Beyond Now Version 2 Evaluation

FINAL REPORT

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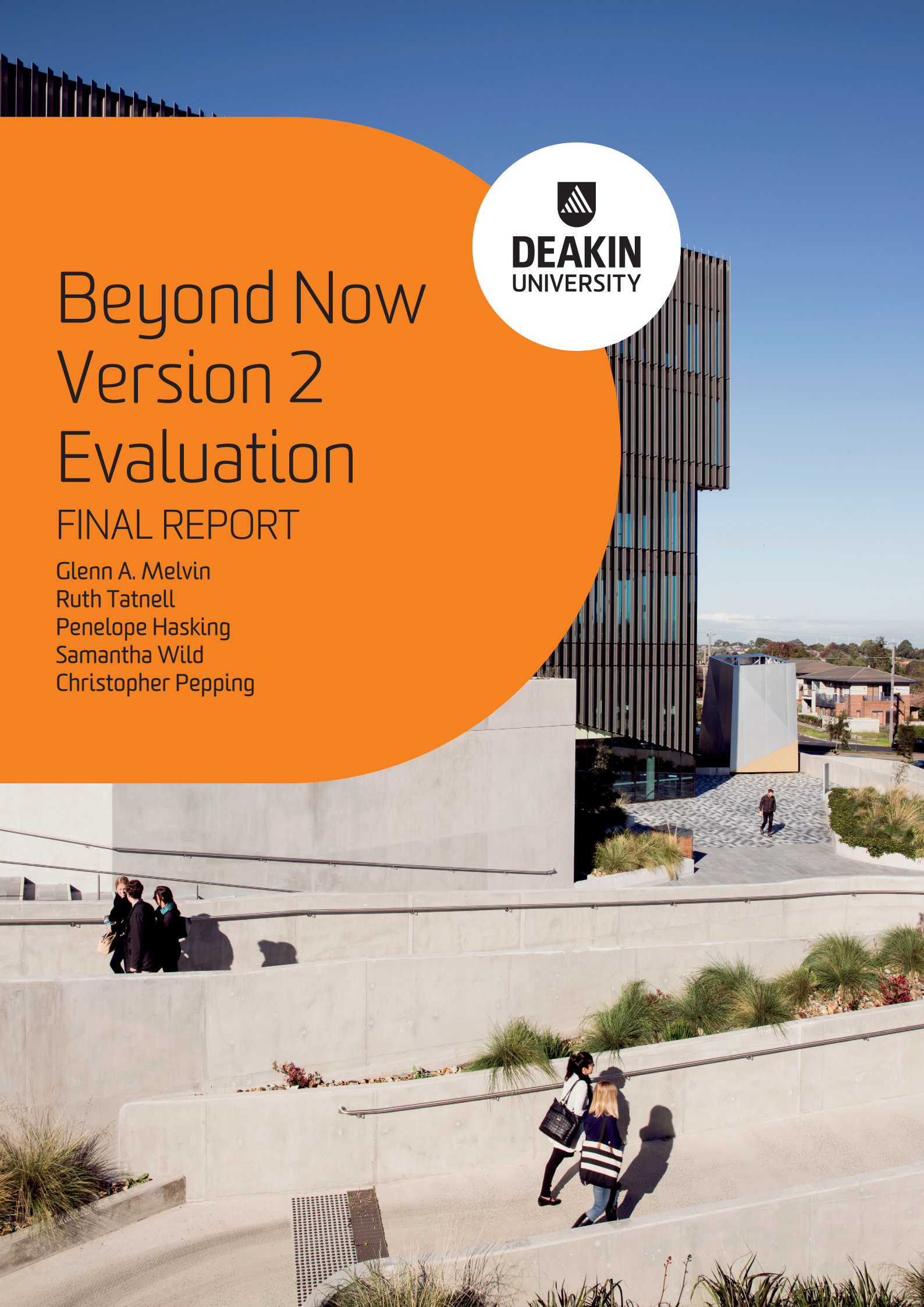

Beyond Now Version 2 Evaluation

Final Report

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Executive Summary

Background

Beyond Now is a suicide prevention smartphone application that allows users to document a safety plan designed to assist in or before a suicidal crisis. The second version of Beyond Now included new artwork and additional features including the ability to add images and videos, greater options for plan sharing and app navigation improvements. The artwork was designed to be inclusive particularly of LGBTIQA+ and Aboriginal and Torres Strait Islander peoples.

Project Aims

This evaluation aimed to determine the extent to which the second version of the Beyond Now App is culturally appropriate for Aboriginal and Torres Strait Islander and LGBTIQA+ peoples and to determine any cultural barriers or enablers which influence use. The project also aimed to understand the user experiences, usage, and participation as well as any unintended positive or negative outcomes of app use.

Method

The study design included both quantitative and qualitative components; a cross sectional quantitative survey of current app users, as well as interviews and focus groups with both app users and non app users. Access to the survey was via an affordance placed within the app. Interview and focus groups were held via videoconferencing with either app users or non-users who identified as LGBTIQA+ and/or Aboriginal and/or Torres Strait Islanders and practitioners. Both studies used bespoke and adapted questions designed to answer the study

aims. The study was approved by the Human Research Ethics Committee of the Australian Institute of Aboriginal and Torres Strait Islander Studies and the Deakin University Human Research Ethics Committee.

Results

Six hundred and sixty-eight app users and 16 clinician participants provided usable survey data between 12th November 2020 and 30th June 2021. Five app LGBTIQA+ and/or Aboriginal Beyond Now users and fourteen non-users and nine clinicians participated in interviews/focus groups. Aboriginal and Torres Strait Islander and LGBTIQA+ peoples considered Beyond Now's design and artwork to be inclusive. Ease of use was high, and effectiveness and benefits of use were reported by the vast majority of participants. Few differences existed between the views of people who identified as Aboriginal and Torres Strait Islanders, LGBTIQA+, both or neither. Cultural barriers to use were few but shame about mental illness and suicide risk was noted by Aboriginal participants, and both groups noted that those with a disability or difficulty reading may struggle with the text. A further barrier noted by multiple groups, including clinicians, was that safety planning could be emotionally overwhelming. Beyond Now was described as to be a passive resource that did not initiate interaction with users, which may reduce opportunities for engagement. The advantages of further personalisation and customisation were highlighted by all participants groups to allow improved user identification with the resource and usability. Use of Beyond Now for improving mental wellbeing, as opposed to the main intended aim of providing support during suicidal crises, was the main unintended outcome.

Conclusions & Recommendations

Participants reported high levels of engagement and satisfaction in Beyond Now and perceived it to be inclusive and neutral in its handling of gender, sexuality, and indigeneity. Areas for improvement to allow increased engagement and dissemination, and reduction of barriers were identified. Greater personalisation and customisation could be achieved by enabling greater choice in app language and artwork. Engagement would likely be improved by adding notifications that would prompt interaction with the plan, and in the moment guided entry to steps of the plan of greatest relevance to the user. Accessibility could be enhanced via the inclusions of text-to-talk functionality, use of icons to reduce text, and video story telling about app use. Connection with other app users to promote healthy coping and reduce isolation was also recommended. Practitioner training and promotional avenues were identified for increasing awareness within Aboriginal and Torres Strait Islander and LGBTIQA+ communities.

Abbreviations

Acronym	Description
LGBTIQA+	Lesbian (L), gay (G), bisexual (B), trans (T), intersex (I), queer (Q), asexual (A) and plus (+) which includes other gender identities (i.e., non-gender binary) and sexual orientations (i.e., pansexual).
***NB** where past research uses variations on this acronym, we reflect the original authors terminology as a more accurate reflection of their participants, e.g., LGB would mean only lesbian, gay and bisexual individuals participated	
SEWB	Social and Emotional Wellbeing

Glossary of Terms

Terms	Definitions[1]
Agender	"Is a term which can be literally translated as "without gender". It can be seen either as a non-binary gender identity or as a statement of not having a gender identity."
Asexual	"Asexuality is the lack of sexual attraction to others, or low or absent interest in or desire for sexual activity. It may be considered the lack of a sexual orientation, or one of the variations thereof, alongside heterosexuality, homosexuality and bisexuality among others."
Bisexual	"A person who is sexually and/or emotionally attracted to people of more than one sex. Often this term is shortened to 'bi'."
Cisgender	"Cisgender describes a person whose gender conforms to the dominant social expectations of the sex they were assigned at birth."
Gay	"A person whose primary emotional and sexual attraction is toward people of the same sex. The term is most commonly applied to men, although some women use this term"
Gender diverse	"A broad term that encompasses a diversity of gender identities and gender expressions including: bigender, trans, transgender, genderqueer, gender fluid, gender questioning, gender diverse, agender and non-binary. Gender diverse refers to identities and expressions that reject the belief that gender is determined by the sex someone is assigned at birth."
Gender identity	"Gender identity has a specific meaning under State and Commonwealth Equal Opportunity and anti-discrimination legislation. In broad terms, however, it refers to a person's deeply felt sense of being a man or a woman, both, neither, nor in between. For example, an individual who has no gender identity or a gender identity that is neutral may refer to themselves as agender or gender free. Some people's gender identity may vary according to where they are and who they are with."
Heteronormativity and heterosexism	"Heteronormativity is the belief that everyone is, or should be, heterosexual and cisgender and that other sexualities or gender identities are unhealthy, unnatural and a threat to society. Heterosexism describes a social system built on heteronormative beliefs, values, and practices in which non-heteronormative sexualities and gender identities and people with intersex variations are subject to systemic discrimination and abuse. For example, assuming that someone is heterosexual, and that they are in a monogamous, married relationships can be understood as heteronormative."

[1] Definitions relating to LGBTIQA+ terminology were developed by GLHV@ARCSHS, La Trobe University (2016). The Rainbow Tick guide to LGBTI-inclusive practice. Prepared by Pamela Kennedy, Melbourne: La Trobe University. Some terms have been updated by Waling, Lim, Dhalla, Lyons, and Bourne (2019) and are directly quoted from pages 53-58 of their report.

Intersex	"Intersex people are born with physical sex characteristics that don't fit medical and social norms for female or male bodies. These include a diverse range of genetic, chromosomal, anatomic, and hormonal variations. Intersex is understood as a political, embodied identity, and intersex people can have a range of gender identities and sexual orientations."
Lesbian	"A woman whose primary emotional and sexual attraction is toward other women."
Non-binary	"Non-binary refers to a model of the relationships between sex and gender that does not assume a radical division between sex (a person is either male or female but not both or neither) and gender (a person is masculine or feminine but not both or either). People who are non-binary may have sex characteristics that do not fit a binary model of male or female or may express their gender in ways that do not match the dominant social expectations of the sex they were assigned at birth."
Pansexual	"Term used to describe people who have romantic, sexual or affectional desire for people of all/multiple genders and sexes."
Queer	"Queer is often used as an umbrella term that includes non-heteronormative gender identities and sexual orientations. The term has also been used as a critique of identity categories that some people experience as restrictive and limiting. For some older LGBTI[Q+] people the term is tied to a history of abuse and may be offensive."
Sexual orientation	"Describes a person's sexual or emotional attraction to another person based on that other person's sex and/or gender. The term is restricted in law to sex only and refers to attraction to persons of the same sex (gay and lesbian); different sex (heterosexual); or persons of both the same and different sex (bisexual). Pansexual is a term that is used to describe someone who is sexually and emotionally attracted to other people regardless of their sex, gender or gender identity."
Trans/Transgender	"A person whose gender identity or expression is different from that assigned at birth or those who sit outside the gender binary. The terms male-to-female and female-to-male may be used to refer to individuals who are undergoing or have undergone a process of gender affirmation. Transgender and trans* are older terms and may now be seen as less inclusive than trans and gender diverse. Terms that may be used now include transman/transmasculine/transmale, and transwoman/transfeminine/transfemale among others."

Ethical Considerations

Research Involving Aboriginal and/or Torres Strait Islander People

The research team acknowledges the pervasive impacts of colonisation, subsequent policies of protection, cultural isolation, forced relocation and its ongoing underlying influence on challenges experienced by Aboriginal and Torres Strait Islander communities, and have engaged with Aboriginal and Torres Strait Islander peoples at each step of the research process.

Aboriginal and Torres Strait Islander engagement key guiding principles include:

- Consultation, negotiation, and mutual understanding
- Respect, recognition, and involvement in the research
- Reciprocity, benefits, outcomes, and agreement

Cultural Considerations

The study will identify positive social and emotional wellbeing outcomes for Aboriginal and Torres Strait Islander people who are existing users of the Beyond Now app, who are aware of suicide safety planning, and have completed their own safety plan. We understand the sensitivity and diversity of participants using the Beyond Now app; the study requires ongoing guidance with cultural advisors to ensure research priorities and intended outcomes are respectful, safe, and meet the needs of Aboriginal and Torres Strait Islander peoples and communities. Aboriginal and Torres Strait Islander cultural considerations in the study design include:

- Establishing roles for cultural advisors that champion the research
- Respecting men's and women's business and cultural protocols
- Being flexible with dates and adapting to unforeseen events (cultural customs)
- Allowing time to build rapport with Aboriginal and Torres Strait Islander partners
- Capturing the importance of Aboriginal and Torres Strait Islander peoples deep connection to cultural expression and the impact on SEWB
- Highlighting the diversity within Aboriginal and Torres Strait Islander participants

- Using a strengths based approach to identify the enablers and barriers to success of the project
- Identifying the important contribution, the research will have for the future of digital safety planning for Aboriginal and Torres Strait Islander people

Culturally Restricted Information

The Research Team acknowledge suicide may be taboo in some Aboriginal and Torres Strait Islander communities. The research will not explore or publish taboo cultural beliefs and culturally restricted information. The research applies strength-based language, broad examples of cultural expression and simple language questions. Specific considerations are afforded to Aboriginal and Torres Strait Islander people who may not know their cultural history or connections, with the option to not answer the questions directed at Aboriginal and Torres Strait Islander participants. Culturally restricted information, for example detailing spiritual healing techniques, will be removed and replaced with a common term such as 'traditional healing/healers'.

Aboriginal and Torres Strait Islander Partnerships

Spirit and integrity is at the forefront of our research and evaluation designs, throughout each stage of our work with Aboriginal and Torres Strait Islander people. This is achieved through meaningful engagement and reciprocity between the Research Team, Aboriginal and Torres Strait Islander people and the broader community whom our evaluation involves and effects. To effectively manage Aboriginal and Torres Strait Islander stakeholder engagement, the research team will disseminate project related information to key stakeholders in a proactive and timely manner.

The research and engagement will be informed by an Aboriginal Investigator and an Aboriginal and Torres Strait Islander Advisory Group as cultural advisors with continuous involvement. This provides open conversation and negotiation with Aboriginal and Torres Strait Islander peoples in the development of the research plan, purpose and proposed methodology. The research team are seeking honest feedback and permission throughout the research to adapt the logic to meet Aboriginal and Torres Strait Islander peoples priorities including social, political and wellbeing needs. This ensures the research team continue to

demonstrate and reflect on responsible cultural practices to minimise the likelihood of any negative unintended consequences as a result of the evaluation.

Research Involving LGBTIQA+ People

The LGBTIQA+ Advisory Group is a key stakeholder that will provide guidance on the conduct of the study. The Research Project Team will liaise with the Advisory Group throughout the study and will seek advice regarding any issues that arise.

Language & Terminology

During this study, we will use the term *LGBTIQA+*. The researchers recognise it is important to use correct terminology and all efforts will be made to use terminology that is both appropriate and respectful to the LGBTIQA+ and heterosexual/cisgender communities. The researchers recognise that some terms may not be accepted by all people or may not be appropriate in the future given that terminology changes.

Ethical Interview Practices

Research involving LGBTIQA+ communities requires a number of ethical considerations. Members of the research team have extensive experience working with LGBTIQA+ communities (and some are members of these communities). The research, at every stage, will be conducted in an appropriate and sensitive manner. This is important, as historically, LGBTIQA+ people may have faced harm from treatment and representation in research studies that have pathologised their identities or caused direct harm through mistreatment (Roffee & Waling, 2017).

Additionally, LGBTIQA+ research can often incorporate gender within sexuality, and thus the unique experiences of trans and gender diverse people are often underrepresented (Vincent, 2018), as well as people who identify with non-monosexualities (i.e. bisexuality or pansexuality; Taylor, Power, & Smith, 2020). Every effort will be made to ensure these underrepresented groups are included in the study, particularly in the qualitative interviews. The online survey was designed to remove heteronormative or gender-specific language, and the final survey items were reviewed by multiple researchers with specialist knowledge about LGBTIQA+ research.

The researchers are also mindful of the sensitive nature regarding the topics of sexual orientation, gender identity, and suicide. The field of psychology has historically

pathologised sexual minority groups and attributed issues, such as mental illness, to minority sexual orientations and gender identities (Blair, 2016). Indeed, these are already sensitive topics that can be difficult to discuss due to fears of judgement and stigma (Koh, Kang, & Usherwood, 2014). The researchers conducting the qualitative interviews (Bush, Tatnell, Glanc, James, Wild, Melvin) are aware of the need to overcome this potential barrier by making the participants feel safe. Furthermore, the interviewers will use the language that participants use to describe their own sexual orientation, gender identity, and suicidal risk. If a participant expresses embarrassment or discomfort, the researchers will remind the participant that they do not have to discuss anything that causes discomfort but that it is a safe space and that the interview is confidential.

Background

Suicide and Safety Planning

Suicide is a leading cause of death globally, with rates remaining constant or rising in some countries (Burns, 2016; Curtin, Warner, & Hedegaard, 2016). In Australia, suicide rates have risen slightly in the last ten years and are currently around 13 deaths per 100,000, or more than 3,000 death per year (AIHW, 2019). The impact of suicide reverberates around communities with each death estimated to impact more than 130 people (Cerel et al., 2018). For each suicide death, approximately 20 Australians will attempt suicide, an outcome which is associated with impairment and often shame, as well as increased risk of suicide.

Suicide is known to disproportionately impact some subgroups in the community. For example, in Australia, it is well known that males are three – four times more likely to die by suicide than females (AIHW, 2019). Two groups that have been identified as being vulnerable to suicide in Australia are Aboriginal and Torres Strait Islander people (AIHW, 2019) and people who identify as LGBTIQA+ (LGBTIQ+ Health Australia, 2021). Efforts to prevent suicide, particularly within these vulnerable communities, are justified by the prevalence and impact of these deaths on the Australian community.

More than 20 years of research has examined suicide prevention strategies to reduce the mortality and morbidity rates associated with suicide attempts (Zalsman et al., 2016). Yet, the success of these prevention efforts was impacted by barriers such as difficulty accessing services, low levels of help-seeking following a suicide attempt, and fears of stigma (Christensen, Batterham, & Dea, 2014; De Leo, Cerin, Spathonis, & Burgis, 2005; WHO, 2010).

Safety Planning Intervention (Stanley & Brown, 2012) is an intervention which overcomes many of the barriers that typically prevent people from seeking support following a suicide attempt. It is brief, low-burden, and can be customised to enable users to readily identify when a crisis is coming and assists with the development and activation of internal and external coping strategies (Stanley & Brown, 2012). While safety planning encourages help-seeking and is recommended to be used alongside treatment from a mental health professional, it is also a useful tool for people who are not able to access a mental health service, e.g., people in rural, regional and remote places.

Safety planning involves developing a list of coping strategies, and professional and social supports for use leading up to or during a suicide crisis (Stanley & Brown, 2012). It has been found to be an effective and acceptable method for reducing suicide attempts and ideation, and increasing treatment engagement (Bryan et al., 2017; Stanley et al., 2016). However, the necessity of carrying paper-based plans can reduce the feasibility of safety planning, and not having the capacity to access one's safety plan or remember its location have been cited as a barrier (Kayman, Goldstein, Dixon, & Goodman, 2015; Kennard et al., 2015). It is therefore evident that there is a need for new approaches to suicide prevention.

Using mHealth to Deliver Suicide Safety Planning

In recent years, eHealth services have been increasingly utilised as they are accessible, anonymous, and relatively inexpensive (Foroushani, Schneider, & Assareh, 2011; Naslund, Marsch, McHugo, & Bartels, 2015; White et al., 2010). eHealth encompasses healthcare support services and treatments which are delivered using information and communication technologies (World Health Organization, 2018). Central to eHealth is the use of mobile technologies to deliver healthcare, known as mHealth (WHO, 2018). Smartphones in particular have become synonymous with modern life and mobile applications (apps), a form of mHealth, have established a place in the delivery of healthcare (IQVIA Institute for Human Data Science, 2017). Indeed, mHealth interventions overcome many of the barriers to accessing mental health support and have the potential to deliver accessible and cost-effective stand-alone interventions that can be used to enhance traditional therapies (Melvin et al., 2019). Thus, it is unsurprising that apps are increasingly being examined for their effectiveness in delivering suicide prevention interventions (de la Torre, Castillo, Arambarri, López-Coronado, & Franco, 2017; Melia et al., 2020).

A core component of a number of suicide prevention apps is safety planning (Stanley & Brown, 2012). Safety planning apps provide a personalised living resource to help people self-identify an impending suicidal crisis, and to provide a list of previously identified internal and external suicide-related coping strategies. A mounting body of evidence supports the use of safety planning as part of an intervention strategy to reduce suicide risk (Ferguson et. al., 2021), as well as the viability of smartphone-based safety planning apps (Kennard et al., 2018; Larsen, Nicholas, & Christensen, 2016; Melvin et al., 2019).

The Beyond Now App

The Beyond Now app is based on the Safety Planning Intervention (Stanley & Brown, 2012) and modelled on Safety Net, the first safety planning app which was developed in the United States by Stanley and Brown. Beyond Now enables users to create, edit, access, and share their safety plan which can be easily viewed in a single scroll-down page (Melvin et al., 2019). When developing a plan, users are directed through seven steps where they can document warning signs, reasons to live, ways to limit access to lethal means, coping strategies, and personal and professional contacts (Melvin et al., 2019). Each step provides users with preloaded suggestions and the ability to enter personalised responses. A red emergency phone button is also included on each page which connects users with Australian emergency services.

The feasibility and effectiveness of the first version of Beyond Now app was examined with 36 participants recruited from a tertiary mental health service in Melbourne, Australia. The app was found to be feasible as most participants reported accessing the Beyond Now app during the study; were able to set up and navigate the app with ease; and all participants stated they would recommend the app to a friend (Melvin et al., 2019). The ability to customise the intervention was highly regarded by users as reflected by the high number of free-text plan entries as opposed to using the preloaded suggestions (Melvin et al., 2019). Importantly, users reported a sense of hope and connection as a result of using Beyond Now which may have been facilitated by the ease of use and customisability of the app (Melvin et al., 2019). The effectiveness of the Beyond Now app was reflected in the increased knowledge of, and confidence in using strategies to help cope with suicide ideation (Melvin et al., 2019). Moreover, participants showed a significant reduction in the severity and intensity of suicidal ideation across the study period (Melvin et al., 2019).

The first version of the Beyond Now safety planning app was therefore found to be feasible and an effective adjunct to mental health treatment. This finding was supported by a survey of users of the first version of Beyond Now that revealed high levels of user satisfaction with the app but also opportunities for improvement were recognised including the ability to add personal files and inclusion of additional resources (Melvin & Gresham, 2017). In this context, increasing the appeal of Beyond Now to Aboriginal and Torres Strait Islander people and people who identify as LGBTIQA+ was also recognised.

A project was undertaken by Beyond Blue to make Beyond Now more accessible by Aboriginal and Torres Strait Islander and LGBTIQA+ communities. After consultation with key stakeholders, multiple design workshops, the second version of Beyond Now was released in May 2019.

Although the majority of suicide prevention apps available via the iOS and Android marketplace have not been evaluated empirically (Larsen et al., 2016; Torous & Roberts, 2017), a small body of research is emerging in this space (e.g., Bush et al., 2015; Melvin et al., 2019). It is imperative that the intervention utilised within a smartphone app is shown to be effective, and factors that determine engagement with an app, including perceived usefulness and acceptability, are equally important. Asarnow (2018) notes that the success of technology-based interventions is likely centred on user- and clinician- rated perceptions of acceptability, feasibility, and usefulness. Finally, without uptake and engagement, even the most effective treatment techniques have limited impact (Feeley et al., 2009; Santacroce, Maccarelli, & Grey, 2004; Sekhon, Cartwright, & Francis, 2017) demonstrating the importance of robust efforts to promote, disseminate and implement effective apps into practice.

When assessing the acceptability, feasibility, and usefulness of a mHealth intervention, such as the Beyond Now app, it is important to ensure that it is culturally appropriate across demographic and cultural groups. Specifically, the Aboriginal and Torres Strait Islander populations and LGBTIQA+ populations require particular attention as they report higher rates of suicide compared with people from non-Indigenous, cisgender and heterosexual populations (Australian Bureau of Statistics, 2019; Swannell, Martin, & Page, 2016). For example, in 2018, 5.3% of all Aboriginal and/or Torres Strait Islander deaths were by suicide which was almost three times higher than the rates among non-Indigenous people (Australian Bureau of Statistics, 2019). Moreover, Aboriginal and Torres Strait Islander youths under the age of 17 years are four times more likely to die by suicide compared with non-Indigenous youths (Australian Bureau of Statistics, 2019). People who identify as LGBTIQA+ have been found to be between three and 19 times more likely to attempt suicide or engage in self-injury than heterosexual people (Swannell et al., 2016).

These disparities in the Aboriginal and Torres Strait Islander populations are typically due to interconnected factors such as poorer health, experiences of racism, higher rates of psychological distress and mental health issues, cultural dislocation, alienation and exclusion,

disadvantage, and personal and intergenerational trauma (Australian Health Ministers' Advisory Council, 2017; Department of Health and Ageing, 2007; Dudgeon, Calma, & Holland, 2017; Dudgeon et al., 2012; Hearn, Wanganeen, Sutton, & Isaacs, 2016; Purdie, Dudgeon, & Walker, 2010).

In the LGBTIQA+ populations, these disparities are often attributed to experiences of minority stress. That is, unique and socially-based stress that is experienced by sexual and gender minority populations, such as physical and sexual violence, harassment and bullying due to their sexual orientation, gender identity, or intersex status increases risk of poorer health outcomes, as these stressors are experienced in addition to those typically reported by the general population (Australian Human Rights Commission, 2015; Leonard et al., 2012; Meyer, 2003; Rothman, Exner, & Baughman, 2011; Stoddard, Dibble, & Fineman, 2009). Indeed, when compared with cisgender and heterosexual people, LGBTIQA+ people experience greater rates of mental health issues, substance abuse, and homelessness which increases risk for suicide (Australian Bureau of Statistics, 2015; Kennedy et al., 2015; McNair, Andrews, Parkinson, & Dempsey, 2017; Mereish, O'Cleirigh, & Bradford, 2014; Reisner, Falb, Wagenen, Grasso, & Bradford, 2013; Roxburgh, Lea, de Wit, & Degenhardt, 2016; Skerrett, Kõlves, & De Leo, 2015, 2017; Smith, Armelie, Boarts, Brazil, & Delahanty, 2016).

Given the increased risk for suicide in these minority groups, the unique and complex culturally specific risk factors experienced by LGBTIQA+, Aboriginal and/or Torres Strait Islander people, and those in the intersections of these groups, suicide prevention programs need to be culturally sensitive so they can deliver effective support which will target the salient issues linked to their suicide risk.

The first version of the Beyond Now app was developed with input from consumers (people with lived experience of suicide ideation and behaviour) and mental health professionals. However, input was not specifically received from LGBTIQA+ people, or Aboriginal and/or Torres Strait Islander people. That is, it needs to be deemed accessible and appealing with design and content input provided by consumers (Bock et al., 2015). Therefore, Beyond Blue commissioned the current study to seek input from LGBTIQA+ people and Aboriginal and/or Torres Strait Islander people to examine whether the app is culturally appropriate. That is, we want to know whether participants feel represented in the app in terms of the imagery and language used, whether there are any cultural barriers, and what changes they would

recommend to increase the usability, relatability, and appropriateness of the Beyond Now app.

The Current Project

The current study follows a previous evaluation of the acceptability and usefulness of the first version of the Beyond Now app. The app has been updated based on the findings of the previous evaluation, and thus, it is necessary to see if the updated version is engaging, useful and appropriate across demographic and cultural groups.

Specifically, the following questions were proposed by Beyond Blue:

- To what extent is the enhanced Beyond Now App considered culturally appropriate for Aboriginal and Torres Strait Islander and LGBTIQA+ people?
- Are there any cultural barriers or enablers which influence use of the App?
- What was the experience of people from the target audience who have used the App?
- To what extent has the enhanced App reached and engaged the target audiences as intended?
- How does the target audience engage with the App in terms of usage and participation?
- Are there any unintended positive/negative outcomes of the enhanced App?

Methodology

Study Design

This study employed a mixed-method design which included a cross-sectional online, in-app survey included in the Beyond Now app homepage and follow-up qualitative interviews and focus groups with LGBTIQA+ and Aboriginal and/or Torres Strait Islander participants, and clinicians. A cross sectional in-app survey method is the most appropriate method to recruit a large cross section of app users to gain an understanding of their app use, as well as the cultural appropriateness of the app and how it might be improved. The interviews and focus groups will enable a deeper exploration of the research questions particularly in respect to the experiences of LGBTIQA+ and/or Aboriginal and Torres Strait Islander people.

Ethical Approval

Ethical approval was obtained from the Australian Institute of Aboriginal and Torres Strait Islander Studies Research Ethics Committee (reference number: EO181-26052020) and from Deakin University Human Research Ethics Committee (secondary approval). The method for conducting the online in-app survey and the method for conducting the interviews and focus groups will be outlined separately.

Study 1: In-app Survey

Aims

The primary aim of the in-app survey was to assess the accessibility, acceptability, and cross-cultural relevance of the Beyond Now app. The online survey also aimed to assess the perceptions of clinicians (on similar themes about the Beyond Now app) who have had some fraction of their employment with an Aboriginal and/or Torres Strait Islander, and/or LGBTIQA+ focused health service, or self-reported that a proportion of their clients/patients were people who identified as Aboriginal and/or Torres Strait Islander, and/or LGBTIQA+.

Recruitment

All Beyond Now app users (over the ages of 18 years) and clinicians who may have used the app themselves, and/or with clients/patients, were invited to participate in the study via an affordance on the Beyond Now app.

Data Collection

A dedicated button (or affordance) was added to the Beyond Now app launch page. When the affordance was pressed (or activated) by the user, they were directed to an online survey hosted on the REDCap survey platform. The survey was targeted towards all Beyond Now app users which enabled comparison of acceptability across groups (LGBTIQA+ and/or Aboriginal and/or Torres Strait Islander people, and the general population), including clinicians who may have used the app themselves, or with clients/patients.

The home page of the survey consisted of the Plain Language Statement (see Appendix A) which informed potential participants about the aims of the study as well as the kinds of questions that were in the survey, allowing participants to make autonomous decisions about participating. Participants were also informed of the voluntary and confidential nature of participation, and that they were able to cease participation at any time, before submitting responses, by simply closing their browser. If participants were distressed, they were directed to come back to the survey at another time when feeling better and encouraged to access the coping skills and resources in their safety plan and call emergency services if they were in immediate danger. If participants were unsure about participating, it was suggested that they discuss the participation with a trusted family member, friend or Elder. As potential participants were from a variety of cultural and linguistic backgrounds, had different levels of education and needed to read the information using a smartphone, this was purposefully concise. Participants were able to contact the researchers if they required further information. For those who decided to participate, it was a requirement to indicate their consent by checking a box before proceeding to the survey. Participants were also given the option to consent to share their safety plan, however, there was no requirement to do so.

Eligibility Criteria

Participants were 18 years and older and be users of the Beyond Now app. There were no exclusion criteria, however, users who were feeling highly distressed or suicidal were advised to come back to the survey at another time when they are feeling better. These participants

were encouraged to access the coping skills and resources in their safety plan and to call emergency services if they are in immediate danger.

Measures

Safety Plan

Participants were given the option to share their safety plan. Data from the following steps was provided: warning signs, keeping environment safe, reasons for living, and things I can do by myself. Data from steps that included contact information (e.g., names, phone numbers) were not extracted, however, the number of entries in these fields was included.

Demographic Information

Demographic questions were included in the online survey, such as, age, post code, and cultural background.

Clinicians were also asked about their profession. First, "What is your profession?" Second, "How long (in years) have you been working in your profession for?" Third, "Where do you practice?" with opportunity to select multiple response options: metropolitan, regional centre, rural, remote. Fourth, "What is your main workplace setting?" with response options: public (e.g., Child & Adolescent Mental Health Service, Community Health Centre); non-Government Organisation (e.g., Anglicare, headspace, Mind Australia); private (e.g., private practice, private hospital). Fifth, "How would you describe your main workplace setting?" with response options: clinic or practice-based or outpatient clinic; outreach (e.g., home visits); inpatient ward (e.g., hospital); telehealth (e.g., phone, videoconferencing or text-based). Lastly, "What age group(s) of clients/patients do you see?"

Gender Identity and Sexuality

Gender, sexuality, and intersex were measured using items developed and recommend by ACON (2020), an Australian community health and HIV service for people of diverse sexualities and genders. To measure gender identity, participants were asked, "How do you identify your gender? Please select all that apply" with the following response options: man; woman; non-binary; gender queer; another gender identity; and I prefer not to say. A space was provided to enter unlisted gender identities. Participants were also asked, "What was the sex that was assigned to you at birth?" with male and female as response options. Finally,

participants were asked, “Were you born with a variation of sex characteristics (this is sometimes called ‘intersex’)?” with yes, no, and I prefer not to say, as response options.

To measure sexuality, participants were asked, “What is your sexual orientation?” with the following response options: straight/heterosexual; gay; lesbian; bisexual; pansexual; queer; asexual; not sure/undecided; and another orientation. A space was provided to enter unlisted sexual orientations.

Aboriginal and/or Torres Strait Islander

To measure whether a participant was Aboriginal and/or Torres Strait Islander, participants were asked, “Do you identify as Aboriginal and/or Torres Strait Islander?” with the following response options: Aboriginal; Torres Strait Islander; both; neither; nor I prefer not to say.

Completion of Beyond Now

To measure reasons for accessing Beyond Now, participants were asked, “What is the main reason you downloaded the Beyond Now app?” with the following response options: to help with my suicidal thoughts; to help with my mental health or wellbeing; to help someone I know; and to demonstrate to my clients/patients. Participants were also asked, “How long ago did you download Beyond Now?” with the following response options: within the last day; within the last week; within the last month; and longer than a month.

Three author developed questions asked about how participants completed their safety plan. First, “Did you also complete Beyond Now for yourself?” with yes and no response options. Second, “Did you initially complete your Beyond Now safety plan with someone else?” with the following response options: no, on my own; yes, with a medical, health or wellbeing professional; yes, with a friend or family member; and yes, someone else. Third, if the participant indicated they had completed the plan with a professional, they were asked, “Which type of health professional helped you to initially complete your Beyond Now safety plan?” with the following response options: general practitioner (GP); psychiatrist; psychologist; social worker; occupational therapist; counsellor; medical specialist; Aboriginal/Torres Strait Islander health or support worker; and someone else. A space was provided to enter unlisted health professionals who had initially helped participants complete their Beyond Now safety plan.

User Experience

User experience was measured using three author developed questions which were answered on 4-point Likert scales. First, “Has Beyond Now been useful?” with response options: not useful; somewhat useful; useful; very useful. Second, “How effective has Beyond Now been in helping to manage your suicidal thoughts/urges?” with response options: not at all effective; somewhat effective; effective; and very effective. Third, “How easy is Beyond Now to use?” with response options: very difficult; difficult; easy; and very easy.

Engagement

To measure engagement with the Beyond Now app, eight author developed questions were included in the survey. Note that some questions were not administered depending on participant responses to previous items. First, “Have you set up your plan by adding any strategies, supports or contacts (including suggested ones)?” with yes and no response options. Second, “Have you viewed your Beyond Now safety plan after setting it up?” with yes and no response options. Third, “What is your main reason for not having viewed your Beyond Now safety plan after setting it up?” with response options: I haven't felt suicidal; I've felt suicidal, and knowing my plan was there was enough to help; I've felt suicidal, but I forgot to use my plan; and I've felt suicidal, but I didn't think my plan would help. Fourth, “When have you viewed your Beyond Now safety plan? Please select all that apply” with response options: when I was feeling suicidal; when I noticed my warning signs; when I was not suicidal, but I needed some reassurance; and other (please specify). Fifth, “How often do you look at Beyond Now when you are feeling suicidal?” with response options: every time; most of the time; about half the time; not very often; and never. Sixth, “Have you changed your safety plan due to coronavirus (COVID-19) restrictions?” with yes and no response options. Seventh, “Which parts of your plan have you updated? Please select all that apply” with response options: my warning signs; make my space safe; my reasons to live; things I can do by myself; people and places I can connect with; and people I can talk or yarn to. A space was provided for participants to describe how they had changed their safety plan. Finally, participants were asked, “Have you used the Beyond Now emergency button?” with yes and no response options.

Four author developed questions asked about participants sharing of their safety plan. First, a yes/no question asked, “Have you shared your Beyond Now safety plan with anyone?”

Participants who answered “no” were asked, “You've indicated that you have not shared your Beyond Now safety plan. Do you currently have someone in your life who you would feel comfortable sharing your plan with?” with response options: yes, but I want to keep it private; yes, and I might share my plan with them in the future; and no, I do not right now. Participants who answered “yes” were asked, “Who have you shared your plan with? Please select all that apply” with responses options: friend(s); family; GP; health professional; and another person (please specify).

Clinicians were similarly asked, “Have you introduced clients/patients who were suicidal (or had been in the past) to Beyond Now?” with yes/no response options.

Two author developed questions asked participants about access to and sharing of the Beyond Now app. First, “How did you hear about Beyond Now? Please select all that apply” with response options: Facebook; found it on Google; YouTube; Beyond Blue website; Beyond Blue support service; health professional; friend/family member; Aboriginal/Torres Strait Islander support/health worker or Aboriginal Health Service; somewhere else (please specify). Second, “Have you introduced someone you were worried about to Beyond Now?” with yes/no response options.

Clinicians were similarly asked “Where did you first hear about Beyond Now?” with response options: seminar/conference; a colleague; Beyond Blue website; Beyond Blue advertising; Beyond Blue newsletter/publication; Internet search e.g., Google; social media e.g., Facebook, Twitter; PHN Newsletter; a professional publication (e.g., InPsych, RACGP) magazine; other.

App Outcomes

To measure outcomes from using the Beyond Now app, five author developed questions were included in the survey. First, “As a direct result of setting up Beyond Now, I have (please select all that apply)” with response options: figured out the warning signs that I'm heading into a crisis; removed things that could be used to end my life; thought about the good things in my life; worked out several things I can do to help myself cope; identified people and places that help me feel better; identified someone close to me that I can talk to when I'm feeling suicidal; and found the nearest hospital or service I can contact when I'm in a crisis.

Second, “As a direct result of using Beyond Now, I have (please select all that apply)” with response options: recognised the warning signs that I'm heading into a crisis; removed things

that could be used to end my life; thought about the good things in my life; done things to help myself feel better; contacted people or gone to places that help me feel better; let someone close to me know when I was feeling suicidal; and contacted a hospital or service when I was in crisis.

Third, "The last time I used Beyond Now when feeling suicidal, the strategies in my safety plan helped me" with response options: strongly agree; agree; disagree; and strongly disagree.

Fourth, Aboriginal and/or Torres Strait Islander participants specifically were asked how the app had improved their wellbeing with the following question, "Some people find using Beyond Now provides other benefits to their wellbeing. As a direct result of using Beyond Now, have you done any of the following things to feel stronger in your wellbeing? Please select all that apply" with response options: spent time on country and connecting with the land (such as fishing, camping, swimming, hunting and bushwalking); spent time with Elders; connected or reconnected to family, friends, mob who make me strong; practiced culture through community events, ceremony, arts, stories or language; helped change my thinking to good ways; spent time doing activities that make me happy and strong; talked to a health worker or doctor or any health professional; spent time with a traditional healer or spiritual advisor; did things that made my spirit feel strong; and something else. A fifth question follow-up on this item by asking, "Some people find using Beyond Now provides other benefits to their wellbeing. As a direct result of using Beyond Now, have you done any other things to feel stronger in your wellbeing?" with a yes and no response option and a space for participants to specify what they had done to feel stronger in their wellbeing.

Acceptability

Cultural acceptability was measured using an adapted version of Lyons, Rozbroj, Pitts, Mitchell, and Christensen's (2015) measure of inclusiveness and relevance of an eTherapy for sexual minorities. This measure was in the current study to acknowledge the complexity of individual cultural identities. For example, an original item which states, "I felt that the images used in this program would appeal to lesbians and gay men," was amended to state, "The images represented lots of different types of people." Items were answered on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree).

General acceptability of the Beyond Now app usability and appearance was measured with seven author developed questions which asked about the previous and current versions of the app. First, “Did you use the previous version of Beyond Now?” with yes/no response options. Second, “Do you think the look of the current Beyond Now version is:” with response options: not as good as the previous version; about the same as the previous version; better than the previous version. Third, “Do you think the usefulness of the current Beyond Now version is:” with response options: not as good as the previous version; about the same as the previous version; better than the previous version. Fourth, “Do you think that overall, the current Beyond Now version is:” with response options: not as good as the previous version; about the same as the previous version; better than the previous version. Fifth, “Did you know you can choose between two different graphics or 'looks' of Beyond Now?” with yes/no response options. Sixth, “Which of the two 'artworks' or 'looks' do you prefer?” with response options: the version with blue scenery and people; the version with Aboriginal artwork. A space was provided so participants could explain what they liked or disliked about the artwork. A final open-ended question asked, “Do you have any other comments about the Beyond Now app?”

Barriers and Enablers

Barriers and enablers of Beyond Now app use was measured using an author developed item which asked participants, “Is there anything that makes Beyond Now hard for you to use?” with yes and no response options. A space was provided for participants to list the things that make Beyond Now hard to use.

Clinicians were asked how they feel about safety planning in general with five items answered on a 5-point Likert scale ranging from “strongly disagree” to “strongly agree”. For example, “Safety plans are easy to develop with clients/patients” and “I would like more training on how to develop and use safety plans.”

Analysis

All analyses were conducted in SPSS 16.0 (SPSS Inc. 2007). Prior to analysis, the quantitative data was screened following the process outlined by Pallant (2011). This involved screening the dataset for accuracy, for example, inspecting univariate descriptive statistics for out-of-range values and ensuring self-reported values were entered correctly; checking the distributions of variables; and identifying outliers and missing data. Duplicate

cases were inspected and deleted as necessary; where multiple records for a user were available, the most complete was kept and/or the more recently completed record. Missing data patterns were inspected for the whole sample and subgroups of interest. Tests of normality included conducting Kolmogorov-Smirnov tests, inspecting skewness statistics, and visually inspecting histograms.

Descriptive statistics were used to summarise who was using the app (by demographic characteristics), perceived appropriateness and acceptability, average frequency of use, and number of components completed. A series of one-way analyses of variance (ANOVAs) was used to compare participant groups (e.g., age, gender, cultural identity) on perceived appropriateness and acceptability, average frequency of use, and number of components completed. Where the same scales were used in the evaluation of Beyond Now (Version 1) and the enhanced app, we compared across versions to identify any unintended positive/negative outcomes of the enhanced app. Chi-square tests for independence were used to assess whether the components of safety plans differed across participant groups.

Results

Data screening and missing data analysis

A total of 1185 responses to the survey were received. Data screening identified 82 duplicate participant responses (comprising 123 records), of which n=121 records were deleted. This was due to several reasons, namely that participants initially indicated being under 18 years of age and then re-entered the survey (n=36, comprising 75 records), completing the survey more than once at different timepoints (n=31), and completing the survey multiple times with different responses on key sociodemographic characteristics (n=3).

A total of 130 additional cases were identified that reported to be younger than 18 years of age. These were further removed from the analytic sample. Three cases were identified that did not respond to the age screening question and their consent was incomplete; this data was also removed from the dataset.

Among 932 participants left in the sample, missing data patterns revealed that 264 participants had missing data on all or almost all key outcome variables. Pairwise deletion was utilised for descriptive analyses to maximise the use of data available. The final analytic sample comprised of 668 participants.

Participant Characteristics

The sample had an average age of 30 years, with the youngest participants 18 (youngest age as per inclusion criteria) and the oldest was 77 (See table 1). A youthful bias was evident with 47.5% being aged under 25 years. In terms of indigeneity, almost 6% of participants identified as being Aboriginal and or Torres Strait Islander.

The proportion of participants from each state approximately matched state demographic proportions as calculated by the Australian Bureau of Statistics (2021). The vast majority of participants reported being born in Australia (86%), which appears to be higher than in the general population, where 72% of Australians were born in Australia (ABS, 2021).

Gender, sex, and sexuality of the sample are described in Table 2 and Figures 1 and 2. About two thirds of the sample identified as being female, while a quarter identified as being male. Ten percent identified as non-binary, gender queer or another gender with participants able to select more than one gender. Participants identified with a broad range of sexualities. Fifty-eight percent identified as being heterosexual while a sizeable proportion (19.6%) identified as being bisexual. Gay, lesbian pansexual, queer ranged from 1.8 to 5.2% of the sample. Six people reported having intersex variation. Eight percent reported being unsure and four participants identified with another gender.

Table 1

Demographic characteristics of Beyond Now users

N; Age in years, mean (SD)	651	29.99 (12.40)
Indigeneity	n	%
Aboriginal	34	5.1
Torres Strait Islander	3	0.4
Both	2	0.3
Neither	614	91.9
I prefer not to say	15	2.2
State	n	%
Australian Capital Territory	18	2.8
New South Wales	202	31.8
Victoria	157	24.7
Queensland	112	17.6
South Australia	64	10.1
Western Australia	54	8.5
Tasmania	23	3.6
Northern Territory	5	0.8
Area of Residence (ARIA)	n	%
Major Cities	410	57
Inner Regional	181	25
Outer Regional	104	14
Remote	15	2
Very Remote	9	1
Country of Birth	n	%
Australia	572	85.6
New Zealand	16	2.4
UK	37	5.5
USA	1	0.1
China	3	0.4
India	3	0.4
Other	36	5.4

Note. The N varied across some key demographic information due to missing data; N ranged from 635-668.

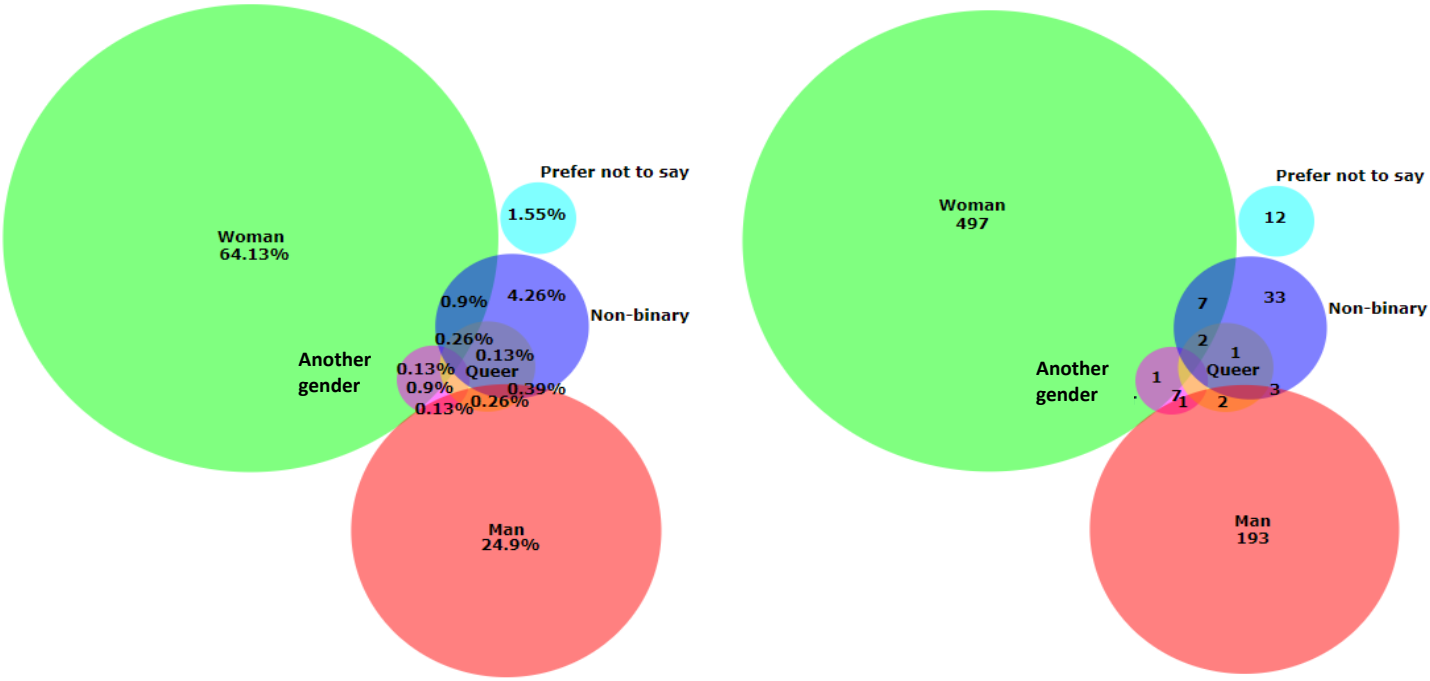
Table 2

Beyond Now User gender, sex, and sexuality

	n	%
Gender identity		
One	647	96.9
Two or more	21	3.1
Gender identities		
Man	162	24.3
Woman	452	67.7
Non-binary	39	5.8
Gender queer	19	2.8
Another gender identity	12	1.8
I prefer not to say	11	1.6
Sex assigned at birth		
Male	167	25.2
Female	497	74.8
Variation of sex characteristics		
No	645	96.6
Yes	6	0.9
Prefer not to say	17	2.5
Sexual orientation		
Straight/heterosexual	385	57.6
Gay	12	1.8
Lesbian	25	3.7
Bisexual	131	19.6
Pansexual	35	5.2
Queer	14	2.1
Asexual	8	1.2
Not sure/undecided	54	8.1
Another orientation	4	0.6

Figure 1

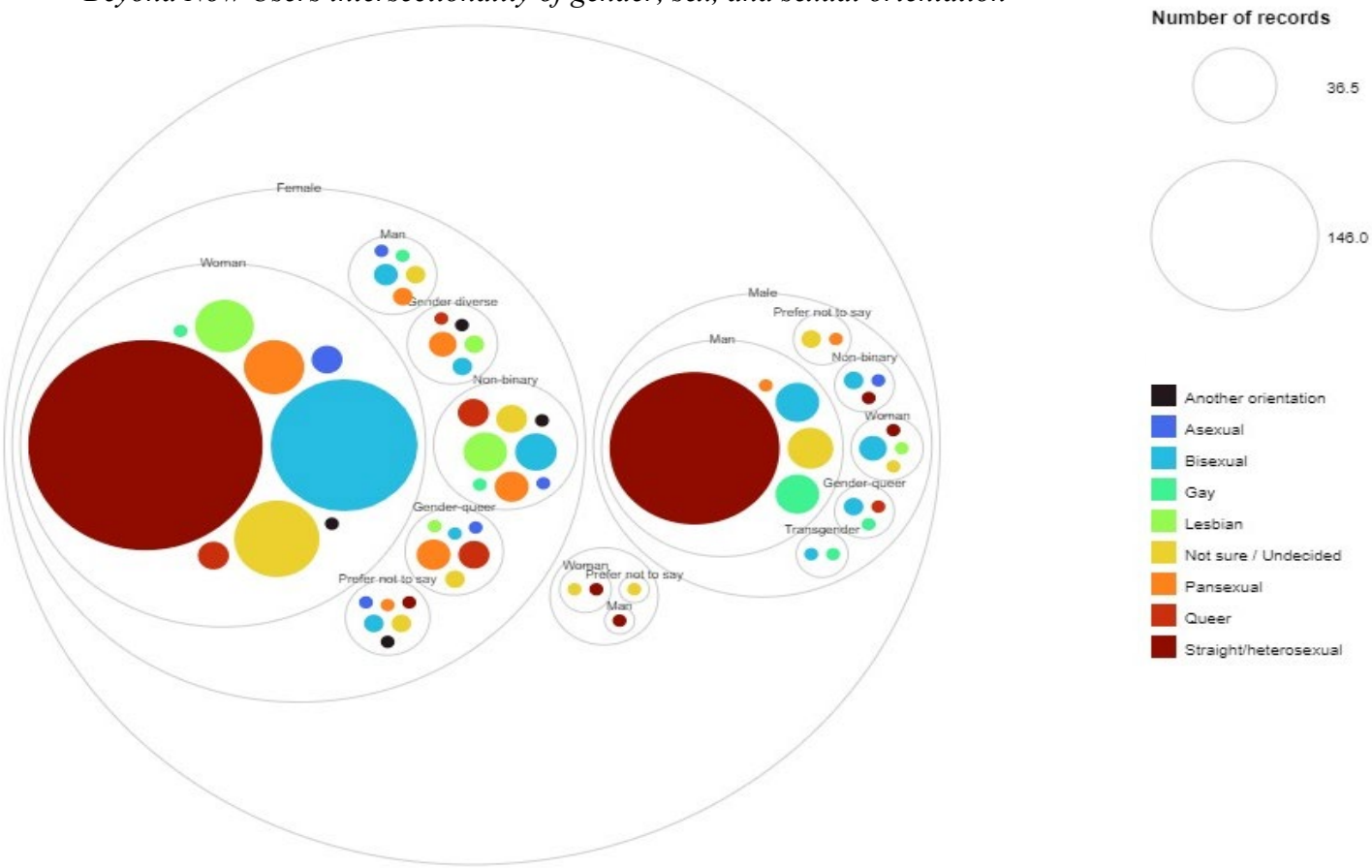
Venn Diagram of Beyond Now User gender, sex, and sexuality



Note. This figure depicts the percentage (left) and number (right) of Beyond Now User gender, sex, and sexual orientation

Figure 2

Beyond Now Users intersectionality of gender, sex, and sexual orientation



Note. This figure depicts the intersectionality of sex, gender, and sexual orientation for Beyond Now Users who identified as female (left) and male (right).

Ease of Usefulness, Effectiveness and Ease of Use

About 90% of survey respondents found Beyond Now at least somewhat useful. About 10% reported Beyond Now was not useful. Similarly, about 60% found Beyond Now somewhat effective in helping to manage suicidal thoughts and urges with about 15% reporting that Beyond Now was not helpful. Ease of use rating were higher with about 90% reporting Beyond Now as easy or very easy to use and only three finding it very difficult to use. No differences were evident between groups on usefulness, effectiveness, or ease of use (Tables 3 - 5).

Table 3

Usefulness of Beyond Now

		Aboriginal and/or Torres Strait Islander (n=39)				LGBTIQA+ (n= 274)				Both (n = 20)				Non-Aboriginal or LGBTIQA+ (n= 352)			
		Not useful	Somewhat useful	Useful	Very useful	Not useful	Somewhat useful	Useful	Very useful	Not useful	Somewhat useful	Useful	Very useful	Not useful	Somewhat useful	Useful	Very useful
Has Beyond Now been useful?	n	4	19	13	3	28	159	74	20	1	8	10	1	36	207	91	20
	%	10.3	48.7	33.3	7.7	10	56.6	26.3	7.1	5	40	50	5	10.2	58.5	25.7	5.6

Table 4

Effectiveness of Beyond Now

How effective has Beyond Now been in helping to manage your suicidal thoughts/urges?		Aboriginal and/or Torres Strait Islander (n=39)				LGBTIQA+ (n= 274)				Both (n = 20)				Non-Aboriginal or LGBTIQA+ (n= 352)			
		Not at all effective	Somewhat effective	Effective	Very effective	Not at all effective	Somewhat effective	Effective	Very effective	Not at all effective	Somewhat effective	Effective	Very effective	Not at all effective	Somewhat effective	Effective	Very effective
	n	6	24	8	1	41	176	47	10	2	14	4	0	51	235	57	9
	%	15.4	61.5	20.5	2.6	15	64.2	17.2	3.6	10	70	20	0	14.5	66.8	16.2	2.6

Table 5

Ease of use

How easy is Beyond Now to use?		Aboriginal and/or Torres Strait Islander (n=39)				LGBTIQA+ (n= 274)				Both (n = 20)				Non-Aboriginal or LGBTIQA+ (n= 352)			
		Very difficult	Difficult	Easy	Very easy	Very difficult	Difficult	Easy	Very easy	Very difficult	Difficult	Easy	Very easy	Very difficult	Difficult	Easy	Very easy
	n	0	4	24	11	0	13	147	118	0	2	13	5	3	15	191	146
	%	0	10.3	61.5	28.2	0	4.7	52.9	42.4	0	10	65	25	0.8	4.2	53.8	41.1

Beyond Now use

Participants were asked about why they viewed their safety plan. Promisingly, 30-40% reported using their safety plan when they noticed warning signs, and a similar percentage also reported using Beyond Now when they were feeling suicidal. A similar percentage used the app for some reassurance (Table 6).

Table 6

Reason for Safety Plan use

	Aboriginal/Torres Strait Islander		*LGBTIQA+*		*Both*		*Neither*	
Reasons for viewing their safety plan	*n = 19*		*n = 257*		*n = 20*		*n = 357*	
	n	*%*	*n*	*%*	n	%	n	%
When I was feeling suicidal	8	42.1	97	37.7	4	20	112	31.4
When I noticed my warning signs	8	42.1	100	38.9	6	30	112	31.4
When I was not suicidal, but I needed some reassurance	5	26.3	100	38.9	8	40	101	28.3
Other	1	5.3	29	11.3	2	10	25	7.0

Note. Both = people who identified as both Aboriginal and/or Torres Strait Islander and LGBTIQA+. Neither = people who did not identified as Aboriginal or Torres Strait Islander or LGBTIQA+.

In terms of how often participants viewed their plan when feeling suicidal, approximately half reported looking at Beyond Now about half of the time or most of the time when feeling suicidal. A small proportion (~10%) were asked about their reason for not viewing their plan. The most common reason was that participants reported not feeling suicidal followed by not thinking the plan would help and forgetting about their plan. Very few participants reported making changes to their plans due to Covid-19 pandemic related restrictions. Approximately five percent reported making changes to ‘People and places I can connect with’ (Tables 7-9).

Table 7

Use of safety plan when suicidal

	Aboriginal/Torres Strait Islander		*LGBTIQA+*		*Both*		*Neither*	
How often participants looked at their safety plan when feeling suicidal	*n = 13*		*n = 182*		*n = 15*		*n = 229*	
	n	*%*	*n*	*%*	n	%	n	%
Every time	0	0	16	8.8	1	6.7	n	%
Most of the time	5	38.5	47	35.8	2	13.3	20	8.7
About half the time	3	23.1	50	27.5	5	33.3	55	24
Not very often	5	38.5	51	28	5	33.3	64	27.9
Never	0	0	18	9.9	2	13.3	65	28.4

Note. Both = people who identified as both Aboriginal and/or Torres Strait Islander and LGBTIQA+. Neither = people who did not identified as Aboriginal or Torres Strait Islander or LGBTIQA+.

Table 8

Reason for Not Viewing Safety Plan

	Aboriginal/Torres Strait Islander		*LGBTIQA+*		*Both*		*Neither*	
Reasons for not viewing their safety plan	*n = 1*		*n = 23*		*n = 2*		*n = 44*	
	n	*%*	*n*	*%*	n	%	n	%
I haven't felt suicidal	0	0.0	7	30.4	0	0.0	19	43.2
I've felt suicidal, and knowing my plan was there was enough to help	0	0.0	3	13	2	100	9	20.5
I've felt suicidal, but I forgot to use my plan	0	0.0	8	34.8	0	0.0	6	13.6
I've felt suicidal, but I didn't think my plan would help	1	100	5	21.7	0	0.0	10	22.7

Note. Both = people who identified as both Aboriginal and/or Torres Strait Islander and LGBTIQA+. Neither = people who did not identified as Aboriginal or Torres Strait Islander or LGBTIQA+.

Table 9

Changes made to plan due to Covid-19

What changes were made to participant safety plans due to Covid-19	Aboriginal and/or Torres Strait Islander only (*n* = 19)		LGBTIQA+ only (*n* = 257)		Both (*n* = 20)		Neither (*n* = 357)	
	n	%	n	%	n	%	n	%
My warning signs	0	0	3	1.2	0	0	6	1.7
Make my space safe	0	0	3	1.2	0	0	5	1.4
My reasons to live	0	0	3	1.2	0	0	6	1.7
Things I can do by myself	0	0	5	1.9	0	0	7	2
People and places I can connect with	1	5.3	12	4.7	1	5	7	2
People I can talk or yarn to	0	0	4	1.6	0	0	6	1.7

About one third of the sample had shared their plan with someone. Plans were shared most commonly with health professionals, followed by friends and family. People who identified as being *both* Aboriginal and/or Torres Strait Islanders and LGBTIQA+ were more likely to share their plan with a health professional than those who identified as either or neither. Participants who had not shared their plan were asked whether they had someone they could share their plan with. About 40% of those who identified as LGBTIQA+ or neither LGBTIQA+, nor Aboriginal and/or Torres Strait Islander reported having no-one to share their plan with, as did about 20% of the small sample of Aboriginal and/or Torres Strait Islander participants and those who identified as both Aboriginal and/or Torres Strait Islander and LGBTIQA+. About 40% of the sample were considering sharing their plan with someone in the future and about 20% reported having someone to share their plan with but wanting to keep it private (Tables 10-12).

Table 10

Beyond Now User Plan Sharing

Have you shared your Beyond Now safety plan with anyone?	Aboriginal and/or Torres Strait Islander only (n = 19)		LGBTIQA+ only (n = 257)		Both (n = 20)		Neither (n = 357)	
	n	%	n	%	n	%	n	%
No	9	69.2	117	60.9	101	66.7	153	66.2
Yes	4	30.8	75	39.1	5	33.3	78	33.8

Table 11

Who Beyond Now Users shared their plan with

Who participants have shared their safety plan with	Aboriginal and/or Torres Strait Islander only		LGBTIQA+ only		Both		Neither	
	(*n* = 4)		(*n* = 75)		(*n* = 5)		(*n* = 78)	
	n	%	n	%	n	%	n	%
Friend(s)	0	0	31	41.3	4	80.0	29	35.8
Family	1	25.0	25	33.3	2	40.0	30	38.4
GP	1	25.0	10	7.5	3	60.0	8	10.2
Health professional	3	75.0	35	46.6	2	40.0	32	41.0
Another person	1	25.0	9	12.0	2	40.0	9	11.5

Note. Participants could select more than one response.

Table 12

Whether Beyond Now Users had someone to share their plan with

Whether participants have someone to share their safety plan with	Aboriginal and/or Torres Strait Islander only		LGBTIQA+ only		Both		Neither	
	(n = 9)		(n = 117)		(n = 10)		(n = 153)	
Yes, but I want to keep it private	3	33.3	25	21.4	3	30.0	34	22.2
Yes, and I might share my plan with them in the future	4	44.4	46	39.3	5	50.0	59	38.6
No, I do not right now	2	22.2	46	39.3	2	20.0	60	39.2

Table 13 reports on actions undertaken by participants as a result of *setting up* their plan and Table 14 reports on actions undertaken by participants as a result of *using* their plan. Very few participants reported taking actions as a result of setting up their plans. Ten percent or less of the sample reported making such changes with most results less than 5%.

In contrast, across most sections 25% or more of the sample reported taking actions in line with the seven steps of Beyond Now as a result of *using* the app. Recognition of warning signs was the most popularly endorsed item, and people who identified as both Aboriginal and/or Torres Strait Islander and LGBTIQA+ reported significantly higher engagement in this strategy than other groups. The least endorsed item was contact a hospital or service while in crisis, with 5-10% of groups endorsing this, and those identifying as Aboriginal and/or Torres Strait Islander or LGBTIQA+ again reported significantly higher levels of endorsement.

Table 13

Changes attributed to setting up Beyond Now

As a direct result of *setting* up Beyond Now…	Aboriginal and/or Torres Strait Islander only (*n* = 19)		LGBTQIA+ only (*n* = 257)		Both (*n* = 20)		Neither (*n* = 357)	
	n	%	n	%	n	%	n	%
Figured out the warning signs that I'm heading into a crisis	0	0	11	4.3	1	5	24	6.7
Removed things that could be used to end my life	0	0	6	2.3	0	0	4	1.1
Thought about the good things in my life	0	0	9	3.5	2	10	16	4.5
Worked out several things I can do to help myself cope	1	5.3	8	3.1	1	5	15	4.2
Identified people and places that help me feel better	0	0	11	4.3	1	5	22	6.2
Identified someone close to me that I can talk to when I'm feeling suicidal	0	0	10	3.9	2	10	9	2.5
Found the nearest hospital or service I can contact when I'm in a crisis	0	0	5	1.9	1	5	9	2.5

Table 14

Changes attributed to using Beyond Now

As a direct result of *using* Beyond Now…	Aboriginal and/or Torres Strait Islander only (*n* = 19)		LGBTQIA+ only (*n* = 257)		Both (*n* = 20)		Neither (*n* = 357)	
	n	%	n	%	n	%	n	%
Recognised the warning signs that I'm heading into a crisis [a]	9	47.4	113	43.8	12	60	124	34.7
Removed things that could be used to end my life	3	15.8	50	19.4	4	20	43	12
Thought about the good things in my life	6	31.6	81	31.4	6	30	101	28.3
Done things to help myself feel better	4	21.1	70	27.1	6	30	91	25.5
Contacted people or gone to places that help me feel better	3	15.8	62	24	5	25	60	16.8
Let someone close to me know when I was feeling suicidal	4	21.1	63	24.4	5	25	61	17.1
Contacted a hospital or service when I was in crisis [b]	1	5.3	28	10.9	3	15	19	5.3

[a] Chi-square = 9.40, p=0.024

[b] Chi-square = 8.01, p=0.046

Aboriginal and/or Torres Strait Islander participants were asked if they had undertaken culturally relevant strategies in order to improve their wellbeing as a result of using Beyond Now (see Table 15). Spending time doing things that make me happy and strong was most frequently endorsed, followed by connecting or reconnecting with family, friends, mob who make me strong and speaking to a health care professional. Practising culture, changing thinking, and spending time on country were all endorsed by about 20% of the sample. One significant difference emerged with those who identify at Aboriginal and/or Torres Strait Islander *and* LGBTIQA+ were more likely to do things that made their spirit strong than those who identified as Aboriginal and/or Torres Strait Islander alone.

Participants were asked with whom they initially completed their Beyond Now safety plan with (Tables 16 and 17). About 75% reported completing the plan on their own. Next most common was with a health professional (22%) and negligible percentages completed their plans with a family member, friend, or someone else. Of those who completed their plan with a health professional, psychologists accounted for more than half of the plans followed by counsellors (19%), and psychiatrists (7%) with remaining professions accounted for less than 5%.

Table 15

Culturally relevant changes as a result of using Beyond Now

As a direct result of using Beyond Now, have you done any of the following things to feel stronger in your wellbeing?	All Aboriginal and/or Torres Strait Islander		Aboriginal and/or Torres Strait Islander only		Aboriginal and/or Torres Strait Islander & LGBTIQA+	
	n = 34	%	n = 16	%	n=18	%
Spent time on country and connecting with the land (such as fishing, camping, swimming, hunting, and bushwalking)	6	17.6	4	25	2	11.1
Spent time with Elders	3	8.8	2	12.5	1	5.6
Connected or reconnected to family, friends, mob who make me strong	10	29.4	5	31.3	5	27.8
Practiced culture through community events, ceremony, arts, stories, or language	7	20.6	3	18.8	4	22.2
Helped change my thinking to good ways	7	20.6	2	12.5	5	27.8
Spent time doing activities that make me happy and strong	13	38.2	5	31.3	8	44.4
Talked to a health worker or doctor or any health professional	9	26.5	5	31.3	4	22.2
Spent time with a traditional healer or spiritual advisor	2	5.9	0	0	2	11.1
Did things that made my spirit feel strong	8	23.5	1	6.3	7	38.9
Something else	3	8.8	0	0	3	16.7

Table 16

Frequencies and percentages how Beyond Now Users set up their safety plan

Did you initially complete your Beyond Now safety plan with someone else?	All users		Aboriginal and/or Torres Strait Islander only		LGBTIQA+ only		Both		Neither	
	(n= 667)		(*n* = 19)		(*n* = 257)		(*n* = 20)		(*n* = 357)	
No, on my own	494	74.1	14	73.7	184	71.6	17	85	268	75.1
Yes, with a medical, health or wellbeing professional	147	22	3	15.8	62	24.1	2	10	77	21.6
Yes, with a friend or family member	17	2.5	1	5.3	7	2.7	1	5	8	2.2
Yes, someone else	9	1.3	1	5.3	4	1.6	0	0	4	1.1

Table 17

Frequencies and percentages health professionals who helped Beyond Now Users set up their plan

Which type of health professional helped you to initially complete your Beyond Now safety plan?	All users		Aboriginal and/or Torres Strait Islander only		LGBTIQA+ only		Both		Neither	
	(n = 147)		(*n* = 3)		(*n* = 62)		(*n* = 2)		(*n* = 77)	
General Practitioner	5	3.4	0	0	2	3.2	1	50	2	2.6
Psychiatrist	10	6.8	0	0	3	4.8	0	0	7	9.1
Psychologist	83	56.5	1	33.3	33	53.2	0	0	46	59.7
Social Worker	7	4.8	0	0	5	8.1	0	0	2	2.6
Occupational Therapist	5	3.4	1	33.3	1	1.6	0	0	3	3.9
Counsellor	28	19	0	0	14	22.6	0	0	14	18.2
Medical specialist	1	0.7	0	0	1	1.6	0	0	0	0
Someone else	8	5.4	1	33.3	3	4.8	1	50	3	3.9

Participants rated Beyond Now on a five-point scale (1 lowest score, 5 highest score) number of constructs including comfort, inclusivity, representativeness and relevance (Table 18). On average, ratings were positive ranging from 3.6 to 4.2. Aboriginal and Torres Strait Islander participants rated Beyond Now on its inclusivity of their people with an average rating of 4.3 out of 5. Highest ratings were reported inclusivity of my sexuality, gender, cultural background and being easy to understand. The lowest scores were on related to images used in Beyond Now (images were appealing; able to relate to text and pictures). There was no significant difference between groups on these ratings.

Only ten respondents (1.5%) reported using the emergency button within Beyond Now.

A small percentage of the total sample (17.6%) had used the prior first version of Beyond Now which launched in March 2016 and was available until May 2019 when Version 2 launched. Participants overwhelming reported that the current second version was as good as if not better than the first version (Table 19). About one third of participants reported that the current version was better and more useful. There were no significant differences between groups on these ratings.

Table 18

Perceptions of using Beyond Now

	All users		Aboriginal and/or Torres Strait Islander only		LGBTIQA+ only		Both		Neither	
	n	M (SD)	n	M (SD)	n	M (SD)	n	M (SD)	n	M (SD)
I felt comfortable using Beyond Now	430	4.0(0.9)	12	3.5(1.2)	185	4.1(0.9)	14	3.9(1.1)	219	4.0(0.9)
The images used in Beyond Now were appealing	428	3.6(0.9)	12	3.5(0.8)	184	3.8(0.9)	14	3.8(1.1)	218	3.5(0.9)
The language in Beyond Now was easy to understand	430	4.2(0.7)	12	4.1(0.7)	186	4.2(0.7)	15	4.3(0.8)	217	4.2(0.7)
The suggestions in Beyond Now were appropriate	430	4.1(0.7)	12	4.0(0.6)	186	4.2(0.7)	13	4.2(0.6)	219	4.1(0.8)
Beyond Now is inclusive of people of my gender	427	4.2(0.8)	12	4.0(0.9)	185	4.3(0.7)	14	4.4(0.5)	216	4.1(0.8)
Beyond Now is inclusive of people of my sexuality	427	4.2(0.8)	12	4.0(0.9)	185	4.3(0.8)	15	4.2(0.8)	215	4.1(0.8)
Beyond Now is inclusive of people from my cultural background(s)	422	4.1(0.9)	12	4.1(0.8)	183	4.1(0.8)	13	4.3(0.5)	214	4.1(0.9)
Beyond Now is inclusive of Aboriginal and Torres Strait Islander people*	27	4.3(0.7)	12	4.2(0.8)	-	-	15	4.4(0.6)	-	-
The images represented lots of different types of people	428	3.8(0.9)	12	4.0(0.7)	184	3.8(0.9)	14	4.1(0.8)	218	3.7(0.9)

I was able to relate to the text and pictures in Beyond Now	428	3.7(0.9)	12	3.8(0.8)	185	3.7(0.9)	14	4.3(0.7)	217	3.7(0.9)
Links and additional resources were relevant to me	424	3.8(0.8)	12	3.8(0.8)	184	3.8(0.8)	15	4.3(0.6)	213	3.8(0.8)

* Only asked of participants that identified as Aboriginal and/or Torres Strait Islander

Table 19

Frequencies and percentages comparing Beyond Now versions

	All users (n=540)		Aboriginal and/or Torres Strait Islander only (n=16)		LGBTIQA+ only (n=211)		Both (n=17)		Neither (n=282)	
Did you use the previous version of Beyond Now?	n	%	n	%	n	%	n	%	n	%
Yes	95	17.6	1	6.3	38	18.0	3	17.6	49	17.4
No	445	82.4	15	93.8	173	82.0	14	82.4	233	82.6
Do you think the current Beyond Now version is:	(n=95)		(n=1)		(n=38)		(n=3)		(n=49)	
Not as good as the previous version	9	9.5	0	0	3	7.9	0	0	4	8.2
About the same as the previous version	52	54.7	0	0	21	55.3	1	33.3	29	59.2
Better than the previous version	34	35.8	1	100	14	36.8	2	66.7	16	32.7
Do you think the usefulness of the current Beyond Now version is:										
Not as good as the previous version	4	4.3	0	0	1	2.6	0	0	1	2.1
About the same as the previous version	59	63.4	0	0	23	60.5	2	66.7	34	70.8
Better than the previous version	30	32.3	1	100	14	36.8	1	33.3	13	27.1
Do you think that overall, the current Beyond Now version is:										
Not as good as the previous version	4	4.3	0	0	0	0	0	0	2	4.2
About the same as the previous version	61	64.9	1	100	25	65.8	2	66.7	32	66.7
Better than the previous version	29	30.9	o	0	13	34.2	1	33.3	14	29.2

Participants were asked where they heard about Beyond Now (Table 20). There was little variation between groups and the variation evident may be due to small numbers in some cells. The most common source for hearing about Beyond Now was via a health professional. Notably, those who identify as Aboriginal and/or Torres Strait Islander and LGBTIQA+ were less likely to hear about Beyond Now from health professional and were more likely to have heard about it from somewhere else. When totalled, 10% (4 of 39) of the Aboriginal and Torres Strait Islander peoples in the sample reported hearing about Beyond Now from an Aboriginal/Torres Strait Islander health worker or service. The Beyond Blue website was the second most common place participants heard about Beyond Now (20.5%), followed by Google (11.1%).

Further analysis was undertaken to understand whether the participants who were informed about Beyond Now by a health professional or worker completed their plan with the professional or worker. Of the 256 participants that were informed about Beyond Now by their health professional or worker, 138 (53.7%) completed their safety plan on their own. A further 108 (42.0%) completed their plan with a health professional/worker, seven (2.7%) completed their plan with a family member and three (1.2%) with someone else.

Table 20

Frequencies and percentages of places Beyond Now Users heard about Beyond Now

How did you hear about Beyond Now?	All users		Aboriginal and/or Torres Strait Islander only		LGBTIQA+ only		Both		Neither	
	(n = 668)		(*n* = 19)		(*n* = 257)		(*n* = 20)		(*n* = 357)	
	n	%	n	%	n	%	n	%	n	%
Facebook	25	3.7	0	0	6	2.3	0	0	17	4.8
Google	74	11.1	0	0	31	12.1	0	0	41	11.5
YouTube	5	0.7	0	0	1	0.4	0	0	4	1.1
Beyond Blue Website	137	20.5	4	21.1	49	19.1	4	20	74	20.7
Beyond Blue Support Service	35	5.2	2	10.5	14	5.4	2	10	16	4.5
Health professional[a]	254	38.0	5	26.3	110	42.8	2	10	132	37
Friend/family member	45	6.7	2	10.5	17	6.6	3	15	21	5.9
Aboriginal/Torres Strait Islander support/health worker or Aboriginal Health Service[b]	5	0.7	2	10.5	0	0	2	10	1	0.3
Somewhere else[c]	57	8.5	2	10.5	25	9.7	6	30	23	6.4

[a] Chi-square = 10.41, p=0.015
[b] Chi-square = 49.36, p <.001
[c] Chi-square = 14.31, p=.003

Study 2: Interviews and focus groups

Methodology

Interview/Focus Group Aims

The aims of the interviews and focus groups were to:

1. Allow a more in-depth exploration of research questions than is possible with a questionnaire;
2. Encourage participants to expand on their responses or share new topic areas not initially considered in the study's questionnaire;
3. Help to provide immediate ideas for the improvement of the Beyond Now app; and
4. Help to identify other potentially useful functions not included in the Beyond Now app.

Research Questions

1. To what extent is the enhanced Beyond Now app considered appropriate for people of different cultural backgrounds, specifically Aboriginal and/or Torres Strait Islander people and people who identify as LGBTIQA+?
2. Are there any cultural barriers or enablers which influence the use of Beyond Now?
3. What was the experience of people who have used of Beyond Now?
4. To what extent has the enhanced Beyond Now reached and engaged people as intended?
5. How do people engage with Beyond Now in terms of usage and participation?
6. Are there any unintended positive/negative outcomes of the enhanced Beyond Now?

Participants

There were three groups of participants for the interviews and focus groups: 1) Aboriginal and/or Torres Strait Islander, and/or LGBTIQA+ Beyond Now app users 2) and those naïve to Beyond Now; and 3) clinicians.

Recruitment

App users were recruited following completion of the online survey, participants who self-identified as Aboriginal and/or Torres Strait Islander, and/or LGBTIQA+ were redirected to a page to provide their consent to be contacted for an interview. The naïve groups were recruited through social media and LGBTIQA+ and Aboriginal and/or Torres Strait Islander specific services. Clinicians were also recruited following completion of the online survey in addition to advertisements distributed across Aboriginal and/or Torres Strait Islander and LGBTIQA+ health service settings.

All contact details were collected in a separate REDCap database that was not linked with the survey database or safety plans.

Procedure

All interested participants received a phone call from a team member who either had crisis counselling experience, completed the Applied Suicide Intervention Skills Training (ASIST), or a team member with a degree in Indigenous trauma recovery. All Aboriginal and/or Torres Strait Islander participants were interviewed by an Aboriginal researcher with the exception of one interview necessitated by scheduling issues. The aims and procedures were explained as per the Plain Language Statement (attached in Appendix B), with any questions or concerns answered. During the phone call, potential interview participants were screened for suicide risk using the Columbia Suicide Severity Rating Scale (Posner et al., 2011), a brief and well-established screen of suicidal ideation and behaviour (see Appendix C). Any potential interview participant with current suicidal thoughts was excluded from the study at that time but offered a second opportunity a month later if desired and engaged in a discussion about which coping strategies from their safety plan may assist, as appropriate, and was linked with local supports (see Appendix D). Excluded participants were followed-up with a further phone call within 48 hours to check on their wellbeing and offered additional linkages to local supports.

A suitable time and date was arranged for the semi-structured interviews which were conducted online via Zoom (teleconferencing software) or over-the-phone with a team member. Ahead of the interview, a web link for the Plain Language Statement and Consent form was emailed to the participant for them to read and indicate their consent by entering their name and checking the

boxes (see Appendix B). The Plain Language Statement and Consent form was also included in the email as a Word document for participants to save for their own records. On the day of study participation, eligible participants were screened again for current suicide ideation using the Columbia Suicide Severity Rating Scale (Posner et al., 2011).

The interview and focus group questions were developed in collaboration with the two Advisory Groups. The interview schedules are attached in Appendix E. During the individual interview, participants were asked to engage with an experienced interviewer, with relevant cultural experience, who had also received the relevant training. If a participant became visibly distressed or reported being distressed during the individual interview, the interview was paused, and as appropriate, the participant was offered support to engage in self-care behaviours and was directed to the appropriate supports. Focus groups were run by two facilitators, participants were informed that if anyone became distressed, to privately message a facilitator who would meet them in a private break out room to discuss, and the same support would be offered as to interview participants (no one indicated distress during interviews and focus groups). All participants were phoned within 48 hours after the interview by the interviewer to assess if any distress occurred after the individual interview and offered support, if required.

Any interview participants identifying as Aboriginal and/or Torres Strait Islander were asked if they would like to inform their Traditional Owner Groups. A de-identified flyer (see Appendix F) was provided to Traditional Owner Groups to explain the study. Traditional owners informed about the study were also offered a plain language summary of study findings.

LGBTIQA+ and/or Aboriginal and/or Torres Strait Islander participants who completed an interview received a $50 Mastercard gift card in recognition of their time. Clinicians were not directly reimbursed for their time, and instead, $50 was donated on their behalf to a suicide prevention organisation of their choice.

All interviews were audio recorded (with participant's consent) and transcribed by an Australian company, Pacific Transcription, in preparation for analysis.

Analysis

Response to the open-ended questions in the survey will analysed using Braun and Clarke's (2006) procedure for thematic analysis. Themes will be extracted regarding the experience of

using the app, any perceived barriers or enablers of app use, and any unexpected positive/negative outcomes of the enhanced app.

Findings

For the purposes of reporting, interview and focus group data from both app users and non app users have been combined and thematically analysed together. For the Aboriginal and/or Torres Strait Islander data analysis, two researchers (SW and RT) independently extracted data relevant to the research questions from the interview and focus group transcripts. SW developed a set of themes from her extracted data, these themes were then independently applied by RT to her extracted data. The two researchers then exchanged datasets and applied the themes again, using a consensus approach to thematic coding. Data from the LGBTIQA+ participants was extracted and coded independently by LJ and JG. These sets were then passed to RT for analysis. LJ and JG then assessed RT's analysis for fidelity with the original data.

Aboriginal and/or Torres Strait Islander participants

Participants comprised of 1 app user (one on one interview), and 3 people who had never used the app before (focus group). Average age of Participants was 29 years, and all were female. Two identified as heterosexual, one identified as "nondescript" and one was missing. Broad themes relating to social and emotional wellbeing, cultural considerations and digital story telling were identified specifically for the Aboriginal and/or Torres Strait Islander participants, as well as themes around ease of use, functionality, accessibility, and personalisation of the app (themes which also arose in the LGBTIQA+ interview and focus group responses). Themes are reported in line with the research questions:

1. To what extent is the enhanced Beyond Now App considered appropriate for people of different cultural backgrounds, specifically Aboriginal and Torres Strait Islander people and people who identify as LGBTIQA+?

2. Are there any cultural barriers or enablers which influence the use of the App?

3. What was the experience of people who have used the App?

4. To what extent has the enhanced App reached and engaged people as intended?

5. How do people engage with the App in terms of usage and participation?

NB: No responses reflected unintended positive or negative outcomes; therefore, this question has been excluded here.

To what extent is the enhanced Beyond Now App considered appropriate for people of different cultural backgrounds, specifically Aboriginal and Torres Strait Islander people?

Responses related to this theme centred around cultural considerations, particularly representation, respect and reciprocity, and a sense of ownership of the app. Participants reported appreciation of the Aboriginal artwork and language, noting that addition of Torres Strait Islander artwork might improve the inclusivity of the app. Participants also indicated that the addition of digital story telling e.g. soundbites or videos of Aboriginal and/or Torres Strait Islander peoples sharing their experiences, might make the app more user friendly for Aboriginal and/or Torres Strait Islander people. Participants reported that they felt a reciprocal sense of being respected by Beyond Blue through the inclusion of the Aboriginal interface, and in turn felt more respectful towards Beyond Blue for creating a version of the app specifically for Aboriginal people. Participants generally felt a sense of ownership over their plans, tying into self-determination (see Table 21 for examples).

Table 21

Theme	Positive – current	Improvement	Recommendation
Representation	I love that it has an Aboriginal interface	I would just love the icon to be reflective of what was inside.	I would like the Aboriginal logo to be on the front app as well
	I find it all very calming and yeah, really respectful of the Aboriginal culture and also it's – they've used a very calming interface … I like it. I like the actual artist ... It's really lovely work	I think if people were wanting to put the Aboriginal-specific one, then I would assume that everyone knows what yarn is. But, yeah, maybe not. (on language)	I think the language could do with an overhaul I guess to make it more culturally appropriate
	I love the graphics. I think they're relevant. Both of them are, actually	It would be nice to have different options. So Torres Strait Islander people can feel inclusive as well	Aboriginal and Torres Strait Islander people … like seeing images and whatnot. It might be cool, once you finish it having it on a tree with the first step on a set of leaves and the second step on a leaf or something like that
			(more) representation of women
Theme	**Positive – current**	**Improvement**	**Recommendation**
Respect and Reciprocity	I feel like they're a much more inclusive and I respect them a whole lot more for taking the time to include the Indigenous people as a – you know as yeah, I have a lot more respect for them to even think about us separately.		
	Yeah, I've got a whole lot more respect for them (Beyond blue) and yeah, it really means a lot to have some inclusivity. When it's usually just ignored		
Ownership	It wraps it all up into a nice bow that you know this app is for me		

	and this is mine. So, when I hand it out, I say it's Beyond Blue, but it's my program that I'm opening. It's got my work in it. It's got my daughter's picture in and whatever pictures I've put in there. And then it's also got the Indigenous part in it. So, it's mine. So, I've really taken it on as – you know, I own this app.		
Theme	**Positive – current**	**Improvement**	**Recommendation**
Digital story telling		I think also in that time it would be really cool if you had an option where you can play a video of an Aboriginal or Torres Strait Islander person sharing their story of what they did to cope or what they do.	a video explain all the plan, so people know what they're – what to expect and maybe having someone introduce it, or it might be a visual explainer or something like that
		Having that extra spark or guidance from someone that how it actually helped them would be really cool to hear.	At the bottom where you have add text or add a video, you have suggestions as well. The one next to it you could be like, hear what Aunty So and So does. Or hear what so and so does.

Are there any cultural barriers or enablers which influence the use of the App?

Responses relevant to this research question spanned general comments around intersectionality with disability, and specific comments related to Social and Emotional Wellbeing (SEWB), including connection to community and family, and shame. Some participants reflected on the stigma associated with talking about their mental health with family due to cultural obligations and kinship. The perception of breaking cultural responsibility caused shame related being a burden to family members. Participants indicated that the stigma of suicide may impact access to support and Beyond Now might be a useful tool in this instance. Others offered alternative suggestions that could be incorporated in the steps to encourage SEWB and connection. Participants identified family across the generations as a significant anchor to their safety plan, and this included their children, Elders, and ancestors. Even though family connections are a strength to suicide safety planning, familial responsibilities also restrict help seeking and speaking up during challenging times. While not necessarily specific to app use, some participants spoke of their connection to Ancestors as something that inspired them to keep going when times were difficult, e.g., “Keep living for them. Keep living because that’s what they would have wanted you to do. Keep living for them” and “so our elders and our loved ones that have passed on would want us to live” which may be a useful cultural connection in improving the app for Aboriginal and/or Torres Strait Islander people (Table 22).

Table 22

Theme	Barrier	Enabler	Recommendation
Disability	I wouldn't recommend it to someone who had a major intellectual disability unless like I would mention it to their support worker to do.	I think the font is also blue, if I remember, and I think that helped dyslexia-wise, because the font – like for disabilities – like I'm really hypersensitive to black and white.	looking at the disability side of it would be good as well
	I wouldn't recommend it to someone who was too mentally ill at that time that they weren't in that space to be able to plan – they were in a crisis time	"This is easier for me to actually complete and read." Because it's actually like a navy blue. I'm pretty sure it is. And I was like oh and it's easy. I just like – I don't have to use a pen and paper, which is nice, and I just have to tick and type. So that's – and no disability is fine – so it has a good element to it as well.	I know some programs have like you can change – like it will have a speaking part and stuff. That would be good for them to look at so that it's more accessible to people with disabilities as well.
			For example, if you have someone that may not have – sort of like lower levels of literacy... Could that read out loud to you?
Family	I remember going I can't call my mum. I'm the eldest. I should know better. I can't call my nan, I'm also the eldest grandkid. I should be doing better. I won't call aunty, she's busy with work. You know what I mean? I just ran down the list like that. And made up excuses and reasons as to not reach out to immediate family because I didn't want to freak them out or anything. Or get them too worried or whatever.	And I know this here happens at what I thought were my last moments. And these things here, your reasons to live, you're thinking of them. And the kids are first, for sure. And for me, it's grandad.	

Theme	Barrier	Enabler	Recommendation
Shame	you feel ashamed to tell someone how you're feeling. So yeah, that's all I sort of wanted to – like you have these feelings, but you're sort of worried about – it's shame.	there's still that shame and stigma. ... having a pass lock at the start before you set it – set it up so no one else can log in, get in your phone and see it	made up excuses and reasons as to not reach out to immediate family because I didn't want to freak them out or anything. Or get them too worried or whatever. And I thought it would be cool to be able to go oh, there's an online group there, I might jump in there and have a chat, see what they're about (add interpersonal connection to app)
		I don't want to burden anyone. I don't want to put this on them. Who can I talk to that'll just talk to me back? Not get too worried, because I don't want them too worried, because then they'll jump, and they can't jump because they've got things to do	
Connection to community		I could really see myself going through it with young people and really thinking about, what about this, really trying to I guess get them to think outside the box	Maybe if there's – you start as an online group and you form a few friendships, and then you swap phone numbers with those people and say, "If I'm having trouble, can I call you when I need to?" And if they agree, great. You know what I mean?
		I know my people I can talk to and some of them are family and some of them are old work colleagues and some are friends.	something along the lines of reflecting on your journey so far and realising how far you've come.

Specific culturally focussed suggestions for steps in the safety plan are listed in Table 23

Table 23

Theme	Warning signs	Make my space safe	Things to do alone	Things to do with others
Connection to body	you could say drinking more grog or stuff like that, that makes it – wording like that.	I think you don't care as much when you're on the grog. So maybe that's a way to make our space a bit safer as well	could the step four be, is that sort of more like I guess self-care for yourself, things I can do by myself.	Our culture is known for dancing... And our unique instruments...It's good exercise too
	When you don't feel like eating. You don't feel like stomaching any food and you need food to survive. Sorry, that's one of my warning signs.		Cook something healthy	
Connection to Country and Land			You don't have to get dressed up to feel great. It's basic. It's water, sunshine, bush, fire. It's basic.	For some people, connection to country is going back to bush. For some it's going to the saltwater. For some it's lighting a fire. Just feeling some kind of connection just seems to be therapeutic.
			One thing that I miss is salt water. So, to be able to hear the ocean, because I live too far from the water to go to it whenever I want to, you know what I mean? So, to be able to plug your headphones in and hear it is pretty cool	

What was the experience of people who have used the App?

Respondents generally liked the app and found it easy to use. The digital functionality of the app was appreciated by users who had previously used pen and paper safety plans, with users citing the edit and share functionality as particularly useful. It was noted that the Aboriginal interface is not obvious to users, who might have difficulty finding it or not know it exists (Table 24)

Table 24

Theme	Positive	Negative	Recommendation
Ease of use	I like the flexibility of it, that I can carry it with me during the day	But yeah, and I don't know how easy it would be to find the Aboriginal version	If you have someone that may not have – sort of like lower levels of literacy... Could that read out loud to you?
	Even if I just have a moment. Like a moment during the day when people like will flick through their phones and stuff. It's that accessibility	At the start when I was doing it, I was confused because I was clicking on – see where it says, like sleeping is hard. I was clicking there trying to edit that (trying to edit suggestions)	
	I'm also dyslexic so paper and that has a triggering effect on that it's difficult.		
	I like it's formatting is just so good, it's easy to open, it's easy to use. So, I find it easier to share too.		
	I was given it three years ago or something, whenever it was, and I never needed to (try another app). It was like, "Oh yeah cool. Done." It ticked every box for me.		
	I guess (the steps are) self-explanatory, they're not too		

	difficult to understand, so that I think that's important.		
Digital functionality	It's easy because it has the hyperlink so you can push and make phone calls as well.	So, the fact is I didn't even know there was an electronic safety plan that I could do. I hadn't Googled it. I'd never thought about it. You know I saw a safety plan as a paper documentation that you kept	What I'm thinking, what comes to the top of my head is everyone is online these days, and stuff like social groups, is there sort of a chat thing within this app?
	I've done lots of safety plans and I've had them on paper and not used them. Because I'm not going to pull them out in that moment.	I was complaining that this is another bloody safety plan, I've done so many of them. I never seem to be able to access them. I don't use them. I write them and then I just try and remember it in my head. And someone said, "Oh, you know that Beyond Now is an app?" And I was like, "No."	
	"Oh, that's changed a bit, I can update that." So, it keeps your plan relevant.		
	when people don't want to do a safety plan for whatever reason, it's just like, "Oh look, here's an alternative, you can just do it on your phone." And people just seem much more – like it's something that's easier to do on your phone.		
	It's just like doing a paper safety plan except you have hyperlinks to phone calls		

Participants particularly liked being able to personalise the app with photos, and would like to be able to take this personalisation further, they also suggested that notifications would improve user experience (Table 25):

Table 25

Current	Recommended
I love the pictures. So, I put stuff that anchors me here.	put in your postcode ... it shows all the Aboriginal and Torres Strait medical services within your state. And for example, if I put in (postcode) (location), the top one, if there's a location specifically in my area it'll show up the front. So that might be – if there's a way that you can add localised services such as AMSs in could be a cool alternative to have apart from those numbers.
when I open the app and I see – it's just an awesome photo of my daughter and it just personalises that app for me	An encouragement message. Or a pop-up saying, this is a huge step you've done, give yourself a pat on the back.
I like how you can add photos and videos, that's really cool. And how you can share it with the text message.	instead of just a whole bunch of writing, having something that you can see and really take in (icon or image based)
I love when I open it up, I can see them (photos) all. Like they're only small but I can see them all and it just like – it triggers me a positive frame of mind when I see it. Yeah, I love that app.	I think personally I feel like having a notification, I'm not quite sure if it provides a notification like every month, 'Hey how are you going? Check out your safety plan and update it if you have any other things you wanted to add in'
	I think that would be really cool to remind you that it's there and you can always go back and refer to it and use it.
	not having (a reminder notification) – loses that momentum of encouraging people to check back in and add, update and provide other things that they could do, would be a game-changer, I think.

To what extent has the enhanced App reached and engaged people as intended?

Responses related to this research question focussed more on community support in sharing and demonstrating the app with others, indicating that one of the best ways to reach this audience is through members of the community. In communities, this is commonly known as the Aboriginal grapevine where trusted community members vouch for culturally safe resources and services. One participant in particular reflected on how they had and would introduce the app to other Aboriginal and Torres Strait Islander people, others suggested specific community-controlled service providers and ways to interact with service providers as well as places to advertise to reach more community members. Social media (Instagram) was also cited as an option for promotion (Table 26).

Table 26

Community support	Service providers	Advertising and promotion
(with) people that are younger than 40, I'll do a referral and say, "Oh, you know that you can actually get it on your phone now, don't you? So, you can just stick it on your phone." So, I do referrals through that	Moorditj Koort is a big one for Kwinana and the Kwinana area. They do a lot of social work and stuff like that. And then the Derbarl in Perth is huge. They offer lots of doctors, chiropractic, dentist. They're huge. And if those doctors were to say, "Hey, have you done a mental health plan? Hey, do you know that there's an Aboriginal one that's online?" I think that would be a real benefit to moving forward. So other people have safety plans.	The Mental Health clinics. The Mental Health hospitals. I think they should be … anywhere you have to do a safety plan.
"Hey, do you have a phone? Do you get apps?" And then I'll say, "Do you know there's an app?" It's like, "Do you know Beyond Blue?" "Yeah." "Well, you know they have an app Beyond Now?" "Yeah, okay, cool." So, I check in to see if it's appropriate for them.	Even like Headspace. Even the kids' places, you know. Because I think for kids under 25 ... You know like it's so easy for them, they were much more do it. Like there's much more chance that they will do it if it's on an app.	But I think it needs to be promoted to the doctors and stuff like that. Because people have to be shown it to be using it, I think, a lot.
tonight, I will pass it around. So, like I don't know, there's eight people in the group and so I will open it and show them and pass it around and say, "You know what, while they're writing up theirs, look at this. This is another alternative."	school counsellors and whatnot would be a good step	firstly, the Aboriginal and Torres Strait Islander medical services and that's across Australia, having that promoted and advertised
"Here, would you like to use this? I recognise that you've got an Indigenous background, would you like this?" Yeah, I have a lot more respect for them. Their inclusivity is great.	you could also have the Brothers for Brothers line for Aboriginal men, the making it more so those services.	I think stuff like this is so important and having it in the school curriculum where at the start of each term where they sit down with their Aboriginal liaison officer and go through their safety plan and really encourage that.
the people are normally younger than 50 or so in the room. And they will all pick it up and go, "Yep, this is what I want." So, the uptake is pretty high. They get it on their phones pretty	I think it'd be really cool to get service providers on board. Distributing it to their contacts. Even having a code in health clinics	places like Instagram and places where young people venture and sticking it on their Instagram on – I don't think I've

much straight away, as soon as I discuss with them	for people to scan that goes straight to the app store.	even got Beyond Blue on my Instagram actually now I think about it.
I think if you were to have someone there with you, they could really, I guess make you feel better and think about other alternative things. Like 'What about this, you mentioned you're really good at painting art or earth – I've seen a photo of the artwork you do. I would really encourage you to put in that'.	that could be a recommendation from health professionals in different clinics to download it and – even just sort of having that few resources printed on display, just so people then know, get that conversation started about its presence.	they (lifeline) advertised a lot on their Instagram and stuff so it would be good that Beyond Blue do that as well. Rather than it just being word of mouth
I think it's really beneficial especially if you were sitting down – like how you said leaving emergency department or sitting down with a school counsellor or even just someone you trust		probably a bit more advertising about it would be good.

How do people engage with the App in terms of usage and participation?

Participants reported that they regularly checked in with their plans, updated and shared them (or would share if they felt it was necessary), they also identified, as noted previously, that the inclusion of notifications would be useful to encourage greater participation. Participants talked about app usage at different stages of mental ill-health, including self-care and recovery. This concept correlates with the holistic concept of SEWB in terms of development of coping and resilience through greater connection to mind and emotions, rather than purely a focus on the crisis response. Responses of this nature reflected a greater willingness to engage with the app e.g. “And then I started to actually look at it some more and go, “Oh my gosh, this is actually really valuable.” But it got me over the obstacle of doing the safety plan that day”, “…and then it was really good because I had an obstacle that day of doing the safety plan and I did it on my phone” (Table 27).

Table 27

Checking	Updating	Sharing
I'd probs open it once a month to check that it's relevant and I also use it as a goalsetting sort of thing as well. So, I will go in, and I'll check – like, "Oh, okay so I was like this last time when I wrote this, let's check it out." you know? So yeah, it's a positive thing. So, it's a – you know for recovery as well.	"Oh, that's changed a bit, I can update that." So, it keeps your plan relevant.	No, I haven't (share function) used it because my – like there's no one that I need to do it with. But I would do it if I needed to. I haven't done it. I could probably do it with my doctor, but I haven't
I'll frequently open it and check it out and go, "Is it up to where I want it to be?" And then, "Is it still relevant?" and then I'll go, "Yep, yep. This is good."	it's something that's important to me for my health. So yeah, it's a tool that I use and it's a tool that I keep updated because I need to use it if I need to use it.	I haven't shared mine, only just because – I mean that yeah, I think they (medical clinic) have their own agenda and their own one
So, I think that would be really cool to remind you that it's there and you can always go back and refer to it and use it.	I think personally I feel like having a notification, I'm not quite sure if it provides a notification like every month, 'Hey how are you going? Check out your safety plan and update it if you have any other things you wanted to add in'.	And I love that you can share your plan underneath with others… yeah, that's brilliant.
		I would share it with anyone
		I like it's formatting is just so good, it's easy to open, it's easy to use. So, I find it easier to share too.

LGBTIQA+ Participants

Four participants were Beyond Now app users and 14 were non-users. Participants represented a broad range of LGBTIQA+ identities including queer (n = 3), transmasculine (n =1), non-binary (n = 2), androgyne (n = 1), genderfluid (n = 1), lesbian (n = 4), pansexual (n = 4), asexual (n = 1), and bisexual (n = 3), with two participants identifying with more than one gender or sexuality. The average age of participants was 32 years.

Broad themes relating to representation and neutrality of the app, and intersection with disability were identified for LGBTIQA+ participants, as well as themes around ease of use, functionality, accessibility and personalisation of the app. Participants also gave detailed responses around how and when they use the app, giving greater insight into actual, rather than intended use of the app. Themes are reported in line with the same research questions as above, as well as for unintended positive and negative outcomes of using the app.

To what extent is the enhanced Beyond Now App considered appropriate for people of different cultural backgrounds, specifically LGBTIQA+ people?

Responses related to this question largely centred on representation of diversity, as well as the neutrality of the app. In particular, participants felt that the images used in the general interface appeared to represent users of diverse sexual and cultural backgrounds and did not assume cisgender or heterosexuality of users. One noted that the presence of the Aboriginal interface also made the app feel more welcoming to diverse groups. One indicated that the link to Beyond Blue clearly set the app apart as being LGBTIQA+ friendly. Some noted that they appreciated the inclusion of the rainbow flag, and would like to see more flags, whereas others indicated that they liked that the app did not just rely on a rainbow to denote it as a safe space for the LGBTIQA+ community (Table 28).

Table 28

Representation	Neutrality	Flag/Beyond Blue
I noticed there was - like in the graphic on one of the pages, they had made effort to have a representation of a queer couple… visuals like that are definitely a really good base point	It's like really neutral in that it's not enforcing any sort of gender binary or sexuality binary. It's all just - anyone could use it. It's aimed at people not at specific groups, if that makes sense	If it's Beyond Blue or it's got those stamps in it a lot of the community knows that it's pretty savvy compared to what it was years ago. If it goes around the queer community it's got a stamp on there that it's friendly here, it's friendly there, sort of have a few of the stamps on it
knowing that it's got Aboriginal art and it's respectful of indigenous people is - it's not relevant to LGBTQI people but I don't know, it's a big thing in terms of just awareness and inclusivity so that would make me feel better too	Treating me as just a human rather than a gay person.	So, we've got acknowledgement of the traditional owners, and there's actually nothing in there saying that they're LGBTIQ friendly. There is a flag down the bottom, but that's about it. And it's only the LGBTQ flag, there's no trans flag or anything like that. I'm not saying you've got to put all of them in, but I think the trans and the LBGTQ Pride flag, they should both be on there.
I really liked the diversity of people	I think it's [the language] really inclusive because it's treating you as just a person, not as a gendered person. It's just very ambiguous and neutral, which is nice because it's like you are a human who has issues, and this is going to help you with them without forcing you to submit to any labels.	the rainbow flag may be more of a trigger and annoyance to sometimes people going through an issue.
I can't remember which screen it was but read to me like a lesbian couple and it was nice to see that...it was really nice to see that on a mainstream app.	When it comes to mental health, it affects everyone sort of differently, but the same. So, treating us all as like, just people who are having issues. And having it very neutrally ambiguous termed and stuff is good because we don't necessarily need to be like, you're gay and have mental issues.	
	there's no gender questions or anything like them there.	

	I liked that they're vague enough but also varied enough that that seems inclusive as well and there's nothing that is actually gendered within the suggestions which is a very - or even typically potentially seen as a gender specific or gendered responses.	
	There's no colours that really put it in any way that show any sort of - any gender, any sexuality, disability, there was nothing to do with race or religion, so I think it's quite open in that regard and inclusive.	

Are there any cultural barriers or enablers which influence the use of the App?

Responses here again focussed largely on intersection with disability, as several of our LGBTIQA+ participants also indicated living with a disability, giving quite rich responses about ways the app could be set up to be more inclusive of disabled people, in particular those who had difficulty with literacy or large amounts of text. Responses specific to LGBTIQA+ identity focussed on who people could contact for help, and how. Some suggested that a text-based support service would be useful, whereas others reflected on being glad that the app did not suggest contacting family, which can be triggering for LGBTIQA+ people who have experienced familial rejection. Some indicated a desire for more LGBTIQA+ representation (Table 29).

Table 29

Disability and accessibility	Contacts	Representation
I know for me that when I want to access help, engaging with something complicated feels really hard...especially the start screen where it's just like "Access my plan", you know, "Tap to fill out" and we'll get you the information that feels very like my experience of accessing healthcare has been very like "Fill out these 18 forms and we'll get back to you"	they weren't all sort of family based…., so that was a bit more friendly there than some other suggestion lists that I've seen in other places that are quite family oriented and oriented towards a lifestyle that just a lot of queer people just don't have.	I don't know how to describe it but when it's quite heteronormative and assuming everyone has friends, everyone has family, it doesn't encompass the different varieties of people but then I don't know how you would fix that at the same time
If a person (who was) neurodiverse had a look at that they'll turn it off straight away, there's too much text, far too much text…I would read it but a lot of people I know, especially the people who I work with who have Down's Syndrome and other disabilities, they wouldn't read that and a lot of them there have attempted suicide	in terms of emergency contacts, it was really great to see Lifeline and whatnot, it would be great to see services targeted for LGBTQI+ communities as well, so like QLife also. Just me personally, when I seek mental health services, I look for those in particular from these backgrounds or have expertise in these backgrounds. So, it would be nice to have that as well as a part of the suggestions.	There could be a section about that or maybe they could make it pretty explicit that it's LGBTQI friendly or even just have a rainbow or something, that could maybe help.
A very simple based on icons more than text. There's too much text. The other thing, is it NVDA and JAWS compliant or working with mobiles to actually read for blind community?	It's just because that can help tailor whether you are a member of our community or whether you're just someone who's depressed for other reasons, which there's different support lines that are available. So being able to narrow that down would help.	I didn't realise they were same-sex pictures. It wasn't that clear because if I would notice that I would've liked that and then I liked how the person was in the wheelchair... Could be more obvious because it is important
It'd be really worth seeing if it's compatible with blinky phones which are very different, blind phones, people who are blind	The only thing that jumps out to me as a possible concern is where it prompts you to contact your family. Less so these days but it's still definitely an issue is people's families are not always accepting	potentially a little section like 'Beyond Now has been developed in consultation with LGBT; here's some specific supports, here's the information', just be really explicit, maybe. So, when people do search things related to - like I know suicide around sexuality and gender stuff, that the app can come up, because otherwise that's a barrier the just not knowing about it

We're not uni people, we're not people who would read a lot of text.	QLife is in there but there's a lot of even - specifically trans people won't access certain supports if they know that they're not LGBTQI friendly so even if there's just further contacts	I noticed you had 'belonging' on there as one of the common warning thoughts and stuff, and that's really difficult if you don't know any other LGBT people. It's really difficult. I know a lot of - I think - younger people find that online and stuff, which is really cool, but not everyone has those skills. It's difficult
I'm not neurodiverse, but even looking at all that stuff a lot of it was just very overwhelming, the sheer amount of text that was going on. I think when you're not in the best frame of mind you really don't want to complicate the matter.	The only thing I can maybe - is adding queer-specific, or LGBT-specific, services in your suggestions, for maybe someone who doesn't have someone to call.	Well, I'd like to have a background that is friendly for us, because there's only two options.
I do think there is that barrier of setting up, especially for people who have impairments around reading and focus, especially with ADD and ADHD and whatnot.	I'm wondering if the only way to escalate this through a call, if that would be a barrier sometimes	
people with CP (cerebral palsy), well landscape as in tablet-proof because people with CP would be using it on landscape to type and push and move, like that.		So, we've got acknowledgement of the traditional owners, and there's actually nothing in there saying that they're LGBTIQ friendly. There is a flag down the bottom, but that's about it. And it's only the LGBTQ flag, there's no trans flag or anything like that. I'm not saying you've got to put all of them in, but I think the trans and the LBGTQ Pride flag, they should both be on there.
I find it hard doing lots of steps so that would probably be a barrier but then if it was already created, then I guess that would be okay. It's just hard because then sometimes when you're like that, you don't really think logically		

What was the experience of people who have used the App?

Like the responses from the Aboriginal and/or Torres Strait Islander groups, responses here reflected that people generally found the app easy to use (with some exceptions and suggestions), and liked the digital functionality including being able to carry it with them, add photos and share the plan, some indicated that they would like to be able to personalise the app further. Most reported very positive experiences, however some experienced challenges in setting up and using the app. Both app users and non app users reported that they felt the app was inclusive (Table 30).

Table 30

Theme	Positive	Negative	Recommendations
Ease of use	I like how it's set out quite simply and easily to use I liked the imagery and how it was set out pretty simply and easy to use.	I find it hard doing lots of steps so that would probably be a barrier but then if it was already created, then I guess that would be okay. It's just hard because then sometimes when you're like that, you don't really think logically.	maybe it could have an option to just - like a simple mode maybe, like something that just grabs you and you can just tap on the pictures or if you're feeling more like engaging with it on an intellectual level, you can be like "Let's have the full mode where I can read everything."
	I think the concept is really cool to me, and the fact it can be done independently, or with a professional, is great	when I was waiting for top surgery, I was pretty suicidal and I don't know, thinking of the good things didn't really help because I was just in so much pain	
	you can call straight from the app, it's great.	It seems pretty good. The thing that I'd worry about is I find it hard to do stuff when I'm going through a hard time, so I guess preparing it would help beforehand, but then sometimes, I don't want to - I find it hard helping myself, so having the numbers is handy	
	Some resources I've used in the past go into more detail about triggers and stuff whereas this was simple and little reminders without diving too far deep in and starting my brain to spiral downwards	I get really confused, I get really overwhelmed; I'm on the autism spectrum, as well, so as soon as you put too much on there…	
	My opinion, as I went through it and set up my plan was actually, this is really helpful. And I like this, this stands out as a good resource rather than another thing, just taking up space on my phone.	it's too much text.	

Digital Functionality	Yeah, I like it conceptually and I think that same thing, having it on your phone as opposed to a written down thing, I've had the written down thing from my therapist before when I wasn't in good spaces so having it on a phone is really good	it's saved onto that one individual device so if you have multiple devices, there's no login or anything, it's just that one individual device? ... There's pros and cons to both scenarios	I do like the idea of using icons and images. I think that could really help. Things like pets or go and have a glass of water, things like that can easily be made into icons.
	I like being able to share it with other people if you've got people to share it with too... I think that's useful because sometimes you have people who might be there to be supports for you but might not know what to do so you don't want to have to talk it through so just being able to hit send is kind of good	I hate phone calls.	A lot of apps don't [have landscape] which disappoints me because, especially on android it's so easy to make it support landscape as well.
	I reckon why the idea of what you guys have got is extraordinary, the maths of how you're organising this program are extraordinary. It's perfect and it's so much better than what we've got on Facebook because I reckon that's damaging		The eheadspace option, to be able to message them online rather than calling on the phone because sometimes calling on the phones is a bit much when you're in a shit space.
	Well, it's better than paperwork and you've got an organisation of this is me		
	I like that it's got the suggestions because when I'm asked what's my reasons to live, I'm like I don't know, my cat, and then I'm like I can't think of anything else		
	just making it so that I have a physical reminder, rather than trying to search my house for the bit of paper that it's written on from therapy		

	Yeah, I like that, that it's something that I can carry with me.		
Personalisation	I do like the possibility in step three to put photos, because I'm a visual person, and it just helps me to see photos or videos and stuff like that, of my family and friends.	It needs to be very relevant to me	there's perhaps certain songs that make them feel better that they could tap on perhaps. I know that like with me like I know that if I play certain songs, I just feel so much better.
	I like that you've got pictures and people on there, so you can put phone numbers and pictures on.		Well, I'd like to have a background that is friendly for us, because there's only two options.
	I really liked there's the option to place pictures too and I think that's great because sometimes when you're in that headspace it can be quite hard to think about the good things or the reasons wanting to be alive. So, it's really great to have that kind of imagery to spark those memories or emotions		Like having an option with warm colours, because for me, a nourishing colour, and that helps me feel more calm, rather than the blues, which I kind of associate with a different emotion. Having that choice, I guess, it ties into it's your plan, you've made this, it's for you
			I think it would be even great to have more artwork, some customisable stuff, because I know people like to personalise You could even have something where people could upload their own kind of image that they've made, to be like that kind of half background or something. And even different colours .

To what extent has the enhanced App reached and engaged people as intended?

App users reported some of the benefits they had experienced while using the app, including noticing warning signs, and checking in with themselves, and developing coping skills as a result of using the app. When asked how we might reach and engage other people from the LGBTIQA+ community, participants had many suggestions, spanning social media (Facebook, Instagram, TikTok and Tumblr), Google advertising, clinics and LGBTIQA+ social events (Table 31).

Table 31

Current engagement	Suggestions for reach
I really liked the things I can do by myself part. And the suggestions that it gave me as things that I could do on my own. I really liked that part. And just little reminders of like, if you're feeling shit, take a shower. It might make you feel better again	I go to GPs and stuff but specific LGBTQI practices like my doctor [redacted] and there's one in Prahran, Prahran Market Clinic and then on Facebook, I belong to some trans groups and then there's other rainbow networks
I wouldn't have thought of like putting take a shower or bath on or things like, joining an online community and the things you can connect with. And there are a lot more like professional supports and stuff than I remembered. Being able to call Beyond Blue, I knew about. But also eheadspace has a phone number you can call to 1am and I didn't realise that. A couple of different helplines that they had, as suggestions in the people that you can talk or yarn to.	if you went into high schools and gave a presentation on this, and specifically mentioned different groups that you wanted to include, including LGBT people
I mean I can write everything I want, like try to not make me end my life. I really liked it.	uni queer departments, high schools probably
I've added a few more of my warning signs because I've had a meeting with my therapist since I've set it up, and I was showing her and she's like, "Maybe you should add these ones that I've noticed in you?" So, I added them and showed it to my therapist, and she was really happy that I found another resource for myself	Also finding people who are influential in the community, like maybe that's through social media followers
I feel it gives me confidence in that I know my mental state well enough to be able to recognise my warning signs. But having that reminder of hey, this is what you've written down as your warning sign. And you're doing that at the moment, so maybe check in on yourself and be kind to yourself, rather than continue down the path of getting bad.	I think TikTok is a big one at the moment, especially for young queer people. And I've noticed a lot of young Indigenous queer people on TikTok, as well. It's a very tight knit community, so having targeted advertising on TikTok, is probably a big thing at the moment.
I'm just checking in with myself more when I start to feel like myself slipping with my routine, because that's sort of my first thing when my bipolar gets bad. My routine goes out the door. Now, part of my routine is to check this every other day. Get better, get in the shower, actually do the things you're supposed to do.	ACON, TransHub, telling GPs about it, RACGP has done a lot of work for the trans and gender diverse community and through that, I'm sure it would be distributed to many of the less formal networks.
	I find the physical advertising, like flyers and posters, quite effective. Like, I tend to pay attention to them a lot more because you get so many ads for apps when you're on the internet.

	If you're trying to reach populations like queer populations and Aboriginal and Torres Strait Islander populations and things, I would go to festival events and things like that and put flyers and things at events and stuff like that and go to where like targeted event advertising
	I mean, I've seen apps and things advertised on Facebook and Instagram and places - and I've downloaded apps that have been advertised to me on those places, like just in general advertising.

How do people engage with the App in terms of usage and participation?

Responses here related to how people were using the app, which differed considerably between individuals. Some used it alone, others worked with a therapist to complete or update their plan. Some reported using the app only when they were feeling suicidal, whereas others accessed it most days to 'check in' with themselves. One participant had set their plan up with a friend, and then they shared their plans with each other as a way to support each other. One participant reflected on using the app after a crisis, to look back on what might need to be updated to perhaps prevent a future crisis, another reflected on using the app during episodes of dissociation to ground themselves. Finally, participants noted the importance of the professional supports and calling service providers from the app when help was needed (Table 32).

Table 32

Theme	Example
Usage	I've looked at it a couple of times when I was - I have bipolar disorder. And when I've been manic, I've gone over it because usually, the mania is preceded by depressive episodes, which can get pretty dark for me.
	They've shared their plan with me as their safety person and vice versa. So, we both sort of used it as a tool, to check in with each other better.
	I've had a meeting with my therapist since I've set it up, and I was showing her and she's like, "Maybe you should add these ones that I've noticed in you?" So, I added them and showed it to my therapist, and she was really happy that I found another resource for myself
	It's normally when I go into crisis, especially if I have an admission afterwards, I go through and try to figure out what to make different.
	I copied the scheme like on my laptop, right now I have several sticky notes that I write out like, "Who am I here for?" … I write the name of my best friend and writing why do they matter to me
	I thankfully haven't needed it so far, but I like knowing that it's there.
	I found it a really good support for myself even when I'm not suicidal, just to remind myself that hey, you're kind of in control of yourself, at the moment, good job, you. Look at you managing your warning signs.
Professional support	I find it hard helping myself, so having the numbers is handy
	Talking to people rather than texting. So, you've got the phone numbers on there, and I find that much more helpful, even if the wait lines are incredible at times. But it's much more helpful than doing anything online, so I like that there's phone numbers in there.
	Something else that would be interesting is also for the staff at [support] centres is to have the training to set up the plan with a person so that you could potentially make an appointment and go, 'I want to set up a plan, can you walk me through it?'

Are there any unintended benefits or negative outcomes from using the App?

Participants reported both benefits and some negative outcomes as a result of using the app. Benefits included the Coronavirus support information and using the app to check in with themselves and others (as noted above under usage, some repeated below for clarity). Using the app for emotion regulation and general coping is unintended but appeared to be a common use for many. Some of the negative outcomes were to do with the format of the app itself, including the amount of text and number of steps being overwhelming, confusion around the steps (in particular steps 5 – people and places, and 6 – people to talk or yarn to), looking through a plan that had not been updated since the breakdown of a relationship, lack of a text service option, opening directly to warning signs, and the concept of a safe space were challenging for some. Participants had a number of suggestions to manage some of these negative outcomes, including changing the entry point for the plan to whichever step the individual needed, rather than opening on warning signs, reducing the explanatory text on complete steps (or plans), as well as additional ideas, listed below (Table 33).

Table 33

Benefits	Negative outcomes	Suggestions
So, we both sort of used it as a tool, to check in with each other better.	some people hate phone calls, they really hate them	It would be even really cool to be able to - within the app - connect to [other] people's safety plans
I liked it has the Coronavirus support stuff, at the moment because it's been really tough on a lot of people. And it sent me a bit insane at times, with all of our lockdowns and stuff. I wasn't expecting the app to have updated like that because a lot of apps sort of behind the times and don't get enough updates and stuff to think about that sort of thing. So, I like that they thought of that.	I've never used QLife. So, I guess different people feel comfortable using different services. I like that there is a dedicated thing for queer people. But sometimes it feels like, I want to just be treated as just a normal person not specifically for my queerness. Does that make sense?	'places I can go', there is a lot of community group spaces, which could feel really good for people to connect with
I found it a really good support for myself even when I'm not suicidal	If you go into My Safety Plan, it is completely overwhelming for me.	I would say in the suggestions, I would personally have something about interpersonal violence [warning signs] … "Maybe the reason you're thinking you're so shit is someone's telling you you're shit."
First thing when my bipolar gets bad. My routine goes out the door. Now, part of my routine is to check this every other day. Get better, get in the shower, actually do the things you're supposed to do.	For me, it's too much text. I need to have it very brief.	There's warning signs in there, but before that should be triggers, the way I've learned it. So that step's actually missing.
	What I don't understand is the difference between five and six. So, five is people and places I can connect with, and six is people I can talk or yarn to; what's the difference?	In the planner it's great that you have the explanation, but when you go to the actual plan, so when you tap in here where it says 'safety plan' -- you don't need all that explanation, because you've already done it.
	it's pretty negative to start with the triggers and warning signs; I know you'd rather go something on the positive	I find it difficult that if I go into professional support, I can only add people, but I can't actually change the order.

	[maybe] choose a button on the bottom, instead of having to scroll through a plan. Because you don't need to see your trigger warnings when you're in distress and you want to distract. You don't have to go through that, it just probably winds you up even more.	Well, I'd like to have a background that is friendly for us, because there's only two options.
	I knew that I was ticking a lot of warning signs, and had that in the app, but I think that just made me feel worse because there was so many warning signs. And then I couldn't deal with it anymore and tried to kill myself, so I don't want to start with the warning signs again.	
	you read warning signs that you might just not have at that moment, and then you get reminded of it and things like that. So, for me, it's a bit of a spiral, so anything that feeds into that spiral is just not positive.	
	maybe 'my safe space' is a little bit ridiculous, as well... I find that a little bit upsetting. So, the first two - yeah, and they make me a bit agro, as well, so that's never a good thing	

Qualitative analysis of open-ended responses to survey items – LGBTIQA+ participants

The in-app survey also contained a number of open-ended questions. While some of the responses to these were captured in the interview and focus group data, the survey responses were completed by people who had recently opened the app to use it, and therefore provide some important insight into the experience of using the app in real time. Survey respondents had mixed feedback about the app, generally, those who had used the original version felt that the updated version was an improvement, still simple but "less basic than the other one" and "it's not as boring". Participants reported having shared their plans with partners, parents, friends, and mental health workers, some found this helpful, and others less so.

Participant responses focussed on the artwork, with both positive and negative responses about this, as well as some suggestions. The desire for more options to personalise the app was echoed in these responses. They also referred to the way they were using the app, their experiences while using it (good and bad, with some suggestions for improvement). Participants gave some clear recommendations about how to improve the app in terms of ease of use, e.g., "the emergency call button is in the same place the 'back' or 'home' button would be usually so when I was filling out my answers, I kept accidentally almost pressing it"; and use in an emergency e.g. "It should be accessible on the lock screen, from a locked phone, so that if you have an emergency people will know how to help you", "Include the ability to make a widget out of the Beyond Now plan so that I can look at it at a glance from my home screen, rather than having to open my app if I'm feeling suicidal" as well as how to make it more user friendly.

Some participants reported that since using the app, they had made additional changes to feel stronger and improve their wellbeing, including getting out for walks, setting exercise routines, making sure to reach out for help when needed (including making an appointment to see a psychologist), meditation, starting medication for mental health, and reducing alcohol and drug intake (Table 34).

Table 34

Theme	Positive	Negative	Recommendation
Artwork	The artwork connects to my Aboriginality and makes me feel good in my spirit immediately. It also is more interesting to look at than the other one	I'm not indigenous so I don't connect with other. Wish more options were available	It was simple, but I would like some more options.
	It makes me feel happier to see things of my culture implemented in items that can aid me.	It does not relate to me	I think more themes would make the app look more appealing. This version is nice and simple, but it is a bit boring. The aboriginal artwork looks much more exciting but does not share as much appeal to myself because I am not of aboriginal background.
	It felt very simplistic and basic. I didn't need to think about it. It was just a nice sunrise in the mountains.	The aboriginal art is amazing, but felt disrespectful to use for my mental health plan as non aboriginal person	I neither particularly like it or dislike it, I just don't relate with the aboriginal artwork. I would love if there were more options.
	More simplistic and calming	I don't identify as ATSI, and feel wrong using the aboriginal artwork. It's very pretty though.	Feels more inclusive but I would prefer if there were more options so I felt comforted visually
	It tells an important story about the culture and the traditional owners of the land	Not representing all peoples.	
Ease of use/inhibit use	Man this is like my 2nd day with it and I feel better already	It could use some work, when you're vulnerable all the options can seem overwhelming	I don't like the name 'my plan'. I'd rather it were called 'Safety Plan'
	It very handy having the phone crisis numbers in the app all I have to do is click on the number I need	I showed it to my partner, mother, two psychologists, and an outpatient nurse but none of them used it to help me and I was unable to use it to help myself	Viewing your photos of reasons to live, it would be good to be able to click on one then scroll through the others, instead of having to view it then go back then view the next. Also thought it could have a section to make a playlist/connect to a playlist of music to help people when in times of crisis

	The app itself is helpful. The most helpful feature of the app is the reasons to live section. The order of the sections is well structured for logical progression	This is a very small thing but the picture on the front looks like a head with blond hair and for some reason it has been extremely off putting sometimes, particularly when I need to use it.	When you review the plan and have pictures in there, it would be great to swipe through them like an album, rather than having to click on one picture, exit out, and then select another
	Happy with my use of this app so far. Just need to remember to use it more!	As someone who has no friends so no contacts, no family that cares, this app is of no use to me. Trying to prevent suicidal thoughts and feelings with no support network, it is very depressing.	maybe make an option where you can change the name etc to a game? Idk if this is possible but it'd be good for people with nosy parents.
	I really like it and the fact you can easily share the whole thing with others. Also being able to put a picture in.	Some of the links to professional help don't connect	Maybe Beyond Now could add some more links for Anxiety, Family issues and lgbt. You could also add more things for younger people that may not be able to find the websites they need so links would be great!
		The only thing I have trouble understanding is when you're feeling suicidal the last thing your brain is thinking is to get on the app,	Consider connecting a link for a counselling text or message service. Sometimes people want to talk but don't feel like their can use their voice
		I forget it exists and it's not very interactive. I could write it all down on paper and it would be just as useful.	
		It's just very long. When I want to get to the one part that I actually use (the what I'm living for part) I always have to go all the way through. It's a bit annoying.	

Participants had some further suggestions for how to improve the app, including adding notifications (one participant stated “I forget I have it”), additional features and personalisation (Table 35).

Table 35

Theme	Recommendation
Notifications	Option to set an email reminder, check in 7, 24 or 28 days. Send safely plan by SMS
	It would be helpful to have notifications and reminders of self-care activities, healthy eating, drink water, message a friend etc
	Reminders and notifications might be helpful with quotes or self-care reminders
Personalisation	I think it'd be good to be able to add custom images/make the theme a bit more personaliseable (sic), so I feel a bit more inclined to use it. If it felt a bit more personal, I think I'd reach for it more often.
	Maybe add a larger variety of suggested answers to each step in the action plan to give people more perspective.
	Feels more inclusive but I would prefer if there were more options, so I felt comforted visually
Features	For me a suicide prevention plan needs to be interactive with people being able to choose what they want to include. For me embedding distraction apps (quit smoking apps have these), mindfulness, games, uploading movies and photos etc would be much more beneficial. The apps / games etc are either by the app or just a link to apps on my phone. Links to online support chats. Maybe a mood diary. An app that can be used in everyday living so I can use it to open i.e., my breathing app, have everything in one place. I've attempted suicide 3 times in 2 years and safety plans, made by myself and with professional help have not been helpful. I'd be interested to learn if your app has been designed with people with lived experience.
	I think it should have some pride flags, for example instead of just two images for a home screen, you should have the person using this app put in their sexuality and gender. Then every time they open the app, they'll be welcomed by their flag/s and feel valid and supported. What would be good as well would be if you add some inspirational quotes said by people of that gender/sexuality or that relate to that gender/sexuality or even both would be better

Clinician quantitative and qualitative data

Relatively few clinicians participated in the in-app survey (n= 16), but a recruitment was stronger for interviews (n = 9). No clinicians were recruited from the survey to interview, giving a total of 25 unique participants. Survey respondents were predominantly psychologists, had been in their profession for 1-5 years, working in metropolitan areas in non-government organisations in a practice-based setting, with people of all ages (see Tables 36 - 39 for participant characteristics). Interview participants were psychologists, medical practitioners, one nurse, and one social worker, aged 43 years on average. The genders and sexualities of interview participants included 6 male and 3 female clinicians who identified heterosexual (n = 6), bisexual (n = 2), and gay (n = 1).

Table 36

Professions of clinicians who responded to the survey

Profession	n	%
Psychologist	6	37.5
GP	2	12.5
Counsellor	2	12.5
Social worker	2	12.5
Peer support worker	1	6.3
Other	3	18.8
Total	16	100

Table 37

Clinician years of practice

How long (in years) have you been working in your profession for?	*n*	%
Less than 1 year	2	12.5
1-5 years	7	62.3
5-10 years	1	6.3
More than 10 years	3	18.9
Total	13	100

Table 38

Clinician areas of practice

Where do you practice?	*n*	%
Metropolitan	8	50
Regional	5	31.3
Rural	5	31.3
Remote	1	6.3
Total	16	100
What is your main workplace setting?		
Public	4	26.7
Non-Government Organisation	6	40
Private	5	33.3
Total	15	100
How would you describe your main workplace setting?		
Clinic or practice-based or outpatient clinic	11	73.3
Outreach (e.g., home visits)	3	93.3
Telehealth (e.g., phone, videoconferencing or text-based)	1	6.7
Total	15	100

Table 39

Age of clients/patients seen by clinicians

	n	%
0-12 years	9	56.3
13-18 years	11	68.8
19-25 years	11	68.8
25-45 years	11	68.8
46-64 years	11	68.8
65+ years	8	50

Note. Participants could respond to multiple options.

Responses to the survey indicated that clinicians were familiar with safety planning and found them easy to complete with clients. They also reported that they found safety planning to be an effective intervention, and part of best practice when treating patients reporting suicidal ideation. Most indicated that they would like more training when it came to safety planning (Table 40).

Table 40

Clinician perspectives on safety planning

I understand how to develop a safety plan	*n* = 15	
	n	%
Strongly disagree	0	0
Disagree	0	0
Neither disagree nor agree	2	13.3
Agree	7	46.7
Strongly agree	6	40

Safety plans are easy to develop with clients/patients		
Strongly disagree	0	0
Disagree	0	0
Neither disagree nor agree	4	26.7
Agree	8	53.3
Strongly agree	3	20
I find safety planning to be an effective intervention		
Strongly disagree	0	0
Disagree	0	0
Neither disagree nor agree	0	0
Agree	11	73.3
Strongly agree	4	26.7
Safety planning is part of best practice for suicide prevention.		
Strongly disagree	0	0
Disagree	0	0
Neither disagree nor agree	0	0
Agree	7	46.7
Strongly agree	8	53.3
I would like more training on how to develop and use safety plans		
Strongly disagree		
Disagree	2	13.3
Neither disagree nor agree	3	20
Agree	7	46.7
Strongly agree	3	20

Most reported having heard about Beyond Now from a colleague, indicating the importance of peer-to-peer promotion. While safety planning was perceived as easy and an important intervention for suicide prevention, only one participant reported introducing it to more than 15 clients/patients, and 11 had introduced it to fewer than 5 clients/patients, with clinicians using Beyond Now inconsistently with suicidal clients/patients. Beyond Now was most often used with clients aged 13-24 (Tables 41- 43).

Table 41

Where clinicians heard about Beyond Now

Where did you first hear about Beyond Now?	*n* = 14	
	n	%
Seminar/conference	4	25
A colleague	8	50
Other	2	12.5

Table 42

Beyond Now use with clients/patients

Have you introduced clients/patients who were suicidal (or had been in the past) to Beyond Now?	*n*	%
Yes	7	43.8
No	9	56.3
Total	16	100
Approximately how many clients/patients have you introduced to Beyond Now?		
5	2	40
10	2	40
15	1	20
Total	5	100
Percentage of suicidal clients/patients clinicians introduced to Beyond Now		
0-10%	2	28.6
31-40%	1	14.3
61-70%	1	14.3
71-80%	1	14.3
81-90%	1	14.3
91-100%	1	14.3
Total	16	100

Table 43

Age of clients who clinicians use Beyond Now with

What age group of clients/patients do you use Beyond Now with? (years)		
	n	%
0-12	0	0
13-18	7	43.8
19-24	5	31.3
25-45	4	25
46-64	2	12.5
65+	1	6.3

Not all participants responded regarding the effectiveness of Beyond Now in the reduction of suicide risk, but the seven who did find it at least somewhat effective. Fourteen found Beyond Now to be useful and easy to use with clients/patients (Table 44).

Table 44

Clinician's perceptions of Beyond Now effectiveness, usefulness, and ease of use

How effective has Beyond Now been in helping to reduce suicide risk in your client/patients?	*n*	%
Not at all effective	0	0
Somewhat effective	4	57.1
Effective	3	42.9
Very effective	0	0
How useful has Beyond Now been for your clinical practice?		
Not useful	0	0
Somewhat useful	1	14.3
Useful	4	57.1
Very useful	2	28.6
Total	7	100
How easy was it to use Beyond Now with your clients/patients?		
Very difficult	0	0
Difficult	0	0
Easy	3	42.9
Very easy	4	57.1
Total	7	100

Only three had introduced Beyond Now to their Aboriginal and/or Torres Strait Islander clients and patients reporting suicide risk, one to fewer than 10% of these clients, another to fewer than 20%, and the third to approximately 50% of these clients. These clinicians reported Beyond Now to be at least somewhat effective in reducing suicide risk for Aboriginal and/or Torres Strait Islander peoples. One indicated that the shame and guilt associated with mental health concerns experienced by Aboriginal peoples as a barrier to use of the app.

Four clinicians reported working with LGBTIQA+ clients, however only two had introduced Beyond Now to LGBTIQA+ clients reporting suicidal ideation, these two reported that they had introduced Beyond Now to around 30-40% of their LGBTIQA+ clients at risk of suicide. Both found the app effective in reducing suicide risk with these clients/patients.

Qualitative analysis

Seven psychologists/provisional psychologists and one social worker were recruited from outside of the app to give their thoughts on Beyond Now. Clinicians interviewed were largely positive about Beyond Now and saw the advantages of a safety planning app over traditional pen and paper methods. As these participants were unfamiliar with Beyond Now, the interview process involved showing each of the steps (with both the Aboriginal and default artwork) and discussing them with the participant and seeking their feedback on each. Responses have been collated around the themes of cultural appropriateness, cultural barriers and enablers, user experience, unintended positive and negative outcomes, as well as suggestions for advertising the app to other clinicians.

Cultural Appropriateness

Clinicians reported an absence of content that would exclude anyone from using Beyond Now, and equally recognised content that was deliberately 'neutral' artwork. Clinicians noted and valued the presence of aboriginal artwork background. It was recognised that Aboriginal and Torres Strait Islander communities are 'hugely different', suggesting the need for distinct elements that appeal to Torres Strait Islander people (Table 45).

Table 45

Inclusivity	Neutrality
there was nothing about it that would make me feel not included, so I thought it was lovely	they seem pretty neutral I think
I think that the Aboriginal artwork and thinking about how to engage some of the more marginalised and high-risk groups is a really positive step and it's going to improve the app	
I think quite inclusive. I don't think that it would – I don't think any of the language would be inaccessible to anybody. I think that the inclusion of the Aboriginal art is going to be something that makes Aboriginal patients more comfortable using it and this is something that will make them feel included	
steps in there to make people feel inclusive because I know especially if someone's feeling suicidal, that could be something else that upsets them, as well	
there's nothing about it which looks like it would exclude anyone.	

Cultural Barriers and Enablers

Barriers and enablers of Beyond Now use were identified by clinicians and included both those specific to the target populations of interest as well as all Beyond Now users. Themes arose around accessibility, for example use with older people or people with literacy or learning concerns. They also noted that part of accessibility was in being able to find the app, and that a high rank in the app store would help with this. Clinicians also noted that when in crisis, developing a safety plan might be overwhelming, they considered the number of steps, and working with someone else (preferably a clinician) to develop a plan. Two sections in particularly were noted to be confronting – Reasons for living, due to the implications for risk that recognition of a lack of reasons to live can bring, and Warning signs, as they are focusing on situations that may be distressing or painful. These experiences raised the possibility of design changes to allow completion of the plan in a self-selected order so that more confronting sections

could be completed last or later when the user was prepared or supported. Also, in terms of content and appearance, more overt signalling of being LGBTIQA+ friendly via rainbow flags was suggested. Inclusion of a more "masculine figure" was also noted. The language used was seen as being accessible to many. Like many of the app users themselves, clinicians suggested that a text-based service would be a useful addition (Table 46).

Table 46

Theme	Barrier	Enabler	Suggestion
Accessibility	When I first saw seven steps, I was like, that's a lot…. it naturally flows on and it's not like a laborious task, or you'd hope that it wasn't.	what search criteria does it come up under? Is it one of the first responses?	I don't know if it's worth having a masculine figure in there, as well
	if it wasn't done in the therapy session, yeah, I would anticipate that yeah, it might be common that people may download the app and not go further	it's obviously easy to use	"chosen family" instead of partner/partners
			a situation where maybe the phone isn't the most accessible, are there other kinds of mediums that can be included? Whether that be like some kind of chat via text or something, calling can be quite intimidating
Content/Appearance	It's not an easy thing to go through that process, and particularly the establishing a list of reasons to live. I've had quite a few patients say that that was quite difficult for them to do and quite a triggering part of the process. It's critical and it's important and it needs to be there, but that's often the second thing that you come across and is a barrier for the patients completing it	It's about owning your own care	a third skin that had a beautiful rainbow going over the top

	you can't pigeonhole, because it's such a varied and diverse population within the very diverse populations, you know…I think it acknowledges but without – I suppose especially more with Aboriginal and Torres Strait Islander – but I think even with the people's sort of sexual identity as well, it's there but it's not prominent	people may not know what their relaxation techniques are (add suggestions)

User Experience

Positive feedback was received on the functionality of Beyond Now including "I think it's a really, really useful tool" with the layout described as "intuitive" and its "very plain language…. it's not overdramatic". The responsiveness of the app being "really quick", and the appearance described as "beautiful" and "nice and colourful" and "not over the top" were all positive points.

The benefits of greater personalisation and flexible use was recognised with the ability to download images to use as backgrounds. In addition, it was recognised that clinicians could emphasise to their patients that users had a "choice of how they use it" and that "some people may not want to share [their plan with others] and that's okay." To further this, setting up a profile was suggested as a way of directing app users to relevant resources that fit their demographic profile and location e.g., inclusion of state based mental health triage phone numbers. Language changes for farming settings were also recommended such as referencing dogs as reasons for living, restricting access specifically to guns and Beyond Now being part of one's "tool-kit".

Beyond Now was described as being 'time efficient' for GPs and those at low risk able to complete their safety plans at home in a self-directed manner, as they "don't need clinical guidance".

Unintended Negatives and Positives

Few unintended negatives or positives were revealed in the clinician interviews. A clinician described using Beyond Now for "bad depression or [those] in quite a fair bit of psychological distress" where suicidal thoughts may not be overt, but concern exists. In such cases Beyond Now may serve as a safety net useful in the event that suicidal thoughts emerge or are present but not revealed or as a tool for mood regulation such as reviewing reasons to live and internal coping strategies and being reminded of support people.

Challenges of completing a Beyond Now safety plan while talking to a client on their smartphone were recognised, however the ease of using Beyond Now in a video consultation using another device such as a laptop was noted.

Advertising

A diverse range of avenues for advertising were raised. Social media suggestions focused on TikTok to reach the broader (youth and LGBTIQA+) community and private WhatsApp groups of professionals. Professional organisations provide avenues for professional development in safety planning and Beyond Now including Australian Psychological Society, College of Mental Health Nursing, and Australian College of Nursing. Government departments were recognised as being influential, namely the Ministries and Departments of Health and local services and professionals such as district nurses, maternal child health nurses, and the police force. To enable embedding of Beyond Now with new practitioners, inclusion in medical and health professional curriculum as a clinical skill was raised recognising the authority of "it gives it a bit more weight if your lecturers are the ones who introduce it". As well as these broader strategies, a more localised approach was also emphasised involving providing CPD training to GPs within general practices and partnering with GPs who can act as advocates "talk about their experiences with colleagues about using these apps and programs". A rural based practitioner advised reaching farming communities via publications such as 'Beyond the Bale' and organisations including 'National Farmers Health Centre', 'Victorian Farm Federation' and the 'National Farmers Federation'.

Suggestions

During the interview, all clinicians were oriented to the app in a standardised briefing. Many raised potential new suggestions (Table 47).

Table 47

Step	Suggestions
Warning signs	I feel isolated. I am isolating myself, Suicidal ideation with intent. I have a plan
	"I becoming unwell when I'm…." stem to which users can respond.
	reactive or irritable, feeling overwhelmed
	I don't see the point of living
	suicidal ideation as a warning sign
	self-hate, anger at self
	Feel like you're wearing concrete boots
	not leaving the house/farm
Make my space safe	get rid of things that I have thought of that I could use
	alternative is to stay with others
My reasons to live	I couldn't do that to family & friends. Religious reasons.
	to feel better again
	giving to your community
	your dogs, your stock (farming)
	you are valued as a mate a cobber
Things I can do by myself	"I'm at my best when…"
	draw or paint, cook a meal
People and places I can connect with	Talk on the phone with someone who understands me
	go for a walk with someone
	being with pets
	importance of connecting with random people while out
Professional support	Switchboard
	Reachout
	State based triage numbers
	Community Health Centre

Discussion

Beyond Now is a popular (rated 29th most popular medical apps on the App Store 05.08.2021) well-regarded (4.3 stars out of 5 on App Store, and 4+ stars on Google Play store) suicide prevention tool. The second version of Beyond Now aimed to be more inclusive of our diverse Australian community with a specific focus on LGBTIQA+ and Aboriginal and/or Torres Strait Islander peoples, who are recognised as being at greater risk of suicide. This project aimed to examine the extent to which Beyond Now is considered culturally appropriate, identify barriers and enablers of use, understand user's experiences, engagement and participation with the app, as well as any unintended positive or negative outcomes.

The proportion of the survey sample of Beyond Now users who identified as LGBTIQA+ and Aboriginal and/or Torres Strait Islanders was higher than the general population, this over-representation may indicate above average levels of engagement. Recruitment of clinicians was difficult, which may have been explained by the very high demand on clinical services during the Covid-19 pandemic.

Cultural Appropriateness, Engagement and Acceptability

The changes to Beyond Now that aimed to increase engagement and acceptability of the app to LGBTIQA+ and Aboriginal and/or Torres Strait Islander people were considered as respectful and valued for their inclusivity. Usability and effectiveness ratings were very good without being outstanding, with the vast majority reporting some level of benefit from using the app. Very high levels of comfort, ease of use, and inclusivity were reported. Overall, there were very few differences between groups (Aboriginal and/or Torres Strait Islander, LGBTIQA+, Aboriginal and/or Torres Strait Islander and LGBTIQA+, and neither Aboriginal and/or Torres Strait

Islander and LGBTIQA+) suggesting that the app was equally engaging, appealing and useful to these communities. Clinicians equally reported favourable opinions about Beyond Now highlighting the app's straightforward and easy to use design and inclusivity.

Participants reported making few changes towards strengthening their coping resources as a result of *setting up* a plan, however a substantial percentage reported an increase in coping after they had *used* their plans. This shows different outcomes for those with different levels of engagement with safety plans. Most people reported an improvement in their ability to identify their warning signs (35-60% of the sample). Similarly, Aboriginal and Torres Strait Islander participants report engaging with culture and improvements in connection to spirit, as well as engagement with cultural practices as a result of using Beyond Now.

Many people didn't look at their plan when feeling suicidal. This may be related to Beyond Now being a 'passive' resource that currently does not initiate interaction with the app user. This finding has implications for future functionality of Beyond Now to include reminders to update, share or interact with one's plan at a time of need. Such reminders are commonly delivered by 'pop-up' notifications. As the ability to personalise the functions of Beyond Now are valued by app users, the ability to opt in or out is essential and potentially customise notifications is also valued.

About one third of survey respondents shared their safety plans which is approximately double the percentage reported in the first evaluation of Beyond Now completed in 2017. The reasons for this improvement are unknown but may relate to the expanded options through which plans may be shared (e.g., text message, WhatsApp). The reason for the modest rate of sharing can partially be explained by about 40% of those users who didn't share their plan reporting not having anyone to share with, consistent with isolation being a risk factors for suicide (Calati et

al., 2019). There was also a group who were contemplating sharing, and a task for future is to consider how to encourage this group to share, meaning that the rate of sharing may increase over time, particularly in those who may have only recently created their plan. Furthering the understanding of what would help this group share their plans would be a useful target for future research.

As was reported in the evaluation of the first version of Beyond Now, the majority of survey respondents (74%) reported completing their plan by themselves. A strength of Beyond Now is its high level of availability, being free of charge in the app stores allowing people who are not engaged with a clinician or service to access the resource. However, this study extended upon the findings of the prior evaluation reporting that 38% survey participants found out about Beyond Now from a health professional, but only about half actually completed their plan with a health professional or worker. This finding was also expressed in interview data, e.g. “I used it because the CAT team told me to” [following the consultation]. This suggests that a sizeable proportion of Beyond Now users are being directed to Beyond Now by a health professional but are not collaborating with their client/patient to develop the plan. Amongst a range of possibilities this finding may reflect the time pressures experienced by some health professionals, the lack of recognition of the health professional’s role in adding rigour to a safety plan and the importance of teaching a client/patient how to use their plan, or simply they believe in the client/patient’s ability to create a useful plan by themselves.

The artwork in and design of Beyond Now was highly regarded by app users and clinicians alike. Aboriginal interviewees reported appreciating the Aboriginal artwork and saw it as a sign of respect and inclusivity. LGBTIQA+ participants recognised the neutrality and representation in the artwork and that it was not overtly hetero-cis-normative. However, app images were rated

slightly lower than ease and comfort of use, which may reflect a desire to further personalise artwork as detailed in the recommendations below.

Both LGBTIQA+ and Aboriginal and Torres Strait Islander participants as well as clinicians recognised the need for Beyond Now to better meet the needs of those with disabilities. Designing apps for people with disabilities is an emerging field and opportunities to improve accessibility for people with disability will likely lead to benefits for all users (Shinohara & Tigwell, 2021). For example, incorporation of a screen reader may be of interest to people with visual impairment, low levels of literacy.

Aboriginal interviewees noted the impact of shame and stigma associated with mental health issues including suicide risk within their communities. Cultural and familial expectations and obligations were reported and were at odds with experiencing and seeking help for difficulties with mental health. While this issue is much broader than use of Beyond Now it likely would impact on help-seeking behaviours including access of Beyond Now within Aboriginal communities.

Seventeen percent of survey respondents had used the prior version of Beyond Now. Of these about 30% reported that the new version was better and very few rated it as being worse than the prior version. This suggests that the second version is incrementally better than the first and that the vast majority of users remain satisfied with the functionality and appearance of the app. Incremental improvement is a positive and realistic outcome given the scope of the changes that were made and the very few responses that it is worse suggests that the core functions of Beyond Now were preserved in the revision.

Participating clinicians were mainly psychologists, however, were from diverse geographical locations and workplace settings. Clinicians reported that Beyond Now was useful and provided benefit to client/patients and featured artwork that was inclusive and neutral. However, it was noted that older age populations and those with disabilities would be less likely to engage with the app. The simple design of Beyond Now was seen as facilitating its use and may have even led to clinicians to suggest plan development independent of their input. A barrier for use was lack of knowledge about Beyond Now amongst clinicians. This prompted suggestions of embedding Beyond Now into university curriculum, and provision of training at an institutional level e.g., via professional societies as well as via local networks and trainings within practices. The confronting nature of some steps of safety planning was also noted as a barrier or challenge to use as will be discussed in the next section on unintended outcomes. The sample of survey respondents who worked with patients/clients who identified as Aboriginal and/or Torres Strait Islander/LGBTIQA+ was too small for meaningful analysis.

Unintended Outcomes

One unintended outcome was key and reported across quantitative and qualitative data. About one third of survey respondents reported using Beyond Now for issues other than managing with suicidal thoughts or crises, specifically mood regulation or to check in with themselves. These uses are understandable, as Beyond Now includes coping strategies and reasons for living which may influence mood. Other unintended outcomes noted by app users and clinicians alike were feelings of distress and being overwhelmed during preparation of safety plan. Such feelings are likely linked to the nature of suicidal crisis and the underlying factors which may be triggered particularly by asking people to consider warning signs and reasons for living. This phenomenon

has been described previously (Buus et al, 2019) so while it is unintended, it is also not unexpected.

Dissemination and Implementation

Clinicians and app users alike provided specific ideas about how to help disseminate and implement Beyond Now into communities and practice. Many of these ideas constitute enablers of Beyond Now use. The advantages of hearing about Beyond Now from trusted people in positions of influence were noted as an important medium for dissemination. For example, Aboriginal interviewees spoke of using the Aboriginal 'grapevine' whereby trusted community members were viewed as the best source of information about cultural safety in these contexts. In addition, a post-graduate psychology student spoke about the confidence they felt in using Beyond Now, from having a lecturer introducing them to it. Established online advertising outlets (e.g., Google) as well as recently popularised social media (e.g., TikTok) were noted as important for promotion, with the latter popular amongst LGBTIQA+ respondents, who also noted that there is strong representation of young Aboriginal and/or Torres Strait Islander creators on TikTok.

Limitations

The project findings ought to be considered within the context of a number of limitations. It is acknowledged that those who have not engaged with Beyond Now (e.g., deleted the app, set up plan but never re-open the app) would not have had the opportunity to see the invitation to participate in the in-app survey, thus reports on usability and effectiveness may be over-estimated. This potential bias may be partially countered by our inclusion of people who were naïve to Beyond Now in the interviews and focus groups. The project was conducted within the

Covid-19 pandemic which is thought to have slowed recruitment. While it is known that demand increased for traditional and digital mental health services has increased during the pandemic, the impact on survey and interview responses is unknown but is thought to be minimal given the small number of comments about the Covid-19 pandemic is notable.

Recommendations

All participants groups provided thoughtful and often aligned feedback about how Beyond Now might be further improved. Based on the collected results, the investigator group prepared the following recommendations for the Beyond Now app. As will be evident, many of the following recommendations are applicable to, or have benefit beyond LGBTIQA+ and Aboriginal and Torres Strait Islander communities.

1. Personalisation and customisation – the ability to 'see' oneself and one's community in Beyond Now could be enhanced by expanding upon the preferences at entry to the app. The preferences could include:
    a. Background preference. In addition to the two current backgrounds, inclusion of the ability to use a personal photo or a photo from an image bank (e.g., images of the land, sea, fire, or a flag) as the background within the app
    b. Content preference. For example,
        i. Aboriginal and Torres Strait Islander content would include idioms of language, culturally adapted suggestions e.g., WellMob, inclusion of audio track of sounds of the sea, images of the land, audio bites of Aboriginal people talking about their coping.

ii. LGBTIQA+ content options would include LGBTIQA+ local support options as well as culturally appropriate suggestions e.g., inclusion of Switchboard, ‘my chosen family’. Mixed views were expressed about increasing the visibility of rainbow flag insignia.

c. Geographical Location. This option would provide state-based sources of assistance e.g., state psychiatric triage, ACON, Queensland Aids Council.

2. Notifications. About a third of app users reported not looking at their safety plan when suicidal, suggesting that the app may not be helpful or may not be kept in mind. The addition of a discrete and optional ‘pop-up’ reminder about the need to finish, review or update a safety plan would increase visibility of Beyond Now and counter against people forgetting about their plan, or opening an outdated plan in a time of need. It was suggested that monthly pop-up messages could remind participants to ‘check-in’ with their plan.
3. Accessibility. Design changes could enhance the ability of people who have a disability or difficulties reading to access Beyond Now
    a. Text-to-talk functionality that provides audio playback of all text within the app accessible by touch.
    b. Use of icons as a method of reducing text
    c. Video based instructions on how to develop and use safety plans by members of LGBTIQA+ and Aboriginal & Torres Strait Islander communities.
4. Increasing Connection. A key aim of safety planning is to connect people with their supports whether family, friends, professionals or services.

a. Incorporation of the ability to communicate with people and services listed in a safety plan (e.g., Lifeline eheadspace) via text, rather than only telephone call
b. Incorporate hyperlinks to forums.
c. To allow users to share elements of their plans (not personal contacts but coping strategies and reasons for living) in a *moderated* 'Beyond Now' forum may allow for connection, support and the sharing of 'what works' with others who are at risk of suicide allowing peer to peer learning.

5. Guided entry to safety plan
    a. Addition of the ability to enter Beyond Now at the most appropriate step of the plan based on need or preference was highlighted as a method of increasing engagement. One method of achieving this would be by asking users to select their reason for opening the app for example "in crisis", or "editing". If in a crisis the user would be taken to reasons for living and then able to work through the steps, skipping warning signs and make environment safe. If editing, the user would be presented with a menu or directed to the first step (warning signs).
    b. Alternatively, incorporation of a system into Beyond Now that guides users through making of a personalised safety plan e.g., via a conversational agent, may also improve plan quality and also provide support to those who find creating a plan overwhelming due to the amount of content or emotionally challenging due to the nature of the topic. Such a conversational agent may also be able to guide users when the open their plan in a crisis situation.
6. Professional training.

Professionals using Beyond Now valued further training with both online and in-person options desirable. It appears that a substantial proportion of Beyond Now user participants were directed to Beyond Now by a health professional but ultimately did their plan on their own. It is desirable that, where possible, users complete their plan with a health professional as these plans are rated as being higher in quality (Authurson & Melvin, 2020). The reasons for the high level of self-directed safety plan completion in those who are directed to Beyond Now by a clinician are unknown. However, it may be due to time related pressures in busy services (e.g., Emergency Departments, GP clinics), lack of training or experience in how to support a person who is at risk or perceptions that the patient is at low risk. Training of professionals and pre-service professionals to a level of competency in safety planning combined with education about benefits of a clinician guided plan appear justified.

7. Beyond Now Functions Scope. Participants had many ideas about additional functions that might assist with coping. Inclusion of a number of different functions was recommended but are at odds with the positive feedback about the app's simplicity and clean design. Maintaining a focus on Beyond Now's core functions is recommended along with steps that will improve plan completion and quality.

8. Promotion. Engagement with social media (specifically TikTok, Instagram), community-based advocates, local, state and federal government Health and Mental Health Departments and agencies, LGBTIQA+ and Aboriginal and Torres Strait Islander

friendly services, and health and wellbeing practitioners were raised as avenues for dissemination and implementation.

References

ACON. (2020). Policy and research: Recommended sexuality and gender indicators. Retrieved from https://www.acon.org.au/what-we-are-here-for/policy-research/#recommended-sexuality-and-gender-indicators

Asarnow, J. R. (2018). Suicide attempt prevention: A technology-enhanced intervention for treating suicidal adolescents after hospitalisation. *American Journal of Psychiatry, 175*(9), 817-819. doi:10.1176/appi.ajp.2018.18050554

Authurson, R., & Melvin, G. (2020). Evaluating the fidelity of Beyond Now safety plans for suicide prevention. Manuscript under preparation.

Australian Bureau of Statistics. (2015). General Social Survey: Summary results, Australia, 2014. Retrieved from https://www.abs.gov.au/ausstats/abs@.nsf/mf/4159.0

Australian Bureau of Statistics. (2019). Causes of Death, Australia, 2018 (Cat. no. 3303.0). In. Canberra, Australia: ABS.

Australian Bureau of Statistics. (2021). National, state and territory population. Retrieved from https://www.abs.gov.au/statistics/people/population/national-state-and-territory-population/dec-2020#states-and-territories

Australian Bureau of Statistics. (2021). Migration, Australia. Retrieved from https://www.abs.gov.au/statistics/people/population/migration-australia/latest-release

Australian Health Ministers' Advisory Council. (2017). Aboriginal and Torres Strait Islander Health Performance Framework 2017 Report. Canberra, Australia: AHMAC.

Australian Human Rights Commission. (2015). Resilient Individuals: Sexual orientation, gender identity & intersex rights: National Consultation Report, 2015. Retrieved from Australia: www.humanrights.gov.au/sogii

Australian Institute of Health and Welfare. (2019). Deaths by suicide amongst Indigenous Australians. Retrieved from https://www.aihw.gov.au/suicide-self-harm-monitoring/data/populations-age-groups/suicide-indigenous-australians

Australian Institute of Health and Welfare. (2019). Deaths by suicide over time. Retrieved from https://www.aihw.gov.au/suicide-self-harm-monitoring/data/deaths-by-suicide-in-australia/suicide-deaths-over-time

Beyond Blue. (2020). How to create a suicide prevention safety plan. Retrieved from https://www.beyondblue.org.au/personal-best/pillar/supporting-yourself/how-to-create-a-suicide-prevention-safety-plan

Blair, K. (2016). Ethical research with sexual and gender minorities. In (pp. 375-380).

Bock, B. C., Rosen, R. K., Barnett, N. P., Thind, H., Walaska, K., Foster, R., . . . Traficante, R. (2015). Translating behavioral interventions onto mHealth platforms: Developing text message interventions for smoking and alcohol. *JMIR mHealth uHealth, 3*(1), e22. doi:10.2196/mhealth.3779

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77-101. doi:10.1191/1478088706qp063oa

Bryan, C. J., Mintz, J., Clemans, T. A., Leeson, B., Burch, T. S., Williams, S. R., . . . Rudd, M. D. (2017). Effect of crisis response planning vs. contracts for safety on suicide risk in U.S. Army Soldiers: A randomized clinical trial. *Journal of Affective Disorders, 212*, 64-72. doi:10.1016/j.jad.2017.01.028

Burns, R. A. (2016). Sex and age trends in Australia's suicide rate over the last decade: Something is still seriously wrong with men in middle and late life. *Psychiatry Research, 245*, 224-229. doi:10.1016/j.psychres.2016.08.036

Bush, N. E., Dobscha, S. K., Crumpton, R., Denneson, L. M., Hoffman, J. E., Crain, A., . . . Kinn, J. T. (2015). A virtual hope box smartphone app as an accessory to therapy: Proof-of-concept in a clinical sample of veterans. *Suicide and Life-Threatening Behavior, 45*(1), 1-9. doi:10.1111/sltb.12103\

Buus, N., Juel, A., Haskelberg, H., Frandsen, H., Larsen, J. L. S., River, J., ... & Erlangsen, A. (2019). User involvement in developing the MYPLAN mobile phone safety plan app for people in suicidal crisis: Case study. *JMIR Mental Health*, *6*(4), e11965.

Calati, R., Ferrari, C., Brittner, M., Oasi, O., Olie, E., Carvalho, A.F., Courtet, P. (2019). Suicidal thoughts and behaviors and social isolation: A narrative review of the literature. Journal of Affective Disorders, 245, 653-667.

Cerel, J., Brown, M.M., Maple, M., Singleton, M., van de Venne, J., Moore, M. and Flaherty, C. (2019). How Many People Are Exposed to Suicide? Not Six. Suicide Life Threat Behav, 49: 529-534. https://doi.org/10.1111/sltb.12450

Christensen, H., Batterham, P. J., & Dea, B. (2014). E-Health interventions for suicide prevention. International Journal of Environmental Research and Public Health, 11(8). doi:10.3390/ijerph110808193

Curtin, S. C., Warner, M., & Hedegaard, H. (2016). Increase in Suicide in the United States, 1999-2014. *NCHS Data Brief*(241), 1-8.

de la Torre, I., Castillo, G., Arambarri, J., López-Coronado, M., & Franco, M. A. (2017). Mobile apps for suicide prevention: Review of virtual stores and literature. *JMIR mHealth uHealth, 5*(10), e130. doi:10.2196/mhealth.8036

De Leo, D., Cerin, E., Spathonis, K., & Burgis, S. (2005). Lifetime risk of suicide ideation and attempts in an Australian community: Prevalence, suicidal process, and help-seeking behaviour. *Journal of Affective Disorders, 86*(2), 215-224. doi:10.1016/j.jad.2005.02.001

Department of Health and Ageing. (2007). Living is for everyone: Suicide prevention in Indigenous communities: In: Fact sheet 16. In. Canberra, Australia: Australian Government.

Dick, J. J., Nundy, S., Solomon, M. C., Bishop, K. N., Chin, M. H., & Peek, M. E. (2011). Feasibility and usability of a text message-based program for diabetes self-management in an urban African-American population. *Journal of Diabetes Science and Technology, 5*(5), 1246-1254. doi:10.1177/193229681100500534

World Health Organisation (2018). *mHealth: Use of appropriate digitcal technologies for public health*. Seventy-First World Health Assembly. World Health Organization. In.

Dudgeon, P., Calma, T., & Holland, C. (2017). The context and causes of the suicide of Indigenous people in Australia. *Journal of Indigenous Wellbeing, 2*(2), 5-15.

Dudgeon, P., Cox, K., D'Anna, D., Dunkley, C., Hams, K., Kelly, K., . . . Walker, R. (2012). *Hear our voices: Community consultations for the development of an empowerment, healing and leadership program for Aboriginal people living in the Kimberley, Western Australia*. Perth, WA: Centre for Research excellence in Aboriginal health and wellbeing, Telethon Institute for Child Health Research.

Feeley, N., Cossette, S., Côté, J., Héon, M., Stremler, R., Martorella, G., & Purden, M. (2009). The importance of piloting an RCT intervention. *2009, 41*(2).

Foroushani, P. S., Schneider, J., & Assareh, N. (2011). Meta-review of the effectiveness of computerised CBT in treating depression. *BMC Psychiatry, 11*, 131. doi:10.1186/1471-244x-11-131

Hawton, K., Bergen, H., Kapur, N., Cooper, J., Steeg, S., Ness, J., & Waters, K. (2012). Repetition of self-harm and suicide following self-harm in children and adolescents: Findings from the Multicentre Study of Self-harm in England. *Journal of Child Psychology and Psychiatry, 53*(12), 1212-1219. doi:10.1111/j.1469-7610.2012.02559.x

Hearn, S., Wanganeen, G., Sutton, K., & Isaacs, A. (2016). The Jekkora group: An Aboriginal model of early identification, and support of persons with psychological distress and suicidal ideation in rural communities. *Advances in Mental Health, 14*(2), 96-105. doi:10.1080/18387357.2016.1196110

IQVIA Institute for Human Data Science. (2017). The growing value of digital health: Evidence and impact on human health and the healthcare system. Retrieved from https://regresearchnetwork.org/wp-content/uploads/the-growing-value-of-digital-health.pdf

Kayman, D. J., Goldstein, M. F., Dixon, L., & Goodman, M. (2015). Perspectives of suicidal veterans on safety planning: Findings from a pilot study. *Crisis, 36*(5), 371-383. doi:10.1027/0227-5910/a000348

Kennard, B. D., Biernesser, C., Wolfe, K. L., Foxwell, A. A., Craddock Lee, S. J., Rial, K. V., . . . Brent, D. A. (2015). Developing a brief suicide prevention intervention and mobile phone application: A qualitative report. *Journal of technology in human services, 33*(4), 345-357. doi:10.1080/15228835.2015.1106384

Kennard, B. D., Goldstein, T., Foxwell, A. A., McMakin, D. L., Wolfe, K., Biernesser, C., . . . Brent, D. (2018). As Safe as Possible (ASAP): A brief app-supported inpatient intervention to prevention postdischarge suicidal behaviour in hospitalized, suicidal adolescents. *American Journal of Psychiatry, 175*(9), 864-872. doi:10.1176/appi.ajp.2018.17101151

Kennedy, M. C., Marshall, B. D. L., Hayashi, K., Nguyen, P., Wood, E., & Kerr, T. (2015). Heavy alcohol use and suicidal behavior among people who use illicit drugs: A cohort

study. *Drug and Alcohol Dependence, 151*, 272-277. doi:10.1016/j.drugalcdep.2015.03.006

Koh, C. S., Kang, M., & Usherwood, T. (2014). 'I demand to be treated as the person I am': Experiences of accessing primary health care for Australian adults who identify as gay, lesbian, bisexual, transgender or queer. *Sexual Health, 11*(3), 258-264. doi:10.1071/SH14007

Larsen, M. E., Nicholas, J., & Christensen, H. (2016). A systematic assessment of smartphone tools for suicide prevention. *PLoS One, 11*(4), e0152285. doi:10.1371/journal.pone.0152285

Leonard, W., Pitts, M., Mitchell, A., Lyons, A., Smith, A., Patel, S., . . . Barrett, A. (2012). *Private Lives 2: The second national survey of the health and wellbeing of gay, lesbian, bisexual and transgender (GLBT) Australians*. Retrieved from

LGBTIQ+ Health Australia. (2021). Snapshot of mental health and suicide Prevention statistics for LGBTIQ+ People. Retrieved from https://d3n8a8pro7vhmx.cloudfront.net/lgbtihealth/pages/549/attachments/original/1620871703/2021_Snapshot_of_Mental_Health2.pdf?1620871703

Lyons, A., Rozbroj, T., Pitts, M., Mitchell, A., & Christensen, H. (2015). *Improving online therapy for mood disorders among lesbians and gay men: A practical toolkit for developing tailored web- and mobile phone-based depression and anxiety interventions*. Melbourne, Victoria: Australian Research Centre in Sex, Health and Society

McNair, R., Andrews, C., Parkinson, S., & Dempsey, D. (2017). *LGBTQ homelessness: Risks, resilience, and access to services in Victoria*. Melbourne, Australia: Publisher Gay and Lesbian Foundation of Australia (GALFA).

Melia, R., Francis, K., Hickey, E., Bogue, J., Duggan, J., O'Sullivan, M., & Young, K. (2020). Mobile health technology interventions for suicide prevention: systematic review. *JMIR mHealth uHealth, 8*(1), e12516. doi:10.2196/12516

Melvin, G. A., Gresham, D., Beaton, S., Coles, J., Tonge, B. J., Gordon, M. S., & Stanley, B. (2019). Evaluating the feasibility and effectiveness of an Australian safety planning smartphone application: A pilot study within a tertiary mental health service. *Suicide and Life-Threatening Behavior, 49*(3), 846-858. doi:10.1111/sltb.12490

Mereish, E. H., O'Cleirigh, C., & Bradford, J. B. (2014). Interrelationships between LGBT-based victimization, suicide, and substance use problems in a diverse sample of sexual and gender minorities. *Psychology, Health & Medicine, 19*(1), 1-13. doi:10.1080/13548506.2013.780129

Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin, 129*(5), 674-697. doi:10.1037/0033-2909.129.5.674

Naslund, J. A., Marsch, L. A., McHugo, G. J., & Bartels, S. J. (2015). Emerging mHealth and eHealth interventions for serious mental illness: A review of the literature. *Journal of Mental Health, 24*(5), 321-332. doi:10.3109/09638237.2015.1019054

Olfson, M., Wall, M., Wang, S., Crystal, S., Gerhard, T., & Blanco, C. (2017). Suicide following deliberate self-harm. *American Journal of Psychiatry, 174*(8), 765-774. doi:10.1176/appi.ajp.2017.16111288

Pallant, J. (2011). *SPSS survival manual: A step by step guide to data analysis using SPSS* (4th ed.). NSW, Australia: Allen & Unwin.

Posner, K., Brown, G. K., Stanley, B., Brent, D. A., Yershova, K. V., Oquendo, M. A., . . . Mann, J. J. (2011). The Columbia–Suicide Severity Rating Scale: Initial validity and internal consistency findings from three multisite studies with adolescents and adults. *American Journal of Psychiatry, 168*(12), 1266-1277. doi:10.1176/appi.ajp.2011.10111704

Purdie, N., Dudgeon, P., & Walker, R. (2010). *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice* (1st ed.). Canberra, Australia: Australian Government Department of Health and Ageing.

Reisner, S. L., Falb, K. L., Wagenen, A. V., Grasso, C., & Bradford, J. (2013). Sexual orientation disparities in substance misuse: The role of childhood abuse and intimate partner violence among patients in care at an urban community health center. *Substance Use & Misuse, 48*(3), 274-289. doi:10.3109/10826084.2012.755702

Roffee, J. A., & Waling, A. (2017). Resolving ethical challenges when researching with minority and vulnerable populations: LGBTIQ victims of violence, harassment and bullying. *Research Ethics, 13*(1), 4-22. doi:10.1177/1747016116658693

Rothman, E. F., Exner, D., & Baughman, A. L. (2011). The prevalence of sexual assault against people who identify as gay, lesbian, or bisexual in the United States: A systematic review. *Trauma, Violence, & Abuse, 12*(2), 55-66. doi:10.1177/1524838010390707

Roxburgh, A., Lea, T., de Wit, J., & Degenhardt, L. (2016). Sexual identity and prevalence of alcohol and other drug use among Australians in the general population. *International Journal of Drug Policy, 28*, 76-82. doi:10.1016/j.drugpo.2015.11.005

Santacroce, S. J., Maccarelli, L. M., & Grey, M. (2004). Intervention fidelity. *Nursing Research, 53*(1), 63-66.

Sekhon, M., Cartwright, M., & Francis, J. J. (2017). Acceptability of healthcare interventions: an overview of reviews and development of a theoretical framework. *BMC Health Services Research, 17*(1), 88. doi:10.1186/s12913-017-2031-8

Skerrett, D. M., Kõlves, K., & De Leo, D. (2015). Are LGBT populations at a higher risk for suicidal behaviors in Australia? Research findings and implications. *Journal of Homosexuality, 62*(7), 883-901. doi:10.1080/00918369.2014.1003009

Skerrett, D. M., Kõlves, K., & De Leo, D. (2017). Pathways to suicide in lesbian and gay populations in Australia: A life chart analysis. *Archives of Sexual Behavior, 46*(5), 1481-1489. doi:10.1007/s10508-016-0827-y

Smith, B. C., Armelie, A. P., Boarts, J. M., Brazil, M., & Delahanty, D. L. (2016). PTSD, depression, and substance use in relation to suicidality risk among traumatized minority

lesbian, gay, and bisexual youth. *Archives of Suicide Research, 20*(1), 80-93. doi:10.1080/13811118.2015.1004484

SPSS Inc. Released 2007. SPSS for Windows, Version 16.0. Chicago, SPSS Inc.

Stanley, B., & Brown, G. K. (2012). Safety planning intervention: A brief intervention to mitigate suicide risk. *Cognitive and Behavioral Practice, 19*(2), 256-264. doi:10.1016/j.cbpra.2011.01.001

Stanley, B., Brown, G. K., Brenner, L. A., Galfalvy, H. C., Currier, G. W., Knox, K. L., . . . Green, K. L. (2018). Comparison of the safety planning intervention with follow-up vs usual care of suicidal patients treated in the emergency department. *JAMA Psychiatry, 75*(9), 894-900. doi:10.1001/jamapsychiatry.2018.1776 %J JAMA Psychiatry

Stanley, B., Brown, G. K., Currier, G. W., Lyons, C., Chesin, M., & Knox, K. L. (2015). Brief intervention and follow-up for suicidal patients with repeat emergency department visits enhances treatment engagement. *American Journal of Public Health, 105*(8), 1570-1572. doi:10.2105/AJPH.2015.302656

Stanley, B., Chaudhury, S. R., Chesin, M., Pontoski, K., Bush, A. M., Knox, K. L., & Brown, G. K. (2016). An emergency department intervention and follow-up to reduce suicide risk in the VA: Acceptability and effectiveness. *Psychiatric Services, 67*(6), 680-683. doi:10.1176/appi.ps.201500082

Stoddard, J. P., Dibble, S. L., & Fineman, N. (2009). Sexual and physical abuse: A comparison between lesbians and their heterosexual sisters. *Journal of Homosexuality, 56*(4), 407-420. doi:10.1080/00918360902821395

Swannell, S., Martin, G., & Page, A. (2016). Suicidal ideation, suicide attempts and non-suicidal self-injury among lesbian, gay, bisexual and heterosexual adults: Findings from an Australian national study. *Australian and New Zealand Journal of Psychiatry, 50*(2), 145-153. doi:10.1177/0004867415615949

Taylor, J., Power, J., & Smith, E. (2020). Experiences of bisexual identity, attraction, and behavior and their relationship with mental health findings from the Who I Am Study. *J Psychosoc Nurs Ment Health Serv, 58*(3), 28-37. doi:10.3928/02793695-20191211-01

Torous, J., & Roberts, L. W. (2017). Needed innovation in digital health and smartphone application for mental health transparency and trust. *JAMA Psychiatry, 74*(5), 437-438. doi:10.1001/jamapsychiatry.2017.0262 %J JAMA Psychiatry

Vincent, B. W. (2018). Studying trans: Recommendations for ethical recruitment and collaboration with transgender participants in academic research. *Psychology & Sexuality, 9*(2), 102-116. doi:10.1080/19419899.2018.1434558

Waling, A., Lim, G., Dhalla, S., Lyons, A., & Bourne, A. (2019). *Understanding LGBTI+ lives in crisis*. Bundoora, VIC & Canberra, ACT: Australian Research Centre in Sex, Health and Society, La Trobe University & Lifeline Australia. Monograph 112.

White, A., Kavanagh, D., Stallman, H., Klein, B., Kay-Lambkin, F., Proudfoot, J., . . . Young, R. (2010). Online alcohol interventions: A systematic review. *J Med Internet Res, 12*(5), e62. doi:10.2196/jmir.1479

WHO. (2010). *Towards evidence-based suicide prevention programmes*. Geneva, Switzerland: World Health Organisation.

World Health Organization. (2018). eHealth at WHO. Retrieved from https://www.who.int/ehealth/about/en/

Zalsman, G., Hawton, K., Wasserman, D., van Heeringen, K., Arensman, E., Sarchiapone, M., . . . Zohar, J. (2016). Suicide prevention strategies revisited: 10-year systematic review. *The Lancet Psychiatry, 3*(7), 646-659. doi:10.1016/S2215-0366(16)30030-X

Appendix A

Thanks for taking the time to learn about our survey. We're hoping that this will tell us more about how helpful the app is to different people, and how we might be able to make it more useful and welcoming for the people who use it. Findings from this study will help Beyond Blue improve the Beyond Now app. You do not have to complete the survey if you don't want to. The survey is completely anonymous so please be as honest as you can.

The survey takes around 10-12 minutes to complete, there are no right or wrong answers, and you can stop at any time and come back later if you want to. You need to be at least 18 years old to participate. You can also stop the survey anytime you want to if you don't want to finish it - you just need to close the browser. If you complete some or all the questions, your answers will be recorded, and we won't be able to tell which ones are yours.

The questions should not be upsetting for most people, but if you do feel upset at any time during the survey, please stop, close your browser and head to your Beyond Now safety plan at whatever step feels right to you. Remember, the numbers for Lifeline and the Suicide Call Back Service are available in the app, and if you need urgent help, please call 000.

If you want more information before you decide to participate, click here to contact the researchers (Glenn Melvin, Penny Hasking, Ruth Tatnell, Chris Pepping, Samantha Wild, Becky Inkster, Michael Gordon, Isabelle Goh, Sinh Lu, Rachel Bush, and Lachlan James) directly. If you are unsure about participating, you may wish to speak to a trusted friend or family member about your decision. If you have any questions about the project, please contact the Principal Investigator A/P Glenn Melvin (glenn.melvin@deakin.edu.au, ph. 03 9244 5625). If you would prefer to speak to a woman, contact Dr Ruth Tatnell (ruth.tatnell@deakin.edu.au, or ph. 03 9244 5870), if you would prefer to speak to an Aboriginal team member, contact Ms Samantha Wild (samantha@awakeningculturalways.com.au).

We will always keep your data private. We may use your data in future studies that aim to improve Beyond Now. If you want to find out the results of the study, these will be available after January 2021 on the Beyond Blue website. Findings may also be published in peer reviewed journals or presented at academic conference, but nobody will know that you have participated, or what your individual responses were.

If you have any complaints about any aspect of the project, the way it is being conducted or any questions about your rights as a research participant, then you may contact:

The Australian Institute of Aboriginal and Torres Strait Islander Studies Ethics Committee, GPO Box 553, Canberra ACT 2601, Telephone: 02 6246 1111, ethics@aiatsis.gov.au. Please quote project number [EO181-26052020].

Are you over 18?

- Yes
- No

I have read the information and I agree to participate in the study. I also know I can stop anytime I want before I finish the survey (checkbox must be ticked to move forward)

☐

Appendix B

Beyond Now User Plain Language Statement and Consent Form

AIATSIS

AUSTRALIAN INSTITUTE OF ABORIGINAL AND TORRES STRAIT ISLANDER STUDIES

TO: Potential participants who are users of the Beyond Now safety planning app

Plain Language Statement

Date: 25.05.2020

Full Project Title: An evaluation of Beyond Now Version 2, a safety planning app

Principal Researchers: A/Prof Glenn Melvin, Prof Penelope Hasking, Dr Ruth Tatnell, Dr Chris Pepping, Ms Samantha Wild

Associate Researcher(s): Dr Becky Inkster, A/Prof Michael Gordon, Mr Sinh Lu, Ms Isabelle Goh, Dr Rachel Bush, Mr Lachlan James.

Why were you chosen for this research?

You were selected as a potential participant in this research project because you indicated in in the Beyond Now survey that you might be interested in participating in an interview. In the survey, as you provided your contact details, we are now contacting you to see if you are still interested in helping us to improve the app.

What is the research about?

This research aims to find out how people who use Beyond Now feel about the app. We hope to find out whether you think the app is useful, how and when you use the app, and importantly, if you think the app is inclusive of you as a user of the app. During the interview, we will not ask you about any suicidal feelings or behaviours or anything too personal, the focus of the questions will be what you think of the app. However, please be aware we will need to ask you some questions about suicidal feelings and behaviour prior to your interview to assess your eligibility.

Do you have to participate?

Participation is completely voluntary, and you can stop participation at any point if you no longer want to be involved up until the time that all interviews are completed in October 2020. Just let us know during your interview that you don't want to continue, or if it's later on, you can fill in the 'Withdrawal of consent' form (at the end of this document) and send it to the postal or email address provided.

What do you need to do?

If you agree to participate, we will call you at a time of your choosing to ensure you understand the research and are feeling emotionally prepared to participate in an interview. Participants will attend a one-on-one online interview (which will be conducted over the phone or teleconferencing system such as Zoom) with one of our clinically trained facilitators. The interview will take approximately 30 to 60 minutes. We will ask you to tell us about your experience of using the Beyond Now app, and how you think it could be improved. All interviews will be audiorecorded for later transcription. We will call you a few days after your interview to check in on your wellbeing.

Are there any risks?

It is unlikely that participation will be upsetting, however talking about the app might remind you about a time when you felt distressed or suicidal, and that might make you feel uncomfortable. If that happens you can stop participation. You may wish to chat to the interviewer/group facilitator about how you are feeling.

Are there any benefits?

We don't expect any specific benefits from participation, but you might feel some satisfaction in knowing your responses may help to improve the app for other people who need it in future, specifically people who identify as Aboriginal and/or Torres Strait Islander people, and/or people who identify as LGBTIQA+. You might also learn some things about the app that you didn't know before, which could improve your experience of using it. The overall benefit of the research will be in understanding how to improve safety planning for Aboriginal and/or Torres Strait Islander people, and/or people who identify as LGBTIQA+.

If you do feel distressed during the research...

Please remember you don't have to answer any questions you don't want to answer. You can withdraw from participation at any time. You may wish to talk to the interviewer about what you can do to feel better or speak to a trusted friend or family member. A full list of services that may be of assistance and information is also included at the end of this document.

How will your information be stored, and your privacy be protected?

We will never give your contact details to anyone. Your contact details will be recorded separately from your interview responses, where you will only be identified by a randomly assigned ID code. Your contact details will be deleted once the interviews are complete and we no longer need to contact you. All data will be stored in a password protected, secure, Deakin server for a minimum of 5 years, and only the research team will have access to it. We will not report any quotes or information that could be used to identify any participants. As a participant you have the right to retain any intellectual property from your interview and any copyright information.

What about culturally restricted information?

We acknowledge suicide may be taboo in some Aboriginal and Torres Strait Islander communities. The research will not seek out taboo cultural beliefs and culturally restricted information. Our Aboriginal team members will identify and remove any culturally restricted information that shared in an interview.

Who monitors the research?

The researchers named at the start of this document will monitor the project and well-being of participants in the first instance. The Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) Research Ethics Committee monitors the research more broadly and makes sure that the researchers are following relevant ethical guidelines for conducting research and requires yearly reports on the project. You can also contact the AIATSIS Research Ethics Committee if you want to. Their details are at the end of this document.

Will you be paid for your time?

We will give you a $50 shopping voucher as a reimbursement for you time. No other payment is offered. Your choice to participate or not will not impact your ability to use Beyond Now.

How is the research funded?

This project was funded by Beyond Blue. Beyond Blue plans to use the findings of the research to improve Beyond Now, if needed. The research team is separate to Beyond Blue and has no conflict of interest.

What will we do with the results?

A report will be written about the findings of the project for Beyond Blue to assist them in further improving Beyond Now. We plan to publish the overall findings in a journal article, but remember, no one will know that you were part of the project. If you would like to know what the results were, email us at the address provided and we can send you a summary, after January 2021.

Questions

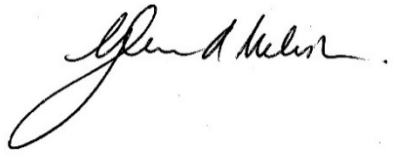
If you have any questions about the project, please contact the Principal Investigator A/P Glenn Melvin (glenn.melvin@deakin.edu.au, ph. 03 9244 5625). If you would prefer to speak to a woman, contact Dr Ruth Tatnell (ruth.tatnell@deakin.edu.au, or ph. 03 9244 5870), if you would prefer to speak to an Aboriginal team member, contact Ms Samantha Wild (samantha@awakeningculturalways.com.au)

Complaints

If you have any complaints about any aspect of the project, the way it is being conducted or any questions about your rights as a research participant, then you may contact:

The Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) Research Ethics Committee. GPO Box 553, Canberra ACT 2601. Telephone: 02 6246 1111, ethics@aiatsis.gov.au. Please quote project number [EO181-26052020***/.***

If you think there has been a breach of your privacy you can write to the Office of the Australian Information Commissioner, GPO Box 5218 Sydney NSW 2001 or call 1300 363 992.



Glenn A. Melvin

AIATSIS
AUSTRALIAN INSTITUTE OF ABORIGINAL AND TORRES STRAIT ISLANDER STUDIES

TO: *Potential participants who are users of the Beyond Now safety planning app*

Consent Form

Date:

Full Project Title: An evaluation of Beyond Now Version 2: A safety planning app

Reference Number: 2019-437

☐ I have read, and I understand the attached Plain Language Statement.

☐ I freely agree to participate in this project, which will involve me being interviewed by a researcher about my use of and opinions about Beyond Now, according to the conditions in the Plain Language Statement.

☐ I have access to or been given a copy of the Plain Language Statement and Consent Form to keep.

☐ The researcher has agreed not to reveal my identity and personal details, including where information about this project is published, or presented in any public form.

☐ I consent to the audio recording of my responses during the interview.

☐ I understand that I can withdraw at any time before or during the interview and that I can withdraw my interview information up until the end of October 2020.

☐ I understand that I will be reimbursed with a $50 shopping voucher in acknowledgement of my time

☐ I understand that I may not directly benefit from participating in this project but the information that I provide may contribute towards the development of the Beyond Now app

☐ The study will not collect any culturally restricted information and any culturally restricted information I provide will be removed.

☐ I am aware that I retain any intellectual property from my interview and any copyright information.

Participant's Name (printed) ……

Signature ……

Date ……

Please post or email this form to:

A/Prof Glenn Melvin
Organisation: Deakin University
Address: Level 5, Building BC, 221 Burwood Hwy, Burwood VIC 3125
Telephone: +61 3 92445625
Email: glenn.melvin@deakin.edu.au

Crisis telephone counselling services:

1. Lifeline (For anyone experiencing a crisis)

   Phone: 13 11 14

   Web: www.lifeline.org.au

Lifeline operates 24 hours a day 7 days a week. Regardless of age, gender, ethnicity, religion or sexual orientation, trained volunteers can assist you.

Lifeline can:

- Listen to your situation
- Provide immediate support
- Help you with options available to assist you
- Refer you to other services that can help

2. Kids Helpline (For people under 25 years old)

   Phone: 1800 55 1800

   Web: www.kidshelp.com.au

Kids helpline operates 24 hours a day 7 days a week, you can call and speak directly to a counsellor. Web and e-mail counselling is also available.

Kids Helpline can:

- Listen to your situation
- Provide immediate support
- Help you with options available to assist you
- Refer you to other services that can help

3. Suicide Call-back Service

   Phone: 1300 65 9467

   Web: www.suicidecallbackservice.org.au

Suicide Call-back Service is available 24 hours a day 7 days a week. This is a crisis counselling service.

Suicide Call-back Service can:

- Listen to your situation

- Provide immediate support
- Provide up to six further counselling sessions with the same counsellor

4. QLife (Counselling and referral service for LGBTIQA+ people)

   Phone: 1800 18 4527

   Web: www.qlife.org.au

QLife counselling is available 3pm to Midnight, 7 days a week. Web counselling is also available. If your call isn't being picked up keep trying until you can get through.

QLife can:

- Listen to your situation
- Provide immediate support
- Refer you to other services that can help

Online information:

1. Out and Online (For people aged 18-25)

   Web: www.outandonline.org.au

Out and Online is a new program improving mental health and wellbeing in same-sex attracted youth aged 18-25 years. This is an online program and not a referral service or counselling service.

2. National Aboriginal Community Controlled Health Organisation (Run by and For Aboriginal and Torres Strait Island peoples)

   Web https://www.naccho.org.au/

NACCHO is the national peak body representing 143 Aboriginal Community Controlled Health Services (ACCHSs) across the country on Aboriginal health and wellbeing issues. For contacts in your state:

Australian Capital Territory, Winnunga Nimmityjah Aboriginal Health Service (AHS): http://www.winnunga.org.au/

New South Wales, Aboriginal Health and Medical Research Council of New South Wales (AH&MRC): http://www.ahmrc.org.au/

Northern Territory, Aboriginal Medical Services Alliance Northern Territory (AMSANT): http://www.amsant.org.au/about-us/member-services/

Queensland, Queensland Aboriginal and Islander Health Council (QAIHC): http://www.qaihc.com.au/about/our-members

South Australia, Aboriginal Health Council of South Australia: http://ahcsa.org.au/members-overview/members-directory/

Tasmania, Tasmanian Aboriginal Centre Inc.: http://tacinc.com.au/

Victoria, Victorian Aboriginal Community Controlled Health Organisation Inc. (VACCHO): http://www.vaccho.org.au/

Western Australia, The Aboriginal Health Council of Western Australia (AHCWA) http://www.ahcwa.org.au/#!member-locations/cnwb

3. Black Dog Institute (Mental health information)

   Web: www.blackdoginstitute.org.au

The Black Dog Institute website can provide information about mood and anxiety disorders and where to get help and support for them.

4. Headspace (Information and services for young people under 25)

   Web: www.headspace.org.au

Headspace has drop-in centres where services such as counselling can be accessed. They also offer some online and phone counselling for people aged 12-25. Headspace is not an emergency service. If you are in crisis, please call one of the crisis lines listed above.

5. Reachout.com (Information and services for young people under 25)

   Web: https://au.reachout.com

Reachout has many online services for young people under 25 experiencing mental health issues. There are online tools and links to coping resources as well as links to professional help.

6. Twenty10 (Services and information for young LGBTIQA+ people 12-25)

   Web: www.twenty10.org.au

Twenty10 has information and services, drop-in centres, talk groups, social events for young people aged 12-25 who identify as LGBTIQA+

7. Beyond Blue

   Web: www.beyondblue.org.au

   Phone: 1300 22 4636

Beyond blue phone information service can refer you to other services that can help you and it operates 24 hours a day 7 days a week. This is not a telephone crisis counselling service.

Beyond Blue can:

- Give your local crisis or triage details
- Give you the numbers of other counselling services
- Refer you to other appropriate services

Videos, self-help and meditations

You also may wish to visit the Mood Gym website which is an online self-help program designed to help users manage and prevent depression and anxiety. The website address is: https://moodgym.com.au/info/faq

Here is a link to a mindfulness exercise: https://www.youtube.com/watch?v=8HYLyuJZKno

There are some further free mindfulness meditations here: http://www.freemindfulness.org/download

Clinician Plain Language Statement and Consent Form

TO: Potential participants who are users of the Beyond Now safety planning app

Plain Language Statement

Date: 25.05.2020

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Are there any risks?

It is unlikely that participation will be upsetting, however talking about the app might remind you about a time when you felt distressed or suicidal, and that might make you feel uncomfortable. If that happens you can stop participation. You may wish to chat to the interviewer/group facilitator about how you are feeling.

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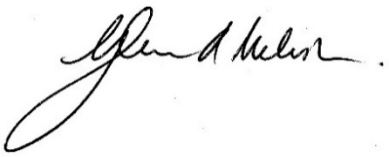

Glenn A. Melvin

AIATSIS
AUSTRALIAN INSTITUTE OF ABORIGINAL AND TORRES STRAIT ISLANDER STUDIES

TO: *Potential participants who are users of the Beyond Now safety planning app*

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Reference Number: 2019-437

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☐ The study will not collect any culturally restricted information and any culturally restricted information I provide will be removed.

☐ I am aware that I retain any intellectual property from my interview and any copyright information.

Participant's Name (printed) ……

Signature ……

Date ……

Please post or email this form to:

A/Prof Glenn Melvin
Organisation: Deakin University
Address: Level 5, Building BC, 221 Burwood Hwy, Burwood VIC 3125
Telephone: +61 3 92445625
Email: glenn.melvin@deakin.edu.au

Crisis telephone counselling services:

1. Lifeline (For anyone experiencing a crisis)

   Phone: 13 11 14

   Web: www.lifeline.org.au

Lifeline operates 24 hours a day 7 days a week. Regardless of age, gender, ethnicity, religion or sexual orientation, trained volunteers can assist you.

Lifeline can:

- Listen to your situation
- Provide immediate support
- Help you with options available to assist you
- Refer you to other services that can help

2. Suicide Call-back Service

   Phone: 1300 65 9467

   Web: www.suicidecallbackservice.org.au

Suicide Call-back Service is available 24 hours a day 7 days a week. This is a crisis counselling service.

Suicide Call-back Service can:

- Listen to your situation
- Provide immediate support
- Provide up to six further counselling sessions with the same counsellor

3. QLife (Counselling and referral service for LGBTIQA+ people)

   Phone: 1800 18 4527

   Web: www.qlife.org.au

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2. National Aboriginal Community Controlled Health Organisation (Run by and For Aboriginal and Torres Strait Island peoples)

   Web https://www.naccho.org.au/

NACCHO is the national peak body representing 143 Aboriginal Community Controlled Health Services (ACCHSs) across the country on Aboriginal health and wellbeing issues. For contacts in your state:

Australian Capital Territory, Winnunga Nimmityjah Aboriginal Health Service (AHS): http://www.winnunga.org.au/

New South Wales, Aboriginal Health and Medical Research Council of New South Wales (AH&MRC): http://www.ahmrc.org.au/

Northern Territory, Aboriginal Medical Services Alliance Northern Territory (AMSANT): http://www.amsant.org.au/about-us/member-services/

Queensland, Queensland Aboriginal and Islander Health Council (QAIHC): http://www.qaihc.com.au/about/our-members

South Australia, Aboriginal Health Council of South Australia: http://ahcsa.org.au/members-overview/members-directory/

Tasmania, Tasmanian Aboriginal Centre Inc.: http://tacinc.com.au/

Victoria, Victorian Aboriginal Community Controlled Health Organisation Inc. (VACCHO): http://www.vaccho.org.au/

Western Australia, The Aboriginal Health Council of Western Australia (AHCWA) http://www.ahcwa.org.au/#!member-locations/cnwb

3. Black Dog Institute (Mental health information)

Web: www.blackdoginstitute.org.au

The Black Dog Institute website can provide information about mood and anxiety disorders and where to get help and support for them.

4. Headspace (Information and services for young people under 25)

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Headspace has drop in centres where services such as counselling can be accessed. They also offer some online and phone counselling for people aged 12-25. Headspace is not an emergency services. If you are in crisis, please call one of the crisis lines listed above.

5. Reachout.com (Information and services for young people under 25)

   Web: https://au.reachout.com

Reachout has many online services for young people under 25 experiencing mental health issues. There are online tools and links to coping resources as well as links to professional help.

6. Twenty10 (Services and information for young LGBTIQA+ people 12-25)

   Web: www.twenty10.org.au

Twenty10 has information and services, drop in centres, talk groups, social events for young people aged 12-25 who identify as LGBTIQA+

7. Beyond Blue

   Web: www.beyondblue.org.au

   Phone: 1300 22 4636

Beyond blue phone information service can refer you to other services that can help you and it operates 24 hours a day 7 days a week. This is not a telephone crisis counselling service.

Beyond Blue can:

- Give you the local crisis service or triage details
- Give you the numbers of other counselling services
- Refer you to other appropriate services

Videos, self-help and meditations

You also may wish to visit the Mood Gym website which is an online self-help program designed to help users manage and prevent depression and anxiety. The website address is: https://moodgym.com.au/info/faq

Here is a link to a mindfulness exercise: https://www.youtube.com/watch?v=8HYLyuJZKno

There are some further free mindfulness meditations here: http://www.freemindfulness.org/download

Appendix C

	Past Month		Current	
Ask questions that are bolded and underlined.	YES	NO	YES	NO
Ask Questions 1 and 2				
1) *Have you wished you were dead or wished you could go to sleep and not wake up?*				
2) *Have you actually had any thoughts of killing yourself?*				
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.				
3) *Have you been thinking about how you might do this?* E.g. "*I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it….and I would never go through with it.*"				
4) *Have you had these thoughts and had some intention of acting on them?* As opposed to "*I have the thoughts but I definitely will not do anything about them*."				
5) *Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?*				

How long ago did the Worst Point Ideation occur?

6) *Have you ever done anything, started to do anything, or prepared to do anything to end your life?* Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.	YES	NO

If YES, ask: *Was this within the past three months?*		

Appendix D

	State & Territory Mental Health Service Helpline numbers
National	1300 659 467 - Suicide Call Back Service provides 24/7 support if you or someone you know is feeling suicidal 13 11 14 - Lifeline provides 24/7 support Call 000 and ask for an ambulance if you're in an emergency
ACT	1800 629 354 FREE– Mental Health Triage Service
NSW	1800 011 511 FREE – Mental Health Line
NT	1800 682 288 – Northern Territory Mental Health Line
QLD	13 43 25 84 – 13 HEALTH
SA	13 14 65 – Mental Health Assessment and Crisis Intervention Service
TAS	1800 332 388 FREE – Mental Health Services Helpline
VIC	1300 60 60 24 - Mental Health Advice Line 1300 651 251 – Suicide Help Line
WA	1800 676 822 FREE – Mental Health Emergency Response Line

Appendix E

LGBTIQA+ App User Interview Questions

The following are some sample questions that might be asked to prompt conversation, however the interview will be more unstructured to promote participant comfort and rapport

Background/history
Tell me your story about what it's like to be a (IDENTITY HERE)?
What have your experiences been like? For example, with your family or relationships?

Introductory Questions
What do you like about the app?
What did you not like about the app?
Is there anything that would stop you from using the app?
What about the app appealed to you?

To what extend is the Beyond Now app considered culturally appropriate for LGBTIQA+ people?

- As a member of the LGBTIQA+ communities, can you describe your experiences of the
- app?
- To what extend is Beyond Now LGBTIQA+ friendly?
- Are there any members of the communities that you wouldn't recommend the app to? Can you help us understand your thinking?
- How inclusive is Beyond Now?
- In terms of language, how inclusive is it?
- In terms of images, how inclusive is it?
- What would you change to improve representativeness?
- Was there anything that made you feel excluded?
- Think about your identity, how well could you relate to the app and how important is that?
- Do you feel like the app was made with you in mind?
- Did you feel represented in Beyond Now?
- Do you think that different members of the LGBTIQA+ communities require different considerations?

How does the target audience engage with the App in terms of usage and participation?

- Did you look at it again? How did you use it?
- When do you use Beyond Now? Can you tell me about the situations when you are likely to be using it?
- Did you share it with other people? What was your experience?
- Do you feel like it works for you? How do you feel afterwards? What do you do afterwards?
- How often do you check Beyond Now?
- How often do you edit Beyond Now?
- What motivates you to check your plan?
- Have you used other apps similar to this? How does Beyond Now compare to these other apps?

Are there any unintended positive/negative outcomes of the enhanced app?

- Was there anything you felt surprised about?
- Was there anything unexpected about the app?
- Things that happened that you didn't expect?
- Were there any unintended benefits?
- Did you feel triggered by anything?
- Has anything negative occurred using the app? What could we change to address it?
- Have you made any other changes since using Beyond Now?

What was the experience of people from the target audience who have used the App?

- What has been your experience of using the app?
- Follow up with – have you had any other negative or positive experiences?
- Could you talk about your comfort in using the app?
- Was there a part or step that was particularly helpful? Or unhelpful?
- Is there anything missing from the app?
- What motivated you to use Beyond Now over other ways to stay safe?
- How easy is it to use?
- Are some parts of Beyond Now better than others?
- What do you think of the suggestions? Are the suggestions representative of your community?
- How did you put your plan together and who with?
- Did you share it? Why or why not? And who with (relationship to you only)? How helpful was sharing it?

To what extent has the enhanced app reached and engaged the target audience as intended?

- How did you find out about the app?

- Where would you promote Beyond Now so your friends find it?
- Have you seen Beyond Now advertised on social media or in your feed?
- Was anyone involved in helping you set up your plan?
- Do you know anyone else who uses Beyond Now?

Are there any cultural barriers/enablers which influence use of the app?

- Do you think the app is accessible to all LGBTIQA+ people? How might it be more accessible?
- Are there things that stopped you from completing the plan?
- What helped/encouraged you to complete your plan?
- Anything that made it harder to use the app?
- What made it harder or easier to access?
- Can you think of other barriers for other members of the LGBTIQA+ communities?
- Was there anything that made it difficult to use?
- Did you include anything in your plan that was relevant or reflective of your identity? Do you feel comfortable sharing what that was?
- Did anything put you off using Beyond Now?
- Has your opinion of Beyond Now changed over time?

Aboriginal and Torres Strait Islander App User Interview Questions

The following are some sample questions that might be asked to prompt conversation, however the interview will be more unstructured to promote participant comfort and rapport

Introductory Questions

What do you like about the app?
What didn't you like about the app?

Research question: To what extend is the Beyond Now app considered culturally appropriate for Aboriginal and/or Torres Strait Islander people?

- From an Aboriginal and Torres Strait Islander perspective, can you describe your experiences of using the app?
- Are there any members of the community that you would recommend the app to?
- Is there anyone in the community that you wouldn't recommend the app to? Can you help us understand why the app isn't appropriate for them?

Are there any unintended positive/negative outcomes of the enhanced app?

- How does the app make you feel?
- What did you expect to find in the app?
- Was there anything in the app that you didn't expect to find?
- Did something good come from using the app that you didn't expect to happen?
- Have you made any other good changes since using Beyond Now?
- Did you feel upset by anything in the app? How could we fix that?

What was the experience of people from the target audience who have used the App?

- How comfortable do you feel using the app?
- Is there anything missing or something you would like to add to the app?
- Why did you choose Beyond Now?
- How easy is it to use?
- Are some parts of Beyond Now better than others?
- What do you think of the suggestions? Are the suggestions relevant your community?
- How did you make up your plan?
- Did you share it with other people? Why or why not? How helpful was sharing it?

Are there any cultural barriers/enablers which influence use of the app?

- What helped/encouraged you to complete your plan?
- Are there things that stopped you from completing the plan?
- Was there anything that made it difficult to use? What made it harder or easier to use?
- Can you think of anything that might make it harder for other people in the community?
- Did anything put you off using Beyond Now?
- Has your opinion of Beyond Now changed over time?

How does the target audience engage with the App in terms of usage and participation?

- When do you use your plan? Did you look at it again?
- How do you feel after you use it? What do you do after the plan is done?
- How often do you check Beyond Now? What makes you check your plan?
- Have you changed your plan? How often do you change your plan?
- Do you used other apps like this? How does Beyond Now compare to them?

To what extent has the enhanced app reached and engaged the target audience as intended?

- How did you find out about the app?
- Where would you advertise Beyond Now so your friends find it?
- Have you seen Beyond Now on social media or in your feed?
- Did anyone help you set up your plan?
- Do you know anyone else who uses Beyond Now?

When we talk about inclusive, we want to make sure the app isn't excluding anyone in the community. Beyond Now uses different language and images to make the app more appealing to different people.

- How inclusive is Beyond Now?
- In terms of language, how inclusive is it?
- In terms of images, how inclusive is it?
- What would you change to improve representation of Aboriginal and/or Torres Strait Islander people?
- Was there any language or images that made you feel bad?
- Do you feel like the app was made with you in mind?
- Did you feel upset by anything in the app? How could we fix that?

Clinician Interview Questions

The following are some sample questions that might be asked to prompt conversation, however the interview will be more unstructured to promote participant comfort and rapport

Introductory Questions

- What do you like about the app?
- What did you not like about the app?
- Is there anything that would stop you from recommending the app?
- What about the app appealed to you?

To what extend is the Beyond Now app considered culturally appropriate for LGBTIQA+/Aboriginal and or Torres Strait Islander clients?

- As someone who works with members of xxx community, can you describe your experiences of using the app with your clients?
- How did your xxx clients receive/respond to the app
- Did your clients report any issues they had with any aspect of the app or plan? What were they?
- Did your clients like the app? What did they like?
- Is there any members of the community that you wouldn't recommend the app to? Can you help us understand your thinking?
- How inclusive is Beyond Now?
- In terms of language, how inclusive is it?
- In terms of images, how inclusive is it?
- What would you change to improve representativeness?

- Do you think that different members of the xxx communities require different considerations?

How does the target audience engage with the App in terms of usage and participation?

- Do you follow up with your clients to see how much/when they use their plan?
- Can you walk us through how you introduce the app to your clients? How do you follow up with them?
- Do you ask your clients to share their plan with you? Why, why not?
- Is sharing the plan effective?
- How often do you check your clients Beyond Now plan?
- How often do you encourage clients to edit Beyond Now?
- Have you used other apps similar to this? How does Beyond Now compare to these other apps?

Are there any unintended positive/negative outcomes of the enhanced app?

- Was there anything you felt surprised about?
- Unexpected about the app?
- Things that happened that you didn't expect?
- Unintended benefits?
- Do your think any of the content is triggering?
- Has anything negative occurred for clients using the app? What could we change to address it?
- Have you made any other positive changes in your clients since using Beyond Now?

What was the experience of people from the target audience who have used the App?

- What has been your experience of using the app with your clients?
- Follow up with – have you had any other negative or positive experiences?
- Could you talk about your comfort in recommending/demonstrating the app?
- Was there a part or step that was particularly helpful? Or unhelpful?
- Is there anything missing from the app?
- What motivated you to recommend Beyond Now over other ways to stay safe?
- How easy is it to use?
- Are some parts of Beyond Now better than others?
- What do you think of the suggestions? Are the suggestions representative of xxx community?

To what extent has the enhanced app reached and engaged the target audience as intended?

- How did you find out about the app?
- Where would you promote Beyond Now so your clients find it?
- Have you see Beyond Now advertised on social media or in your feed?
- Do you know anyone else who uses Beyond Now with clients?

Are there any cultural barriers/enablers which influence use of the app?

- Do you think the app is accessible to all xxx people? How might it be more accessible?
- Anything that made it harder to use/demonstrate the app?
- What made it harder or easier for your clients to access?
- Can you think of other barriers for other members of the community?
- Was there anything that made it difficult to use?
- Did anything put you off recommending?
- Has your opinion of Beyond Now changed over time?

Appendix F

We would like to acknowledge (insert name of Traditional owners) as the Traditional owners of the (insert name of country) land. We pay our respects to Elders past, present and emerging, and acknowledge Aboriginal and Torres Strait Islanders as the first people of Australia. They have never ceded sovereignty, and remain strong in their enduring connection to land and culture.

Deakin University is carrying out a survey and interviews with people across Australia. The study will tell us how the Beyond Now app has been helpful, how good the app is for Aboriginal and Torres Strait Islander people, and how to make it useful and welcoming for everyone who uses it. Findings from this study will help Beyond Blue improve the Beyond Now app. Some people from your region are doing the survey and interview, but it is anonymous and confidential so we can't tell you who is participating.

If you want to find out the results of the study, these will be available after February 2021 on the Beyond Blue website. Findings may also be published in peer reviewed journals or presented at academic conference.

If you have any questions about the project, please contact the Principal Investigator A/P Glenn Melvin (glenn.melvin@deakin.edu.au, ph. 03 9244 5625). If you would prefer to speak to a woman, contact Dr Ruth Tatnell (ruth.tatnell@deakin.edu.au, or ph. 03 9244 5870), if you would prefer to speak to an Aboriginal team member, contact Ms Samantha Wild (samantha@awakeningculturalways.com.au)

If you want to know about the Beyond Now app, please visit the Beyond Blue website: https://www.beyondblue.org.au/get-support/Beyond Now-suicide-safety-planning

Contact us

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