An Initial Evaluation of the Suicide Prevention Education Resource

Research Report

May 2019

Acknowledgments

This evaluation was carried out by Dr Shelly Allen, The University of Salford, Garth Haley and Nicky Davidson, Hyperfine Media Ltd on behalf of Public Health England North West and Health Education England North West who funded this initial evaluation.

The purpose of the study was to conduct an initial evaluation of an e-learning suicide prevention resource focused on non-experts in mental health and who would, in the course of their daily work, opportunistically encounter people who may be at risk of suicide.

We acknowledge the support and time given by the Task and Finish group to input into the development and refinement of the resource prior to its launch and those who were pivotal in cascading the resource and the online evaluation survey within their individual organisations.

Contents

Initial Evaluation of the Suicide Prevention Education Resource

1. Introduction

In September 2017 Hyperfine Media Ltd were commissioned by Health Education England (HEE) and Public Health England North West (PHENW) to develop and deliver an e-learning resource for the health, social care and voluntary sector across the North West.

The aim of the resource was to promote suicide prevention through awareness raising in conjunction with skill and knowledge development. This was aimed at the health, social care and voluntary sector with a particular focus on those who are not experts in mental ill health and distress.

The resource was developed with task & finish group stakeholder involvement which covered statutory & voluntary services including people with lived experiences. The resource was made freely available to organisations (for use on their internal training platforms) and to the wider public (via the NHS North West e-Learning website). Its content includes statistics regarding suicide and suicide prevention to contextualise the importance of the issue and includes an interactive element. This is organised around a series of vignettes which see the main character in each struggling with an issue. These are evidence based in terms of demographics and risk factors concerning suicide. Participants watch the video based story as the character encounters others in their day to day lives, the participant is asked to choose a response from a series of options at timely intervals as the vignette proceeds. Once chosen, feedback is then offered via the resource which underpins the rationale for positive, proactive intervention as supported by the existing evidence base.

The vignettes were developed based on a series of phone and video interviews conducted with subject experts drawn from the NHS, voluntary sector and support groups; people affected by the death by suicide of a loved one; and those who had previously experienced suicidal thoughts or feelings. A series of three discussion groups were also convened around the themes of suicide prevention in the public sector, the voluntary sector and the blue light services. Based on this field research several suggested scenarios were put forward to the task and finish group and a final list agreed which aimed to achieve the widest level of

engagement. The age, gender, ethnicity and social status of the protagonists was chosen to reflect the evidence base concerning those most at risk.

The field research was also used to shape the overall resource through the inclusion of background information, relevant interview clips and a library of external links/ materials to provide additional resources and support.

The title 'We need to talk about suicide' was chosen to emphasise the key aim of the resource - to encourage people to intervene when they had concerns that someone might be in distress and at risk of suicidal feelings.

The requirement to undertake an initial evaluation of the resource emerged over the course of the project. A joint and successful bid was submitted by Dr Shelly Allen, The University of Salford and Garth Haley, Hyperfine Media Ltd to undertake this initial evaluation. The focus of which is to gather a depth of understanding as to how the resource is experienced by those who use it.

1.1 Project objectives

These were specified by HEE as follows:

1. To understand the impact on the learner of this style of learning
2. To understand from Service managers / Learning & Development leads how they will use the resource / as part of a workforce development approach in this arena.
3. To understand from services that support people with lived experience if the resource is fit for purpose.

1.2 Background

In 2017 6,213 suicides were recorded in the UK and Republic of Ireland. The highest suicide rate in the UK was for men aged 45-49. (https://www.samaritans.org/sites/default/files/suicide_statistics_report_final_dec.pdf).

Men are known to be less likely to actively seek out resources to help with distress and mental health problems.

(https://www.menshealthforum.org.uk/sites/default/files/pdf/how_to_mh_v4.1_lrweb_0.pdf).

It is therefore imperative to create resources that bridge that gap and it was envisaged that the development of training aimed at those with no formal mental health education across the health, social care, voluntary sector and blue light workforce could contribute to this.

The aim of this was to enable the development of confidence and competence to notice and ask if there are concerns regarding another's mental health during usual day to day contact. A similar philosophy was adopted by the collaboration between Samaritans and Network Rail where achievements include over 16,000 rail staff being trained in suicide prevention and in excess of 400 reported life-saving interventions being carried out by course participants. (https://www.samaritans.org/corporate/rail-industry-suicide-prevention-programme).

The education resource commissioned by HEE NW and PHE NW was made widely available to the target audience as stated above, based on the premise that opportunistic intervention in a timely way has much potential in suicide prevention.

2. Literature Review

2.1 Search Strategy

The underpinning literature review to this report sought to explore the existing evidence base relating to suicide prevention using e-learning as the method of delivery. The purpose of which would enable evaluation of the e-learning resource commissioned by HEE NW and PHE NW in light of this existing evidence.

To guide the search strategy to inform the literature review the following question was developed:

Does the existing evidence base support the content and format of the suicide prevention e-learning resource?

Inclusion and exclusion criteria were identified:

Inclusion-

- Primary research relating to e-learning and suicide prevention in adults and adolescents
- Published, full text literature
- Published 2014 onwards

Exclusion-

- Primary research which did not include e-learning in suicide prevention training
- Primary research which focused on suicidal thoughts and acts rather than prevention
- Systematic or descriptive reviews
- Published Pre 2014

Given the nature of the question underpinning the literature review, databases that focused on suicide prevention and education were used as follows;

Table 1.

Database	**Rationale for use** (http://www.salford.ac.uk/library)
MEDLINE	Resource for medical information.
Cumulative Index of Nursing and Allied Health Literature (CINAHL)	Resource for nursing and allied health professionals, students, educators and researchers.
PsychInfo	Professional and academic literature in psychology and related disciplines.
Educational Resources Information Centre (ERIC)	The database is said to contain more than 1.3 million records and provides access to information from journals included in the Current Index of Journals in Education and Resources in Education Index.
British Education Index	Has information on research, policy and practice in education and training in the UK.

Key words/search terms were then identified and the Boolean operator AND was applied as follows:

Table 2.

Keywords/search terms	**Boolean Operator**
Suicide Prevention	
e-learning	AND Suicide Prevention
Online Education	AND Suicide Prevention
Online Learning	AND Suicide Prevention
Distance Education	AND Suicide Prevention
Distance Learning	AND Suicide Prevention

In applying the inclusion and exclusion criteria to the search and then through abstract review, the search strategy revealed 13 pieces of primary research once duplicates were removed.

On reading these fully it became apparent that the exclusion criteria applied to a further 6 this left 7 studies which fitted the inclusion criteria as specified above.

2.2 Literature summary

All studies were quantitative and 3 took the form of Randomised Controlled Trial (de Beurs, Groot, de Keijser, Mokkenstorm, van Duijn, de Winter, Kerkhof, 2015; Ghoncheh, Gould, Twisk, Kerhof, & Koot 2016; Magruder, York, Knapp, Yeager, Marshall & DeSantis, 2015).

Geographically five studies were conducted in the USA (Albright, Davidson, Goldman, Shockley & Timmons-Mitchell, 2016; Bartigis & Albright, 2016; Gryglewicz, Chen, Romero, Karver, Witmeier, 2017; Magruder, York, Knapp, Yeager, Marshall & DeSantis, 2015; Smith, Silva, Covington & Joiner, 2014) and two in The Netherlands (de Beurs, Groot, de Keijser, Mokkenstorm, van Duijn, de Winter, Kerkhof 2015; Ghoncheh, Gould, Twisk, Kerhof, & Koot, 2016).

All studies focused on suicide prevention using e-learning either solely or in comparison with face-to-face training, 3 studies focused on “gatekeepers” (Albright et al, 2016; Bartgis & Albright, 2016; Ghoncheh et al, 2016), 3 on Mental Health Professionals (de Beurs et al, 2015; Gryglewicz et al, 2017; Magruder et al, 2015) and 1 on heath care workers (Smith et al, 2013) and which included those whose primary role was not as a clinician.

The absence of studies conducted in the UK prompted a search of the British Nursing Index due to its geographical focus rather than professional affinity repeating the process described in the search strategy above. Some terms were not recognised such as Distance Learning and when the search revealed results (66 hits) through a combination of “Suicide Prevention” AND “Online Education” as search terms, it became apparent that this had incorporated the title of journals and despite limiters including articles only, there was a lack of primary research, as such this did not add anything to the retrieved literature.

2.3 Themed Review

The quantitative literature which met the inclusion criteria all fitted with the usual conventions such as taking an experimental method with no involvement between researcher and participant. The studies had many participants and the findings can be applied to different contexts (Aveyard, 2014). The research methods used in the reviewed literature included randomised controlled trials, quasi experimental and cohort studies, as typical of quantitative research.

On this basis the literature identified through the search strategy will be used in determining whether the existing evidence base supports the content and format of the suicide prevention e-learning resource. The literature review will be themed in conjunction with the project aims as follows:

- Impact on the Learner

Whilst there is not a universal definition of Gatekeeper, in their systematic review Yonemoto, Kawashim, Endo & Yamada (2019) consider this to be someone who is strategically positioned to recognise and refer someone at risk of suicide through recognition of the crisis and the associated warning signs. This definition applied to the 3 Gatekeeper studies in this literature review and which all presented a positive impact on the learner in terms of online gatekeeper training for suicide prevention (Albright et al, 2016: Bartgis & Albright, 2016; Ghoncheh et al, 2016). This impact centred on knowledge & skills acquisition supported by attitude and intention to help the distressed person who was experiencing suicidal ideation/actions, all of which can be seen to be crucial in suicide prevention.

In terms of Mental Health Professionals (de Beurs et al, 2015; Gryglewicz et al, 2017; Magruder et al, 2015) this was a more mixed picture. de Beurs et al (2015) found that in determining whether adherence to suicide prevention guidelines was more cost effective when using an online medium compared with usual implementation, a statistically significant difference was not identified. The authors go on to state that in the absence of previous studies of this nature it was not possible to compare this finding to the existing evidence base. However, they go on to state that this may be because professionals, in this case Mental Health practitioners as opposed to more generic Gatekeepers, already showed

levels of guideline adherence and so training of this nature to highly specialised professionals is not likely to be cost effective. That said, the authors further state that training Gatekeepers is more likely to be cost effective and this finding was replicated in Smith et al (2014) where non-specialist support staff were suggested to be an important group to target due to having the lowest confidence in their skills.

Whilst de Beurs et al (2015) suggest that Mental Health Professionals are less likely to reap benefits from online training in suicide prevention guideline adherence due to their existing practices, Gryglewicz et al (2017) draw on evidence that suggests Mental Health Professionals often do not have the knowledge, skills or confidence to intervene effectively with people who are suicidal. They go on to say that this is impacted on by training in this area not being adequately accessible. They sought to address this by delivering Question, Persuade, Refer, Treat (QPRT) training online. The authors state that in general, participation in this programme had a positive impact on participants in terms of suicide prevention literacy and confidence that they could manage suicidal crisis.

In the final study which focused on Health Professionals, Smith et al, (2014) compared Question, Persuade, Refer (QPR) training with online Suicide Prevention training and no training. These authors found that those who were trained in QPR had more knowledge and confidence in helping people who were suicidal and those with online training reported the same in comparison with those who had no training. Due to the ability to widely disseminate online training, this was an important consideration. For these staff who lacked confidence and skill in suicide prevention training including health care workers who are not clinically active (Smith et al, 2014) receiving online training was better than no training. This is further supported in Bartgeis & Albright (2016) who state that their study, which uses online role play and interaction with a supportive avatar, is useful for those not formally trained in mental health. Bartegis & Albright (2016), offer a critique of face-to-face role play thereby underlining their choice to use this method but within an online resource. The critique draws on the wider literature to illustrate the impact on the participant in terms of feeling self conscious, the consequent result negatively influencing cognitive performance. A related finding being that because performance online is confidential it allows for mistakes to be made in a safe environment.

- Organisational and resource issues

Online training is available 24 hours a day 7 days a week (Bartegis & Alright, 2016) this makes it accessible and supportive of the primary task which in this case, is suicide prevention. Given the positive impact on the learner that such training can have, it seems reasonable to suggest that from an organisational and resource perspective it has the potential to reap many benefits. Those studies that included a 3 month follow up period (Albright,et al, 2016; Bartigis & Albright, 2016; de Beurs, et al, 2015; Ghoncheh et al, 2016) show that this positive impact on the learner was sustained and whilst this was not investigated beyond that period, it remains an important consideration in relation to an appraisal of online suicide prevention training.

From a blended learning perspective, the combination of face-to-face and online training was found to be more effective than traditional instructor based alone in encouraging adherence to clinical guidelines supporting suicide prevention (de Beurs et al, 2015). This may prove important in terms of gaining the most dividends from resource intensive face-to-face training programmes within busy organisations.

Providing there are no significant IT issues, online training appears to have favourable outcomes, to further support this some authors propose training to be migrated to mobile apps and DVDs to provide more access (Bartegis & Albright, 2016). These authors do go on to say that a major disadvantage of online training is the upfront development costs but once developed the training is sustainable, again an important consideration from an organisational and resource perspective.

Ghoncheh et al (2016) stated it is unclear whether web based suicide prevention training is as effective as face-to-face. de Beurs et al (2015) are more definitive in this stating that e-learning did not offer additional advantages over face-to-face training. However, studies in this literature review drew on evidence of the benefits of online training from an organisational and resource perspective which included online training allowing learning at one's own pace and it can be adapted to meet cultural and geographical needs (Bartegis & Albright, 2016). This latter point was reinforced in Gryglewicz et al (2017) study where participants commented that the online resource was culturally sensitive. Additionally, in

contrast with the cost of professional instructors in face-to-face training which can not only be prohibitive but where quality and consistency can be reduced, e-learning can be accessed any given location with access to internet, it is said to be more flexible and scalable (de Beurs et al, 2015).This is further supported by Maghruder et al's (2015) view that online training is a valid pedagogical tool and enables a similar outcome to more traditional forms of training. E-learning enables a bigger reach; learning can be adjusted to accommodate busy schedules whilst also enabling a review of previously accessed materials and the ease of updating material and lower costs makes it a valuable resource (de Beurs et al, 2015;Bartegis & Albright, 2016; Ghonech et al, 2016; Magruder, et al, 2015).

In terms of user experience of suicide prevention online training Gryglewicz et al (2017) reported satisfaction in nearly 80% of their participants. Given this and that participants were very comfortable with the online format, this type of training is regarded to be an important and convenient means to train busy Mental Health Professionals. That said, these authors go on to make the important observation that their study lacked a comparison/control group and this was a volunteer sample and so may have been more engaged and invested in the training and which is a consideration for all the studies included in this review.

In terms of a supportive organisational culture, Gryglewicz et al (2017) state that ethical safeguards must be in place to protect professionals who may have increased emotional vulnerability when working with people who are suicidal. This point is reinforced further by Magruder et al (2015) given that their study incorporated teleconference calls in conjunction with e-learning as compared to face-to-face suicide prevention training. Whilst uptake of the scheduled calls by participants was just 22%, this was explained as being due to a rapid increase in the number of mental health patients during the study period and so providers struggled to keep up with their caseloads. That said, there may be hidden benefits in this respect as stated by Bartegis & Albright (2016) who found that the online course not only increased participants' ability to help others but may also be helpful in supporting at risk participants in seeking care. Whilst an important consideration, this should not be the primary focus and an organisational culture which openly supports the health and wellbeing of workers is imperative.

Whilst Gryglewicz et al (2017) state that it is unknown whether outcomes were sustained over time and if the online training programme influenced actual skills and behaviour. Magruder et al (2015) suggest additional strategies aimed at sustaining a positive impact over time and which may include small group sessions to reinforce learning but would have resource implications.

Despite the noted limitations here, it is important to acknowledge that comparatively inexpensive Gatekeeper training would increase suicide prevention particularly if applied to all health care workers including non clinicians, thereby leading to significant improvements in this area of care as underpinned by Smith et al (2014).

- Fit for purpose

Drawing on other evidence, Gryglewicz et al (2017) show online training to have a positive impact on participants. This included suicide prevention literacy and participants gained confidence in managing suicidal crisis. These gains were shown to be similar in comparison with face-to-face training on suicide risk assessment and management, and other types of online training. This would support the view that the content and format of suicide prevention online training was therefore productive. This finding was also replicated by Magruder et al (2015) who stated their results are comparable to other mental health e-learning comparative studies. Further, that e-learning is equivalent to in person learning for busy clinicians and where wide dissemination of clinical strategies is needed, e-learning may provide a practical opportunity.

Gryglewicz et al (2017) reported that 47 participants dropped out of their study, the reasons given were not having enough time and no longer working with clients. This gives valuable insight into how fit for purpose online training is in busy organisations. This study used QPRT training delivered to Mental Health Professionals and which took 8-12 hours. In contrast Albright et al (2016) evaluated online gatekeeper training which took 45 minutes to 1 hour to complete. This is an important consideration in terms of getting the right level of training to the right target audience in ensuring such training resources are fit for purpose.

In the second study reported in Smith et al (2015) participants were asked to indicate what type of suicide prevention training they had previously participated in. 40.4% self reported having completed online training, 4.4% QPR training and over half, 55.2% had received no

training. This shows the reach and utility of online suicide prevention training and should be considered in conjunction with the appraisal of its strengths and limitations.

There is an additional note of caution that evaluation of online suicide training in this literature review does not include measures as to whether a tangible behavioural impact in real life situations resulted, and therefore should be borne in mind when appraising whether such training is fit for purpose.

3. Research Methodology

To fulfil the project objectives this initial evaluation takes a mixed methods approach using qualitative and quantitative methods with a purposive sample.

Online survey-Quantitative Method

Following completion of the educational resource participants were invited to complete an anonymous online survey. This enabled ease of access and data capture whilst also ensuring full anonymity and in-programme collation of data for analysis.

Participants who were willing to engage in a follow up telephone call had already read the participation information sheet and confirmed their consent on the form which appears before the survey questions. Once they confirmed their willingness to participate in a follow up telephone call they were asked to forward their contact details to Dr Shelly Allen via email.

Telephone Interviews-Qualitative Method

Once a mutually convenient time was agreed, the telephone interview was conducted by Dr Shelly Allen due to having comparative distance from the development of the resource and began with introductions and confirmation that the participant information sheet had been understood. Questions or queries were invited and resolved and then the consent form was verbally presented and if the respondent answered yes is answered to all questions, informed consent has been given and the telephone interview was conducted.

The anticipated advantage of this 2-stage approach was in capturing feedback immediately following engagement with the resource and then later following a period of reflection. It was hoped that this would enable a more cogent evaluation of the resource thereby meeting the project objectives specified in section 1.1.

3.1 Ethical Considerations

Ethical approval was secured from the University of Salford Research Ethical approval Panel (HSR1819-057).

Guidance detailed in the following links has been adhered to.

http://www.salford.ac.uk/research/research-data-management/preserve

The University of Salford research Code of Practice as below and has been adhered to.

http://www.salford.ac.uk/__data/assets/pdf_file/0011/1412786/ResearchCoP.pdf

Data Protection guidance issued from the Health Research Authority as below has been adhered to.

https://www.hra.nhs.uk/hra-guidance-general-data-protection-regulation/

3.2 Recruitment

The recruitment strategy aimed to canvas broad perspectives of mental health "non experts" in order to provide a comprehensive evaluation of the resource. With this in mind, online links to the Suicide Prevention e-learning resource and evaluation survey were shared with public health advisors and coordinators across four Local Authorities. The links were cascaded through two Mental Health and Suicide Prevention boards which comprised of a variety of organisations and stakeholders such as Network Rail.

Three Police forces cascaded the request to staff including office based workers such as communications and HR staff and street and mental health triage teams. Invitations to carry out training and complete the evaluation were sent to the Fire and Ambulance service.

A group of staff at an NHS Foundation Trust hospital were asked to carry out the training and evaluation through a suicide prevention trainer. Teachers at an NHS Foundation Trust 'health and wellbeing college' and a small group of first year University students studying to be Mental Health Nurses were also were also invited to participate.

Six voluntary organisations were approached all of whom have contact with or aim to support people with mental health needs. Non-clinical staff in these organisations were invited to carry out the suicide prevention training and evaluation including staff working in communications, management and in training roles, as well as those working in charity shops.

4. Results & Data Analysis

A mixed methods approach was taken that entailed an online evaluation using a survey with a likert scale to measure against a series of statements and one free text response. Here participants were invited to add comment regarding their experience of using the suicide prevention e-learning resource. The survey had been piloted for readability and trustworthiness prior to use in this report. Qualitative data was then additionally collected through telephone interviews.

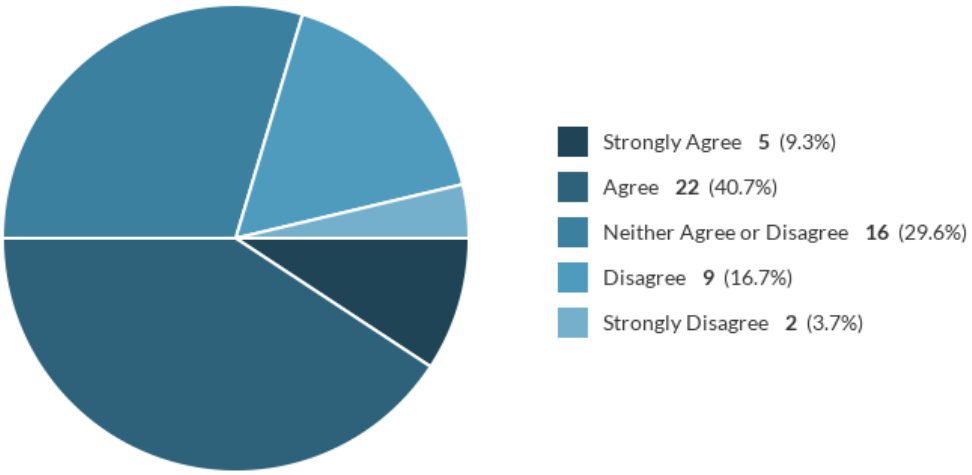
The benefits of a mixed method approach such as this is that it can give different perspectives on the same research question and enable depth and insight to be added to the online evaluation (Aveyard, 2014).

4.1 Quantitative method-Online Survey

55 responses were generated via the online survey and 32 participants agreed to a follow up telephone interview. This would have been over 60% of the total sample population and would have enabled a high level of confidence in the themes generated in the qualitative data. However, the actual number of telephone interviews conducted was 6 and clearly this is a limitation as noted later.

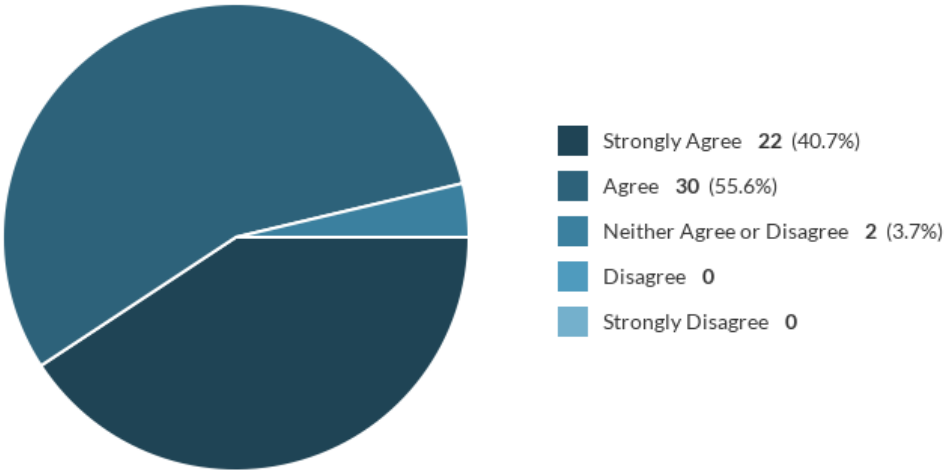
Descriptive statistics were generated within the online survey as follows:

1. Before participation in the e-learning resource I was already confident and competent in suicide prevention strategies



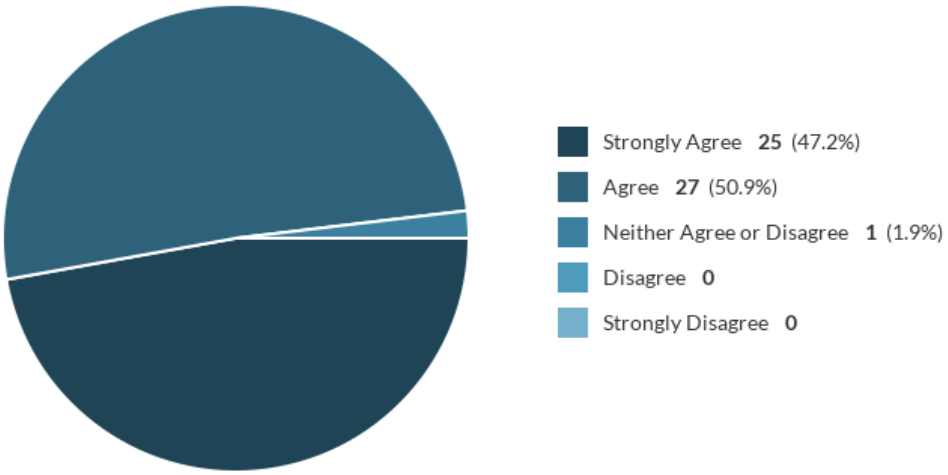
Just over 20% of respondents were not confident or competent in terms of suicide prevention strategies. Given the intended audience for the resource this enables an understanding of how this might be experienced by people who are not “experts” in mental health. That half of participants felt they were confident and competent could be considered contrary to the aim of the resource. However, given this is an initial evaluation it proves useful for participants to have some grounding in this area in order to offer comparisons to other training and experiences.

2. The e-learning resource is logical and well organised



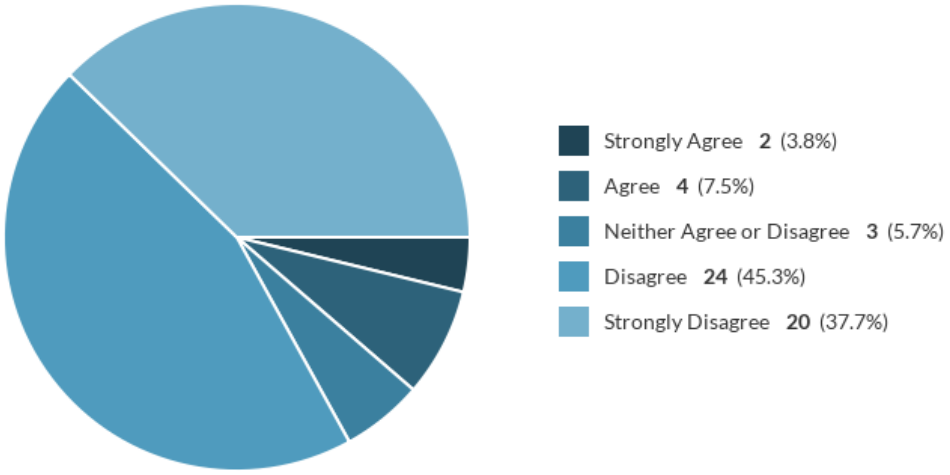
Overwhelmingly the feedback in this area was positive indicating the resource is easy to follow.

3. The content meets the stated aims and objectives



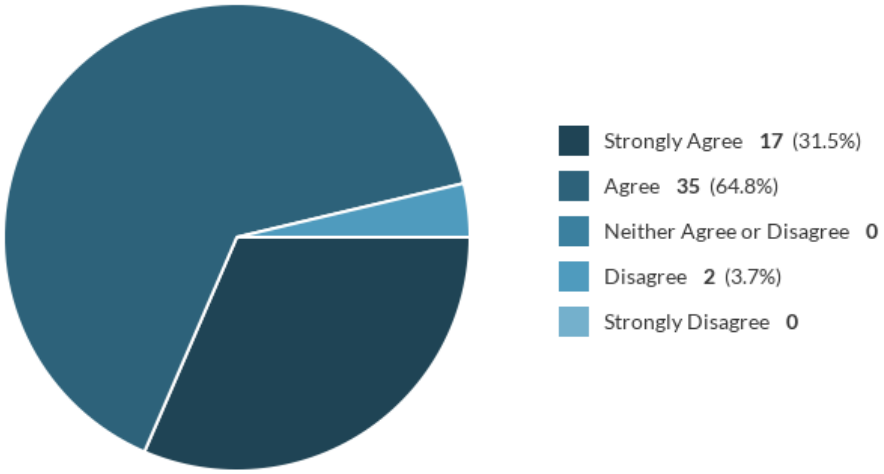
Again, the vast majority found the resource to be fit for purpose.

4. I struggled to complete all aspects of the e-Learning resource



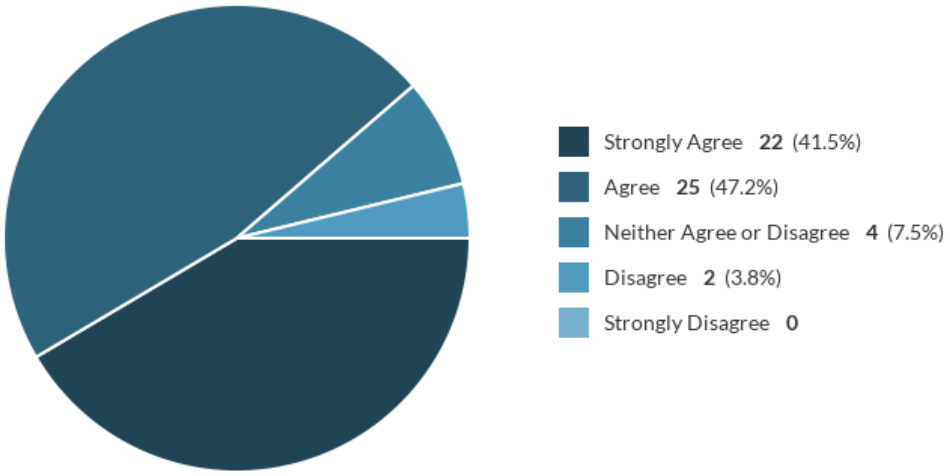
Over 10% of participants struggled to complete all aspects of the resource; this may be explained more fully in the qualitative data and may relate to functionality, time pressures and content. That said 83% of survey respondents did not struggle thereby suggesting the format and content suits most people surveyed.

5. The resource has a good balance of information and participant interaction



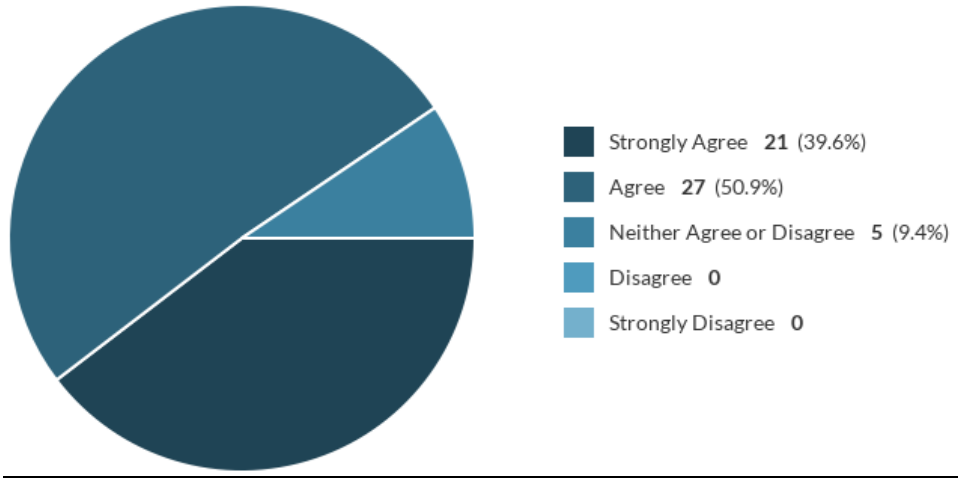
The balance between information giving and interaction is important in terms of active learning and learning styles, that this was felt to be balanced offers support for the resource in its current format.

6. The resource has enhanced my understanding of suicide prevention

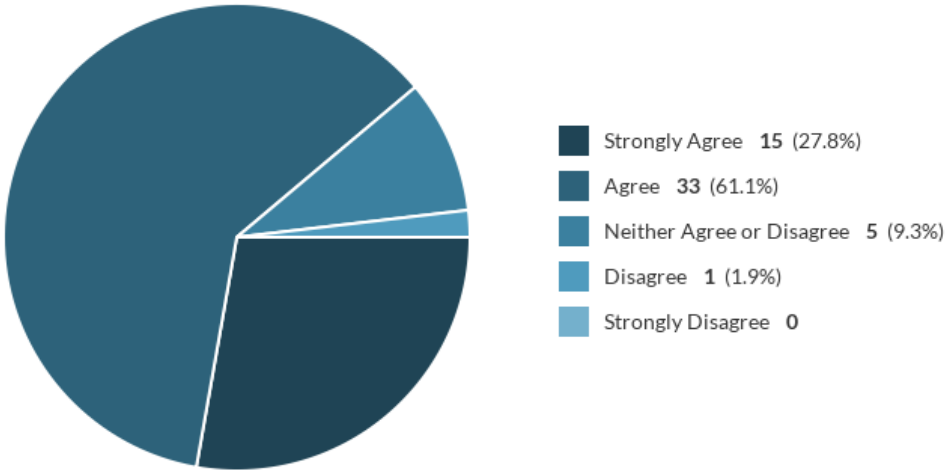


The vast majority of participants felt the resource enhanced their understanding and as below helped them to feel they would be able to intervene if required.

7. The resource has helped me feel I can intervene if I am worried about someone.

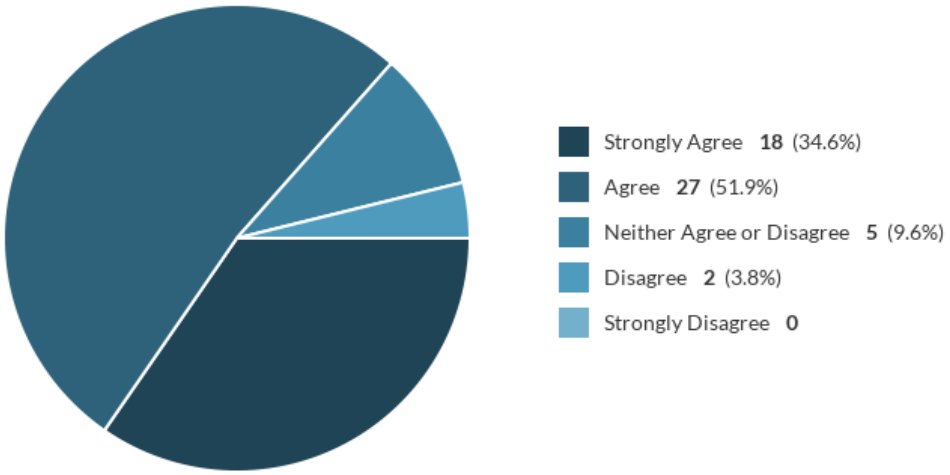


8. The resource has supported my understanding of the reasons why people become suicidal



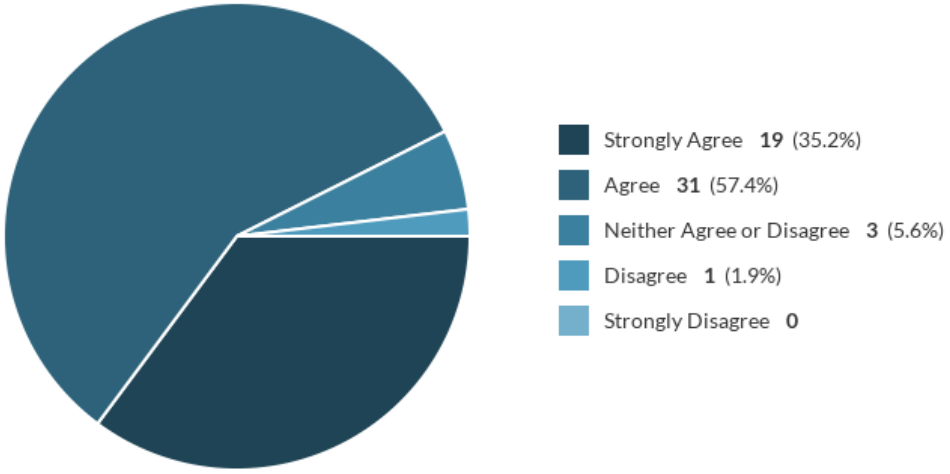
One person disagreed with this statement whilst the vast majority of people felt the resource had met this aim.

9. I care about the people in the resource and their stories



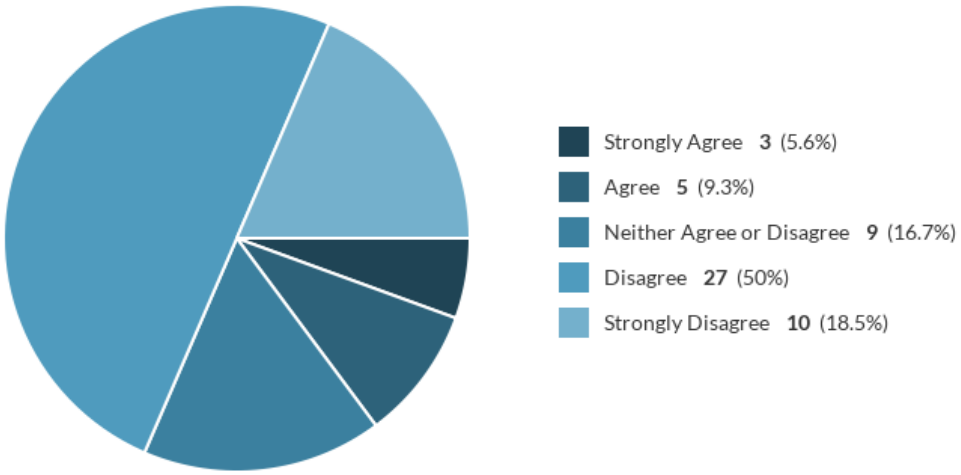
Overall there was a strong degree of connection with the people and their stories in the resource and therefore it would seem that the stated purpose of this was largely met.

10. The people in the case vignettes are like people I might meet



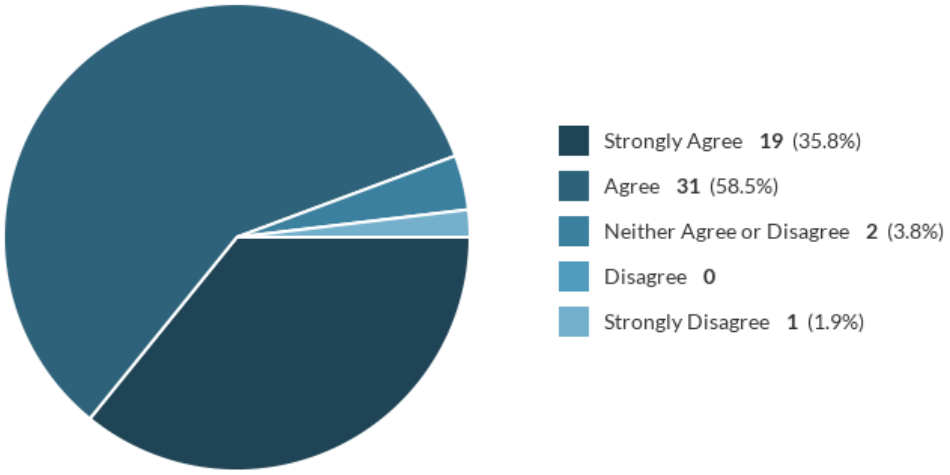
This finding indicates that the case vignettes, people and their stories were reality based and as an important aspect of this type of e-learning supports the content and format of the resource.

11. I am concerned about the lasting impact the resource might have on me or others



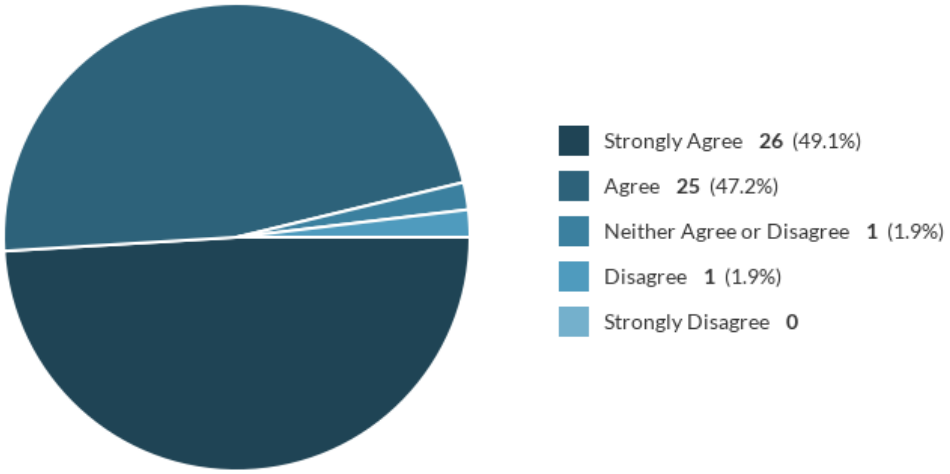
There are a proportion of respondents for whom this is a concern and this must be addressed as discussed in section 5 of this report.

12. The resource is easy to navigate and use



This finding supports that above with regard to logical and flow of the resource, as such it can be determined that for the vast majority of people the resource was user friendly.

13. I would recommend this e-Learning resource to others



The resource was experienced by the vast majority of respondents (96%) as beneficial and they would recommend it to others.

Survey Free Text responses:

22 participants offered comments, and which have been subject to thematic analysis (Braun & Clarke, 2006) as follows;

Table 3- Thematic Analysis

Phases of thematic analysis	**Description of the process**
Familiarise with the data	Reading and categorising of data under the 3 areas of; Impact, organisational/resource issues and fit for purpose
Generate initial codes	Codes were- positive comments, negative comments and suggestions
Search for themes	Coded data categorised in each potential theme.
Review themes	Thematic map generated
Define and name themes	Clear themes generated
Produce the report	Extract examples to illustrate the themes

Thematic analysis – Free Text Responses:

- Impact on the learner

The resource was described as fantastic, an excellent package, well structured and interactive. It was deemed powerful and reiterated that suicide is everybody's business. Completion prompted tangible action in connecting with others and the feeling that one could intervene. There was some concern about completing the resource in isolation due to worries about wellbeing.

- Organisational & resource Issues

Easy to use on a laptop, needs to be mobile friendly and is quite lengthy which may be off putting and some technical issues-continual looping. Suggestions include voiceover on some sections to help with different learning styles. Additional information on awareness raising beyond face-to-face such as over the telephone. Being able to complete the resource in stages due to busy schedules, have it save completion to date rather than having to start

again at the beginning. Move “loading” to one corner rather than the middle of the screen because it was distracting. Subtitles would make it more accessible.

- Fit for purpose

The videos were well created, digestible and delivered in a realistic way. The content was clear and respectful. It was a relaxed experience rather than pressured. Shaun's story was excellent. Bob's story was quite tedious as the first video was needlessly a bit long.

4.2 Qualitative Method- Telephone Interviews

Having completed the suicide prevention-learning resource and online survey telephone interviews were then undertaken with those who consented to do so and informed Dr Shelly Allen via email of their willingness to participate in this aspect of the evaluation. The process described Table 3 was repeated.

- Impact on the learner

This was highly positive whilst also acknowledging a potential need to be supported whilst completing the resource. This was developed further with respondents acknowledging the risk of materials which deal with sensitive subjects and how they may impact on the participants whilst also contrasting this with the idea that to avoid it would be unhelpful. Safety caveats were felt to be important to enable an appreciation of what is to come and signposting users to appropriate sources of support on completion of the resource, using the example of what TV companies do to illustrate this.

For those who felt experienced in suicide prevention the resource enabled confirmation that what they are doing is the right thing whilst also acknowledging how useful it would be to those less experienced.

The resource was felt to be a relaxed learning experience and the use of appropriate language was mentioned here, it was helpful it was to have this included in the resource, it was felt to be thought provoking.

The “bluntness” of content was seen as advantageous rather than taking a “soft” approach which was not seen as being effective in getting the point across in a meaningful way. The

message that you do not have to be an expert to intervene in a meaningful way and potentially save a life was delivered effectively.

- Organisational & resource Issues

The resource was seen to fit with existing methods and delivery of learning in the organisations who participated in the evaluation.

Areas to consider further included moving “loading” to one corner rather than the middle of the screen due it being a distraction. Making the resource more mobile friendly with a touch screen to enhance the resource and enable movement through the modules in stages. It was felt important to audit the resource to make sure it was being accessed and having a positive effect.

- Fit for purpose

The resource was regarded as a good introduction and the use of video suitable in terms of learning style. The e-learning package was regarded as being useful within a suite of resources some of which would need to be more detailed and specific.

It was felt to be user friendly, (whist acknowledging the issues above regarding mobile access) thought provoking and informative. Many respondents felt there was nothing missing from the resource whilst others commented that they would like to see more information concerning a crisis situation and to have suggested questions which could help open the issue up between people.

The guidance offered on the use of language was seen as helpful as was demographic underpinning to the videos although it was highlighted that young people were not reflected in the resource and that was felt to be an area that could be considered further. Despite this the videos were felt to be realistic, the range of stories and characters made it feel less artificial. There was mention of the vignette situated in the factory and the opinion that this was stereotypical and as such, might be off putting to some; however this particular story was also noted by another respondent as a strong vignette.

The need to refresh the resources every 2-3 years to make sure the facts and figures remain current, supported by an annual check was suggested.

Online training suited current systems across organisations for training delivery and it was remarked that where an organisation takes the stance that “suicide is everybody’s business” the resource fitted well with this.

5. Discussion

The online survey and thematic analysis are closely aligned and the discussion will be organised using the project objectives as follows:

1. To understand the impact on the learner of this style of learning

The resource was seen to enhance understanding of suicide prevention and which links to the literature (Albright et al, 2016: Bartgis & Albright, 2016; Ghoncheh et al, 2016) and impression of knowledge and skill acquisition following completion of the resource. That said, it cannot be determined is if this would be sustained over time (Gryglewicz et al,2017; Magruder et al, 2015) or translate into actual action should a situation warrant it, this was also identified by Gryglewicz et al (2017).

The resource contributed to an understanding of the reasons why people become suicidal and in the context of confidence and competence building it was viewed positively even for those who already felt confident and competent, this finding is also supported by the existing evidence base as discussed previously in the literature review.

Whilst follow up at 3 month post training showed promise (Albright,et al, 2016; Bartigis & Albright, 2016; de Beurs, et al, 2015; Ghoncheh et al, 2016) concerns about the lasting impression of the resource need further attention and include the need for an appropriate level and accessibility to support should participants need it (Gryglewicz et al (2017). This was reflected in the findings from this study and is pursued further in section 5.2 as follows. Overall satisfaction with the resource was convincing and mirrored the finding by Gryglewicz et al (2017) in their study.

2. To understand from Service managers / Learning & Development leads how they will use the resource / as part of a workforce development approach in this arena.

One of the strengths of the resource is that it fits with existing learning delivery systems and is delivered in a familiar format as noted by participants representing the range of organisations discussed previously in the recruitment section and supported by the literature included in this study (Bartegis & Albright, 2016; Gryglewicz et al (2017).

The resource was deemed easy to use and accessible and its format and delivery are supported by the literature previously discussed in this respect (de Beurs et al, 2015; Bartegis & Albright, 2016; Ghonech et al, 2016; Magruder, et al, 2015). However, there were some findings from the evaluation that could help to enhance this further. These centre on functionality and mobility of the resource and whilst some of the feedback may have been due to participant IT issues, which cannot be militated against in the resource as such, there are also issues to be considered further and which are presented as recommendations to follow.

3. To understand from services that support people with lived experience if the resource is fit for purpose.

In this respect the resource is supported by the existing evidence base as discussed in the literature review. This is also evidenced in the qualitative data where the stories portrayed in the video were noted to be realistic, engaging and thought provoking. Overall the evaluation demonstrated that participants felt a connection with the people in the stories, they cared about them and felt them to be a realistic portrayal of people they may come into contact with. The e-learning package was regarded as being useful within a suite of resources some of which would need to be more detailed and specific in keeping with the learner's needs (de Beurs et al (2015) and Smith et al, 2014).

Some stories resonated better with some than others but this was not consistent in terms of any one case vignette. Therefore it may be reasonable to suggest this is confounding and cannot be mitigated against because it is related to personal preference rather than the content and delivery of the resource.

5.1 Limitations

1. The qualitative information generated from the telephone interviews should be considered with caution given this related to 6 participants. However, it does reflect the free text information generated by 22 respondent in the online survey and so may be interpreted in this context.

2. The number of people who agreed to a telephone interview and who identified as supporting those with lived experiences was minimal and therefore impacts on confidence in the findings. However, it is pertinent to note that the task and finish group had clear representation and as such the development of the resource was subject to support and guidance in this respect.
3. As discussed in the literature review, participants in this study self-selected and this may therefore impact on willingness to engage and overall impression of the resource.

5.2 Recommendations

Whilst keeping the limitations discussed above in mind, this initial evaluation remains useful in ascertaining how it was experienced by participants. As such the project aims can be seen to be fulfilled. However, to really evaluate its use there would need to be a more comprehensive project which sought to evaluate the actual changes following completion of the resource. This would focus on actions taken in the prevention of suicide and would be evaluated pre and post learning in order to make inferences with regard to the impact of the e-learning suicide prevention resource. Whilst this was not an aim of this initial evaluation, completion of this study has identified a gap in the existing evidence base and if this recommendation was to be implemented, it would contribute to addressing this gap in the existing evidence base as discussed in the literature review.

The balance between accessibility of e-learning and the need for support where the target subject is sensitive such as suicide prevention was not fully resolved in the literature review. As gleaned from the findings in this initial evaluation it may be prudent for the e-learning suicide resource to be disseminated with a caveat at the start which prepares participants, urges concurrent support if needed whilst completing the learning and which concludes with signposting to further resources as required. It may also be reasonable to suggest consideration of an online presence for support. Clearly this has resource implications but could involve key personnel in the organisations where the e-learning resource is being implemented and who already have this function as part of their primary task. This is

particularly important in acknowledging that suicide can impact on anyone and being a participant in the e-learning resource does not exempt them from feeling suicidal.

The possibility of being able to complete the resource in stages and to resume at that point rather than having to start at the beginning would support the findings in this study and the literature review concerning busy schedules and accessibility of e-learning training. To add to this point, the resource can be completed in stages and progress saved if accessed via an organisation's e-learning platform. However, this functionality is not possible on the publicly accessible site where no user log-in is required. This is a trade-off between ease of accessibility and enhanced functionality which would need resolution before implementation of this recommendation.

The development of the e-learning suicide prevention resource was evidence based, however it seems for some participants the lack of focus on young people was contrary to their expectations and may be an important consideration in user engagement with the material.

Sustainability of the resource was linked to the suggestion of an annual check and 2-3-year refresh to ensure it remains fit for purpose and current. It may also be reasonable to consider the positioning of messages such as "loading" to minimise potential distraction.

Accessibility of the resource was considered in relation to mobile applications and as a related issue adding subtitles would give even further reach. The inclusion of voiceovers to present facts and figures could be considered, as discussed in the findings, to appeal across different learning styles.

As discussed previously the resource does not currently require a log on the reason being to make it as accessible as possible. This has implications on audit of its use, however a local strategy could be implemented at an organisational level to capture this information.

These recommendations take account of the limitations and findings from the study. They derive from the discussion and conclude this initial evaluation of the suicide prevention e-learning resource which has been undertaken to meet the project objectives set by HEE-NW.

6. References

Albright, G., Davidson, J., Goldman, R., Shockley K., & Timmons-Mitchell, J. (2016). Development and Validation of the Gatekeeper Behaviour Scale. Crisis, 37(4), 271-280.

Aveyard, H. (2014). Doing A Literture Review in Health and Social Care (3rd Ed). Maidenhead, Berkshire. Open University Press.

Bartigis, J., & Albright, G. (2016). Online Role Play Simulations With Emotionally Responsive Avatars For the Detection of Native Youth Psychological Distress, Including Depression And Suicidal Ideation. American Indian and Alaska Native Mental Health Research, Volume 23, issue 2.

Braun, V and Clarke, V. (2006). Using thematic analysis in psychology. Qualitative Research in Psychology, 3 (2), 77-101.

de Beurs,D., Groot, M., de Keijser,J., Mokkenstorm, J., van Duijn,E., de Winter, R., & Kerkhof, A. (2015). The effect of an e-learning supported Train-the –Trainer programme on implementation of suicide guidelines in mental health care. Journal of Affective Disorders, 175, 446-453.

Ghoncheh, R., Gould, M., Twisk, J., Kerhof,A., & Koot, M. (2016). Efficacy of Adolescent Suicide Prevention E-Learning Modules for Gatekeepers: A Randomized Controlled Trial. JMIR Mental Health, 3(1).

Gryglewicz, K., Chen, J., Romero, G., Karver, M., & Witmeier, M. (2017). Online Suicide Risk Assessment and Management Training. Crisis, 38(3), 186-194.

Magruder, K., York, J., Knapp, R., Yeager, D., Marshall, E., & DeSantis, M. (2015). RCT evaluating provider outcomes by suicide prevention training modality: in-person vs e-learning. The Journal of Mental Health Training, Education and Practice. Vol 10 No 4, 207-217.

Men's Health Forum. How to Make Mental Health Services work for Men. *Accessed at*

(https://www.menshealthforum.org.uk/sites/default/files/pdf/how_to_mh_v4.1_lrweb_0.pdf.

Samaritans. Suicide Facts and Figures. A*ccessed at*

https://www.samaritans.org/sites/default/files/suicide_statistics_report_final_dec.pdf)

Samaritans . Rail Industry Suicide Prevention Programme. A*ccessed at*

(https://www.samaritans.org/corporate/rail-industry-suicide-prevention-programme

Smith, A., Silva, C., Covington, D., & Joiner, T. (2014). An Assessment of Suicide-Related Knowledge and Skills Among Health Professionals. Health Psychology, Vol 33, No 2.

Yonemoto,N., Kawashim,Y., Endo, K., & Yamada, M. (2019). Gatekeeper Training for suicidal behaviours: A systematic review. Journal of Affective Disorders, 246, 506-514.

7.Appendix i

An Initial Evaluation of the Suicide Prevention Education Resource

Dr Shelly Allen-The University of Salford & Garth Haley-Hyperfine Media

Telephone Interview Pro Forma

Telephone Interview number _____

Instructions

- Introduce self and check the participant information sheet has been read and understood (have a copy of this during the telephone interview)
- Invite any questions or queries & resolve these
- Read out the consent form (a copy of this is needed during the telephone interview) an answer of yes to each question will denote that informed consent has been given.

1. Please check if the participant is a member of staff/volunteer who provides support to people with lived experiences (extra questions 5-6) or a Service Manager/Learning and development Lead (Extra questions 7-10)
2. All participants will be asked Questions 1-4

Discussion points - All **Having confirmed informed consent to be interviewed.**
1. Are there any gaps in the e-learning resource? if so please give examples *Please enter the participants response* 2. What improvements could increase the effectiveness of the e-learning resource? *Please enter the participants response* 3. What is your lasting impression of the resource *Please enter the participants response* 4. How happy would you be to encourage others to use the resource? *Please enter the participants response*

Additional discussion points - Staff who provide support to people with lived experiences
5. How realistic are the case vignette *Please enter the participants response* 6. Are the stories likely to impact negatively on participants? *Please enter the participants response*

Additional discussion points - Service Managers L/D Leads
7. Does the content and format of the suicide prevention e-learning resource meet your organisations needs? *Please enter the participants response* 8. Is the e-learning resource consistent with the stated aims and objectives of your organisation for suicide prevention? *Please enter the participants response* 9. Do current systems in your organisation support access to the learning resource for participants? *Please enter the participants response* 10. Are there any changes that could support the sustainability of the resource in your organisation? *Please enter the participants response*

- To conclude the telephone interview please thank the respondent, check well-being and reiterate the opportunity for support should it be required as on the Participant Information sheet –
    - please access student support /Personal Tutor or staff support service/ Line manager.
    - You may also wish to contact Samaritans or in a crisis situation, mental health services based at your local Accident & Emergency department.

- **As a point of information The Samaritans can be contacted by freephone telephone number on 116 123 (UK)**