



An evaluation of the NO MORE Suicide Community Training

Final Report
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About the Champs Intelligence & Evidence Service

Champs is a Public Health Collaborative covering Cheshire and Merseyside (C&M). This work was conducted under the remit of the Champs Intelligence & Evidence Service. Commissioned by the Cheshire and Merseyside (C&M) Directors of Public Health, the service aims to provide high quality research in response to collaborative priorities across the nine local authority public health teams in C&M.

Matthew Ashton, Director of Public Health and Head of Health & Wellbeing, Sefton Council, leads the Public Health Intelligence Network with support from Sharon McAteer (Halton), Adam Major (Wirral), and the wider network. Their role in the Intelligence & Evidence Service involves setting the work programme, providing strategic direction and facilitating collaborative links between the Champs Public Health Collaborative, the Public Health Institute, LJMU and the wider public health community. They also contribute to editing and final approval of reports.

About this report

This report is an evaluation of the two-day NO MORE Suicide Community Train the Trainer (TtT) course that was delivered by Wirral Mind across C&M, and the half-day session on basic suicide prevention. A steering group was established to inform the evaluation and to develop recommendations. Steering group members were: Rachel Gilbert, (Training Manager, Wirral Mind), Caroline Jenkins (Health Promotion Project Coordinator, Public Health Team, Warrington Borough Council), Pat Nicholl (Suicide Prevention Co-ordinator for Champs Public Health Collaborative [Project Lead]), and Sheila Woolstencroft, (Health Improvement Manager, Adult Social Care and Health, Cheshire East Council).

A separate review of the Self-Harm and Suicide Prevention Training Offer across Cheshire and Merseyside is also being conducted by LJMU, and is due to be completed in December 2019.

Acknowledgements

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Summary

This study is an evaluation of the NO MORE Suicide Community Training, which comprises a Train the Trainer (TtT) course developed and delivered by Wirral Mind. The TtT course prepares participants to go on and deliver half-day sessions on basic suicide prevention.

The report includes an overview of the number of NO MORE Suicide Community Training sessions that were delivered across Cheshire and Merseyside, along with findings from evaluation forms that TtT participants completed immediately after the course. It includes key findings from interviews that were carried out with stakeholders in eight local authority areas (Cheshire East, Halton, Knowsley, Liverpool, Sefton, St Helens, Warrington and Wirral), as well as with trainers from Wirral Mind who carried out the initial training, and with the Champs Suicide Prevention lead.

Findings are also presented from an online survey that was distributed to participants who attended the Wirral Mind TtT course between January 2017 and July 2019. A total of 29 participants completed the online survey.

Survey participants were also asked if they would like to take part in a telephone interview about their experiences of taking part in the training. Five participants were interviewed, and interview findings are presented in this report. Participants who took part in the interviews were asked if they would be able to circulate an online survey to people who they went on to train. Two trainers agreed to circulate the survey to people who attended the half-day session on basic suicide prevention. A total of 72 people completed the survey between 5th December 2019 and 12th December 2019.

Themes that emerged from the interviews with key stakeholders, interviews with TtT participants, and from the surveys with TtT participants were similar. Overall, survey and interview participants felt that the course gave participants valuable knowledge and skills in suicide prevention, and the online survey suggested that most participants had gone on to deliver the half-day session on basic suicide prevention. Where participants had not gone on to deliver any half-day sessions, reasons for this included some participants' lack of training experience and lack of time, as well as turnover of trainers.

Suggestions for additional support identified in the online survey for TtT participants included help with information and preparation of course materials, and more peer support/mentoring, which again were issues that were also identified in the stakeholder and participant interviews.

Participants who attended the half-day session on basic suicide prevention, and completed the online survey, again felt that the course provided them with valuable knowledge and skills in suicide prevention. Although not all had recently come across a situation in which they could use the skills acquired, the majority were confident about doing so if the opportunity arose.

Introduction

The national context

Suicide is preventable, yet in England 13 people kill themselves every day, one person every 90 minutes in the UK (Champs, 2017). In 2018, there were 5,021 suicides registered in England, with 15.9 deaths per 100,000 population for men and 4.9 per 100,000 for women. This is 12% higher than in 2017 (ONS, 2019; Samaritans). Rates in Cheshire and Merseyside are similar to the national average, and yet within the region, some areas have the highest rates in the country.

Before 2012, suicide prevention initiatives in England centred on health policy. In 2012, a new National Suicide Prevention Strategy was established, with a 'cross-government' programme encompassing commitments across Government departments (House of Commons, 2019). A series of progress reports followed, the fourth of which was published in January 2019, entitled '*Preventing suicide in England: fourth progress report of the cross-government outcomes strategy to save lives*' (HM Government, 2019).

The local context

In Cheshire and Merseyside, the Champs Public Health Collaborative coordinates the joint actions to prevent suicide through the NO MORE Suicide Strategy (2015-2020). In 2017, the strategy was updated with a renewed focus on inequalities, men, children and young people, self-harm and safer care. A recent national competency framework for self-harm and suicide prevention is a useful supporting document. It includes a focus on identifying groups of people who might have difficulties accessing support or care for self-harm or suicidal thoughts, such as people from the traveller community or asylum seekers (National Collaborating Centre for Mental Health, 2018).

The Cheshire and Merseyside Strategy and details can be found at www.no-more.co.uk. The vision for suicide prevention in Cheshire and Merseyside is as follows:

"A region where suicides are eliminated, where people do not consider suicide as a solution to the difficulties they face. A region that supports people at a time of personal crisis and builds individual and community resilience for improved lives."

Champs state that the ambition of reaching zero suicides for Cheshire & Merseyside will be arrived at by attaining the following four outcomes: (1) a suicide safer community; (2) suicide safer care; (3) support after suicide; and (4) an integrated suicide prevention network (Champs, 2017).

Working towards the aspiration for a **safer suicide community** includes the delivery of suicide prevention training, which helps the frontline workforce, volunteers and champions to identify and understand the signs that someone may be having suicidal thoughts and feelings (Champs, 2017). Training can provide guidance on

how a conversation can be opened up with them. It may also increase knowledge of which services and organisations are available to signpost people to, in order for them to access and get the best support for their needs.

About this study

This study is an evaluation of the **NO MORE Suicide Community Training**, which comprises a Train the Trainer (TtT) course co-developed and delivered by Wirral Mind. The TtT course prepares participants to go on and deliver half-day sessions on basic suicide prevention to the frontline workforce.

Our evaluation examined the impact of this Community Training programme on the everyday practice of the trainer/practitioner, and (where feasible) their organisation and their clients.

The objectives of the study were to:

- i. Gain an insight into how sustainable the delivery approach is for the trainers/practitioners and their organisations through the 'in-kind' approach of the TtT course;
- ii. To look at what support or networking trainers/practitioners would be interested in; and
- iii. To make recommendations to improve the Community Training offer where necessary.

Methods

We carried out this evaluation between September and December 2019. We used the following evaluation methods to engage with three distinct groups of stakeholders:

Wider stakeholders

- Interviews were carried out with: Suicide Prevention Leads in Cheshire East, Halton, Knowsley, Liverpool, Sefton, St. Helens, Warrington and Wirral; trainers from Wirral Mind; and the Champs Suicide Prevention Co-ordinator.

Wirral Mind TtT course participants

- Analysis of course evaluation forms for 128 participants (January 2017 to July 2019).
- Online survey distributed to 142 participants; 29 responses received.
- Interviews with 5 participants.

Half-day basic suicide prevention session participants

- Online survey distributed by two TtT course participants; 72 responses received.

Overview of suicide community training provision

Introduction

Suicide community training provision has increased across Cheshire and Merseyside since the launch of the NO MORE Suicide Strategy in 2015. At present, the NO MORE Suicide community training framework directs the workforce to training resources and modules appropriate to them.

Alongside the renewal of the NO MORE Suicide Strategy in 2017, Champs co-developed a NO MORE Suicide Community Training module with Wirral Mind, which was designed and delivered as a train the trainer (TtT) course. Following attendance on the TtT course, participants received support from the public health team in their local authority to deliver half-day sessions on basic suicide prevention to a relevant frontline workforce.

Each local authority area implemented the TtT model in accordance with their established practice on basic suicide prevention as discussed in more detail below.

Participation in the Wirral Mind Train the Trainer course

Champs funded three TtT courses in total, which were attended by 39 participants from across Cheshire and Merseyside local authorities¹ as shown in Table 1 below. All local authority areas had attendees on the three TtT courses. However, across the local authority areas the TtT model was utilised in different ways to support community training on suicide prevention. This is discussed further below.

As also shown in Table 1, Wirral Mind delivered eight additional TtT courses to a further 103 participants. These were funded directly by the local authorities² and included courses for Wirral Borough Council (1 session), Liverpool City Council (5 sessions), Sefton Council (1 session) and Cheshire West & Chester Council (1 session).

In total, 142 participants attended the series of two-day TtT courses delivered by Wirral Mind between January 2017 and July 2019.

¹ These sessions were delivered on 19-20 January 2017 (n=9 participants), 22-23 February 2017 (n=17 participants) and 26-27 April 2017 (n=13 participants).

² These courses were held on 27-28 Nov 2017 (n=12 participants), 24– 25 Jan 2018 (n=15 participants), 31/01/2018 – 01/02/2018 (n=8 participants), 21– 22 Feb 18 (n=15 participants), 28/02/2018 – 01/03/2018 (n=12 participants), 14/03/2018 - 15/03/2018 (n=12 participants), 18/09/2019 – 19/09/2019 (n=15 participants), 11/07/2019 – 12/07/2019 (n=14 participants),

Table 1. Uptake of NO MORE Suicide Community Training (Jan 17 to Jul 19)

Local authority	Train the Trainer course		Half-day sessions	
	No. attendees 3x Champs funded courses	No. additional courses funded by LAs (no. attendees)	No. sessions delivered ^a	No. receiving training
Cheshire East	4	None	52	462
Cheshire West & Chester	4	1 (14) ^b	10 ^c	117
Halton	5	None ^d	48	786
Knowsley	3	None	10 ^e	255
Liverpool	6	5 (62)	18	763
St Helens	4	None ^d	33	184
Sefton	3	1 (15)	10	150
Warrington	3	None ^d	35	479
Wirral	7	1 (12)	45	446
Total	39	8 (103)	261	3,622
Total no. attending TtT courses	142			

^a Suicide Prevention leads in each local authority reported the number of half-day sessions on basic suicide prevention delivered between 1 Apr 2017 and 31 Mar 2019.

^b Delivered in July 2019.

^c Delivered between Sep-Dec 2019.

^d TtT model partially used alongside established delivery of the half-day sessions.

^e Council and Children's Safeguarding Board staff delivered half-day sessions.

Suicide community training by local authority

Areas that fully implemented the TtT model

Full implementation of the TtT model refers to the practice of using trainers who had attended the Wirral Mind TtT course to solely deliver the half-day sessions on basic suicide prevention. Five of the Cheshire and Merseyside local authority areas (Cheshire East, Liverpool, Sefton, and Wirral) had fully implemented the TtT model in this way.

Cheshire East

The half-day sessions were delivered to multiple different organisations and services within the council, including community centres, libraries, youth support service, mental health teams and school staff.

Liverpool

The half-day sessions were delivered to staff from a range of public, private and third sector organisations, including the Department for Work and Pensions, Liverpool City Council, Liverpool John Moores University, and Merseyside Fire and Rescue Service.

Sefton

The half-day sessions were delivered to front line council officers, libraries staff, police officers, social care staff, foster carers, and community and voluntary sector organisations.

Wirral

The half-day sessions were delivered to staff in a range of organisations, including statutory and voluntary organisations.

Areas that partially implemented the TtT model

Partial implementation of the TtT model refers to the practice of using trainers who had attended the Wirral Mind TtT course to deliver previously established training practice. Three areas (Halton, St. Helens and Warrington) used this model of partial implementation to support the established delivery of basic suicide prevention.

Warrington

Delivery of half-day basic suicide prevention sessions was established in Warrington before the development of the Wirral Mind TtT course. A process was already in place for skilling up new trainers, which required them to co-deliver sessions with a more experienced trainer. Warrington participants on the Wirral Mind TtT course delivered all went on to co-deliver half-day sessions on basic suicide prevention. Three sessions were delivered solely by people who attended the Wirral Mind TtT training.

The half-day basic suicide prevention sessions were delivered to staff and volunteers from a wide range of statutory and voluntary organisations, which included Warrington Borough Council, Children's Centres, National Probation Service, Cheshire Youth Justice Service, Cheshire Police, Job Centre Plus, youth organisations; organisations supporting military veterans and those providing support with housing; education providers; and health care organisations.

Halton

Prior to development of the Wirral Mind TtT course, suicide awareness training was already established in Halton, and branding had been developed to support the training. Halton therefore continued to use the established training and TtT participants contributed to its delivery. The training has been targeted towards staff

in a range of organisations, including Halton Borough Council, Halton Carers, Citizens Advice Bureau, Cheshire police, and Wellbeing Enterprises.

St. Helens

Suicide awareness training (Applied Suicide Knowledge [ASK] training) had already been established in St. Helens prior to delivery of the Wirral Mind TtT course. TtT course participants therefore contributed to the established training. Resources had also been developed to support the training (including a Z-card providing information on signposting and local resources). Therefore, the local authority continued to use the established training.

Half-day sessions have been delivered to a range of community, statutory and voluntary organisations, including the YMCA, Salvation Army, housing providers, Youth Service and schools. Numbers were lower in 2019 due to staffing issues and the fact that large numbers of people accessed an alternative form of training (Zero Suicide Alliance training).

Areas that didn't implement a TtT model

Knowsley

None of the trainers from Knowsley who attended Wirral Mind's TtT course went on to deliver sessions on basic suicide prevention. Reasons for this included a turnover of trainers, lack of time, lack of managerial support, and both a lack of confidence (and experience) in providing training. These barriers to delivery are explored in more detail on p14 of the report.

Basic suicide prevention sessions in Knowsley were delivered by the council and the Children's Safeguarding Board. Sessions were delivered to a range of organisations including front line staff working with vulnerable adults and children, housing associations, youth service, social care, debt advice agencies and the One-Stop Shop.

Wirral Mind TtT course evaluation

In total, 128 TtT course evaluation forms were available for analysis. The majority of participants (86.7%) agreed that the training had met their learning needs. All but one agreed that their level of knowledge after training was good. Overall, participants reported an improvement in confidence. Before training, just over half (53.9%) rated their level of confidence as 'limited or low' (Figure 1). After training, almost all participants rated their confidence as good (97.7%; with 70.3% reporting 'very good' confidence levels).

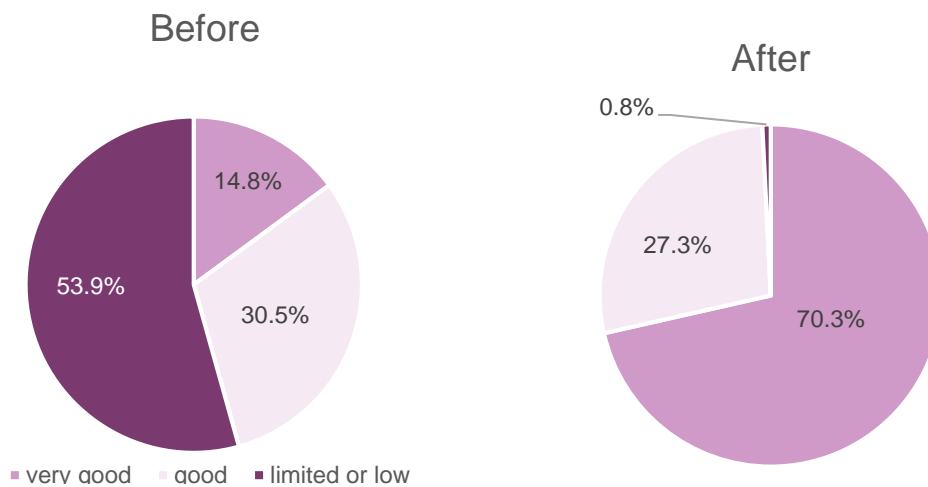


Figure 1. Confidence levels before and after the training [n=128]

Most participants (84.4%) thought the length of the course was just right, with only 11% reporting that it was too long and 4% that it was too short. Almost all participants (93.8%) would recommend the course to a colleague. All except one participant gave the training an overall rating of either 'very good' (69.5%) or 'good' (39.7%). The vast majority of participants rated the trainer positively, as shown in Figure 2.

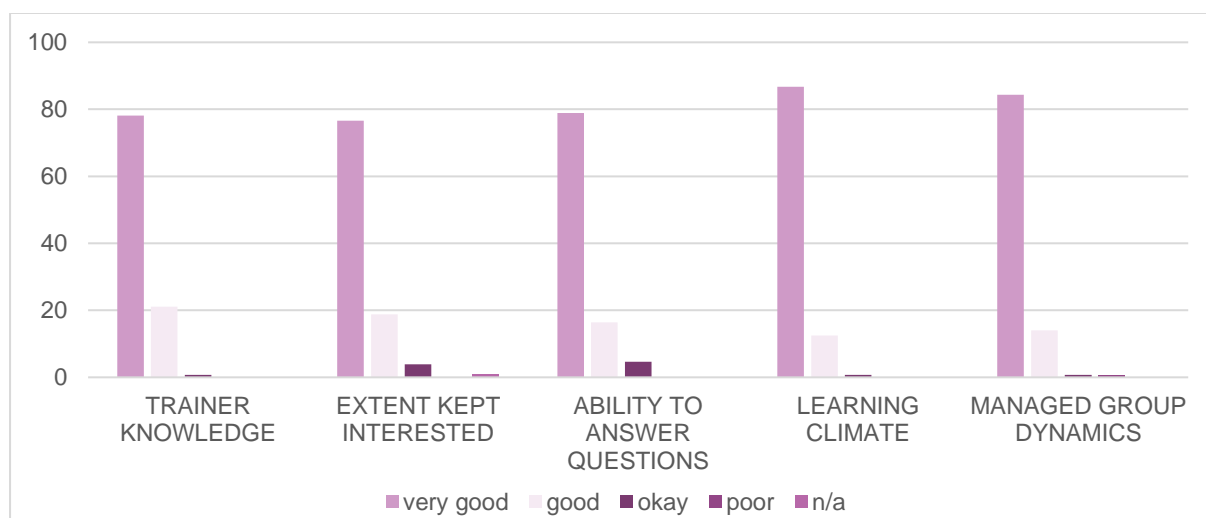


Figure 2. Trainer ratings [n=128]

Interviews with key stakeholders

Strengths of the Train the Trainer course

Suicide Prevention leads believed that the Train the Trainer course provided participants with valuable knowledge and skills in suicide prevention. Leads felt that the course was well organised and delivered by Wirral Mind. Feedback to the leads from participants had also been very positive. That the course was free was also seen as appealing, especially when other suicide prevention courses were often quite expensive to attend. Cost was a barrier to participation in other suicide prevention training. Several of the leads who were interviewed felt that the course had also raised the profile of suicide prevention, and that more conversations about suicide prevention were now taking place.

“More conversations [are] being had around this agenda now. There weren’t at first – 3 or 4 years ago it was very much we don’t talk about it, whereas now people are having conversations, I think that’s a massive impact of that, and also conversations with the family, they’re taking it outside, so say we’ve done it in the workplace, they’re taking it outside of there to discuss.”

“The Train the Trainer (course) definitely raised the profile of suicide prevention, because it was a really specific training offer that probably some people either hadn’t considered before, or they hadn’t thought that much about are my staff dealing with people at risk of suicide.”

“Some of the feedback that we are getting is that people are spotting when people are struggling more, they’re feeling more confident to ask about that, and actually ask if they’re having suicidal thoughts and suicidal feelings, it’s becoming more of a regular conversation and embedded into their work.”

Strengths of the half-day sessions on basic suicide prevention

The Suicide Prevention leads who were interviewed felt that the half-day sessions on basic suicide prevention had been successful in increasing confidence among frontline staff to be able to talk to their clients about suicide, and to be able to signpost them to appropriate sources of support where necessary.

“From the feedback that I’ve heard, it’s the confidence to ask direct questions to people who are in distress that’s the biggest barrier to people taking on looking after individuals in distress. ...it’s a

confidence issue that prevents people from intervening when individuals are distressed. To get the message across that suicide prevention is everybody's business, it's been really successful."

"So for example we did it with our benefits team, and at first they were saying why do we need to do this...And then what came out of the evaluation was they were very thankful because lots of people had had their benefit cut, and with the benefit cap, were actually threatening to kill themselves, and they know how to deal with it now..."

Some Suicide Prevention leads said that the half-day session on basic suicide prevention was beneficial as the half-day format gave participants a chance to meet other delegates and to practice the new skills that they were learning, and to learn from others.

Barriers and challenges to delivering the half-day sessions on basic suicide prevention

Barriers to people who had completed the TtT course going on to deliver the half-day session on basic suicide prevention included turnover of trainers, and trainers' lack of time, and in some cases, confidence or lack of training experience, to deliver the training.

Turnover of trainers

The majority of Suicide Prevention leads said that turnover of trainers was a key reason why trainers did not go on to deliver the half-day session. Capacity was also an issue, as they did not have enough trainers to meet demand. Several Suicide Prevention leads said that changes that were happening both within local councils, and within the community and voluntary sector, contributed to this high turnover of trainers. Several Suicide Prevention leads said that completing the course could boost the employment prospects of trainers, which in some cases made them more likely to move on from their posts and take up employment elsewhere.

Lack of time to deliver the half-day sessions

Most Suicide Prevention leads said that lack of time, or conflict with the participants' day job, was a barrier to them going on to deliver the half-day session, especially when training wasn't their main role. Although participants had to sign an agreement (countersigned by their manager, that by attending the TtT course they would deliver at least 4 sessions to 10 people each, participants did not always subsequently have time to deliver the course. Further, in some cases, managers weren't able to authorise participants taking the time to deliver the half-day sessions and also instances where there was a lack of clear understanding among participants about the commitment that they were making.

“Although they’d signed a piece of paper [the agreement], there was no way for me to police it. People were taking on this responsibility on a voluntary basis, and their service priorities would also take precedence...”

“The difficulty has been is we’ve expected people to do it in addition to their day job, or in addition to their training responsibilities... Capacity has been an issue, so time availability has shrunk as well, there’s less people about in the community and voluntary sector.”

“I think part of it was the manager saying that you’ve got to prioritise doing the other stuff, but some of it was they couldn’t manage doing that as well as their day job.”

Lack of experience

Some people who attended the TtT course lacked training experience, which made it difficult for them to go on and deliver the half-day sessions. This was despite the fact that training experience was a desirable pre-requisite for attendance on the TtT course. Another factor that some leads identified as a barrier was that participants had a lack of confidence with going on to deliver training relating to suicide. Several Suicide Prevention leads felt that participants may have benefitted from extra support when they started delivering their training sessions, such as support during sessions from a more experienced trainer. Suicide prevention leads also mentioned the need for quality assurance in regards to delivery of the half-day session, suggesting that a more experienced trainer should observe new trainers’ delivery, and feedback should be provided to the trainer.

“I think a lot of people underestimated how difficult [the subject matter of suicide] is, and how sensitive it is, and how emotive it is for some people, and sensitivity and ability how to manage group dynamics when dealing with the subject ...there can be a lot of high emotion, it can be a really febrile atmosphere, and it can be very difficult to manage.”

“I think particularly if you’ve not had the experience in that area, or at least a bit of background of working with people and having those type of conversations with them. Because there wasn’t any follow up. You didn’t get the opportunity to go and shadow somebody, or to have somebody come in and sit with you when you were delivering it, so if that’s something you’ve never done before, particularly if you’ve never delivered training before, to then be delivering training around suicide awareness, and asking that question as well, that’s probably quite daunting.”

Other barriers and challenges

Other barriers to delivery included a lack of funding for participants' time to deliver the course, and lack of additional funding for course administration (including booking venues, recruiting to the course, and preparing course materials). Several Suicide Prevention leads said that printing out course materials had proved challenging.

We're a shrinking team, and when somebody leaves their work gets distributed among the people that are left, so the people that are left are accumulating a bigger and bigger workload... So just organising meetings and booking rooms – which aren't the most difficult of tasks, but they're time consuming."

"We've had to adapt it. Initially we did give out lots and lots of paperwork, and it's a lot... We found it easier to email things out, but we had resources there if people wanted them, but we didn't just give out a pack. We found it was easier logistically."

Barriers to delegates attending the half-day course

Suicide Prevention leads did not identify recruitment to the half-day sessions as a particular issue and noted that people were keen to access the half-day sessions. However, barriers to attending included that frontline staff did not always have capacity to take time away from their roles to attend the training. Whilst the majority of Suicide Prevention leads were happy with the sessions being half-day, a minority did comment however that this was a major commitment. Some leads felt that there was a need for different types of suicide prevention training to be available alongside the half-day sessions.

"...it's not always their priority. So for example if you try doing it with people in adult social care, you'd think they would need this and it would be very beneficial, however when the priorities such as safeguarding are there, those things come at the top of the list, so it's a capacity issue then as to when do staff get time to released etc."

"We're looking at things like the Zero Suicide Alliance training. That's a 20 minute online course developed by Mersey Care, completely free, completely available to anyone...and it goes to just the right level of detail. 20 minutes is easier to ask for than [a half-day]. But that said we do still have people who need the [half-day] one."

One lead said that they felt that they weren't able to adapt the course as it was owned by Wirral Mind, and the Champs Suicide Prevention Co-ordinator also felt that clarity of ownership of the training needed to be clearer;

“One thing was about clarity of ownership. We built on delivery that was happening in St Helens, Halton and in Warrington. But I think the transition to the new model being owned across the collaborative as NO MORE wasn't clear.”

Most and least highly rated parts of the half-day sessions

Several Suicide Prevention leads mentioned that the section on risk factors and protective factors often had good feedback. The role play had had mixed feedback, with leads reporting that many participants found it useful to practice having a conversation, whilst others were more reluctant to take part in role play;

“There's been mixed feedback about this. About a third of course participants don't like the role play, but in terms of practicing interviewing skills, enabling a person to talk about their feelings, that is one of the most important aspects. I understand how people have reservations about role play, but I think it's one of the important bits of the programme that shouldn't really be lost, because it's sheer practice of having a conversation.”

Whilst most Suicide Prevention leads reported that half-day sessions were often being delivered to groups of staff within the workplace, a minority of leads felt that courses worked best when they were delivered to groups of people from different workplaces, usually with a maximum of 3 people from each workplace.

Train the Trainer participant interviews

Five interviews were conducted with participants who completed TtT course (from now on referred to as 'trainers') between January 2017 and July 2019. Trainers held a wide variety of roles, including roles within local authorities and within the community and voluntary sector, including in the areas of emergency services and transport. The roles of four of the trainers already included a significant amount of training, prior to attending the course.

Whilst two trainers had delivered courses primarily within their own organisations, the other three participants had also delivered to outside organisations. The number of sessions that participants had delivered varied from one session to more than 200 sessions. Overall, participants said that they felt that the TtT course was comprehensive and provided them with a good level of knowledge and skills in suicide prevention.

Delivering the half-day sessions on basic suicide prevention

Most trainers reported that they usually delivered the half-day sessions within participants' workplaces, which had several advantages, including easier recruitment to the course, as recruitment would then be done within the workplace. In addition, some trainers felt that managers were more likely to release staff for training when it was held at their workplace. Some of the trainers also felt that 'closed' groups within workplaces worked better in terms of maintaining a safe training environment. However, trainers also noted that there were advantages to delivering training at central training suites, where they usually had access to IT equipment.

Other trainers felt that there were advantages to having more open groups from different workplaces. Reasons for this included group dynamics being easier to control where people didn't normally work together, and sometimes it wasn't possible for a large number of people from the same workplace to attend training at the same time. Several trainers expressed that recruiting to the course was quite easy, so meeting demand (which is discussed in more depth later in this section) was the bigger issue.

"I don't find too much of a problem with that, because what I tend to say is, rather than getting loads of organisations together, there'll be one organisation that very often will say we'd be really interested, and I always basically say you give me the room and the time, and you basically get the bums on seats, so it doesn't cost us anything to run it.."

"Suicide is one of those topics which will hit people, so that safety aspect is really important to get right. So I think closed groups is important, how you regulate people coming through those groups."

“It’s a popular course, it doesn’t take a lot of selling really.”

“I think as soon as you start talking about it, most organisations want to bite your hand off because it’s free, because their staff are very often facing those situations and they don’t know how to handle it.”

Challenges to delivering the half-day session on basic suicide prevention

Turnover of trainers

Turnover of trainers was identified as a challenge to delivery of the half-day sessions. As identified in the stakeholder interviews, people from the same local authority area who had attended the TtT course had moved on from their posts. This was often due to changes within the public and community and voluntary sectors, and led to difficulties in meeting demand for the half-day sessions. Trainers also discussed issues around finding time to deliver the half-day sessions as well as carrying out their main role.

“There was originally four of us... but out of those four there’s just the two of us who’ve done the delivery really, and now we’re down to one at the moment, just myself, so it’s not been ideal really.”

Need for extra support

Although a minority of trainers mentioned that they had had some support from the Public Health teams when embarking on delivering the training, especially when delivering the training to large cohorts of people, several trainers felt that booking venues and particularly preparing materials, could be time consuming, and felt that they would have benefitted with extra support with this. Most trainers identified a need for extra support following the course, possibly in the form of a further training day, or someone to come along and support them when they were delivering their first training session.

Several trainers also said that they felt they would have benefitted from being able to attend network groups of trainers, in order to share good practice, but this had not been available to all trainers. In Warrington, network meetings were offered for trainers, until most of them stepped down from delivering. The network meetings were quarterly, as decided by the trainers themselves. The meetings provided a chance for trainers to meet and discuss what was going well, what they found challenging and what additional support or information they needed. The mail addresses of the Warrington trainers were shared, so that they could contact each other (or the suicide prevention lead) for advice, information or peer support. Network support meetings were also offered on the Wirral.

In Cheshire East and St Helens, a network for the staff trained to deliver the suicide training was not available.

I've attended mental health first aid training and different training... what they've done is have a network group of the trainers, and they meet regularly to share good practice, to share new training links or e-learning... I think going forward that would be something that the trainers would benefit from – because I'm sure there's other good practice happening in the other areas that I could benefit from.

Several trainers had accessed support from other trainers in their local authority area on a more informal basis. Several trainers said that they had chosen to co-deliver the course. Another participant who had delivered a large number of sessions reported that she had informally offered to support other trainers who were just beginning to offer the half-day session in the same local authority area, by coming along and co-delivering their first sessions alongside them. Some trainers found that co-delivering with others from outside their organisation was particularly useful when answering any questions from participants, as they were able to provide answers from different perspectives. Some trainers who reported that they co-delivered also said that they felt it was useful to have two trainers present in case any of the delegates needed one to one support, as a result of discussing sensitive topics;

"I took a personal decision that actually it was a better plan to co-deliver... Occasionally we do have people who are affected. That allows one trainer to go and make sure that person's OK, and the other person can keep training and keep the other trainees on track, rather than worrying about the person who's left the room. They know that person's being looked after, and you know you can carry on... Even now as an experienced trainer, knowing the material inside out, if somebody leaves the room I don't want to feel they're unsupported."

Adapting the half-day session

Trainers reported that they sometimes tailored the course by using examples that were relevant to the groups that they were working with, and by adding more information about local services³. One participant said that they would have liked more information about the statistics that were presented, and which sources they were taken from. Several participants said that they or their organisation used other suicide prevention packages alongside the half-day session, including the Zero Suicide Alliance online training tool, as there was sometimes a need for shorter, or online, suicide prevention courses.

³ Train the Trainer participants are asked to add relevant suicide prevention organisations in their local authority area

“We don’t veer away from the basics, so the objectives and everything else are there, but a lot of what people are interested in is what available locally and that was my background – so I tend to find that the latter part of the session we’re talking about local organisations that can help people with lower level depression and anxiety.”

“We use the range of activities that was taught on the NO MORE Suicide, and we’ve introduced some other stuff, there’s another one called Zero Suicide Alliance, they have an online tool... (We) signpost people to that website.”

“Our course now is a blend of NO MORE Suicide and Zero Suicide.”

Further training needs and training needs for specific groups of staff

Staff working in emergency services

One participant who worked for the emergency service felt that, whilst the course might be useful for certain groups of their staff, for front-line staff such as police officers and police community support officers a joint approach should be taken, to provide enhanced training and support for emergency services staff, particularly staff from police services and ambulance services. This was because their involvement started once other staff had identified a need for more help. They felt that police call handlers who were also dealing with very difficult calls might also need this enhanced training. The emergency services participant also felt that (as identified in the stakeholder interviews) there was a potential gap in whether appropriate services were available to deal with suicide prevention support needs.

“It was a very entry level...It was very much a starting conversation which has its place without a doubt, but perhaps not what we need... they’re functioning at a level beyond that at the minute, and although it’s a useful revision, we’ve got to be adding more really.”

“What I need operationally from my officers is that they’re able to manage risk and provide an intervention. They do this day in day out with very limited knowledge, but I need to get more structure behind it, and that’s what they want as well, because some of them do feel quite overwhelmed by it sometimes, it’s a lot to ask if you haven’t got that training, certainly young in-service officers, more experienced you get used to doing it.”

“What I’m proposing and what I’m trying to get off the ground is whether the emergency services can come together and have joint

training across the board, certainly ourselves and the ambulance service..., backed by someone like Champs, certainly from a financial point of view as well, because that's the big sticking point with a lot of this work isn't it, the money behind it, but I think there's an absolute need and a business case to get this bit right."

"The reality is, depending on where we work, it's going to be a trip to A&E in a lot of cases, which often isn't appropriate."

Other areas where more support is needed

Other areas where participants said that they would like more input included information on the best way to support homeless clients with regards to suicide prevention, and also the best ways to support clients from the LGBT+ community. Two participants, working in emergency services and in transport services respectively, said that it would be useful if a tailored course was run for people who work in call centres, as their trainers needs might be slightly different to people who work face to face with clients.

".. We work with a homeless outreach team, and sometimes it's hard to get the information about how it's affecting the homeless community. We also work quite closely with some LGBT+, especially trans, where we know there's a high rate of suicide. You might get a report but you're not getting the information that you would have on a study day, so anything to do with that we would find extremely useful."

"One of the big things for call handlers- they manage a lot of very difficult calls, so perhaps they need a more advanced input than that. They're doing a Samaritans type role, but having to do something with the conversation as well, very challenging for them...."

One participant felt that there was a need for more Train the Trainer courses, in order to increase capacity of trainers. This trainer and their colleagues had originally had difficulty getting on to TtT course, and felt a broader range of people than it was originally advertised to would benefit from attending the course;

"...it was quite narrow, we had to fight to get on to it, why do transport people want to go on that, we thought well actually people do jump off the ferries and do jump from the buses...That was where we ended up getting on the training – so something like that might be useful for the future."

Impact on professional development

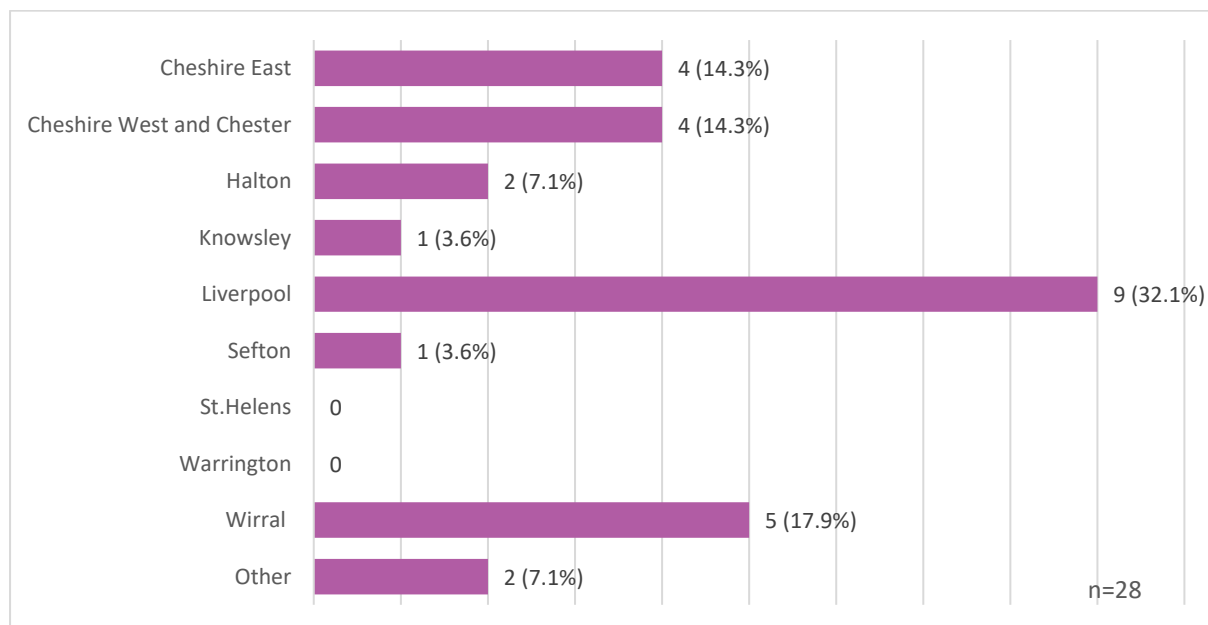
One participant reported having limited training experience, but felt that attending the course had increased their confidence, and that they had not experienced any difficulties going on to deliver the half-day sessions. The majority of participants were already experienced trainers prior to attending the TtT course, although one participant said that they attended level 3 training before the course, as having a level 3 qualification, or working towards one, was a pre-requisite of attending the course. The majority of participants felt that attending the course had had a positive impact on their professional development, with one participant reporting that it had led to a change of career into a training-orientated role.

Online survey for Train the Trainer participants

About the respondents

In total, 29 individuals responded to the survey by 21st November 2019. This represented 20% (n=29/142) of the total number of individuals known to have participated in the Train the Trainer course between January 2017 and July 2019, and represented 23% of people who received an invitation to participate in the online survey.

Almost a third of respondents worked in Liverpool at the time of attending the Train the Trainer course (Figure 3). There were no respondents to the survey from St Helens or Warrington.



Other = Nugent and Merseytravel.

Figure 3. Which local authority area did you work in when you attended the TtT course?

Almost half of respondents were from the voluntary or community sector and a quarter were from the public sector (Figure 4). Job roles varied, and included mental health leads, a paramedic, a disability advisor, schools project worker, community connectors, tenancy officer, volunteer co-ordinator and a vicar.

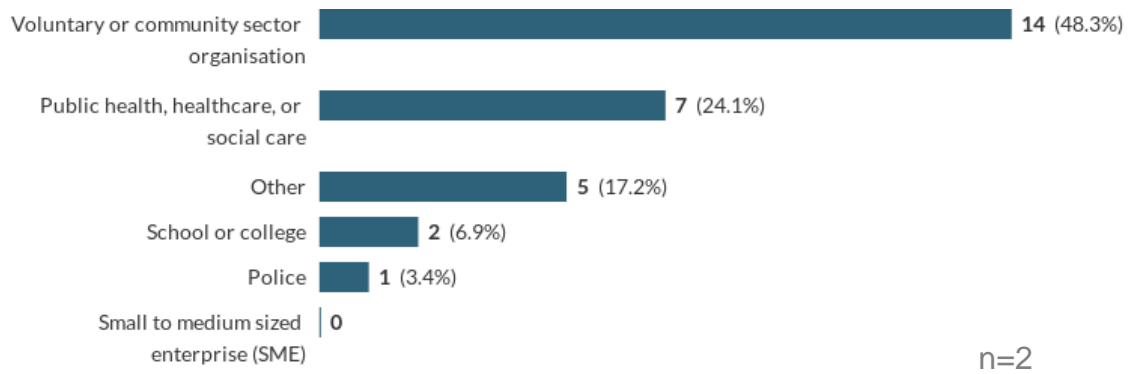


Figure 4. What type of organisation do you work for?

‘Other’: Department of work and pensions, volunteer facilitator, youth service, BME mental health charity, transport authority.

As shown in Figure 5, the majority of respondents were very experienced. Almost two-thirds (62.1%) had worked in their current role or sector for 10 years or more.

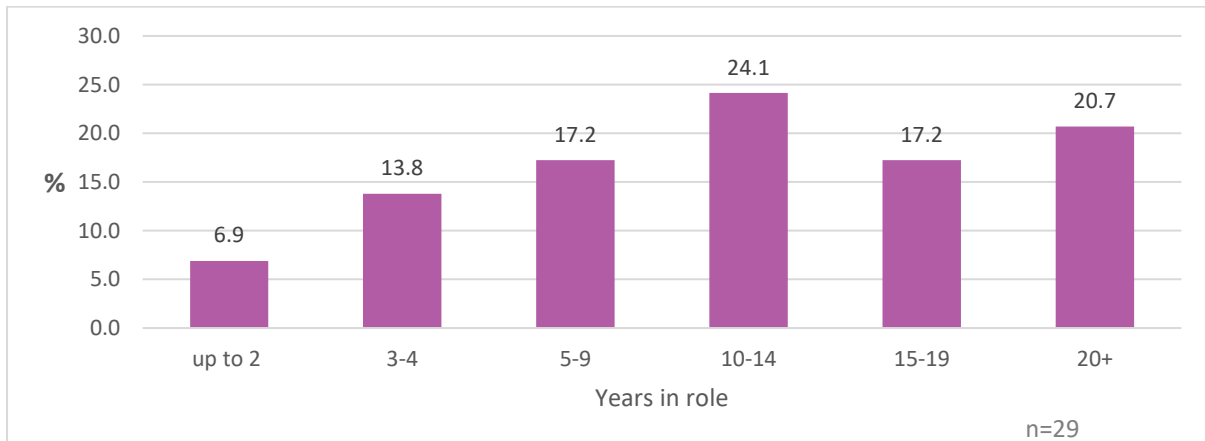


Figure 5. Years in current role

Figure 6 shows the dates on which the respondents attended the Train the Trainer course. Over half of respondents had participated in the Train the Trainer course delivered between January 17 and January 18.

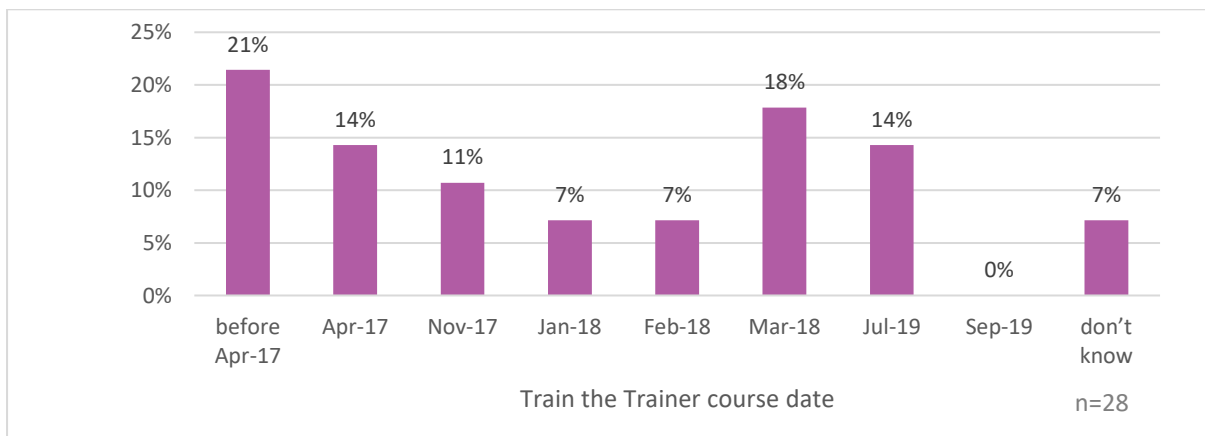


Figure 6. Train the Trainer course date

Knowledge and skills

Overall, respondents agreed or strongly agreed with a range of statements about whether the training had given them valuable knowledge and skills in suicide prevention (Figure 7). There was slightly less agreement about whether skills in training delivery were valuable to their role, and about often they used the skills in training delivery. In total, 26 out of the 29 respondents agreed or strongly agreed that attending the TtT course had contributed to their professional development.

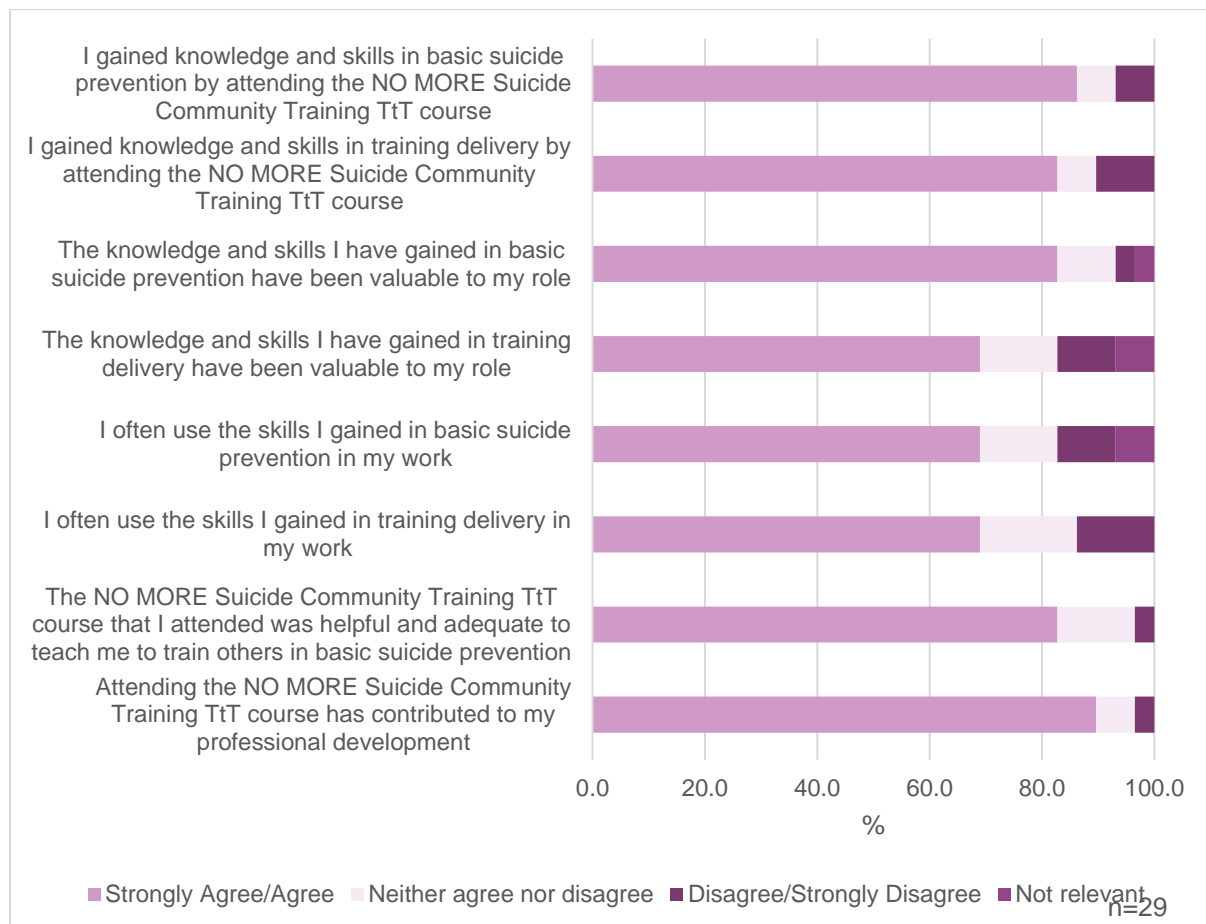


Figure 7. Knowledge and skills

Delivering sessions on basic suicide prevention

The majority of respondents had delivered their first session on basic suicide prevention (24/29, 82.8%). Of the 24 who said they had delivered a session themselves, more than 3 in 4 had done so within 3 months of attending the TtT course (19/24, 79.2%). More than half had delivered as many as four or more sessions (Figure 8).

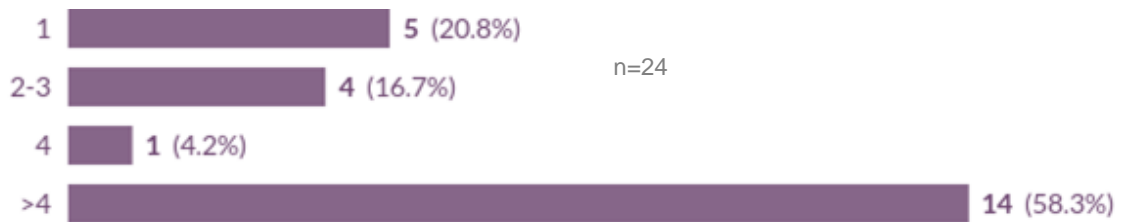


Figure 8. Total number of sessions on basic suicide prevention delivered

Although 3 in 4 respondents said they intend to deliver more sessions (21 out of 28 responses), there were still 1 in 4 (7/28, 25%) who said no, they will not, with reasons given in Box 1.

Box 1: Reasons given for not intending to deliver further sessions

Participants who didn't intend to deliver further sessions were invited to give reasons for this. Reasons given were similar to those that emerged from the interviews with key stakeholders and TtT participants. They included lack of awareness, for a minority of participants, that there was a requirement for them to go on and deliver the training.

'The description of what we were attending and what the responsibility was was only told to us during the course... the ongoing commitment to train people outside the organisation is not something we are funded to do and we do not have the capacity to do as a small organisation'

Other reasons included participants' lack of capacity to deliver the course and conflict with participants' job role, and lack of organisational support

'Currently our staffing business is low and I can't take people off-line'

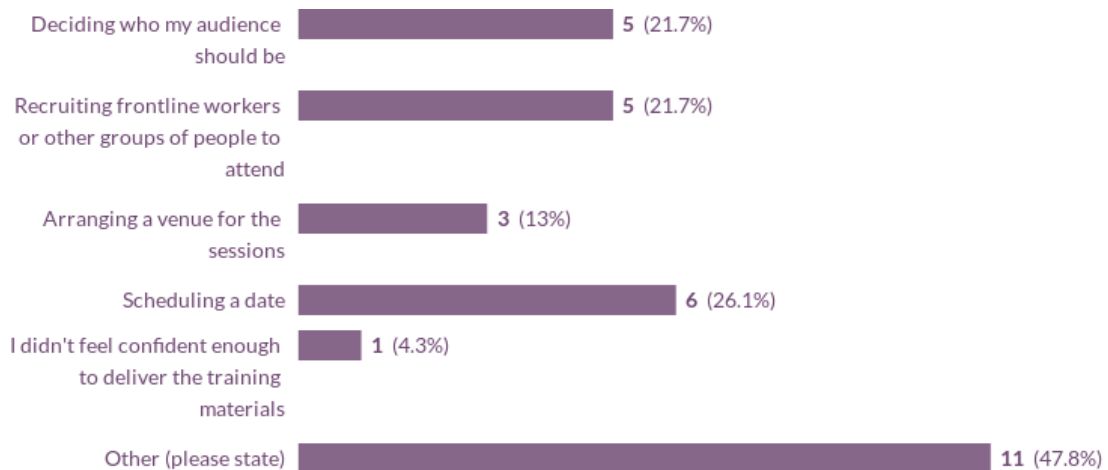
'My trust did not support me and is now using other methods'

Another participant felt that one to one training would work better with the organisations that they worked with, whilst another felt that the training materials needed to be updated.

'For the groups that I work with one-on-one in the subject is better for them'

Challenges with preparing for, scheduling and delivering sessions on basic suicide prevention

Respondents were asked to select from a list of potential challenges they may have faced in preparing and delivering sessions. They were asked to select all that apply (Figure 9).



Multi answer: Percentage of respondents who selected each answer option (e.g. 100% would represent that all this question's respondents chose that option)

Figure 9. Challenges (if any) encountered when trying to prepare for, schedule or deliver sessions on basic suicide prevention.

Scheduling a date was a challenge for around 1 in 4 respondents, with 1 in 5 indicating challenges around recruitment. Very few reported problems with their own confidence, or finding a venue. Other challenges reported are listed in Box 2.

Box 2 'Other' challenges in preparing and delivering sessions

As in the stakeholder and participant interviews, trainers' lack of time, as well as potential participants' lack of time, were seen by survey participants as potential barriers them going on to deliver the half-day session in basic suicide prevention, as well as lack of managerial or organisational support;

"Allocating time to do the delivery"

"Enabling staff to have the time to attend"

"Conflict with my organisation service lead delivering zero suicide training"

Other challenges included, again, lack of administrative support with issues such as booking venues and preparing course materials. Other participants would have liked more support from Public Health leads in terms of protocols of where to suggest signposting people to if they needed further support;

"Issue was admin support as a volunteer for [the local authority area] relied on admin support photocopying etc. This was problematic due to changes in council. Venue was [a local authority area] building but communities wanted in their environments"

"On the training we were advised that Public Health in our area would provide us with a flowchart of who people should contact in the event of someone being in a crisis. This was not supplied and in the end I developed one based on a model from [a local authority area]"

Other challenges included lack of flexibility in the way that the half-day course needed to be delivered, lack of information for BME groups, and the training not being at the right level for participants' target audiences. Again, a participant suggested that the training resources needed to be refreshed;

"The way the course 'had' to be delivered with no flexibility would not suit the audience that I work with"

"No specific information for BME"

"Not sure that the training is at the right level for my target audience"

Around 2 in 5 (12/29, 41.4%) respondents agreed that they would have benefitted from additional support or help in order to prepare for, schedule or deliver their sessions (suggestions in Box 3). Just over one-third of respondents (10/28, 35.7%) had identified any additional support or help requirements to the Public Health team.

When asked if they had attended any network support meetings for trainers who have attended the NO MORE Suicide Community Training TtT course, two-thirds (18/29, 62.1%) said they were not aware of any such meetings. Some (5/29, 20.7%) were aware of the meetings, but had not been able to attend. Only two of the 29 respondents had attended such a meeting. Another commented that they made their own support arrangements, keeping in touch with the other trainers on the course to provide ongoing peer support to each other.

Box 3. Suggested additional help or support

Again, survey participants said that they would have benefitted from additional support from their employer. At a wider level, they, again, felt that more support with the administration associated with the course, such as preparing course materials, and booking and setting up course venues, would be beneficial;

"Help with preparing materials/printing off resources/getting information from other services"

"Communication aids to help promote the workshops"

"As stated admin and set up of rooms, as volunteers and at times had to rearrange rooms etc."

Participants suggested that they would have benefitted from more peer support, or the opportunity to be part of a support group. They would have liked to have a mentor, or someone to sit in on the first half-day session that they delivered;

"Regroup with the original people in the group to exchange notes. Have one of the original group to support. Have the trainer keep in contact to advise and guide"

“I think it would have been helpful to either have a mentor (I have since acted as a coach and mentor for other newer trainers) or to have had someone more experienced to sit in on my first session”

“Working for a small voluntary sector organisation time constraints are ever present. To be part of a bigger network would have benefitted me”

Again, participants felt that they would have liked to be able to use parts of the course, whilst perhaps not delivering it in its entirety;

“I would have liked to have used the information, some of which was very useful and tailor it to suit the people I support”

Experience and confidence with basic suicide prevention

Usefulness of the NO MORE Suicide Community Training

Around 4 in 5 respondents agreed with a range of statements about the usefulness of the TtT course (Figure 10). There was only one statement that caused any disagreement, with two respondents disagreeing that the course *‘provided me with the knowledge I need about appropriate services and sources of support available in my area for someone who is having thoughts of suicide’*.

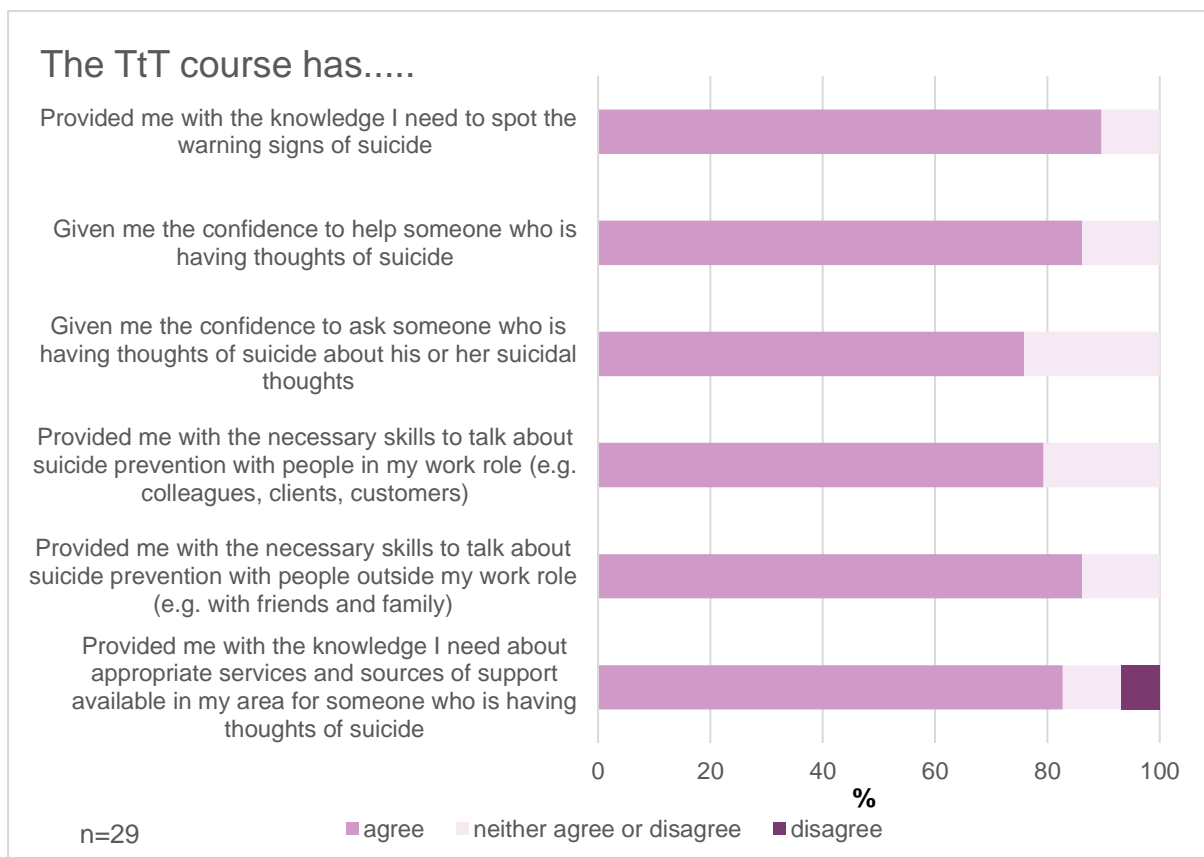


Figure 10. Usefulness of the Train the Trainer course

Frequency and confidence in identifying and asking about suicide

Due to their different roles, there was variation between respondents in opportunities for using the skills acquired on the training. Around 14% stated that they had not come across such a situation in the last 90 days (Figure 9). Although there is variation in the frequency with which respondents identified and asked about suicide (Figure 11), respondents were on the whole very confident about being able to do so when necessary (Figure 12). One respondent indicated that they were lacking in confidence in each of the situations listed.

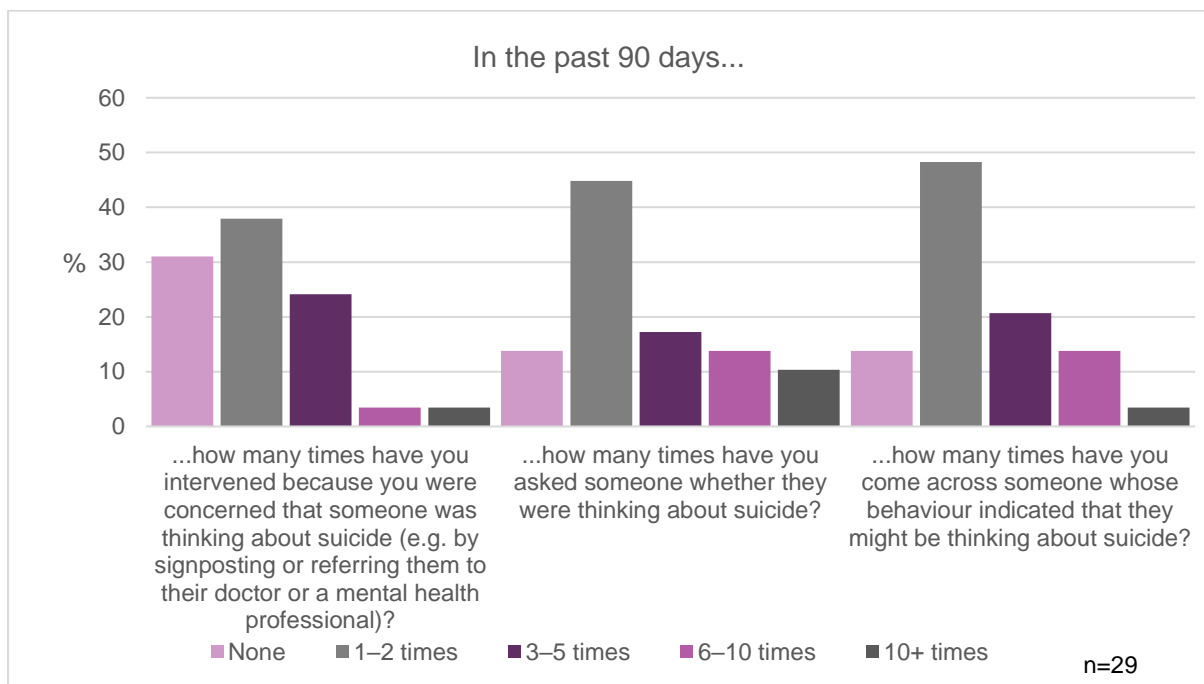


Figure 11. Frequency of identifying and asking about suicide

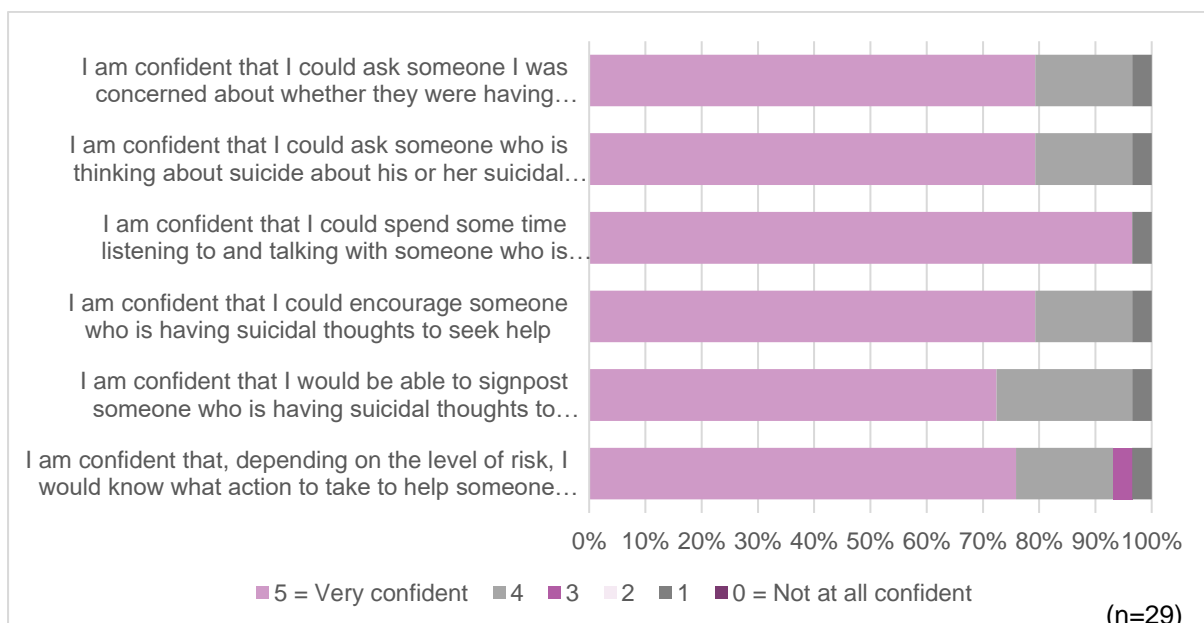
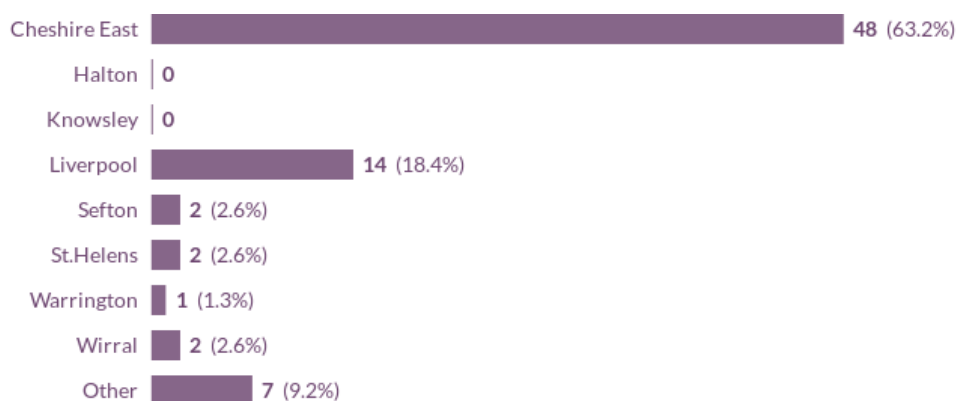


Figure 12. Confidence in identifying and asking about suicide

Online survey for people who attended the half-day session on basic suicide prevention

About the respondents

We had 76 responses to the online survey for people who attended the half-day sessions. More than half of the 76 respondents worked in Cheshire East at the time of their training (Figure 13). There were no respondents from Halton or Knowsley. More than half worked in local government, public health, health or social care (Figure 14).



Other = Merseytravel; Merseyside; Liverpool City Region Combined Authority (3); Lancashire; North West

Figure 13. Which local authority area did you work in when you attended the course?

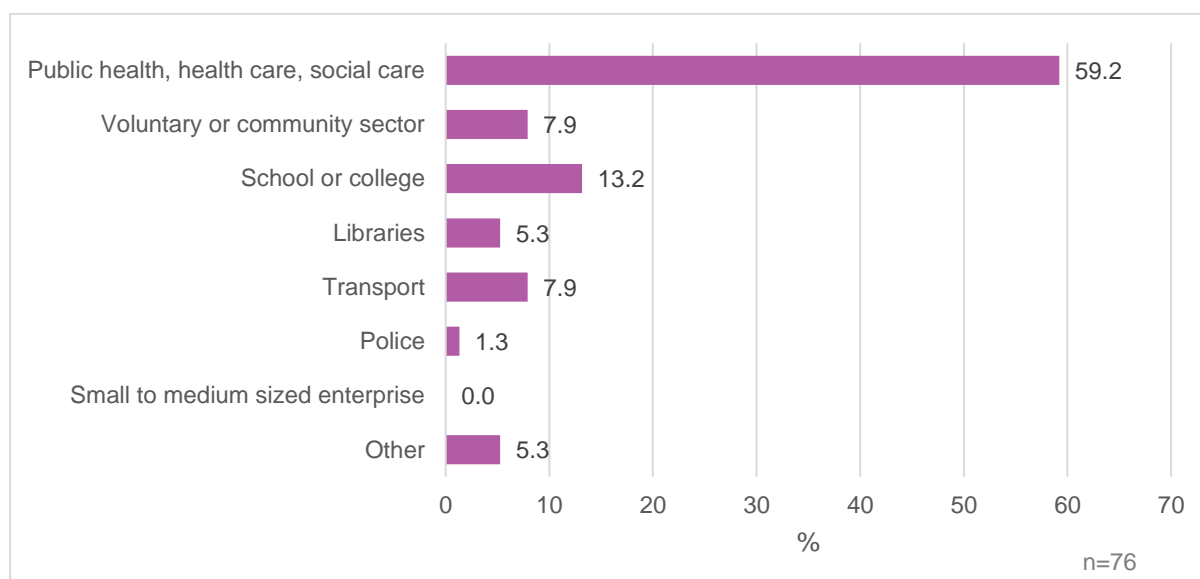


Figure 14. What type of organisation do you work for?

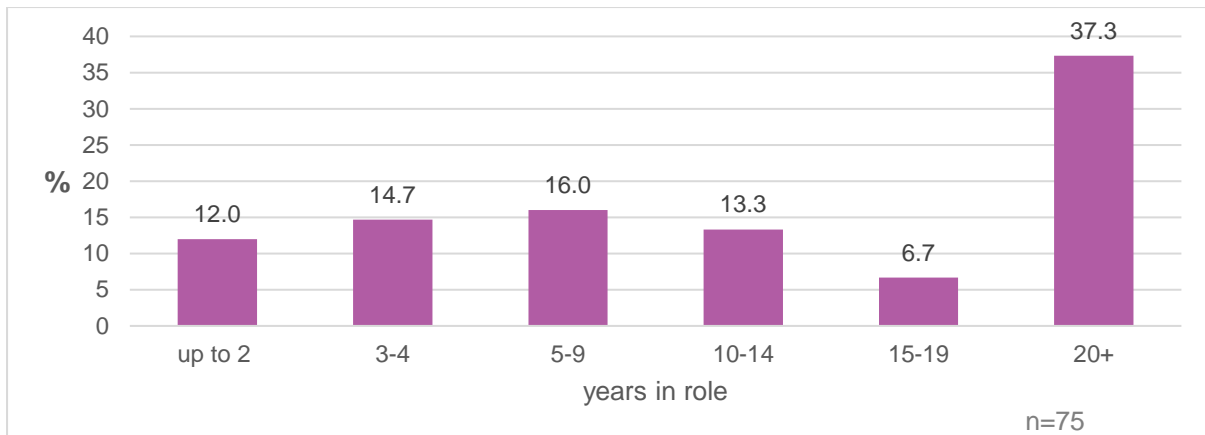


Figure 15. Years in current role

More than one in three respondents had been in their current role for more than 20 years (Figure 15). Job roles were varied, including library staff, student support workers, police, union representatives, mental health nurses, benefits staff and housing workers.

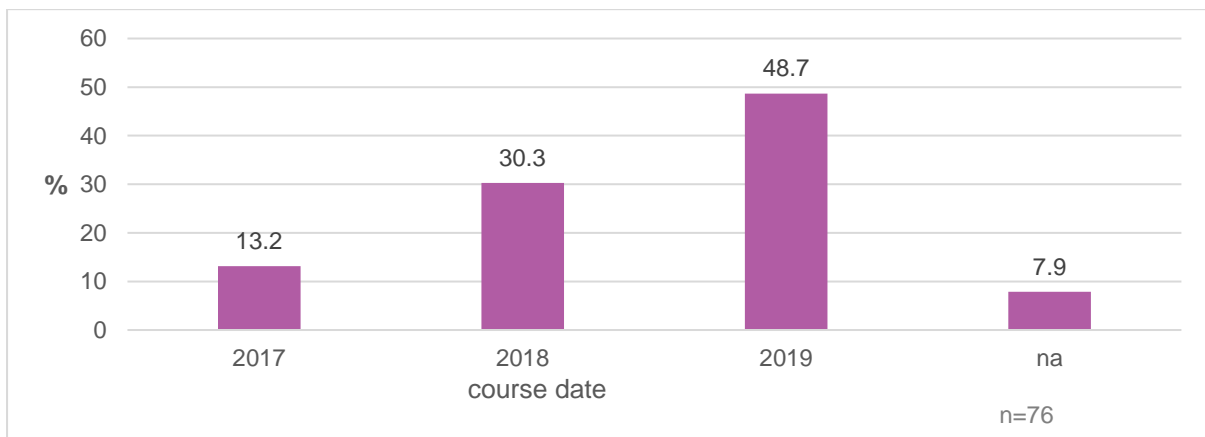


Figure 16. Year attended half-day session

Just under half of respondents had attended half-day sessions taking place in 2019 (Figure 16). Many respondents did not indicate the month of the session they attended, so it was not possible to categorise numbers for each individual session.

Usefulness of the training

More than four in five of the 76 respondents agreed with a range of statements about the usefulness of the half-day session on basic suicide prevention (Figure 17). Across the statements, one to two respondents disagreed with the statements. Three respondents disagreed that the course *'provided me with the knowledge I need about appropriate services and sources of support available in my area for someone who is having thoughts of suicide'*.

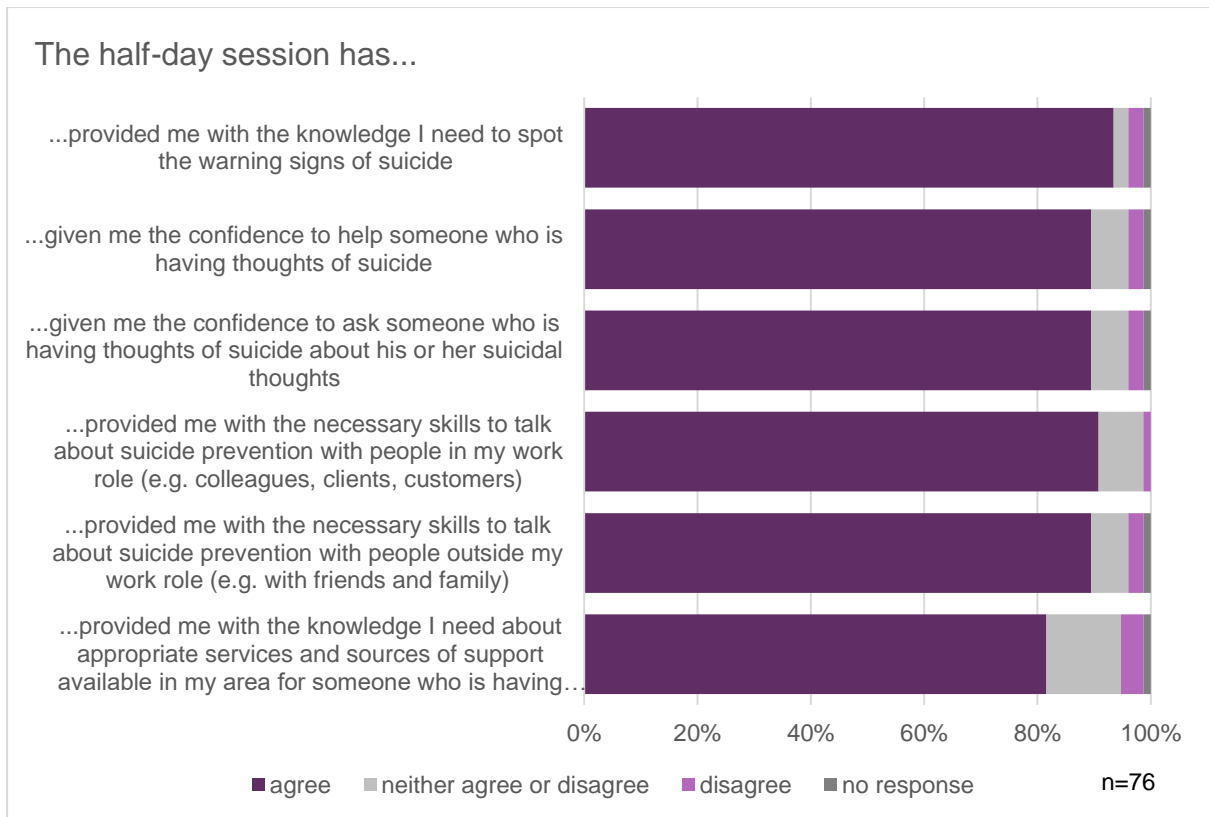


Figure 17. Perceived usefulness of the half-day session

Frequency and confidence in identifying and asking about suicide

There was variation between the 76 respondents in opportunities for using the skills acquired on the training, with nearly 40% stating that they had not come across such a situation in the last 90 days (Figure 18).

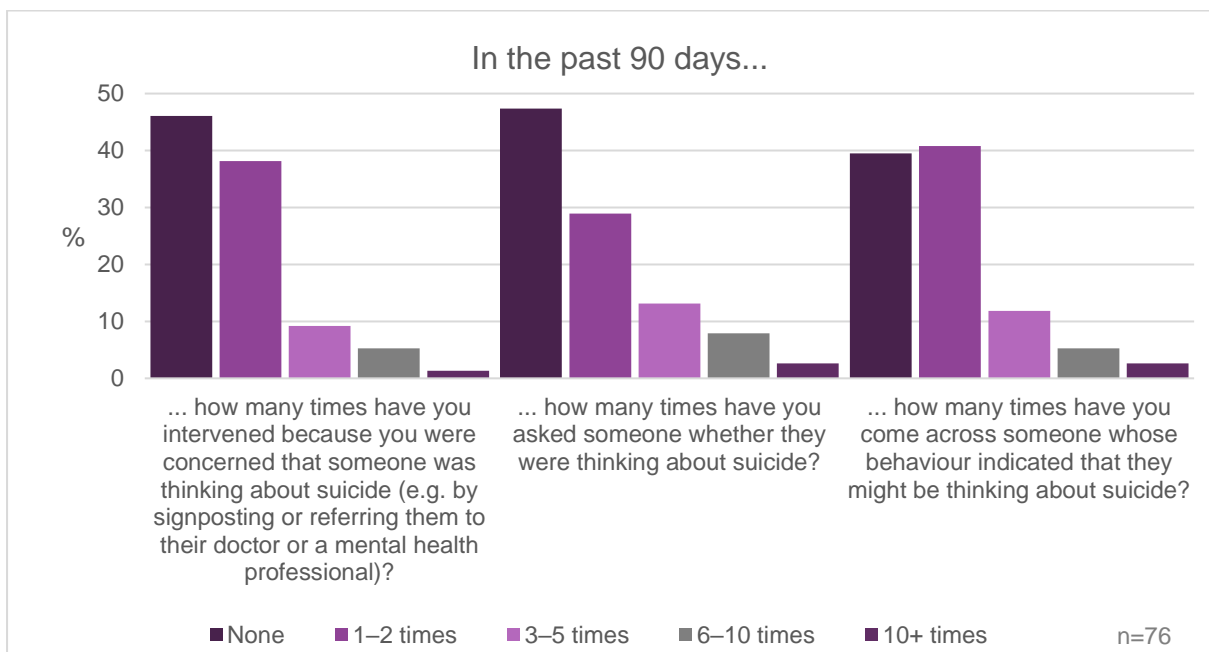


Figure 18. Frequency of identifying and asking about suicide

The lack of opportunity to put their basic suicide prevention skills into practice did not appear to have affected the confidence levels of the respondents. They were asked a range of questions about their confidence in identifying and asking about suicide. Figure 19 shows that on the whole, respondents were very confident about being able to do so when necessary. In each of the situations listed, there was only one respondent who indicated they were lacking in confidence (i.e. scoring 0 or 1 on a range of 0-5).

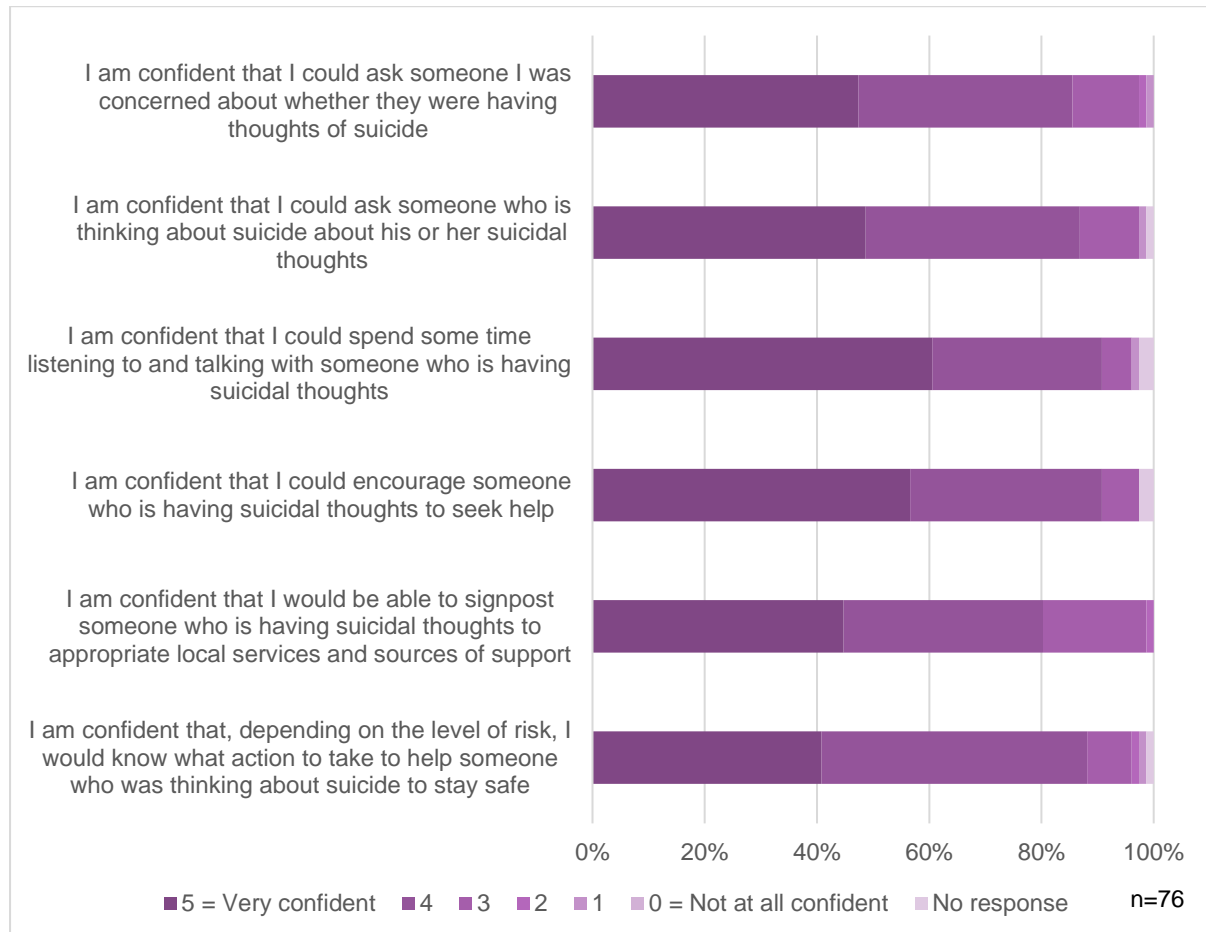


Figure 19. Confidence in identifying and asking about suicide

Key points

- More than half of respondents worked in Cheshire East at the time of their attending a half-day session.
- Most agreed that the half-day session had given them valuable knowledge and skills in suicide prevention.
- Although more than one in three had not recently come across a situation in which they could use the skills acquired in basic suicide prevention, the majority were confident about doing so if the opportunity arose.

Discussion

The NO MORE Suicide Community Training module was co-developed with Wirral Mind and offered out as a TtT course to local authority areas across Cheshire and Merseyside. We engaged with eight of the nine local authority areas for this evaluation, finding that in five of the eight areas (Cheshire East, Liverpool, Sefton, Warrington and Wirral) that TtT course participants had gone on to fully or partially deliver half-day sessions on basic suicide prevention. Alternative forms of provision to the TtT course were used in Knowsley, Halton and St. Helens as these areas already had established suicide prevention training in place.

Views on the Train the Trainer course

The findings of the TtT course evaluation were positive and the majority of participants had rated the course as 'very good' or 'good'. Findings from the online survey of TtT course participants found that most agreed that the course had given them valuable knowledge and skills in suicide prevention. Interviews with five trainers identified that they felt that the TtT course provided them with a good level of knowledge and skills in suicide prevention, and that the course was well organised and presented. Nearly all of the Suicide Prevention leads said that they had had positive feedback about the TtT course. It was felt that the course provided participants with valuable knowledge and skills in suicide prevention, and had led to an increase in conversations about suicide prevention.

Challenges to delivery of the half-day sessions

While the majority of TtT course participants who responded to our survey (n=29) had delivered their first half-day session, a minority had not, and did not intend to deliver any half-day sessions. This was due to issues including a lack of resources, funding and administrative issues. There was a lack of awareness of the network support meetings, which were available in some (but not all) local authority areas. Respondents made suggestions for additional support that they would find helpful in delivering the sessions. This included help with information and preparation of course materials, and more peer support and mentoring.

Challenges to delivering the half-day sessions were discussed further in interviews with five trainers and included problems arising from a high turnover of trainers. In addition, some trainers would have liked extra support after the course, including with delivering their first half-day sessions and with course administration (booking course venues and preparing course materials). This varied across local authorities, as some areas (including Warrington and Wirral) offered access to network support for trainers, whereas others did not. Participants also identified additional training needs for specific groups of staff, including front line emergency services staff, who they felt would benefit from enhanced training.

Further challenges identified through interviews with the Suicide Prevention leads included (in some cases) participants' lack of training experience, especially when

training was not the participant's main role. Experience with the subject matter of suicide was also raised as an important consideration. Other challenges included lack of support with, and funding for, the administration involved in delivering the sessions. This included booking course venues, recruitment, preparing paperwork and sending out course resources via email. Turnover in trained staff had contributed to a lack of capacity to deliver the half-day sessions, and a need to train more trainers on an ongoing basis was identified.

Supporting new trainers in Warrington

Measures to tackle some of the challenges described above have already been implemented in Warrington to support trainers to deliver the half-day sessions. Each new trainer co-delivers with the Suicide Prevention lead a number of times until they both feel confident about their delivery of the session. Following each co-delivery, the Suicide Prevention Lead sends each new trainer an email providing written feedback on their delivery, asking for feedback about their experience of delivery and what support they felt that they would benefit from.

The Suicide Prevention lead has developed a handbook with a detailed session plan and additional notes for trainers, which also includes detailed local signposting. All trainers are encouraged to attend a one-hour workshop, which guides them around www.happyoksad.org.uk, a mental health site for people in Warrington. The site includes details of support services and a page with free downloadable suicide prevention resources, and whenever new resources become available trainers are made aware of them. The Public Health team also provide materials, book venues and organise recruitment for almost all the sessions, which the new trainers deliver.

Experiences of the half-day sessions

Findings from the online survey with half-day session participants found that most agreed that the course had given them valuable knowledge and skills in suicide prevention. Although not all respondents had recently come across a situation in which they could use the basic suicide prevention skills they had acquired, the majority indicated that they would feel confident doing so if the opportunity arose.

Reflecting on the half-day sessions on basic suicide prevention, the Suicide Prevention leads felt that participants' confidence in initiating conversations with their clients about suicide prevention had increased, as well as their knowledge about services for referral or signposting. However, in some areas Suicide Prevention leads identified issues with staff not being able to be released for long enough to attend the half-day sessions. In some areas, this had been addressed by promoting shorter suicide prevention courses, including online courses.

Additional findings

The stakeholder interviews suggested that for certain groups of front-line emergency services staff, such as police officers and police community support officers (PCSO),

a joint approach should be taken, to provide these groups of staff with enhanced training and support. PCSOs received suicide prevention training from Halton Borough Council, but a need was identified for enhanced training. Participants suggested could be co-ordinated by Champs through the NO MORE Suicide Board, which includes representatives from a wide range of relevant organisations.

Conclusion

The surveys and interviews that were conducted suggest that most participants who attended the TtT course had gone on to deliver the half-day session on basic suicide prevention, which gave participants valuable knowledge and skills in suicide prevention. Where participants had not gone on to deliver any half-day sessions, reasons for this included some participants' lack of training experience and lack of time, especially when training was not a large part of the participant's main role, as well as turnover of trainers.

Most online survey participants who had attended the half-day course in basic suicide prevention agreed that the course had given them valuable knowledge and skills in suicide prevention. Although not all had recently come across a situation in which they could use the skills acquired, the majority were confident about doing so if the opportunity arose.

Recommendations include developing a communication toolkit for each local authority area, that includes communication plans and promotional materials.

If a TtT model is going to be implemented, an accredited training course would be attractive to potential participants. The course would need to be run at least three times a year, in order to ensure that there were enough trainers available.

Recommendations also include establishing network meetings in order to provide peer support for trainers, providing refresher courses for trainers, and provision of additional support in delivering the course, including recruiting to the course, booking venues, and preparation of course materials.

Recommendations

These recommendations are for all those working in collaboration to deliver on the suicide prevention objectives for Cheshire and Merseyside. They were developed based on the findings of the evaluation and through discussions with the steering group.

1. Suicide Prevention training should be co-ordinated by the Champs Public Health Collaborative on behalf of the NO MORE Suicide Board
2. Refresh the NO MORE Suicide Community Training materials. Refresh the materials to reflect the NO MORE Suicide branding, current information and data, and the views of those with lived experience. Ensure that materials are reflective of differing inequalities and diversity in relation to suicide prevention.
3. Each workplace should have a workplace ambassador. A workplace ambassador should be someone who has received suicide prevention training, and is able to signpost co-workers to appropriate suicide prevention support if necessary.

If a Train the Trainer model continues to be used:

4. Provide around three Train the Trainer courses per year to ensure a pool of trainers is maintained across the sub-region.
5. Consider funding and offering an accredited training qualification alongside the training.
6. Provide a communication toolkit to trainers that includes communication plans, promotional materials and network contact information.
7. Provide funding for peer support, mentoring, networking/network support meetings and co-training arrangements (local or regional). Draw on examples of good practice from other local authority areas where this is already established (e.g. Warrington). Provide trainers with access to online networks and offer WEBINARS three times per year.
8. Provide refresher training for existing trainers, in order to sustain the initiative and keep the training programme energised.
9. Consider providing funding for local administrative support. This would enable provision of items such as printing of materials and booking courses venues.

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Appendix 1 – Online survey questions

PART A: About you

Which local authority area did you work in when you attended the TtT course?
(Cheshire East, Halton, Knowsley, Liverpool, Sefton, St Helens, Warrington, Wirral, Other)

What type of organisation do you work for? (School or college, Police, Public health, healthcare, or social care, Voluntary or community sector organisation, Small to medium sized enterprise (SME), Other)

What is your job role?

How many years experience do you have in this role/sector (please answer in years and months)?

When did you attend the TtT course (please state the month and year that you attended)?

PART B: About the NO MORE Suicide Community Training TtT course that you attended

For each statement, please select an answer that best suits your experience, choosing from Strongly Agree to Strongly Disagree. If the statement is not relevant to you then please select 'Not relevant'.

I gained knowledge and skills in basic suicide prevention by attending the NO MORE Suicide Community Training TtT course

I gained knowledge and skills in training delivery by attending the NO MORE Suicide Community Training TtT course

The knowledge and skills I have gained in basic suicide prevention have been valuable to my role

The knowledge and skills I have gained in training delivery have been valuable to my role

I often use the skills I gained in basic suicide prevention in my work

I often use the skills I gained in training delivery in my work

The NO MORE Suicide Community Training TtT course that I attended was helpful and adequate to teach me to train others in basic suicide prevention

The NO MORE Suicide Community Training TtT course that I attended contributed to my professional development

PART C: Preparing, scheduling and delivering sessions on basic suicide prevention

C1- Delivering sessions on basic suicide prevention

These questions are about the sessions on basic suicide prevention that you may have prepared for, scheduled and delivered since attending the NO MORE Suicide Community Training TtT course.

If you haven't delivered any sessions on basic suicide prevention since attending the TtT course, please answer Q1 and then move on to SECTION C2.

Have you delivered your first session on basic suicide prevention? (Yes/No)

How long after you attended the TtT course did you deliver your first session on basic suicide prevention? Please answer in months.

What is the total number of sessions on basic suicide prevention that you have delivered? Please include your first session in this count.

Do you plan to deliver any more sessions on basic suicide prevention?

If you don't plan to deliver any more sessions on basic suicide prevention, could you briefly explain why?

C2 - Challenges with preparing for, scheduling and delivering sessions on basic suicide prevention

These questions are about any challenges that you may have encountered when preparing for, scheduling and delivering your sessions on basic suicide prevention.

Please answer the questions in this section even if you haven't delivered any sessions on basic suicide prevention since attending the TtT course.

What challenges (if any) did you encounter when trying to prepare for, schedule or deliver your sessions on basic suicide prevention? Please select all that apply (Deciding who my audience should be, Recruiting frontline workers or other groups of people to attend, Arranging a venue for the sessions, Scheduling a date, I didn't feel confident enough to deliver the training materials, Other (please state))

Do you feel that you would have benefitted from additional support or help in order to prepare for, schedule or deliver your sessions?

If yes, what additional type of help or support do you feel you would have benefitted from?

Did you identify any additional support or help requirements to the Public Health team?

Have you attended or contributed to any network support meetings for trainers who have attended the NO MORE Suicide Community Training TtT course? (Yes, at least one, Yes, more than one, No, I am aware of the meetings but I haven't been able to contribute or attend, No, I wasn't aware of any meetings in my area, Other (please state))

Part D - Experience & confidence with basic suicide prevention

D1 - Usefulness of the NO MORE Suicide Community Training

[These questions were also asked in the online survey of half-day session participants]

Based on your participation in NO MORE Suicide Community Training (the half-day session on basic suicide prevention), for each statement please select an answer that best suits your experience from Strongly Agree to Strongly Disagree. If the statement is not relevant to you please select 'Not relevant'.

Participating in the NO MORE Community Suicide Training has...

1. Provided me with the knowledge I need to spot the warning signs of suicide
2. Given me the confidence to help someone who is having thoughts of suicide
3. Given me the confidence to ask someone who is having thoughts of suicide about his or her suicidal thoughts
4. Provided me with the necessary skills to talk about suicide prevention with people in my work role (e.g. colleagues, clients, customers)
5. Provided me with the necessary skills to talk about suicide prevention with people outside my work role (e.g. with friends and family)
6. Provided me with the knowledge I need about appropriate services and sources of support available in my area for someone who is having thoughts of suicide

D2- Confidence with identifying and asking about suicide

For each statement please select an answer that best suits how confident you feel on a scale where 0 = Not at all confident to 5 = Very confident.

1. I am confident that I could ask someone I was concerned about whether they were having thoughts of suicide
2. I am confident that I could ask someone who is thinking about suicide about his or her suicidal thoughts
3. I am confident that I could spend some time listening to and talking with someone who is having suicidal thoughts
4. I am confident that I could encourage someone who is having suicidal thoughts to seek help
5. I am confident that I would be able to signpost someone who is having suicidal thoughts to appropriate local services and sources of support
6. I am confident that, depending on the level of risk, I would know what action to take to help someone who was thinking about suicide to stay safe

D3 - Frequency of identifying and asking about suicide

1. In the past 90 days, how many times have you come across someone whose behaviour indicated that they might be thinking about suicide?
2. In the past 90 days, how many times have you asked someone whether they were thinking about suicide?
3. In the past 90 days, how many times have you intervened because you were concerned that someone was thinking about suicide (e.g. by signposting or referring them to their doctor or a mental health professional)?

