

BeyondNow:

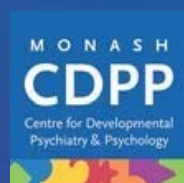
Evaluation of a Safety Planning Smartphone Application.

Report: August 2017

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Report August 2017

This report summarises the activities of the Monash University BeyondNow team since submission of the report in September 2016.

Monash Health BeyondNow Pilot Study

Participant recruitment for the Monash Health pilot study was completed in December 2017. Forty five potential participants were referred to the study, with 36 participants completing baseline assessment. Twenty two participants completed the follow-up assessment. Data were analysed and a complete manuscript is currently being reviewed by all authors. Submission of the manuscript, initially to the journal “Suicide and Life Threatening Behavior”, is anticipated to occur in September this year.

beyondblue Support Service Integration Study

Aim: The aim of the beyondblue Support Service Integration Study was to examine the viability of integrating the BeyondNow safety planning app into a telephone support service among callers who were at risk of suicide. Evaluation of viability would be considered from the perspective of the callers/app users and telephone counsellors. The second aim of the study was to examine whether the BeyondNow app is an effective tool to support people who are at risk of suicide, following contact with a telephone support service.

Design: The study used an open-label single-group design, otherwise known as an “action trial”. The BeyondNow safety-planning smartphone app would be installed onto participants' smartphones during a phone call to the beyondblue Support Service. Callers would develop a safety plan with the phone counsellor using the BeyondNow app. Qualitative and quantitative feedback regarding this process would then be sought from the perspective of both the caller and the counsellor. Furthermore, suicidal ideation, capacity to cope with suicidal thoughts, hopelessness, connectedness and emotional and physical pain would be assessed fortnightly for six weeks following the initial phone call to the beyondblue Support Service.

Recruitment: Recruitment was underwhelming. Two participants were recruited into the study and one was found to be ineligible as the participant filled out the safety plan after the call. Capacity to recruit participants was complicated by the Medibank Health Service protocol. Callers who were identified at moderate or high risk of suicide were transferred to

area mental health services and were not able to be recruited into the study. Low risk callers were possibly eligible.

Outcomes The study was abandoned after eight weeks due to the persistent low recruitment rate and the corresponding small number of participants recruited. The restriction of recruitment to callers who were at low risk of suicide appeared to be the main reason for the low rate of recruitment. This study demonstrated that there likely is a lower bound at which point safety planning is not a main priority. Informal feedback from telephone counsellors supported this view. For example, if a caller expressed passive suicidal ideation but was calling about his relationship problems, introducing safety planning may suggest to the caller that the telephone counsellor isn't addressing the main concern.

Future Directions: Future investigation of the incorporation of safety planning into tele-web services ought to secure a moderate to high risk population for recruitment. Also text-based services may provide opportunities for integration without the complexity of a caller needing to negotiate the downloading of an app while remaining on a phone call.

'Live Data' Analysis Project

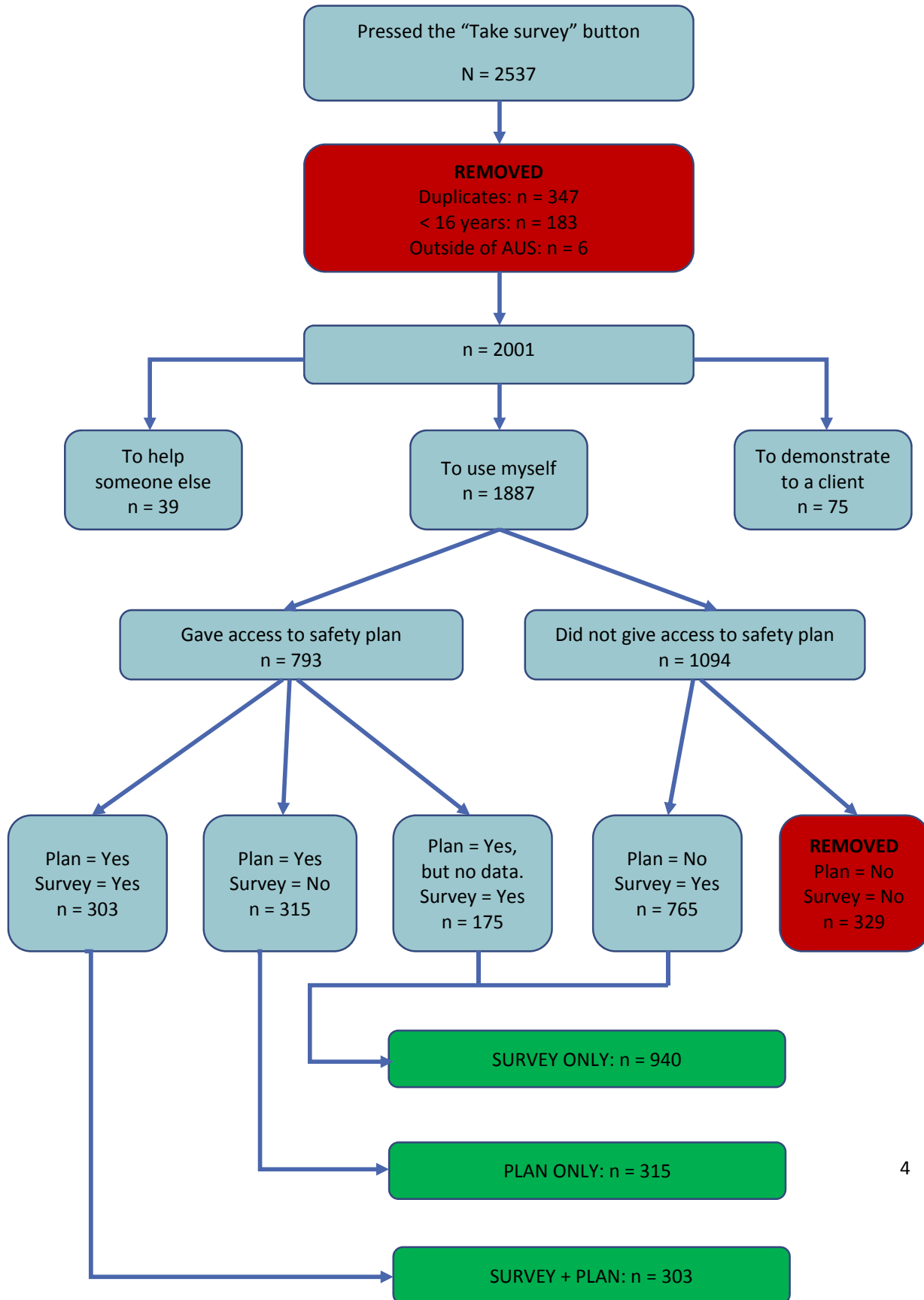
Aim: The aim of the Live Data Analysis project was to describe demographics of BeyondNow app users, their app usage, perceptions on app utility and desired features, and to gather information relating to what type of tools and strategies app users put in their safety plans. Data from this project will provide insight into what strategies people rely upon in a suicidal crisis and will help to inform the development of suicide prevention interventions.

Design: The data was collected to evaluate whether the app is being used as intended, and was not initially intended to be for research purposes, however ethical clearance was sought and achieved from Monash University Human Research Ethics Committee. BeyondNow app users were able to enter their demographic, usage information, and provide feedback via an inbuilt function within the app. At this time, users could choose to also provide access to their safety plan data. The inbuilt survey can be found in Appendix A.

Sample: In total, 2537 responses to the survey were received. Of these, a total of 865 were removed for the follow reasons. Three hundred and forty seven duplicate responses from individual app users were removed. Duplicates with the largest amount of data were retained. If no distinction could be made as to which duplicate response had the largest amount of data, the most recent response was retained. Further, 183 responses from people under 16 years of age for which we did not have ethical approval to examine due to a lack of parental consent were removed, as well as six cases from app users residing in a country

outside of Australia. Finally, 329 responses which did not contain any safety plan or survey data and were removed. See Figure 1 for flow diagram.

Figure 1.

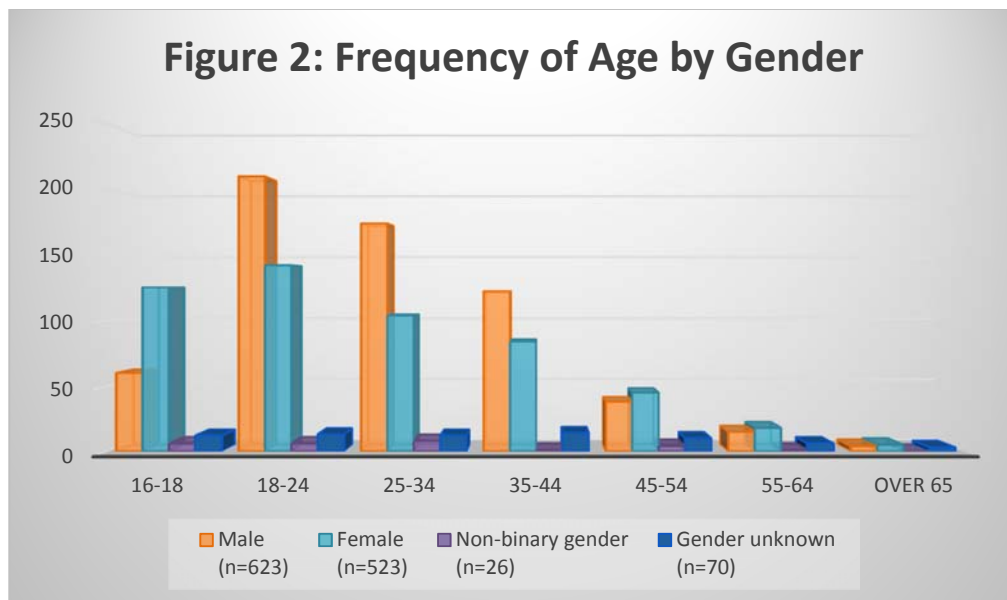


Of the remaining cases 1672 downloaded the app for their own purposes. A further 39 responses were from people downloading the app to help someone they know, and 75 were from clinicians who downloaded the app to use with their clients. These latter two types will be examined independently. As such, the main sample comprised 1558 responses. Of these, 765 (49.1%) people completed the survey though did not volunteer their safety plan data. A further 175 (11.2%) people completed the survey and shared their safety plan data, though their safety plan was empty. Three hundred and fifteen (20.2%) people shared their safety plan data without completing the survey, while 303 (19.5%) people completed the survey and shared their safety plan data.

Results:

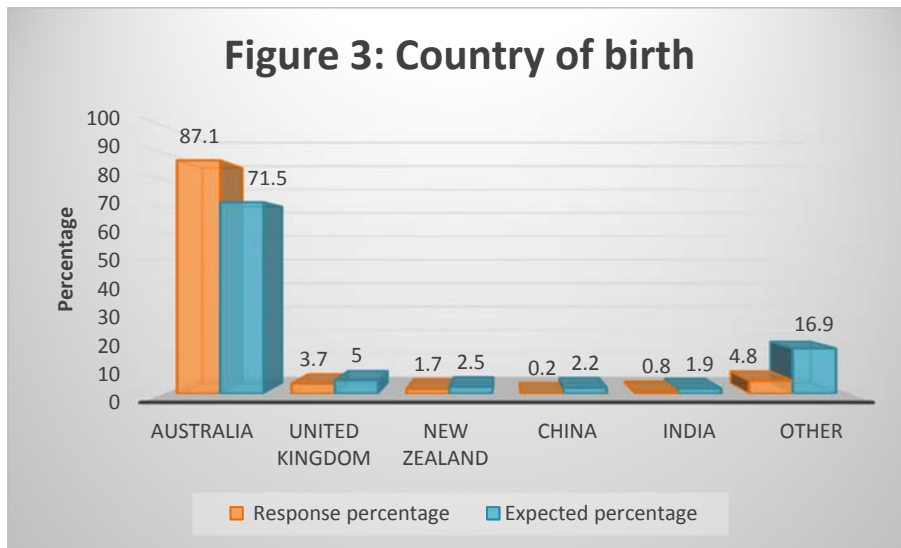
- (i) Respondents who downloaded BeyondNow to use themselves.

Who Were The Survey Respondents?



As can be seen in Figure 2, more males (n = 623) responded to the survey than females (n = 523). Twenty-six people indicated a preference to self-describe their gender (referred to here as non-binary gender). Thirty-three people indicated that they did not wish to disclose their

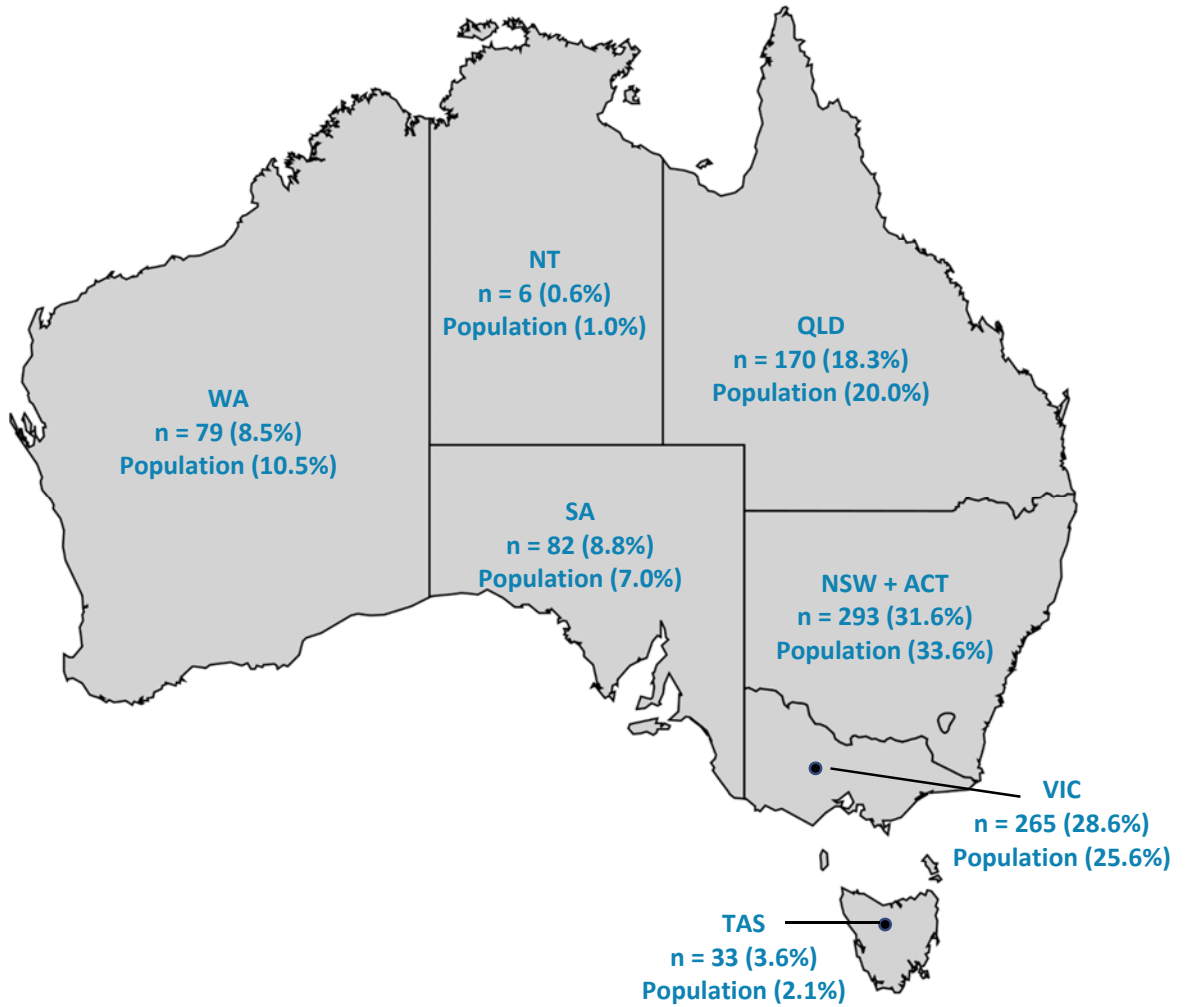
gender, while 37 people did not respond to the question about gender. For this and subsequent analyses, these latter two groups are combined and labelled 'gender unknown'. Twice as many females in the 16 – 18 year old bracket responded, though males outnumbered females in the age range between 18 and 44. A steep decline in respondents is seen from 45-54 onwards.

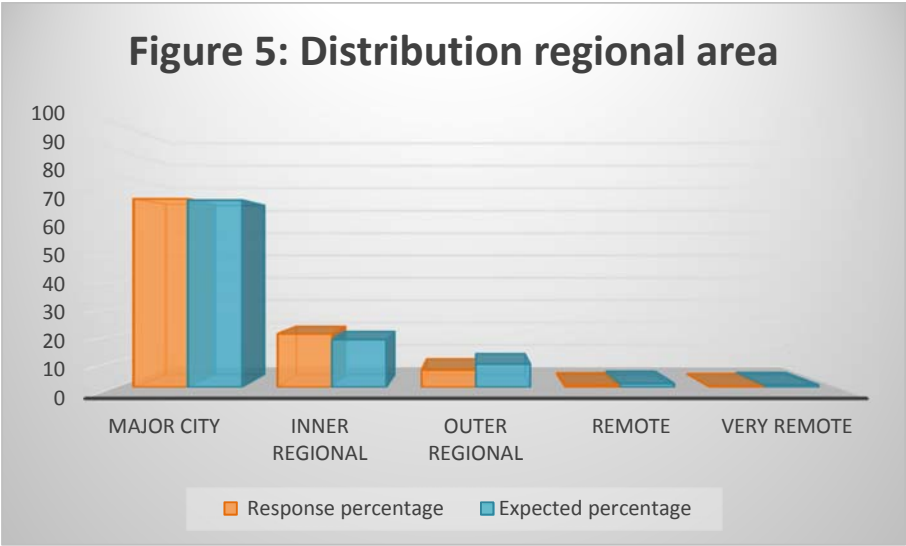


Of the 1152 people who responded to the question “In what country were you born”, the vast majority (n = 1003) indicated that they were born in Australia. As can be seen in Figure 3, people who reported that they were born in Australia appear to be overrepresented based on demographic data from the Australian Bureau of Statistics (2017a; Expected percentage). Those people who reported that they were born overseas appear to be underrepresented in the sample compared to the national averages. This finding may have been influenced by BeyondNow being available in English and lower levels of access of mental health resources and services in migrant groups due to lack of familiarity and different models of illness (Wynaden et al., 2005).

As can be seen in Figure 4 below, the survey response rate for those people who provided a postcode (n = 928) approximated the national population rates for States and Territories (Australian Bureau of Statistics, 2017c). This finding provides some evidence that the BeyondNow app has been taken up at an even rate throughout Australia.

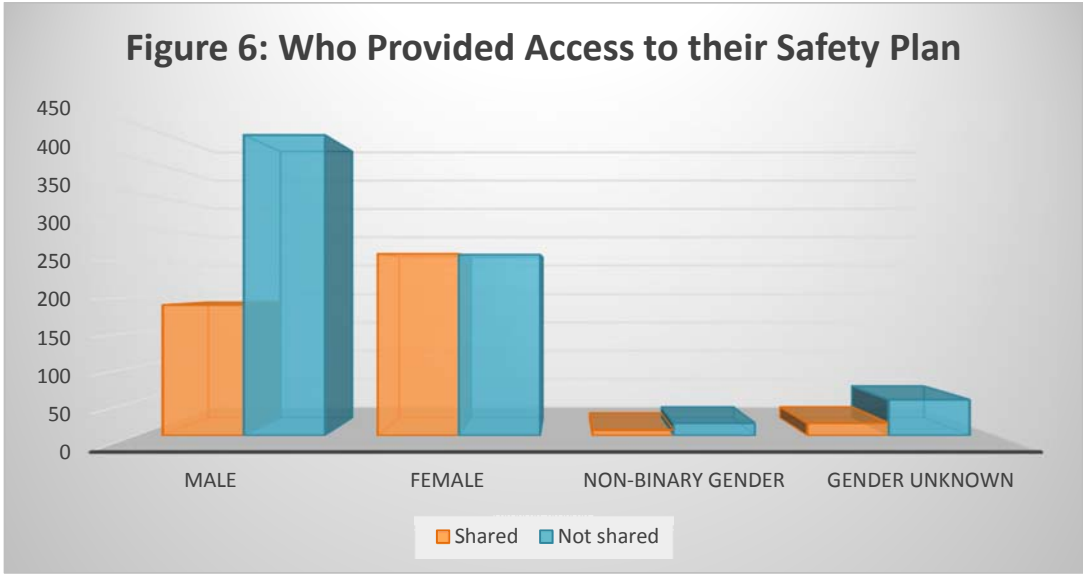
Figure 4



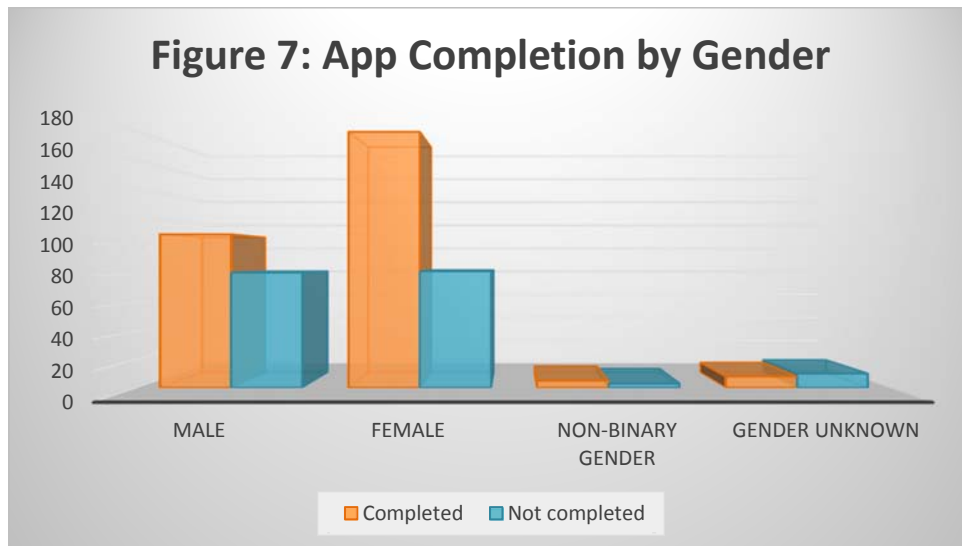


The distribution of the sample with regard to regional areas (n = 928; Figure 5) also approximated the national average figures estimated by the Australian Bureau of Statistics (2017c). Again, this finding provides some evidence that the BeyondNow app is being used equally among metropolitan, regional and remote areas of Australia.

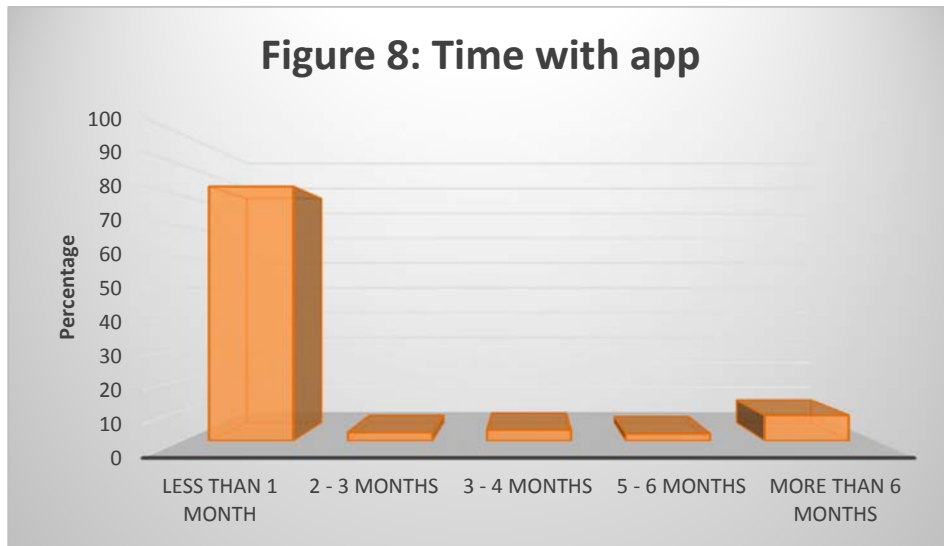
When And How Were Safety Plans Completed?



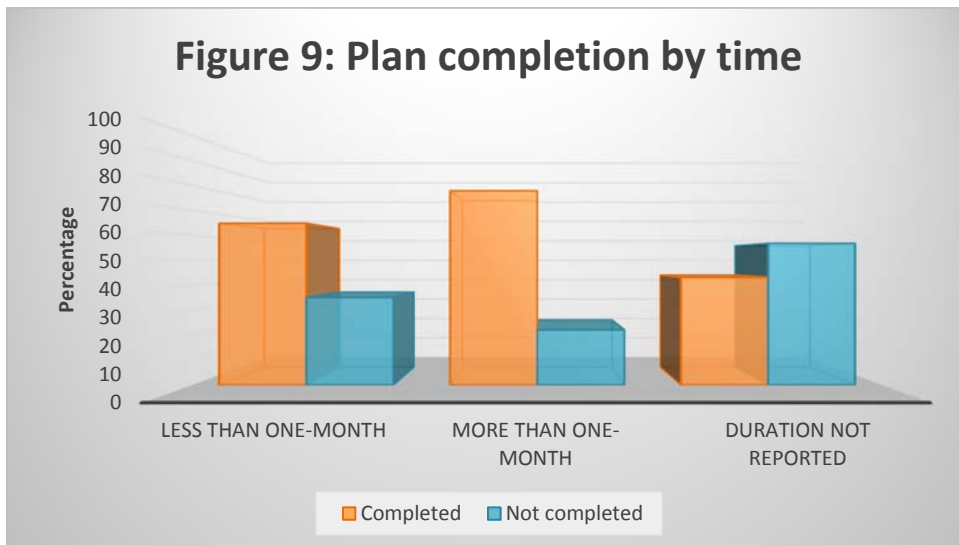
In the overall sample (n = 1558), less than half of the males (30%) gave access to their safety plan data, while 50% of females provided access (Figure 6). Among the non-binary gender and gender unknown groups, less people shared their plans than shared them. People who gave access to their completed plans, who did not complete the survey (n = 326), were not included in this analysis.

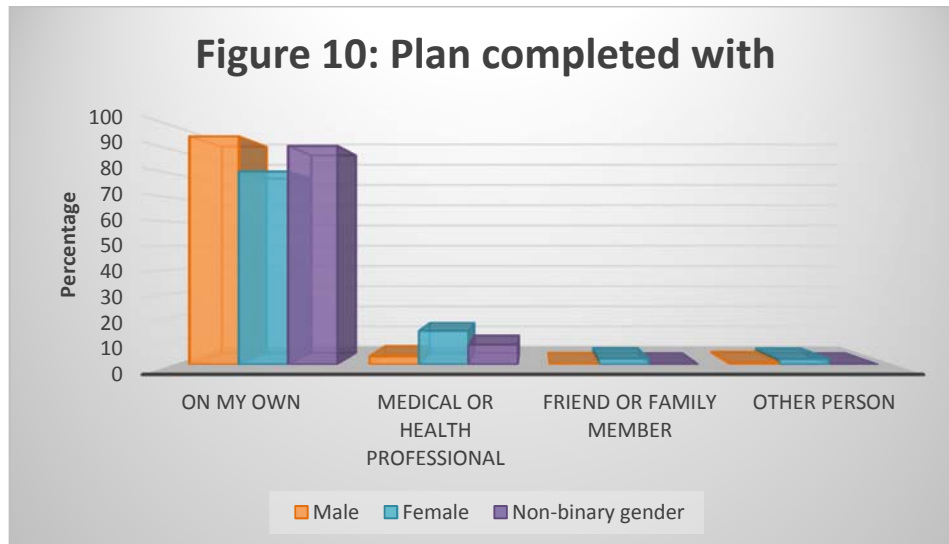


Of those individuals who provided access to their safety plan (n = 793), around 70% completed at least one section of the plan (Figure 7). Females were more likely to have completed at least part of their safety plan compared to males. With regard to people who identified as having non-binary gender, or whose gender was not reported, there was no meaningful difference in safety plan completion. Again, people who gave access to their completed plans, who did not complete the survey (n = 326) were not included in this analysis.

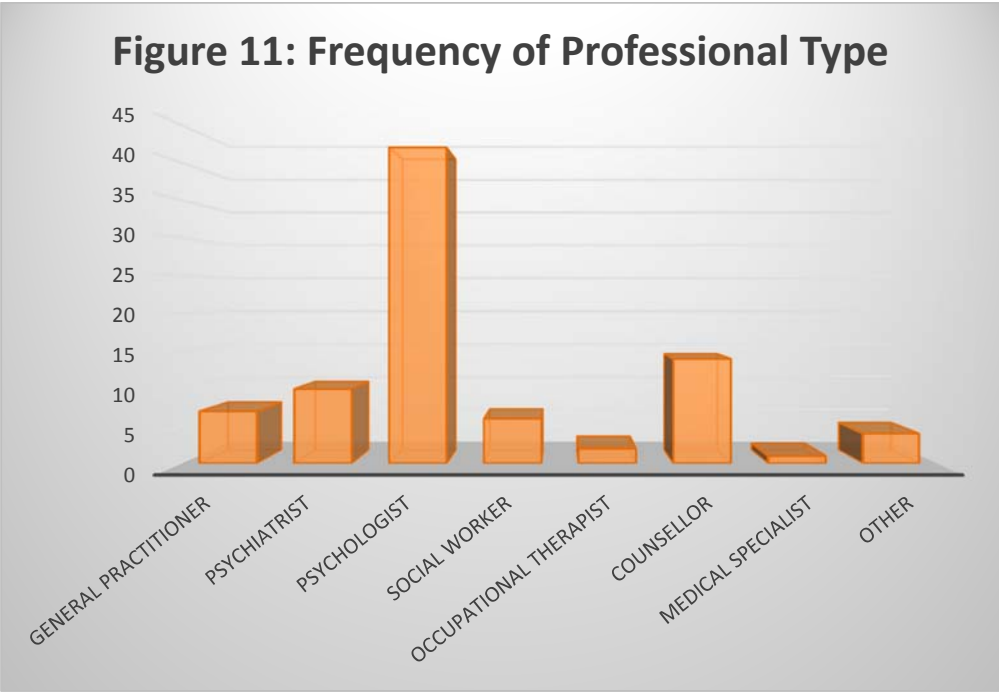


Of the 1013 respondents to this question, 83% reported that they had had the BeyondNow app for less than one-month (Figure 8). Around 8.5% of people reported having the app for longer than six-months. These rates are not surprising given that the feedback feature was initiated within an updated version of the app. New users therefore had access to this feature, while longer-term users were only able to use this feature if they chose to update BeyondNow to the new version. Predictably, those who had BeyondNow for more than one-month were more likely to have completed their plans compared to people who had been using BeyondNow for less than a month (Figure 9).

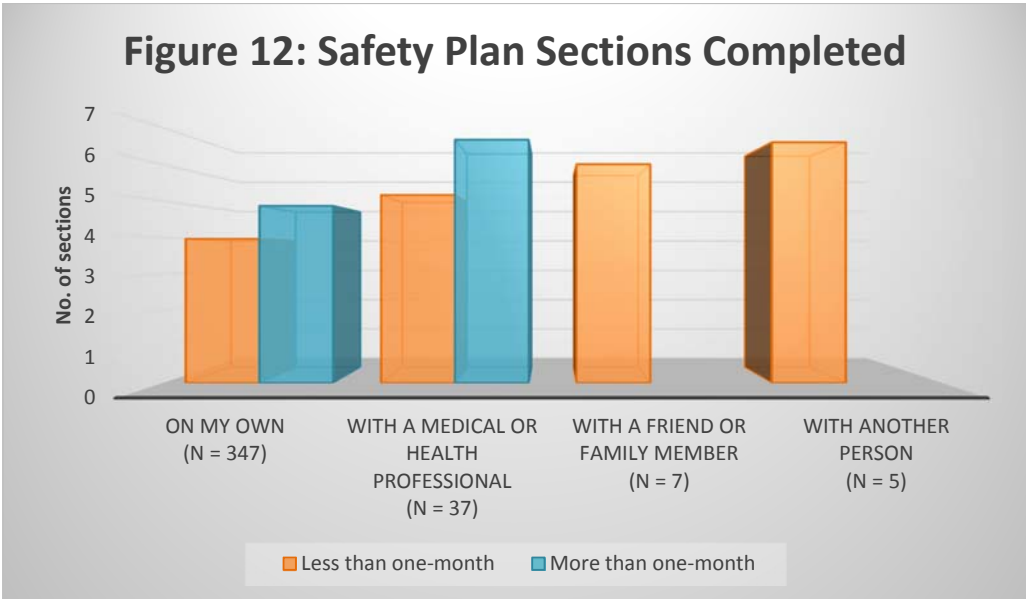




As can be seen in Figure 10, a large proportion of app users completed their safety plan on their own. To the best of the author’s knowledge, this is the first reported data of this type and suggests that app users are clearly motivated to at least initiate and complete a safety plan independently. Traditionally safety plans have been developed together with a health or mental health professional as a one-off intervention e.g., before discharge from hospital or within treatment (Stanley & Brown, 2012). This finding suggests that safety planning is no longer restricted to those who see health or mental health professionals. Of those who completed their plan with a professional, females (14.2%) were far more represented than males (3.4%). It is speculated that this finding reflects greater engagement of females with health professionals regarding the management of mental health problems and/or a greater willingness or ability of health professionals to use BeyondNow with female patients.

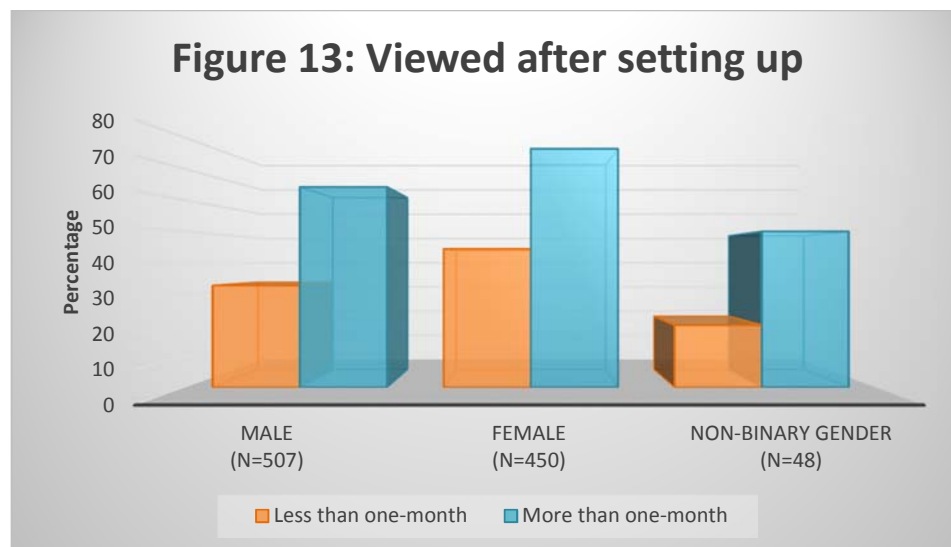


Psychologists were by far the most frequent professional involved with developing BeyondNow safety plans (Figure 11). This may reflect the psychology's large workforce size, the involvement of psychologists in managing suicide risk, and the compatibility of safety planning with cognitive behavioural type treatments that are often used by psychologists.



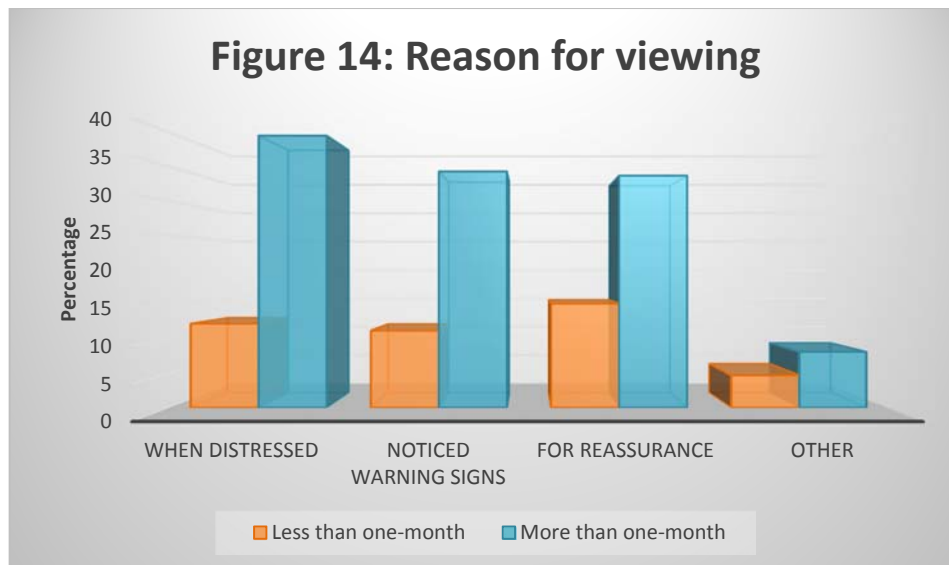
Those who completed their plans on their own completed significantly ($t(415) = -2.67, p < .01$) less sections than those who completed their plans with a professional (Figure 12). This finding may be important as it is assumed that a more comprehensive plan is superior to a less comprehensive plan. However, while this finding was statistically significant, whether such a difference is clinically meaningful is yet to be established. Qualitative analysis of safety plan content may shed more light on the likely utility of safety plan content. In addition, it is speculated that differences in severity of suicidal risk may explain the level of plan completion. Those who completed their plan on their own may be less severe and need a less elaborate plan whereas those who are working with a clinician may be more severe and in need of a more comprehensive plan however, again this opinion needs empirical evaluation. The longer the individual had BeyondNow, the more complete the plan was, suggesting that plans were not static and were added to and potentially refined over time. The number who completed their plan with a family member, friend or another person was too small to allow further analysis.

How Were Safety Plans Used?

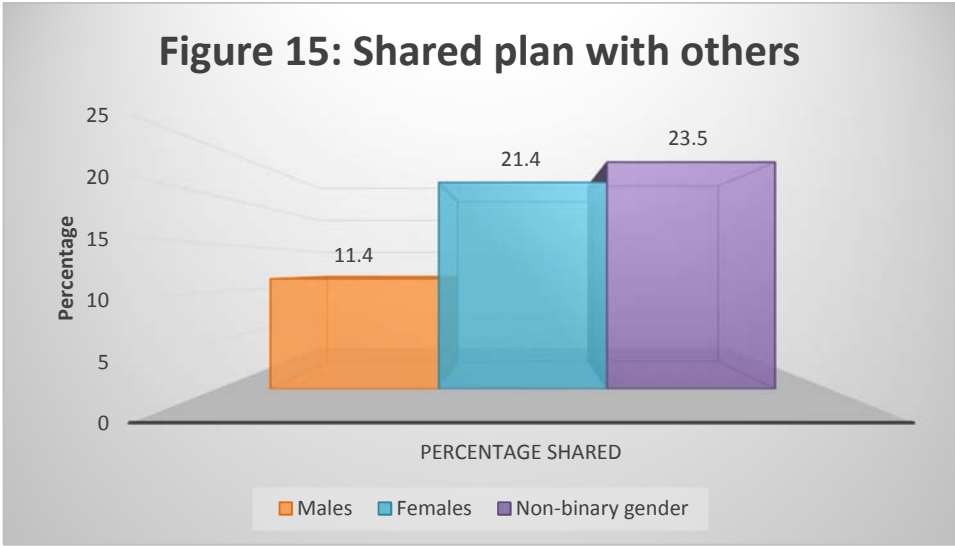


As can be seen in figure 13, those who had their plan for less than one month, were significantly ($t(393) = 5.26, p < .001$) less likely to have looked at their plan. For those who had their plan for more than one month, about three quarters of females and about two thirds of males had looked at their plan. While this means that a minority hadn't looked at their

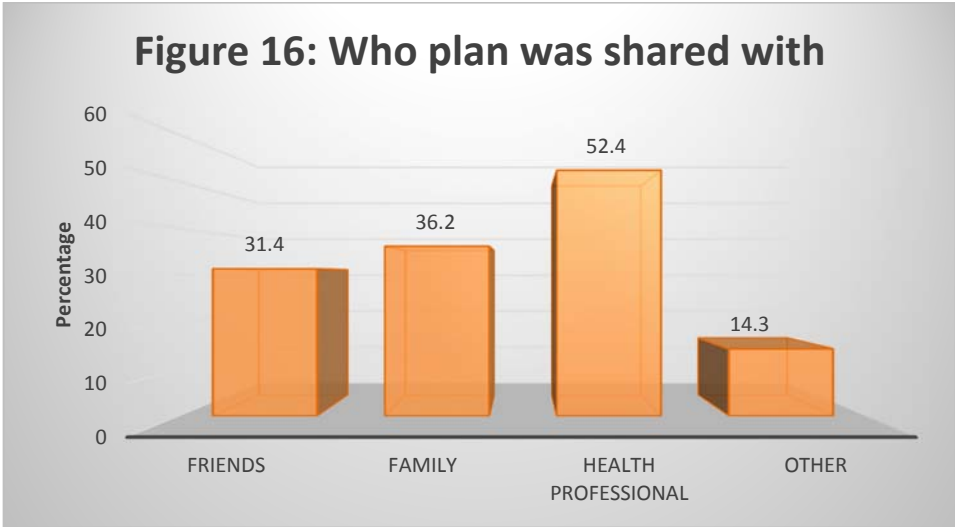
plans, some may receive comfort from merely having the plan close at hand to review, when required. Moreover, given suicidal ideation and crisis are known to be an episodic phenomena (Klonsky, May & Saffer, 2016), it may be that this group who hadn't looked at their plan were well over this period. These findings may be an over-estimate of those who had looked at their plans as, to learn about the survey, the user would have needed to open BeyondNow up and notice the invitation to complete the survey.



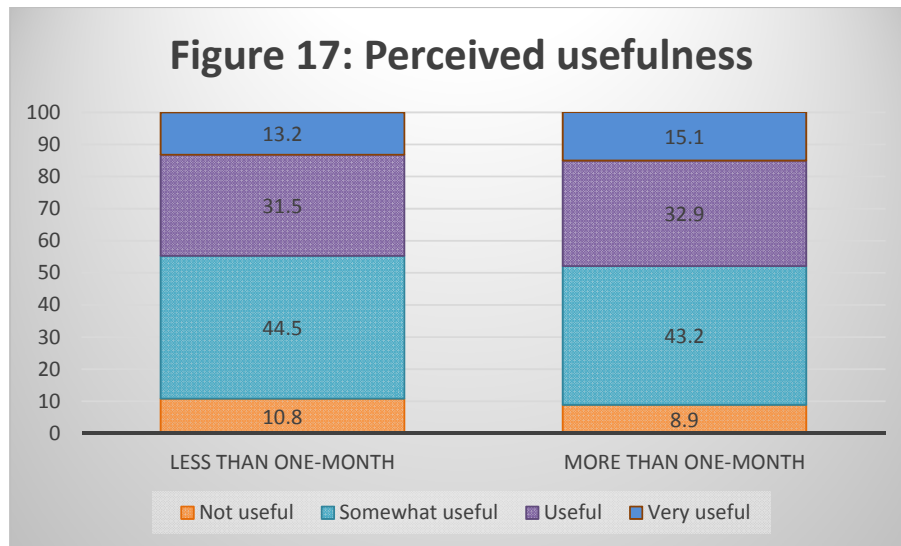
The three pre-populated reasons for viewing BeyondNow were endorsed approximately equally by BeyondNow users (Figure 14). The proportion endorsing each reason was about twice to three times larger in those who had BeyondNow for more than a month compared to less than a month. While reasons for app use were evenly spread, use of BeyondNow “when distressed” provides some impetus for including access to distress tolerance techniques within BeyondNow, should expansion of the features be considered.



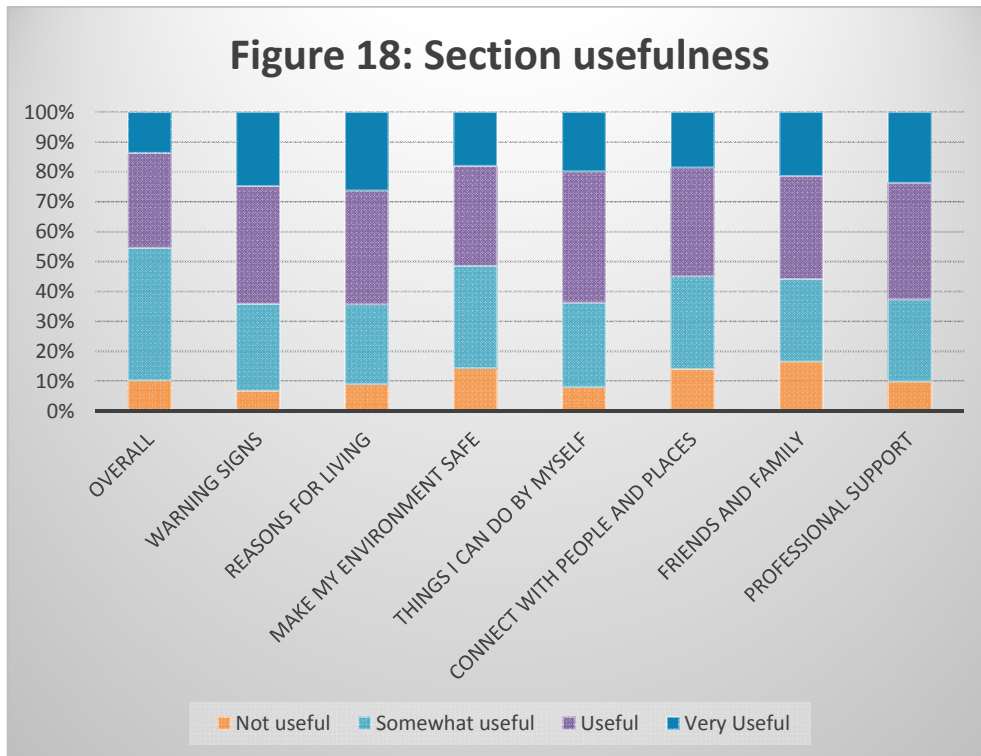
Females and people who identify as having non-binary gender were twice as likely to share their plan with another person (Figure 15). With regard to female respondents, this finding is consistent with past research that has found that females are more likely to engage in help-seeking behaviour (De Leo, Cerin, Spathonis & Burgis, 2005). About half reported sharing plans with their health professional and about one third with family and friends, respectively (Figure 16).



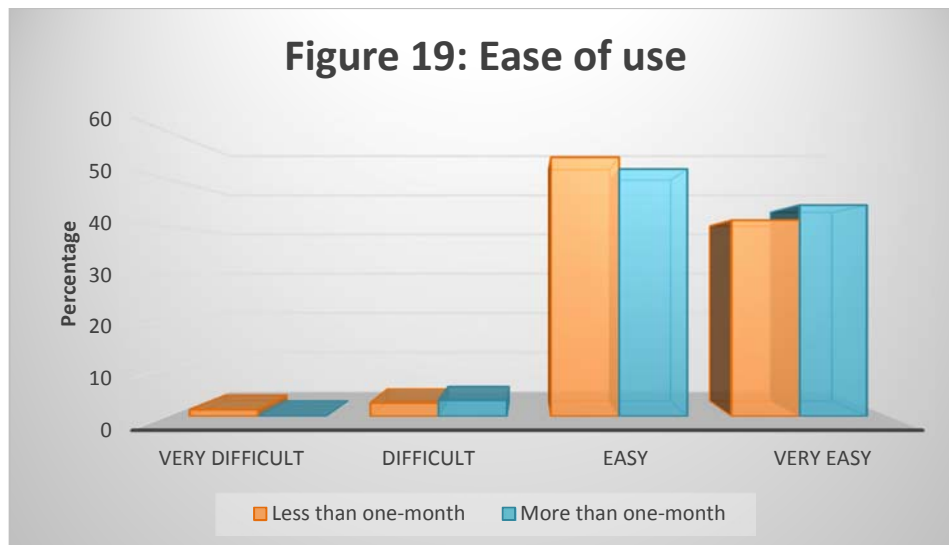
Was BeyondNow Useful?



As can be seen in Figure 17, BeyondNow was rated as being at least somewhat useful by about 90% of users (n = 645) regardless of whether the user had BeyondNow for more or less than one month. Furthermore, 45 - 48% of people rated the app as being useful or very useful. These findings suggest that BeyondNow has a good level of utility, however there may be opportunities to improve its performance and increase these rating.



Based on those who responded to the questions regarding the usefulness of each section (n = 612 - 648), Figure 18 demonstrates that there was no section that stood out as being widely thought of as “Not useful” nor was there a clear standout that was thought of as being the most useful. However, ‘Warning signs’, ‘Reasons for Living’ and ‘Things I Can Do by Myself’ were the top ranked strategies when ‘useful’ and ‘very useful’ ratings are combined.

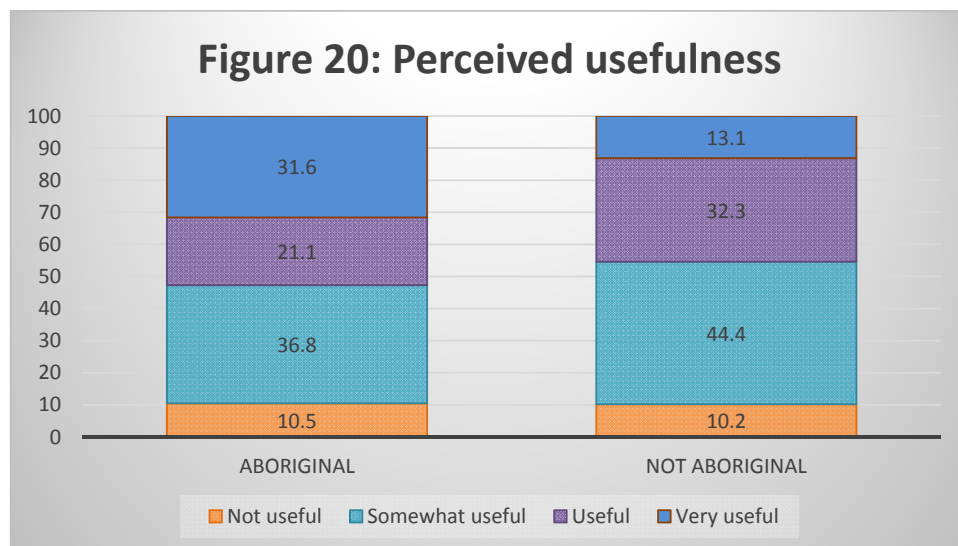


As can be seen in Figure 19, BeyondNow users (n = 650) overwhelmingly found the BeyondNow app easy to use. This is a strong endorsement of the app, and suggests that the simple design is liked by the users. However, it ought to be recognised that this may be biased as the survey was placed within the app and some who may have found the app difficult to use may not have responded.

Aboriginal and Torres Strait Islander app users

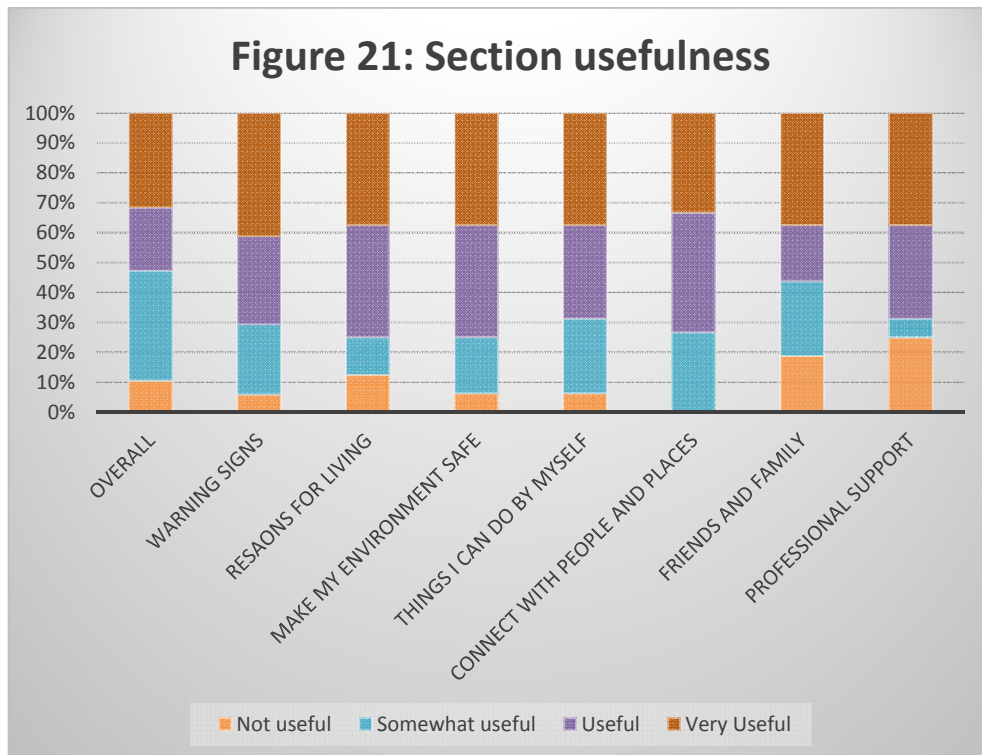
Given the high rates of suicide in Aboriginal and Torres Strait Islander people (ABS, 2016), particularly in adolescence and young adulthood, we examined demographic, app use and opinions about the app among these groups. Based on 1141 responses to the question regarding Aboriginal and/or Torres Strait Islander status, 24 people (2.1%) reported that they identified as Aboriginal, and 3 people (0.3%) identified as Torres Strait Islanders. The Australian Bureau of Statistics (2017a) estimate that 2.55% of Australians identify as Aboriginal, and 0.14% identify as being Torres Strait Islander, which suggest that the study sample approximated national averages for these two minority groups.

Half of the respondents who identified as Aboriginal were female, one preferred to self-describe their gender, one preferred not to reveal their gender, while the remainder were male. Most of the Aboriginal sample were aged evenly between 16 and 44 years, while five were aged between 45 and 64 years. Of the three respondents who identified as Torres Strait Islander, two were female and one was male. The Torres Strait Islander sample were aged evenly between 18 and 44 years.

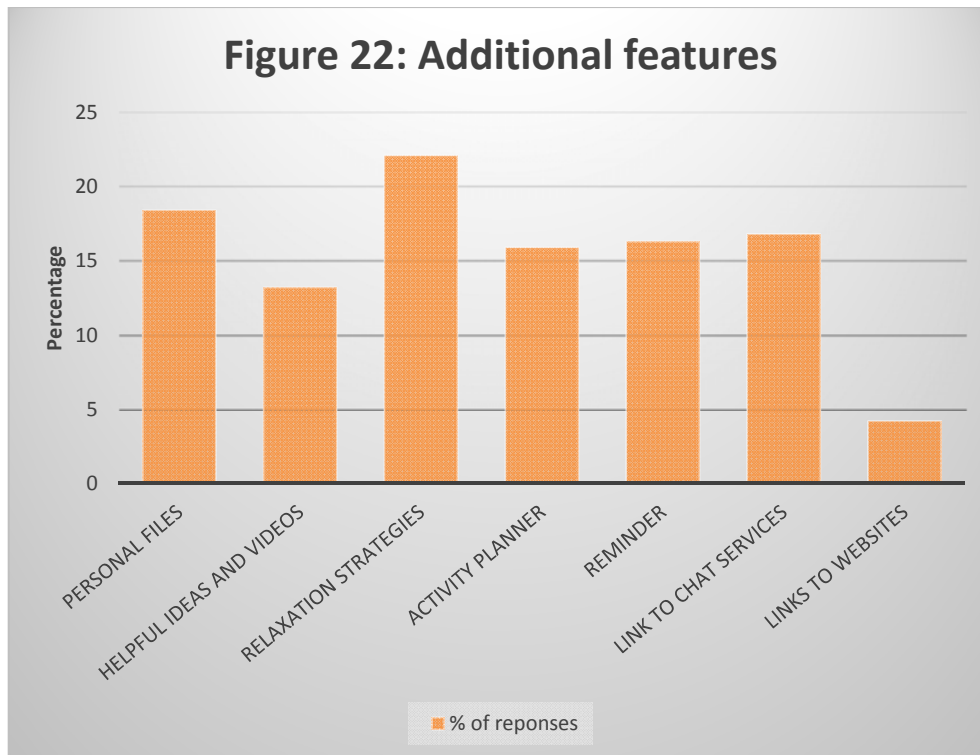


Three people who identified as Torres Strait Islander responded to this survey question, each of these respondents rated the app as “Somewhat useful”. With regard to Aboriginal people, results indicate that a greater proportion of Aboriginal people rated BeyondNow as Very Useful (31.6%) compared with non-indigenous Australians (13.1%; Figure 20).

With regard to the usefulness of individual safety plan components, a large proportion of Aboriginal respondents rated each section as “Useful” or “Very Useful” (Figure 21). Of note, none of the Aboriginal respondents rated the section “Connect with People and Places” as “Not Useful”. Perhaps the cultural and spiritual connection with the land and places has an important place in distress tolerance for Aboriginal people. Furthermore, the “Professional Support” section received the most number of “Not Useful” ratings from Aboriginal respondents. However, given the small sample size for Aboriginal respondents (n = 24), the above results should be interpreted with caution.



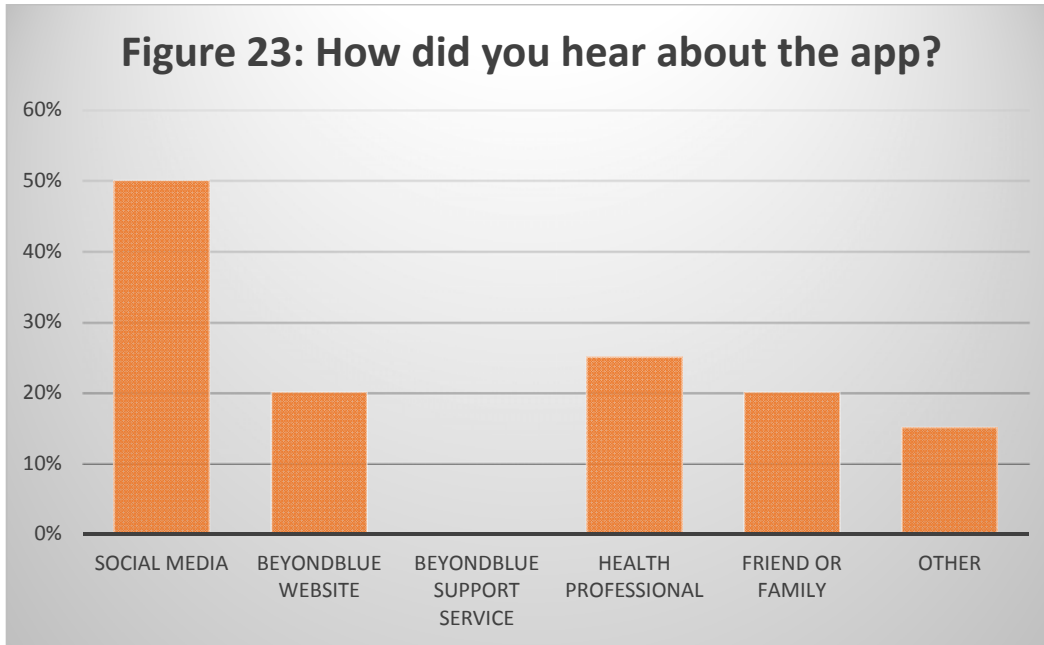
What Additional Features Would Be Helpful?



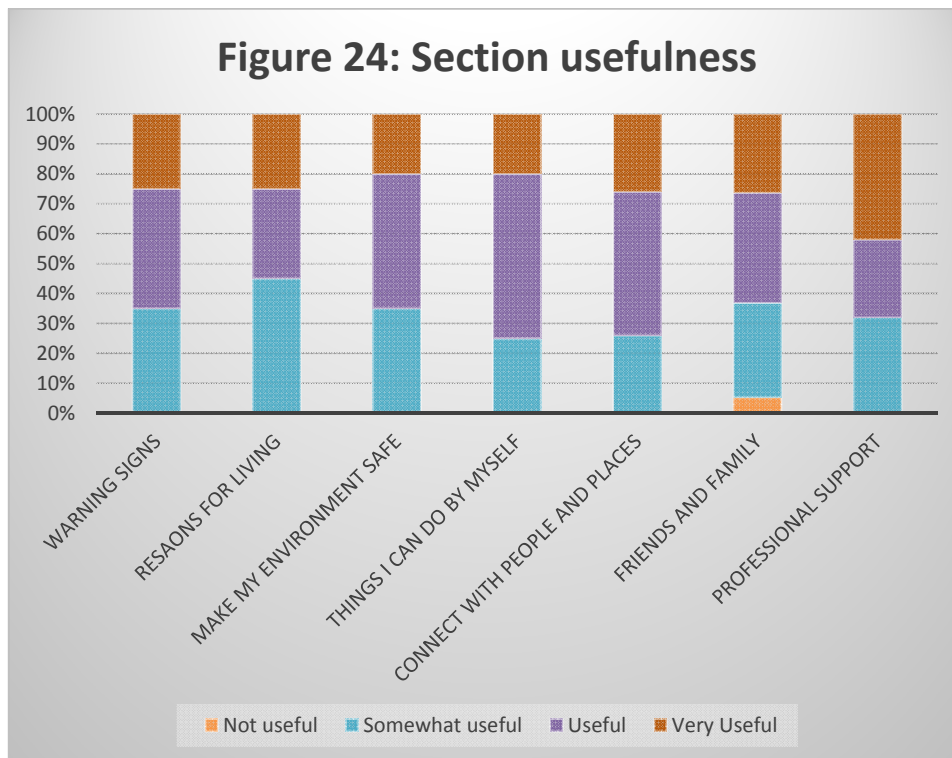
As can be seen in figure 22, between 13% (Helpful ideas and videos) and 22% (Relaxation strategies) of respondents indicated that the suggested additional features would make the BeyondNow app more useful, with the exception of “Links to other helpful websites” which was only endorsed by 4% of respondents.

(ii) Respondents who downloaded BeyondNow to help someone else.

Of the 39 respondents who indicated that they downloaded the BeyondNow app in order to help someone else, 19 respondents did not go on to complete the survey. As such, the sample comprised 20 people; six males, 11 females, and three people who did not want to disclose their gender. The age of respondents in this sample was spread evenly from 18 years to over 65 years, and one respondent identified as being Aboriginal. Twelve of the 20 respondents reported that they had introduced the app to another person.



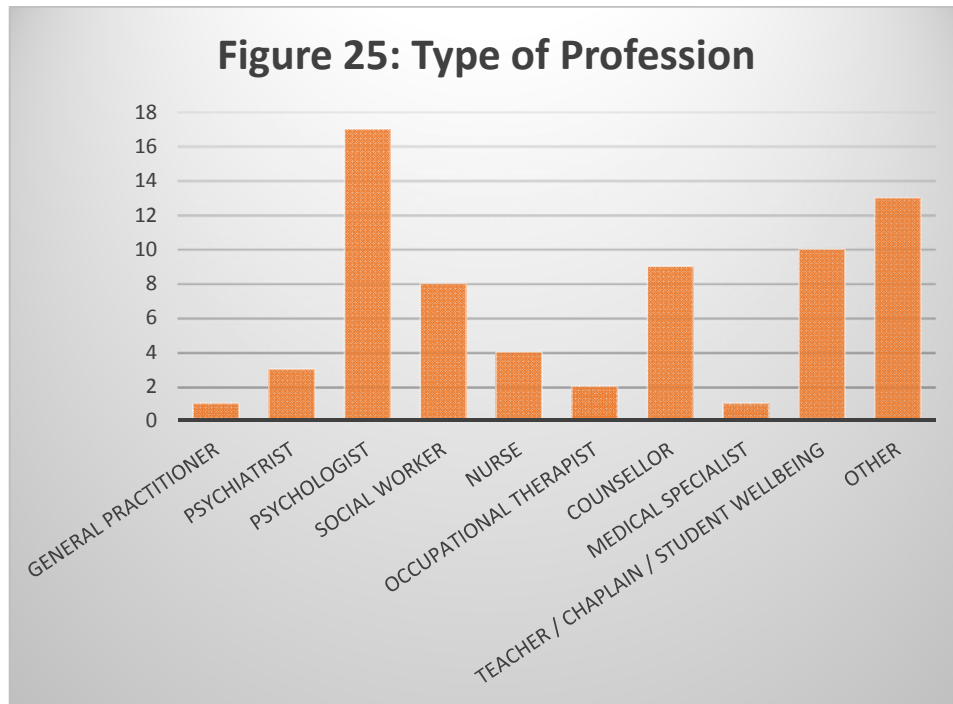
Half of the sample had heard about the BeyondNow app via social media, while around 20% had heard of the app from the beyondblue website, a health professional, or a friend or family member (Figure 23). Note that respondents were able to indicate multiple responses to this question.



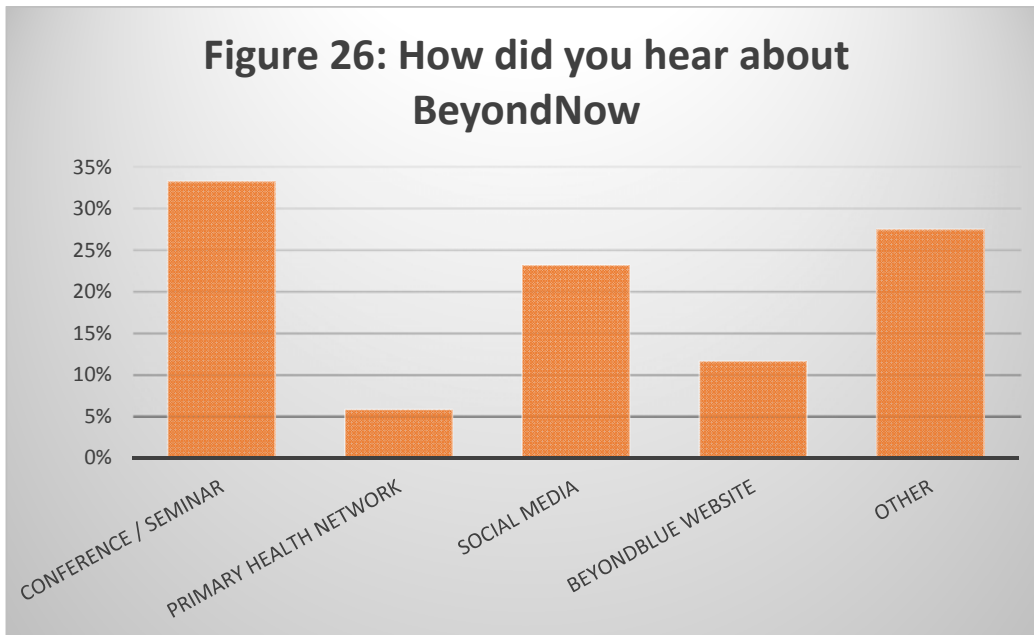
As can be seen in Figure 24, a majority of people who downloaded the app to help someone else found each section of the app useful or very useful. One respondent indicated that the 'Friends and Family I can talk to' section of the app was not useful at all.

(iii) Professionals who downloaded BeyondNow to show to their clients.

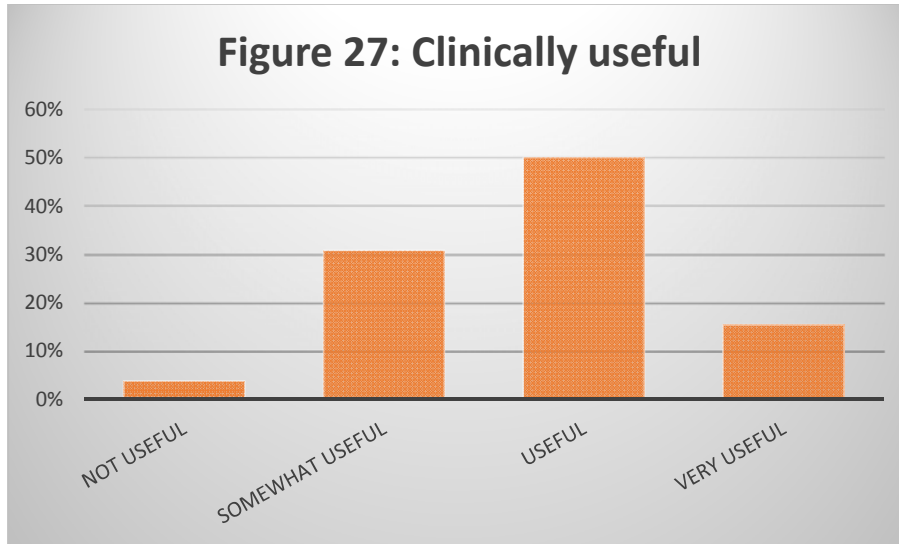
Of the 75 respondents who indicated that they were professionals who downloaded the BeyondNow app in order to demonstrate to their clients, 6 respondents did not go on to complete the survey. As such, the sample comprised 6 professionals; 24 males, 40 females, and four professionals who did not want to disclose their gender. The age of professionals in this sample was spread evenly from 25 to 64 years, with relatively few professionals under 25 or over 65. None of the professionals identified as being Aboriginal or Torres Strait Islander.



A majority of professionals who completed the survey were psychologists, followed by school-based professions and counsellors (Figure 25). Respondents within the “Other” category were mainly students, as well as other professionals including one funeral director.



The most common way for a professional to hear about the BeyondNow app was at a conference or seminar or via social media (Figure 26). About a quarter of professionals reported hearing about the app from another source (other), which upon inspection of the qualitative data largely included colleagues and training events.



Just under half of the professionals who completed the survey had introduced a patient / client to the BeyondNow app. Of the 29 professional who had introduced the app to a patient / client, 82.7% reported that the process was 'Easy' or 'Very Easy' (Figure 27). Around 65% of professionals found the app to be 'Useful' or 'Very Useful'. Of those professionals who hadn't introduced the app to a patient / client, the majority reported that they had only recently downloaded the app, and had not had the opportunity to show the app to a patient / client.

MAJOR SUMMARY POINTS

- Survey respondents were representative of the Australian population based on state or territory of residence, regional area (metropolitan / regional / remote) and Aboriginal and/or Torres Strait Islander status. However, survey respondents who were born in Australia appeared to be slightly overrepresented in the sample compared to Australians who were born overseas.
- The vast majority of respondents completed their safety plan on their own. For those who did complete their plan with another person, it was most often a Psychologist. Significantly more sections of a safety plan were completed when the plan was completed with another person, however it is not clear whether the difference observed would lead to a meaningful reduction in safety plan utility.
- Females were more likely to provide access to their safety plan data, complete their safety plan, view their plan after setting completing it, and share their safety plan with another person compared to males.
- High usefulness ratings and high ease-of-use ratings were given from individual app users as well as professionals.
- Higher app usefulness rating were observed among Aboriginal app users compared to non-indigenous Australians, however the sample size of Aboriginal users was modest.

PHASE 3: NATIONAL IMPLEMENTATION

Presentations and Training (Since last report)

1. Melvin, G.A. (2016). BeyondNow: Mitigating suicide risk using a smartphone application. National Online and Telephone Support Services (NOTSS) Interagency Collaboration Meeting. beyondblue, Melbourne. 22.11.16.
2. Melvin, G. A. (2017) BeyondNow: Applying safety planning for suicide prevention using an Australian smartphone application and website. Training provided to ‘Way Back Support Service’. beyondblue, Melbourne. 30.05.17.
3. Melvin, G.A. (2017). BeyondNow: Applying safety planning for suicide prevention using an Australian smartphone application and website. Training workshop to staff of ‘Working it Out’ and other LGBTI services in Hobart, Tasmania 24.05.17
4. Melvin, G.A. (2017). Safety Planning for Suicide Prevention. Training workshop provided to midwives from Dandenong Hospital, Melbourne. 29.05.17.
5. Melvin, G.A. (2017). BeyondNow: Applying safety planning for suicide prevention using an Australian smartphone application and website. Western Primary Healthcare Network, Geelong, Victoria. Invited Workshop. 15.06.17.
6. Melvin, G.A. (2017). Using tech for Suicide Prevention. Introducing the BeyondNow safety planning app. Presentation at the “Social Media & Healthy Development. Where to from here? Conference” Monash Health. Frankston, Melbourne. 20.07.17.

Overall, these small group “hands on” trainings have provided over 200 people with exposure to BeyondNow or training in the application of safety planning in clinical practice and use of BeyondNow.

Publications

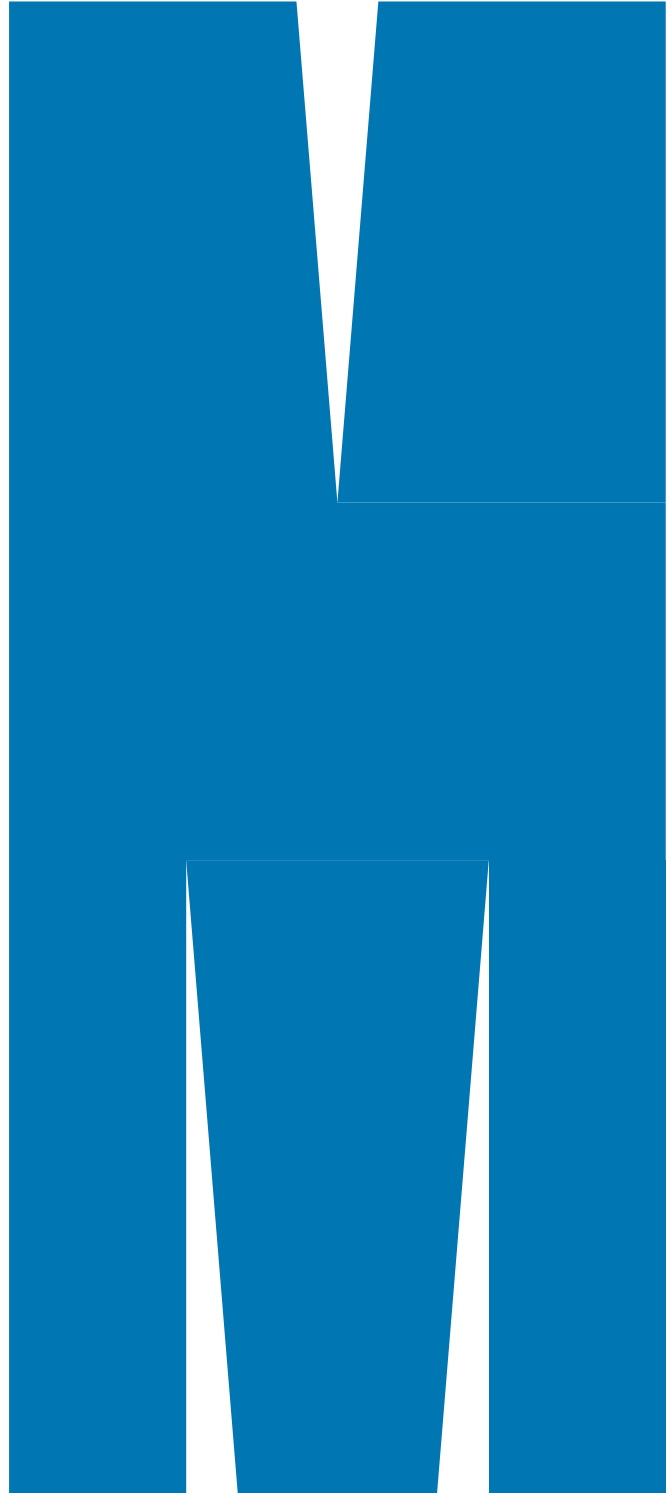
In Preparation

- Melvin, G. A., Gresham, D., Beaton, S., Coles, J., Stanley, B., Tonge, B. J., & Gordon, M.S. Examining the feasibility and effectiveness of the BeyondNow safety planning smartphone application for suicide prevention: A single group pilot study within a tertiary mental health service.
- Melvin, G. A., Gresham, D. & Stanley, B. Smartphone-based suicide prevention applications: A review, how-to, and future directions.

- Oh, J. W., Melvin, G. A., Gresham, D., & Coles, J. A review of safety planning smartphone applications.

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- Australian Bureau of Statistics (2017c). Quarterly population estimates – December 2016. Accessed 15.08.17 from http://stat.data.abs.gov.au/Index.aspx?DataSetCode=ERP_QUARTERLY.
- 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, 215-224.
- Klonsky, E. D., May, A. M., & Saffer, B. Y. (2016). Suicide, suicide attempts, and suicidal ideation. *Annual Review of Clinical Psychology*, 12, 307-330.
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APPENDIX A

BeyondNow app survey



Thanks for taking the time to do our survey. We're hoping that this survey will tell us more about who's using the BeyondNow app, how helpful it is, and how we might be able to make it more helpful. You do not have to complete the survey if you don't want to. The survey is completely anonymous; we cannot link your responses to you. It takes around 5 minutes to complete, but you can stop at any time and come back to it later if you wish.

Default Question Block

Q1 What is your age?

- Under 16 (1)
- 16 to 18 (2)
- 18 to 24 (3)
- 25 to 34 (4)
- 35 to 44 (5)
- 45 to 54 (6)
- 55 to 64 (7)
- 65 + (8)

Condition: Under 16 Is Selected. Skip To: End of Block.

Q2 What is your gender?

- Male (1)
- Female (2)
- Prefer to self-describe (3) _____
- Prefer not to say (4)

Q3 Do you live in Australia?

- Yes (1)
- No (2)

Condition: No Is Selected. Skip To: End of Block.

Display This Question:

If Do you live in Australia? Yes Is Selected

Q3.1 What is your postcode?

Q4 Are you of Aboriginal and/or Torres Strait Islander origin?

- Yes, Aboriginal (1)
- Yes, Torres Strait Islander (2)
- Yes, Aboriginal and Torres Strait Islander (3)
- No (4)

Q5 In what country were you born?

- Australia (1)
- New Zealand (2)
- United Kingdom (3)
- China (4)
- India (5)
- Other (6) _____

Q6 Why did you download the BeyondNow app?

- To complete by myself (1) – **Links to Block 1**
- To help someone I know (2) – **Links to Block 2**
- To demonstrate to my clients (3) – **Links to Block 3**

Block 1

Q7a Did you initially complete your BeyondNow safety plan with someone else?

- No, on my own (1)
- Yes, a medical or health professional (2)
- Yes, a friend or family member (3)
- Yes, other; Please specify (4) _____

Display This Question:

If Did you complete the BeyondNow app with someone else? Yes, a medical or health professional Is Selected

Q7.1a What type of health professional helped you to complete your safety plan?

- General Practitioner (GP) (1)
- Psychiatrist (2)
- Psychologist (3)
- Social Worker (4)
- Occupational Therapist (5)
- Counsellor (6)
- Medical Specialist (7)
- Other (8) _____

Q8a How long ago did you download BeyondNow?

- Less than 1 month (1)
- 1 - 2 months (2)
- 3 - 4 months (3)
- 5 - 6 months (4)
- More than 6 months (5)

Q9a Have you viewed your BeyondNow safety plan after setting it up?

- Yes (1)
- No (2)

Display This Question:

If Have you viewed your safety plan after setting it up? Yes Is Selected

Q9.1a When have you viewed your safety plan? *Select all that apply*

- When I was distressed and feeling suicidal (1)
- When I noticed my warning signs (2)
- When I was not suicidal but needed some reassurance (3)
- Other (4) _____

Q10a Has the BeyondNow app been useful?

- Not useful (1)
- Somewhat useful (2)
- Useful (3)
- Very useful (4)

Q11a How easy is the BeyondNow app to use?

- Very difficult (1)
- Difficult (2)
- Easy (3)
- Very Easy (4)

Q12a How useful do you find each step of BeyondNow?

	Not useful (1)	Somewhat useful (2)	Useful (3)	Very useful (4)
My warning signs (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My reasons to live (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Make my environment safe (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Things I can do by myself (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Connect with people and places (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friends and family I can talk to (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional support (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q13a Do you have any comments about any step of BeyondNow?

	Comments? (1)
My warning signs (1)	
My reasons to live (2)	
Make my environment safe (3)	
Things I can do by myself (4)	
Connect with people and places (5)	
Friends and family I can talk to (6)	
Professional support (7)	

Q14a Have you shared your safety plan?

- Yes (1)
- No (2)

Display This Question:

If Have you shared your safety plan? Yes Is Selected

Q14.1a Who have you shared your plan with? *Select all that apply*

- Friends (1)
- Family (2)
- GP (3)
- Health Professional (4)
- Other (5) _____

Q15a Have you used the emergency button?

- Yes (1)
- No (2)

Q16a What additional features would make the BeyondNow app more useful? *Select all that apply*

- Personal files such as photos, music, recorded messages, affirmations etc. (1)
- Helpful ideas and video hope-messages from peers (2)
- Wellbeing, relaxation, self-soothing, stress management and/or breathing activities (3)
- Activity planner (for appointments / medication) (4)
- Reminder to check safety plan (5)
- Link to chat services in professional contacts (e.g. Lifeline / Suicide callback) (6)
- Links to other helpful websites (7)
- Anything else that might be helpful? (8) _____

Q17a Is there any other feedback you would like to add to help us improve BeyondNow?

Block 2

Q7b How did you hear about the BeyondNow app? *Select all that apply*

- Social media (1)
- beyondblue website (2)
- beyondblue Support Service (3)
- Health professional (4)
- Friend / Family member (5)
- Other (6) _____

Q8b Have you introduced someone you were worried about to the BeyondNow app?

- Yes (1)
- No (2)

Q9b How useful do you find each step of BeyondNow?

	Not useful (1)	Somewhat useful (2)	Useful (3)	Very useful (4)
My warning signs (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My reasons to live (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Make my environment safe (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Things I can do by myself (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Connect with people and places (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friends and family I can talk to (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional support (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q10b Do you have any comments about any step of BeyondNow?

	Comments? (1)
My warning signs (1)	
My reasons to live (2)	
Make my environment safe (3)	
Things I can do by myself (4)	
Connect with people and places (5)	
Friends and family I can talk to (6)	
Professional support (7)	

Q11b What additional information / support would have helped you to support your friend / family member?

Q12b Is there any other feedback you would like to add to help us to improve the BeyondNow app?

Block 3

Q7c How did you hear about the BeyondNow app?*Select all that apply*

- Seminar / Conference (1)
- PHN newsletter (2)
- Social media (3)
- beyondblue website (4)
- Other (5) _____

Q8c What is your profession?

- General Practitioner (1)
- Psychiatrist (2)
- Psychologist (3)
- Social Worker (4)
- Occupational Therapist (5)
- Counsellor (6)
- Medical Specialist (7)
- Other; Please specify (8) _____

Q9c Have you introduced BeyondNow to your clients / patients?

- Yes (1)
- No (2)

Display This Question:

If Have you introduced BeyondNow to your clients / patients? Yes Is Selected

Q9.1c How easy was BeyondNow to use with your clients / patients?

- Very difficult (1)
- Difficult (2)
- Easy (3)
- Very easy (4)

Display This Question:

If Have you introduced BeyondNow to your clients / patients? No Is Selected

Q9.2c Why haven't you shared BeyondNow with your clients / patients?

Q10c Has BeyondNow been useful for your clinical practice?

- Not useful (1)
- Somewhat useful (2)
- Useful (3)
- Very useful (4)

Display This Question:

If Has BeyondNow been useful? Somewhat useful Is Selected

Or Has BeyondNow been useful? Useful Is Selected

Q10.1c In what way has the BeyondNow app been useful?*Select all that apply*

- Provided client / patient with support outside of appointments (1)
- Helped to facilitate review within appointments (2)
- Helped to provide client / patient with a sense of control (3)
- Provided a structure for safety planning (4)
- Helped contain my anxiety about a client (5)
- Other; Please specify (6) _____

Q11c How useful do you do you think each step of BeyondNow is to your client / patient?

	Not useful (1)	Somewhat useful (2)	Useful (3)	Very useful (4)
My warning signs (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My reasons to live (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Make my environment safe (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Things I can do by myself (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Connect with people and places (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friends and family I can talk to (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional support (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q12c Do you have any comments about any step of BeyondNow?

	Comments? (1)
My warning signs (1)	
My reasons to live (2)	
Make my environment safe (3)	
Things I can do by myself (4)	
Connect with people and places (5)	
Friends and family I can talk to (6)	
Professional support (7)	

Q13c What additional features would make BeyondNow more useful to clients / patients? *Select all that apply*

- Personal files such as photos, music, recorded messages, affirmations etc. (1)
- Helpful ideas and video hope-messages from peers (2)
- Wellbeing, relaxation, self-soothing, stress management and/or breathing activities (3)
- Activity planner (for appointments / medication) (4)
- Reminder to check safety plan (5)
- Link to chat services in professional contacts (e.g. Lifeline / Suicide callback) (6)
- Links to other helpful websites (7)
- Anything else that might be helpful? (8) _____

Q14c What additional information would help health professionals to embed BeyondNow into their clinical practice?

- Training (1)
- Information sheet (2)
- Demonstration (3)
- Other; Please specify (4) _____

Q15c Is there any other feedback you would like to add to help us to improve the BeyondNow app?