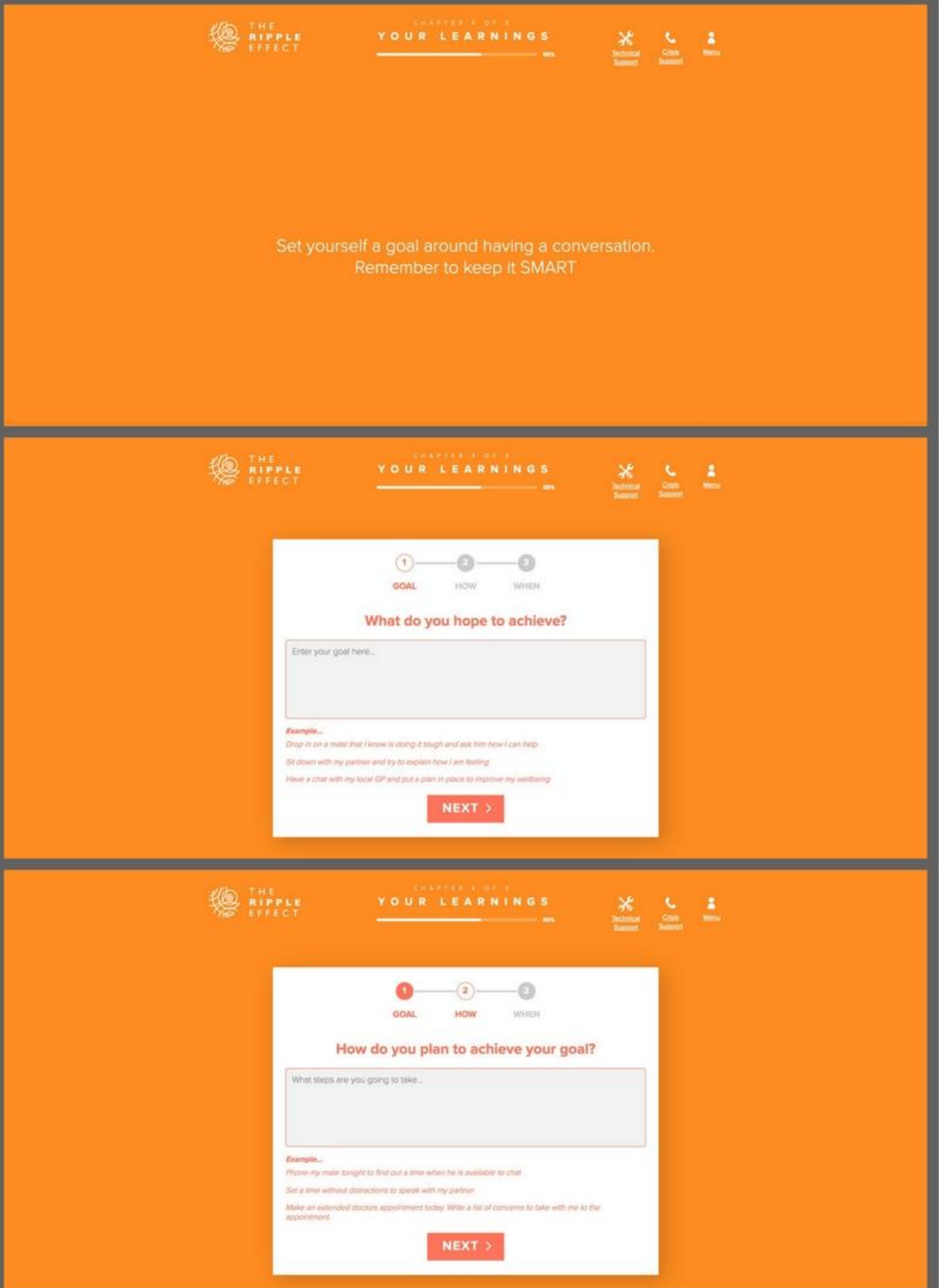


Figure 14. Screen images from the personal goal-setting process

FIGURE 15 (ABOVE). IMAGE OF POSTCARD LIBRARY
FIGURES 16, 17 & 18 (BELOW). STILLS FROM THE HEALTH PROFESSIONAL/STIGMA EXPERT VIDEOS. FROM LEFT TO RIGHT; DR ALISON KENNEDY, MS MARIA PARENTE, AND MR TRISTAN BRUMBY-RENDELL

Ripple Effect Community Engagement

Community Champions

In response to high numbers of applicants expressing interest in joining the Ripple Effect Steering Group (significantly more than available places), the decision was made to establish a network of Ripple Effect Community Champions to assist with promotion and recruitment. Over 60 individuals and groups responded to the invitation to champion The Ripple Effect; a response largely linked to personal experiences of suicide or an employment role that exposed them to rural suicide and it's affect (for example: health professionals, financial counsellors, volunteer fire brigade members, rural local government employees and other rural service providers). A map identifying the postcode locations of Community Champions can be seen in Figures 19-20, noting that some Community Champions had the capacity to disseminate information about the Ripple Effect well beyond their postcode location. For example, Elders—while based in Adelaide—disseminated 10,000 Ripple Effect flyers to 200 retail stores across Australia. Training about the Ripple Effect was offered for Community Champions via online webinar. Sessions were offered at various times on several days of the week to ensure maximum availability. Community Champions were also provided with a Communications Pack comprising flyers, posters, media releases, a personal goal-setting chart and suggestions for sharing the invitation to participate in the Ripple Effect throughout their rural networks.

Ripple Effect stakeholders (individuals and groups/companies)

People interested in knowing more about the Ripple Effect were invited to be included on the Ripple Effect contact list. Bi-monthly e-newsletters outlining the Ripple Effect progress and opportunities for involvement were then forwarded to this growing group of stakeholders. On completion of the research phase, there were 466 Ripple Effect stakeholders who received up to 11 newsletters across the life of the project (see Appendix 1 for example e-newsletter).

Ripple Effect recruitment

Recruitment messaging was framed around the knowledge that members of rural farming communities are very willing to offer help to others yet less willing to ask for help themselves (A. J. Kennedy, 2015). Accordingly, the call to action was made for people to share their information and insights as a way of helping others, assisting in the development of ways to further suicide prevention in rural areas and improving support for all those affected. Recruitment of participants to the Ripple Effect took a broad, 'snowballing' approach, engaging a wide range of strategies and utilising a wide range of rural networks.

Maintaining engagement with participants through to completion

There were several strategies used to engage participants and maintain their participation through to completion.

Email reminders

In recognition of participants' busy work and life schedules, email reminders were integrated into the Ripple Effect design (see Appendix 2 for email reminder schedule and Appendix 3 for example reminder email). Additional targeted email reminders were sent out towards the end of the research phase. These were responsive to changing needs and tailored to reflect the point in the participant's website journey. For example, for participants close to completion, emails requested a final brief effort to complete participation.

Web/Facebook retargeting

In the latter stage of the research phase, it was identified that while there had been a high number of unique visitors to www.therippleeffec.com.au, the conversion rate (the proportion of unique users completing the intervention) was relatively low. The decision was made to adopt the process of Google and Facebook retargeting. Once an individual visited www.therippleeffect.com.au, promotion of the Ripple Effect was presented on Google advertising space on other unrelated websites, or within Facebook. Format and content of

the advertisement was tailored to reflect how far the participant had progressed through the Ripple Effect—the homepage, registration, or commencement of participation (see Figure 21).

Between March 5 2017 and June 14 2017, Facebook advertising reached 71,489 individuals and resulted in 1,933 link clicks. In addition to this, Facebook retargeting generated 11,923 impressions, meaning Ripple Effect ads were displayed on 11,923 Facebook feeds. This generated 123 link clicks and six completed interventions. Google retargeting generated 13,322 impressions (with 13,322 Ripple Effect ads appearing on unrelated web pages) which generated 17 link clicks and 9 completed interventions. This was still underway at the time of completing this report.

Participant engagement via Ripple Effect community

All members of the Ripple Effect community—including Partner Organisations, Steering Group members, Community Champions and Stakeholders—were requested to share the invitation to participate in www.theripppleeffect.com.au across their rural networks. Flyers were created for this purpose (with the generous support of the Riverine Herald and Roar Creative graphic design), containing information about the research, website URL, and contact details for support services. These were available in A4 (poster), A5 (brochure) and an electronic version (see Figure 22). Members were encouraged to speak face-to-face with people they thought might be interested in the Ripple Effect. Additionally, considering the potential difficulty identifying those affected by suicide due to the associated stigma, broad communication of information was also encouraged.

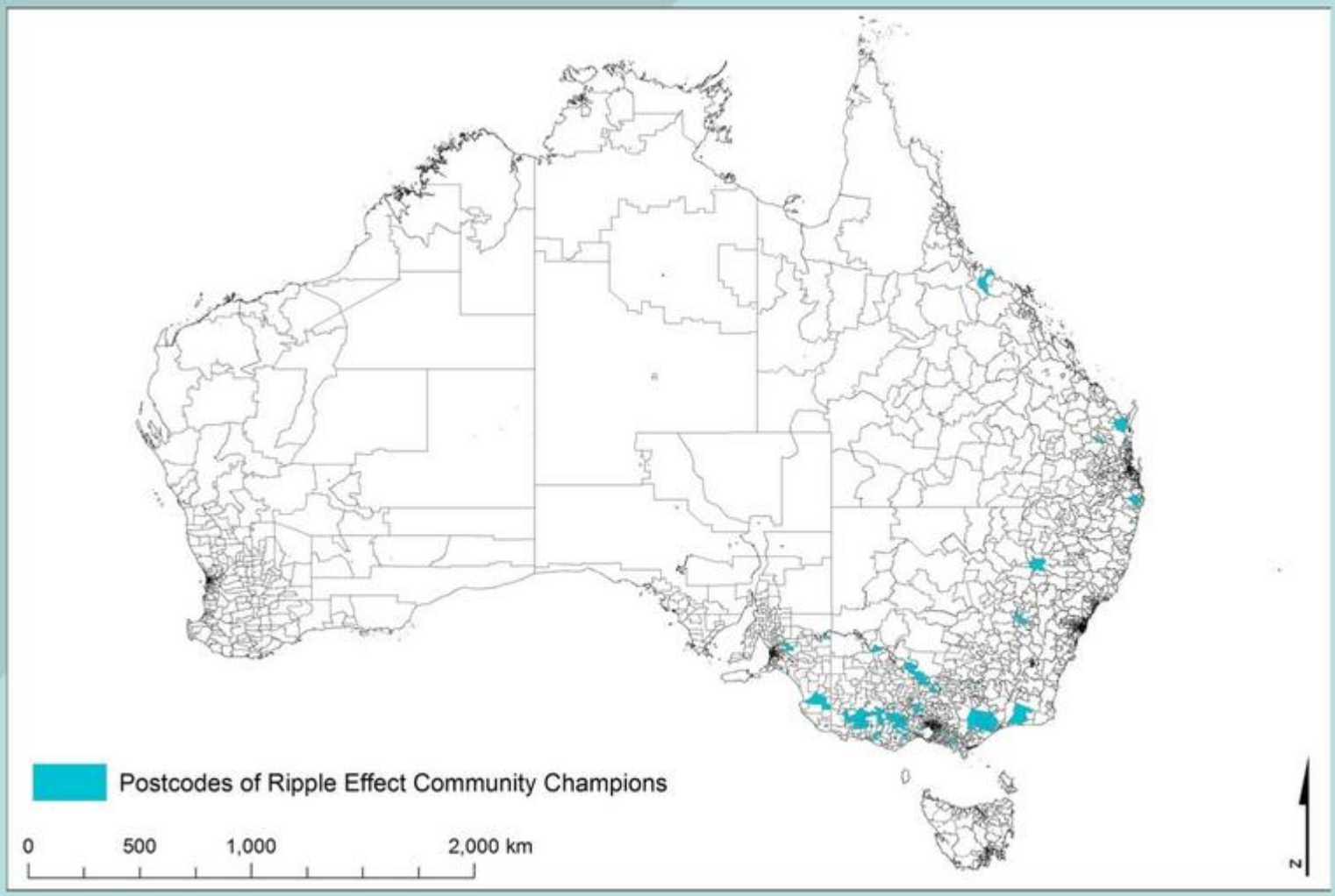


Figure 19. Community Champion locality map

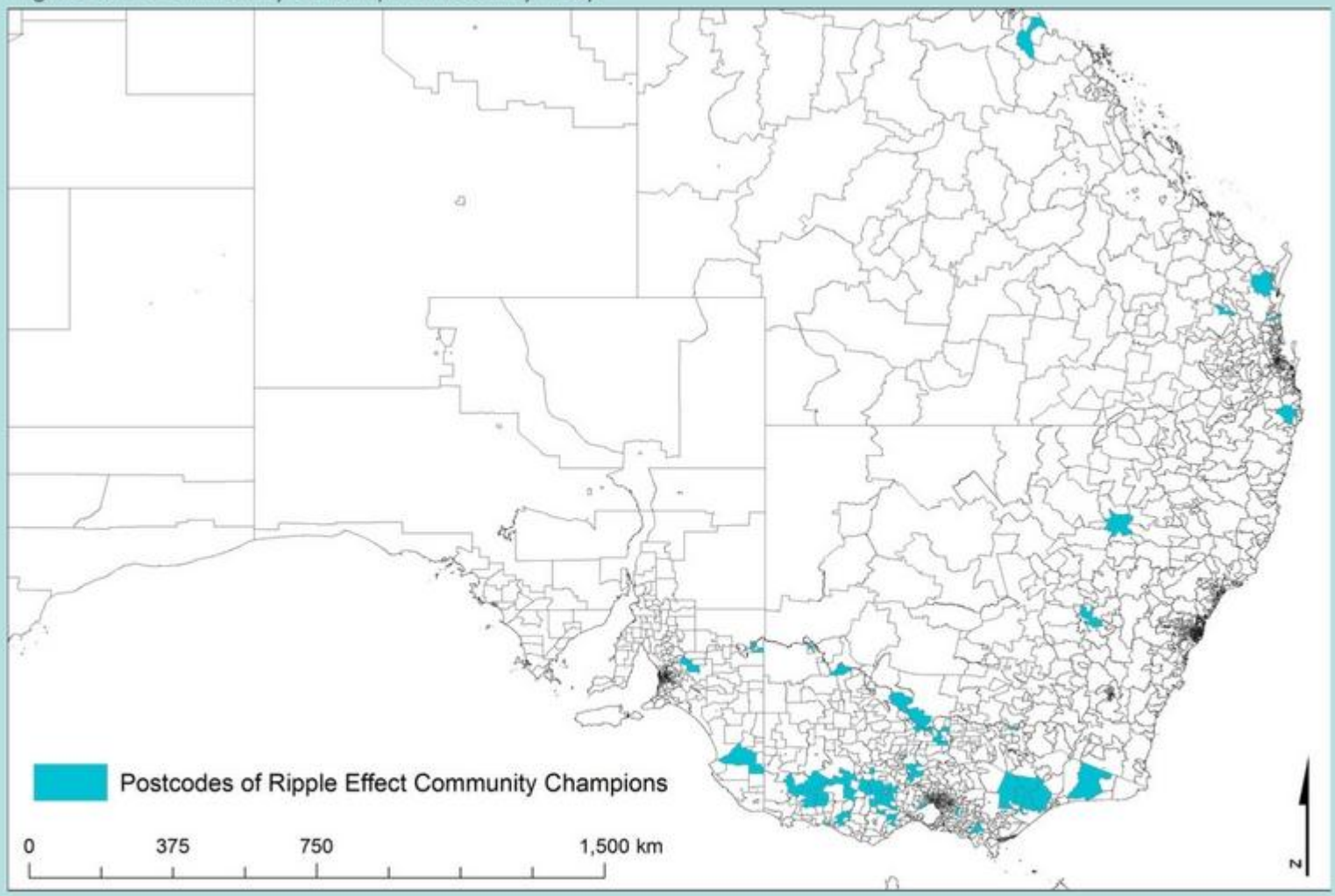


Figure 20. Community Champion locality map - zoomed in

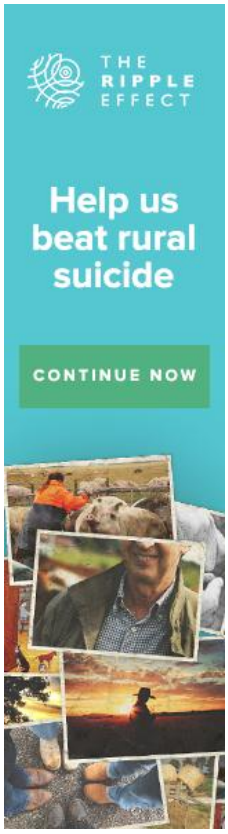


Figure 21. Examples of targeted Google and Facebook advertising for people who have either visited or registered at www.therippleeffect.com.au

Figure 22. Marketing flyer distributed to advertise the Ripple Effect

Marketing and Promotion

Social media

Twitter (@preventstigma) and Facebook (http://www.facebook.com/beatruralsuicide/) were used to disseminate information about www.theripplеeffect.com.au and extend an invitation for people to participate. Posts also covered community engagement by the Ripple Effect team, re-posts of relevant social and emotional wellbeing stories and information, notification of Ripple Effect media and presentations, and live video-feed of interview material with Ripple Effect participants. 'Sneak peek' content from www.theripplеeffect.com.au was also shared in an effort to engage participation. This included quotes from postcards completed by Ripple Effect participants and still images from digital stories accompanied by a brief quote.

Relevant individuals and social media groups were tagged in posts and requests were made to share information across social media networks. On occasion, Facebook posts were 'boosted'. However, it was found that organic reach almost always exceeded that achieved via paid posts. Consequently only $123 was spent on boosting a total of 10 posts. Facebook, in particular, was found to be a strong driver of traffic to www.theripplеeffect.com.au. Activity and reach of social media is outlined in Table 1. Examples of social media posts can be viewed in Appendix 4.

Table 1: Summary of social media coverage of the Ripple Effect

Social Media Type	Time Period	No. of posts	Reach
Facebook	1 October 2015 – 30 March 2016	18	3,861
	31 March 2016 – 4 October 2016	27	95,431
	5 October 2016 – 25 May 2017	139	178,713
Twitter	1 October 2015 – 30 March 2016	44	20,181
	31 March 2016 – 4 October 2016	123	65,559
	5 October 2016 – 25 May 2017	95	76,211

Postcards and flyers

In addition to a means of providing voice for people without poor internet access and a way of collecting content for www.therippleeffect.com, hard copy postcards had benefits as a marketing tool. Anecdotal evidence suggested that people engaged with the powerful Ripple Effect message on the card and chose to then keep them stuck to the fridge as a reminder, rather than return them with their personal message added. This unanticipated promotion was complimented by information flyers that were circulated by Community Champions and mailed out on request. Contributions of online postcard (participant location by postcode) can be seen in Figure 23.

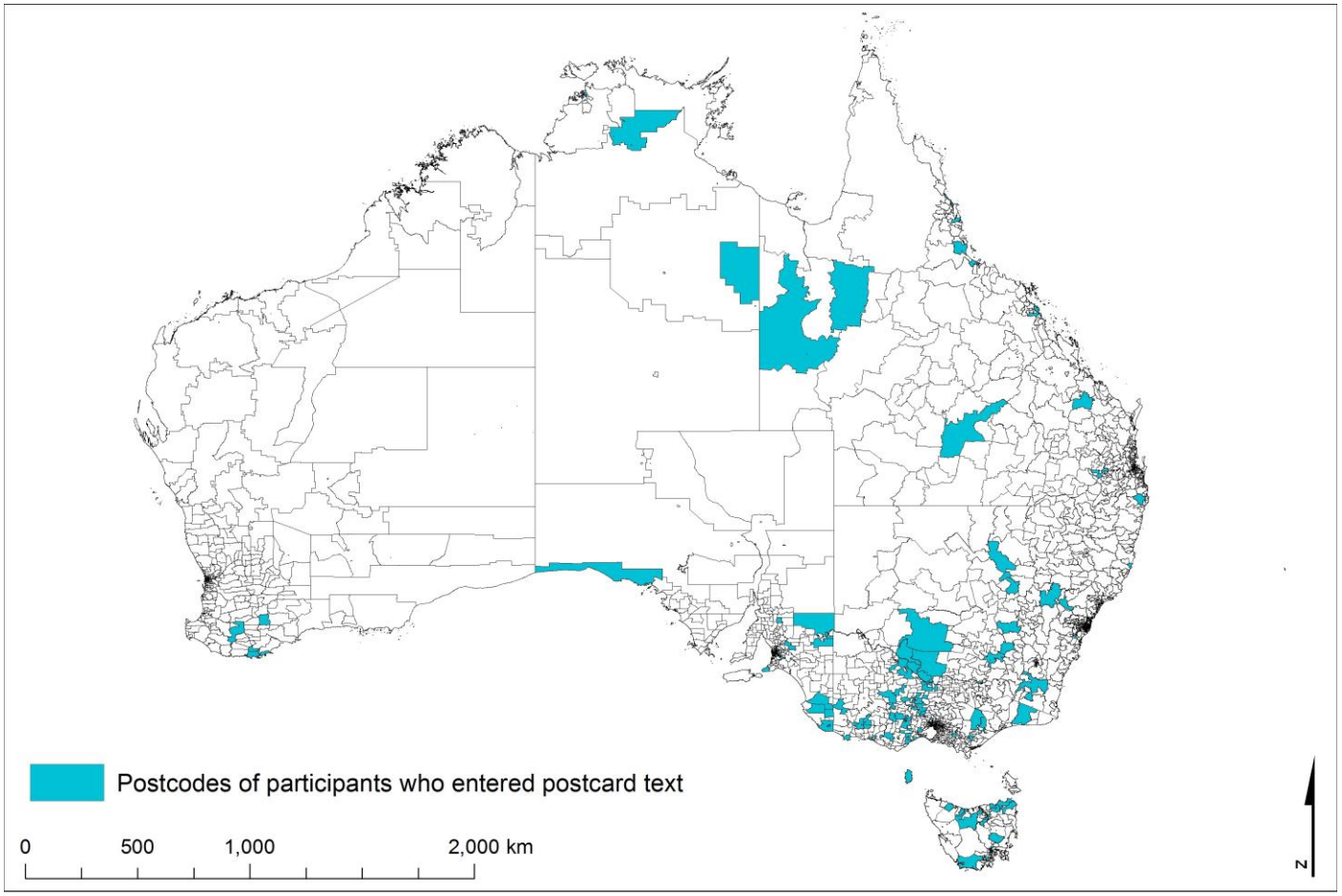


Figure 23: Locality map of submitted participant postcards

Mainstream Media

Mainstream media proved enthusiastic to report on the Ripple Effect research, particularly given the willingness of Digital Storytellers and Steering Group members to tell their personal stories for media articles. Media releases were distributed via partner networks (for example, the Victorian Farmers Federation) and via a commercial media service (AAP Medianet) to provide targeted articles.

Strict stipulations were set regarding media engagement, to ensure a positive experience for people willing to share their story and accuracy of reporting:

- Requests for media involvement were initially made to the Ripple Effect management team (Kennedy, Brumby) rather than via direct engagement with Digital Storytellers and Steering Group members.
- Digital Storytellers or Steering Group members participating in print media were provided an opportunity to view the story before printing to ensure they approved of how their story was conveyed.

- The Ripple Effect team was provided with the opportunity to view the story, before print, to ensure accuracy and correct language (in accordance with the Mindframe guidelines http://www.mindframe-media.info/).
- A focus on opportunities for stigma reduction, hope, personal growth and the encouragement of support-seeking was strongly encouraged in media coverage.
- Media was requested to include acknowledgement of *beyondblue* and Movember as funders of the Ripple Effect

Media opportunities were also facilitated through direct contact with journalists previously demonstrating support for the National Centre for Farmer Health research and service provision, through word of mouth and via Community Champion networks. This support was greatly appreciated.

While it was not possible to track every media article published during the time period, Google Alerts was used to track and record published media on The Ripple Effect (see estimated media coverage in Table 2). Even where media items were identified, reported radio, online, print and TV media coverage is likely to be significantly underestimated as media items were frequently repeated and adapted for different audiences, different programming and different time slots.

The value of media coverage to advertising the Ripple Effect was significant. For example, one Deakin University media and advertising analysis valued the Advertising Space Rate[4] of an ABC TV national news program on 11 December 2016 at $117,709 (AUD). The program reached an audience of 1,096,100. Follow-up media coverage on 12 December 2016 (based on the original TV coverage) reached a further estimated 639,000 people, with an Advertising Space Rate of $160,730.

Examples of print media can be seen in Appendix 5.

Figure 23a. A still from the ABC News piece on the Ripple Effect (11 December 2017)

equivalent

Table 2: Summary of media coverage of the Ripple Effect

Media Type	Time Period	No. of items	Reach
Print/online	July 2015 – 30 September 2015	8	Regional: 0 State: 2 National: 5 International: 1
	1 October 2015 – 30 March 2016	7	Regional: 3 State: 1 National: 3
	31 March 2016 – 4 October 2016	18	Regional: 9 State: 1 National: 8
	5 October 2016 – 25 May 2017	10	Regional: 2 State: 1 National: 7
Radio	July 2015 – 30 September 2015	0	Regional: 0 State: 0 National: 0
	1 October 2015 – 30 March 2016	3	Regional: 1 State: 0 National: 2
	31 March 2016 – 4 October 2016	8	Regional: 7 State: 1 National: 0
	5 October 2016 – 25 May 2017	3	Regional: 1 State: 0 National: 2
TV	July 2015 – 30 September 2015		Regional: State: National:
	1 October 2015 – 30 March 2016		Regional: State: National:
	31 March 2016 – 4 October 2016		Regional: State: National:
	5 October 2016 – 25 May 2017	2	Regional: 1 State: National: 1

IMAGE | KYLIE ADDY - CONTROLLING THE BURN

'I struggled to deal with my friend's suicide initially and actually used drugs to escape from the pain of it for a number of years. Eventually I started talking about it with family and friends and with a great psychologist. This helped me process that I was not to blame and help me get really clear about how I could respond better in future to suicide risk, and indeed how I could best honour my friends death by leading the best possible life and contributing what I can to helping others.'

- Male, 42 years

IMAGE | LORELLE MCSHANE, HARVESTING SUGAR CANE THE WAY IT USED TO BE

'I continue to recognise suicide is a much deeper mental health challenge than most people realise. It's important that more people take steps to understand that no matter who you might be in society, you can be vulnerable, but likewise, you can help others.'
- Male, 66

Community presentations

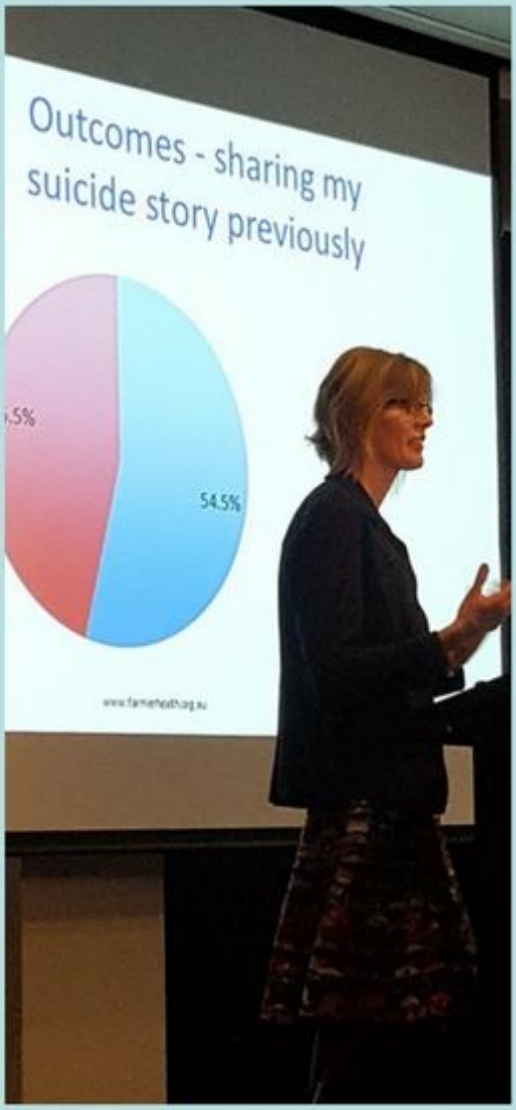
Community groups actively sought opportunities to host and hear about the Ripple Effect. This typically included organisations with a focus on the TARGET group of males aged 30–64 years (for example, rural football-netball clubs and Men's Sheds). Female-focused groups like the Country Women's Association, and mixed-gender groups like Rotary and Lions Clubs were targeted to also engage women who could encourage men to participate in the Ripple Effect. While the small Ripple Effect research team presented at numerous community events. The Ripple Effect Steering Group members and Community Champions often arranged presentations in their local areas. Examples of this engagement—and its location—can be seen below.

- Promoting nationally through the Australian Farmers Markets Association (National)
- Promotion via the Victorian Farmers Markets Association, including face-to-face contact with stall holders at market events (VIC)
- Posting on social media
- Ripple Effect URL displayed on the carton of Gippsland Jersey milk (VIC)
- Adding flyers to dairy farmer support hampers (VIC & SA)
- Speaking to buyers at livestock auctions (VIC & QLD)
- Speaking to local football-netball clubs (VIC)
- Awareness raising social events initiated by young farmers (NSW)
- Awareness raising events initiated by senior secondary school and university students (NSW & VIC)
- Putting flyers on windscreens at local livestock sale yards (VIC & QLD)
- Adding flyers to show bags at agricultural conferences/events (VIC, NSW, SA)
- Displaying flyers across regional library services (VIC)
- Speaking to local Probus, Lions and CWA groups (National)
- Speaking at local Movember events (VIC, NSW)
- Promoting at suicide awareness raising open garden event in Gippsland (VIC)
- Promoting through rural industry groups (National)
- Participating in media interviews e.g. ABC National News, ABC's Q&A program (National)
- Promoting at rural events e.g. field days (TAS, VIC, WA & SA),
- Presentation and promotion at conferences (International, National and Regional)
- Promotion at rurally focused art exhibitions (VIC & QLD),
- Health professionals sharing information with their clients (National)
- Speaking with media (National, Regional & Local)

DR ALISON KENNEDY AND ALEXANDER ROBINSON REPRESENTING THE RIPPLE EFFECT TEAM AT THE COLERAINE FOOTBALL NETBALL CLUB

BOTTOM RIGHT: STEERING GROUP MEMBER & AUSTRALIAN ARTIST, STEVE JUNGHENN, DISCUSSING HIS ART IN RELATION TO HIS EXPERIENCE WITH SUICIDE AS A FARMER .
BOTTOM RIGHT: MOLLY MCNAMARA REPRESENTING THE RIPPLE EFFECT TEAM AT THE LATROBE DAIRY FARMERS INFORMATION AND WELLBEING DAY, 2017

CLOCKWISE FROM BOTTOM LEFT: HUGHIE BROWNING & HAMISH JOB IN NAROMINE, NSW, AT THE SOCIAL EVENT THEY ORGANISED TO RAISE AWARENESS & FUNDS FOR THE RIPPLE EFFECT; COMMUNITY CHAMPION JACK KENNA ON THE FARM WITH HIS FAMILY; ATTENDING THE 'FIGHT FOR YOUR LIFE SUICIDE PREVENTION FORUM' IN WARRNAMBOOL; DR SUSAN BRUMBY PRESENTING ON THE BENEFITS OF SHARING EXPERIENCES OF RURAL SUICIDE



CLOCKWISE FROM TOP LEFT: THE RIPPLE EFFECT FLYERS AT PARLIAMENT HOUSE; DR ALISON KENNEDY PRESENTING FINDINGS FROM THE DIGITAL STORYTELLING WORKSHOP; MOLLY MCNAMARA AT THE KOROIT IRISH FESTIVAL; THE RIPPLE EFFECT ADVERTISED ON THE GIPPSLAND JERSEY MILK CARTONS

IMAGE | LAUREN WALLIS - BULL POKING STOCK IN THE YARD

'Suicide is something that needs to be discussed. Particularly in a friendship setting, as it may not be just yourself that is having difficulty. Sometimes other friends need to talk as much as yourself and in a tough time, such as with suicide, it can be easy to lose sight of this.'
- Male, 23 years

PROFILE OF PARTICIPANTS

The Ripple Effect garnered participation from across Australia. The website http://www.theripppleeffect.com.au had 11,498 unique users (different people who visited the site), 23.7% of visitors returned to the site more than once.

Figure 24, showing participant postcodes, reflects engagement from, and particular appeal of the program to, rural and remote areas in all Australian States and Territories. A more detailed description of participant[5] information (age, gender, etc.) is presented in Table 3.

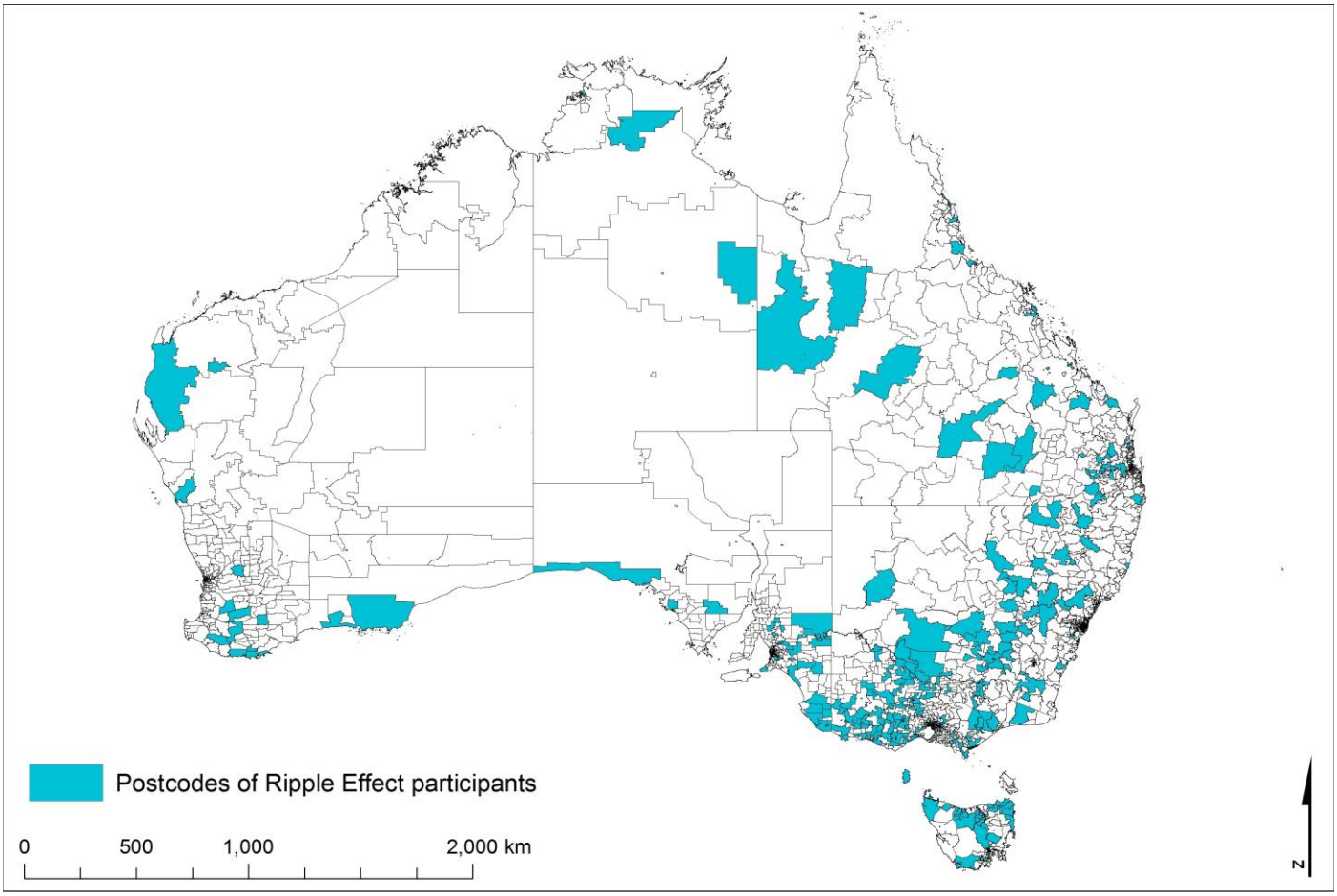


Figure 24: Postcode location of Ripple Effect participants from July 2016–May 2017

The locality map, Figure 24, which displays high participation from rural and remote areas, highlights the success of the program in appealing to and reaching target communities. Additionally, Figure 24 displays little penetration in capital cities and urban locations, reflecting appropriateness of advertising, social media and marketing parameters.

Figure 24a demonstrates the different devices participants used to access the Ripple Effect. Over half of participants accessed the Ripple Effect from their desktop computer, and over a third used their smart phones. Tablets were used much less frequently than phones or computers.

[5] For the purpose of this report, a participant (of the Ripple Effect) is an individual who registers via the 'Get Started' button on the landing page (by computer, tablet or smart phone), identifying that they would like to partake in the research and information provided. The definition of participant is not restricted to individuals who complete the Ripple Effect.

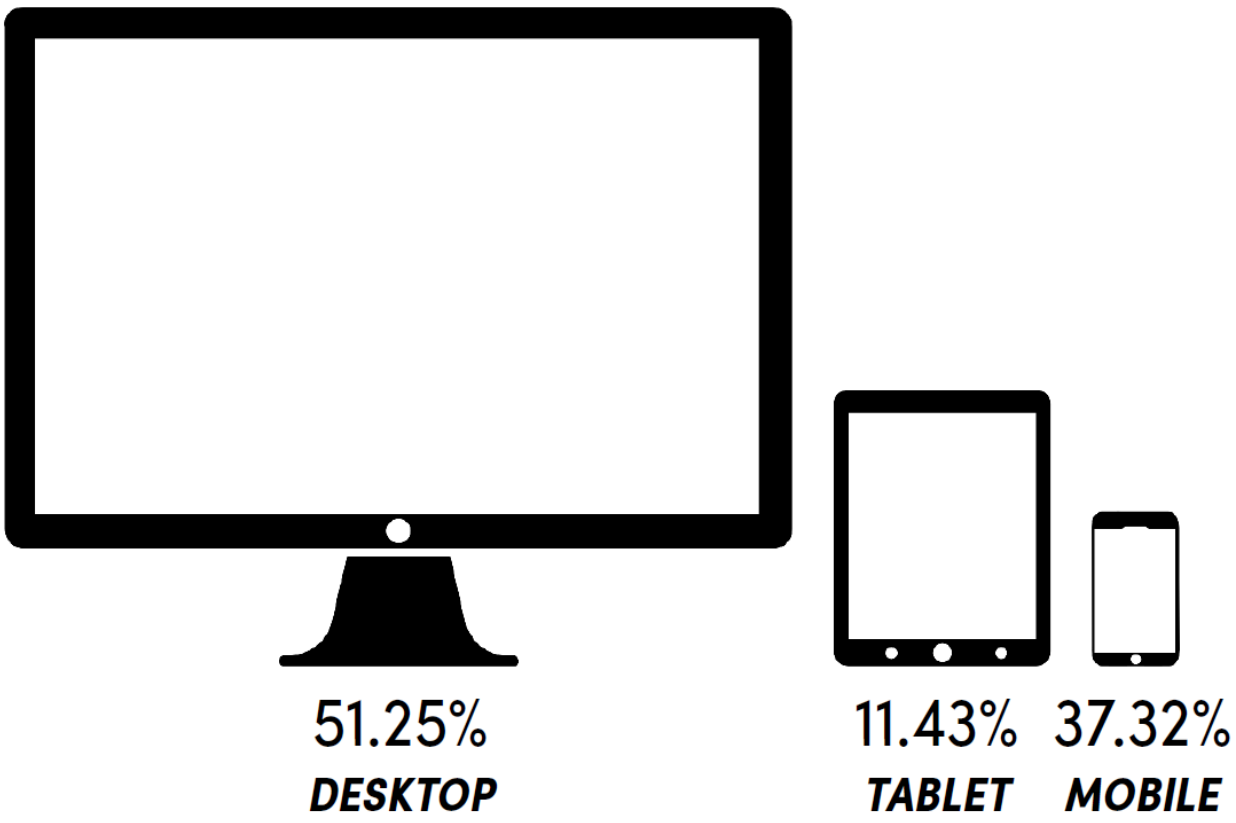


Figure 24a. Different means of accessing the Ripple Effect

The entire participant group, Table 3 (Demographics of Ripple Effect participants) identifies a greater number of females (N=359, 65%) participating in the intervention than males (N=192, 35%). This was despite the design and marketing focus working to engage male participants. This was not unexpected, given previous evidence of the dominance of female participation in suicide research in Australia and internationally (Cerel, Maple, Aldrich, & van de Venne, 2013). Given the importance of rural females' roles in ensuring the wellbeing of their families, this was not considered a negative outcome (Alston, 2012). Participation by females may, therefore, indirectly result in information transfer and stigma reduction for rural men and for families. Anecdotal evidence shared with the Ripple Effect team suggests that participating females did also encourage the participation of male family members and friends. A significant number of participants below the target age were also identified, with 16% of male and 23% of female participants under the age of 30 years, totalling 114 participants. This is not entirely unexpected, as this younger age group has demonstrated a familiarity and established engagement with digital and online technology as reflected in Australian data suggesting that those under the age of 34 years are more likely to be internet users than those above this age (Australian Bureau of Statistics, 2016). This has implications for further online suicide-stigma reduction interventions targeted towards this younger audience, and is discussed in the Recommendations section of this report.

Considering male participation, Table 3 (*Demographics of Ripple Effect participants*) identifies that 76% (N=145) of all male participants fell within the target age group 30–64 years (highlighted in bold in Table 3).

Table 3: Demographics of Ripple Effect participants

		Gender*		Total
		Male	Female	
Age	18-29 years	31 (16.1%)	83 (23.1%)	114 (20.7%)
	30-39 years	**36 (18.8%)**	81 (22.6%)	117 (21.3%)
	40-49 years	**46 (24.0%)**	83 (23.2%)	129 (23.5%)
	50-59 years	**42 (21.9%)**	79 (22.1%)	121 (22.0%)
	60-64 years	**21 (10.9%)**	19 (5.3%)	40 (7.3%)
	Greater than 65 years	16 (8.3%)	14 (3.9%)	30 (5.5%)
Total		192	359	551

*4 participants marked 'other' and 7 participants did not provide gender information.

When looking at the range of experiences of suicide in Table 4 (Summary of experience of suicide by gender), TARGET males (46.2%) were less likely to have reported being bereaved by suicide than female participants (50.4%). Of these bereaved participants, TARGET males (28.8%) were much less likely than females (58.2%) to be bereaved by the loss of a family member. This is not unexpected given the higher rates of male suicide in rural areas (Miller & Burns, 2008). This male dominance in suicide deaths would support that more females are likely to have lost male family members to suicide. Of additional interest, among those bereaved is that TARGET males (10.3%) are less likely to have experienced a suicide death as having a significant or devastating outcome (in the short or longer term) than female participants (23.7%). This may reflect the fact that females are more likely to have lost family members to suicide than TARGET males. Given the nature of family farming, this is likely to mean the loss of a key source of labour and knowledge in the farming business, with women having to compensate for the practical ramifications of the loss of a husband, brother/father/son as co-manager of farming duties, as well as the emotional outcomes of loss. This greater impact on bereaved females is also reflected in their level of closeness with the deceased. Females (31.0%) were more likely to have described being close (close, moderately close or very close) to the deceased than TARGET males (22.7%). Previous research suggests that level of closeness has greater bearing on the effect of suicide bereavement kinship (Maple et al., 2016). However, results from the current intervention suggest kinship also has a bearing for this population. This is not unexpected given the prevailing nature of family farms (N. Clark & O'Callaghan, 2013) and tight social networks in Australia's rural farming communities.

Table 4 (Summary of experience of suicide) provides data that identifies TARGET male participants as more likely to have attempted or had thoughts of suicide than females. Interestingly, this is counter to existing research that suggests that Australian women are more likely to have thoughts about suicide, make a suicide plan or make a suicide attempt than Australian men (McKenna & Harrison, 2012). This higher rate of direct personal experience may have had bearing on the higher rate of Ripple Effect completion for TARGET males (36.2%)—when compared with the group overall (31.5%)—with the direct personal impact translating in a stronger drive to participate, share their knowledge and prevent this from happening to others.

Table 4: Summary of experience of suicide

User Type N (%)	TARGET (N = 145)	ALL** (N=562)	Male ALL (N=192)	Female ALL (N=359)
I have attempted to take my own life	13 (9.0)	38 (6.8)	14 (7.3)	22 (6.1)
I have been touched by suicide in some other way	27 (18.6)	109 (21.2)	40 (20.8)	78 (21.7)
I have cared for someone who attempted to take their own life	6 (4.1)	44 (7.8)	11 (5.7)	32 (8.9)
I have had thoughts about taking my own life	32 (22.1)	88 (15.7)	41 (21.4)	46 (12.8)
Someone I know took their own life	67 (46.2)	268 (47.7)	86 (44.8)	181 (50.4)
Someone I know took their own life	**N = 67**	**N = 268**	**N = 86**	**N = 181**
Was this person a family member (Yes/No)				
No response (participants have not yet completed question)*	8 (11.9)	22 (8.2)	6 (7.0)	16 (8.8)
Yes	17 (25.3)	120 (21.4)	24 (27.9)	96 (53.0)
No	42 (62.7)	126 (22.4)	56 (65.1)	69 (38.1)
Effect on your life	**N = 67**	**N = 268**	**N = 86**	**N = 181**
No response*	19 (28.4)	70 (26.1)	22 (25.6)	47 (26.0)
The death had a significant or devastating effect on me that I still feel	9 (13.4)	73 (27.2)	12 (14.0)	61 (33.7)
The death disrupted my life in a significant or devastating way, but I no longer feel that way	6 (9.0)	31 (11.6)	7 (8.1)	24 (13.6)
The death disrupted my life for a short time	8 (11.9)	36 (13.4)	14 (16.3)	22 (12.1)
The death had somewhat of an effect on me, but did not disrupt my life	22 (32.8)	49 (18.2)	26 (30.2)	23 (12.7)
The death had little effect on my life	3 (4.5)	9 (3.3)	5 (5.8)	4 (2.2)

*Only people who identified as being bereaved by suicide were presented with this question. In addition, not all participants had yet reached this question in their participation.
**4 participants marked 'other' and 7 participants did not provide gender information.

The findings and suggested explanations around closeness and the impact of suicide bereavement within farming families raise the question of how many participants were involved in farming. Figure 25 (farming status of TARGET participants) identifies that 65% of the TARGET group identified as farming. A further 11% of these males had previously farmed, with only 24% of TARGET participants never having farmed. It was pleasing to see that of those TARGET males currently farming, the Ripple Effect was able to engage with a spread of farming types (see Figure 26). The four main farming types covered sheep, cattle, cropping and dairy farming. It is important to note that participants may have been involved in a mixed farming enterprise, comprising a combination of farming types.

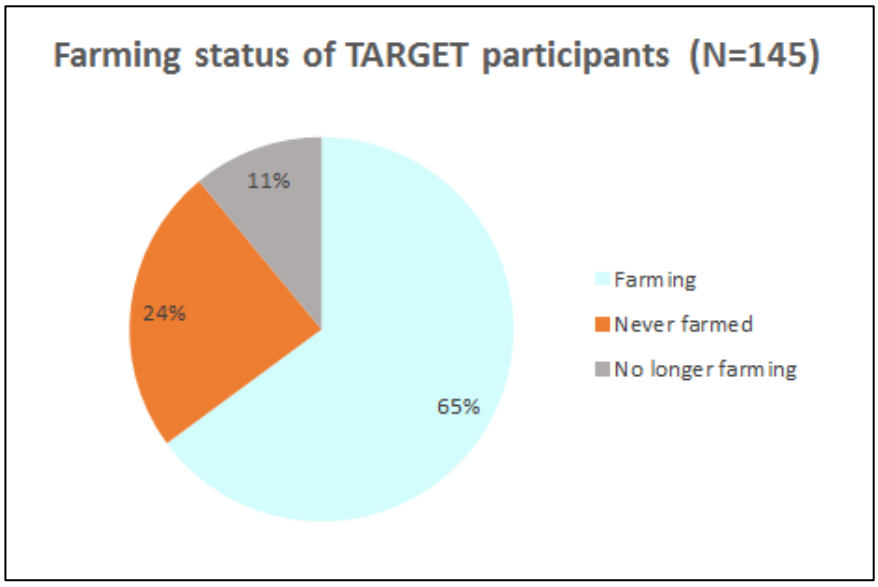


Figure 25: Summary of TARGET group farming experience

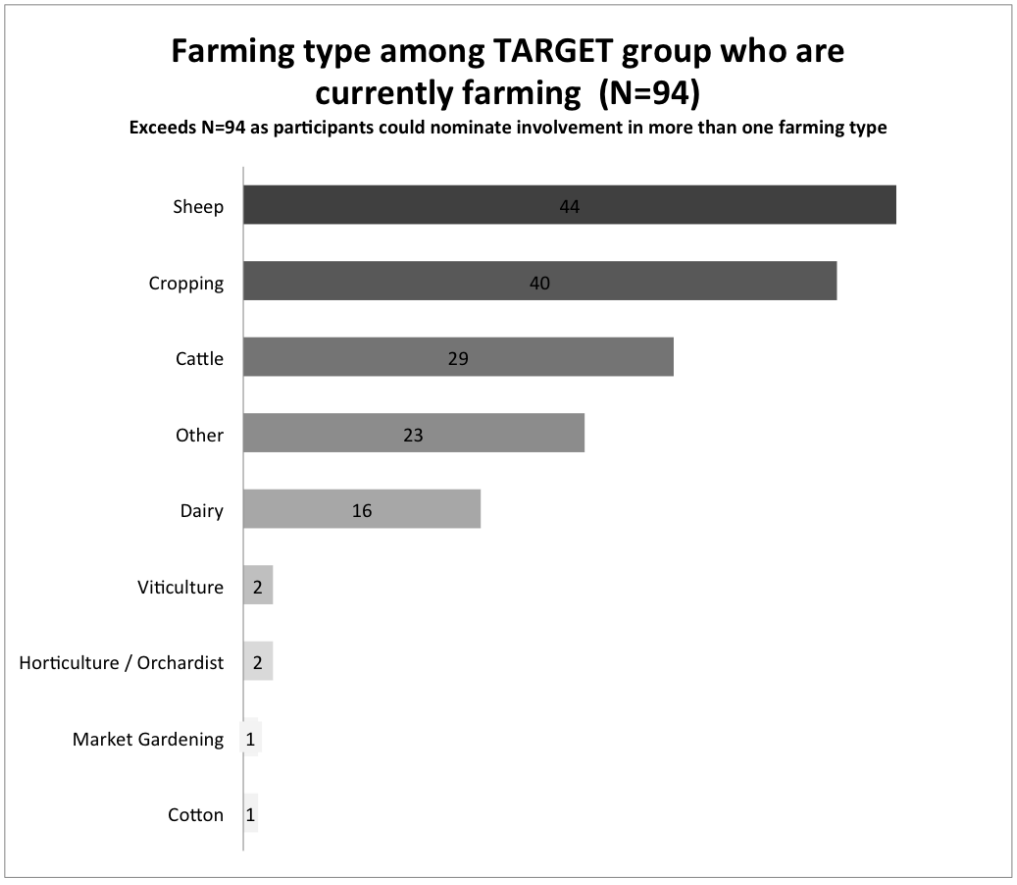


Figure 26: Farming activity in TARGET group

RESULTS

Assessing Changes in Suicide Stigma

Initially, measurement of stigma reduction was to be accomplished only by utilising the Stigma of Suicide Scale (SOSS). Assessment at baseline and following completion of www.theripppleeffect.com.au would allow this comparison (Batterham et al., 2013b). It should be noted that the SOSS had not previously been used as a pre- and post- intervention measurement tool, nor had it been used in a population with an identified range of suicide experience.

It became clear during the development of the project that there were numerous opportunities to assess changes in stigma at different phases of the research. Aside from lower scores on the Suicide of Stigma Scale (SOSS), reduced stigma was also represented by qualitative responses and behavioural indicators counter to the outcomes of stigma described by literature in the background to the Ripple Effect. These representations of stigma include avoiding help-seeking, poor social connection, feelings of shame, blame and guilt, selfishness and the sense of rejection often accompanying a lived experience of suicide and contribute to ongoing suicide risk (Dyregrov, 2002; Pompili et al., 2003).

Stigma change via the Digital Storytelling Workshop

The digital storytelling workshop, which provided valuable personal story content for www.theripppleeffect.com.au, presented an opportunity to assess change in stigma. While the digital storytelling was not funded by the STRIDE project, the communication of suicide experience was invaluable to The Ripple Effect, and provided stimulus against which stigma change could be measured for both storytellers and Ripple Effect participants viewing the stories. Workshop evaluation feedback and an anonymous follow-up online survey provided further insight in to the efficacy of the stigma reduction techniques employed at the workshop and whether the SOSS was a culturally appropriate measurement tool for this community.

Eleven individuals took part in in the Digital Storytelling Workshop. For more than half of workshop participants (55%) this was the first time they had publically shared their experience of suicide (see Figure 27). This opportunity provided to speak publically about their suicide experience demonstrated a profound example of stigma reduction.

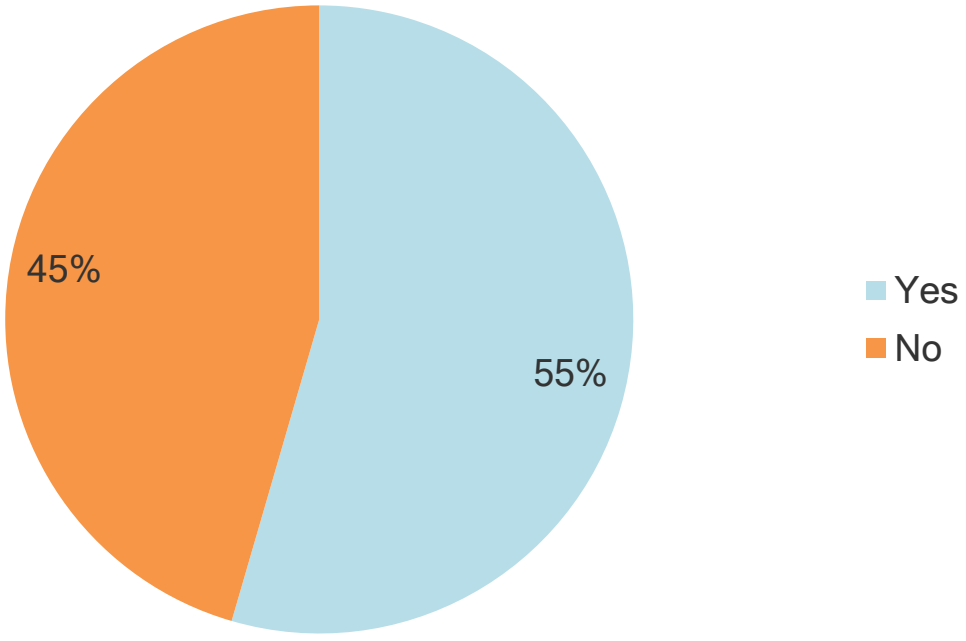


Figure 27: This was the first time I publicly shared my story of suicide

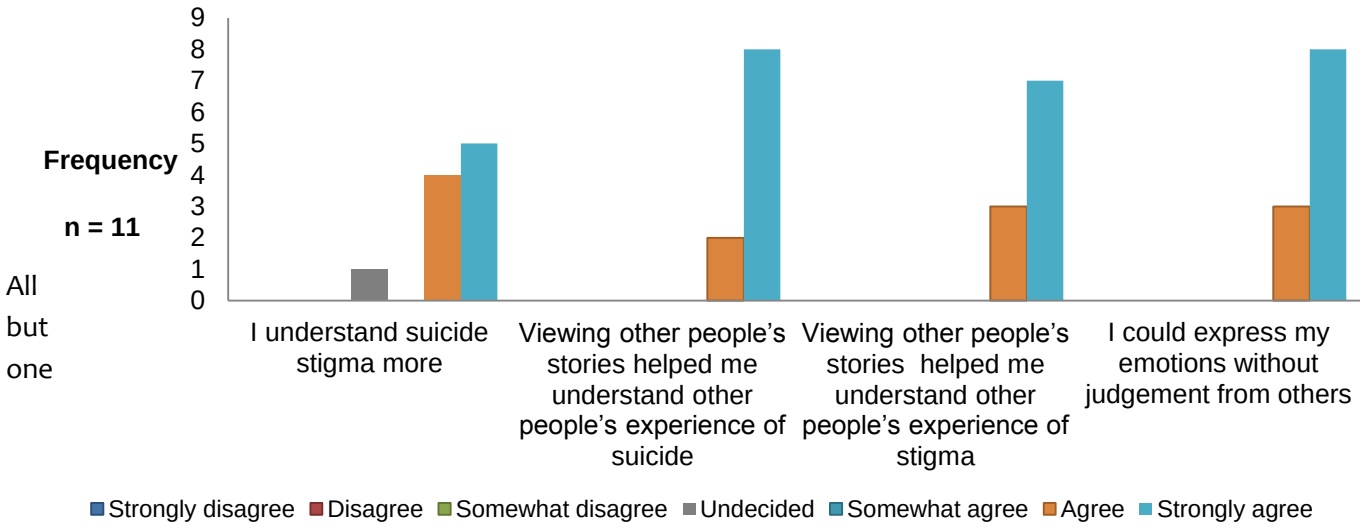


Figure 28: Impact of Digital Storytelling Workshop on stigma

participant agreed/strongly agreed that it was important that they tell their story among others who understood farming—supporting the importance of creating a user experience on www.therippleeffect.com that farmers could relate to. When asked the question 'I feel more confident speaking about suicide as an outcome of The Ripple Effect digital storytelling workshop', 60% reported they strongly agreed with this statement, 20% agreed, and 10% somewhat disagreed.

The workshop also had direct benefit on understanding and experiencing stigma as included in Figure 28.

As Figure 28 indicates, a significant majority of workshop participants reported having received enhanced understanding of how others have experienced feelings of stigma following a suicide. Correspondingly, all participants identified that they felt no judgement in communicating their story.

Additional qualitative feedback reported participants' increased willingness to talk about their experience, reduced levels of guilt, and increased social connection—all indicating a reduction in suicide stigma.

Whilst measuring change in stigma associated with the Digital Storytelling Workshop was outside of the original scope of The Ripple Effect project, post-workshop evaluations indicated alleviation of self- and perceived-stigma. This finding suggests a need for further research into the value of Digital Storytelling as a stigma reduction opportunity.

> *"Participating in the digital storytelling workshop was both a very humbling experience as well as inspirational, in working so closely with such a small group of other amazing farmers, who [...] shared their mental pain and anguish to initially a room of strangers, who three days later had then become very special friends."*
>
> *(Male workshop participant)*

"For me the workshop was very rewarding in many ways, I came away with a feeling of [my husband's] suicide wasn't my fault—something I have struggled with for quite some time. Watching my video I am very proud of the outcome. Several people have watched it and have given back so much positive feedback. Suicide is a terrible thing, so devastating. Talking to the men and hearing their stories was very emotional. I have thought about maybe doing further things with the ripple effect not sure what, but I feel I am getting stronger all the time. I guess for me I just want to help someone in some way."

(Female workshop participant)

Clockwise from top: Digital Storytelling Workshop participants; Digital Storytelling Workshop participant and Community Champion, Jack Kenna, on the farm; a still from Digital Storytelling Workshop participant Bill Stockman's Digital Story

Ripple Effect website participation

Stigma change measured by the Stigma of Suicide Scale

Participants registering with www.therippleeffect.com.au were required to complete measures of stigma (LOSS and SOSS) both at the commencement and completion of their participation in www.therippleeffect.com.au. The nature of the participant's suicide experience determined which questions were asked of them. All participants were questioned about the perceived-stigma they experienced. Those participants who had experienced thoughts of suicide or had attempted suicide were also asked questions pertaining to self-stigma. Both sets of questions stemmed from the Stigma of Suicide Scale (SOSS) which, using a 7-point Likert scale, measures stigmatising attitudes toward people who suicide (Batterham et al., 2013b). Although its authors describe the SOSS as a suicide stigma assessment scale, the tool is made up of three unique subscales: stigma, isolation/depression subscale and glorification/normalisation.

Table 5. Participants responding to self-stigma and perceived-stigma questions at baseline and completion

	BASELINE	COMPLETION	
SELF-STIGMA	98 (TARGET males 37)	47 (TARGET males 21)	48% (TARGET males 57%)
PERCEIVED-STIGMA	420 (TARGET males 108)	193 (TARGET males 57)	46% (TARGET males 53%)

Table 5 shows the number of participants from each group that completed the baseline measure of the SOSS and how many went on to complete the SOSS at the end of the intervention. All participants were required to complete the perceived-stigma version of the SOSS. Only participants who had attempted suicide or had thoughts of taking their life were required to complete the self-stigma version of the SOSS. Among the male TARGET group, 57% who completed the baseline self-stigma assessment went on to complete the assessment at the end of the intervention. 53% of TARGET males completing the perceived-stigma questions at baseline went on to complete the assessment at the end of the intervention. Lower completion rates were seen for the broader participant group, with 48% completing the self-stigma SOSS at baseline and at completion and 46% completing the perceived-stigma SOSS at baseline and again at completion. This indicates that, although there were lower numbers of TARGET males participating than those outside of the TARGET group, the TARGET group maintained a higher level of engagement than other participants.

Table 6 identifies the change from baseline to completion for the three subscales of the perceived- and self-stigma versions of the SOSS. No significant change in the perceived-stigma subscale was identified from baseline to completion for either the TARGET group or when looking at participants overall. Similarly, no significant change in the measure of perceived-isolation/depression was identified from baseline to completion, or either the TARGET group or when looking at participants overall. When looking at normalisation/glorification subscale, no differences were identified in the TARGET group. A significant increase was identified in mean score (Mean difference=0.17, SD=2.3, $p<0.000$) from baseline to completion for perceived stigma only for participants overall.

To further understand these findings, data reported by Batterham and colleagues (2013b) allows for a descriptive comparison of community sample SOSS results with results from Ripple Effect website participants who reported agreeing and strongly agreeing with each of the scale items (see Table 7). The statistical value of making this comparison is limited, given that Batterham's scale was a generalised measure of stigma, while use of the scale in the Ripple Effect was tailored to specifically measure perceived- and self-stigma. What can be drawn from this comparison, however, is further indication of the differences between the rural Ripple Effect sample and previous community samples.

Table 6: Stigma change for participants completing www.therippleeffect.com.au as measured by the Stigma of Suicide Scale (SOSS)

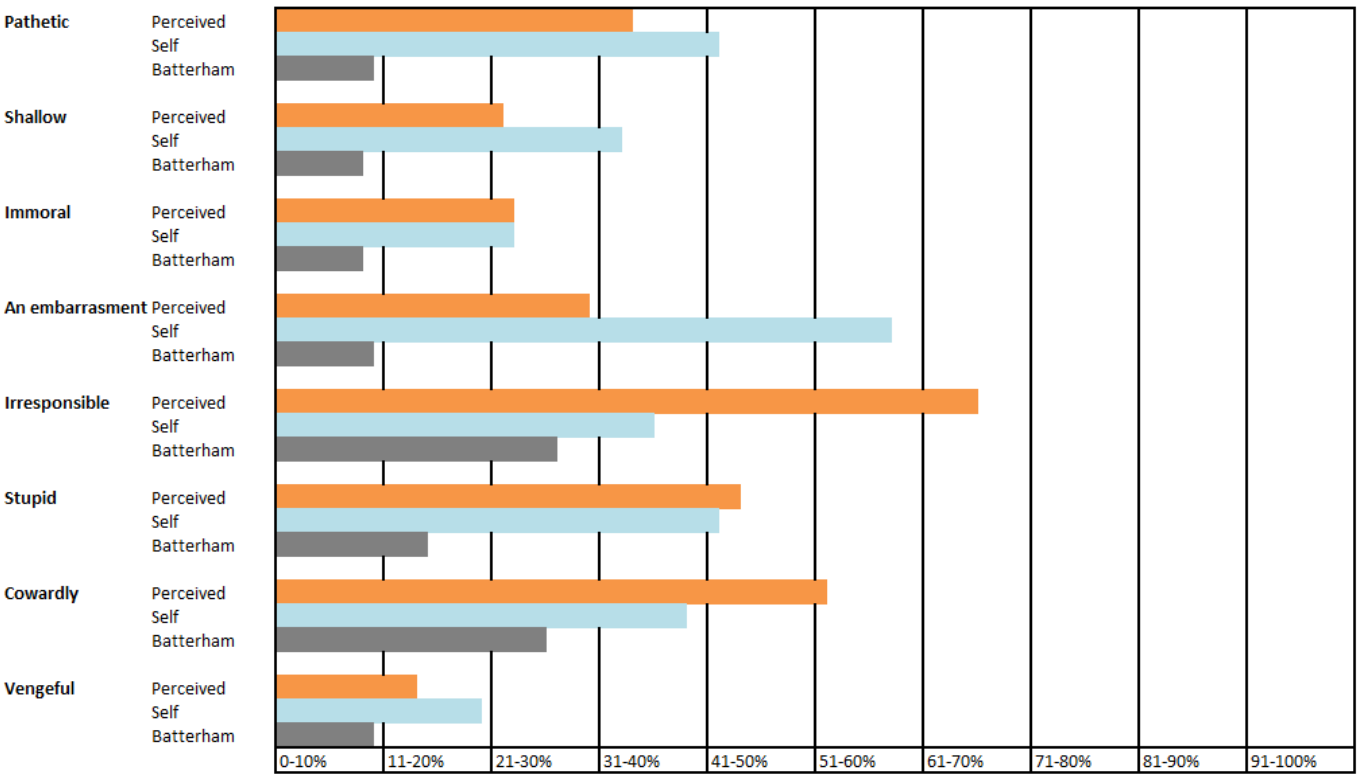
	Participant group and stigma type	Ripple Effect baseline mean (SD)	Ripple Effect completion mean (SD)	Statistical significance
STIGMA subscale	TARGET males: Self (N = 21)	20.33 (8.8)	19.81 (7.5)	No
	TARGET males: Perceived (N = 57)	23.11 (6.4)	23.53 (5.8)	No
	ALL: Self (N = 47)	21.04 (8.1)	21.00 (7.6)	No
	ALL: Perceived (N = 193)	23.25 (6.4)	23.11 (6.5)	No
ISOLATION/ DEPRESSION subscale	TARGET males: Self (N = 21)	14.09 (4.8)	12.90 (5.3)	No
	TARGET males: Perceived (N = 57)	14.01 (3.1)	13.70 (3.4)	No
	ALL: Self (N = 47)	13.94 (4.7)	13.21 (5.0)	No
	ALL: Perceived (N = 193)	14.87 (2.8)	14.61 (3.0)	No
GLORIFICATION/ NORMALISATION subscale	TARGET males: Self (N = 21)	8.95 (3.7)	9.14 (3.5)	No
	TARGET males: Perceived (N = 57)	7.91 (2.6)	8.25 (2.5)	No
	ALL: Self (N = 47)	8.10 (3.2)	8.28 (3.3)	No
	ALL: Perceived (N = 193)	7.86 (2.4)	8.29 (2.4)	P<0.00

Table 7: Summary of baseline Ripple Effect Stigma of Suicide Scale (SOSS) for perceived- and self-stigma (in comparison with previous research)

Ripple Effect perceived-stigma questions were preceded by the statement "*In general, other people think that a person who takes their own life is (item name)..Please rate how much you agree with this statement (strongly disagree/disagree/neutral/agree/strongly agree)*"

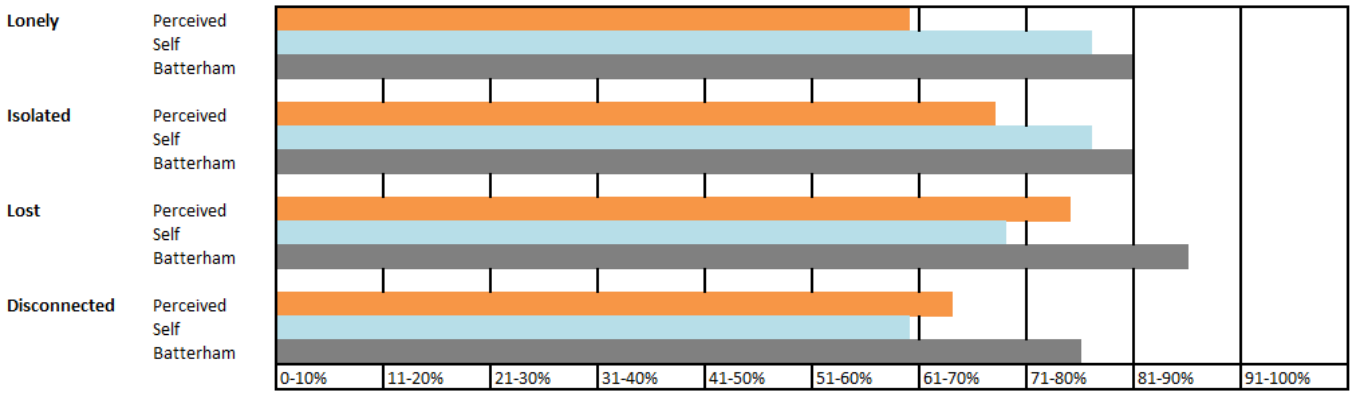
Ripple Effect self-stigma questions (asked of those who had contemplated or attempted suicide) were preceded by the statement "*Because I have had thoughts of taking my own life, I feel (item name). Please rate how much you agree with this statement (strongly disagree/disagree/neutral/agree/strongly agree)*"

STIGMA



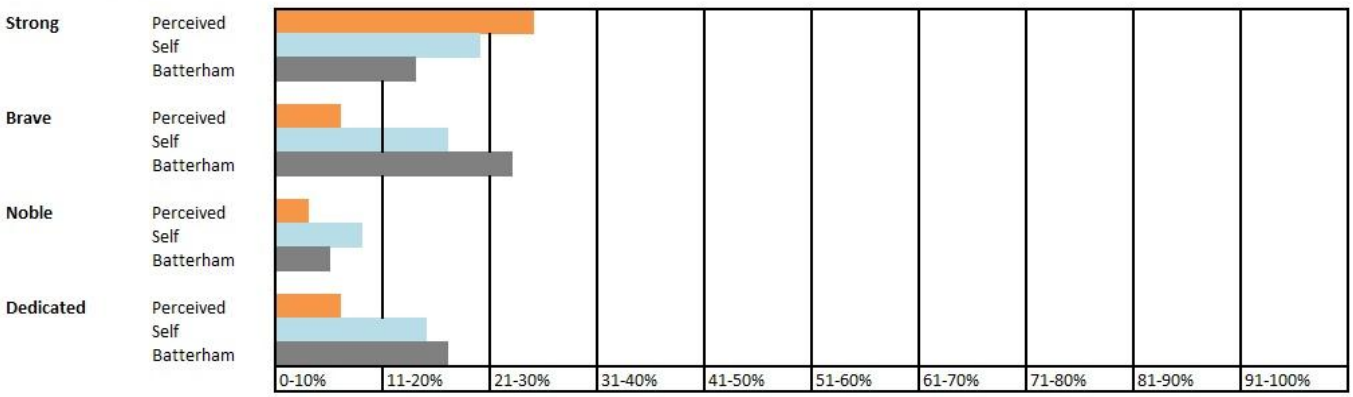
AGREE AND STRONGLY AGREE, COMBINED

ISOLATION / DEPRESSION



AGREE AND STRONGLY AGREE, COMBINED

GLORIFICATION/NORMALISATION



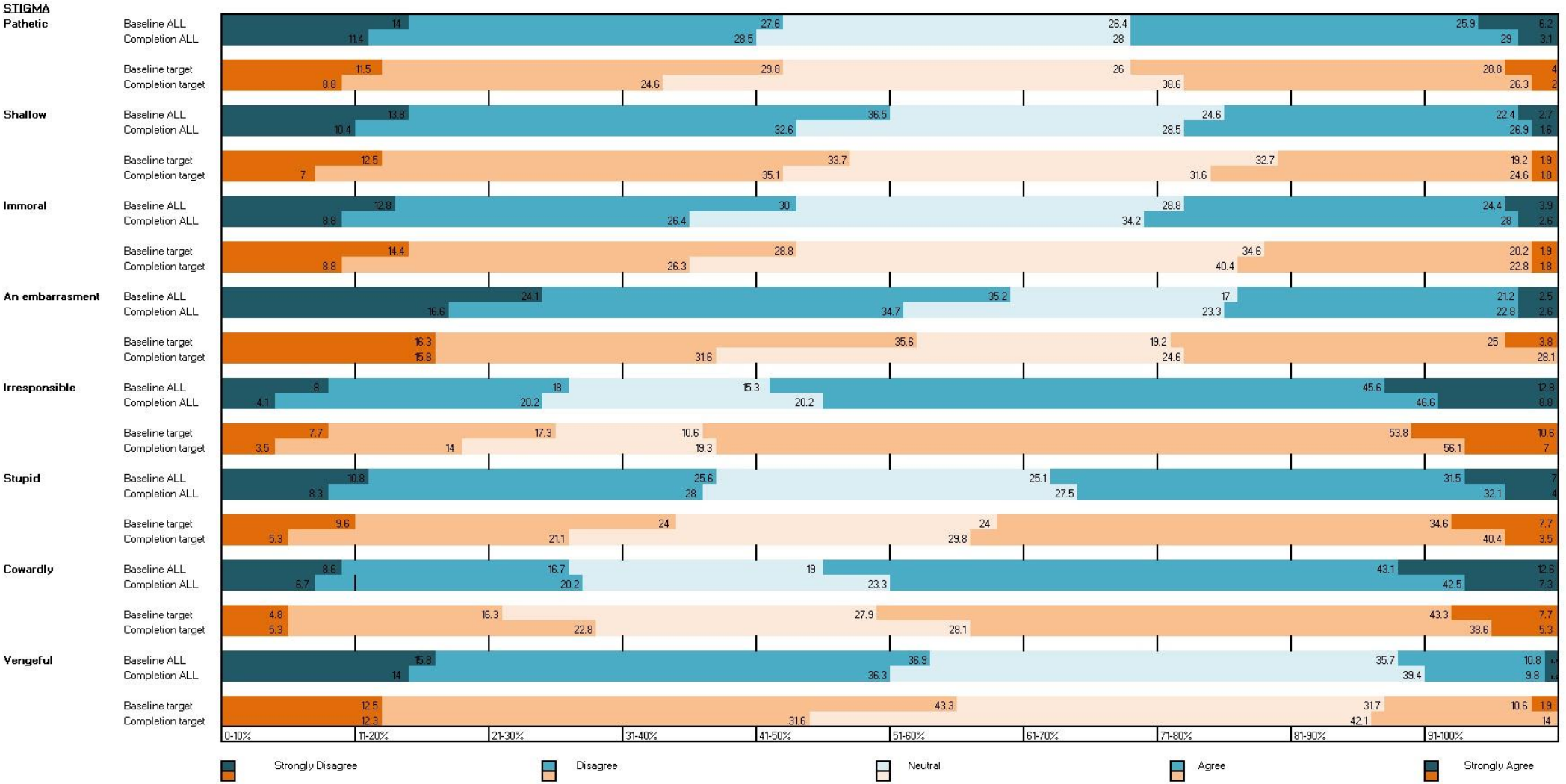
AGREE AND STRONGLY AGREE, COMBINED

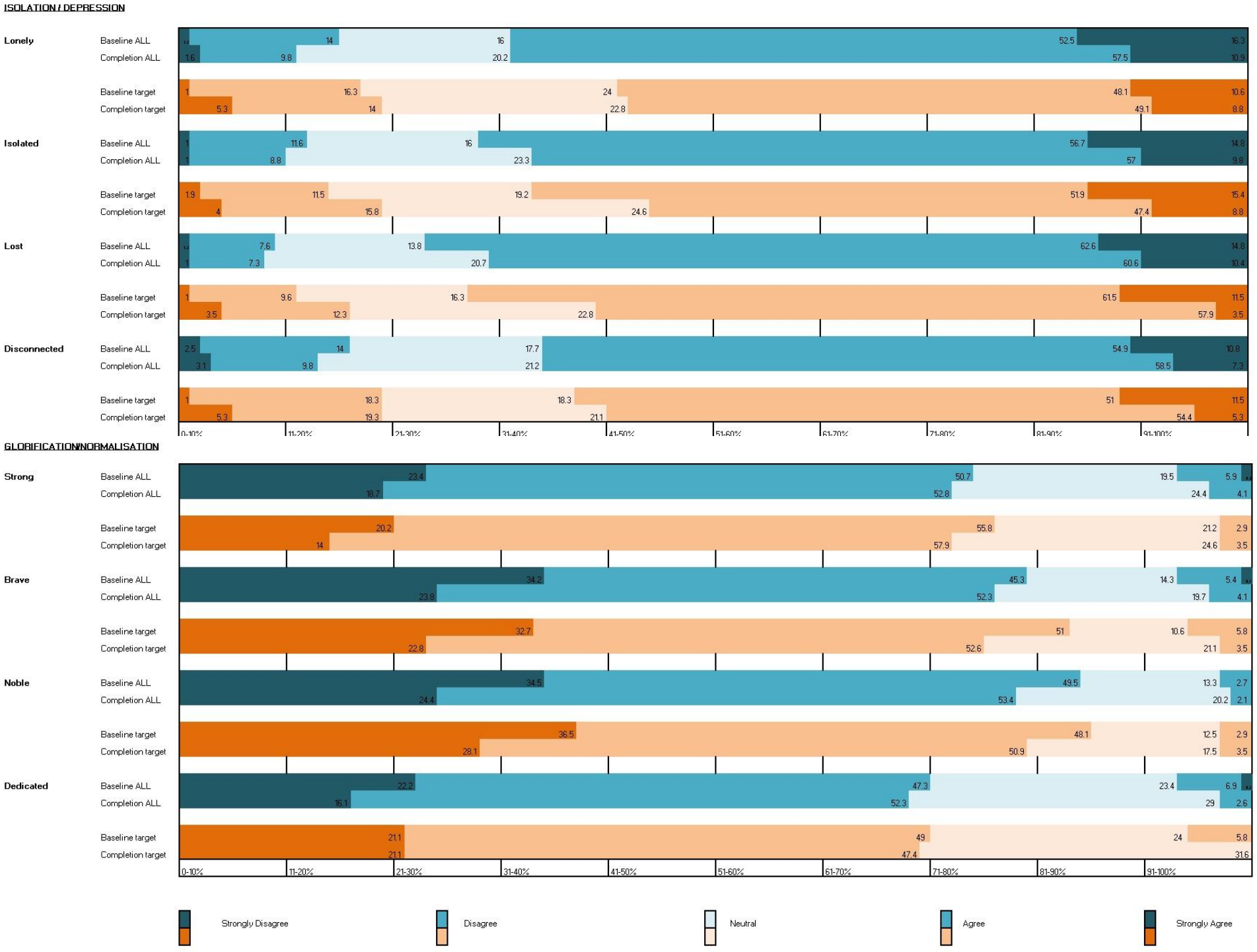
These findings raise several points for discussion:

- The increase in perceived normalisation-glorification may be a reflection of the nature of personal experiences shared during the intervention. The digital stories and postcards demonstrated the experience of people who had survived a suicide attempt, been bereaved by suicide or supported people through a suicidal crisis. The increased level of perceived-glorification/normalisation may reflect perceptions of these people as being strong, brave, noble or dedicated—rather than their perceptions of the act of suicide or a person who died by suicide (as was the intent of Batterham's generalised suicide stigma scale). This raises a further question of the suitability of these personal stories (considered best practice for mental illness stigma reduction) for reducing perceived normalisation-glorification of suicide when using the SOSS.
- Should an increase in normalisation necessarily be understood as a negative outcome, when normalising the experience of poor social and emotional wellbeing may in turn lead to reduced shame, social acceptability, reduced stigma and ultimately, the potential for increased willingness to seek support?
- It is also interesting to note, on close inspection of the data (see Table 8), that the increase in mean score for perceived-normalisation/glorification was not generally a result of more participants choosing to agree or disagree with the statements (in fact, there was a reducing trend in those choosing agree or strongly agree from baseline to completion). Rather, there was a shift of participants to the neutral point. Given the vast majority of participants selected strongly disagree or disagree with statements glorifying/normalising suicide, any shift to the neutral had an effect of increasing the mean. Further investigation of the data—relative to existing literature—is required to better understand this increased shift to a neutral response at completion. Future exploration may also include the challenges associated with neutral scores in Likert scales or factors of reduced cognition due to intervention fatigue.

Table 8: Summary of the change in *perceived-stigma* SOSS subscales for The Ripple Effect completers (measured as % of responses)

Ripple Effect perceived-stigma questions were preceded by the statement "*In general, other people think that a person who takes their own life is (item name)..Please rate how much you agree with this statement (strongly disagree/disagree/neutral/agree/strongly agree)*"




ISOLATION / DEPRESSION
Lonely
Baseline ALL
Completion ALL
Baseline target
Completion target
Isolated
Baseline ALL
Completion ALL
Baseline target
Completion target
Lost
Baseline ALL
Completion ALL
Baseline target
Completion target
Disconnected
Baseline ALL
Completion ALL
Baseline target
Completion target
GLORIFICATION/NORMALISATION
Strong
Baseline ALL
Completion ALL
Baseline target
Completion target
Brave
Baseline ALL
Completion ALL
Baseline target
Completion target
Noble
Baseline ALL
Completion ALL
Baseline target
Completion target
Dedicated
Baseline ALL
Completion ALL
Baseline target
Completion target
0-10%
11-20%
21-30%
31-40%
41-50%
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71-80%
81-90%
91-100%
Strongly Disagree
Disagree
Neutral
Agree
Strongly Agree

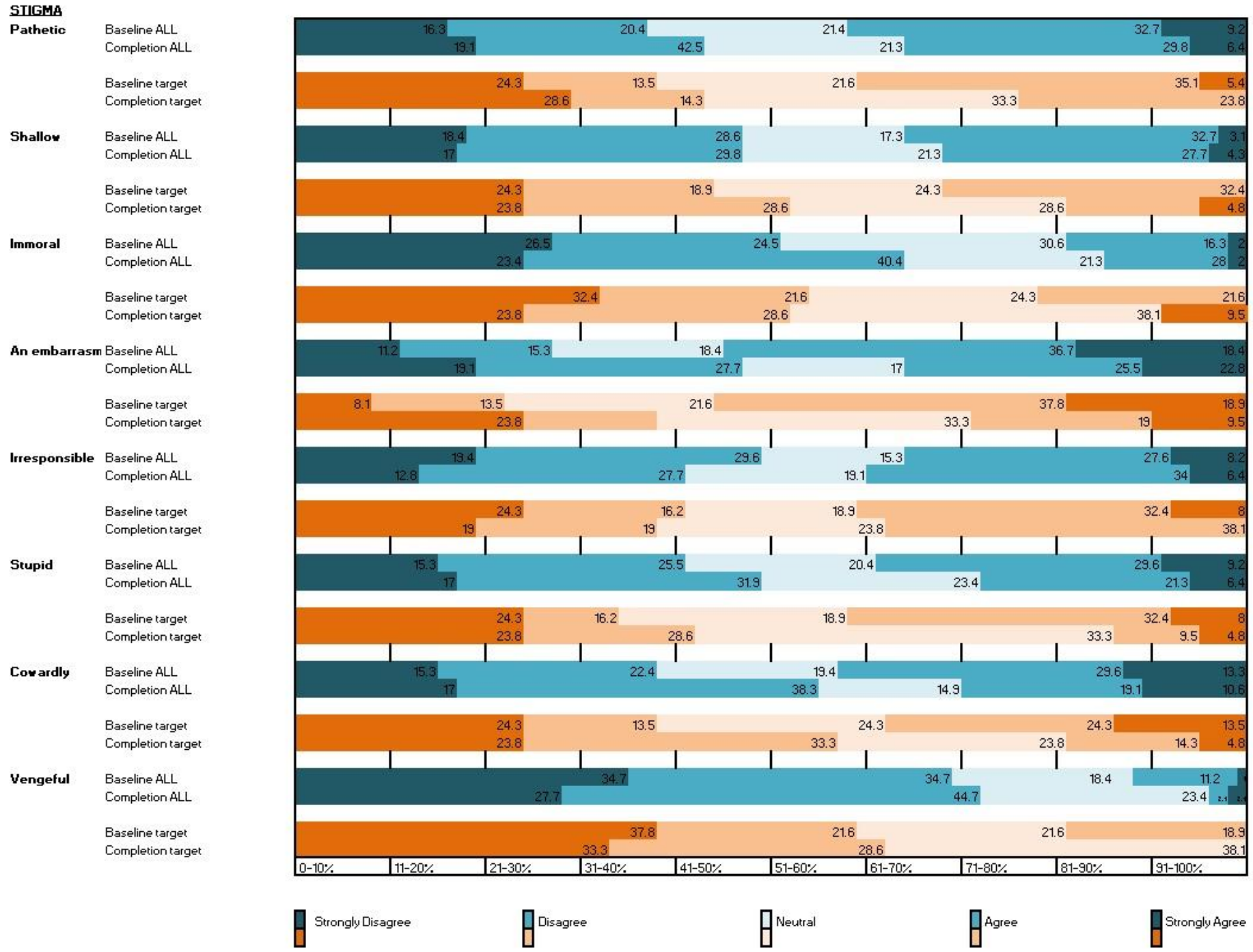
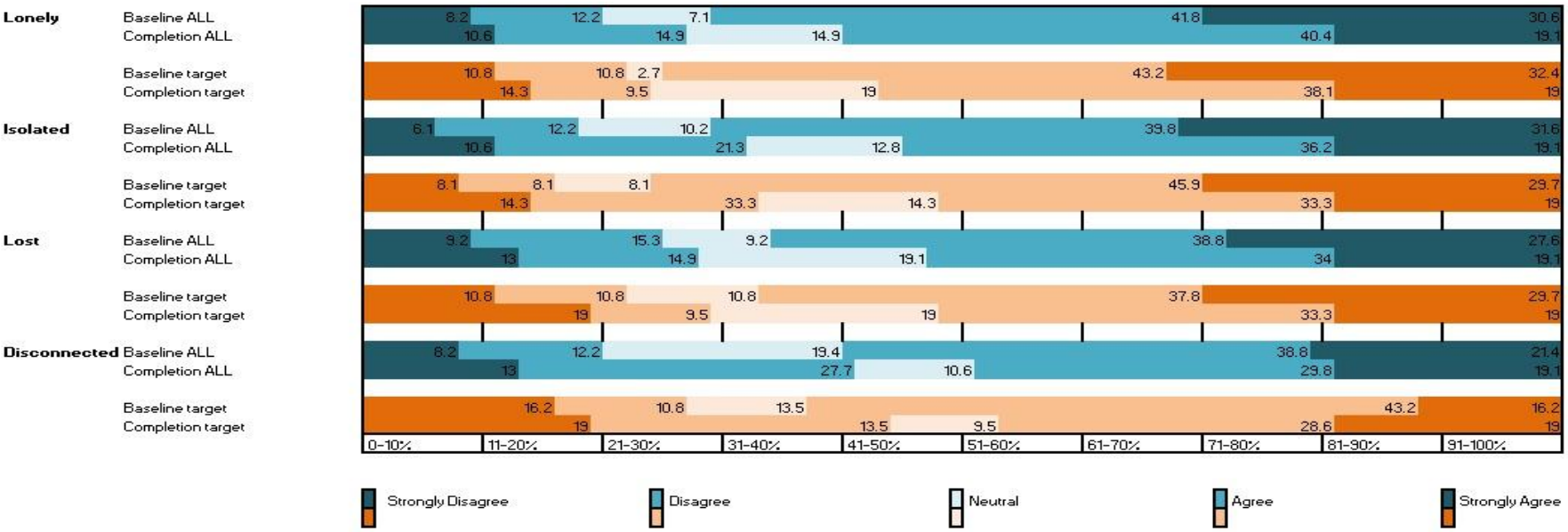


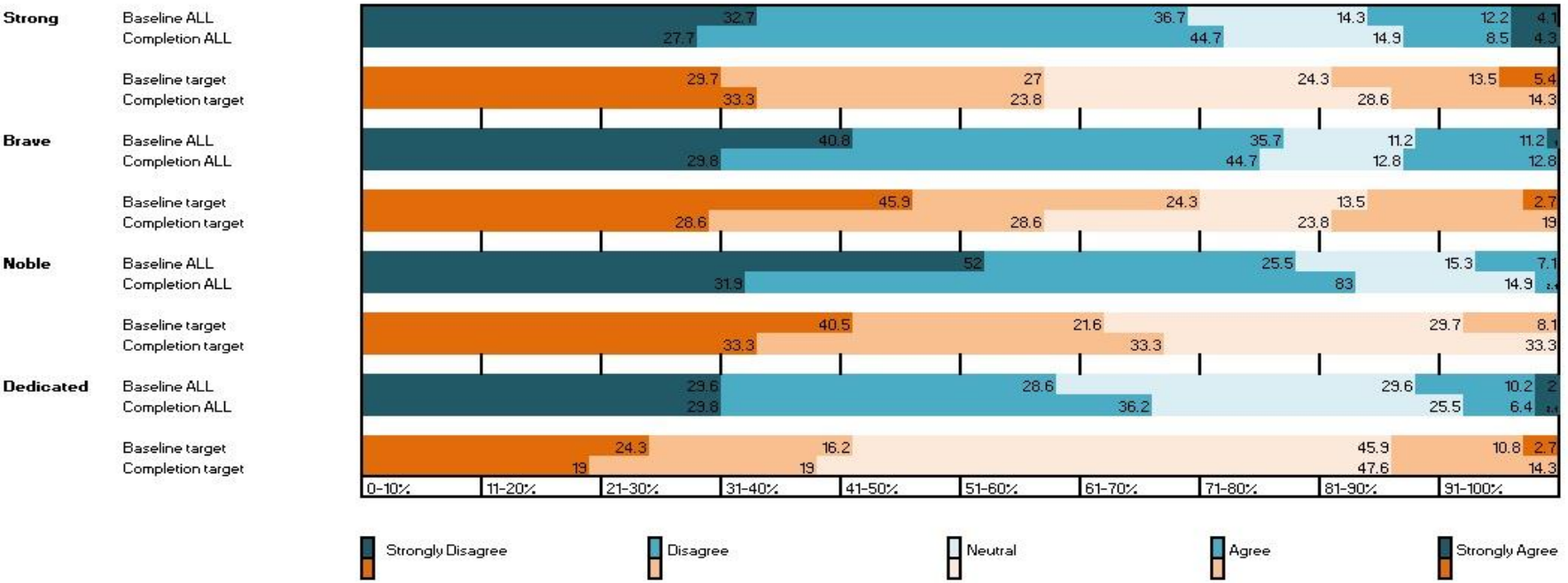
Table 9: Summary of the change in *self-stigma* SOSS subscales for the Ripple Effect completers

Self-stigma questions (asked of those who had contemplated or attempted suicide) were preceded by the statement "*Because I have had thoughts of taking my own life, I feel (item name). Please rate how much you agree with this statement*

ISOLATION / DEPRESSION



GLORIFICATION/NORMALISATION



'My thoughts have changed. At the time I was sad, no one but me knew what I had been through in my life, some didn't want to listen - it was unbelievable to them. Others couldn't listen - they didn't have the time. Most could have helped but chose not to as they didn't know how. Now I am stronger, having lived through the hardest times of anyone's life. I see people struggling and know exactly how to raise issues and talk to others through my life experiences. I don't care so much about what people think, and focus on my inner peace and development. I found the real Me and I like who I am and I will continue to live my life the best I can!'

- Male, 43 years

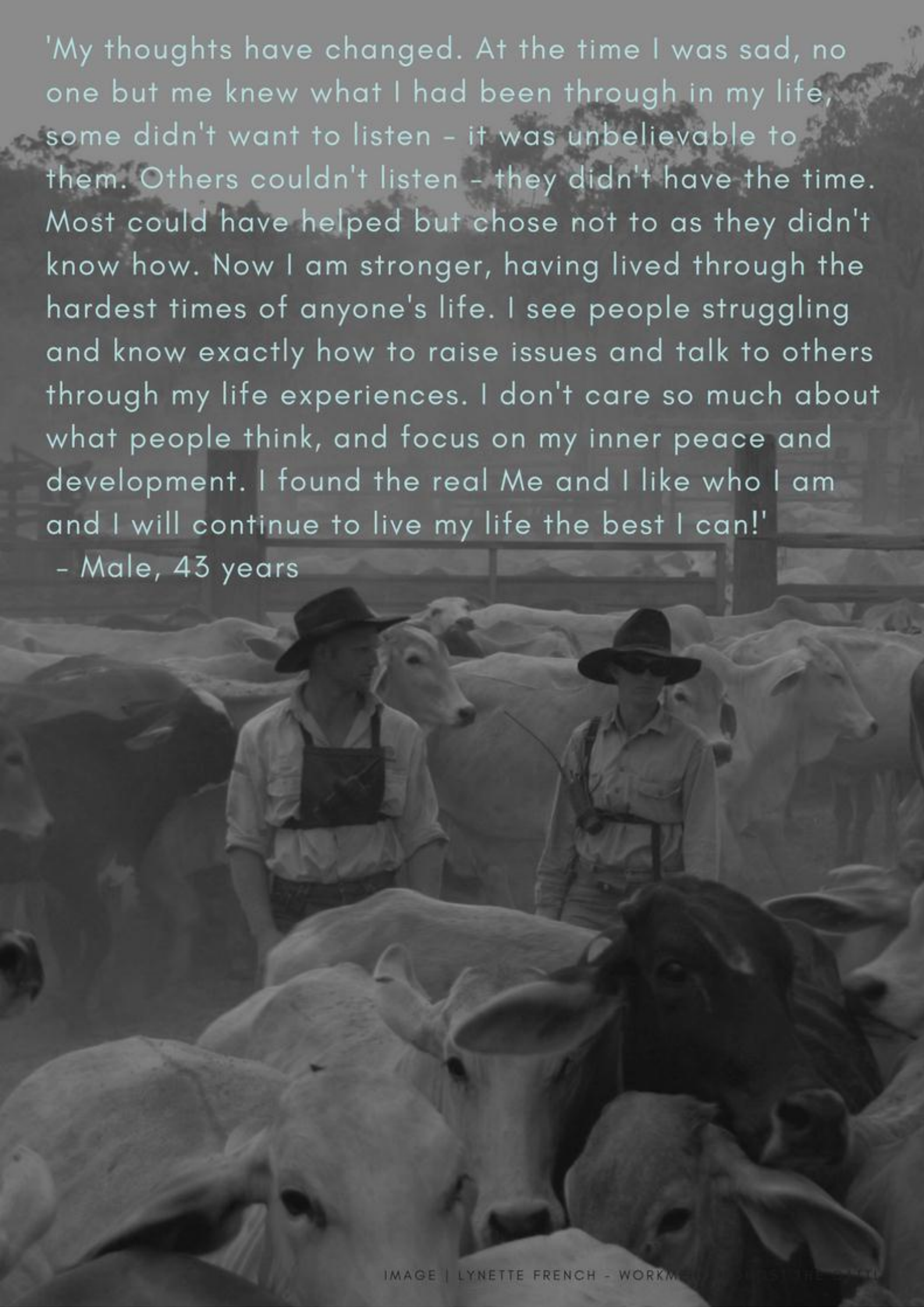


IMAGE | LYNETTE FRENCH - WORKM

Stigma change measured via personal goal setting

During their pathway through the Ripple Effect, participants were invited to submit SMART (Specific, Measurable, Acceptable, Realistic, Time-based) goals at three different points (Doran, 1981). Goal setting was invited across two themes: having a conversation/support and keeping well. Pleasingly, some of the 'Having a Conversation' and 'Keeping Well' goals indicated behaviours to reduce risk factors previously identified in research with farming families (S. Brumby, Kennedy, & Chandrasekara, 2013), including increasing physical activity, reducing stress and reducing alcohol consumption.

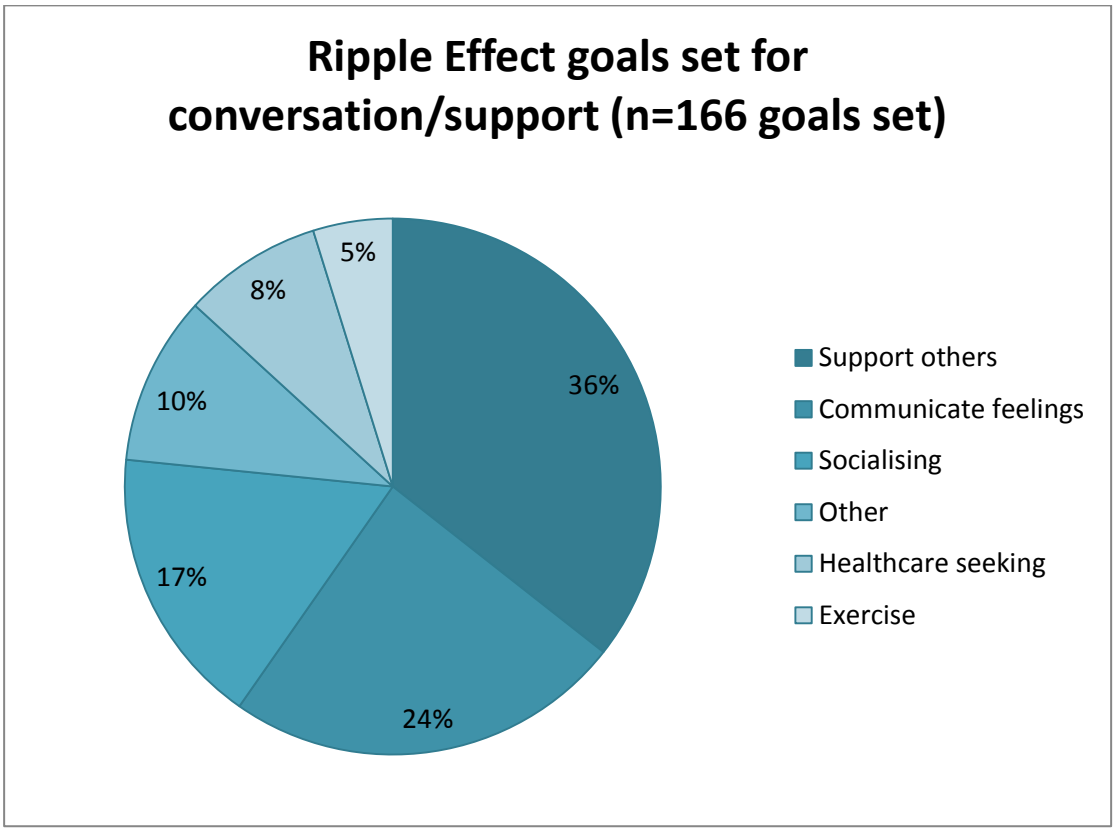


Figure 29: Conversation and support goals set by Ripple Effect participants

Setting goals was an opportunity that many participants engaged with, even though this was an optional component of the program. The high number of goals set may reflect the practical, goal-directed focus of farming family members identified in previous research (A. J. Kennedy, 2015). For goals relating to having conversations/support (as shown in Figure 29), 159 participants set a total of 166 personal goals. A significant proportion of these related to supporting others (36%). This was not surprising given evidence that suggests people from rural farming communities are very good at offering support to others, yet less willing to seek support themselves (A. J. Kennedy, 2015). Encouragingly, there were a number of themes that suggested willingness to engage in speaking up about emotions and support seeking. These included goals for communicating feelings (24%) and healthcare seeking (8%). It was also encouraging to see participants recognising the links between wellbeing and social connection and wellbeing and physical fitness, with goals being set for socialising (17%) and exercise (5%) respectively. Many of the goals set indicate efforts to reduce stigma, including those focused on supporting others, communicating feelings and socialising.

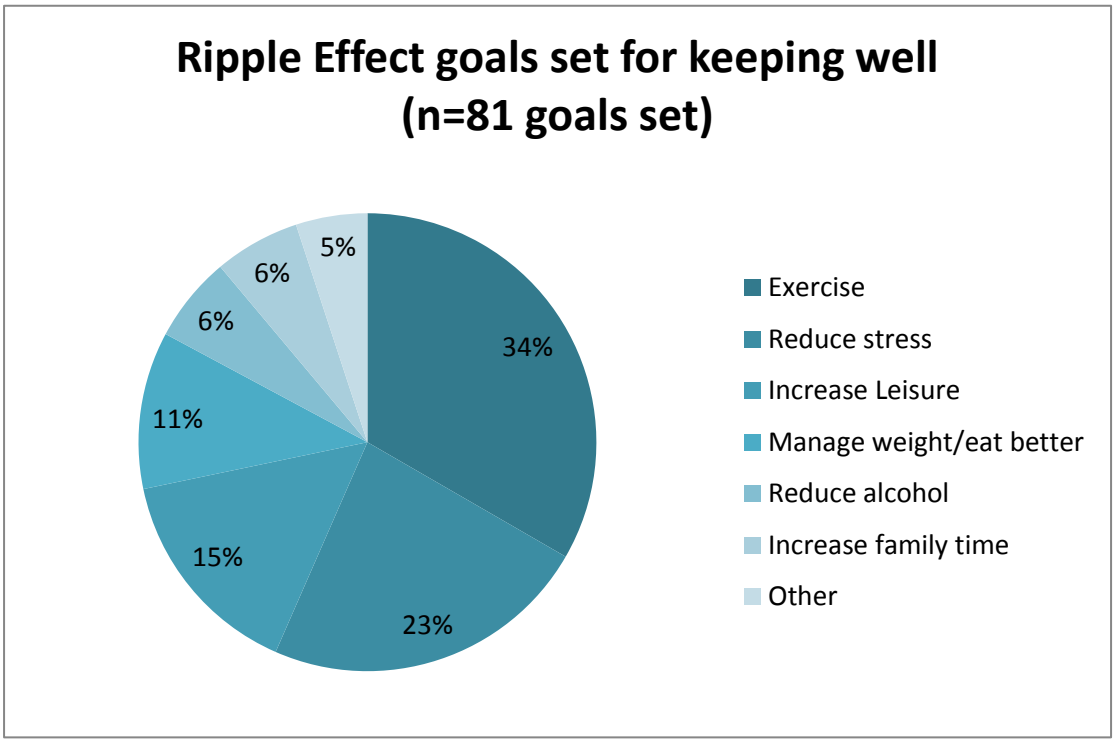


Figure 30: Keeping well goals set by Ripple Effect participants

Personal goals for keeping well were set by 52 participants (as shown in Figure 30). These participants set a total of 81 goals. There was strong recognition of the connections between physical health and mental wellbeing with a broad range of themes focused on keeping well, including exercise (34%), reduce stress (23%), increase leisure (15%), manage weight/eat better (11%), reduce alcohol consumption (6%) and increase family time (6%). It was particularly encouraging to see goals set to reduce alcohol consumption, given the links identified between alcohol and suicide risk identified in the LOSS (Batterham et al., 2013b), coupled with the high rates of risky alcohol consumption previously identified in rural farming communities (S. Brumby et al., 2013).

'Just being able to open up to someone that you had no previous connection with[,] and not having to worry about being treated differently or family members worrying about you. Once I started to open up, the words just came out and I could finally release the pressure buildup that [had] been going on for so long. After Dad's suicide...it was't until a few years after that I was experiencing depression myself... what it felt like...all those questions of 'Why' could finally be answered, and there wasn't an answer. I've shifted my hate and confusion from why he did it, to how can we stop other people experiencing what has happened to me and my family.'
- Male

IMAGE | SAMANTHA KASPERS - THE WORK IS NEVER DONE

Assessing Changes in Suicide Literacy

Suicide literacy change via Digital Storytelling Workshop participation

The Digital Storytelling Workshop was designed as an information transaction that provided a group of individuals' opportunity to not only share their experience of suicide, but also come to understand the experiences of others. At the conclusion of the workshop, a post-participation evaluation survey measured participants' understanding of suicide, in light of what they had heard from other participants. Employing a Likert scale, where 1 = 'strongly disagree' and 7 = 'strongly agree', the survey asked participants to self-assess outcomes of the workshop.

Key findings:

100% of participants were in agreement (68% strongly agreed, 32% agreed) that viewing others' digital stories helped them understand their experience of suicide.

Suicide literacy change via Ripple Effect Website participation

Participants who completed www.theripppleeffect.com.au had a high baseline level of suicide literacy (prior to commencing participating in www.theripppleeffect.com.au). This result was found for both the TARGET group (males aged 30-64 years)(see Table 10) and the ALL participants group. TARGET participants (n = 57) mean baseline score on the Literacy of Suicide Scale (LOSS) (Batterham et al., 2013a) was 10.09 out of a possible score of 12 (standard deviation of 1.5), or 84% accurate (chose the correct 'True' or 'False' answer) (Batterham et al., 2013b). This is much higher than previously identified suicide literacy levels in a community sample, where Batterham and colleagues (Batterham et al., 2013a) found a mean LOSS score of 7.6 out of a possible score of 12 or 64% correct (n = 1,466). High levels of baseline suicide literacy is not surprising, given that participants taking part in the research had identified as being affected by suicide in some way. It seems a reasonable assertion that people who have been affected by suicide are likely to know more about the experience.

Table 10: Summary of preliminary Ripple Effect Literacy of Suicide Scale (LOSS) results (with comparison to previous research)(TARGET N=57, BATTERHAM N=1,466)

Questions measuring literacy were framed: "*Read the following true/false statements about suicide and select the answer you believe to be correct*"

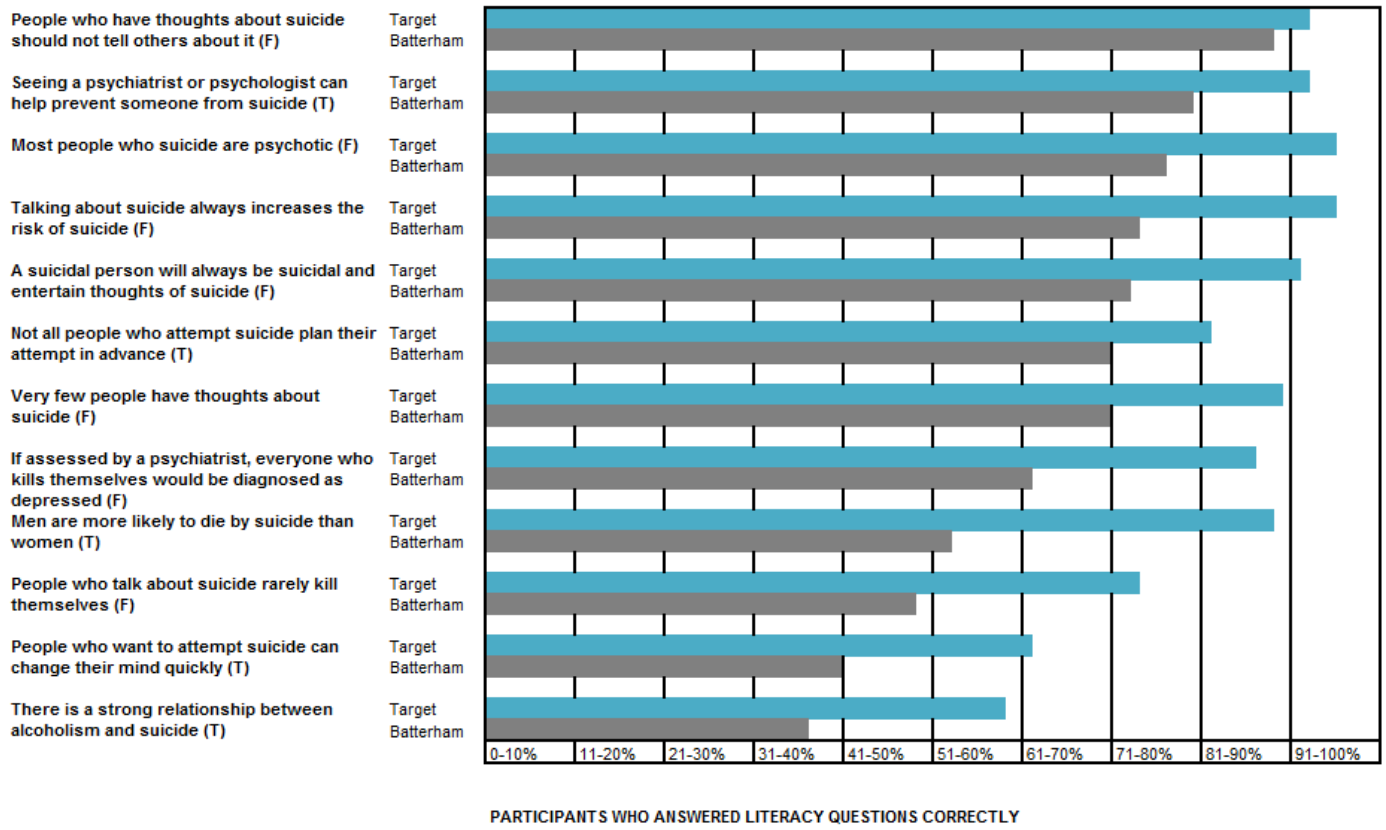


Table 11: Summary of change in Literacy of Ripple Effect completers.

Literacy items were preceded by: "*Read the following true/false statements about suicide and select the answer you believe to be correct*"

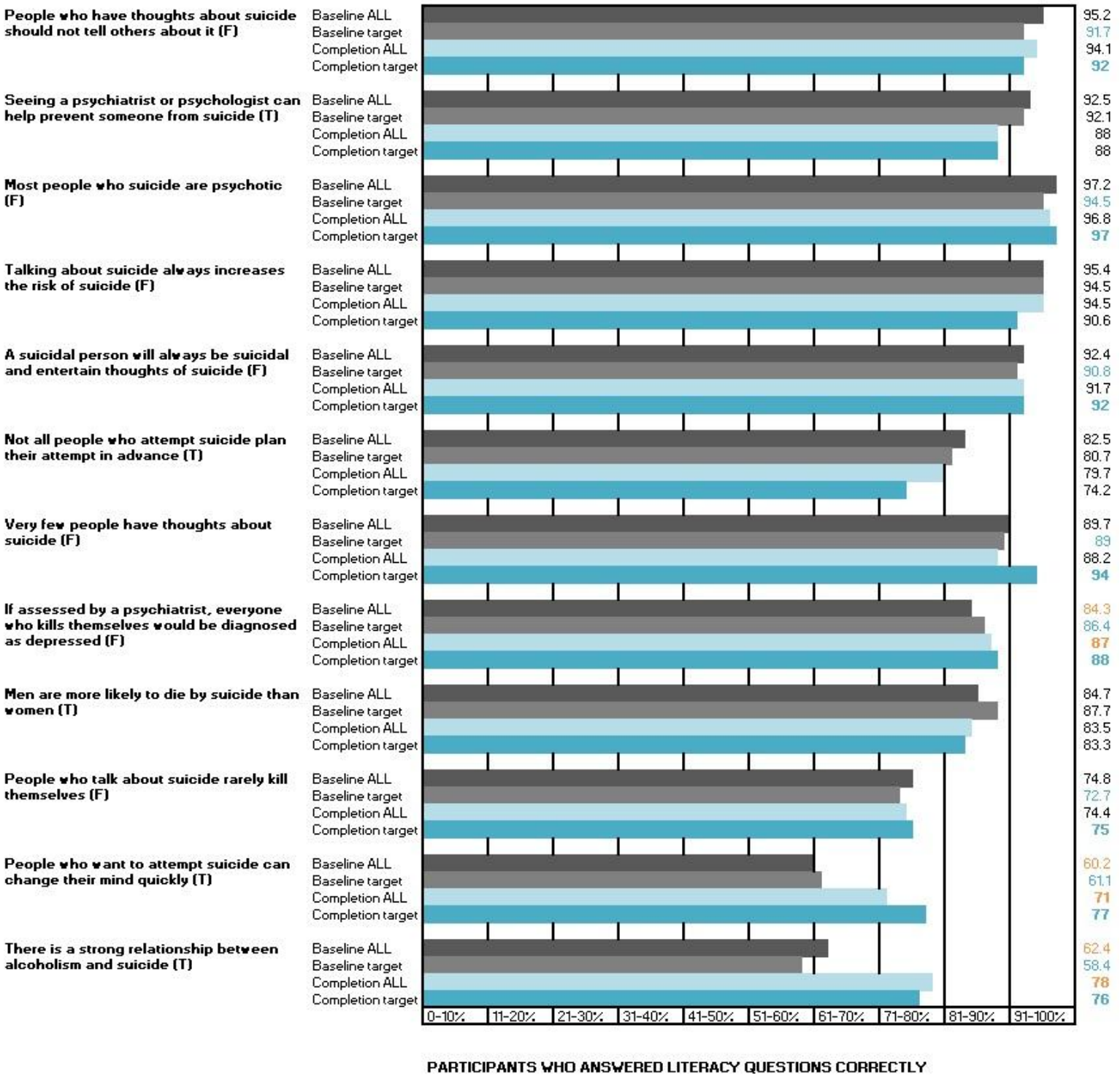


Table 11 (Summary of change in Literacy of Ripple Effect completers) outlines the changes in suicide literacy, as measured by the LOSS (Batterham et al., 2013a), from baseline to completion for both the TARGET and ALL participant groups. Given the high baseline literacy levels of Ripple Effect participants, no significant improvement was seen from baseline to completion on the total literacy score for either the TARGET or ALL

participant groups. However, on closer examination of the data, there were two items that, at baseline, had lower percentages of TARGET and ALL participants selecting the correct answer. These items were:

- People who want to attempt suicide can change their mind quickly (ALL – 60.2%, TARGET – 61.1% correctly answered at baseline)
- There is a strong relationship between alcoholism and suicide (ALL – 62.4%, TARGET – 58.4% correctly answered at baseline)

For each of these two individual items, measurement at completion showed an improved accuracy of knowledge. The McNemar test was used to establish whether these differences were significant. When analysing ALL participants, there was a statistically significant improvement in the 'change mind' (n=227, p=0.018) and 'alcoholism' (n=229, p<0.001) questions on the LOSS. The pattern was also consistent in the TARGET group, although 'change mind' was not-significant (n=64, p=0.057). 'Alcoholism' remained a significant improvement (n=66, p=0.002). The result for 'change mind' in the TARGET group should be considered in the context of a much smaller sample size and the trending (P =0.057). Further consideration needs to be given to whether participants had reached a 'ceiling' effect of suicide literacy for the other items on the LOSS at baseline, which affected their ability to notably improve their knowledge further.

Participant Perspective of www.therippleeffect.com.au Content

The opportunity to provide feedback was offered to all participants upon completing www.therippleeffect.com.au. An online survey of 16 questions collected both qualitative and quantitative data about participant reactions to, and reflections on, the Ripple Effect.

The online feedback survey

Twenty participants took part in the feedback survey, with respondents representing all categories of suicide experience. Sixty per cent of the survey respondents reported that the first time they had publically shared their experience of suicide had been on www.therippleeffect.com.au. Sixteen participants reported completing one or more postcards, while 17 reported setting one or more goals. Only four participants identified the intervention as being 'too long'. This was pleasing, given earlier concerns by the research team about the length of the intervention (testing had identified it would take between 60 and 120 minutes depending on level of engagement). The majority of participants found out about the Ripple Effect from a friend, family member or work colleague, 20% from a health professional, and 15% via social media. The relatively low rate described for social media was surprising given the high level of engagement with the Ripple Effect social media pages throughout the project.

Improved understanding

Respondents reported having a better understanding of:

a. Suicide stigma and how this may be overcome (67%),
b. Risk factors, protective factors and tipping points for suicide (63%),
c. The benefits of safe conversations about suicide (74%), and
d. The complex factors affecting people's experience of suicide (74%).

Learning new skills

a. 80% of survey respondents reported having a better understanding of how they can support their own and others' wellbeing,
b. 65% reported they are more likely to have a conversation about their experience of suicide,
c. 74% reported they are more likely to engage with informal support (for example peer support networks, friends and family), and
d. 68% reported being more likely to engage with professional support.

How helpful was the Ripple Effect?

When asked how helpful aspects of the Ripple Effect were:

a. 95% identified video stories from farmers with an experience of suicide,
b. 95% identified written information on the website,
c. 89% identified being able to see your progress on the Dashboard,
d. 89% identified videos from health professionals 'stigma experts,
e. 84% identified postcards inviting you to tell your insights,
f. 79% identified the video and postcard library,
g. 76% identified emails you receive during participation in the Ripple Effect,
h. 74% identified having a list of local, state-based and national responses,
i. 74% identified questions asking about your experience of suicide, and,
j. 68% identified personal goal setting.

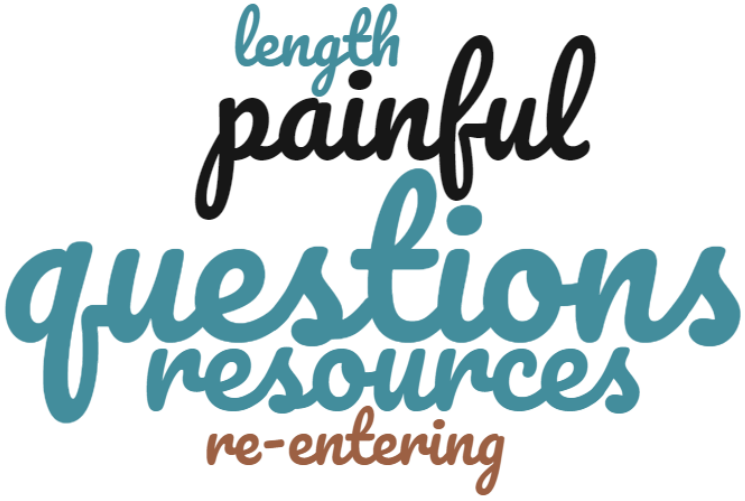
Reflections

Seventeen (85%) respondents reported being 'more open' about their experience of suicide knowing the Ripple Effect is specifically designed for people in the farming community, and 18 (90%) respondents highlighted the importance of the Ripple Effect including people who understood farming life and work. Nineteen (95%) noted that it was important for them that the Ripple Effect included other people with an experience of suicide. Fifteen (75%) reported feeling empowered knowing that other Ripple Effect participants would read their postcards. Seventeen (85%) reported that the anonymity afforded to them in participation made them 'more open' about their experiences.

Reflections on the Ripple Effect

What was the most helpful part of the Ripple Effect?

How could the Ripple Effect be improved?



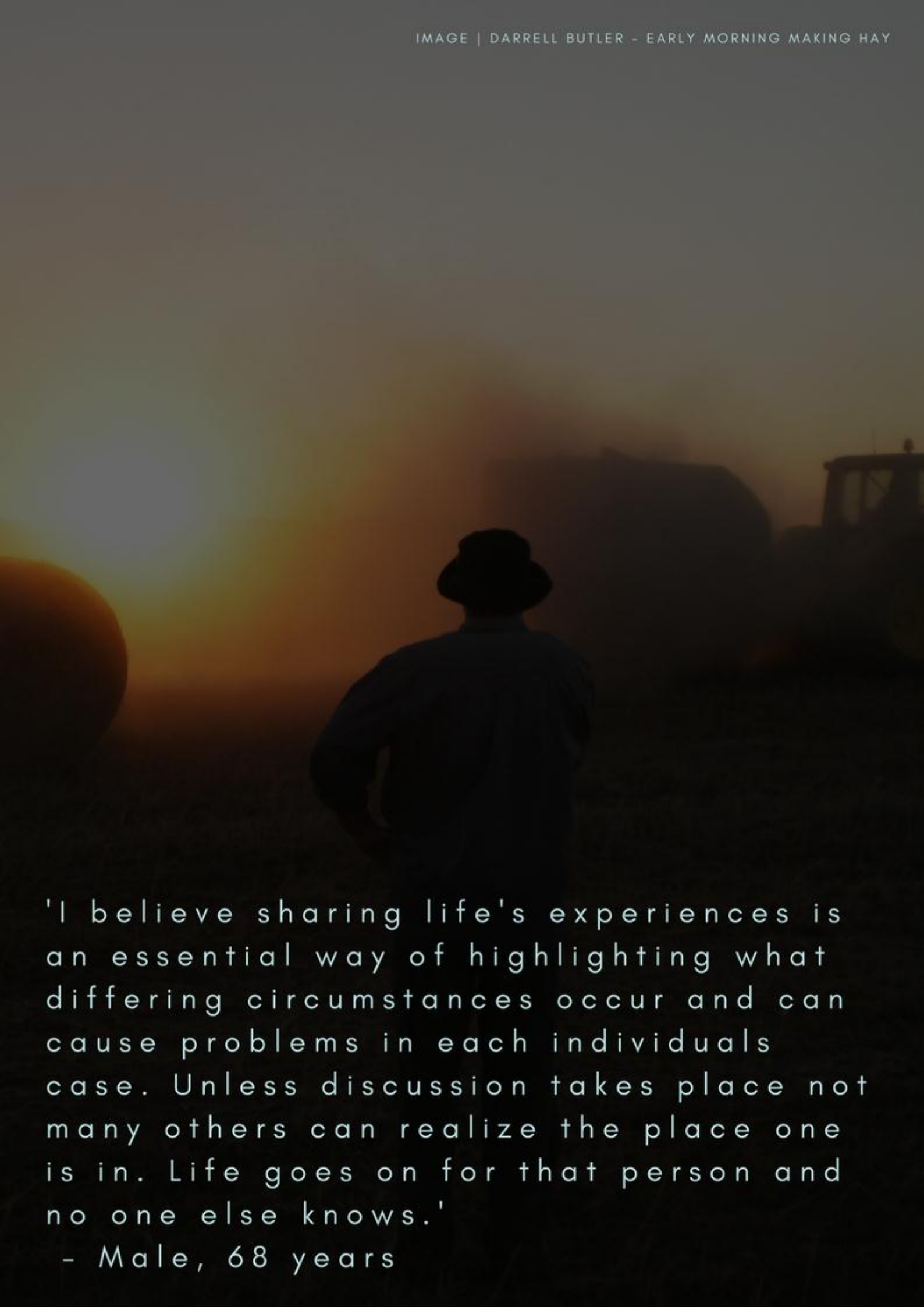


IMAGE | DARRELL BUTLER - EARLY MORNING MAKING HAY

'I believe sharing life's experiences is an essential way of highlighting what differing circumstances occur and can cause problems in each individuals case. Unless discussion takes place not many others can realize the place one is in. Life goes on for that person and no one else knows.'

- Male, 68 years

CONCLUSION

Individuals from rural and remote Australian communities have contributed to the Ripple Effect by sharing their experiences of suicide, describing their understanding of suicide and the stigma they internalise or perceive in relation to their story. From this communication, the research team at the Ripple Effect has been able to better understand how stigma is experienced and maintained and how information, communication and evidence-based practice can assist those suffering. Utilising established stigma and literacy scales (SOSS and LOSS) in an innovative way, the Ripple Effect has built knowledge of the utility and appropriateness of the scales as measurement tools for use with rural and remote individuals. Additionally, the efficacy of stigma reduction, literacy development, and empowerment techniques was evaluated, along with the feasibility of repeating and transferring the program.

Stigma Reduction and the Stigma of Suicide Scale (SOSS)

Previous research in rural and remote communities highlights that individuals with an experience of suicide internalise and perceive high levels of stigma that can hinder their willingness to communicate their story and result in subsequent wellbeing issues (A. J. Kennedy, 2015). When comparing the findings from the Ripple Effect with previous studies, it is evident that target participants experienced higher levels of baseline self- and perceived-stigma prior to completing The Ripple Effect. While some of the stigma reduction techniques proved effectual (for example, Digital Storytelling Workshops and personal goal-setting), stigma reduction was not effectively identified in pre- and post- assessment, as measured by the Stigma of Suicide Scale (SOSS). This raises a number of questions for further consideration including:

- Is the current 'best practice' stigma reduction content material appropriate for use in the rural and remote context?
- Is the current 'best practice' content, as utilised for mental illness stigma reduction, appropriate for use in reducing suicide stigma?
- Is the SOSS a valid tool for use beyond the community sample with which it was developed?
- Is the SOSS a valid tool for measuring self- and perceived-stigma of suicide, or only as a generalised measure of suicide stigma?
- Is the SOSS a valid tool for measuring pre-and post-intervention changes in stigma?

Of particular interest is the increased response of perceived normalisation and glorification surrounding suicide. While there are thoughts that an increase in normalisation may act to reduce stigma and encourage safe discussions of suicide, glorification of suicide death is to be discouraged.

Enhanced Literacy and the Literacy of Suicide Scale (LOSS)

The Ripple Effect participants displayed particularly high baseline suicide literacy. This is likely attributable to those affected by suicide having increased awareness of the context within which suicide can occur. Improving suicide literacy in such an informed community requires context-specific information sharing. Additionally, feedback that validates the accuracy of initial participant responses could buttress participant confidence in their knowledge. The LOSS, as it stands, is not equipped in such a manner. For future adaptions of the Ripple Effect project, the LOSS or another literacy measurement tool may benefit from modification to assess knowledge specific to rural and remote populations, use language and examples that individuals from rural and remote communities can relate to, and provide feedback to participants as to where literacy can be improved.

Value of the Program in Reducing Stigma Beyond That Measured by the Stigma of Suicide Scale (SOSS)

The goal setting opportunities within the Ripple Effect highlight the efficacy of the project to reduce stigma in ways other than that measured by the SOSS. The behavioural indicators of stigma reduction have potential for a long-lasting and extensive community effect—a positive 'ripple effect'. Considering the number of participants who chose to set goals pertaining to communicating their feelings and accessing appropriate support and healthcare, there is clear indication that the Ripple Effect has been successful in reducing both self- and perceived-stigma, encouraging participants to speak more openly about their experiences and feelings. The goal setting exercise demonstrated an enhancement in the capacity for individuals to respond to stressors, and a willingness to offer assistance to others who may be suffering.

For future research, the effectiveness of goal setting could be further evaluated through:

- the number of goals set,
- the nature of the goals set (for example: whether established goals fit with what is understood to reduce stigma, and whether the goals are achievable (meeting the requirements of SMART goal setting),
- self-reported level of goal achievement (ensuring that there is a clearly-defined method regarding reporting on achievement), and
- self-reported outcome of successful goal achievement (for example: attending an appointment with the doctor resulted in a referral and consultation with a mental health professional).

Participants also set goals in support of the idea that a healthy lifestyle—including maintaining social connections, eating well, taking time out for enjoyment and keeping physically active—can be beneficial to mental health and general wellbeing. These goals frequently involved other people and demonstrated the potential for broader community stigma reduction.

Ultimately, the experience of the online pathway—including information sharing, information from healthcare professionals, and provision of possible avenues to support for themselves or others—can be seen to have empowered participants with the awareness, confidence and skills to effectively communicate without feeling stigmatised.

The objective of the Ripple Effect was to turn back the tide of rural suicide and replace it with a positive ripple effect of support, stigma reduction and enhanced awareness. From the impressive and interactive level of rural community involvement, the actions set in place by participants, the responses from both online and workshop participants, and the substantial community support, it is clear that there is significant and ongoing value in the project for rural and remote communities.

The stigma reduction exemplified by the goal setting complements that demonstrated by the Digital Storytelling Workshop process and outcomes. Providing people with the opportunity to tell their story provided people with a greater understanding and empathy for the experience of suicide and suicide stigma, as well as opportunity to speak openly in an understanding and non-judgemental environment. This contributes to both a reduction in self-stigma and perceived-stigma and, ultimately, has great potential for addressing broader community stigma as rural community members experience these stories.

Feasibility of Extending, Repeating and Transferring the Program

The Ripple Effect online platform has been flexibly designed to enable the addition of tailored pathways for other target groups. There is also capacity to increase or modify content as required. This allows for ongoing assessment of stigma reduction in a range of potential target groups within the Australian rural community (for example: young people or rural women), while also providing opportunity to adapt the program for audiences outside rural areas and internationally.

'That we could not have predicted our son's suicide, and that we will never know what he was thinking prior to the event, or if there was indeed anything we could have done differently. When I place myself on trial for his loss, I take some solace in the belief that I did not have all the evidence to act in an informed way and therefore should not feel guilty.'

- Male, 61 years

'I realised that we had all been impacted by the loss of life, although in different ways and were all struggling with our feelings of guilt as to why we hadn't seen any signs and what we could've done to stop it.'

- Female, 34 years

IMAGE | DEBBIE CRISTINELLI - BRANDING A BALE

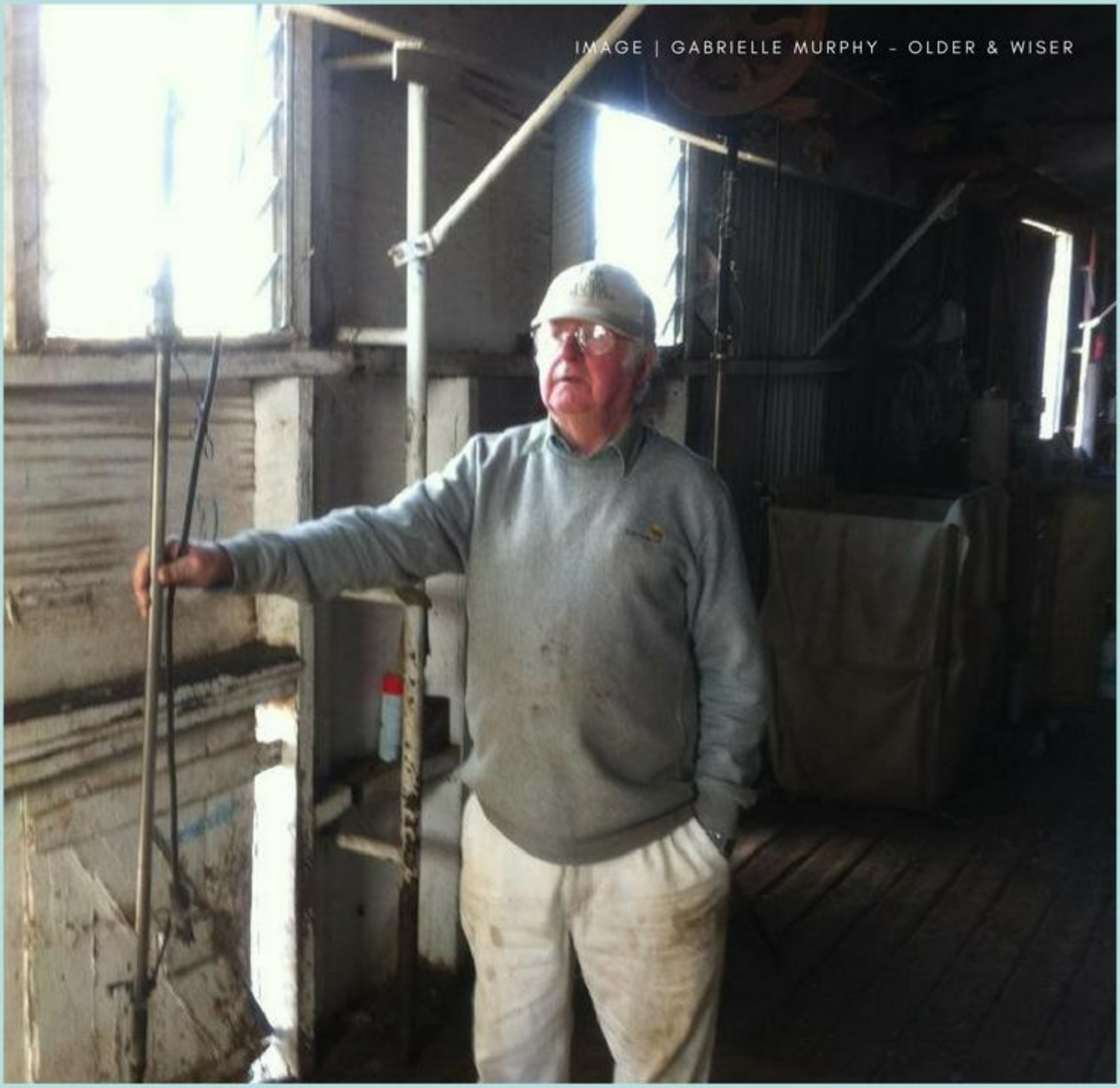


IMAGE | GABRIELLE MURPHY - OLDER & WISER

'Keep talking to those you trust, seek medical help and see a counsellor. Don't stop talking about how you feel and your emotions, don't be afraid to cry and let it out! Look after yourself with regards to diet, exercise, and keep those close to you who mean the most such as your kids. Your own children have the ability to put a smile on your face even when things are at there lowest.'

- Male, 42 years

RECOMMENDATIONS

(i) Recommendations for Project Governance

Community involvement in project governance is vital to ensure applicability of material, community engagement and optimal recruitment—particularly for stigmatised topics such as suicide. This provides opportunity for project development to be initiated and driven from the rural community, creating a sense of empowerment and ownership.

(ii) Recommendations for Participatory Design

While it was important to have a core team (NCFH) leading and driving the project, the collaborative approach of the Ripple Effect provided access to individuals/organisations with key knowledge of—and connections to—rural communities across Australia. Direct involvement with the rural community from the Steering Group through to Digital Storytellers, Community Champions and Stakeholders was key to engaging support and participation in the Ripple Effect. Participatory design helped establish trust and create a project that the rural community could relate to and become involved with. The NCFH was also a trusted organisation and this assisted greatly with building capacity and bringing others along.

Including personal stories from the rural community as Ripple Effect content provided opportunities for strong community and media engagement. The use of images and quotes from these stories resonated with the community and have been a strong driver of traffic to the Ripple Effect website, particularly when shared via social media channels.

(iii) Recommendations for Timelines

The Ripple Effect team developed a detailed timeline recognising the project milestones and deliverables early in the project development phase. The milestones and deliverables identified at this early stage were largely delivered on time. This was integral in achieving and monitoring goals and evaluating where changes were required. While the Ripple Effect had significant engagement from the rural community from initial announcement of the project, recruitment required (unanticipated) sustained and ongoing efforts to achieve participant targets. It is recommended, therefore, that contingencies for recruitment delays should be established within future project timelines.

(iv) Recommendations for Resourcing

Opportunities for community groups to provide donated funds to the Ripple Effect have been a valuable means of empowering community. Community initiated fund raising (used to support Digital Storytelling) helped raise awareness of the Ripple Effect project as well as provide impetus for local suicide prevention and stigma reduction efforts.

(v) Recommendations for Marketing

While marketing strategies and a communication plan must be developed early in project development, there must be room for flexibility throughout the life of the project in response to evaluation of its effect.

Engaging community across a range of marketing and communication platforms (for example, mainstream media, social media, direct newsletters, community presentations) is necessary when dealing with sensitive topics. The research team's past experience—confirmed by the Ripple Effect—was that there is often a need for people to encounter information about a project in a range of trusted contexts before they are willing to participate. This is particularly notable for research exploring sensitive topics.

(vi) Recommendations for Intervention Design

The Ripple Effect intervention was designed for personalised engagement depending on individual's demographics, experience of suicide and response to questions posed. Given the TARGET group, content was focused to appeal to males aged 30-64 years. Following significant engagement of participants outside of this group, we would recommend the development of additional content, tailored for other participant groups—including young people and females.

Ongoing work will be required to update support resource material and contact details, as new resources become available and contact details change.

(vii) Recommendation for Funders

The compulsory community knowledge forum, as a part of the STRIDE funding, was excellent and provided a specialised networking and knowledge-sharing forum. We would recommend that this continue for *beyondblue* and thank them for the effort and commitment to these forums. We would encourage other funding bodies to adopt this practice for multi-project funding endeavours.

(viii) Recommendations for Further Research

The TARGET group demonstrated differences in levels of stigma and suicide literacy when compared to the general community samples measured previously. Therefore, further qualitative research is required to appreciate (i) how suicide is understood, and (ii) how stigma is communicated, experienced and maintained in rural and remote Australian communities. This exploration should include the TARGET group (males aged 30-64 years) and other rural community groups (young people, males outside the target group and females).

The ALL group demonstrated an elevated level of perceived normalisation/glorification of suicide post intervention, as identified by the SOSS (Batterham et al., 2013b) The accuracy, underpinnings and ramifications of this—both positive and negative—require further exploration. This is particularly relevant for the experience of stigma and the potential impact on rural suicide rates.

The results of this research raise questions about the validity of the SOSS (Batterham et al., 2013b) as a tool for measuring suicide stigma experienced by the TARGET group—at least in the short-form adapted to measure perceived- and self-stigma. Results also raised questions about the validity of using the SOSS as a pre- and post-measure. Additional work is required to either, (i) develop a suicide-stigma assessment tool that demonstrates validity in both general community and rural samples, or (ii) develop an evidence-based and context-specific tool capable of assessing suicide-stigma in the rural farming community.

'Best practice' educative material was used as a basis for improving suicide literacy in Ripple Effect participants. Given particularly high baseline measures of suicide literacy in the target group, consideration must be made of what constitutes 'best practice' for improving suicide literacy in highly suicide-literate individuals. Material must be adapted to suit the needs, knowledge and experience of those accessing the information.

Given the minimal amount of suicide stigma research available when designing the Ripple Effect, the research team drew heavily upon existing mental health stigma research to develop appropriate stigma reducing content. Given the lack of any significant reduction in stigma—as identified by the SOSS—further research is required to identify the most appropriate material for specifically reducing suicide-stigma.

The goal-setting activities were valuable in illustrating participants' generally high literacy in healthy and health-seeking behaviours. A low response-rate of participants reporting back on goal achievement limited any substantive conclusions about the value of this element of the intervention, beyond the setting of the goals. For future research, a more detailed, purposive follow-up should be designed to evaluate the achievement rate of goals set by participants and whether participants identified this process as being beneficial to improving health,

wellbeing and safety, and reducing stigma. This could be achieved by a schedule of emails to ascertain whether participants felt they had achieved their goals, followed by invitations for participants to evaluate the immediate, short-term, mid-term and long-term benefits of the goal-setting activity. For research purposes, a Likert scale could be used to usefulness of the goal-setting activity (for example, *How helpful did you find the goal-setting activity in 'keeping well'/ 'communicating & supporting'?* 'not helpful at all', 'not very helpful', 'neutral', 'a bit helpful', and 'very helpful'. For expansion of the participant's response, the opportunity to provide qualitative feedback could be offered. Findings from this exercise would help inform how goal-setting activities for this population can be better framed, explained and supported.

Ripple Effect participant responses (to date and ongoing) must continue to inform the development of future suicide stigma reduction efforts, both for the TARGET group and the broader rural community. This need is highlighted by the high participation rates of young rural people and females. While the content and recruitment strategy focused on the TARGET group, the appeal to additional demographic groups highlights a gap in existing suicide-stigma reduction and suicide prevention opportunities for ALL rural community members. Considering this, there is an opportunity to develop more targeted stigma-reduction interventions for these groups via an extended and further tailored Ripple Effect platform. International interest in the project suggests further opportunities for tailoring the Ripple Effect to also meet the needs of international rural communities. Interest in building additional stories and website pathways for different cohorts has also been expressed.

Australia's rural community has demonstrated considerable engagement in the Ripple Effect (website participation and broader involvement). This willingness to contribute to suicide prevention with a specific focus on the rural community must be harnessed through the ongoing development of research and service delivery that recognises and responds appropriately to life and work in the rural context.

'The way out is to ask for help. The way forward is to accept help. The alternative is to cause a pain greater than your own.'
- Male, 37 years

IMAGE | HEIDI SUTHERLAND - TAKING A LOOK TO THE FUTURE

'Talking helped me going any further than just thinking life was hard.'
- Male, 43 years

IMAGE | LAURYN STEWART - WORKING AWAY

'We really need to help each other, not just ourselves.'
- Male, 41 years

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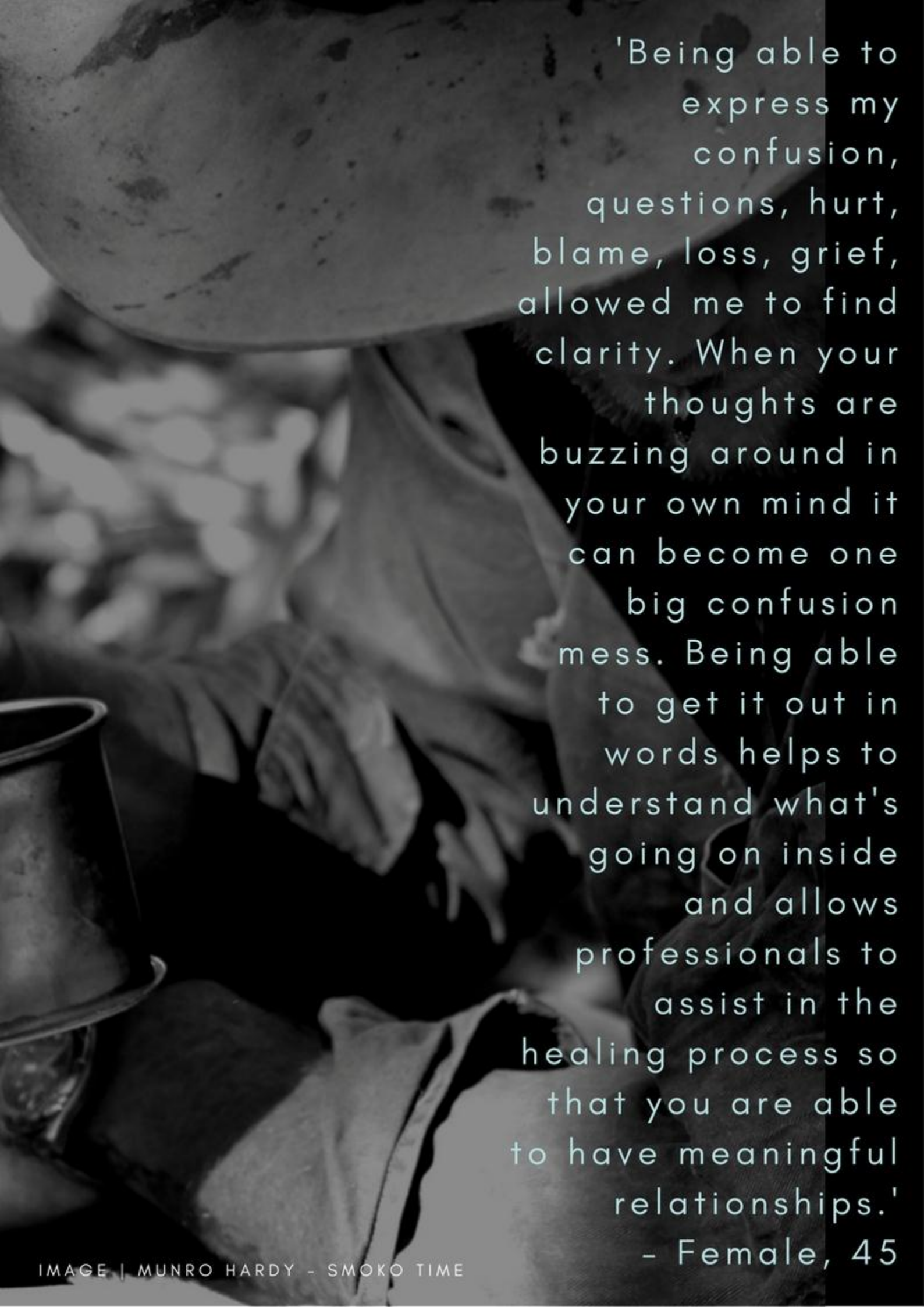


'Being able to express my confusion, questions, hurt, blame, loss, grief, allowed me to find clarity. When your thoughts are buzzing around in your own mind it can become one big confusion mess. Being able to get it out in words helps to understand what's going on inside and allows professionals to assist in the healing process so that you are able to have meaningful relationships.'
- Female, 45

IMAGE | MUNRO HARDY - SMOKO TIME

APPENDIX 1. Example of Mailchimp newsletters sent to participants

This Christmas give the gift of your time and your knowledge and help beat rural suicide

View this email in your browser

THE RIPPLE EFFECT

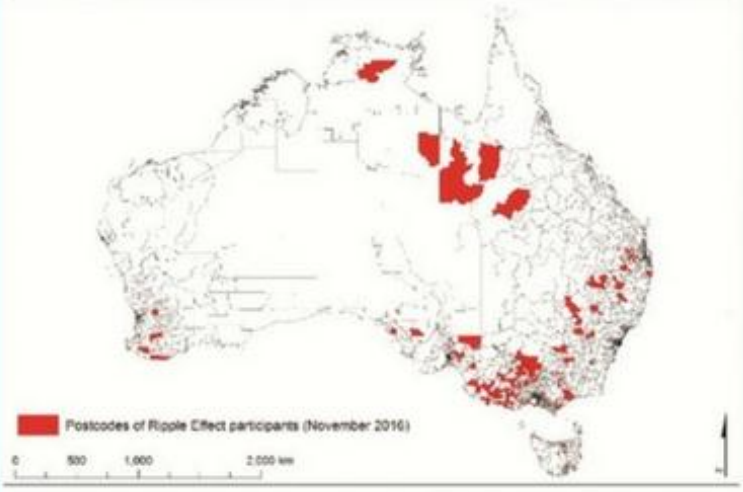
Have you found time to watch a movie recently?

Taking time out of a busy life for relaxation and enjoyment is something we encourage at the Ripple Effect. However, a wise soul told me the other day that participating in the Ripple Effect took him less time than watching a movie and he felt he was better off because of it...makes you think doesn't it? So next time you think about watching a movie, jump online and at least start your Ripple Effect journey before you hit play!

REGISTER TODAY at www.therippleeffect.com.au!!

Our amazing and inspiring Ripple Effect community

As the name suggests, the success of the Ripple Effect does not rely on individuals. It relies on a continuing positive ripple of support and engagement from across the rural community. We want to voice our appreciation to countless passionate community members who have given their time, knowledge, energy and resources to support and grow the project. Our partners, community champions and steering group members come from across the nation, as do people who are contributing to www.therippleeffect.com.au. Check out this map of where our contributors come from.



Ripple Effect Media

The last couple of weeks have seen some significant media coverage of the Ripple Effect. ABC TV came to visit last week and the Ripple Effect featured on ABC TV News around the nation https://youtu.be/h8yDp3yI-HA. This snowballed into numerous TV and radio slots as well as an extended online article you can read here. Please share these links via your networks across rural Australia.

Keeping well this Christmas

Significant occasions can be difficult for some people, particularly when they are associated with loss. Make time this Christmas to be a listening ear for somebody who may be going through a tough time. Never underestimate the power of a conversation.

Supporting someone going through a tough time can be challenging. Make sure you also take time to look after your own wellbeing:

- Get regular sleep
- Don't deprive yourself of Christmas treats entirely, but focus on healthy eating whenever possible—healthy can still be delicious!
- Take time out to do things you enjoy—whether that is a walk on the beach or reading the paper with a cup of tea
- Find time in each day to do something physical—try a game of beach cricket, a walk with the dog or a game of golf
- Find something to laugh about
- Take time out to do something for someone else—it's good for you too!

Our mailing address is:
The Ripple Effect
National Centre for Farmer Health
PO Box 283
Hamilton VIC 3300

Want to change how you receive these emails?
You can update your preferences or unsubscribe from this list

APPENDIX 2. Email reminder schedule - correspondence with Ripple Effect participants

EMAIL KIND	WHO	WHEN
After Completion – Request for survey	All users	Within a week of completion
Action Plan - 1 Goal	chapter 4 and who only opted for the first goal.	Immediate
Action Plan - 2 Goals - Keeping Well	chapter 4 and who have 2 goals including keeping well.	Immediate
Action Plan - 2 Goals - Resources	4 with 2 goals, the primary goal and the resources goal	Immediate
Action Plan - 3 Goals	A collection of users who have completed chapter 4 and registered 3 goals.	Immediate
Action Plan Reporting	Identifies users who have reported against a goal.	Immediate
All incomplete	All users that have not yet completed the Ripple Effect	Immediate
Female incomplete	Females/other who have not yet finished the intervention	Immediate
Follow Up - Incomplete - Post Chap 4	All users who have not completed, but have completed Chapter 4	Immediate
Follow Up - Incomplete - Pre Chap 4	All users who have not completed, but have not completed Chapter 4	Immediate
Goal Reminder – Conversation	A collection of users who have have passed the reminder date for their conversation goal.	Day after nominated date
Goal Reminder – Keeping well	A group of users who are due to receive a goal reminder for the keeping well goal	Day after nominated date
Goal Reminder - Resources	the goal reminder email for the resources goal.	Day after nominated date
Goal Report - Conversation	email regarding finalising their goal: conversation	Day after nominated date
Goal Report - Keeping Well	email regarding finalising their goal: keeping well	Day after nominated date
Goal Report - Resources	email regarding finalising their goal: resources	Day after nominated date
Male incomplete	Males who haven't finished intervention	Immediate
Resources Requested	A collection of users who have requested to receive additional resources.	Immediate
Return to Intervention	who haven't performed any activity since yesterday.	Following day
Finished Intervention	The group of users who have finished the intervention.	Immediate
Joining Email	A collection of identified leads. Used for initiating the thank-you-for-joining email.	Immediate

APPENDIX 3. Example of an email reminder sent to Ripple Effect participants. Pictured is an email sent to participants nearing completion of the Ripple Effect pathway

Thank you for your contributions to The Ripple Effect so far!

We see that you haven't made any progress for a while– and yet you are nearly at the end. It won't take much time to finish now – we hope we can help you get there!

The more people who finish the Ripple Effect, the stronger the outcomes will be. Your unique insights and information are vital to help us better understand rural suicide, to develop new ways to address suicide in our communities, and to better assist everyone affected.

At launch, there were some minor technical issues that affected a small number of users – but these bugs have now been fixed. If you have any technical issues, you can easily contact us here, or through the new Tech Support button on the site.

You CAN help us beat rural suicide!

To continue The Ripple Effect, click below.

CONTINUE

Kind regards
The Ripple Effect Team

beyondblue

The Ripple Effect has been developed by the National Centre for Farmer Health, Deakin University, the Victorian Farmers Federation, AgChatOZ, the Mental Illness Fellowship North Queensland, Sandpit and Western District Health Service as part of beyondblue's STRIDE Project with donations from the Movember Foundation.

APPENDIX 4. Examples of social media posts and response

The Ripple Effect Like Page
Published by Alison Kennedy [?] · January 6 ·

Inspiring to see the growing groundswell of effort to turn the negative ripple of rural suicide into a positive ripple of support.

You can also show your support and help stop rural suicide by participating in www.therippleeffect.com.au

If you, or someone you know, need immediate support call Lifeline on 13 11 14 or beyondblue on 1300 22 4636... See More

How a young man's suicide is transforming a rural community

Parents rally community to tackle problem of anxiety and depression in young people.

ABC.NET.AU

Get More Likes, Comments and Shares
When you boost this post, you'll show it to more people.

2,022 people reached **Boost Post**

The Ripple Effect Like Page
Published by Molly McNamara [?] · April 27 ·

"I have probably been very close to a complete breakdown on numerous occasions when all sorts of grief and sort of lies and misconceptions and everything are coming to you from every angle."

———————

PRINCE HARRY has broken royal protocol to speak out about his struggle with mental health.... See More

Prince Harry: I sought counselling after 20 years of not thinking about the death of my mother, Diana, and two years of total chaos in my life

TELEGRAPH.CO.UK

Get More Likes, Comments and Shares
When you boost this post, you'll show it to more people.

3,770 people reached **Boost Post**

Ali Shah, Brandie Kenna and 47 others 1 Comment 11 Shares

The Ripple Effect Like Page
Published by Alison Kennedy [?] · November 10, 2016 ·

Everyone in the rural community knows someone who has taken their life. Many more have had thoughts of taking their life or made an attempt on their life. The #rippleeffect of that loss tears apart the fabric of family and community.

BUT YOU CAN HELP CHANGE THAT!
We need your insights and information how you have been affected by rural suicide on www.therippleeffect.com.au. It won't take long and can be done where and when it suits you. We need everyone from Australia's rural... See More

Get More Likes, Comments and Shares
When you boost this post, you'll show it to more people.

50,411 people reached **Boost Post**

28 1 Comment 106 Shares

The Ripple Effect Like Page
Published by Molly McNamara [?] · March 8 ·

Jack and Brigid Kenna are kicking goals when it comes to starting the conversation about mental health!

In a recent article by The Spectator, both father and daughter talk about their personal experiences and the support they receive from their friends, family, and community.

Australians, particularly rural Australians, typically don't talk enough about our thoughts and feelings surrounding mental health and suicide. Some of us might feel uncomfortable or vulnerable or different.

But once we open up and share, weoften find that there are so many others who have gone through, or are going through, something similar to us.

The Ripple Effect is an online pathway designed to encourage this kind of sharing and to facilitate understanding of those affected by poor social and emotional wellbeing.

It's all anonymous, too!

Register online at www.therippleeffect.com.au to join the discussion and #HelpBeatRuralSuicide

http://www.farmerhealth.org.au/.../2017-02-28-beyond-silence-...

The Ripple Effect
Published by Alison Kennedy [?] · December 16, 2016 ·
Like Page

There is a perception that www.therippleeffect.com.au is ONLY for farmers.

We DO need all farmers (and members of farming families) to participa However, we recognise that suicide affects everyone in the rural community and we would urge ALL rural Australians who have been affected by suicide to register and provide their insights and information about how suicide has affected them. That includes those bereaved by suicide, those who have attempted to take their own life, ... See More

The Ripple Effect - help us beat rural suicide
The Ripple Effect is about helping beat rural suicide. Do your bit to turn the negative ripple of suicide into a positive ripple of support.
THERIPPLEEFFECT.COM.AU
Learn More

2,988 people reached
View Resul

The Ripple Effect
Published by Molly McNamara [?] · May 18 at 9:42am ·
Like Page

'The number of lives lost to suicide is simply too great for the "serious" mental illnesses – debilitating depression, bipolar and psychotic disorders – to be the main cause. What's killing us is common despair.

In a country consistently rated as one of the world's most liveable, we've somehow developed a deadly disregard toward our own welfare.'

The latest edition of the Griffith Review touches on how expectations, poor work-life balance and a de-prioritisation of personal care can place people at risk of anxiety and depression.

GREAT THOUGHT-PROVOKING READ on the pressures of every day life.

http://theconversation.com/your-sons-and-your-daughters-men...

Your sons and your daughters: mental health in the age of overtime
All the awareness campaigns have had little effect on the 'garden variety' mental illness that's causing most of the disability and death.
THECONVERSATION.COM

Get More Likes, Comments and Shares

The Ripple Effect
Published by Alison Kennedy [?] · December 12, 2016 ·
Like Page

@ABCnews online about www.therippleeffect.com.au Congratulations and thank you to Jack and Betty Kenna, Martin Butler and Bridie Tierney for their invaluable contributions to this article.

Please show you support by contributing your insights and information to the Ripple Effect website

National Centre for Farmer Health... See More

'Hit me like a tonne of bricks': The Ripple Effect helping farmers address suicide
Jack and Betty Kenna know first hand that there is nothing more painful than watching someone suffer from mental illness.
ABC.NET.AU

Get More Likes, Comments and Shares
When you boost this post, you'll show it to more people.

9,249 people reached
Boost Post

The Ripple Effect added 2 new photos.
Published by Alison Kennedy [?] · October 12, 2016 ·
Like Page

While watching Man Up TV Series last night I was caught by the comments about suicide from John Brady MATES In Construction:

"We know we have a problem [with suicide] and we can't deal with it by keeping it quiet. We need to bring it out in the light so we can see what the problem is, talk about it, and then do something constructive to stop our mates taking their own lives".

This sums up exactly the goal of the Ripple Effect. We need to talk openly about rural suicide. We... See More

The Ripple Effect @preventstigma · Apr 20

Congrats 2 #RippleEffect champions Al & Bill 4 helping reduce suicide stigma iview.abc.net.au/programs/you-c... Support is available now @LifelineAust

You Can't Ask That - Series 2 Suicide Attempt Survivors

You Can't Ask That asks suicide attempt survivors the awkward or uncomfortable questions you've always wanted to know the answers to, but

iview.abc.net.au

2 4

The Ripple Effect @preventstigma · Mar 2

A chat & a positive word can make a big difference. Register to share your experience on therippleeffect.com.au to #HelpBeatRuralSuicide

The Ripple Effect - help us beat rural suicide

The Ripple Effect is about helping beat rural suicide. Do your bit to turn the negative ripple of suicide into a positive ripple of support.

therippleeffect.com.au

2 3 2

The Ripple Effect @preventstigma · Mar 1

Seeing warning signs or need to talk? Just talk. Learn more & help others by registering on therippleeffect.com.au

State of Mind - Listen

One in two people fight mental illness at some point in life, listen for the signs

youtube.com

3 1 1

The Ripple Effect @preventstigma · Jan 13

70+% of participants in therippleeffect.com.au find personal stories helpful. Register 2 view these & contribute your info 2 help others

1

APPENDIX 5. EXAMPLES OF PRINT/ONLINE MEDIA THROUGHOUT THE RIPPLE EFFECT PROJECT

Farmers will fight to stop ripple effect of suicide

FARMERS WILL help farmers beat suicide in an innovative new digital project, funded by beyondblue through donations from the Movember foun- – whether this be through losing someone to suicide, having thought about or attempted suicide themselves, caring for someone who has attempted suicide net speed and connectivity – so we will adapt our platforms to cater for this wherever possible.

"We are proud to announce our steering tive ripple of suicide into a positive ripple of support," Dr Brumby said.

The Ripple Effect is a partnership between, National Centre for Health Fellowship North Queensland and Western District Health Service

• *Anyone feeling distressed should call Lifeline on 13 11 14 or beyondblue on 1300 22*

Farmers will fight to stop ripple effect of suicide

IN BRIEF

Ag counsellors for Vietnam, Malaysia and Middle East

Dr Gemma Chuck joins WestVic Dairy board

WAFarmers milk heads to China

Celebrating rural women

OCTOBER 2015 – DAIRY NEWS AUSTRALIA

Project targets stigma of farmers' higher suicide risk

THE Ripple Effect project is geared towards changing the way farmers think about mental health, according to National Centre for Farmer Health director Sue Brumby, pictured left.

"People who have had an experience of suicide — they may have been bereaved or cared for someone — have a higher risk of suicide themselves," Ms Brumby said. "But there is a stigma around that and people don't talk about it and so the ripples are very negative."

The Ripple Effect aims to change the effect to a positive by telling people's stories.

Farmers provide messages of what has helped them, what they have learned or what actions they can take to improve their own health and wellbeing.

The postcards are anonymous and postage is prepaid.

They will be featured on the Ripple Effect website from April or May next year.

Farmers, as an occupational group, have a suicide rate twice the general population, according to the Centre.

Ms Brumby said some of the factors contributing to the suicide rate include isolation, compounded often by slow internet connections; the workplace and the home being the one and same; and the relentless 24/7 nature of farming.

To request a postcard go to therippleeffect.com.au or phone the National Centre for Farmer Health on (03) 5551 8533.

MARGARET LINLEY

Men's show of strength

28 NOVEMBER 2015 - GEELONG ADVERTISER

Partnership to make ripples in improving rural mental health

The VFF, together with leading agricultural experts, health professionals and academics have been successful in obtaining a $440,000 beyondblue funding grant to reduce the stigma around suicide experienced by males in rural farming communities.

Titled "The Ripple Effect", the interactive digital program aims to combat the stigma experienced by males, aged 30-64 years, from the farming community who have lost someone to suicide, attempted suicide themselves, cared for someone who has attempted suicide, experienced thoughts about their own suicide, or been touched by suicide in some other way. VFF will partner with leading digital platform AgChatOZ, the highly regarded National Centre for Farmer Health, Deakin University, Mental Illness Fellowship North Queensland, Western District Health Service and digital company Sandpit for the development and roll out of the Ripple Effect.

The Ripple Effect recently appointed a steering group, comprised of farmers, health professionals and academics.

The Ripple Effect's primary objective is to reduce self-perceived suicide stigma through the development, trial, implementation and evaluation of a repeatable and transferable digital intervention. It is envisaged that over time, the ripple effect of the program will also reduce personal and community suicide stigma and ultimately, assist with breaking the ongoing cycle of suicide risk in farming communities.

According to The Ripple Effect's senior investigator Tom Whitty, the project is about thinking outside the box when it comes to mental health.

"This is about thinking of new and innovative ways to tackle one of rural Australia's most taboo topics. It is our hope that through our anonymous, online portal, men from the farming community will feel comfortable to talk about their experiences among their peers, ask questions and learn new ways to think about and respond to their mental health needs," Tom said

"We are a really proud that both beyondblue—through donations made by the Movember foundation—are willing to invest in the health and wellbeing of the men in our farming community.

"We will aim to build relationships, form a community of support and facilitate an understanding of how to turn the tide on stigma through shared experiences."

The Ripple Effect is an online tool allowing men from the farming community to work shoulder to shoulder in the fight against the stigma of rural suicide—turning the negative ripple of suicide into a positive ripple of support. It will be available on multiple platforms—from PCs to the latest smartphones and tablets—to ensure that everyone can connect and contribute.

For more information contact Alison Kennedy via alison.kennedy@wdhs.net

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Energy	740 kJ	296 kJ
Protein	9.8 g	3.9 g
Fat, total	10.5 g	4.2 g
– Saturated	7.5 g	3.0 g
Carbohydrate	11.5 g	4.6 g
– Sugars	11.5 g	4.6 g
Sodium	83 mg	33 mg
Calcium	350 mg	140 mg

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14 JANUARY 2016 - ABC RURAL

NEWS

Rural

Website and postcards set to help reduce stigma around suicide in Australian farming communities

NT Country Hour By Nathan Coates

Updated 29 January 2016 at 6:32 pm
First posted 14 January 2016 at 3:04 pm

The National Centre for Farmer Health (NCFH) is concerned about the community left behind when an Australian farmer commits suicide.

The centre has developed a website designed to reduce the stigma experienced by those communities, and has recently launched new initiatives such as pre-paid postcards, the recruitment of community champions and a digital storytelling workshop.

It is all part of what is called The Ripple Effect and it began last year.

NCFH's Alison Kennedy said The Ripple Effect was helping farmers open up about their problems.

"There are heightened risks of suicide within farming communities," she said.

"And there are some cultural aspects within farming communities that suggest people are less likely to

The National Centre for Farmer Health has developed a website to reduce the stigma in communities when someone commits suicide. (ABC Rural: Nathan Coates)

Alison Kennedy from The National Centre for Farmer Health says a website and postcards will help reduce stigma around suicide in farming communities. (ABC News)

The Ripple Effect

An initiative to encourage farmers to work shoulder-to-shoulder to confront the stigma of rural suicide has taken its next big step forward. Col Jackson lends a hand

The signs accompanying this story say volumes for what many men – in this particular case, farmers – find they're unable to do, ask for help when they're feeling down, anxious or chronically depressed.

It's a male thing, unless we're out there proving we are all things to all people, there is that nagging mindset that we are letting down all those people who are near and dear to us.

It's in the male psyche to achieve, to get results, to find a solution.

We tell ourselves that we must keep going, but there is a wall where stress factors overcome the power of the brain to effectively access what is going on – and the mental and nervous systems react in very strange and haunting ways – to the point of driving us towards insane thoughts.

We have all heard of suicides – whether further afield, in our own communities and much closer to home – and have questioned what we could have done to prevent it.

I have asked a similar question: "Why didn't he just phone me?"

It's hard to analyse and confirm whether it's anger, bewilderment, being overpowered by the unknown or overwhelmed by the loss of a valued friend.

Then there's that instinct within that says something is wrong, yet we question, or are reluctant to intrude. The words 'personal space' come to mind.

It seems at the time nonsensical that someone would take the ultimate, final step.

Now assistance is at hand; farmers can help farmers beat rural suicide in an innovative digital project called 'The Ripple Effect', a partnership between leading rural advocacy, academic and health organisations that was successful last July in obtaining a $440,000 grant to help prevent the suicide of men in farming communities.

The Ripple Effect is encouraging men in farming and agriculture to work shoulder-to-shoulder against the stigma of rural suicide.

Through a completely anonymous online digital website, farmers can share their stories of what has helped them, learn from others and take action to make positive changes to their own health and wellbeing.

LEFT: Participants can share their stories anonymously to help their peers and learn from others
ABOVE: The Ripple Effect encourages men to work together against the stigma of suicide

The innovative new project is funded by beyondblue through donations from the Movember Foundation.

Although the website is still under development, and won't be launched till mid-year, people – hopefully farmers seeking help – are already are trying to access it.

In the interim, people are invited to become involved by writing their message onto a Ripple Effect postcard, which can be requested on the website.

Within the postcards, people are encouraged to provide personal messages of support and inspiring and reassuring stories about what has helped them, how they managed to find a source of support, or what support they think would be helpful.

The Ripple Effect Steering Group was appointed in August 2015, and during Mental Health Week, held its inaugural face-to-face meeting which brought together farmers, rural health experts and industry partners.

Principal investigator Dr Susan Brumby says The Ripple Effect is about building a safe, online platform where farmers can feel comfortable in sharing their experience of suicide – whether this be through losing someone to suicide, having thought about or attempted suicide themselves, caring for someone who has attempted suicide, or been affected by suicide in some other way.

"The point of The Ripple Effect is that through our online digital website, farmers can share their stories of what has helped them, learn from others and take

MARCH 2016 –
COUNTRY MAGAZINE

Farmers can struggle to ask for help when they're feeling down, anxious or chronically depressed

action to make positive changes to their own heal and wellbeing," Dr Brumby says.

"Participation in The Ripple Effect is anonymous – it allows farmers to ask questions and share their experience with their peers through video, written word or voice, in addition to accessing information about looking after yourself personally and where you can find support.

"We understand that rural communities experience severe disadvantage when it comes to internet speed and connectivity – and platforms are being adapted to cater for this wherever possible," she stresses.

Dr Brumby says the steering group really does bring together representatives from the farming community who have a "lived experience" of suicide with some of the leading Australian experts in rural health, research and digital design.

"The Ripple Effect is about farmers helping farmers," she emphasises.

"We know through our own experience that no-one tells a story about life on the land, its up and its downs, better than farmers themselves.

"This is why The Ripple effect will be the first grassroots digital platform where farmers will have direct input into the content and the way in which they share their experience of suicide and mental health recovery."

Dr Brumby says she believes that through a collaborative approach, the negative ripple of suicide can be turned into a positive ripple of support.

The Ripple effect is a partnership between the National Centre for Farmer Health, Deakin University, Sandpit, Victorian Farmers Federation, AgChatOz, Mental Health Fellowship North Queensland and Western District Health Service.

For more, visit www.farmerhealth.org.au. Those unable to access the internet and wanting a postcard, to find out more information about Ripple Effect postcards, or add a name to the contact list, should phone the National Centre for Farmer Health on 03 5551 8533.

THE Primary Producer

Supplement to the Bairnsdale Advertiser & Snowy River Mail, week commencing May 9, 2016.

GROWING EAST GIPPSLAND

Farming's not always easy

Maria Parente and her husband, Shaun Beasley, have been farming for over 35 years in the Bairnsdale area.

Maria is also a psychologist and knows better than most that farming is not always an easy vocation.

During her 16 years practising in Bairnsdale and its surrounds, Maria has seen it all.

"I've counselled a few farmers in that time," she says quietly.

"I've seen firsthand, particularly through drought, how challenging it can be on the land.

"The vagaries of the weather or a change in commodity prices can really affect farmers.

"You have to develop a certain amount of resilience.

A few years ago Maria knew a local farmer who subsequently suicided after a relationship breakdown and financial difficulties.

"I was devastated to learn he had taken his life," she said.

Sadly, each day in Australia seven people take their lives and many are farmers.

"Men, especially farmers, don't communicate as well a women, but they need to know there is support out there," Maria said.

Maria is part of the national steering group that has formed Ripple Effect – a partnership between leading rural advocacy, academic and health organisations to prevent farmer suicides.

With funding from beyondblue, The Ripple Effect steering group will soon launch an online platform where farmers can feel comfortable to share their experience of suicide – whether this is about thoughts of suicide, caring for someone who has attempted suicide or lost someone through suicide.

Maria says her motivation for being involved "is to break down the stigma of suicide".

"Most farmers just don't seek support when they need it. Farmers are often an isolated group, but community is the key, there is so much support available.

"I often say a problem shared is a problem half solved and I want to use my skills to get the message out to the male farming community that there is support and they don't have to look very far."

Maria says The Ripple Effect steering group is now looking for 'community champions' in Bairnsdale and outlying communities to help support the project.

She says the community champions will be well networked in their respective areas and are in a position to identify people who could be at risk and direct them to the website.

"Essentially, a good group of famers helping farmers is what we need as we understand better than anyone what they go through," Maria said.

Anyone interested in becoming a community champion is encouraged to contact Alison Kennedy, a research fellow at the National Centre for Farmer Health. Contact details available at The Ripple Effect website or from East Gippsland Newspapers.

Anyone facing difficulties should contact Lifeline on 13 11 14.

Maria Parente, on her 7000-acre Merino sheep and Angus cattle farm at Lindenow South, says farmers understand what farmers go through better than anyone. KS17-6109

Monday, 20 June 2016 09:07

New website tackles suicide taboo

Written by Dairy News Australia

A new website will help farmers share their experiences with anxiety and depression. Picture: NCFH.

IF YOU are a farmer, or work anywhere in agriculture, you know, or know of, someone who has taken their life.

Suicide is incredibly tragic and in most cases preventable.

Too many families and friends of people who have killed themselves have had to survive the fallout.

The ripple effect of such a loss tears apart the fabric of families and communities.

Australia needs to turn the negative ripple of suicide and stigma into a tsunami of action and support, according to the National Centre for Farmer Health.

Which is why it is about to launch a website to learn what is happening, and how regional communities are thinking about suicide.

To be launched later this month, the Ripple Effect website will enable farmers to anonymously register and view other farmers' stories of suicide, share their own insights and find out what they can do to support the wellbeing of others and themselves.

"We are looking to help build the first, accurate, national insight into what is in the minds of our farmers, what are their stories and opinions – and get that to the people who can help make a difference," the Ripple Effect's Alison Kennedy said.

She said if agricultural Australia is going to turn back the tide of suicide in farming communities it needs support – and it will not get that right unless it has the right information, accurate information.

The Ripple Effect has been developed by NCFH, Deakin University, Victorian Farmers Federation, AgChatOZ, Mental Illness Fellowship North Queensland, Sandpit and Western District Health Service as part of beyondblue's STRIDE Project (with donations from the Movember Foundation).

"The cumulative stress of modern-day farming, juggling debt and volatile commodity markets, climate change, family pressures, illness and injury, and dealing with it all in the isolation of the average working day puts farmers at a higher risk of suicide," Ms Kennedy said.

Farmer's battle shows there's light at the end of the tunnel

MADELEINE BRENNAN

JACK KENNA has such a glass half full attitude it seems hard to believe he has battled with his mental health.

"The milk price and the clawbacks and everything are pretty ordinary at the moment but it's probably the way you look at things determines how you get through them too."

After 42 years, 27 of which have been living with a bipolar disorder, he's still milking a mixed herd of about 160 "liquorice & all sorts" at his 236ha farm in southwest Victoria, with wife Betty and their adult children Brigid and Jack.

"I'll keep farming 'til I completely go broke," the 57 year old jokes.

Recent rains have brought some welcome good news to the region.

"It's the best start to a season since 1992."

That year was also a good year, Jack says, as it was the year he married his wife – something he hadn't thought possible only a few years earlier, when loneliness and lifestyle combined to trigger his first serious episode.

"I spent a fortnight in 1989 at the Brierley mental hospital as it was at the time."

Despite the breakdown, he describes the experience as a positive one.

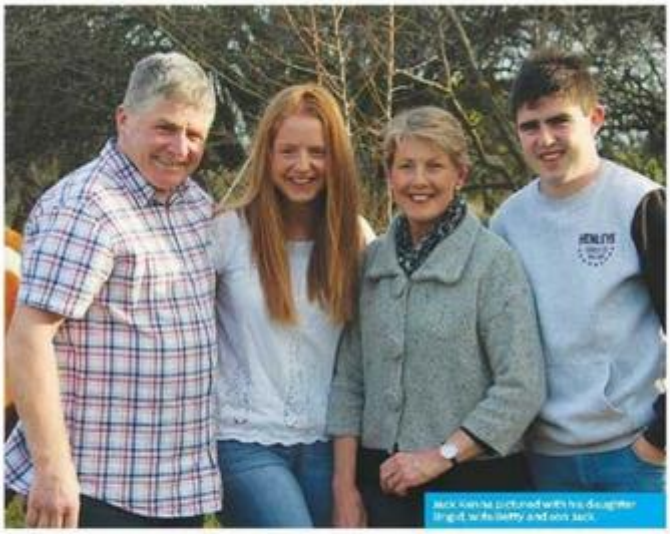
"It was initially pretty negative because all my friends were out having a good time and I was in there, so it took a while to get over it, but I realised how good my life actually was, because I had a big family and was part of sporting organisations, I had plenty of visitors," he says.

"Whereas there were other people in there that society had forgotten about and they didn't have the networks in place.

"Sometimes you need to go through things like that to appreciate the amount of luck you've had."

The sudden death of his father triggered another breakdown in 1999.

He stopped dairying, leased his farm out for three years and worked for three years with a dairy supply service in Terang, before taking the farm back over in July 2003.



Jack Kenna pictured with his daughter Brigid, wife Betty and son Jack.

Jack says he is sharing his story in the hope others will also speak up or seek help.

He, and other farmers from across Australia, will feature in an online video as part the National Centre for Farmer Health's new Ripple Effect website and research project.

"I've had two major breakdowns but I've learned so much and I wouldn't have wanted my life to be any other way," he says.

"It's funny looking back, what I went through, it was terrible at different places.

"But a lot of the gifts you get in life are wrapped up in trouble and you've got to unwrap that trouble from around them."

He says social interaction, recreation and honest conversations with friends have helped him manage his mental health, and he encouraged others to do the same.

A beer at the footy or getting on the golf course with mates was sometimes all it took.

"It's not healthy to be on farm all the time, you've got to get out and about, because then you know you are not alone."

He says being open about his struggles has helped other friends open up to him.

> **"A lot of the gifts you get in life are wrapped in trouble and you've got to unwrap that trouble from around them."**

"If it hadn't happened to me, then people wouldn't seek me out. It helps me and it helps them."

There is still a long way to go in breaking down the stigma of mental illness in the community, especially regional areas.

"The main thing is for farmers and men especially, to get rid of thinking that they've got to be stoic strong types that don't cry and don't get upset, because life isn't like that.

"You've got to acknowledge your feelings. It's as simple as that."

Jack says he is now able to look at mental illness as a gift that helps others and puts his own daily concerns in perspective.

"When your mental health has been at its lowest point and you come back and enjoy decent health again, nothing could be as bad again in your life.

"I'd love to have money coming out my ears, a new ute and everything else but there is way more to life than having everything and your health is your wealth.

"If I'm healthy and my wife Betty is healthy and my children Brigid and Jack are healthy, I don't want for much."

- www.therippleeffect.com.au
- www.beyondblue.com.au
- For immediate support contact Lifeline ph. 13 11 14

GOT SOMETHING ON YOUR MIND?

GOT SOMETHING on your mind about the latest issues affecting our dairy industry? Put your pen to paper or your fingers to your keyboard, and let our readers know what you think.
Don't forget to put your name and address.
Note: Letters may be edited.
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LETTER TO THE EDITOR
EDITOR@DAIRYNEWSAUSTRALIA.COM.AU

ABC NEWS

South Australian farmer overcomes own tragedy to help reduce stigma around suicide

ABC Riverland By Stacey Lymbery and Dijana Damjanovic

Posted Fri 22 Jul 2016, 3:56pm

PHOTO: Bill Stockman shares his story at the Riverland Suicide Prevention Network. (ABC Riverland: Isabel Dayman)

A former South Australian farmer who tried to end his own life after accidentally shooting a friend is dedicating his time to helping people in the bush with their struggles.

RELATED STORY: Online mental health program targeted at farmers a world first

RELATED STORY: Suicide is everyone's business: Talking to farmers

MAP: Renmark 5341

Bill Stockman spent his early years riding tractors and helping his parents on a farm in Burra, 156km north of Adelaide.

Like many country kids, Mr Stockman was sent to boarding school, even though he always knew he was destined to work the land owned by his family.

At that stage, he was not aware of the impact one single accident would have on the rest of his life.

"I remember it like it was yesterday — February 3rd, 1985. It was a Sunday night and I had a friend over," he said.

"I was 14 years old and we were shooting galahs on the front driveway.

"I turned with the gun and the gun went off and killed him (Mr Stockman's friend). It was pretty tragic and very horrific what I saw."

The lack of support and services during the crucial weeks after the accident would shape Mr Stockman's life forever.

"Back then there wasn't the help around like today. I had no counselling, and five days later I was back at boarding school," he said.

PHOTO: Bill Stockman and his 5-year-old son Nick on the farm. The accident happened over the fence behind them. (Supplied)

Website to reduce suicide stigma

National farm health centre helps regional communities share stories

OUT OF THE SHADOWS

The Border Watch

TALKING DOWN THE SUICIDE TOLL

Lifeline 131 114

COMMUNITY AT HEART: Livestock SA's southern region secretary Tom Dawkins is helping to reduce the stigma associated with suicide by encouraging farmers and other rural community members to participate in the Ripple Effect.

THE National Centre for Farmer Health, based at Hamilton in Victoria, has launched a website designed to identify the views of regional communities on suicide.

The Ripple Effect website enables farmers to anonymously register and view other farmers' stories of suicide, share their own insights and find out what they can do to support the wellbeing of others and themselves.

A number of Ripple Effect "Community Champions" have been enlisted to promote the initiative.

Working in this capacity is Tom Dawkins from Naracoorte, who was approached to be a community champion because of his work as a journalist in raising rural suicide awareness.

"As a community, I think we are probably more willing than ever to have a conversation about suicide rather than ignoring it," Mr Dawkins said.

"Increasingly, those who have been directly impacted by suicide are willing and able to share their experiences.

"That is why the Ripple Effect is an important and very timely way to help reduce the stigma associated with suicide, especially in rural communities like ours."

Mr Dawkins, who is also promoting the Ripple Effect via his role as secretary of Livestock SA's southern region, said no community was immune from the tragedy of suicide.

"Suicide is not just incredibly tragic, in most cases it is preventable," he said.

"And the sad fact is if you are a farmer, or work in agriculture, you know or know of someone who has taken their life.

"If people realise there are solutions and understand life can go on, then we can help make an urgently needed change."

Mr Dawkins has been confronted by the tragedy of suicide during his career in agricultural media and said it was no longer acceptable for journalists to ignore their increasingly important role helping to facilitate the community discussion about suicide.

"Too many families and friends of people who have killed themselves have had to survive the fallout and, as we see far too often, the ripple effect of such a loss can really tear at the fabric of families and local communities," he said.

"I am pleased to support this project because rural Australia needs to turn the negative ripple of suicide and stigma into a tsunami of action and support."

Alison Kennedy from The National Centre for Farmer Health said Ripple Effect's aim was to build the first, accurate, national insight into what is in the minds of our farmers, what their stories and opinions are, and get that to the people who can help make a difference.

Ms Kennedy said if agricultural Australia was going to turn back the tide of suicide in farming communities it needs support and it will not get support unless it has accurate information.

"The cumulative stress of modern day farming, juggling debt and volatile commodity markets, climate change, family pressures, illness and injury, and dealing with it all in the isolation of the average working day, puts farmers at a higher risk of suicide," Ms Kennedy said.

"Everyone knows about it, for years everyone has danced around it, always too concerned to talk openly about it.

"You can die of anything except your own hand because at that point no one really knows what to do next."

Ms Kennedy said the lack of knowledge was a huge problem.

"We are really hoping we can tap into the experiences of our farmers, everywhere in the country, and hear about the things they rarely tell anyone else," she said.

"But now you can tell us, anonymously, on the Ripple Effect website.

"And every bit of anonymous information will be processed and analysed so we can get it to everyone who can help.

"So please help us help you, your family and your community by registering and participating in the Ripple Effect."

The Ripple Effect has been developed by NCFH, Deakin University, Victorian Farmers Federation, AgChatOZ, Mental Illness Fellowship North Queensland, Sandpit and Western District Health Service as part of beyondblue's STRIDE Project with donations from the Movember Foundation.

Visit www.therippleeffect.com.au for more details.

www.spsc.com.au

Project having a ripple effect on rural suicides

FIONA MITCHELL

ON average six men each day take their life through suicide in Australia.

Dr Alison Kennedy, behavioural scientist and rural health researcher based at Victoria's National Centre for Farmer Health (NCFH) in Hamilton, explained that previous research has shown that there is significant stigma surrounding suicide in rural men, particularly those from farming communities.

The Ripple Effect is a national project developed by the NCFH, designed to investigate what works to reduce self-stigma and perceived-stigma among males from the farming community aged 30-64 years, who have been bereaved by suicide, attempted suicide, cared for someone who attempted suicide, have had thoughts of suicide, or been touched by suicide in some other way.

"We've been doing research here at the NCFH centre, particularly looking at the impact of suicide bereavement on farming families, which really identified to us that there is significant stigma around any experience of suicide," Dr Kennedy said.

The research found that some people who had been bereaved by suicide were wanting and needing to ask for support, but felt that they couldn't ask for it, because of the stigma, or perceived stigma involved.

"In the previous research we have done we have identified some really strong cultural elements within the farming community, for example, people in farming communities are always willing to offer help to others but often very unwilling to ask for help for themselves."

The NCFH put together an application for funding to Beyond Blue to look at farming men between the ages of 30 – 64 years who had some experience with suicide.

"We have then created a digital research project which we have called the Ripple Effect," Explained Dr Kennedy.

Developing the website, which was launched in June 2016, and developing the content to include took twelve months.

"We ran a digital story telling workshop where we brought together a group of farmers who had had an experience with suicide. They have all created a personal video story, which are part of the website, about their own stories of their experiences of suicide and what they have learnt through that."

Also on the website are videos from health professional and stigma experts, delivering information that really recognizes the farming context.

The project is asking people who have had experience of, or been affected by suicide, to register on-line, and provide information and insights into their experience.

Dr Kennedy explained that once people register they will be taken on their personalized path, depending on the nature of their experience of suicide.

"You will be asked questions along the way, which is a way for us to gather information about the experience and the stigma of suicide. The more people who participate, the more information we can gather. The more information we have the better equipped we will be to develop strategies for reducing suicide and better supporting people that have been affected by it."

Participating in the project is anonymous and takes one and a half to two hours to complete. This can be done over several sessions, the website remembering exactly where you left off.

> "Everybody in a rural area has been affected by suicide in some way, so the Ripple Effect is something everybody can contribute to, that can help develop ways to reduce rural suicide and better support all those affected by it"

DR Alison Kennedy, National Centre for Farmer Health, explains that everybody in a rural area has been affected by suicide in some way, so the Ripple Effect is something everybody can contribute to, that can help develop ways to reduce rural suicide and better support all those affected by it.

The Ripple Effect has been developed by the National Centre for Farmer Health with support from Deakin University, Western District Health Service, AgChatOZ, Sandpit, Victorian Farmers Federation and Mental Illness Fellowship North Queensland as part of beyondblue's STRIDE Project with donations from the Movember Foundation.

"This is something people CAN do to change the negative effects of rural suicide. I would really like to urge everybody in the rural community—men and women—to register with www.therippleeffect.com.au and contribute their information and insights about how rural suicide has affected them. The information gathered through this research has the potential to make a significant difference. Your contribution could help save a life—maybe even your life or the life of someone close to you."

For more information about the Ripple Effect, contact Dr Alison Kennedy at the National Centre for Farmer Health on (03) 5551 8587 or email alison.kennedy@wdhs.net.

www.therippleeffect.com.au

THE TEAM at the National Centre for Farmer's Health are working towards bringing down the stigma surrounding mental illness, encouraging men to talk about their issues. Photo: JUDY DE MAN.

170207jd024

Suicide is real, it's time to talk

TARA FRY

THE SINGLE biggest killer in men under the age of 45 is suicide.

So why is it that mental illness and suicide are such taboo topics?

These alarming statistics are the reason the National Centre for Farmers Health began and why so much time is being invested into their 'Ripple Effect' campaign, encouraging people to talk about suicide and mental health.

The campaign was launched on June 30 last year and is targeted to assist males between the ages of 30 and 64 who have been bereaved by suicide, attempted suicide, have thought of suicide or have been touched by suicide in some other way.

Together, the team are completing a research program to help assist and reduce the stigma surrounding mental illness and allow men to feel able to talk about their feelings.

The Ripple Effect is funded by Beyondblue and receives donations from the Movember Foundation.

They are in partnership with the National Centre for Farmers Health, Deakin University, Victorian Farmers Federation and many more and have almost 400 on the stakeholder list.

When the program was initiated, more people came forward to help than there were places for and a group of 15 people were chosen to steer the program.

Dr. Alison Kennedy is one of the researchers on the project and told The Spectator that the campaign has been "very well supported".

She said that the group of researchers began the program to create "better support" for those affected by suicide.

Suicide "really does have a ripple effect".

"Not often you'd speak to someone not affected by suicide" she said.

"Living in a small rural community, everyone is so closely affected" when somebody choses to take their life.

Dr Kennedy reiterated that they are "not trying to normalise suicide death in any way", but rather try and improve the sensitive nature surrounding it.

She said that it is "gradually becoming more acceptable" for men to talk about their feelings, but that there is "still stigma across all generations".

The researcher said that she believes farmers are so heavily affected by suicide and mental illness due to their "social isolation" as so many farmers work on their own.

"They don't have as many people to talk to" when they work alone.

"Just having a conversation can be really helpful" she said.

The group of committee members have been working together since July 2015 to build the website and focus on males in regional areas.

A video, which can be found on their website, shows quotes on a blackboard from males suffering from mental illness covering their faces.

The committee chose to cover the faces of the men to represent the "problem of stigma".

Dr Kennedy said that the group want to keep expanding The Ripple Effect, gaining more knowledge of the community's beliefs and mentality.

She said that in the future, with assistance from Beyondblue and the continued support of Stakeholders, the group hope to tailor a version of the campaign for younger men between the ages of 18 and 30 to address the increasing number of suicide deaths in young people.

Suicide is one of the leading causes of death in Australia and one of the biggest killers in men over the age of 85.

Dr Kennedy believes the reason men over 85 choose to commit suicide is because they have lost their "livelihood".

She said that many of their peers may have died by this age and men are in retirement age and may feel no purpose.

"You can imagine how devastating it would be to let go of that livelihood" she said.

The campaign is taking "small steps" to help make a big difference in the lives of community members suffering from mental illness and those affected by suicide.

"Not everyone who takes their own life has a diagnosed mental health condition.

"Suicide is always the result of an accumulation of factors which can include physical and/or mental health concerns, loss of social connection, loss of connection to the family farm, financial pressures, the results of climatic conditions".

The National Centre for Farmer's Health are calling on everyone in the rural community over the age of 18 to take part in their research, answer some easy questions and be part of bringing down the stigma surrounding mental illness.

For further information, please contact Dr Alison Kennedy on alison.kennedy@wdhs.net or to take part in the research, please visit https://therippleeffect.com.au/.

BEYOND SILENCE

Opening up about life with mental illness

TARA FRY

"SEEK help, it's okay to say you're suffering".

Brigid Kenna is a 23-year-old who suffers from mental illness and she is not alone.

One in five Australian's suffer from mental illness, but for the Kenna family two out of their four members struggle with the crippling illness.

People say the connection a father and daughter have is like no other, but this family take that connection to a new level.

Brigid and her father, Jack, both suffer from bipolar.

Stereotypically, people are ashamed or embarrassed to admit they have a mental illness. It can be crippling, debilitating and can control your whole life, but this father and daughter pair, are determined to make a change.

Together, they are determined to pull down the stigma surrounding mental illness, encouraging people to talk and seek help rather than hiding and fighting the deadly disease in silence.

Jack's story

MR Kenna's mental illness journey began on October 10, 1989, a day clearly etched in his memory.

It was on this day that he was admitted to Brierly hospital in Warrnambool after his family noticed some changes and realised something was not right.

He made light of the situation and mentioned "it's funny, part of that it's a gated community now and I suppose it was back then too".

"I didn't identify that I had any problems, it was the people around me that did. I knew I was doing and saying some things that were pretty ordinary but I didn't know why or how and I just thought things were normal when really, they were far from it".

The 58-year-old said that at the time, he was "staying out late, drinking too much, and not sleeping enough. Something had to give and obviously it did".

"It got to the stage where I was like a runaway horse," he said.

Although the stigma surrounding mental illness is slowly fading and today's youth are becoming more accepting, in the 80s, it was rare for people to acknowledge mental illness was an issue.

Mr Kenna's family was an exception.

"Dad got on the phone, my brother got on the phone and rang all my friends so I've never had the stigma associated with it as what others have. I've always been open about it because my family were open about it".

He believes the openness of his struggle is what made a real difference in his recovery; "all of a sudden people down tools and come and see you because they know that it's actually a problem that's been identified".

Mr Kenna likened the disease to breaking a bone or suffering a physical injury, "it's physical, mental and financial".

At thirty years of age, Mr Kenna was worried about how his life would progress.

He did not have a girlfriend and mentally, he was struggling.

"That was one of my biggest fears, in my thirtieth year having a breakdown and hospitalisation and worried I wouldn't find somebody to spend the rest of my days with."

In 1992, Jack married long-time friend, Betty.

As Mr Kenna and his family had been so open with his illness, Betty did not enter the relationship blindsided and Jack described it as a blessing.

"It was comforting that she knew my history and went ahead with it anyway," he said.

Continued: PAGE 2

28 FEBRUARY - THE SPECTATOR

Farmers welcome health program

Foundation helps bring series of mental wellbeing workshops to region

A RURAL health program is set to be rolled-out across parts of regional South Australia following the efforts of community groups and the National Centre for Farmer Health.

Lifeline South East SA, the Country Women's Association and the Naracoorte Suicide Prevention Network have committed to support sessions in local communities which will be based on the Victorian-based Looking Over The Farm Gate program.

Naracoorte mental health advocate Tom Dawkins said funding support from the Aussie Farmers Foundation was available to bring sessions to South Australia, which would initially be focused around the South East and Coorong communities.

"As regional secretary of Livestock SA, I'm also keen to see our organisation take a proactive role in facilitating these sessions because they are of great benefit to the farming community and associated rural industries," Mr Dawkins said.

"There are always a number of unique stress triggers in our region, dairy farmers are trying to ride-out a very difficult period and even though it has been a more favourable 12 months for broadacre producers, we have just come out of two years of unprecedented drought and we never know when the next failed season might hit us."

He said families who derive their livelihoods from the Coorong fishing industry were also under pressure.

"They are under extreme pressure due to the devastating impact on local fish stocks caused by seals," Mr Dawkins said.

"I have just returned from Meningie where my conversations with local fishermen confirmed the mental health and suicide risks caused by the seals, so we plan to bring the program to that community too."

Almost 100 Look Over the Farm Gate events have been held in the past 12 months, promoting the importance of making sure farming families and the communities they support look after themselves and look out for their neighbours.

LIFELINE	131 114
BEYONDBLUE	1300 224 636
KIDS HELPLINE	1800 551 800
MENSLINE AUS	1300 789 978

CALL IF YOU, OR SOMEONE YOU KNOW, NEEDS HELP

The sessions involve training and activities which raise awareness and support physical and mental health, as well as issues of domestic violence in rural communities.

Mr Dawkins is also a community ambassador for suicide prevention project The Ripple Effect and said different rural health initiatives complement each other.

"There are no one size fits all solutions in promoting rural health, that is why we need to take a multi-pronged approach and programs like the Ripple Effect and Looking Over The Farm Gate work really well together," Mr Dawkins said.

"The challenge of understanding and supporting the health and wellbeing of farming communities is ongoing and every little bit of community engagement and professional research helps."

Developed by the National Centre for Farmer Health, The Ripple Effect is designed to investigate effective ways to reduce the stigma among males from the farming community who have been bereaved by suicide, attempted suicide or impacted by suicide in any other way.

The research phase of the program is due to conclude later this month and Mr Dawkins called on members of the community to complete the project's anonymous online survey.

Information retrieved from the survey will help build a wide cross-section of data to guide mental health professionals in developing future rural health programs.

"In a typical year, 2500 Australians will die by suicide and too many of these tragedies occur in local farming communities," Mr Dawkins said.

"This is why The Ripple Effect is so important and why we need rural community members, farmers, their families, friends and colleagues to share their experiences and insights about rural suicide."

Visit www.therippleeffectcom.au for more information or to complete the survey.

AWARENESS: Mental health advocate Tom Dawkins is keen to see a series of rural health sessions take place in the South East.

10 MARCH 2017 - THE BORDER WATCH

Victorian dairy farmers Betty and Jack Kenna.

Speaking the unspoken

A new research project is tackling one of the most taboo subjects in the bush.

STORY AMANDA BURDON PHOTOS NEIL NEWITT

Rural suicide rates are double that of metropolitan areas and men in remote Australia are up to three times more likely to suicide than their urban counterparts. These figures meant very little to Jen Ireging until April 3, 2013 – the day her larrikin husband of 25 years, Mark, became one of the statistics.

"Mark was an ordinary bloke. There were no signs, nothing," says Jen, of Sedan, north-west of Adelaide. "Even his best friend didn't know he had been suffering from depression. I am still shocked, years later. You never come to terms with it. You just come to accept it.

"Suicide is a very difficult subject for people to broach. At first, people asked me did I want others to know how Mark died. Right from the outset, we never covered it up. There's no hiding it and I am not ashamed of Mark. It's a tragedy, that's all."

Still, there's no escaping the unanswered questions that Jen and her two teenage daughters were left with – especially why a popular, sociable man who could "talk the leg off a table" could not tell anyone he was hurting. "That's the hardest thing," she says. "I just wish he'd spoken up and asked for help."

Jen is bravely sharing her family's heartache courtesy of a National Centre for Farmer Health research project that aims to reduce the stigma associated with suicide, curb suicide rates in rural Australia, and provide more effective support to those affected. The Ripple Effect gives those who have been touched by suicide an opportunity to share their experiences and insights, to help others and themselves. It is hoped that their short videos and deeply moving postcards – recalling suicide attempts and the distressing fallout of suicide but also delivering messages of hope and support – enable participants to see that they are not alone.

"The idea is that learning what other people have experienced reduces the stigma surrounding your own experiences and makes them more understandable," says behavioural scientist and program coordinator, research fellow Alison Kennedy. "We hope it creates a community of people who can learn from one another and encourages those who need it to seek help.

MAY 2017 – OUTBACK MAGAZINE

Alison Kennedy, program coordinator of the Ripple Effect.

"We know that having suicidal thoughts causes feelings of indignity and shame, damages relationships and results in social isolation. People in rural areas, who have grown up with a culture of self reliance, where you must 'battle the elements' and never show vulnerability, can feel like they have failed. Some also fear the negative judgement of others. This stigma can stop them from seeking help."

Those inspired or encouraged by the website's messages can learn where to find professional and peer support or set personal goals to boost their health and wellbeing. "Sometimes people simply need help to reflect on their situation and to connect with somebody," Alison says. "We know that farmers are very willing to offer support to others but less likely to ask for help themselves."

Mark was a prime example. Jen says the loving family man, hardworking feedlot manager and motorbike racer, would "go to work if his leg was cut off" but psychological distress was clearly another matter. "Depression and suicide remain taboo subjects, but it can happen to anybody and needs to be talked about more," Jen says.

Sharing her story and becoming one of the Ripple Effect's 60 champions, who work in their own communities across Australia to raise awareness of suicide risks and protection factors, has provided Jen some comfort. "I don't blame myself so much now," she says. "I've realised that it wasn't my fault. Instead of condemning Mark, I concentrate on helping others to avoid what we have gone through."

Victorian dairy farmer Jack Kenna, 57, offers another perspective. The AFL football fanatic, keen golfer and tennis player from near Tooang, south-west of Melbourne, has been admitted for psychiatric care twice since being diagnosed with a bipolar disorder almost 30 years ago. "More than once I have wondered if it might be better if a milk tanker came through an intersection and cleaned me up, to put me out of my misery," he says. "I broke my pelvis in 2007 in a quad bike accident, but that was a walk in the park compared to mental illness. You wouldn't wish it on your worst enemy."

Jack reckons farmers are particularly vulnerable to mental-health issues because of the unique stresses they face – namely seasonal and climatic factors and market vagaries, such as the recent, catastrophic milk-price drop. "You're often on the farm, alone, and not knowing whether or what you're going to get paid the next week," he says.

But professional help and the unflinching support of his wife Betty and children Brigid and Jack junior has helped him to see things differently. "As soon as we stop talking and backing each other up on the football field, we lose the game," Jack says. "We just have to keep talking. I still hear stories of people not getting their prescriptions filled out at the local pharmacy for fear that others will find out about their mental illness. All your family want is for you to be well; they won't love you any less."

He's learnt the importance of social interaction, recreation and honest conversations with friends. "Sometimes you think that you're the only bloke with cows with mastitis or the only one feeling crook, but if you open up to other blokes about the farm challenges, sometimes they will share something a little deeper," Jack says. "All it might take is getting off the farm for a while and having a beer at the footy club or a round of golf."

Jack Kenna: "I have wondered if it might be better if a milk tanker came through an intersection and cleaned me up".

Jack has also embraced the role of Ripple Effect champion. "Too many people are dying sad, lonely deaths behind the back shed," he says. "Life is worth living, even when it's ordinary. You're never going to have that hamburger with the lot. I've learnt to look in the mirror and say, 'That fella's alright', that I can make a difference, and that people would miss me if I wasn't here. Suicide is a permanent solution to a temporary problem."

Alison says the champions are "amazingly strong and courageous people" who have helped to tailor the project specifically to farming families. "In order to have a healthy farming business, you must be a healthy farmer, with a healthy family," she says. "All our work aims to improve the health, wellbeing and safety that will build a resilient person, family, business and rural community. When times are tough, we encourage people to maintain exercise, eat well and get off the farm occasionally."

The 15-person steering group guiding the project is composed mostly of individuals with direct experience of rural suicide, representatives of farm industry groups, mental-health professionals, researchers and digital designers. Champions such as Jen and Jack are taking its message to the heart of rural communities far and wide, like ripples on a farm dam. "Everybody in a rural community has been affected by suicide in some way and the Ripple Effect aims to guide families on how to have a conversation around suicide," Alison says. "There is a shift starting to happen, an increased willingness of people to talk about their experiences and to break down the stereotypes."

But while more than 4000 people have visited the Ripple Effect website since its launch in June last year, Alison says getting those with direct experience of suicide to register and participate (all anonymously) is tougher, possibly due to the very attitudes the project seeks to overcome. "However, it's important that they do," she says. "This is a powerful platform for people with a range of stories to be heard and to access a network of support. The results of this project will enable planners, researchers and the government to get a more complete picture of rural suicide and to start developing ways to effectively address it."

Jen now distributes leaflets about the Ripple Effect at her local pub and post office, hoping that people who are struggling or their loved ones might discreetly pick one up and seek the help they need. She's taking small steps on a personal level, too. "It's been tough, but you can't let such an experience define you," she says of Mark's suicide. "I have moments when I still get angry, but that's not how I want to live my life. I hope that in sharing my experiences I can help those with mental-health issues to see how their choices impact others."

Her own attitude has changed, too. "I don't judge people anymore," she says. "I am more empathetic; you never know what that other person might be going through. And I ask people all the time if they are okay. It's hard, but we can't not talk about this. There's too much at stake."

To register or participate in the Ripple Effect go to https://theripplefect.com.au or for more information, contact Alison Kennedy on (03) 5551 8587. If you or someone you know needs immediate support, contact Lifeline on 13 11 14, beyondblue on 1300 224 636 or phone the Suicide Call Back Service on 1300 659 467.