



All island evaluation of Applied Suicide Intervention Skills Training (ASIST)

Summary report

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Foreword

Suicide is a significant public health concern on the island of Ireland. The rates of death by suicide in the Republic of Ireland are 17.9 per 100,000 for males and 3.8 per 100,000 for females.¹ The rates for Northern Ireland (please note these rates include suicide and undetermined death) are 22.9 per 100,000 for males and 6.9 per 100,000 for females.^{2*}

ASIST has been delivered in Ireland since 2004; more than 20,000 people have completed the course in the Republic of Ireland and more than 11,000 have done so in Northern Ireland. This represents a significant proportion of the population. The investment made by the National Office for Suicide Prevention (NOSP), Public Health Agency (PHA) and our partner agencies required that an evaluation be undertaken on the impact of the programme on the island of Ireland.

This is one of the most extensive evaluations ever undertaken in relation to the ASIST programme. It demonstrates that ASIST improves the skill levels and confidence of community gatekeepers in responding to people in a suicidal crisis. It also shows that participation in the programme significantly impacts on a person's likelihood to engage with and support a person who may clearly be feeling suicidal. Both of these findings support the underlying value of ASIST.

This evaluation provides the NOSP and PHA with a strategic direction for the further implementation of ASIST and other related suicide prevention training programmes. Since the completion of this evaluation, the NOSP has taken a number of steps to implement the recommendations, including:

- development of standards for training in suicide prevention;
- establishment of a national training database of participants who have completed the ASIST programme (this will allow the NOSP and its partners to monitor and target the delivery of the programme);
- implementation of other suicide prevention programmes that complement ASIST, particularly the safeTALK programme;
- integration of ASIST into undergraduate training and professional development programmes for staff responding to people in suicide prevention training;
- implementation of systems that allow for greater cost effectiveness in the continued national roll-out of suicide prevention training programmes;
- provision of further guidelines for coordinating sites delivering the ASIST programme on a regional basis.

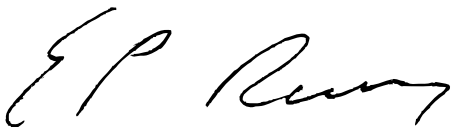
* Please note that Republic of Ireland rates are calculated on year of occurrence data and do not include undetermined deaths. In Northern Ireland, rates are calculated on year of registration and do include undetermined deaths. The Northern Ireland rate here is based on a three year rolling average from 2007–2009.

The PHA has developed a regional action plan for all training in suicide prevention and mental health promotion. Actions to date from that work include:

- development of standards for training in suicide prevention;
- implementation of other suicide prevention programmes that complement ASIST, including the safeTALK programme;
- implementation of systems that allow for greater cost effectiveness in the continued national roll-out of suicide prevention training programmes;
- delivery and evaluation of other programmes such as Mental Health First Aid (MHFA).

We would like to thank all those who participated in and contributed to the completion of this evaluation. We have many ASIST coordinating sites and trainers on the island of Ireland and their ongoing commitment to the programme is critical to the continued success of suicide prevention training in Ireland. The NOSP and PHA greatly appreciate their ongoing support and work for the programme.

We hope ASIST will continue to be of enormous benefit to all participants who complete the programme and, in time, will contribute, along with other programmes, to a reduction in suicidal behaviour in Ireland.



Eddie Rooney

Chief Executive of the Public Health Agency



Geoff Day

Director of NOSP

Introduction

In response to the high number of suicides and cases of self-harm in recent years in both Northern Ireland and the Republic of Ireland, each jurisdiction developed national strategies for action:

- *Reach out: national strategy for action on suicide prevention* (Republic of Ireland) was launched in September 2005 (www.nosp.ie).³
- *Protect life: a shared vision. The Northern Ireland suicide prevention strategy and action plan* was launched in October 2006 (www.dhsspsni.gov.uk).⁴

An all-island action plan on suicide prevention was developed in 2007 in conjunction with the Department of Health, Social Services and Public Safety (DHSSPS) in Northern Ireland and NOSP in the Republic. The plan contains a rolling programme of actions designed to take forward issues of mutual interest.

One of the key issues in the action plan is acknowledgement of the need for greater cooperation in relation to the development and evaluation of suicide prevention-related training programmes across the island. This is because the strategies in each jurisdiction highlight that there is limited evidence available in relation to interventions that are effective in reducing the risk of self-harm and suicide, although the education and training of community gatekeepers has shown promising results.

Given the already widespread roll-out of a suicide intervention programme, Applied Suicide Intervention Skills Training (ASIST), across the island, it was considered important that this work was evaluated regionally as a matter of priority.

The PHA designed and implemented an evaluation framework on behalf of the DHSSPS and NOSP. This report provides a summary of findings drawn from a number of pieces of work used to inform the evaluation, including a survey of trainers and pre- and post-training surveys with participants. Deloitte also conducted a wide ranging qualitative consultation with trainers, stakeholders and policy makers across the island of Ireland and carried out an examination of costs and efficiencies.

The ASIST course

ASIST is a two day course designed for both professionals and the general public. The aim of the ASIST workshop is to help caregivers provide emergency first aid to people at risk of suicidal behaviour. During the two day workshop, participants examine their attitudes to suicide, learn how to recognise and review the risk of suicide, and develop new and/or reinforce existing intervention skills. ASIST also aims to develop a cooperative network among participants, since caregivers often have to work together to prevent suicide.

ASIST was developed in the 1980s by a team of mental health and social work professionals, in collaboration with the state governments of Alberta and California, and the Alberta division of the Canadian Mental Health Association. They created LivingWorks Education Inc as a public service corporation in 1991. Since then, the programme has been delivered through networks of registered trainers in Canada, Australia, Norway, the United States and Europe.

LivingWorks provides ASIST for prospective trainers and has responsibility for ASIST quality control in Ireland. Once a region has at least one trainer who has achieved team leader status and can fulfil other International Collaborative Committee (ICC) criteria (see Appendix 1), that region can apply for ICC membership, which allows that region (for an annual license fee) to train their own trainers and gain quality control of courses. It also means course materials can be adapted for regional requirements and produced locally, thereby reducing costs.

Anyone can volunteer to become an ASIST trainer. Candidates become provisional trainers upon completion of the five day Training for Trainers course (T4T). Provisional trainers become registered trainers with LivingWorks upon completion of three workshops within a year of the T4T. Registration is maintained thereafter by presenting at least one workshop a year. Trainers then go on to receive enhanced status (master, consulting etc) depending on the number of courses they have delivered.

LivingWorks receive a fee for organising the T4T courses, and also for each participant on every ASIST course, to cover course materials. Participants receive a workbook, a suicide intervention handbook, a wallet card on intervention and risk estimation principles, and a certificate of participation. Trainers order these materials directly from LivingWorks.

ASIST in Northern Ireland

ASIST has been available in Northern Ireland since 2004. There are now 207 trainers, although 16% are estimated to be inactive (Table 1). By December 2009, approximately 9,009 people had attended ASIST in Northern Ireland.

There is no ASIST coordinating body in Northern Ireland. ASIST is rolled out through Health and Social Care Trusts (HSCTs), voluntary and community organisations, and work-based training providers (eg Prison Service, PSNI). In some areas/organisations, there may be a strategy for the roll out of ASIST, with key target groups encouraged to attend. For example, in some HSCT areas, attendance is compulsory for those working in certain areas of mental health or health promotion. For other organisations, attendance is open to all, but not compulsory.

Some ASIST courses organised and funded by local HSCTs are free of charge, while others charge a nominal fee for attendance. Voluntary groups and agencies may or may

not charge participants to attend ASIST courses they deliver. There is also variation as to whether trainers receive payment for delivering ASIST courses.

ASIST in the Republic of Ireland

ASIST was also introduced in the Republic of Ireland in 2004, and by 2009, there were 97 active trainers in the region (Table 1). Over 130 ASIST workshops are delivered annually in the Republic, and by December 2009, 14,943 participants had attended.

In the Republic of Ireland, the NOSP acts as a national coordinating body. ASIST is coordinated locally through suicide coordinators based in various Health and Social Executive (HSE) areas. At the time of the evaluation, there were 14 sites – 11 HSE coordinating sites and three non-HSE coordinating sites (one local drugs task force, AWARE and the National Youth Council of Ireland).

ASIST is free to attend in the Republic, with NOSP funding coordinating sites directly, while trainers are generally not paid for delivering the programme.

Table 1: Summary of ASIST set-up in Northern Ireland and the Republic of Ireland

		Northern Ireland	Republic of Ireland
Organisation and management	Coordination	No centralised coordination Some local coordination through HSCT areas by mental health coordinators (health sector only)	Central coordination through NOSP Local coordination in HSE areas by dedicated coordinators
	Funding	Ad hoc	NOSP
	Implementation	Courses organised ad hoc. Strategic roll-out in certain organisations, eg Prison Service	Courses organised in localities by local coordinators only
	Trainer recruitment	No set criteria	Introduced criteria in 2004 – updated regularly
	Trainer networking/ refreshment training	Informal refresher courses in certain areas	NOSP maintains a national network of trainers Annual support workshops delivered by consultant trainers Refresher training currently compulsory in south east HSE area
	Participant selection and recruitment	No selection criteria in general (specific organisations have specific targeting plans)	Selection process varies according to coordinating site Collaboration between coordinators and community groups. Workshop information provided in advance.
Trainers	Numbers trained in T4T	207	126
	Number of active trainers	173	97
	Number of inactive trainers	34	29
Cost	Estimated annual cost	£149,791 per annum based on five year period FY2004 – FY2009 *	£183,945 per annum based on six year period Jan 2004–Dec 2009
ASIST workshops	Number of ASIST workshops delivered between 2004 and December 2009	513	664
People trained	Estimated number of people trained in ASIST between 2004 and December 2009	9,009	14,943

* FY = financial year.

Evaluation

This evaluation was both process and impact focused. The importance of process evaluation is that, compared to impacts (which are the immediate outcomes and may not include an improvement in health) and outcomes (which are much longer term and more likely to be the result of a combined effect of many projects), process measures indicate what worked well, what did not work well, and in what context.⁵ Without process information, it would be difficult to know if the apparent failure of a programme was because it was the wrong programme, or simply because it was being poorly implemented.

With regard to impacts on participants, the most fundamental question about a suicide intervention programme is whether or not it contributes to a reduction in suicidal behaviour. The obvious indicator would be the number of deaths by suicide. However, the low base rate of deaths by suicide means this is an unreliable and erratic measure over a short time frame. Therefore, the focus of this evaluation is on short-term proxy measures or value outcomes, such as participants' health literacy (in relation to suicide), including their attitudes, confidence and skills, and also participants' short-term intervention behaviour.⁶ This was done using a pre- and post- design with participants.

This evaluation therefore attempts to examine the impacts of ASIST on those who have been trained. It also examines the processes in implementing ASIST in both jurisdictions to assess whether there are aspects around implementation that affect impacts or whether there are aspects of implementation that could be refined to improve efficiencies.

Aim

To evaluate the implementation and efficacy of ASIST in Ireland, in order to make recommendations on the continued use of/support for ASIST, and/or suggest improvements to the programme and its delivery.

Objective 1: Assess the efficacy of the ASIST programme

Review the process of current ASIST delivery (T4T and ASIST course) in Northern Ireland and the Republic of Ireland, specifically to look at:

- targeting and reach of current delivery against aims of Protect life and Reach out;
- management and coordination issues;
- issues around cost efficiency, including:
 - number of trainers needed to deliver the programme
 - cost of delivering the programme
 - value in obtaining ICC status
- suitability of trainers, trainer support, practical issues around course organisation, promotion, materials, participant suitability.

Objective 2: Assess the impact of ASIST on participants

To assess:

- participants' reasons/motivation to attend, if expectations were met, views on course and course materials;
- impact on participants' attitudes, skills and ability to intervene/assist;
- emotional impact on participants and make recommendations for pre-course information or need for pre-course criteria, and post-course support;
- experiences of assisting/intervening and views on effectiveness, barriers to intervening and support required during or post-intervention.

Approach/methods

Desktop information gathering and identification of key respondent groups: ASIST participants, trainers, stakeholders and policy makers.

With trainers

An initial survey of all trainers (290 trainers were surveyed, 184 responded) was followed by focus group work, with trainers grouped by status.

With stakeholders and policy makers

Policy makers and key health service stakeholders were identified by the PHA and NOSP and interviewed. An initial screening exercise was then conducted among major organisations that could potentially implement ASIST, to establish those that had links with the programme. Focus groups and in-depth interviews were then conducted with these stakeholders (see Appendix 2 for a list of stakeholders).

Impact on participants

To assess the impact on participants, we applied the Kirkpatrick framework, which evaluates training based on the four stages of reaction, learning, behaviour and results.⁷ This was measured using pre- and post- participation questionnaires.

The sample consisted of all participants attending courses between December 2008 and March 2009. Forty two workshops were included. Questionnaires covered themes including knowledge, skills and attitude to suicide and suicide intervention, as well as intervention behaviour. Post-training questionnaires included an end of course feedback form (reaction) and a follow-up form completed at least three to six months after training.

Examination of costs and efficiencies

Consultants Deloitte examined costs and efficiencies using information supplied by NOSP, the PHA and other stakeholders. Deloitte also carried out an assessment of the potential for future value for money (VfM).

Presentation of results and statistical analysis

This report brings together the main findings from the numerous pieces of work included in the PHA evaluation framework. Quantitative survey work with trainers and participants was carried out by the PHA. Consultations with stakeholders, policy makers and trainers, and the work on costs and efficiencies, were carried out by Deloitte.

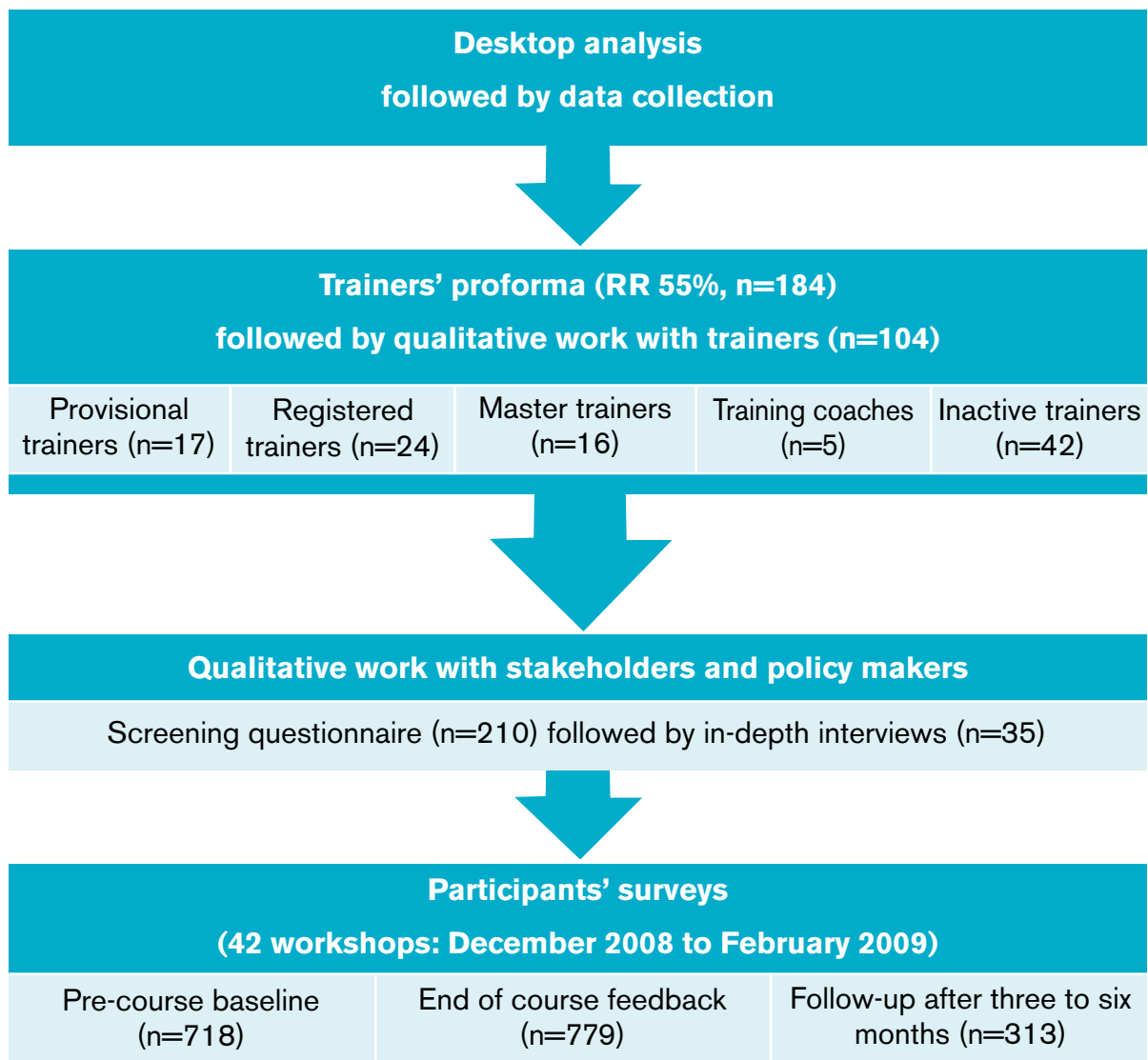
Their findings are compiled in a report entitled *Views of policy makers, stakeholders and trainers to inform the all-island evaluation of applied suicide intervention skills training (ASIST)*.⁸

In the participant survey findings, results tables contain mean scores or mean percentages; however, because of rounding, percentages in each column or row may not total 100. Base numbers are included in all tables to indicate the number (n) of respondents on which percentages are based.

The Chi-square statistical test was employed to test for associations between groups within the sample, unless otherwise indicated. In some cases, the statistical test used was the paired sample T test; this is indicated on the relevant tables.

Statistically significant findings are shown where appropriate and three levels of significance are present, ie $p \leq 0.05$, $p \leq 0.01$, $p \leq 0.001$. For instance, if a finding is significant at the $p \leq 0.05$ level, it would be expected in a similar population 95 times out of 100. Levels of significance are denoted in tables by asterisks – * $p \leq 0.05$, ** $p \leq 0.01$, *** $p \leq 0.001$. The initials 'ns' on tables denote that results are not significant.

Figure 1: Data collection and samples achieved



Findings 1: Perceived impact of ASIST – views of stakeholders, policy makers and trainers

Stakeholders' and policy makers' views on the impact of ASIST

Overall, the majority of stakeholders and policy makers interviewed were content with ASIST and indicated that it met most of their expectations, which centred on increasing staff awareness of suicide and suicidal behaviour, changing attitudes to suicide, and allaying fears or concerns about dealing with those at risk.

A number of key themes emerged from stakeholders and policy makers, including:

- perceived impact on suicide prevention;
- impact on staff skills and behaviour;
- impact on service delivery and networking;
- impact on policy and processes.

Changes in staff attitudes, confidence and skills

A significant majority of stakeholders indicated that attitudes towards suicide and suicide intervention had changed among staff who had been ASIST trained, and that:

- staff could more easily identify individuals at risk of suicide;
- staff were more vigilant of colleagues.

Stakeholders reported an increase in staff confidence and skills. Some had observed staff putting ASIST into practice (either in a face-to-face situation or on the telephone).

"All staff that have completed the training are more confident and not afraid to ask the question about suicide." (Republic of Ireland stakeholder)

Impact on service development and networking

Eight out of 25 stakeholders and policy makers consulted in Northern Ireland, and 5 out of 10 consulted in the Republic, said ASIST had a positive impact in terms of service development and networking. Greater networking and multi-agency working has been reported, eg three of the emergency service consultees (NI Prison Service, PSNI and the Irish Fire Service) highlighted enhanced working relationships with local health authorities through the coordination and delivery of ASIST workshops. Examples of service development included the 'Spun Out' web-based forum in the Republic, which a stakeholder in Northern Ireland is also in the process of developing.

Impact on policies/procedures within organisations

ASIST is reported to have had an impact in relation to the development of new policies, procedures and strategies in some stakeholder organisations. Three organisations, NI Prison Service, Rainbow Project and Spun Out, have embedded ASIST in their core training programmes for staff. Reach Out, in the Republic of Ireland, has updated service contracts and job descriptions for staff to include ASIST training, and Voice of Young People in Care (VOYPIC), in Northern Ireland, has included questions on suicidal behaviour on its assessment forms and client procedures.

*“ASIST forms part of the core toolkit with which we train our new staff.”
(Northern Ireland stakeholder)*

“It is now a core responsibility for all front-line officers to have been trained in ASIST. This has been implemented across the service... now a key inclusion within job descriptions.” (Republic of Ireland stakeholder)

There was acknowledgement that it is difficult to say how ASIST may have directly impacted on suicidal behaviour.

*“Overall, the suicide rate since 2004 hasn’t changed to any great degree, but equally, how would you know what the rate would have been in the absence of ASIST?”
(Republic of Ireland policymaker)*

Trainers’ views on the impact of ASIST

Trainers across the island reported a number of positive impacts, including:

- increased awareness of/changed attitude towards suicide and suicide intervention;
- reduced fear among individuals and communities of helping those at risk of suicide;
- increased skills and knowledge;
- networking.

Changed attitude towards suicide and suicide intervention

“ASIST provides the confidence to ask the initial question. From my own perspective, it gave me the confidence to not just bury my head and pretend things weren’t happening; I can actually address it directly. Many of the people I have trained have told me following the workshop that they are now better prepared to deal with a situation if it occurs.” (Northern Ireland trainer)

Increased skills and knowledge

“From my experience, the skills and knowledge from ASIST are staying with people and being used to help support people with thoughts of suicide and keep them safe... trainers are feeling positive about the skills they have gained even if the training had an impact on their own emotional health.” (Republic of Ireland trainer)

Further impacts reported by trainers included the following:

- Increased networking – organisations from diverse backgrounds came together and were able to better understand and learn about the work that other agencies/ organisations were involved in.
- A sense of empowerment within communities, brought about by an increased confidence in being able to deal with suicide and suicidal behaviour.
- Some believed that ASIST had supported improved referral processes between agencies and organisations.
- The ASIST model offered a common language to enhance communication between community or voluntary representatives and those from a health background.

Findings 2: Impact on workshop participants

Participants who attended the two day ASIST workshop across the island of Ireland between December 2008 and February 2009 were surveyed on three occasions – before starting the course (baseline), at the end of the course (feedback), and within three to six months of course completion (follow-up). The questionnaires assessed knowledge and skills, attitude to suicide and suicide intervention, and intervention behaviour.

Forty two workshops were sampled. Overall, 779 participants completed any of the three questionnaires (see Figure 1): baseline $n=718$, feedback $n=779$ and follow-up $n=313$ (Response rate 44%). Baseline and follow-up questionnaires were matched in 265 cases. To eliminate follow-up response bias, we examined intervention behaviour for both the cross-sectional and matched sample.

Impact on participants' knowledge and skills

Knowledge and skills were assessed using six items from the Intervention Knowledge Test (IKT).^{9,10} This test consists of multiple choice questions on a range of skills and knowledge, for example: 'When a person is exhibiting the warning signs of suicide, you should immediately...'

A score for knowledge and skills (ie the sum score of correct answers) was calculated for each participant prior to training and at least three months after completion of training.

Results showed that the knowledge and skills scores improved between baseline and follow-up from a mean of 2.33 to 3.42 (see Table 2). The differences between pre- and post-training scores were highly significant ($p \leq 0.001$).

Knowledge and skills scores were examined by other factors including region, gender, age, prior intervener status and whether or not the participant had a mental health qualification prior to attending ASIST. Significant baseline differences existed in relation to whether or not the participant had a mental health qualification, in both the cross-sectional and matched samples. Participants with a mental health qualification had a significantly higher knowledge and skills score at baseline; however, analysis shows that all baseline differences had disappeared post-ASIST (by follow-up) for those with a mental health qualification, indicating that ASIST brings all participants to a similar knowledge and skills level (Table 2).

Table 2: Mean knowledge and skills scores (matched sample)

	Baseline			Follow-up		
	Mean	n	p	Mean	n	p
Matched*** (pre- and post-ASIST difference highly significant $p \leq 0.001$)	2.33	264		3.42	264	
Northern Ireland	2.40	108	ns	3.60	108	ns
Republic of Ireland	2.29	156		3.29	156	
Mental health qualification	2.74	77	***	3.61	76	ns
No mental health qualification	2.14	181		3.33	181	

Note: statistical test used was paired sample T test.

Significance: *** $p \leq 0.001$, ns=not significant.

Impact on participants' attitudes towards suicide and suicide intervention

The attitudinal questions were based on the following dimensions:

- the preventability of suicide;
- caregiver comfort and confidence in intervening;
- willingness to be involved;
- issues of responsibility and infringement of individual rights.

A highly significant change in attitude was measured between baseline and follow-up (from 3.67 to 4.07, $p \leq 0.001$) for matched cases (see Table 3). Again, the statistical differences between those with and without a mental health qualification, and those with and without prior intervention experience at baseline, no longer exist at follow-up, showing that ASIST brings all participants to a similar level in terms of attitude, regardless of prior experience.

Table 3: Mean attitude scores (matched sample)

	Baseline			Follow-up		
	Mean	n	p	Mean	n	p
Matched ***(pre- and post-ASIST difference highly significant $p \leq 0.001$)	3.67	221		4.07	221	
Northern Ireland	3.66	99	ns	4.08	90	ns
Republic of Ireland	3.67	142		4.07	131	
Mental health qualification	3.78	70	**	4.09	67	ns
No mental health qualification	3.63	164		4.07	147	
Prior intervention experience	3.76	153	***	4.14	92	ns
No prior intervention experience	3.49	37		4.07	6	

Note: Statistical test used was paired sample T test.

Significance: ** $p \leq 0.01$, *** $p \leq 0.001$, ns=not significant.

Impact on participants' behaviour in relation to intervention

Participants were asked at baseline whether they ever came into contact with anyone they felt was at risk of suicide. Those who said yes were then asked whether they had intervened or helped (at baseline, 577 participants in the cross-sectional sample, and 213 in the matched sample, had come into contact with someone they thought was at risk of suicide).

Table 4 shows that prior to ASIST, 81.7% of participants had been in contact with someone they believed to be at risk of suicide, and 77.6% of them intervened. Three to six months post-ASIST, 94.9% of those exposed to individuals they believed to be at risk of suicide intervened. Intervention levels increased significantly ($p \leq 0.001$) in both areas. In Northern Ireland, it increased from 80.3% to 96.3%, and in the Republic, it increased from 75.2% to 93.3%.

Table 4: Likelihood to intervene, baseline and post-ASIST (using cross-sectional sample)

	Baseline		Post-ASIST		
	Concerned (ever)	Intervened		Concerned (in the past three months)	Intervened ***
All (n=706)	577 (81.7%)	448 (77.6%)	All (n=286)	131 (45.8%)	122 (94.9%)
Republic of Ireland (n=369)	298 (80.8%)	224 (75.2%)	Republic of Ireland (n=170)	76 (44.7%)	70 (93.3%)
Northern Ireland (n=337)	279 (82.8%)	224 (80.3%)	Northern Ireland (n=116)	55 (47.4%)	52 (96.3%)

Note: missing data excluded from analysis.

*** $p \leq 0.001$ intervention levels increased significantly post-ASIST.

Analysis of personal characteristics showed that a mental health qualification appeared to increase the opportunity for contact with, or recognition of, individuals at risk of suicide (both at baseline and follow-up), and that those with a mental health qualification were more likely to intervene at baseline than those with no mental health qualification ($p \leq 0.05$). However, at follow-up the significant difference between the proportion of those with and without a mental health qualification who intervened had disappeared.

Table 5: Difference in intervention levels between those with and without a mental health qualification, baseline and post-ASIST

	Baseline			Post-ASIST			
	Concerned (ever)	Intervened	p	Follow-up	Concerned (in the last three months)	Intervened	p
Mental health qualification (n=75)	68 (90.7%)	61 (89.7%)	*	n=73	42 (57.5%)	39 (92.9%)	ns
No mental health qualification (n=179)	139 (77.7%)	105 (75.5%)		n=165	65 (39.4%)	61 (93.8%)	

Same result for cross-sectional or matched sample (matched sample presented only).

Missing cases removed from analysis.

* $p \leq 0.05$ significant difference between those with and without a mental health qualification.

ns = not significant.

Of the participants who responded to the evaluation exercise (n=780), 17.3% went on to apply at least one aspect of ASIST in the three to six months after their training. Post-ASIST, the main factor in applying the training was not prior experience or any demographic characteristics, but simply contact with someone at risk.

Are there differences after ASIST between those who intervene and those who don't intervene?

We examined the findings to assess if there are differences in personal characteristics between those who intervened after ASIST and those who did not, and found no significant differences by gender, age group, nationality, mental health qualification, or whether or not the participant worked with vulnerable groups. Therefore, training people who are more likely to come into contact with somebody at risk of suicide is crucial.

In an attempt to identify those among the population who are most likely to come into contact with people at risk of suicide, we profiled those who said they had been in contact with people they were concerned about prior to attending ASIST. Analysis showed no distinct pattern by gender, age or location, but as expected, there was a significant difference for those with a qualification in mental health and those working with vulnerable groups. Ninety five percent of those with a mental health qualification were concerned about someone prior to ASIST, compared with 77.4% of those with no such qualification ($p \leq 0.001$). Eighty four percent of those who worked with vulnerable groups were concerned about someone prior to ASIST, compared with 71% of those who didn't work with vulnerable groups ($p \leq 0.001$).

Application of the ASIST Suicide Implementation Model

Have interveners applied ASIST?

Of those participants who intervened post-training, 99% applied at least one aspect of the ASIST Suicide Implementation Model (SIM).

How thoroughly is the ASIST SIM applied?

Participants were asked about which aspects of the ASIST SIM they had been able to apply when intervening. The aspect most participants employed was specifically 'asking about suicidal thoughts' (95% in Northern Ireland, 88% in the Republic of Ireland). In Northern Ireland, this was followed by 'listen to reasons for suicidal thoughts' (91%) and 'develop a safe plan' (88%). In the Republic, 'asking about suicidal thoughts' was followed by 'develop a safe plan' (85%) and 'listen to reasons for suicidal thoughts' (81%).

The aspect least likely to be applied in the Republic of Ireland was 'signpost/refer onto crisis agencies', and in Northern Ireland, it was 'follow-up with the individual at risk'.

Table 6: Application of the ASIST SIM

	Ask about suicidal thoughts	Signpost/ refer onto crisis agencies	Listen to reasons for suicidal thoughts	Develop a safe plan	Follow-up with individual at risk
All (n=102)	91%	63%	85%	86%	73%
Northern Ireland (n=43)	95%	70%	91%	88%	67%
Republic of Ireland (n=59)	88%	58%	81%	85%	76%

No statistically significant differences in applications across the two regions

Findings 3: Views on course content and delivery

Views of ASIST trainers

Trainers were asked for their views/opinions on course content and delivery at qualitative focus groups or interview. Their feedback focused on:

- teaching style;
- training materials;
- emotional impact.

Some trainers liked the highly structured, step-by-step approach of the ASIST training, while others found the inflexibility difficult, suggesting that it hindered quality and was likely to eventually put them off delivering, because it was less interesting to deliver. Other trainers (more in the Republic of Ireland) believed the highly structured approach to be of 'unique value' and that it actually ensured consistency across delivery.

"The ASIST course is the only course of its kind in Ireland. Its structure and simplicity offer a unique perspective and opportunity to discuss and ultimately prevent suicide and suicidal behaviour." (Republic of Ireland trainer)

The 'ambivalence' section of the training was considered problematic and difficult to teach. The teaching methods used include reflective listening and an exploration of the concept of ambivalence. Trainers found it hard to teach 'reflective listening' and found the concept of ambivalence ambiguous and vague, leading to confusion among trainers and participants.

"The ambivalence part of the training seems to cause the biggest issues for participants. There seems to be a lack of understanding of what ambivalence means and, subsequently, this section of the course has the most disengagement." (Northern Ireland trainer)

There were mixed reactions to the role-play element of the training. Some felt it was the most valuable, while others were concerned about having to persuade or coerce participants to take part.

Many of the trainers discussed cultural aspects of the training. The 'Canadian' content was the main point of feedback from course participants. A more localised training course, with local videos and scenarios, was viewed by many trainers as being a necessary future step in delivering ASIST.

*“Local situations and settings would make it more real for people at a local level.”
(Republic of Ireland trainer)*

Most trainers thought the workshop materials were good. Despite the level of written text, it was reported that materials were accessible to participants with a wide range of backgrounds and skills.

“On a number of occasions, I have had participants with literacy problems. In other training that I’ve delivered, this would have been a major issue, but the material on the ASIST course could still be communicated effectively through the role-plays and visual aids.” (Republic of Ireland trainer)

However, while the actual delivery of the course is accessible, those with literacy problems may have significant difficulties reading and reflecting on course materials post-training.

Views of ASIST participants

The majority of responding participants were of the opinion that the amount of information included in the training was just right (95% in Northern Ireland; 96% in the Republic of Ireland). Almost all Northern Ireland participants (99%), and 97% of participants in the Republic, said they were able to read and understand all the material, and 98% of participants in Northern Ireland, and 96% in the Republic, said that, overall, they found the training useful. Table 7 shows participants’ feedback on each element of the course.

**Table 7: Participants' views on elements of the workshop
(taken from end of course feedback form)**

	% Very useful	% Somewhat useful	% Not useful	% Don't know
The Suicide Intervention Model (SIM)				
All (n=777)	96	4	<1	<1
Northern Ireland (n=364)	97	3	-	-
Republic of Ireland (n=413)	95	4	<1	<1
Discussion of attitudes to suicide and suicide prevention				
All (n=777)	90	10	<1	<1
Northern Ireland (n=365)	91	9	-	<1
Republic of Ireland (n=412)	88	11	<1	-
Role-play				
All (n=779)	88	11	1	<1
Northern Ireland (n=365)	85	13	1	<1
Republic of Ireland (n=414)	91	8	1	-
DVDs				
All (n=777)	80	20	1	-
Northern Ireland (n=364)	83	17	<1	-
Republic of Ireland (n=413)	76	23	-	1
The ASIST workbook				
All (n=771)	81	18	1	<1
Northern Ireland (n=361)	82	17	1	<1
Republic of Ireland (n=410)	80	20	1	<1
Networking for care givers				
All (n=769)	71	27	1	1
Northern Ireland (n=362)	71	27	1	1
Republic of Ireland (n=407)	70	27	1	1
The suicide intervention handbook				
All (n=737)	81	10	<1	8
Northern Ireland (n=352)	81	10	<1	9
Republic of Ireland (n=385)	81	11	<1	8
Wallet-sized ASIST first aid prompter card				
All (n=772)	89	10	<1	1
Northern Ireland (n=360)	90	9	-	1
Republic of Ireland (n=412)	89	10	1	1

Emotional impact of the course

There was some concern among trainers that teaching style and content occasionally had a negative emotional impact on participants. ASIST involves role-play and on the first day, there is open discussion about personal views and experiences between a mix of participants with potentially differing views. This was of most concern.

“Some participants who have lost someone through suicide have been visibly distressed through participation, not only because of the difficulty in discussing their feelings, but also at the views of other participants who may view suicide as an immoral act.” (Northern Ireland trainer)

Others acknowledged that the emotional demands can be difficult, but necessary and beneficial.

“Unique... the only suicide prevention programme that directly addresses attitudes to suicide as part of the workshop – although this is difficult for some participants, it does support them to focus on how their attitudes and behaviour might affect the intervention.” (Republic of Ireland trainer)

Around a third of stakeholders and policy makers interviewed echoed the concerns of trainers regarding emotional impact. They also suggested some kind of participant screening in advance of course registration.

“Screening should take place before consent is given to attend training, to ensure that participants are emotionally ready for this level of training.” (Northern Ireland policy maker).

Some trainers also felt that one way of avoiding upset, or at least preparing participants for the emotional nature of the course, was to make prospective participants fully aware of what the course entailed, and what would be involved in the different stages, in advance of enrolling on the course. Dealing with participants recently bereaved by suicide, or those with suicidal thoughts, was highlighted by many trainers across both regions as being the most difficult aspect of the ASIST course to manage.

“A frequent problem is having someone in the workshop who has recently (in the last 6–12 months) been bereaved by suicide.” (Republic of Ireland trainer)

It is worth noting that around 10% of participants in the evaluation sample attended due to personal experience through family or friends.

Some trainers reported gaps in support for participants during or after the workshop.

*“During the session, a fellow participant was very emotional and, in my opinion, was showing signs of risk. I was amazed that none of the trainers in the room noticed this.”
(Northern Ireland trainer – experience as a workshop participant prior to becoming a trainer)*

When participants were asked about the emotional impact of the course, 3% reported a negative impact (see Table 8 below).

Table 8: Emotional impact according to participants

Participants’ end of course feedback form	All (%) (n=773)	Northern Ireland (%) (n=364)	Republic of Ireland (%) (n=409)
Positive	67	67	67
Negative	3	2	3
Unsure	10	9	12
No effect	13	14	13
Both positive and negative	7	8	6

Findings 4: Management and coordination

Issues around management and coordination were discussed through qualitative work, either focus group or in-depth interview. The issues raised are listed below.

Issues raised by trainers, stakeholders and policy makers

Trainers' issues	Stakeholders' and policy makers' issues
<ul style="list-style-type: none">• Course coordination• Support mechanism• Course organisation• Quality control<ul style="list-style-type: none">- Trainer selection- Course delivery- Monitoring trainers• ICC status (see page 49)	<ul style="list-style-type: none">• Strategic targeting (see page 41)• Quality control• Evaluation (see page 48)

Course coordination

As previously highlighted, there are significant differences between Northern Ireland and the Republic of Ireland in terms of coordination and management. While there is no central coordination in Northern Ireland, in the Republic, NOSP acts as a national coordinating body for ASIST. Therefore, as might be expected, there are considerable differences between the two regions in terms of coordination, management and delivery of ASIST (see Table 1 on page 7). There was clear variation in feedback between trainers in Northern Ireland and the Republic with regard to support.

In Northern Ireland, implementation and coordination of training and T4T occurs on a largely ad hoc basis. The role of local HSCT-based mental health coordinators does not focus solely on ASIST or even suicide prevention, therefore the practical support and coordination they can offer is limited. In the Republic of Ireland, trainers commented on the centralised coordination of ASIST and the positive impact of the creation of local HSE and non-HSE ASIST coordinators. The majority of trainers in the Republic were positive about the role of the local ASIST coordinator, feeling that it fulfilled an important supportive role in terms of emotional and practical support.

"Communication (with the coordinator) is very good. I have never had a problem contacting them and they are always supportive in anything I ask". (Republic of Ireland trainer)

In the Republic of Ireland, consultant trainers offer an annual support workshop to

each team of trainers. This is considered very useful, not only for updating skills, but also as a forum to raise concerns and share best practice. Many believed that compulsory refresher sessions for all trainers would be a beneficial addition across both jurisdictions. The NOSP also require T4T candidates and their managers to sign a trainer agreement prior to T4T, which documents the commitment involved.

Clearer guidance prior to T4T of the future commitment required of ASIST trainers was also viewed as being a potential development area within the current management of ASIST. Procedures introduced in the Republic regarding the recruitment and selection of trainers through screening questionnaires and interviews would be welcomed in Northern Ireland.

Support mechanism

Trainers felt that a strong support mechanism for them should be built into any ASIST management structure. This was crucial, they said, due to the intense emotional nature and delivery approach.

In the Republic of Ireland, a number of supports are available to trainers. From 2005 to 2007, the NOSP convened national meetings of trainers to facilitate formal and informal support. These meetings have not been possible since then due to travel restrictions; however, consultant trainers deliver support workshops to each team annually. Also, since 2009, a consultant trainer is assigned to each new trainer at the end of T4T for one-to-one support.

In Northern Ireland, a number of trainers (outside the health sector) indicated that they can feel isolated from other trainers. A number believed the lack of emotional support available to trainers could not only impact on their emotional wellbeing, but could also impact on the likelihood of them continuing to deliver ASIST. For some trainers, the customary debriefing immediately after the workshop did not provide adequate support:

"I sometimes find it difficult to detach after the role-play training and don't always feel that I have support available to me." (Northern Ireland trainer)

Some trainers (particularly in Northern Ireland) raised issues about living in the same community in which they were delivering, particularly in some areas with high rates of suicide. The trainers highlighted the need for increased post-training supervision. They also suggested that training individuals from other communities outside their own may provide a useful degree of distance from participants.

"Living in the same community as the people I was training did impact emotionally on me... I was seen as the expert and when a suicide occurred, I started to feel that I wasn't doing enough." (Northern Ireland trainer)

Course organisation

In Northern Ireland, there was some discussion about the burden upon trainers of course administration, organisation and marketing. This was especially the case for those individuals who worked outside the Health and Social Care sector and had limited contact with a health sector coordinator. One voluntary and community trainer commented:

“The last ASIST workshop I organised, I had to apply for three different funding streams to pay for the course materials. Although as an organisation we are used to applying for funding, this did strike me as being excessive for such an important course.” (Northern Ireland trainer)

Some trainers in Northern Ireland suggested that the excessive administration was a key factor in the number of them who do not currently deliver training courses, suggesting that a central coordinating body similar to NOSP would be highly beneficial in reducing unnecessary administration and increasing efficiencies.

A key role of coordinators in the Republic of Ireland is to take responsibility for organising workshops, which removes a significant burden from trainers. To support this, the NOSP, in collaboration with the coordinators, developed guidelines to standardise the coordination process. These guidelines address issues such as participant selection, heterogeneity of the group, post-workshop support and more.

An area of specific concern for trainers in the Republic was that hotels can no longer be used as course venues. Some of the venues currently used do not offer sufficient facilities or possibly deter participants who associate the course with the health sector only.

A further issue, particularly for trainers in Northern Ireland, was the number of participants enrolled for workshops who then either failed to turn up or dropped out midway through the course, especially where the course was available for free. In Northern Ireland, many trainers in the community or voluntary sectors did not have administrative support and were responsible for the recruitment of participants themselves. They simply did not have the time to chase up people in advance of the workshops. Some suggested this could impact on the sustainability of ASIST in the longer term if not addressed.

To gauge whether this perception among trainers was borne out in the evaluation, a snapshot sample of courses (December 2008 to February 2009), course attendance and course completion was analysed (in Northern Ireland, 16 out of 22 workshops provided participant numbers, and in the Republic, 18 out of 20 provided numbers).

In Northern Ireland, 85% of those who had applied for a workshop turned up to register on day one. In the Republic, this figure was 88%. It would seem there is very little variation between the regions despite Northern Ireland trainer's perception. However, it is worth noting the lack of administrative data for six of the Northern Ireland workshops, and in the Republic, organisers of three workshops noted that bad weather conditions had been the reason for absences. More accurate and longer-term monitoring would be required to confirm the perception of a significant rate of absences in Northern Ireland.

Analysis also shows there is no issue with participants dropping out of the course. Once participants had attended day one of the workshop, 99% completed the two-day course (in both regions).

Quality control

LivingWorks have set no pre-requisites for attending T4T to become an ASIST trainer. However, in the Republic of Ireland the NOSP has used a person specification to guide the selection of T4T candidates. This has been refined and updated and considers issues such as previous training experience, knowledge of mental health issues and more. The trainer agreement document, which has been in place since 2004, must also be signed by the T4T candidate and their line manager. This document outlines what is required and expected of the candidates in their role as ASIST trainers.

According to trainers in Northern Ireland, this lack of selection criteria has led to concerns around trainer quality, trainer suitability and trainer retention.

*"The selection process needs to be clearer and uniform – at the moment, anyone can become a trainer and the course is not suitable for everyone to deliver."
(Northern Ireland trainer)*

Stakeholders also held views on trainer selection. Due to the perceived 'urgency' of ASIST implementation, a number of stakeholders felt there had been an emphasis on putting as many people through T4T as possible, with little thought given to the quality of these trainers.

*"I do have concerns with regards the number of trainers in Northern Ireland – particularly given the lack of regulation in terms of quality control. It's not always about how many people that are trained, but how good they are."
(Northern Ireland stakeholder)*

Trainers emphasised the importance of having some kind of selection process for potential ASIST trainers prior to acceptance onto the T4T course. They also expressed

concern that a number of factors could contribute to the overall suitability and quality of a trainer. These concerning factors can be summarised as follows:

- previous experience of delivering training or in mental health;
- personal bereavement through suicide;
- commitment to course delivery;
- prior understanding of ASIST.

Previous experience of delivering training or in mental health

There was variation of opinion on whether previous training experience and/or previous experience in mental health should be a pre-requisite for ASIST trainers. All those who had prior experience believed it to be useful in their role as an ASIST trainer. Nevertheless, some trainers had mixed views about selecting candidates solely on the basis of previous experience in mental health and/or delivering training believing that one of the benefits of the current approach was potential to have trainers from a mix of disciplines giving more potential for delivery of ASIST workshops in settings or to audiences in most need.

However, other trainers (26 out of 62 across both jurisdictions) were strongly of the opinion that only individuals with previous mental health and training experience should be recruited for T4Ts. The current situation is that 84% of trainers in the Republic of Ireland and 82% in Northern Ireland have previous experience in the delivery of training, and 90% of trainers in the Republic and 66% in Northern Ireland have previous experience of mental health issues (information obtained from trainers' proforma).

Personal bereavement through suicide

Personal experience of suicide through either friends or family was the reason for one in five participants becoming trainers. Some trainers felt that T4T/ASIST was being used as a form of self-help.

*"In my opinion, the programme should be used for professionals dealing with a potential suicide – not for those individuals who may be feeling suicidal themselves."
(Northern Ireland trainer)*

Other trainers and coordinators were adamant that people who had been bereaved through suicide should not be excluded.

*"Sometimes the best trainers are those that have direct experience of suicide. They can then bring with them real life experience and tend to be the most committed to delivering sessions in the long run."
(Northern Ireland coordinator)*

Commitment to course delivery

Once trained, trainers are required to deliver three ASIST workshops in their first year, then at least one workshop per year thereafter to maintain registration. Trainers reported that they or their line managers/organisations were unaware or unsure of this commitment prior to commencement of the T4T course.

“When my manager realised the commitment required, she indicated that she may not have sent me on the course if she had known.” (Northern Ireland trainer)

Due to an inability to deliver the required number of workshops in the first year after training, some trainers can remain at provisional level for a long period. To avoid stagnation and to prevent provisional trainers becoming ‘inactive’, it was suggested that candidates’ ability to fulfil ASIST delivery commitments, at least in the first year following T4T, should be a pre-requisite in any recruitment process. This information is clearly outlined in the trainer agreement document in the Republic of Ireland.

Prior understanding of ASIST

Trainers also highlighted a general lack of awareness in relation to what the ASIST programme actually involved, in terms of approach, course content, teaching format and delivery. They felt that prior attendance at an ASIST workshop before enrolling in the T4T would have given them an understanding of the ASIST teaching style and course format. They believed this would aid self-selection as it was viewed as a simple way to give potential trainers a taster and would help potential trainers decide whether or not it was appropriate for them.

In Northern Ireland, 12 stakeholders and five policy makers advocated the development of a regional strategy for ASIST, with set criteria for trainer recruitment and selection. In the Republic of Ireland, the NOSP has issued a person specification to guide coordinators in the selection of T4T candidates. Procedures regarding the recruitment and selection of trainers through screening questionnaires and, in some cases, interviews have been set.

“One of the main factors in setting criteria was the high demand for T4T... across Ireland. However, setting criteria also supported us to select trainers who were attending T4T for the right reasons, and so acted as a quality control mechanism.” (Republic of Ireland coordinator).

It was also felt that the issue of trainer retention could be alleviated by sound selection criteria. Around one in five of all those trained in T4T are currently inactive – 16% in Northern Ireland and 23% in the Republic.

A survey of inactive trainers was undertaken to assess their reasons for no longer

delivering ASIST (inactive survey n= 34; Republic of Ireland: 27 in sample frame, 12 surveyed; Northern Ireland: 42 in sample frame, 22 surveyed via telephone). Fourteen of the 34 interviewed said moving job had been a factor in their decision to no longer deliver ASIST. Other reasons cited included increased work pressures (n=11) and difficulty with being released from work (n=10). Seven discussed personal reasons and two had reservations about the quality of delivery by other ASIST trainers. Six had issues relating to the support provided, feeling they were inadequately prepared or lacking the confidence to deliver ASIST. Two said they did not get enough emotional support or had found the ASIST course emotionally upsetting.

Course delivery

Some stakeholders in Northern Ireland voiced concerns about the quality of course delivery, particularly if the trainer had been inactive.

“If a trainer has been inactive for a long time, a question needs to be asked as to whose job it is to ensure that the particular trainer is up to scratch.” (Northern Ireland stakeholder)

“There is no quality control – there is evidence of facilitators taking substantially different approaches in delivery of the course.” (Northern Ireland stakeholder)

“The T4T attempts to train facilitators over five days – this would be extremely inadequate for a far less complicated or important programme.” (Northern Ireland stakeholder)

Some trainers also felt that a lack of rigorous quality control has led to poor practice among a small number of trainers, such as poor delivery style and an inability to deliver certain aspects of the workshop.

“I was amazed at some of the practices that were going on – in particular, one individual refusing to deliver some aspects of the training.” (Northern Ireland trainer)

Monitoring trainers

The concerns raised by trainers regarding the quality of newly qualified and established trainers (seen as key to the success of ASIST) related to two main themes:

- lack of assessment or monitoring of new provisional trainers;
- lack of continual monitoring of established trainers.

Monitoring provisional trainers

In the Republic of Ireland, there is a monitoring system in place for provisional trainers, which involves experienced trainers acting as shadows, and delivery assessment for every aspect of the ASIST workshop. Eighteen out of 21 trainers in the Republic

highlighted the importance of this, not only as a check on quality and competence, but also as a form of valuable support. A number of trainers in Northern Ireland suggested the type of structured peer mentoring and shadowing implemented in the Republic should be introduced for provisional trainers in Northern Ireland in advance of delivering workshops.

Monitoring established trainers

Trainers from both jurisdictions raised the issue of monitoring existing trainers. In the Republic, trainers were concerned that there is no centrally coordinated process to monitor trainers' performance beyond provisional trainer level.

"I am concerned that when you become a registered trainer, there are limited quality control measures... once registered, there is no monitoring mechanism in place. This is a major weakness in the quality control process." (Republic of Ireland trainer)

Currently, there are two standardised methods, devised by LivingWorks, that aim to provide quality control:

- participant feedback form, sent directly to LivingWorks;
- peer trainer debriefing sessions, immediately following the workshop.

Trainers felt that both methods were flawed. The participant feedback form was believed to offer a narrow set of questions, which trainers felt did not provide enough opportunity for critical or challenging feedback. Other trainers also mentioned the time lag between delivering the workshop and receiving the participant feedback from LivingWorks.

"The initial feedback from LivingWorks is preformatted and when asked for further feedback, it took a long time to come back and didn't really tell me anything different." (Republic of Ireland trainer)

The debriefing session should occur at the end of the two day workshop between the facilitating trainers. Some see the debriefing as an opportunity to discuss challenges and 'wind down'. However, time allotted and content covered in the debrief varied. In a number of cases, the debriefing session did not take place as trainers were "physically and emotionally drained", and some trainers felt the debrief offered limited value as people just "wanted to get away".

For other trainers, the element of peer review is awkward.

"I'm much more comfortable having the feedback sessions with people I know. Sometimes people take critical feedback very personally and when I don't know the person very well, I am less likely to be as open with my views." (Northern Ireland trainer)

In general, trainers felt that the implementation of a quality control system was not a mechanism to 'catch' under-performing trainers. It was viewed as a positive process, with trainers expressing a desire to get more regular feedback or support in relation to the delivery of ASIST. Trainers felt that regular feedback could bolster trainer confidence, with those exhibiting good practice commended and models of good practice established and shared.

Trainers also felt that those from statutory and non-statutory backgrounds should work together, which would provide a mechanism to support increased networking and a potential catalyst for improved partnership working between statutory and non-statutory trainers in the future.

Estimated monetary cost of ASIST

This section summarises work by Deloitte to assess the monetary cost of ASIST in Ireland since its implementation in 2004/2005, using data provided by LivingWorks, the PHA and NOSP. The information is based on the number of ASIST T4Ts and ASIST workshops delivered, including the number of participants and trainers.

In addition to the primary costs associated with the programme, a more objective economic study would look at qualitative and outcome measures (eg a reduction in suicide numbers, increased community capacity etc) when considering the economy of the programme. However, this has not been possible as ASIST has not been tracked and monitored at a regional level and no targets had been set in relation to the overall implementation of ASIST.

This section also discusses the potential for a future analysis of the value for money (VfM) of ASIST. VfM assesses whether sufficient impact is being achieved for the money spent. The evidence in this section comes from the cost data presented, as well as from consultations with stakeholders, policy makers and trainers across Ireland.

Findings

The total estimated cost associated with ASIST implementation in the Republic of Ireland (Table 9) amounts to approximately £1,103,670 (€1,481,436) over a six year period from January 2004 to December 2009 (an average of £183,945 (€246,906) per annum). In Northern Ireland (Table 10) it amounts to approximately £748,958 over a five year period from FY2004 – FY2009 (an average of £149,791.60 per annum).

Please note: the costs identified in this section do not provide a complete picture of all costs and payments and so the figures presented should be viewed as an indicative guide to overall costs only. Costs considered include: cost of training trainers, cost of course materials, coordination costs, venue hire and catering. Other potential costs, such as employee release costs for T4T or delivery, advertising, providing disability access etc are not included. Due to the lack of central coordination in Northern Ireland, it has been more difficult to establish costs; it is possible that Northern Ireland costs are underestimated due to approximation.

Table 9: Estimated costs for ASIST in the Republic of Ireland (January 2004 to December 2009)

Activity	Cost (€)	Cost (£)	Cost (%)
T4T (venue and training)	249,789	186,093	16.9
NOSP support to coordinators (trainer fees, materials, coordinators' time)	850,000	633,250	57.4
Additional costs met by HSE coordinators (as above)*	233,352	173,847	15.8
Additional costs (overheads and coordinators' salaries)	134,495	100,199	9.1
Leaflet print costs	13,800	10,281	0.9
Total	€1,481,436	£1,103,670	100

Source: NOSP

* NOSP support for coordinators does not include additional costs incurred by coordinators that are taken out of their own mental health budget.

Table 10: Estimated costs for ASIST in Northern Ireland (FY2004 – FY2009)

Activity	Cost (£)	Cost (%)
T4T (venue and training)*	341,550	45.6
Materials**	158,648.50	21.2
Trainer fees***	236,759.76	31.6
Coordinators' work****	12,000	1.6
Total	£748,958.26	100

* T4T costs based on 207 T4T participants between FY2004 and FY2009 (five years), with average costs of £1,650 per person (average costs include residential, food and venue costs based on information provided by the PHA).

** Materials cost based on 9,009 participants in five years between FY2004 and FY2009, with an average cost of £17.61 per person. This doesn't, however, account for the training packs purchased for individuals who failed to turn up for the ASIST course.

*** Trainer fee based on a health service grade seven salary (approximately £30,000 per year), delivering 513 two day workshops between FY2004 and FY2009. The figure is based on trainer costs for the two days to provide the ASIST workshop.

**** Based on coordinators on a health service grade seven salary (approximately £30,000 per year), with approximately 5% of workload on ASIST. These assumptions were used for eight coordinators in Northern Ireland.

Given that ASIST is provided free through NOSP to workshop participants in the Republic of Ireland, and is mostly free in Northern Ireland through HSCTs and voluntary/community organisations, it is likely that the activities delivered would not be sustainable in the absence of funding.

Value for money (VfM) assessment

It would appear that ASIST has provided a number of positive VfM indicators. This is backed up by high overall satisfaction among trainers, stakeholders and policy makers with regard to impacts and expectations. However, the absence of a longitudinal tracking system in relation to the use of the ASIST model, and the lack of targets and evidence relating to impact, makes it impossible to draw a more definitive conclusion on VfM. Looking forward, a number of key measures should be implemented to ensure that VfM is effectively monitored and maximised. This should include enhanced procedures for monitoring and measuring impact, setting baselines, needs assessments, enhanced participant feedback, and longitudinal tracking of client progression in terms of using ASIST in practice.

Significant work is required at a national level (particularly in Northern Ireland) to ensure that accurate data relating to spend are captured, so that VfM and the cost-effectiveness of ASIST can be measured in the future. The key indicators for VfM assessment are:

- **Economy** – careful use of resources to save expense, time or effort.
- **Effectiveness** – delivering a better service or getting a better return for the same amount of expense, time or effort.
- **Efficiency** – delivering the same level of service for less cost, time or effort.

Economy of the programme

As mentioned, in addition to the primary costs associated with ASIST, a more objective economic study would look at qualitative and outcome measures when considering the economy of the programme. Although the non-monetary benefits and impacts identified with ASIST are extremely positive and highly valued among consultees, it is not possible to provide a full economic assessment in the absence of baseline targets for comparison and longer-term tracking.

During the consultation process, trainers, stakeholders and policy makers articulated a number of non-monetary benefits and impacts associated with the delivery of ASIST including:

- **Skills development** – increased skills/confidence of participants in relation to supporting individuals at risk of suicide.
- **Increased volunteering and involvement** – an increase in the number of community-based suicide intervention caregivers.

- **Knowledge transfers** – networking and mentoring between trainers and participants from statutory and non-statutory backgrounds.
- **Government objectives** – contribution to Government objectives, including those contained within the *Reach out* and *Protect life* strategies.

Effectiveness of the programme

It is good practice to consider the effectiveness of an intervention (ie what would have improved or increased the final outcomes). At a macro-economic level, while it is difficult to accurately measure the monetary benefits associated with suicide prevention, a number of estimates can be made. An objective economic appraisal would be required to assess the full economic implications of suicide prevention. Key to this would be the setting of criteria to assess how VfM should be derived. These criteria may include:

- quality and outcome measures (eg reduction in suicide rates, changes in predisposing vulnerabilities etc);
- comparators (with other programmes such as STORM, safeTALK etc);
- the scope of financial aspects under consideration.

ASIST has the potential to contribute to the *Reach out* and *Protect life* strategies by:

- raising awareness and changing attitudes towards suicide prevention;
- promoting public engagement and involvement;
- giving knowledge and skills to a range of people to help those at risk of suicide.

However, a key question that impacts substantially on the potential VfM that ASIST could offer is whether it is targeted at, and engages, people who can use the intervention tool to help those most at risk. In particular, how many of those that are trained in ASIST are currently using the model to save lives?

There are some issues that could be addressed to support improved additionality (ie ensure that those participating are those most likely to make the greatest impact).

Possible improvements could include:

- attracting a higher proportion of participants who can use the ASIST model to support individuals in need – possibly through more rigorous promotion of ASIST in particular communities/settings;
- improved longer-term measurement of ASIST usage among participants to understand situations and circumstances where it is being used;
- attracting a higher proportion of individuals with training and skills relating to mental health support provision, but with no previous experience of suicide prevention training, to support the likelihood of them being able/willing to deliver ASIST workshops.

This could increase the probability that ASIST support is likely to make the greatest impact. Nevertheless, additionality levels, while difficult to quantify, would appear to be quite positive, with many of the trainers consulted across both Northern Ireland and the Republic of Ireland stating that their knowledge, skills and awareness of suicide would not have progressed to the same level without ASIST. This is particularly the case for those outside the Health and Social Care sector who may not be able to readily access other programmes.

ASIST is also believed to be contributing to increased awareness of suicide and suicidal behaviour in the wider community. To date, this has been achieved through the widespread dissemination of ASIST training, aimed at reaching out to all sections of the community. Enhanced targeting of ASIST workshops, specifically to target 'gatekeeper' professionals or other caregivers who are in a position to give first aid assistance and link to other sources of help, could be a potential cost saver. However, it is important to note that the direct impact of ASIST upon these benefits (eg raised awareness, changed attitude to suicide, increased confidence for intervention etc) may never be fully quantified until specific outcome/impact targets are identified and consistent monitoring methodologies are introduced to track its use.

With regard to duplication, ASIST interfaces with a range of other suicide prevention programmes, for example STORM and safeTALK. However, despite the existence of a range of programmes, it is clear that each has slightly different aims and target audiences, and therefore the potential for duplication is considered low. During consultation, a number of unique features of ASIST were identified:

- Inclusive and accessible to all sections of the community, including professionals and lay people.
- Skills-based learning through interactive and practice dominated modules.
- No flexibility in terms of the structure of the course.
- Clear focus on raising awareness of society as a whole with regard to suicide and suicidal behaviour.
- International dimension – ASIST has been widely disseminated in the USA, Australia, Canada, Norway, Scotland etc.

Efficiency of the programme

Efficiency indicators are also difficult to calculate in the absence of clear and measurable targets. However, we have in this section attempted to estimate the efficiency of ASIST based on the costs to Ireland of ASIST T4T and workshops.

It is important to highlight again that these figures are estimates of the total costs associated with ASIST per annum and should be used for indicative purposes only. In the longer term, accurate collation of costs and participation would enhance the opportunity to test VfM and thus provide more robust efficiency indicators.

Table 11: Efficiency indicators for ASIST

Measure *	Republic of Ireland efficiency indicator	Northern Ireland efficiency indicator
T4T participant	£1,477 per trainer	£1,666 per trainer
ASIST workshop	£2,231 per workshop	£1,454 per workshop
ASIST participant	£73.84 per participant	£83.13 per participant

* In order to effectively compare the efficiency costs, the data have been worked out in the following ways:

As figures provided for Northern Ireland cover a five year period, and figures for the Republic of Ireland cover a six year period, the average cost of delivery in Northern Ireland and the Republic per annum has been used.

The average number of participants per annum, and the average number of workshops delivered per annum, have been used.

As the exchange rate between the Euro and Sterling has changed considerably over the six year period from 2004 to 2009, an average exchange rate of 0.745 has been used.

Cost per trainer appears high at approximately £1,500. At the outset of this section, it was revealed that the estimated annual cost of ASIST was marginally higher in the Republic of Ireland (£183,945) than in Northern Ireland (£149,791). However, the number of people that attended ASIST was significantly higher in the Republic (14,943) than in Northern Ireland (9,009) and this was achieved using a much smaller pool of trainers (126 compared with 207, see Table 1 on page 7). It is important again to emphasise that costs are indicative; however, it would appear from the data available that the Republic operates at a cheaper cost per participant (£73.84) than Northern Ireland (£83.13).

The lack of a central coordinating body in Northern Ireland has also meant there is no central source of participant booking, attendance and ASIST completion information. There is some evidence to suggest that courses are running without being filled to capacity. There is a level of absenteeism and incomplete attendance that is not currently monitored.

The efficiency indicators in relation to the cost of T4T per participant and the cost per workshop would appear to be quite high and this is before factors associated with the usage of ASIST are taken into consideration.

Enhanced work across Ireland to reduce the level of inactivity among trainers would be beneficial when considering cost-efficiencies within the programme management. At the time of this study, approximately one in five of all those trained in T4T were inactive (16% in Northern Ireland and 23% in the Republic). In looking forward, it is therefore

imperative that specific targeting/screening of potential T4T candidates is employed to ensure maximum onward delivery of ASIST. Use of enhanced criteria for selection of trainers and protocols to ensure a commitment to deliver workshops following completion of T4T (already in place in the Republic of Ireland) would be beneficial for Northern Ireland.

Although comparisons with other countries in this context would be useful, it's not possible due to the absence of consistent methodologies in calculating the costs. It would also be unfair to compare across both jurisdictions given the additional spend in the Republic of Ireland on the strategic coordination of ASIST. In Northern Ireland, one potential comparative indicator considers the cost per T4T participant on the safeTALK programme. Information indicates that the cost of safeTALK T4T per participant is closer to £300. Although comparison between the outcomes associated with each programme would need to be considered, the saving of around £1,300 per participant would warrant further assessment on whether greater VfM could be achieved through the delivery of safeTALK over ASIST for some participants.

VfM principles

During the consultation process, the difficulty in measuring impact and, in particular, obtaining evidence of VfM were articulated by stakeholders, policy makers and trainers. For ASIST, many of the impacts and outcomes expected are likely to be realised over a long period of time. Sometimes measures that are easy to count, such as the number of individuals undertaking training, the amount of money spent etc, are focused on, and valued by, decision makers. There should also be scope to focus on outcomes and how lives, communities or the wider environment changes as a result of an intervention. With this in mind, stakeholders highlighted a number of potential 'return on investment' measures that should form part of a VfM framework looking forward. These included:

- public sector savings – eg less people presenting at accident and emergency, reduced costs on emergency services, use of the self-harm registry currently being implemented in the Western and Belfast Health and Social Care Trust areas to monitor changing rates in self-harm;
- measurement of soft impacts – improved family relationships, confidence to use ASIST etc;
- an overall reduction in suicide rates.

A group consensus of those closely involved in the field of general suicide prevention should be sought on the necessary criteria for a VfM exercise. Any VfM framework could also be piloted in a number of different contexts to reflect the various impacts on different groups, organisations and individuals. It is also suggested that the same VfM principles be applied to other courses in the wide area of suicide prevention training so that a definitive judgement can be made on which course offers the best value for money in each context.

Strategically targeting and sustaining ASIST

Monitoring data identifying the characteristics (eg gender, age, locality, employment background) of ASIST participants has not been routinely collected in Northern Ireland. NOSP have been working to develop a database of participants in the Republic of Ireland, focusing on gender, occupation and employment sector, to assist planning with national agencies around their training needs. However, local coordinators have found it difficult to gather this information in a consistent and complete way.

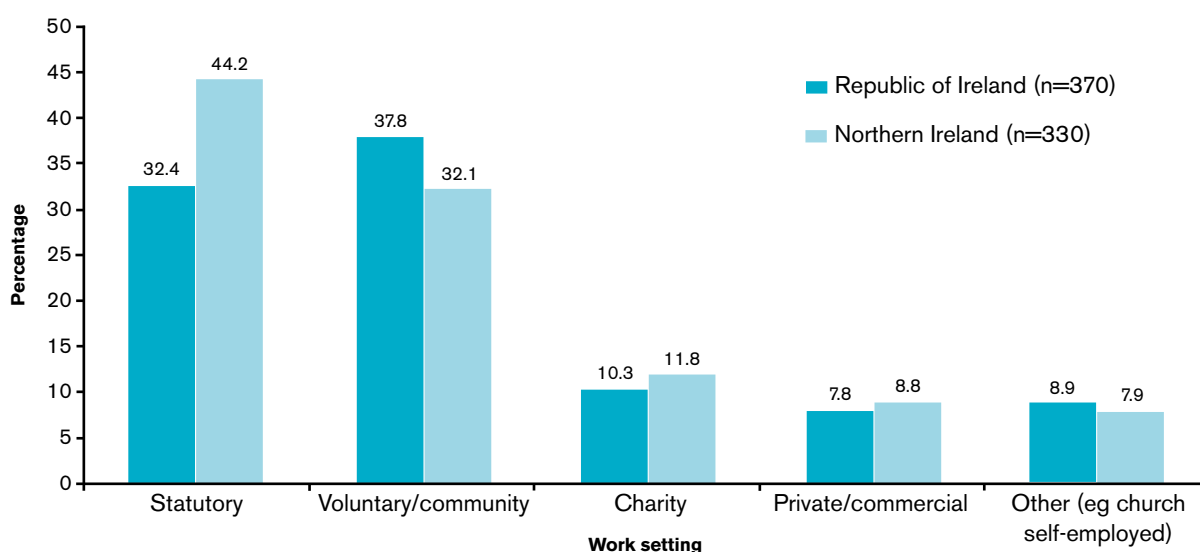
To obtain some information about who has been trained, the evaluation sample was analysed to look at the characteristics of those attending ASIST courses. It is important to note that as this is a snapshot sample, it may not be a true indication of the profile of all participants trained to date in both regions, and may only be representative of ASIST delivery in late 2008 and spring 2009.

Sector and setting

The majority of course participants across Northern Ireland and the Republic worked in statutory organisations or voluntary and community settings (see Figure 2). In Northern Ireland, participants from statutory organisations formed the largest proportion (44%), while voluntary and community settings accounted for almost one third (32%). One in eight participants (12%) worked for a charity, while 1 in 11 (9%) worked in private and commercial organisations and 1 in 12 (8%) worked in a church or other setting.

In the Republic of Ireland, the largest proportion of participants worked in voluntary and community settings (38%), while almost one third (32%) worked in statutory organisations. One in 10 participants (10%) worked for a charity, while 1 in 11 (9%) worked in a church or other setting and 1 in 12 (8%) worked in private and commercial organisations.

Figure 2: Participation in ASIST, by work setting



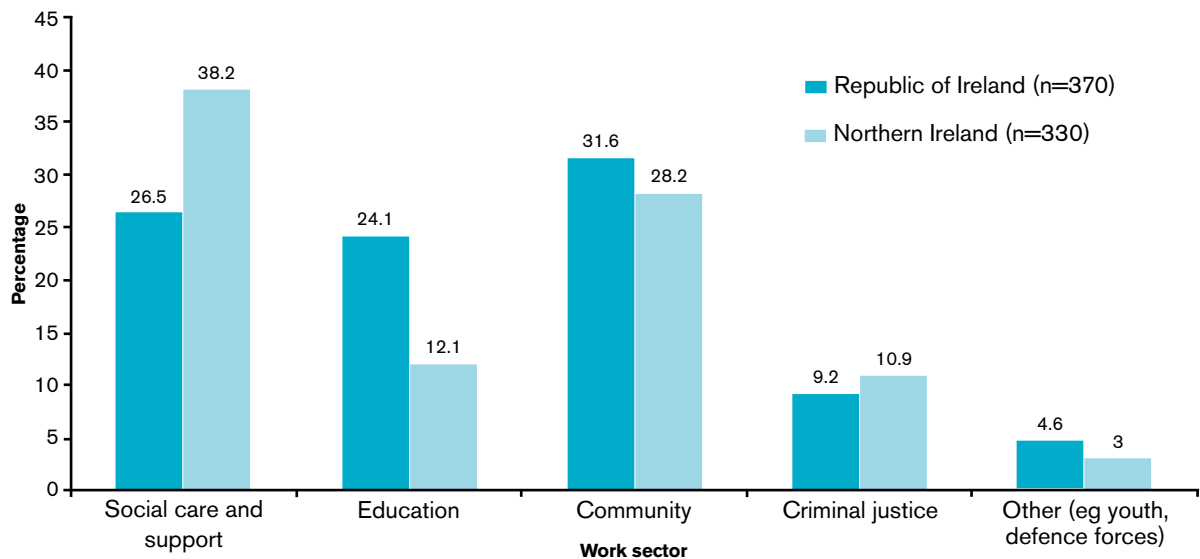
Sample: all courses from December 2008 to March 2009

Analysis of participants' employment sector illustrates further differences across the two regions. In Northern Ireland, the largest proportion (38%) worked in social care or support. The next largest proportion (28%) worked in the community sector, followed by education (12%) and criminal justice (11%).

In the Republic of Ireland, the largest proportion (32%) worked in the community. The next largest proportion (27%) worked in social care or support, followed by education (24%) and criminal justice (9%).

Figure 3 illustrates these findings and, in particular, shows the gap between the proportion of participants in each region who work in the social care/support sector (12%) and the education sector (11.7%).

Figure 3: Participation in ASIST, by work sector



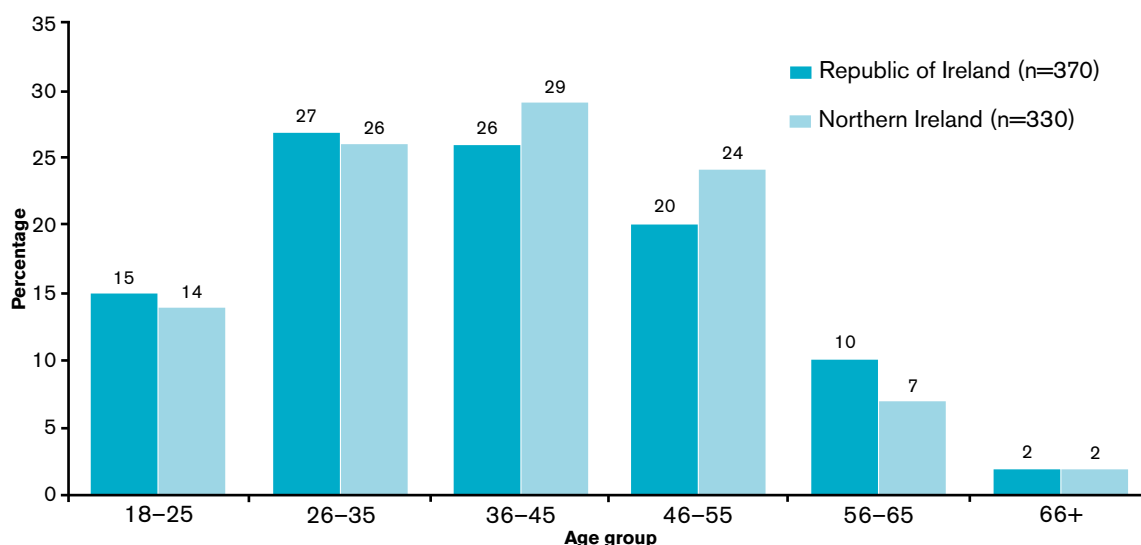
Sample: all courses from December 2008 to March 2009

Gender and age

Analysis of the snapshot sample shows participants are predominantly female, at more than 70% of the total in each region.

The majority of participants were aged 26–55 years, accounting for 73% in the Republic of Ireland and 79% in Northern Ireland (see Figure 4). Agencies in Northern Ireland may wish to consider actively targeting older and younger workers with a gatekeeper role.

Figure 4: Participation in ASIST, by age group



Sample: all courses from December 2008 to March 2009

Risk-based targeting

Protect life and *Reach out* both aim to combine a population-based approach with the targeting of high risk groups in order to achieve measurable reductions in suicide. The high risk groups identified in the strategies are:

- people who self-harm;
- people in contact with mental health services, and those who care for them on a professional or informal basis;
- people with alcohol and/or drug misuse problems;
- young males;
- those bereaved by suicide;
- survivors of abuse;
- marginalised and disadvantaged groups (particularly LGBT, unemployed and older people);
- prisoners;
- people in high risk occupations.

In light of this targeted approach, an analysis of the groups participants work with was conducted, as shown in Table 12.

In the Republic of Ireland, the highest proportions of participants worked with:

- people with mental health difficulties (44%);
- people from unemployed or economically disadvantaged groups (42%);
- people with drug and/or alcohol dependency (37%);
- survivors of abuse (37%).

The lowest proportions of participants in the Republic worked with:

- LGBT individuals (15%);
- people working in high risk occupations (15%).

In Northern Ireland, the highest proportions of participants worked with:

- people with mental health difficulties (68%);
- people with alcohol and/or drug dependency (57%);
- people who self-harm (56%).

The lowest proportions of participants in Northern Ireland worked with:

- people from rural communities (17%);
- people working in high risk occupations (19%).

Table 12: Proportion of ASIST participants who worked with high risk groups (as defined by *Protect life and Reach out*)

	Republic of Ireland % (n=370)	Northern Ireland % (n=330)
People who self-harm	29.7	56.1
Ethnic minorities	25.4	30.9
People with mental health difficulties	44.1	67.6
Lesbian, gay, bisexual or transgender (LGBT) people	14.9	29.1
People who have alcohol and/or drugs dependency	37.3	57.0
Older people	20.3	28.8
Young males	33.0	38.8
Rural communities	18.9	17.3
Those bereaved/affected by suicide	30.8	37.0
Prisoners/those involved in the criminal justice system	17.8	24.8
Unemployed or economically deprived groups or individuals	41.9	46.4
Other marginalised groups (travellers/homeless/refugees/asylum seekers)	36.2	24.2
Survivors of sexual/physical and/or emotional abuse	37.0	53.6
Individuals working in high risk occupations (police/prison officers/army personnel/farmers)	14.9	18.8

Participants could tick as many groups as applicable

Participants' prior experience

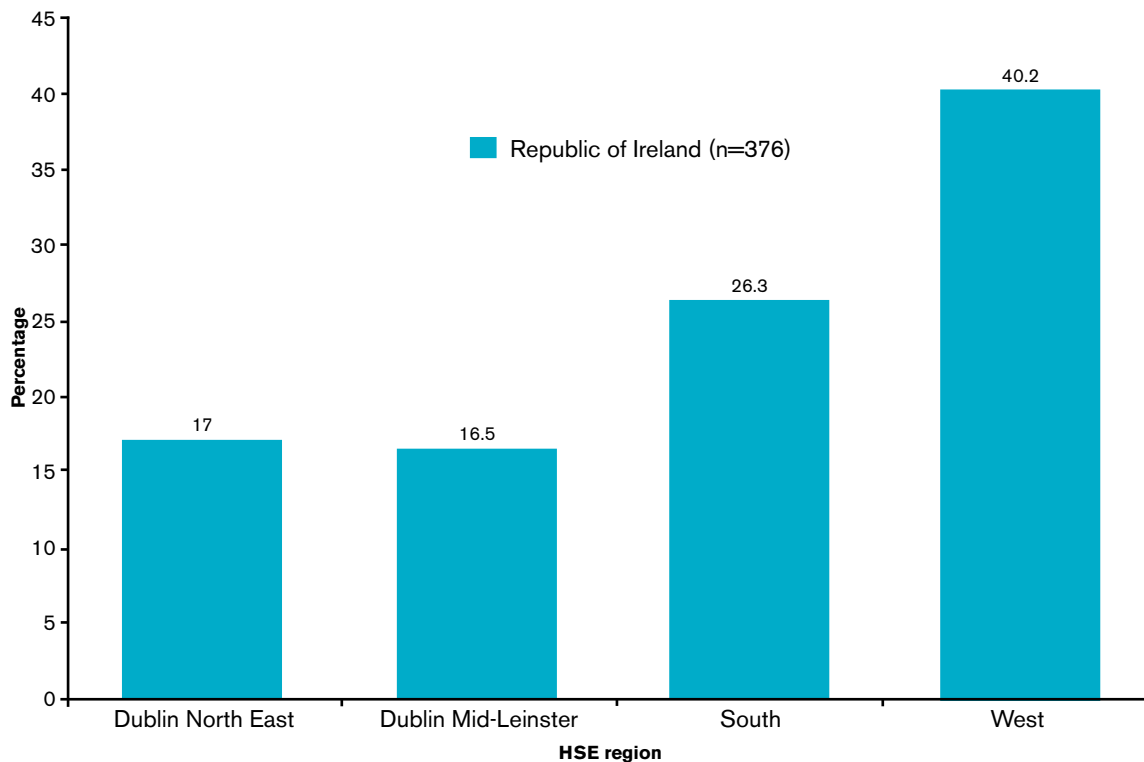
Participants were asked if they had an academic or professional qualification of which suicide awareness or mental health training was a significant component. Almost one third (32%) of participants in the Republic of Ireland had a suicide awareness/mental health qualification. In Northern Ireland, fewer than a quarter (23%) of participants had such a qualification.

Geographical distribution

To assess the areas where ASIST skills would potentially be utilised, the sample of participants was analysed in terms of the locality of their work.

In the Republic of Ireland, the largest proportion (40%) work at centres located in the HSE West region, with more than one quarter (26%) located in the HSE South region and the remaining participants in the Dublin regions (17% each in Dublin/Northeast and Dublin/Mid-Leinster) (see Figure 5).

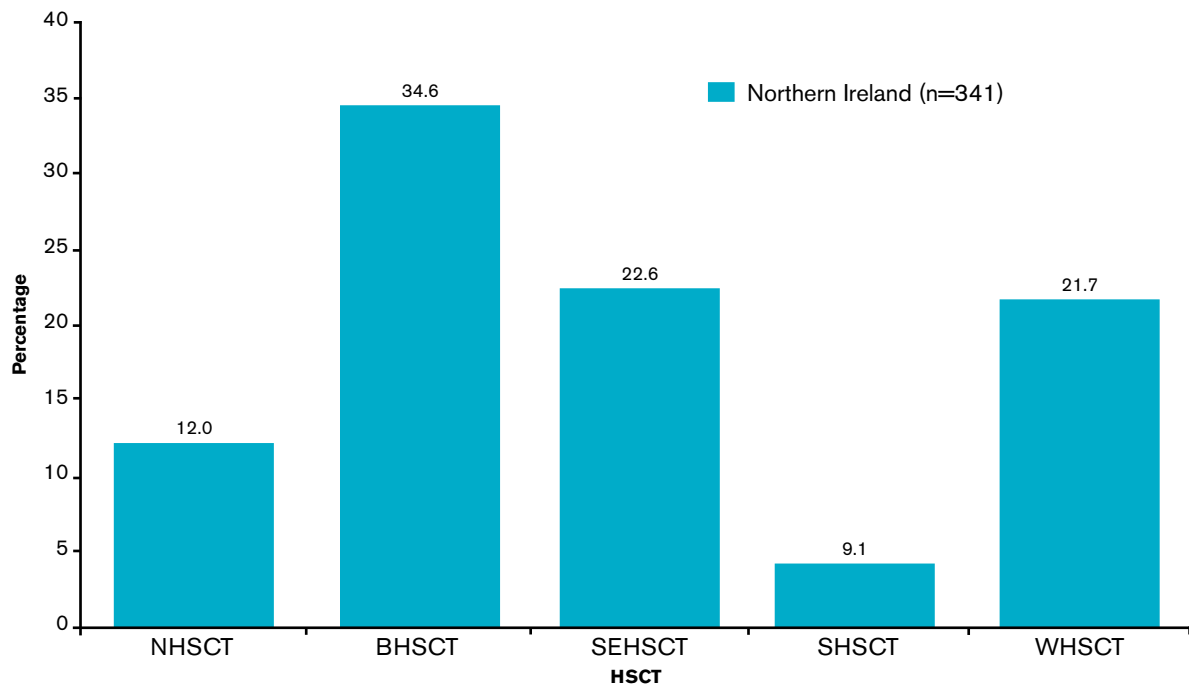
Figure 5: Participation in ASIST in the Republic of Ireland, by HSE region



Sample: all courses from December 2008 to March 2009

Just over one third (35%) of ASIST participants in Northern Ireland work in the Belfast Health and Social Care Trust (HSCT) area. More than one fifth are located in the South Eastern and Western HSCT areas (23% and 22% respectively), while 12% work in the Northern HSCT area and 9% work in the Southern HSCT area (see Figure 6).

Figure 6: Participation in ASIST in Northern Ireland, by HSCT area



Sample: all courses from December 2008 to March 2009

When considering further roll out of ASIST training, both jurisdictions may wish to target participants in line with geographical need, based on local area suicide rates. For example, looking at the distribution of participants in Northern Ireland, we could surmise that there may be a need for additional targeting of ASIST in the Southern HSCT area (see Table 13).

Table 13: Population and suicide in Northern Ireland, by HSCT area

HSCT area	Proportion of total population (n=1,788,900)	Crude rate 2007-2009	Distribution of Northern Ireland ASIST participants in the snapshot sample (n=341)
Belfast	19%	19.7	35%
Northern	26%	11.5	12%
South Eastern	19%	10.2	23%
Southern	20%	16.2	9%
Western	17%	17.5	22%

Based on NISRA mid-year population estimates 2009

At present, conclusions cannot be drawn about the spread of ASIST participants in relation to geographical need. To do this, data on participants' locality would need to be systematically and routinely collected to monitor geographical targeting.

Stakeholders', policy makers' and trainers' views on targeting

In the context of improving efficiency by focusing ASIST on those who are most likely to apply it, stakeholders, policy makers and trainers were asked about targeted recruitment of participants. The response was mixed. The majority of trainers (42 out of 62 over both jurisdictions) felt that ASIST should be as widespread and accessible as possible. A number of trainers in Northern Ireland believed the course is currently not accessible enough for the general public.

However, other trainers suggested a more targeted approach to recruitment, with a screening process to identify and recruit participants who are most likely to put their ASIST learning into practice, thus ensuring maximum VfM. These trainers felt that because much suicidal behaviour occurs before the individual becomes known to mental health services, people working in everyday community and voluntary settings are ideally placed to offer assistance. As such, these trainers suggested targeting those with access to existing networks of communities, eg teachers, youth workers, police etc.

Twenty four stakeholders and policy makers (out of 35) were also of the view that the accessibility of ASIST was its greatest strength and that it was relevant to a wide audience. Some stakeholders also felt that ASIST was not suitable for everyone and suggested that it should be provided as part of a suite of programmes offering options to meet different needs and requirements. The growth of other programmes, eg STORM, safeTALK, PIPS Lifeguard, was welcomed.

"For a long time, ASIST was the only option for training and so a large number of people were receiving ASIST training when, actually, that level of detail was not necessary for them." (Republic of Ireland stakeholder)

Trainers appeared to be divided on how appropriate ASIST was for clinical staff or health professionals. Some thought ASIST was not sufficient to meet their needs, suggesting that other models, eg STORM, were more appropriate.

"I think STORM, because of its focus on risk assessment and management, is more appropriate for professional staff." (Northern Ireland trainer)

Some trainers also felt challenged by professionals within workshops who didn't agree with certain aspects of the course.

"ASIST is sufficient for the community and voluntary sectors but professional services need STORM." (Northern Ireland stakeholder)

In identifying the appropriate programme for individuals, as well as organisations, some policy makers and stakeholders suggested that raising awareness of all available programmes in suicide prevention was an area for development.

*“The priority should be about making everyone aware of what is out there for them.”
(Northern Ireland policymaker)*

Some stakeholders felt that local training plans should target ‘areas of highest need’. Suggested groups included those with access to particularly vulnerable sections of the community, such as:

- community-based groups or individuals (eg clergy, youth workers, social workers, teachers etc);
- emergency services (eg police, ambulance service, fire service etc);
- primary healthcare workers (GPs, public health nurses etc).

In particular, a small number of stakeholders and policy makers (less than 10 across Ireland) suggested targeting areas of multiple deprivation/high suicide rates to maximise the impact of ASIST.

“It would be far more effective in the longer term to target ASIST – although in setting the targeting criteria, we do need to be extremely careful not to put up barriers for people who could really make a difference with ASIST.” (Republic of Ireland stakeholder)

Barriers to roll out and ideas for sustaining ASIST

Stakeholders and policy makers highlighted the challenges and issues that have acted as a barrier to implementation of ASIST at an organisational level:

- Lack of an evaluation on the effectiveness of ASIST.
- Lack of regional coordination in Northern Ireland.
- Two day structure of the course.
- Cost and ICC status.

Lack of an evaluation on the effectiveness of ASIST

Some organisations have progressed with roll out either strategically or on an ad hoc basis. Others have been less willing, with some stakeholders believing there was little evidence to support the introduction of ASIST and some needing to be convinced of the benefits.

Measuring and monitoring the impact through enhanced evaluation procedures was seen as vital in moving forward.

“All suicide prevention initiatives should be guided by current need and include an evaluation component based on measurable outcomes. This will allow the critical components of effective suicide programmes to be identified.” (Northern Ireland policy maker)

Lack of regional coordination in Northern Ireland

The lack of regional coordination in Northern Ireland was also highlighted as a reason why some organisations may have been reluctant to facilitate ASIST training. In the Republic of Ireland, there was the view that if ASIST was supported by the HSE and NOSP, then they were satisfied with its quality and effectiveness.

“I would have concerns about rolling it out through the organisations in the absence of regional coordination. What happens if I roll out ASIST and something else comes along that is perceived at a strategic level to be better?” (Northern Ireland stakeholder)

Two day structure of the course

The course structure was pinpointed as another barrier to roll out. Some consultees indicated that for gatekeepers such as teachers, GPs, clergymen etc, a two day course was not always going to be practical.

Cost and ICC status

Cost was most frequently identified as the key barrier to future implementation. Some trainers suggested that charging participants would increase the value of the course and improve absenteeism, while other trainers were concerned that this may be prohibitive to some attendees.

Stakeholders, policy makers and trainers all said there was a need to look at cost efficiencies – either look into the idea of developing an all-island programme or investigate the cost efficiencies to be gained from ICC status. An ICC agreement enables a country to run its own T4T courses without the need for trainers from Canada, and to run ASIST programmes without the additional costs for shipping materials.

Fewer trainers in Northern Ireland were aware of what ICC status actually involved. In both jurisdictions, when ICC status was discussed and explained, the majority of trainers believed it would support the future sustainability of ASIST and were in favour of its introduction across Ireland.

The future role of LivingWorks and the tendency for international programmes to take precedence over locally-developed programmes caused debate among stakeholders. Among those who were aware of ICC status, the issue of costs and funding was seen as something that should be investigated. There was general consensus that movement towards ICC membership was imperative to reduce the overall costs associated with ASIST, particularly with regard to the cost of materials and T4T. However, some

believed that Ireland on an all-island basis had the experience and knowledge to develop a more localised suicide prevention programme, which they considered to be a more financially viable option in the longer term.

With regard to current barriers to ICC status (see Appendix 1 for eligibility criteria) it is apparent that issues around coordination, particularly in Northern Ireland, would need to be addressed. The country must have a sustainable delivery infrastructure for trainers, and a sufficient number of consulting trainers who can assume responsibility for quality control support and assistance. There needs to be at least one team leader with responsibility for T4T and a mechanism for handling course feedback.

Other ideas for sustainability

Enhanced recruitment and selection procedures for potential trainers and participants could improve sustainability. Improved information for potential trainers prior to T4T could improve trainer retention. In addition, better information for potential participants before they apply for a workshop could improve participant suitability, reduce non-attendance and increase the application of skills learned.

“Enhanced targeting would maximise effectiveness in the future and ensure value for money from both T4T and workshops.” (Republic of Ireland coordinator).

Raising awareness of all available programmes in suicide prevention, and identifying the appropriate programme for individuals as well as organisations, was seen as an area for development by stakeholders and policy makers.

“The priority should be about making everyone aware of what is out there for them.” (Northern Ireland policy maker)

Some trainers suggested a training needs analysis tool should be developed for people interested in suicide prevention/intervention training to help identify the programme that best suits their needs. There was consensus among trainers that ASIST should be seen as one of a suite of training programmes used in suicide prevention.

Some trainers are of the view that not enough is being done with young people, although they query the suitability of ASIST for young people. LivingWorks requests that workshops are not delivered to those aged under 16 without prior consultation with LivingWorks and written parental consent.

There was general consensus that a well-developed and coordinated trainer support network should be put in place to increase the sustainability of ASIST. This was tried in some areas but was poorly attended due to the lack of capacity and trainers being unable to take more time away from work. A solution to this requires some thought but teleconferencing or development of a web portal was seen as a potential option by some trainers.

Conclusions and issues for consideration

Stakeholders and policy makers reported that participation in ASIST made an impact on:

- service development and organisational networking (some thought it supported improved referral processes between agencies/organisations);
- staff attitudes, confidence and skills in relation to suicide and suicide intervention;
- policies and procedures within organisations.

At a community level, ASIST has given a sense of empowerment, brought about by the increased confidence in being able to deal with suicide and suicidal behaviour.

The ASIST model offers a common language to enhance communication between community or voluntary representatives and those from a health background.

Pre- and post-training evidence shows that participation in ASIST:

- improves participants' knowledge and skills scores;
- improves participants' attitudes towards suicide intervention;
- increases participants' willingness to intervene.

There are no statistical baseline differences between gender, age and geography with regard to knowledge, skills and attitude or intervention behaviour.

There is a statistical baseline difference between those with a mental health qualification and those without in relation to knowledge, skills, attitude and willingness to intervene. This difference is eliminated by participation in ASIST.

When participants go on to intervene, the ASIST suicide implementation model is applied to varying degrees. Most participants apply the stages 'ask and discuss reasons for feeling suicidal' and 'develop a safe plan'. Fewer apply the stage of 'signposting/refer'. This should be addressed with trainers and highlighted in refresher training.

Who is most likely to use/benefit from ASIST training? Analysis of participant data shows that no specific subgroup/population can be pinpointed; ASIST is universal in its effects. ASIST seems to eliminate prior differences in terms of knowledge and skills, attitude to suicide prevention, and perceived reasons for prior non-intervention: approaching the situation, confidence in the situation and skills to deal with it.

Ideally, a broad population role-out could be recommended as those with a prior mental health qualification are more likely to intervene in professional life, and those

without a mental health qualification are more likely to intervene in their personal life. However, in this exercise, out of the participating respondents (n=780), less than one fifth (approximately 17%) went on to apply at least one aspect of ASIST in the three to six months after training. Post-ASIST, the main factor that prompts application of the training is not prior experience or any demographic characteristics, but simply contact with someone at risk.

While ASIST is universally effective in the knowledge and skills it imparts, and the resultant change in behaviour, it may not be required for all. The associated costs of ASIST and the practicalities of access or commitment to a two day course mean it may be worth specifically targeting ASIST at those who are more likely to come into contact with people at risk. Exploring other suicide prevention programmes, eg safeTALK, would be beneficial for other groups. Identifying the needs of participants and their likelihood to come into contact with people at risk, then directing them to the most appropriate suicide intervention course, may be a more efficient approach.

The following areas should be considered for action in looking forward from this evaluation.

Coordination

With regard to the Republic of Ireland, the present system of administration and coordination should be sustained as this was found to be effective in delivering ASIST. It is suggested that in Northern Ireland, an effective system of coordination is established, with responsibility for recording trainer status and contact details through a centralised database. Moreover, a proper coordination system would ensure effective administration, course management and support for trainers, highlighted as issues in this review. Coordination is also necessary to enable effective monitoring of the reach, uptake and application of ASIST, and to aid strategic targeting, which would enhance efficiency and efficacy.

Trainer selection

Consideration should be given to the development of robust selection criteria for trainers, to include, for example, their motivation to become a trainer, previous training experience, previous knowledge of mental health and/or suicide, and agreement of their employer to the time commitment. Selection criteria have already been introduced in some areas in the Republic of Ireland.

In addition, the development of enhanced support structures for trainers through monitoring, post-course supervision and refresher training should support the recruitment and retention of trainers.

Potential trainers should be made fully aware of the commitment requirements following successful completion of the T4T course in relation to the delivery of workshops. In line

with the practices introduced by NOSP in the Republic of Ireland, it would be beneficial for Northern Ireland to employ a contractual commitment/commitment statement for managers and T4T participants to ensure their participation in workshops following T4T completion.

Trainer quality

It is imperative that structures are introduced to monitor the quality of trainers and ensure that trainers are delivering the core aspects of the training consistently. Northern Ireland should consider the approach taken in the Republic, which offers greater support for provisional trainers through shadowing. However, it is also important that ongoing monitoring and supervision of trainers through regular reviews is carried out to ensure consistencies in the longer term in both jurisdictions.

Refresher training

Our consultations indicate that refresher training is not the norm in Northern Ireland. The provision of refresher sessions with all trainers on an annual basis to ensure consistency and maintain contact in line with best practice in the Republic of Ireland is recommended. These sessions can also provide a further opportunity for networking and sharing best practice.

Enhanced networking/mentoring

Consideration should be given to the establishment of a trainer networking forum, which trainers from across Ireland can use to contact and network with other trainers. This network should encourage greater sharing of best practice and lessons learned in training, but could also provide a peer network of support for trainers to discuss issues, share experiences and emotional support.

In sharing best practice, it would also be beneficial to develop a database of trainer testimonials, case studies and role models to showcase talents and encourage others. This database should be accessible online and potential T4T participants could be signposted to it when they register interest in becoming a trainer.

Pre-workshop awareness for workshop participants

To reduce the impact of any potential emotional distress felt by participants, consideration should be given as to how and what information could be provided in advance of the workshops to enhance participants' understanding of what is required. This information should be consistent for all course organisers.

Identifying the best programme for particular requirements

There are diverse training requirements for different groups, organisations and individuals in the community, voluntary and statutory sectors. While ASIST may

be universally suitable, it may not always be the most appropriate training for all. Consideration should be given to a review of the range of suicide training programmes available with regard to their aims, objectives and participant criteria, which could lead to the development of a training needs analysis tool to enable potential participants/ organisations to identify the most appropriate training for their needs.

Targeted delivery

Consideration should be given to training 'targeted' key groups or individuals within communities and prioritising those individuals who have most contact with the key vulnerable groups through their jobs or roles in the community. This could be undertaken in line with the enhanced trainer selection criteria suggested. The issue of ASIST delivery to young people (between 16 and 18 years) and suitability of ASIST type programmes for under 16s should also be assessed.

Target setting

The lack of qualitative and outcome focused targets has made it impossible to provide an overall VfM conclusion on ASIST implementation. Consideration should be given to the establishment of targets for ASIST implementation in terms of retaining T4T participants and the numbers of individuals engaged on workshops.

In addition, we recommend that a set of measures be developed that reflects ASIST participation by individuals and communities, so that the benefits and impacts realised can be better recognised at these levels, as well as on a national/regional scale.

Measurement of success/impact

In line with target setting, we suggest that enhanced monitoring and tracking systems are introduced to effectively measure success/impact in the future. Identifying and measuring the effectiveness of ASIST was highlighted as a key challenge throughout the research process.

This could include the tracking of participants through the ASIST training and also a longer-term follow-up (ie after six months or a year) to understand how learning is transferred from the workshop into practice. The establishment of baseline measures would be necessary to track and compare progress. It would also be useful to follow-up with individual participants in the longer term to identify how ASIST is put into practice.

Equality monitoring

This is relevant to Northern Ireland only. There is currently no equality monitoring on any of the Section 75 categories and our research cannot determine whether there has been any particular impact on any of the categories. It is suggested that as part of any monitoring and evaluation process, equality monitoring data are collected and reviewed

on a regular basis to ensure any negative impacts are mitigated.

ICC status

An ICC agreement enables a country to run its own ASIST and T4T programmes (see Appendix 1 for eligibility criteria). This subsequently offers an increased opportunity for the country to contribute to programme development, dissemination and evaluation. In addition, once a country has attained ICC status, it can choose to print its own materials, or can continue to purchase materials from LivingWorks at a significantly reduced cost. All other income and expenditure involved in organising ASIST courses, including the cost of T4T, becomes the responsibility of the ICC member country, although in relation to T4T costs, LivingWorks continues to receive a fixed fee (per trainer trained) under the ICC licence agreement. We recommend that Northern Ireland and the Republic of Ireland consider seeking all-island ICC membership in agreement with LivingWorks.

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Appendix 1

ICC eligibility criteria

1. The country must have a sustainable delivery infrastructure for trainers.
2. There must be a sufficient number of consulting trainers in the country who can assume responsibility for quality control, assuring continuity of the core curriculum of ASIST, and who can provide ongoing support and assistance to the trainer network.
3. The country should record feedback received on the course and provide information on a quarterly basis to LivingWorks on how many trainers they have and how many workshops have been delivered.
4. There must also be a team of training coaches in the country or access to an inter-country consortium of coaches who are able to deliver the T4T course. One or more team leaders are needed who can take full responsibility for operating the T4Ts in that country.
5. LivingWorks and the member country formalise an ICC agreement and revised programme support arrangement (ie a licence fee). The structure is negotiable but usually takes the form of an annual renewable licence and a payment for each ASIST participant and trainer trained. According to LivingWorks, ICC status can commence with items 1–3 in place.

Appendix 2

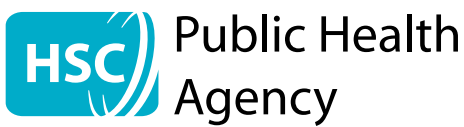
Stakeholder and policy maker consultation participants

Northern Ireland

Police Service of Northern Ireland
DHSSPS
PHA
Western HSCT
Southern HSCT
South Eastern HSCT
Belfast HSCT
Probation Board for Northern Ireland
Northern Ireland Prison Service
Northern Ireland Post Qualifying Education and Training Partnership
Northern Ireland Ambulance Service
Northern Ireland Fire and Rescue Service
AWARE Defeat Depression
West Belfast Suicide Awareness Support Group
Public Initiative for the Prevention of Suicide and Self-harm (PIPS)
Rainbow Project
Social Services Training Unit
Voice of Young People in Care (VOYPIC)
Queen's University Belfast
Inter church group (including denominational representation from across Ireland)
Belfast Metropolitan College
Forum for Action on Substance Abuse and Suicide Awareness (FASA)

Republic of Ireland

Department of Health and Children
HSE mental health directorate
HSE Dublin North East
NOSP
The Vision for Change
Emergency services
Irish Fire Service
Irish Prison Service
Mental Health Ireland
National Youth Council of Ireland
Reach Out
Spun Out
North West Dublin partnership



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